



LOS ANGELES COUNTY
COMMISSION ON HIV



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PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, August 1, 2022

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

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

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**Link is for non-Committee members only*

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Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission's consideration of the item, that is within the subject matter jurisdiction of the Commission.

To submit Public Comment, you may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to hivcomm@lachiv.org -or- submit your Public Comment electronically via https://www.surveymonkey.com/r/PUBLIC_COMMENTS.

All Public Comments will be made part of the official record.

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

MONDAY, August 1, 2022 | 1:00 PM – 3:00 PM

To Join by Computer:

<https://tinyurl.com/2p9d2www>

Link is for non-committee members only

To Join by Phone: 1-415-655-0001

Access code: 2597 591 5041

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Felipe Findley
Jerry D. Gates, PhD	Eduardo Martinez (Alternate)	Ricky Rosales	Martin Sattah, MD
Courtney Armstrong			
QUORUM: 5			

AGENDA POSTED July 26, 2022

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

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

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
a. Operational Updates | 1:15 PM – 1:20 PM |
| 6. Co-Chair Report | 1:20 PM – 1:30 PM |

- a. Act Now Against Meth (ANAM) Update

V. DISCUSSION ITEMS

- | | |
|--|-------------------|
| 7. Comprehensive HIV Plan 2022-2026—Policy-related needs | 1:30 PM – 2:00 PM |
| 8. Policies Priority – Priorities | 2:00 PM – 2:20PM |
| 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 Response to the STD Crisis | |

VI. NEXT STEPS

- | | |
|---|-------------------|
| 12. Task/Assignments Recap | 2:50 PM – 2:55 PM |
| 13. Agenda development for the next meeting | |

VII. ANNOUNCEMENTS

- | | |
|---|-------------------|
| 14. Opportunity for members of the public and the committee to make announcements | 2:55 PM – 3:00 PM |
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VIII. ADJOURNMENT

- | | |
|---|---------|
| 15. Adjournment for the meeting of August 1, 2022 | 3:00 PM |
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PROPOSED MOTIONS	
MOTION #1	Approve the Agenda Order as presented or revised.
MOTION #2	Approve the Public Policy Committee minutes, as presented or revised.



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/11/22

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
CAO	Michael	Golden Heart Medical	No Ryan White or prevention contracts
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment
FULLER	Luckie	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
			Nutrition Support
GATES	Jerry	AETC	Part F Grantee

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
			Sexual Health Express Clinics (SHEX-C)
			Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences (No Affiliation)	No Ryan White or prevention contracts
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
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

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



LOS ANGELES COUNTY COMMISSION ON HIV



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

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

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

PUBLIC POLICY COMMITTEE MEETING MINUTES

July 11, 2022

Draft

COMMITTEE MEMBERS			
P = Present A = Absent EA = Excused Absence			
Katja Nelson, MPP, Co-Chair	P	Eduardo Martinez (Alternate)	EA
Lee Kochems, MA, Co-Chair	P	Ricky Rosales	P
Alasdair Burton (Alternate)	EA	Martin Sattah, MD	A
Felipe Findley	A	Courtney Armstrong	EA
Jerry Gates, PhD	A		
COMMISSION STAFF AND CONSULTANTS			
Cheryl Barrit, Executive Director, Catherine Lapointe, Jose Rangel-Garibay, Sonja Wright			

*Some participants may not have been captured electronically. Attendance can be corrected by emailing the Commission.

*Members of the public may confirm their attendance by contacting Commission staff at hivcomm@lachiv.org.

*Meeting minutes may be corrected up to one year from the date of approval.

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

CALL TO ORDER-INTRODUCTIONS-CONFLICTS OF INTEREST

Katja Nelson called the meeting to order at 1:08 PM, welcomed attendees, and led introductions.

I. ADMINISTRATIVE MATTERS

1. APPROVAL OF AGENDA

MOTION #1: Approval of the Agenda Order as presented or revised. **(Quorum was not reached; no vote was held.)**

2. APPROVAL OF MEETING MINUTES

MOTION #2: Approve the June 6, 2022 Public Policy Committee meeting minutes as presented or revised. **(Quorum was not reached; no vote was held.)**

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.** There was no public comment.

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.** There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- Cheryl Barrit informed the Public Policy Committee (PPC) that the Board of Supervisors (BOS) is scheduled to vote on the continuation of virtual meetings in compliance with AB 361 at their meeting on July 12, 2022.

b. Comprehensive HIV Plan 2022-2026

- C. Barrit stated that the AJ King, Comprehensive HIV Plan (CHP) consultant is making progress on the development of the CHP. Two surveys have been disseminated to determine the HIV workforce capacity in Los Angeles County. One survey is from the perspective of HIV service providers and the other is from the perspective of consumers. A. King has also been working on holding community listening sessions to gain more insight on the needs of seven priority populations: women of color, Black men who have sex with men (MSM), Latinx MSM, transgender persons, people who inject drugs, people under 30, and people over 50. The listening sessions for women of color and Black MSM have been completed, and the rest are underway. A. King will provide a more in-depth update on the progress of the CHP at the Commission on HIV (COH) full-body meeting on July 14, 2022. He will provide an overview of the data section of the CHP at the Planning, Priorities and Allocations (PP&A) Committee meeting on July 19, 2022 and an overview of the goals and objectives section at the August PP&A meeting.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM) Update

- K. Nelson informed the group that that the Act Now Against Meth Coalition will be meeting on July 11, 2022 at 3 PM. K. Nelson will attend the meeting and report back to the PPC any updates from the meeting.

V. DISCUSSION ITEMS

7. LEGISLATIVE DOCKET

- The legislative docket was approved by the Executive Committee and will move forward for a vote at the July 14, 2022 COH meeting.
- SB 357 (Wiener): Crimes: loitering for the purpose of engaging in a prostitution offense has been signed into law by the governor. The crime of loitering has disproportionately impacted Black and Brown women and members of the LGBTQ community.
- The California legislature is on recess until July 31st. The last day to send bills to the governor is August 31st. The governor has until September 30th to review the bills.

8. POLICIES PRIORITY – PRIORITIES

- Jose Rangel-Garibay went over the changes made to the Policy Priorities document, which can be found in the meeting packet.
- C. Barrit suggested making the policy priorities a multi-year process. K. Nelson suggested removing “2022” from the document title.
- Ricky Rosales suggested adding language to respond to emerging health issues.
- K. Nelson recommended including information on reproductive rights.
- Lee Kochems recommended adding information on using trauma-informed care.

9. STATE POLICY & BUDGET UPDATE

- The governor has passed the state budget. Major changes include Medicaid expansions for all Californians regardless of immigration status, \$200 million for reproductive health, and \$300 million for state health departments. The state budget did not include the \$150 million ask for health equity and racial justice.

10. FEDERAL POLICY UPDATE

- K. Nelson provided an update on improving access to injectable pre-exposure prophylaxis (PrEP). More information can be found in the meeting packet.
- The Health Resources and Services Administration (HRSA) announced a \$6 million reward for LA County for the End the HIV Epidemic (EHE) initiative.
- K. Nelson provided an overview of President Biden’s Executive Order Advancing LGBTQI+ Equality during Pride Month. The Executive Order will address discriminatory legislative attacks, conversion therapy, LGBTQI+ youth suicide prevention, LGBTQI+ children and family support, and additional steps to advance LGBTQI+ equality. A more detailed description can be found [here](#).
- In response to the overturn of Roe vs. Wade, the California Senate passed SCA 10: Reproductive freedom. SCA 10 will be on the ballot in November. The BOS supports this amendment.

11. COUNTY POLICY UPDATE

- The Los Angeles Homeless Services Authority (LAHSA) has postponed the dissemination

of the homeless count results until September 2022.

- The LGBT Center will be hosting a Facebook Live informational event at 6 PM on July 12, 2022 to discuss the status of the monkeypox situation.

a. COH Response to the STD Crisis

- The LA County Department of Public Health published a report on the status of STDs in LA County. The report can be found in the meeting packet.
- The rates of congenital syphilis in LA County continue to rise.
- Kevin Donnelly noted the decline in buying power of allocated funds.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP

- The ANAM meeting will take place at 3:00 PM, immediately following the July 11, 2022 PPC meeting.
- The PPC will present the legislative docket to the full body COH at the July 14, 2022 meeting.
- PPC co-chairs will continue to revise the Policy Priorities document.

13. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Continue the discussion of the Policy Priorities document.
- A. King will be at the August PPC meeting to discuss ways to integrate the policy priorities into the CHP.

VII. ANNOUNCEMENTS

14. OPPORTUNITY FOR MEMBERS OF THE PUBLIC AND THE COMMITTEE TO MAKE ANNOUNCEMENTS. There were no announcements.

VIII. ADJOURNMENT

15. ADJOURNMENT FOR THE MEETING OF JULY 11, 2022. The meeting adjourned at 2:18 PM.



PUBLIC POLICY COMMITTEE (PPC) 2022 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 care and supportive services to ensure that all people living with HIV and communities most impacted by HIV and STDs, live, full, productive lives.

The COVID-19 global pandemic has demonstrated that with political will, funding, and most important of all, urgency, rapid and safe vaccine development is possible. Nevertheless, similar to the HIV epidemic, from global, to national to local, it is our most marginalized communities that are disproportionately impacted with higher rates of disease and death including at a younger age. 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 and enhance HIV prevention and care service. This effort is to address negative impacts pre-COVID service levels, as well exceed the quantity and quality of HIV and prevention services.

The PPC recommends the Commission on HIV endorse the prioritization of the following issues. PPC will identify support legislation, local policies, procedures, and regulations that address Commission priorities in calendar year 2022: (Issues are in no particular order.)

Systemic and Structural Racism

- a. Health equity, the elimination of barriers and addressing of social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e. homophobia, transphobia, and misogyny); housing; mental health; substance abuse; and income/wealth gaps; **criminalization** 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. 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 incarceration

Black/African Americans while making up only 8% of the LA County population represent over 30% of the jail population. 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.” And as illustrated 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.”

- a. 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 the reduction in funding for policing and incarceration. ([MCJ Closure Report](#))

Housing

Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors from family discrimination at home to discrimination in employment which lead to higher rates of poverty, undermines their ability to thrive and increases the risk of arrest and incarceration. Homelessness is a risk factor for HIV transmission and acquisition. LGBTQIA+ experience a number of factors from family discrimination at home to discrimination in employment which lead to higher rates of poverty, undermines their ability to thrive and increase the risk of arrest and incarceration. Expand ATI strategies which include:

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

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- 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 to account for the nearly 4,000+ individuals currently incarcerated in need of mental health services and support closing of Men’s Central Jail.

Sexual Health

- a. Access to prevention, care and treatment and bio-medical intervention (such as PrEP and PEP) services. Promote the distribution of services to people at risk for acquiring HIV and people living with HIV/AIDS.
- b. Comprehensive HIV/STD counseling, testing, education, outreach, research, harm reduction services including syringe exchange, and social marketing programs.

- c. Maximize HIV prevention to reduce and eliminate syphilis and gonorrhea cases, among young MSM (YMSM), African American MSM, Latino MSM, transgender persons and women of color.
- d. Advance and enhance routine HIV testing and expanded linkage to care.
- e. Maintain and expand funding for access and availability of HIV, STD, and viral hepatitis services.
- f. Promote women centered prevention services to include domestic violence and family planning services for women living with and at high risk of acquiring HIV/AIDS.
- g. Preserve full funding and accessibility to Pre-Exposure Prophylaxis Assistance Program (PrEP-AP).

Substance Abuse

- a. Advocate for substance abuse services to PLWHA.
- b. Advocate for services and programs associated with methamphetamine use and HIV transmission.
- c. Expand ATI- Diversion programming to provide a “care first” strategy and move those who need services away from incarceration to substance abuse programs.

Consumers

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

Aging

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

Women

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

Transgender

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

General Health Care

- a. Provide access to and continuity of care for PLWHA focusing on communities at highest risk for the acquisition and transmission of HIV disease.
- b. Fund and expand eligibility for Medicaid, Medicare, and HIV/AIDS programs and health insurance coverage for individuals with pre-existing conditions.

- c. Increase and enhance compatibility and effectiveness between RWP, Medicaid, Medicare, and other health systems. This includes restructuring funding criteria to **not** 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.

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.

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.



2022 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. 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	<p>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.</p> <p>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.</p> <p>In April 2022, the DPH provided the BOS a detailed description of current services, data projects and needs, and funding sources.</p> <p>Given the recent momentum with the BOS considering improvements to the countywide STD response, the PPC will consider drafting a letter to respond to the DPH letter to the BOS.</p>	<p>The PPC will draft a letter based on the DPH report to the BOS in which the PPC will outline priorities/recommendations to improve the countywide STD response.</p> <p>The PPC will request a formal letter of support from the BOS to support the Ending the Epidemics budget request to the State of California.</p>	

2022 WORK PLAN – PUBLIC POLICY--Draft

2	Effective Countywide response around Harm Reduction Services and Syringe Exchange			
3	Aging			
4	Housing			
5	Mental Health			
6	Street Medicine			
7	Women's Reproductive health and rights			

CALIFORNIA

#2*

In **California**, the Fair Market Rent (FMR) for a two-bedroom apartment is **\$2,028**. In order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn **\$6,761** monthly or **\$81,133** annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly Housing Wage of:

\$39.01
PER HOUR
STATE HOUSING
WAGE

FACTS ABOUT CALIFORNIA:

STATE FACTS	
Minimum Wage	\$15.00
Average Renter Wage	\$30.39
2-Bedroom Housing Wage	\$39.01
Number of Renter Households	5,861,796
Percent Renters	45%

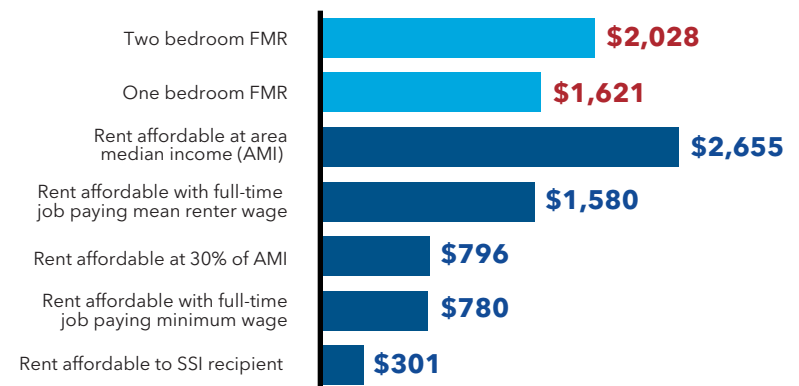
104
Work Hours Per Week At
Minimum Wage To Afford a **2-Bedroom**
Rental Home (at FMR)

83
Work Hours Per Week At
Minimum Wage To Afford a **1-Bedroom**
Rental Home (at FMR)

2.6
Number of Full-Time Jobs At
Minimum Wage To Afford a
2-Bedroom Rental Home (at FMR)

2.1
Number of Full-Time Jobs At
Minimum Wage To Afford a
1-Bedroom Rental Home (at FMR)

MOST EXPENSIVE AREAS	HOUSING WAGE
San Francisco HMFA	\$61.50
Santa Cruz-Watsonville MSA	\$60.35
San Jose-Sunnyvale-Santa Clara HMFA	\$55.15
Santa Maria-Santa Barbara MSA	\$48.38
Santa Ana-Anaheim-Irvine HMFA	\$44.69



MSA = Metropolitan Statistical Area; HMFA = HUD Metro FMR Area.

* Ranked from Highest to Lowest 2-Bedroom Housing Wage. Includes District of Columbia and Puerto Rico.

California	FY22 HOUSING WAGE	HOUSING COSTS				AREA MEDIAN INCOME (AMI)				RENTERS				
	Hourly wage necessary to afford 2 BR ¹ FMR ²	2 BR FMR	Annual income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR ³		Annual AMI ⁴	Monthly rent affordable at AMI ⁵	30% of AMI	Monthly rent affordable at 30% of AMI	Renter households (2016-2020)	% of total households (2016-2020)	Estimated hourly mean renter wage (2022)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
California	\$39.01	\$2,028	\$81,133	2.6		\$106,182	\$2,655	\$31,855	\$796	5,861,796	45%	\$30.39	\$1,580	1.3
Combined Nonmetro Areas	\$20.95	\$1,089	\$43,579	1.4		\$78,584	\$1,965	\$23,575	\$589	108,372	33%	\$15.33	\$797	1.4
<u>Metropolitan Areas</u>														
Bakersfield MSA	\$19.48	\$1,013	\$40,520	1.3		\$67,900	\$1,698	\$20,370	\$509	112,443	41%	\$16.71	\$869	1.2
Chico MSA	\$22.63	\$1,177	\$47,080	1.5		\$85,000	\$2,125	\$25,500	\$638	33,992	41%	\$16.11	\$837	1.4
El Centro MSA	\$20.48	\$1,065	\$42,600	1.4		\$63,900	\$1,598	\$19,170	\$479	19,179	42%	\$12.24	\$637	1.7
Fresno MSA	\$21.87	\$1,137	\$45,480	1.5		\$72,900	\$1,823	\$21,870	\$547	143,677	46%	\$15.53	\$807	1.4
Hanford-Corcoran MSA	\$22.35	\$1,162	\$46,480	1.5		\$68,000	\$1,700	\$20,400	\$510	20,236	46%	\$17.33	\$901	1.3
Los Angeles-Long Beach-Glendale HMFA	\$39.31	\$2,044	\$81,760	2.6		\$91,100	\$2,278	\$27,330	\$683	1,798,032	54%	\$27.41	\$1,425	1.4
Madera MSA	\$23.04	\$1,198	\$47,920	1.5		\$75,500	\$1,888	\$22,650	\$566	15,209	34%	\$15.94	\$829	1.4
Merced MSA	\$21.54	\$1,120	\$44,800	1.4		\$73,100	\$1,828	\$21,930	\$548	38,826	48%	\$17.19	\$894	1.3
Modesto MSA	\$24.04	\$1,250	\$50,000	1.6		\$79,300	\$1,983	\$23,790	\$595	72,151	41%	\$19.81	\$1,030	1.2
Napa MSA	\$41.62	\$2,164	\$86,560	2.8		\$119,400	\$2,985	\$35,820	\$896	17,060	35%	\$22.20	\$1,154	1.9
Oakland-Fremont HMFA	\$43.73	\$2,274	\$90,960	2.9		\$142,800	\$3,570	\$42,840	\$1,071	397,954	41%	\$30.98	\$1,611	1.4
Oxnard-Thousand Oaks-Ventura MSA	\$42.65	\$2,218	\$88,720	2.8		\$115,400	\$2,885	\$34,620	\$866	99,602	37%	\$22.26	\$1,158	1.9
Redding MSA	\$24.13	\$1,255	\$50,200	1.6		\$89,800	\$2,245	\$26,940	\$674	24,607	35%	\$17.69	\$920	1.4
Riverside-San Bernardino-Ontario MSA	\$29.02	\$1,509	\$60,360	1.9		\$87,400	\$2,185	\$26,220	\$656	494,470	36%	\$17.68	\$919	1.6
Sacramento--Roseville--Arden-Arcade HMFA	\$29.67	\$1,543	\$61,720	2.0		\$102,200	\$2,555	\$30,660	\$767	289,990	38%	\$21.55	\$1,121	1.4
Salinas MSA	\$37.83	\$1,967	\$78,680	2.5		\$90,100	\$2,253	\$27,030	\$676	61,657	48%	\$18.25	\$949	2.1
San Benito County HMFA	\$31.71	\$1,649	\$65,960	2.1		\$105,100	\$2,628	\$31,530	\$788	6,376	35%	\$16.53	\$860	1.9
San Diego-Carlsbad MSA	\$42.92	\$2,232	\$89,280	2.9		\$106,900	\$2,673	\$32,070	\$802	521,353	46%	\$26.69	\$1,388	1.6
San Francisco HMFA	\$61.50	\$3,198	\$127,920	4.1		\$166,000	\$4,150	\$49,800	\$1,245	368,291	50%	\$65.68	\$3,415	0.9

1: BR = Bedroom

2: FMR = Fiscal Year 2022 Fair Market Rent.

3: This calculation uses the higher of the county, state, or federal minimum wage, where applicable.

4: AMI = Fiscal Year 2022 Area Median Income

5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

California

FY22 HOUSING WAGE

HOUSING COSTS

AREA MEDIAN INCOME (AMI)

RENTERS

	Hourly wage necessary to afford 2 BR ¹ FMR ²	2 BR FMR	Annual income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR ³	Annual AMI ⁴	Monthly rent affordable at AMI ⁵	30% of AMI	Monthly rent affordable at 30% of AMI	Renter households (2016-2020)	% of total households (2016-2020)	Estimated hourly mean renter wage (2022)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
San Jose-Sunnyvale-Santa Clara HMFA	\$55.15	\$2,868	\$114,720	3.7	\$168,500	\$4,213	\$50,550	\$1,264	277,086	44%	\$68.20	\$3,546	0.8
San Luis Obispo-Paso Robles-Arroyo Grande MSA	\$36.35	\$1,890	\$75,600	2.4	\$109,200	\$2,730	\$32,760	\$819	39,609	37%	\$19.21	\$999	1.9
Santa Ana-Anaheim-Irvine HMFA	\$44.69	\$2,324	\$92,960	3.0	\$119,100	\$2,978	\$35,730	\$893	444,773	43%	\$26.80	\$1,394	1.7
Santa Cruz-Watsonville MSA	\$60.35	\$3,138	\$125,520	4.0	\$119,300	\$2,983	\$35,790	\$895	38,181	40%	\$19.78	\$1,029	3.1
Santa Maria-Santa Barbara MSA	\$48.38	\$2,516	\$100,640	3.2	\$100,100	\$2,503	\$30,030	\$751	70,805	48%	\$21.58	\$1,122	2.2
Santa Rosa MSA	\$39.19	\$2,038	\$81,520	2.6	\$112,800	\$2,820	\$33,840	\$846	73,113	39%	\$23.59	\$1,227	1.7
Stockton-Lodi MSA	\$25.10	\$1,305	\$52,200	1.7	\$85,000	\$2,125	\$25,500	\$638	97,711	42%	\$18.72	\$974	1.3
Vallejo-Fairfield MSA	\$32.25	\$1,677	\$67,080	2.2	\$108,700	\$2,718	\$32,610	\$815	57,352	38%	\$24.68	\$1,283	1.3
Visalia-Porterville MSA	\$19.33	\$1,005	\$40,200	1.3	\$66,900	\$1,673	\$20,070	\$502	59,691	43%	\$15.49	\$805	1.2
Yolo HMFA	\$32.38	\$1,684	\$67,360	2.2	\$106,600	\$2,665	\$31,980	\$800	36,334	49%	\$18.67	\$971	1.7
Yuba City MSA	\$22.56	\$1,173	\$46,920	1.5	\$75,900	\$1,898	\$22,770	\$569	23,664	40%	\$17.22	\$896	1.3
Counties													
Alameda County	\$43.73	\$2,274	\$90,960	2.9	\$142,800	\$3,570	\$42,840	\$1,071	265,893	46%	\$32.59	\$1,695	1.3
Alpine County	\$20.63	\$1,073	\$42,920	1.4	\$94,500	\$2,363	\$28,350	\$709	76	19%	\$13.19	\$686	1.6
Amador County	\$22.08	\$1,148	\$45,920	1.5	\$86,600	\$2,165	\$25,980	\$650	3,448	23%	\$13.41	\$698	1.6
Butte County	\$22.63	\$1,177	\$47,080	1.5	\$85,000	\$2,125	\$25,500	\$638	33,992	41%	\$16.11	\$837	1.4
Calaveras County	\$21.04	\$1,094	\$43,760	1.4	\$90,000	\$2,250	\$27,000	\$675	3,466	20%	\$14.68	\$764	1.4
Colusa County	\$18.15	\$944	\$37,760	1.2	\$74,400	\$1,860	\$22,320	\$558	2,678	37%	\$17.75	\$923	1.0
Contra Costa County	\$43.73	\$2,274	\$90,960	2.9	\$142,800	\$3,570	\$42,840	\$1,071	132,061	33%	\$27.57	\$1,433	1.6
Del Norte County	\$18.85	\$980	\$39,200	1.3	\$63,600	\$1,590	\$19,080	\$477	3,099	32%	\$11.13	\$579	1.7
El Dorado County	\$29.67	\$1,543	\$61,720	2.0	\$102,200	\$2,555	\$30,660	\$767	17,885	24%	\$17.21	\$895	1.7
Fresno County	\$21.87	\$1,137	\$45,480	1.5	\$72,900	\$1,823	\$21,870	\$547	143,677	46%	\$15.53	\$807	1.4
Glenn County	\$18.15	\$944	\$37,760	1.2	\$64,400	\$1,610	\$19,320	\$483	4,246	42%	\$16.51	\$858	1.1
Humboldt County	\$21.38	\$1,112	\$44,480	1.4	\$79,700	\$1,993	\$23,910	\$598	23,359	43%	\$14.52	\$755	1.5

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4: AMI = Fiscal Year 2022 Area Median Income

5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

California

FY22 HOUSING
WAGE

HOUSING COSTS

AREA MEDIAN
INCOME (AMI)

RENTERS

	Hourly wage necessary to afford 2 BR ¹ FMR ²	2 BR FMR	Annual income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR ³	Annual AMI ⁴	Monthly rent affordable at AMI ⁵	30% of AMI	Monthly rent affordable at 30% of AMI	Renter households (2016-2020)	% of total households (2016-2020)	Estimated hourly mean renter wage (2022)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
Imperial County	\$20.48	\$1,065	\$42,600	1.4	\$63,900	\$1,598	\$19,170	\$479	19,179	42%	\$12.24	\$637	1.7
Inyo County	\$20.71	\$1,077	\$43,080	1.4	\$82,700	\$2,068	\$24,810	\$620	2,784	35%	\$18.11	\$942	1.1
Kern County	\$19.48	\$1,013	\$40,520	1.3	\$67,900	\$1,698	\$20,370	\$509	112,443	41%	\$16.71	\$869	1.2
Kings County	\$22.35	\$1,162	\$46,480	1.5	\$68,000	\$1,700	\$20,400	\$510	20,236	46%	\$17.33	\$901	1.3
Lake County	\$19.63	\$1,021	\$40,840	1.3	\$69,200	\$1,730	\$20,760	\$519	8,232	32%	\$15.76	\$820	1.2
Lassen County	\$18.02	\$937	\$37,480	1.2	\$73,700	\$1,843	\$22,110	\$553	2,881	31%	\$14.75	\$767	1.2
Los Angeles County	\$39.31	\$2,044	\$81,760	2.5	\$91,100	\$2,278	\$27,330	\$683	1,798,032	54%	\$27.41	\$1,425	1.4
Madera County	\$23.04	\$1,198	\$47,920	1.5	\$75,500	\$1,888	\$22,650	\$566	15,209	34%	\$15.94	\$829	1.4
Marin County	\$61.50	\$3,198	\$127,920	4.1	\$166,000	\$4,150	\$49,800	\$1,245	38,181	36%	\$28.42	\$1,478	2.2
Mariposa County	\$20.44	\$1,063	\$42,520	1.4	\$67,000	\$1,675	\$20,100	\$503	2,326	30%	\$11.10	\$577	1.8
Mendocino County	\$23.94	\$1,245	\$49,800	1.6	\$71,700	\$1,793	\$21,510	\$538	13,553	40%	\$16.99	\$883	1.4
Merced County	\$21.54	\$1,120	\$44,800	1.4	\$73,100	\$1,828	\$21,930	\$548	38,826	48%	\$17.19	\$894	1.3
Modoc County	\$15.40	\$801	\$32,040	1.0	\$63,600	\$1,590	\$19,080	\$477	842	23%	\$12.36	\$643	1.2
Mono County	\$25.37	\$1,319	\$52,760	1.7	\$79,800	\$1,995	\$23,940	\$599	1,661	32%	\$17.34	\$902	1.5
Monterey County	\$37.83	\$1,967	\$78,680	2.5	\$90,100	\$2,253	\$27,030	\$676	61,657	48%	\$18.25	\$949	2.1
Napa County	\$41.62	\$2,164	\$86,560	2.8	\$119,400	\$2,985	\$35,820	\$896	17,060	35%	\$22.20	\$1,154	1.9
Nevada County	\$25.13	\$1,307	\$52,280	1.7	\$98,400	\$2,460	\$29,520	\$738	10,312	25%	\$15.72	\$818	1.6
Orange County	\$44.69	\$2,324	\$92,960	3.0	\$119,100	\$2,978	\$35,730	\$893	444,773	43%	\$26.80	\$1,394	1.7
Placer County	\$29.67	\$1,543	\$61,720	2.0	\$102,200	\$2,555	\$30,660	\$767	38,820	27%	\$21.09	\$1,097	1.4
Plumas County	\$17.60	\$915	\$36,600	1.2	\$82,400	\$2,060	\$24,720	\$618	2,255	27%	\$15.28	\$795	1.2
Riverside County	\$29.02	\$1,509	\$60,360	1.9	\$87,400	\$2,185	\$26,220	\$656	239,154	32%	\$16.83	\$875	1.7
Sacramento County	\$29.67	\$1,543	\$61,720	2.0	\$102,200	\$2,555	\$30,660	\$767	233,285	43%	\$22.08	\$1,148	1.3
San Benito County	\$31.71	\$1,649	\$65,960	2.1	\$105,100	\$2,628	\$31,530	\$788	6,376	35%	\$16.53	\$860	1.9
San Bernardino County	\$29.02	\$1,509	\$60,360	1.9	\$87,400	\$2,185	\$26,220	\$656	255,316	40%	\$18.49	\$961	1.6
San Diego County	\$42.92	\$2,232	\$89,280	2.9	\$106,900	\$2,673	\$32,070	\$802	521,353	46%	\$26.69	\$1,388	1.6
San Francisco County	\$61.50	\$3,198	\$127,920	3.6	\$166,000	\$4,150	\$49,800	\$1,245	224,462	62%	\$71.79	\$3,733	0.9

1: BR = Bedroom

2: FMR = Fiscal Year 2022 Fair Market Rent.

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5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

California	FY22 HOUSING WAGE	HOUSING COSTS			AREA MEDIAN INCOME (AMI)				RENTERS				
	Hourly wage necessary to afford 2 BR ¹ FMR ²	2 BR FMR	Annual income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR ³	Annual AMI ⁴	Monthly rent affordable at AMI ⁵	30% of AMI	Monthly rent affordable at 30% of AMI	Renter households (2016-2020)	% of total households (2016-2020)	Estimated hourly mean renter wage (2022)	Monthly rent affordable at mean renter wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
San Joaquin County	\$25.10	\$1,305	\$52,200	1.7	\$85,000	\$2,125	\$25,500	\$638	97,711	42%	\$18.72	\$974	1.3
San Luis Obispo County	\$36.35	\$1,890	\$75,600	2.4	\$109,200	\$2,730	\$32,760	\$819	39,609	37%	\$19.21	\$999	1.9
San Mateo County	\$61.50	\$3,198	\$127,920	4.1	\$166,000	\$4,150	\$49,800	\$1,245	105,648	40%	\$65.07	\$3,383	0.9
Santa Barbara County	\$48.38	\$2,516	\$100,640	3.2	\$100,100	\$2,503	\$30,030	\$751	70,805	48%	\$21.58	\$1,122	2.2
Santa Clara County	\$55.15	\$2,868	\$114,720	3.7	\$168,500	\$4,213	\$50,550	\$1,264	277,086	44%	\$68.20	\$3,546	0.8
Santa Cruz County	\$60.35	\$3,138	\$125,520	4.0	\$119,300	\$2,983	\$35,790	\$895	38,181	40%	\$19.78	\$1,029	3.1
Shasta County	\$24.13	\$1,255	\$50,200	1.6	\$89,800	\$2,245	\$26,940	\$674	24,607	35%	\$17.69	\$920	1.4
Sierra County	\$21.42	\$1,114	\$44,560	1.4	\$90,000	\$2,250	\$27,000	\$675	333	27%	\$12.38	\$644	1.7
Siskiyou County	\$17.73	\$922	\$36,880	1.2	\$62,700	\$1,568	\$18,810	\$470	6,536	34%	\$15.25	\$793	1.2
Solano County	\$32.25	\$1,677	\$67,080	2.2	\$108,700	\$2,718	\$32,610	\$815	57,352	38%	\$24.68	\$1,283	1.3
Sonoma County	\$39.19	\$2,038	\$81,520	2.6	\$112,800	\$2,820	\$33,840	\$846	73,113	39%	\$23.59	\$1,227	1.7
Stanislaus County	\$24.04	\$1,250	\$50,000	1.6	\$79,300	\$1,983	\$23,790	\$595	72,151	41%	\$19.81	\$1,030	1.2
Sutter County	\$22.56	\$1,173	\$46,920	1.5	\$75,900	\$1,898	\$22,770	\$569	13,319	41%	\$16.65	\$866	1.4
Tehama County	\$18.27	\$950	\$38,000	1.2	\$79,400	\$1,985	\$23,820	\$596	8,379	34%	\$15.82	\$822	1.2
Trinity County	\$16.87	\$877	\$35,080	1.1	\$55,700	\$1,393	\$16,710	\$418	1,855	31%	\$11.95	\$621	1.4
Tulare County	\$19.33	\$1,005	\$40,200	1.3	\$66,900	\$1,673	\$20,070	\$502	59,691	43%	\$15.49	\$805	1.2
Tuolumne County	\$21.77	\$1,132	\$45,280	1.5	\$84,300	\$2,108	\$25,290	\$632	6,051	26%	\$13.87	\$721	1.6
Ventura County	\$42.65	\$2,218	\$88,720	2.8	\$115,400	\$2,885	\$34,620	\$866	99,602	37%	\$22.26	\$1,158	1.9
Yolo County	\$32.38	\$1,684	\$67,360	2.2	\$106,600	\$2,665	\$31,980	\$800	36,334	49%	\$18.67	\$971	1.7
Yuba County	\$22.56	\$1,173	\$46,920	1.5	\$75,900	\$1,898	\$22,770	\$569	10,345	39%	\$18.57	\$966	1.2

1: BR = Bedroom

2: FMR = Fiscal Year 2022 Fair Market Rent.

3: This calculation uses the higher of the county, state, or federal minimum wage, where applicable.

4: AMI = Fiscal Year 2022 Area Median Income

5: Affordable rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.



FY2023 Appropriations for Federal HIV, Hepatitis, and STD Programs

July 2022

Program	FY2022 Omnibus	FY2023 President's Budget Request	FY2023 House Committee	FY2023 Community Request
HRSA: Ryan White Programs Total	\$2.495 b (+\$71 m)	\$2.655 b (+\$160.1 m)	\$2.695 b (+\$200 m)	\$2.942 b (+\$447.5 m)
Part A	\$670.5 m (+\$14.6 m)	\$665.9 m (-\$4.6 m)	\$691 m (+\$20.5 m)	\$751.1 m (+\$80.6 m)
Part B: Base	\$443.9 m (+\$29.2 m)	\$444.7 m (+\$0.8 m)	\$485.2 m (+\$41.3 m)	\$509.4 m (+\$65.5 m)
Part B: ADAP	\$900.3 m (0)	\$900.3 m (0)	\$900.3 m (0)	\$968.3 m (+\$68 m)
Part C	\$205.5 m (+\$4.5 m)	\$207.1 m (+\$1.6 m)	\$211.9 m (+\$6.4 m)	\$231 m (+\$25.5 m)
Part D	\$76.8 m (+\$1.7 m)	\$75.1 m (-\$1.7 m)	\$79.1 m (+\$2.3 m)	\$85 m (+\$8.2 m)
Part F: AETCs	\$34.3 m (+\$0.7 m)	\$33.6 m (-\$0.7)	\$35.4 m (+\$1.1 m)	\$58.0 m (+\$23.7 m)
Part F: Dental Reimbursement	\$13.4 m (+\$0.3 m)	\$13.1 m (-\$0.3 m)	\$13.8 m (+\$0.4 m)	\$15.4 (+\$2 m)
(SPNS)	\$25 m (0)	\$25.0 m (0)	\$28.0 m (+\$3 m)	\$34 m (+\$9 m)
HRSA: Ending the HIV Epidemic Plan	\$125 m (+\$20 m)	\$290 m (+\$165 m)	\$250 m (+\$125 m)	\$290 m (+\$165 m)
CDC: HIV, Viral Hepatitis, STD, TB Total	\$1.345 b (+\$31 m)	\$1.471 b (+\$125.5 m)	\$1.464 b (+\$118.5 m)	\$2.077 b (+\$731.9 m)
Domestic HIV Prevention and Research	\$986.7 m (+\$22 m)	\$1.099 b (+\$113 m)	\$1.047 b (+\$60 m)	\$1.233 b (+\$246 m)
[CDC: Ending the HIV Epidemic Plan]	[\$195 m] [(+\$20 m)]	[\$310 m] [(+\$115 m)]	[\$245 m] [(+\$50 m)]	[\$310 m] [(+\$115 m)]
[DASH - HIV Prevention Education]	[\$36.1 m] [(+\$2 m)]	[\$34.1 m] [(+\$2 m)]	[\$46.1 m] [(+\$10 m)]	[\$100 m] [(+\$63.9 m)]
Viral Hepatitis Prevention	\$41 m (+\$1.5)	\$54.5 m (+\$13.5)	\$54.5 m (+\$13.5)	\$140 m (+\$99 m)
STD Prevention	\$164.3 m (+\$2.5 m)	\$161.8 m (-\$2.5 m)	\$179.3 m (+\$15 m)	\$329.2 m (+\$164.9 m)
TB Prevention	\$135 m (0)	\$135 m (0)	\$140 m (+\$15 m)	\$225 m (+\$90 m)
Opioid and Infectious Diseases	\$18 m (+\$5 m)	\$19.5 m (+\$1.5 m)	\$43 m (+\$25 m)	\$150 m (+\$132 m)
Secretary's Minority AIDS Initiative Fund	\$56.9 m (+\$1.5 m)	\$58.4 m (+\$1.5 m)	\$60 m (+\$3.1 m)	\$105 m (+\$48.1 m)
HOPWA	\$450.0 m (+\$20 m)	\$455.0 m (-\$5 m)	\$600 m (+\$170 m)	\$600 m (+\$170 m)

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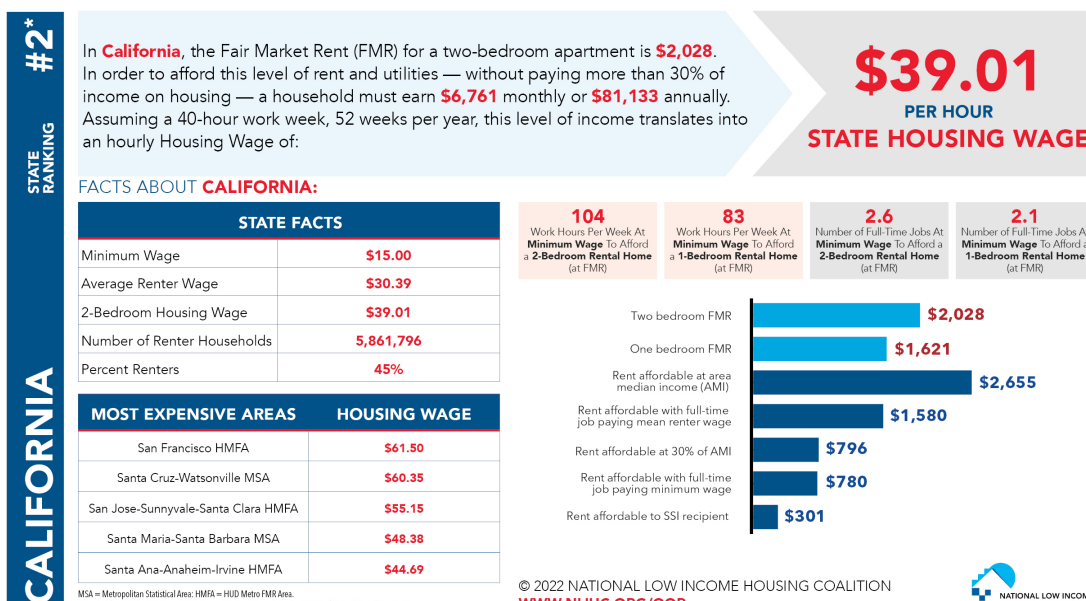
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Forward

NLIHC's 2022 Out of Reach Report: Low-Wage Workers Struggling with Record-High Inflation and Rising Rental Costs

In order to afford a modest, two-bedroom apartment at fair market rent in California, full-time workers need to earn \$39.01 per hour. This is California's 2022 Housing Wage, revealed in a national report published today. The report, Out of Reach, was jointly released by the National Low Income Housing Coalition (NLIHC), a research and advocacy organization dedicated to achieving affordable and decent homes for people with the lowest incomes, and SCANPH. Read the California [data here](#).

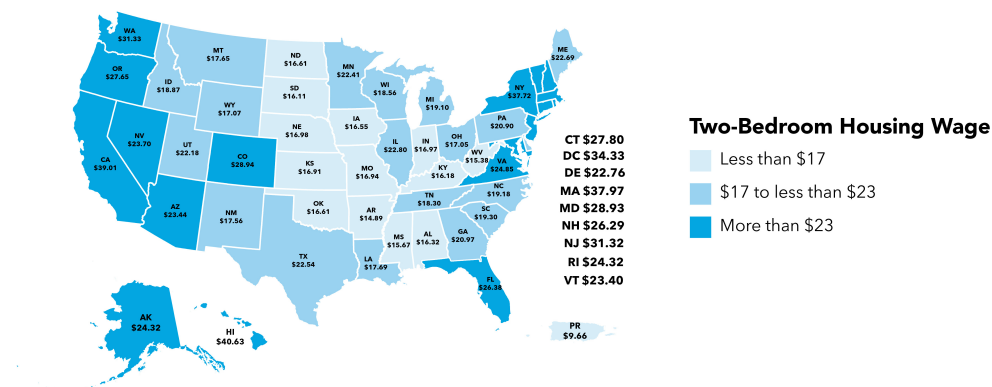


MSA = Metropolitan Statistical Area; HMFA = HUD Metro FMR Area.
 * Ranked from Highest to Lowest 2-Bedroom Housing Wage. Includes District of Columbia and Puerto Rico.

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WWW.NLIHC.ORG/OOR

bedroom apartments increasing nearly 18% between the first quarter of 2021 and the first quarter of 2022. At the same time, costs for necessities like food and transportation have also skyrocketed, leaving low-income renters with increasingly tighter budgets. With inflation breaking a 40-year record in 2022, many renters have had to make difficult decisions about their budget, sacrificing childcare, medical care, and food to maintain housing. **A renter needs to earn on average \$25.82 per hour to afford a modest two-bedroom rental home in the U.S. without spending more than 30% of their income on housing costs, or \$21.25 per hour to afford a one-bedroom home.** While the Housing Wage varies by state and metropolitan area, low-wage workers everywhere struggle to afford their housing.

2022 TWO-BEDROOM RENTAL HOUSING WAGES



OUT of REACH
THE HIGH COST OF HOUSING

*Note: New England states are displayed with HUD Fair Market Rent Areas. All other states are displayed at the county level. This map does not account for sub-county jurisdictions with minimum wages higher than the prevailing county, state, or federal minimum wage. No local minimum wages are sufficient to afford a one-bedroom rental home at the Fair Market Rent with a 40 hour work week. The geographic variation of Oregon and New York's state minimum wages are reflected at the county level.

 NATIONAL LOW INCOME HOUSING COALITION
www.nlihc.org/oor
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The federal minimum wage has remained at \$7.25 an hour without an increase since 2009, not keeping pace with the high cost of rental housing. In no state, even those where the minimum wage has been set above the federal standard, can a minimum-wage renter working a 40-hour work week afford a modest two-bedroom rental unit at the average fair market rent. **Working at the minimum wage of \$15 in California, a wage earner must have 2.1 full-time job[s] or work 83 hours per week to afford a modest one-bedroom apartment or have 2.6 full-time job[s] or work 104 hours to afford a two-bedroom apartment.**

“Decades of chronic underfunding for housing assistance have resulted in a housing-lottery system, where only 25 percent of eligible households receive the housing assistance they need,” said NLIHC President and CEO Diane Yentel. “With rents rising rapidly, homelessness worsening, and millions of families struggling to stay housed, federal investments in expanding proven solutions – like Housing Choice Vouchers, the national Housing Trust Fund, and public housing – are badly needed and long overdue. As a country, we have the data, partnerships, expertise, solutions, and means to end homelessness and housing poverty – we lack only the political will to fund solutions at the scale necessary.”

Thank you to all SCANPH members for your crucial work toward ensuring an affordable home for all Southern Californians. If you are not already a SCANPH member, please consider joining today. Register your membership online at: <http://scanph.org/join-us>.



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LOS ANGELES COUNTY BOARD OF SUPERVISORS' MEETING



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EXECUTIVE OFFICE



BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES



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AGENDA FOR THE REGULAR MEETING OF THE BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES, CALIFORNIA

TUESDAY, AUGUST 2, 2022, 9:30 A.M.

<http://bos.lacounty.gov/Board-Meeting/Live-Broadcast>

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012

Holly J. Mitchell
Chair
Second District

Hilda L. Solis
First District

Janice Hahn
Supervisor
Fourth District



Sheila Kuehl
Chair Pro Tem
Third District

Kathryn Barger
Supervisor
Fifth District

Executive Officer
Celia Zavala

AGENDA POSTED: July 28, 2022

MEETING TELEVISED: Wednesday, August 3, 2022 at 11:00 p.m. on KLCS

To listen only by telephone please call (877) 873-8017 and enter the access code when prompted: Access Code for English: 111111 Access Code for Spanish: 222222.

To address the Board during the live virtual meeting please call **(877) 226-8163** and enter Participant Code: **1336503** starting at 9:00 a.m. **Press 1 then 0 to address the Board.** Please listen carefully to the prompts for instructions on providing live testimony to the Board.

Written public comments may be submitted through our website at: <https://publiccomment.bos.lacounty.gov>, which will become part of the official record.

For your convenience, you may also submit public comment by mail to the following address: (Please note the Agenda Item number and Board meeting date on your correspondence.)

Attention: Los Angeles County Board of Supervisors
Board Operations Division, Executive Office
500 West Temple Street, Room 383
Los Angeles, CA 90012

I. SET MATTER 11:00 A.M.

**Set
Matter**

Public Health Order

1. Discussion and consideration of necessary actions on the Public Health Order related to COVID-19, as requested by the Chair of the Board and status on the COVID-19 vaccine. (20-4861)

Attachments: [Public Comment/Correspondence](#)

II. CONSENT CALENDAR

All matters are approved by one motion unless held.

BOARD OF SUPERVISORS 2 - 10**2. Appointments to Commissions/Committees/Special Districts**

Recommendations for appointment/reappointment for the following Commissions/Committees/Special Districts (+ denotes reappointments):
Documents on file in the Executive Office.

Supervisor Kuehl

Damon Nagami+, Community Prevention and Population Health Task Force

Supervisor Barger

Bob Lewis, Chiquita Canyon Landfill Community Advisory Committee
Robert T. Guthrie+, Los Angeles County Highway Safety Commission
Jody Schulz, Measure H Citizens' Oversight Advisory Board (22-2845)

Attachments: [Public Comment/Correspondence](#)

3. Addressing Service Gap in Los Angeles County's Commission on Human Relation's LA vs. Hate Program

Recommendation as submitted by Supervisors Solis and Kuehl: Direct the Chief Executive Officer, in collaboration with the Executive Director of the Human Relations Commission, to identify at least \$2,600,000 of ongoing funding to support the *LA vs. Hate* program; and direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, in collaboration with the Executive Director of the Human Relations Commission, to support State and Federal legislation that advances funding, support and advocacy for victims and survivors of hate incidents. (22-2879)

Attachments: [Motion by Supervisors Solis and Kuehl](#)
[Public Comment/Correspondence](#)

4. Improving Immigrant Access to Public Benefits

Recommendation as submitted by Supervisors Solis and Hahn: Instruct the Directors of the Office of Immigrant Affairs, Health Services and Public Health, the Acting Director of Public Social Services, the Superintendent of Schools of the Los Angeles County Office of Education, and other impacted County Departments and external stakeholders, to create and execute a communication and outreach plan to ensure all County immigrant residents, including traditionally underserved Indigenous, Latino, Black and Asian American and Pacific Islander (AAPI) immigrant communities, are aware of the anticipated final Public Charge rule and encouraged to access critical public benefits they or their family members are entitled to, including the expansion of Medi-Cal, the California Food Assistance Program and cash-aid, such as CalWORKs for mixed-status families, with the strategy to include, but not be limited to, the following:

Creating and distributing linguistically and culturally appropriate educational materials (video, audio and graphical materials) addressing public charge concerns and misconceptions;

Ensuring BenefitsCal and all related public-facing guidance and communications are readily available and accessible in threshold languages, and to also include advocating for BenefitsCal to have updated information about changes to the public charge rule;

Promulgating information and materials addressing public charge concerns and misconceptions at critical points of service, including waiting areas in the Department of Public Social Services (DPSS) and other appropriate County offices, websites (including BenefitsCal), recorded messages while customers seeking telephonic County services are on hold, and other strategic locations;

Conducting mainstream, ethnic and hyperlocal media campaigns (print newspapers and radio), digital and social media outreach;

Disseminating messaging in various public spaces likely to be seen by immigrants and their families (i.e., billboards, bus ads, ethnic markets, community spaces, etc.);

Leveraging promotoras and health navigators, and collaborating with Community Based Organization (CBOs), benefits enrollers and faith partners to ensure that outreach activities and materials reach all immigrant populations, including traditionally underserved Indigenous, Black, and AAPI immigrant communities; and

Working with the Chief Executive Officer to identify funding required to support any broad public outreach efforts included in the communication and outreach plan;

Instruct the Acting Director of Public Social Services, in consultation with the Director of the Office of Immigrant Affairs and the Acting County Counsel, to do the following:

Assess DPSS staff readiness to serve immigrant populations and their eligibility for DPSS-provided support services in a linguistically, culturally and immigration-adequate manner;

Issue guidance to the DPSS workforce in the form of trainings and call-outs to promote increased knowledge about benefits to which immigrants and their families are entitled;

Create and implement a training plan for DPSS workforce competency for new and existing employees related to immigrant eligibility for benefit programs, public charge concerns and misconceptions, and related barriers including sponsor deeming and collection policies; and

Collaborate with advocates and CBOs in developing messaging for the community, and guidance and trainings for DPSS workers;

Instruct the Director of the Office of Immigrant Affairs, in collaboration with the Acting Director of Public Social Services, the Directors of Health Services and Public Health, and the Acting County Counsel, to report back to the Board in writing in 90 days on the progress toward the above directives, with subsequent quarterly progress reports through June 2023, including quantitative and qualitative data with relevant context (e.g. how current enrollment compares to previous) to illustrate the success of these efforts and any key takeaways the County can use to inform similar efforts;

Instruct the Acting County Counsel to monitor any legal action aimed to challenge the anticipated final Public Charge rule and present recommendations to the Board to file or join in litigation to defend the anticipated new Public Charge rule;

Direct the Chief Executive Officer to send a five-signature letter to the Secretary of the Department of Homeland Security acknowledging the positive policy direction reflected in the Notice of Proposed Rulemaking on February 24, 2022, and encourage close collaboration between the Federal and local government, as well as CBO stakeholders, to ensure effective implementation and extensive community outreach upon publication of the anticipated final Public Charge rule; and

Instruct the Los Angeles County's California Statewide Automated Welfare System representatives to advocate for County consumers and ensure improvements to BenefitsCal, including providing materials in threshold languages and enhancing access. (22-2873)

Attachments: [Motion by Supervisors Solis and Hahn](#)
[Public Comment/Correspondence](#)

5. Advocating for Federal and State Resources to Combat the Sexually Transmitted Infections Epidemic

Recommendation as submitted by Supervisor Solis: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, in collaboration with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to send a five-signature letter to the Department of Health and Human Services Secretary Xavier Becerra requesting the following:

Support a Sexually Transmitted Disease (STD) Control Pilot Program for the County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal Sexually Transmitted Infections (STI) Strategic Plan;

Launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched Ending the HIV Epidemic Initiative and that enlists a renewed commitment from Federal agencies, States, counties and cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis; and

Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan Healthcare Effectiveness Data and Information Set (HEDIS) measure tied to annual chlamydia screening for young sexually active women ages 16 to 24; and given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations;

Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, in collaboration with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to send a five-signature letter to Governor Gavin Newsom, California Health and Human Services Secretary Dr. Mark Ghaly, and State Superintendent of Public Instruction Tony Thurmond, requesting the following:

Request the Department of Education to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea;

Request the Department of Health and Human Services to develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted Senate Bill 306; and

Request appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID-19 response;

Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, in collaboration and consultation with the Director of Health Services, through the Housing for Health Division, to advocate to the State and Federal government to increase funding for street medicine interventions to ensure that people experiencing homelessness receive care for STIs; and

Instruct the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to incorporate STI education and resources into outreach efforts of *promotoras*/community health workers. (22-2876)

Attachments: [Motion by Supervisor Solis](#)
[Public Comment/Correspondence](#)

6. Decriminalizing Mobility Through Implementation of the Vision Zero Action Plan

Recommendation as submitted by Supervisor Solis: Instruct the Director of Public Works, in collaboration with the Acting County Counsel and the Director of Public Health, to immediately commence a full review of the draft ordinance provided as part of the Director of Public Health's April 19, 2022 report entitled, "Decriminalizing Mobility Through Implementation Of The Vision Zero Action Plan"; direct the Chief Executive Officer to coordinate the implementation of Recommendations 1 through 6 and 8 proposed in the June 24, 2022 report entitled, "Decriminalizing Mobility Through Implementation Of The Vision Zero Action Plan" (CEO Report); direct the Chief Executive Officer's Anti-Racism, Diversity and Inclusion Initiative to convene a work group as mentioned in Recommendation 7 in the CEO Report comprised of representatives from the Chief Executive Officer's Legislative Affairs and Intergovernmental Relations Division, the Departments of Public Health, District Attorney, Public Defender, County Counsel, Alternatives to Incarceration Initiative, Public Works and other affected Departments, to identify and explore legislative options that would limit searches associated with minor traffic or pedestrian infractions for which there is not a strong causal connection to a collision, with these minor infractions to include, but would not be limited to, technical violations, equipment violations, proper lighting, jaywalking and broken taillights; instruct the Director of Public Works, in partnership with the Director of Public Health, to explore other County Code changes related to other human-powered forms of transportation and micromobility devices with the goal of improving safety on roadways and sidewalks; and instruct the specified Departments above to report back to the Board on their respective directives in December 2022. (22-2881)

Attachments: [Motion by Supervisor Solis](#)
[Chief Executive Office Report - June 24, 2022](#)
[Public Health Report - April 19, 2022](#)
[Public Comment/Correspondence](#)

7. Peace and Harmony Concert Fee Waiver

Recommendation as submitted by Supervisor Solis: Waive \$1,440 in parking fees for 160 vehicles at the Walt Disney Concert Hall garage, excluding the cost of liability insurance, for the participants of the Peace and Harmony Concert hosted by the Los Angeles Korean-American Musicians' Association, to be held on August 6, 2022. (22-2878)

Attachments: [Motion by Supervisor Solis](#)
[Public Comment/Correspondence](#)

8. Responding to Los Angeles County's Sexually Transmitted Disease Crisis

Recommendation as submitted by Supervisors Mitchell and Solis: Instruct the Directors of Public Health and Health Services, the Acting Director of Mental Health and the Chief Executive Officer, to work with the Alliance for Health Integration, the Chief Executive Officer's Anti-Racism, Diversity and Inclusion Initiative, the Chief Executive Officer's Legislative Affairs and Intergovernmental Relations Division, and relevant community stakeholders, to do the following:

Appeal to the Federal Department of Health and Human Services and Congress to increase the Federal investment for Sexually Transmitted Disease (STD) Control efforts, including through, but not limited to, services supported by the following agencies and funding streams, such as:

The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;

The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity; and

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

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

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

Instruct the Director of Public Health, the Chief Executive Officer and the Executive Director of the Los Angeles County Youth Commission, in coordination with the Superintendent of Schools of the Los Angeles County Office of Education, Superintendent of the Los Angeles Unified School District, and other relevant stakeholders, to assess and report back to the Board in writing in 60 days on the implementation of the California Healthy Youth Act (CHYA), with the report to include, but not be limited to:

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

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

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

Peer-led approaches which are promising or effective at delivering sexual health education;

Input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA; and

Based on the findings above, the report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA, feedback from educators, families and students regarding CHYA and the effectiveness of sexual health education, and limitations in the delivery or content of sexual health education being administered;

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

Instruct the Directors of Health Services and Public Health to identify the benefits and challenges of including STD testing (including oral, anal and urine testing, blood tests, and bundled testing) within the Department of Health Services-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back to the Board in writing in 60 days; review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions and other target demographics who may not visit a provider or clinic frequently;

Instruct the Directors of Public Health and Health Services, and the Acting Director of Mental Health, in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake;

Instruct the Directors of Public Health and Health Services and the Acting Director of Mental Health, in coordination with the Alliance for Health Integration, local managed care plans and other relevant stakeholders, to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services and report back to the Board in writing in 60 days; and

Instruct the Director of Public Health to include reports on implementation progress in its quarterly STD updates. (22-2870)

Attachments: [Motion by Supervisors Mitchell and Solis](#)
[Public Comment/Correspondence](#)

9. Proclaiming August 2022 as “Child Support Awareness Month” in Los Angeles County

Recommendation as submitted by Supervisor Mitchell: Proclaim August 2022 as “Child Support Awareness Month” throughout Los Angeles County, recognizing the Child Support Services Department (CSSD) for improving the quality of life for children and families in the County; and instruct the Director of Child Support Services to increase awareness of the services available through CSSD and the benefits of child support for children and families through a robust public campaign, utilizing traditional and ethnic media outlets, digital media, community-based organizations and virtual and in-person community events. (22-2854)

Attachments: [Motion by Supervisor Mitchell](#)
[Public Comment/Correspondence](#)

10. Rancho Los Amigos Building 601/602 Interim Housing Project

Recommendation as submitted by Supervisor Hahn: Approve an appropriation adjustment that reflects an increase of \$1,400,000 in appropriation for the Rancho Los Amigos Interim Housing Facility Refurbishment, Capital Project No. 87720 (Project), offset by a corresponding increase in American Rescue Plan (ARP) Act Coronavirus Local Fiscal Recovery Funds, to support the design, refurbishment and remodel of the Rancho Los Amigos Interim Housing Facility; approve a revised total Project budget of \$4,800,000, which reflects an increase of \$1,400,000 from the previously approved Project budget of \$3,400,000; authorize the Director of Public Works to utilize a previously Board-approved Job Order Contract for the refurbishment and remodel work, which shall be in compliance with ARP project funding requirements; and find that the current actions are within the scope of the Board's previous finding of exemption for the Project under the California Environmental Quality Act. **4-VOTES** (22-2865)

Attachments: [Motion by Supervisor Hahn](#)
[Public Comment/Correspondence](#)

ADMINISTRATIVE MATTERS 11 - 42**Chief Executive Office****11. Information and Referral Services Contract**

Recommendation: Authorize the Chief Executive Officer to execute a multi-year contract (Contract) between the County and Deloitte Consulting LLP for a base amount of \$67,250,801 for a seven-year term, for the provision of Information and Referral services handling approximately 480,000 inquiries per year (Base Volume); execute up to three one-year extension options, as needed, following the initial term of the Contract for a total amount not to exceed \$27,451,503; execute as-needed amendments, change notices and work orders pursuant to the Contract's provisions, and adjust the payments, as needed, for handling inquiries in excess of the Base Volume, and approve the use of an additional \$20,000,000 in Pool Dollars for the aforementioned purposes, which will help the Chief Executive Officer ensure compliance with Federal, State or County regulations, and to expeditiously implement, as needed, County special projects or campaigns, additional functionality, system improvements or additional self-service portals; and adopt and instruct the Chair to sign a resolution supporting the County's current application to the California Public Utilities Commission (CPUC) to obtain authority over the 2-1-1 dialing code, and rescinding the County's prior letter in support of the current vendor's CPUC application submitted in 2003. (*NOTE: The Acting Chief Information Officer recommends approval of this item.*) (22-2855)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

County Operations**12. Petition Verification for the Recall of District Attorney George Gascón**

Recommendation: Upon completion of the examination of the petition to recall District Attorney George Gascón, receive the Registrar-Recorder/County Clerk's report showing the results; and if the Registrar-Recorder/County Clerk issues a report of sufficiency, issue an order calling a recall election at a meeting within 14 days following the report on sufficiency, in accordance with the California Elections Code. **(Registrar-Recorder/County Clerk)** APPROVE (22-2851)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

Community Services**13. Department of Parks and Recreation Affiliation Agreement**

Recommendation: Approve and instruct the Chair to sign an affiliation agreement between the Department of Parks and Recreation and the Los Angeles County Parks Foundation (Foundation), for the provision of services contemplated in the affiliation agreement by the Foundation to the Department of Parks and Recreation, with the term of the affiliation agreement to be open, and remain in effect unless and until terminated, with no Net County Cost; authorize the Director of Parks and Recreation to enter into the affiliation agreement and execute all future amendments, modifications, extensions, augmentations and termination relative to the affiliation agreement, as necessary; and approve the Director of Parks and Recreation to serve on the Foundation's Board of Directors and approve assignment of other County employees to serve the Foundation in non-leadership administrative roles. **(Department of Parks and Recreation)** APPROVE (Continued from the meeting of 7-12-22) (22-2610)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

14. San Gabriel Valley Aquatic Center Project Construction Contract

Recommendation: Consider the Mitigated Negative Declaration (MND) for the San Gabriel Valley Aquatic Center Project, Capital Project (CP) No. 69909 (Project) (1), together with comments received during the public review period; find that the MND reflects the independent analysis of the Board; adopt the Mitigated Monitoring and Reporting Program (MMRP); find the MMRP is adequately designed to ensure compliance with the mitigation measures during project implementation; find on the basis of the whole record before the Board that there is no substantial evidence that the Project may have a significant effect on the environment and adopt the MND; approve the Project with a total Project budget of \$34,960,000; approve an appropriation adjustment to reflect an increase of \$14,210,000 in appropriation for the Project, funded with \$8,500,000 from the State of California Department of Parks and Recreation under the Statewide Park Development and Community Revitalization Program, \$2,000,000 from the San Gabriel and Lower Los Angeles Rivers and Mountains Conservancy under the Regionwide Grant Program and \$3,710,000 transfer of prior year Net County Cost from the Department of Public Social Services' Cudahy Assistance Payments District Office Demolition, CP No. 87803, to fully fund the Project; and take the following related actions: **(Department of Public Works) ADOPT 4-VOTES**

Find that Balfour Beatty Construction, LLC, is the responsive and responsible proposer that submitted the best value and most advantageous proposal to the County for design and construction of the Project using the design-build project delivery method, based on best value criteria stated in the Request for Proposals (RFP), including qualifications, technical design, construction expertise, proposed delivery plan, price, workforce commitment, design excellence, acceptable safety record and lifecycle cost;

Award a design-build agreement to Balfour Beatty Construction, LLC, in substantially the same form as was included in the RFP;

Pursuant to the County's design-build policy, authorize the Director of Public Works to execute the design-build agreement with Balfour Beatty Construction, LLC, for a contract amount of \$26,724,610 and a maximum contract amount of \$27,965,610, inclusive of a design completion allowance of \$1,241,000, subject to receipt by the County of acceptable Faithful Performance and Payment for Labor and Materials Bonds and evidence of required contract insurance filed by the design-build entity; establish the effective date of the contract upon receipt of acceptable performance, payment bonds and evidence of required insurance; and take all actions necessary and appropriate to fully deliver the Project;

Authorize the Director to execute consultant services agreements with Kemp Bros. Construction, Inc. and Blach Construction Company to pay a stipend in an amount of \$50,000 to these second and third ranked qualifying proposers that were not selected as the best value design-builder;

Authorize the Director to exercise control of the design completion allowance with concurrence from the Chief Executive Officer, including the authority to reallocate the allowances into the contract amount, as appropriate, to resolve cost issues with Balfour Beatty Construction, LLC, that are identified during the design phase of the Project, such as changes resulting from unforeseen conditions, including construction-related impacts;

Authorize the Chief Executive Officer and the Director, in consultation with the Acting County Counsel, to apply the current Community Workforce Agreement to the Project, adding this Project as a covered project pursuant to the agreement; and

Authorize the Chief Executive Officer to send a letter to the Executive Secretary of the Trades Council to inform him that the proposed Project will be added into the Community Workforce Agreement, and execute any ancillary documentation as needed to satisfy these directives.
(22-2827)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

15. El Monte Library Americans with Disabilities Act and Rosemead Library Americans with Disabilities Act Refurbishment Projects

Recommendation: Establish and approve the El Monte Library Americans with Disabilities Act Refurbishment Project, Capital Project (CP) No. 87865, with a total project budget of \$927,000 and the Rosemead Library Americans with Disabilities Act Refurbishment Project, CP No. 87866, with a total project budget of \$1,074,000 (1); approve an appropriation adjustment to transfer \$754,000 from the Various Americans with Disabilities Act Program Compliance Projects, CP No. 87052 and \$76,000 from the Los Angeles County Library Services and Supplies budget to CP No. 87865 for a total amount of \$830,000, and \$863,000 from the Various Americans with Disabilities Act Program Compliance Projects, CP No. 87052 and \$118,000 from Los Angeles County Library Services and Supplies budget to CP No. 87866 for a total amount of \$981,000; authorize the Director of Public Works to deliver both of the projects using Board-approved Job Order Contracts; and find that the proposed projects are exempt from the California Environmental Quality Act. **(Department of Public Works)**
APPROVE 4-VOTES (22-2818)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

16. On-Call Tire Recycling Program Management Services Funding Supplement Services Contract

Recommendation: Approve a sole source funding supplement to a contract with American Reclamation, Inc. for the provision of On-Call Tire Recycling Program Management Services to increase the contract amount by \$110,156 per year, from \$189,844 to \$300,000, for the remaining contract term of two years and six months, which will increase the maximum potential contract amount from \$939,728 to \$1,242,657; authorize the Director of Public Works to annually increase the contract amount up to an additional 10% of the annual contract amount, which is included in the maximum potential contract amount for unforeseen additional work within the scope of the contract, if required; and find that the services continue to be exempt from the California Environmental Quality Act. **(Department of Public Works) APPROVE (22-2838)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

17. On-Call Environmental Services for Flood Control District Facilities Service Contracts

Recommendation: Award consultant services contracts with three small-sized firms, Catalyst Environmental Solutions Corporation, Ruth Villalobos & Associates, Inc. and Watearth, Inc., two medium-sized firms, Chambers Group, Inc. and Sapphos Environmental, Inc., and two large-sized firms, ECORP Consulting, Inc. and PSOMAS, for the provision of on-call environmental services, such as assistance with compliance with local, State and Federal environmental laws, rules, regulations and permit conditions related to the planning and implementation of projects undertaken by the Department of Public Works for the County Flood Control District, each for a three-year term, with a one-year extension option, in a total aggregate program amount not to exceed \$24,000,000 for the maximum contract term; and authorize the Chief Engineer of the County Flood Control District to take the following actions:
(Department of Public Works) APPROVE

Execute contracts with each of the consultants, administer the contracts, and at the discretion of the Chief Engineer, exercise the option to extend any or all of the contracts if it is determined there is a demand for the services and if the services have been satisfactorily performed in the prior contract years; and

Extend the term of any of the contracts past the expiration date of the extension option period as necessary, to allow for the completion of previously unforeseen additional services related to a previously assigned scope of work on a given project that are necessary for the completion of that given project. (22-2820)

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

18. On-Call Environmental Assessment, Remediation and Compliance Consultant Services Agreements

Recommendation: Approve and authorize the Director of Public Works to execute consultant services agreements with three small-sized firms, Catalyst Environmental Solutions Corporation, Orion Environmental, Inc. and Waterstone Environmental, Inc., one medium-sized firm, Frey Environmental, Inc., and eight large-sized firms, AECOM Technical Services, Inc., Alta Environmental, L.P., Burns & McDonnell Engineering Company, Inc., Kleinfelder, Inc., Leighton Consulting, Inc., Roux Associates, Inc., Stantec Consulting Services Inc. and Wood Environment & Infrastructure Solutions, Inc., for the provision of on-call environmental assessment, remediation and compliance services throughout the County for a total aggregate annual program amount not to exceed \$15,000,000, across all 12 agreements, for a one-year term and four one-year extension options for each firm, with the contracts to be subjected to the additional extension provisions; and authorize the Director to take the following related actions: **(Department of Public Works) APPROVE**

Authorize additional services and extend the agreement expiration date as necessary to complete those additional services when those additional services are previously unforeseen, related to a previously assigned scope of work on a given project and are necessary for the completion of that given project;

Supplement the initial aggregate program amount not to exceed \$15,000,000 by up to 10% of the aggregate program amount per amendment based on workload requirements, the aggregate amount of such amendments shall not exceed 25% of the original agreement amount; and

Execute the extension options on the agreements. (22-2823)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

19. On-Call Surveying and Related Services Consultant Services Agreement

Recommendation: Award and authorize the Director of Public Works to execute a consultant services agreement with Stantec Consulting Services, Inc., for the provision of on-call surveying and related services for various Federally and non-Federally funded County projects throughout the County, commencing upon execution by the County, for an initial term of three years, with two one-year extension options, for a total contract term of five years and a maximum contract amount of \$3,000,000; and administer the agreement and, at the discretion of the Director, exercise the extension options for the contract based upon project demands and the level of satisfaction with services provided. **(Department of Public Works) APPROVE (22-2819)**

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

20. On-Call Labor Compliance Consultant Services for Federally Funded Projects Construction-Related Contracts

Recommendation: Award and authorize the Director of Public Works to execute contracts with GCAP Services, Inc. and PPM Group, Inc., for the On-Call Labor Compliance Consultant Services for Federally-Funded Projects throughout the County, effective upon execution for an initial three-year term with two one-year extension options for a total contract term of five years for each contract and a maximum aggregate contract amount of \$2,500,000 for the five-year term; and extend one or both of the contracts for up to two one-year extension options, based upon project demands and level of satisfaction with services provided. **(Department of Public Works) APPROVE (22-2809)**

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

21. DASH Boyle Heights/East Los Angeles Transit Service Funding Agreement

Recommendation: Authorize the Director of Public Works to execute a three-year funding agreement with the City of Los Angeles (1) for the City's DASH Boyle Heights/East Los Angeles Transit Service, for a total amount of \$2,100,000; execute amendments to incorporate necessary changes within the scope of work, if required; and find that the proposed action is exempt from the California Environmental Quality Act. **(Department of Public Works)**
APPROVE (22-2807)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

22. Carmenita Road and Telegraph Road Intersection Improvements Project Construction Contract

Recommendation: Approve the Carmenita Road and Telegraph Road Intersection Improvements Project (Project) (4), and authorize the Director of Public Works to adopt the plans and specifications at an estimated construction contract amount between \$1,400,000 and \$2,100,000 for the Project; find that the proposed Project is exempt from the California Environmental Quality Act; and authorize the Director to take the following related actions: **(Department of Public Works) ADOPT**

Instruct the Executive Officer of the Board to advertise for bids when ready to advertise the Project;

Determine whether the bid of the apparent responsible contractor with the lowest apparent responsive bid is, in fact, responsive and, if not responsive, determine which apparent responsible contractor submitted the lowest responsive bid;

Award and execute a construction contract for the Project with the responsible contractor with the lowest responsive bid within or less than the estimated cost range or that exceeds the estimated cost range by no more than 15% if additional and appropriate funds have been identified; and

Extend the date and time for the receipt of bids, allow substitution of subcontractors and relief of bidders, execute change orders within the same monetary limits delegated to the Director, accept the Project upon its final completion and release retention money withheld. (22-2821)

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

23. On-Call Shopping Cart Retrieval Services Contract

Recommendation: Award a contract for on-call shopping cart retrieval services to Retail Marketing Services, Inc., for the provision of on-call shopping cart retrieval from public rights of ways within the County, for a one-year term with three one-year and up to six month-to-month extension options, for a maximum potential contract term of 54 months and a maximum potential contract amount of \$386,100; authorize the Director of Public Works to execute the contract and exercise the extension options if, in the opinion of the Director, the contractor has successfully performed during the previous contract term and the services are still required, execute amendments to incorporate necessary changes within the scope of work, and suspend work if, it is in the best interest of the County; and authorize the Director to annually increase the contract amount up to an additional 10% of the annual contract amount, which is included in the maximum potential contract amount, for unforeseen additional work within the scope of the contract, if required, in accordance with County policy and the terms of the contract. **(Department of Public Works) APPROVE (22-2840)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

24. Harbor-UCLA Medical Center Replacement Program Interim Helistop Project Agreement

Recommendation: Find that the proposed Interim Helistop Project Component of the Harbor-UCLA Medical Center Replacement Program, Capital Project No. 67965 (Project) (2) is within the scope of the environmental impacts analyzed in the previously certified Final Environmental Impact Report and subsequently approved Addenda Nos. 1, 2 and 3 for the Harbor-UCLA Medical Center Campus Master Plan; adopt the plans and specifications for construction of Project; advertise for bids to be received by September 15, 2022 at 1:00 p.m.; and authorize the Director of Public Works to take the following actions:
(Department of Public Works) ADOPT

Execute a consultant services agreement with the apparent lowest responsive and responsible bidder to prepare a baseline schedule for an amount not to exceed \$2,000 funded by the Project funds;

Determine that a bid is nonresponsive and reject a bid on that basis, award to the next lowest responsive and responsible bidder, waive inconsequential and nonmaterial deficiencies in bids submitted and determine, in accordance with the applicable agreement and bid documents, whether the apparent lowest responsive and responsible bidder has timely prepared a satisfactory baseline construction schedule and satisfied all conditions for agreement award;

Award and execute a construction agreement to the apparent lowest responsive and responsible bidder, if the low bid can be awarded within the previous Board-approved budget for the Harbor-UCLA Medical Center Replacement Program, to establish the effective date of the agreement upon receipt by the Department of Public Works of acceptable performance and payment bonds and evidence of required contractor insurance, and take all other actions necessary and appropriate to deliver the Project; and

Execute any easements, permits and utility connection agreements necessary for the completion of the Project, provided that the costs related to these easements, permits and agreements do not cause the Project to exceed the previous Board-approved budget for the Harbor-UCLA Medical Center Replacement Program. (22-2808)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

25. Commercial Solid Waste Collection Services Commercial Franchise Contracts

Recommendation: Find that the health, safety and welfare of the public require that the County award exclusive commercial franchise contracts for the collection of solid waste from commercial, multifamily and certain residential properties within the unincorporated areas of the County excluding the communities of Acton, Agua Dulce and the Antelope Valley areas, and all existing and proposed Garbage Disposal Districts; award an exclusive commercial franchise contract for the provision of solid waste collection services to the following contractors: American Reclamation for the Foothills Service Area; Valley Vista Services for the Gateway, Puente Hills and San Gabriel Valley East Service Areas; Ware Disposal for the San Gabriel Valley West Service Area; Waste Management (USA Waste of California) for the Santa Clarita and South Bay Service Areas; and Waste Management (GI Industries) for the Westside Service Area, effective upon execution by the County and each respective hauler, with the solid waste collection services to start as early as October 1, 2022 and terminating on September 30, 2032, for a term of 10 years and three three-year extension options, for a potential maximum contract term of 19 years, with service rates to be billed directly to customers by the contractors at an estimated total annual amount of \$50,000,000 and to include a 14% franchise fee, which will generate an estimated \$7,000,000 in revenues in Fiscal Year 2022-23 for the eight service areas combined; find that the proposed actions are either not a project or are exempt from the California Environmental Quality Act; and authorize the Director to take the following related actions: **(Department of Public Works)** APPROVE

Execute eight exclusive commercial franchise contracts for the provision of solid waste collection services for the eight service areas, take all of the necessary and appropriate steps to carry out the contracts, renew the contracts for each extension option at the discretion of the Director, execute amendments to incorporate necessary changes within the contract services, suspend work if, in the opinion of the Director, it is in the best interest of the County, and terminate contract(s) for convenience, if mutually agreed by both parties; and

Adjust the monthly service rates and fees for collection services billed directly to the customers in accordance with the terms of the contracts. (22-2824)

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

26. Colima Road Improvement Project

Recommendation: Consider the Mitigated Negative Declaration (MND) for the Colima Road Improvement Project (Project) (1 and 4) together with any comments received during the public review process; find that the MND reflects the independent judgment and analysis of the Board; adopt the Mitigation Monitoring Program (MMP) finding that the MMP is adequately designed to ensure compliance with the mitigation measures during Project implementation; find that on the basis of the whole record before the Board that there is no substantial evidence the Project may have a significant effect on the environment, and adopt the MND; approve the Project that will construct roadway and landscape improvements along Colima Road from the City of Whittier boundary to Fullerton Road; and authorize the Director of Public Works to proceed with the right of way acquisition for the Project with the City of Whittier. **(Department of Public Works) ADOPT (22-2834)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

27. Annexation and Levying of Sewer Services Charges to the Consolidated Sewer Maintenance District of 20 Parcels within Various Unincorporated Territories

Recommendation: Adopt a resolution of intention to set a public hearing regarding the proposed annexation of 20 parcels in the unincorporated territories of Agoura, Altadena, Athens, Castaic and Quartz Hill, and the Cities of Carson, Diamond Bar, Duarte, Industry, Los Angeles, Rancho Palos Verdes, Rolling Hills, Rolling Hills Estates, San Dimas and Santa Clarita, Parcel Nos. 10-18, 1-19 through 4-19, 201-19, 1-20 through 2-20, 101-20 through 105-20, 201-20 through 206-20 and 4671 Worth Street (201-21) into the Consolidated Sewer Maintenance District and the levying of sewer service charges within the annexed parcels; advertise and set September 27, 2022 at 9:30 a.m. for a public hearing on the proposed annexation and levying of sewer services charges; and find that the proposed actions are exempt from the California Environmental Quality Act. **(Department of Public Works) ADOPT (22-2837)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

28. Final Tract Maps in the Unincorporated County Community of Stevenson Ranch

Recommendation: Approve the final maps for Tracts 61105-31 through 61105-37 (Mission Village) in the unincorporated County community of Stevenson Ranch (5); accept grants and dedications as indicated on the final maps for Tracts 61105-31 through 61105-37; and find that approval of the final maps are exempt from the California Environmental Quality Act. **(Department of Public Works) APPROVE (22-2825)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

29. Los Angeles County Revised Countywide Siting Element Final Environmental Impact Report

Recommendation: Certify that the Final Environmental Impact Report (FEIR) for the Los Angeles County Revised Countywide Siting Element (County Element) has been completed in compliance with the California Environmental Quality Act and reflects the independent judgement and analysis of the County; find that the Board has reviewed and considered information contained in the FEIR prior to approving the County Element; adopt the Mitigation Monitoring and Reporting Program (MMRP), finding that the MMRP is adequately designed to ensure compliance with mitigation measures during the County Element implementation; determine that the significant adverse effects of the County Element have either been reduced to an acceptable level or are outweighed by the specific overriding considerations of the County Element, as outlined in the Environmental Finding of Fact and Statement of Overriding Considerations, which findings and statement are adopted and incorporated by reference; authorize the Director of Public Works to submit the County Element to the cities in the County for the State-mandated 90-day approval period in accordance with Public Resources Code Sections 41721 and 41760; and authorize the Director, upon receiving the required approval from cities, to submit the County Element to the Board for adoption of the final County Element after a duly noticed public hearing followed by transmittal to the California Department of Resources Recycling and Recovery for approval. **(Department of Public Works) ADOPT (22-2822)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

30. Private Drain No. 2298-02, Parcel 1EXE Quitclaim of Easement in the Unincorporated Community of Castaic/Val Verde

Recommendation: Acting as the Governing Body of the County Flood Control District (District), find that the easement for flood control purposes in Parcel 1EXE related to Private Drain No. 2298-02, in the unincorporated Castaic/Val Verde area of the County (5), is no longer required for the purposes of the District; approve the project, which is the quitclaim of easement from the District to the underlying fee property owner, Chiquita Canyon, LLC; instruct the Chair to execute the quitclaim of easement document and authorize delivery to Chiquita Canyon, LLC; and find that the proposed project is exempt from the California Environmental Quality Act. **(Department of Public Works)**
APPROVE (22-2839)

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

31. Ballona Creek, Parcels 99, 103, 120, 122 and 123 Rental Agreement

Recommendation: Acting as the Governing Body of the County Flood Control District (District), approve the rental of a property owned by the District along Ballona Creek, Parcels 99, 103, 120, 122 and 123 in the Playa del Rey community of the City of Los Angeles (2); and find that the proposed project is exempt from the California Environmental Quality Act (CEQA); and

Also, acting as the Governing Body of the County, approve the rental of a property owned by the District along Ballona Creek, Parcels 99, 103, 120, 122 and 123, in the Playa del Rey community of the City of Los Angeles, by the County for the operation and maintenance of a public parking lot and authorize the Director of Beaches and Harbors to execute the rental agreement with the District for these purposes; authorize the Director to execute amendments to extend the term of the rental agreement, modify its obligations under the rental agreement or suspend, cancel or terminate the rental agreement if in the Director's opinion, it is in the best interest of the County; and find that the proposed project is exempt from CEQA. **(Department of Public Works)**
APPROVE (22-2826)

Attachments: [Board Letter](#)

[Public Comment/Correspondence](#)

Ordinance for Adoption**32. Ordinance and Proclamation Calling for a Special Election to Amend the Charter of the County of Los Angeles**

Ordinance for adoption calling a special election to be held on November 8, 2022, for the purpose of voting upon a measure to amend the Charter of the County of Los Angeles (County) granting the Board of Supervisors the authority to remove an elected Sheriff for cause, as defined by the ordinance, by a four-fifths vote, after notice and an opportunity to be heard, the justification for removal in the proposed County Charter amendment shall not affect the independent and constitutionally and statutorily designated investigative functions of a Sheriff and the ordinance and proclamation directs the consolidation of this special election with the Statewide General Election to be held on the same day on November 8, 2022. ADOPT (Relates to Agenda No. 33) (22-2805)

Attachments: [Ordinance](#)
[Public Comment/Correspondence](#)

Miscellaneous**33. Resolution Calling and Giving Notice of a Special Election**

Recommendation: Adopt a resolution calling for and giving notice of a special election and consolidating the special election with the general election on November 8, 2022, for the purpose of submitting to the voters of the County by ordinance the question of whether the County Charter shall be amended to grant the Board of Supervisors the authority to remove an elected Sheriff from office for cause, by a four-fifths vote of the Board, after written notice and an opportunity to be heard, as provided in the ordinance. **(County Counsel)**
ADOPT (Relates to Agenda No. 32) (22-2872)

Attachments: [Resolution](#)
[Public Comment/Correspondence](#)

34. City of Bell Gardens Election

Request from the City of Bell Gardens: Render specified services relating to the conduct of a General Municipal Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2757)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

35. City of Hawaiian Gardens Election

Request from the City of Hawaiian Gardens: Render specified services relating to the conduct of a General Municipal Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2758)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

36. City of La Habra Heights Election

Request from the City of La Habra Heights: Render specified services relating to the conduct of a General Municipal Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2759)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

37. City of Los Angeles Election

Request from the City of Los Angeles: Render specified services relating to the conduct of a Special Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2780)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

38. City of Monterey Park Election

Request from the City of Monterey Park: Render specified services relating to the conduct of a General and Special Municipal Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2760)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

39. Santa Monica Community College District Election

Request from the Santa Monica Community College District: Render specified services relating to the conduct of a Special Election and consolidate this election with the Statewide General Election, to be held on November 8, 2022. APPROVE AND INSTRUCT THE REGISTRAR-RECORDER/COUNTY CLERK TO COMPLY, JURISDICTION TO PAY ALL COSTS (22-2761)

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

Miscellaneous Additions

- 40. Additions to the agenda which were posted more than 72 hours in advance of the meeting, as indicated on the supplemental agenda. (12-9995)
- 41. Items not on the posted agenda, to be presented and (if requested) referred to staff or placed on the agenda for action at a future meeting of the Board, or matters requiring immediate action because of an emergency situation or where the need to take immediate action came to the attention of the Board subsequent to the posting of the agenda. BOARD MEMBERS - (1) (12-9996)
- 42. Recommendations by individual Supervisors to establish, extend or otherwise modify cash rewards for information concerning crimes, consistent with the Los Angeles County Code. (12-9997)

III. SEPARATE MATTER 43**43. Appointment of the Director of Military and Veterans Affairs**

Recommendation: Appoint James Zenner to the position of Director, Military and Veterans Affairs at an annual salary of \$170,872, effective August 29, 2022; and instruct the Director of Personnel to prepare and execute the appropriate agreement with the Director of Military and Veterans Affairs. **(Chief Executive Office) (22-2804)**

Attachments: [Board Letter](#)
[Public Comment/Correspondence](#)

IV. SPECIAL DISTRICT AGENDAS

**AGENDA FOR THE MEETING OF
THE LOS ANGELES COUNTY
DEVELOPMENT AUTHORITY
TUESDAY, AUGUST 2, 2022
9:30 A.M.**

1-D. Funding For SOS Children's Villages California in Palmdale

Recommendation as submitted by Supervisor Barger: Authorize the Executive Director of the Los Angeles County Development Authority to execute, amend, and if necessary, terminate a Loan Agreement, and all related documents, with SOS Children's Villages California (SOS California), or its Los Angeles County Development Authority-approved designee, to provide a loan up to \$500,000 in Affordable Housing Program funds for acquisition costs related to the proposed development of the SOS Children's Village for Foster Youth by SOS California Project located at 30th Street East and adjacent to McAdam Park in Palmdale. (22-2869)

Attachments: [Motion by Supervisor Barger](#)
[Public Comment/Correspondence](#)

**AGENDA FOR THE MEETING OF
THE REGIONAL PARK AND OPEN SPACE DISTRICT
OF THE COUNTY OF LOS ANGELES
TUESDAY, AUGUST 2, 2022
9:30 A.M.**

1-P. Deervale - Stone Canyon Open Space Acquisition

Recommendation as submitted by Supervisor Kuehl: Allocate an amount not to exceed \$1,000,000 in Proposition A Excess Funds, available to the Third Supervisorial District, pursuant to the Safe Neighborhood Parks Proposition of 1996, to the Mountains Recreation and Conservation Authority for the Stone Canyon Open Space Acquisition Project; and authorize the Director of the Regional Park and Open Space District to award grants when applicable conditions have been met, and administer the grants as of the date of award and pursuant to guidelines in the Proposition A Grants Administration Manual for Specified, Per Parcel and Excess Funds Projects, otherwise funds shall remain in the Excess Funds account. (22-2849)

Attachments: [Motion by Supervisor Kuehl](#)
[Public Comment/Correspondence](#)

2-P. El Cariso Community Regional Park - Aquatic and Lighting Improvements

Recommendation as submitted by Supervisor Kuehl: Allocate an amount not to exceed \$1,000,000 in Proposition A Excess Funds available to the Third Supervisorial District, pursuant to the Safe Neighborhood Parks Proposition of 1996, to the Department of Parks and Recreation for the El Cariso Aquatic and Lighting Improvements Project; and authorize the Director of the Regional Park and Open Space District to award grants when applicable conditions have been met, and administer the grants as of the date of award and pursuant to guidelines in the Proposition A Grants Administration Manual for Specified, Per Parcel and Excess Funds Projects, otherwise funds shall remain in the Excess Funds account. (22-2850)

Attachments: [Motion by Supervisor Kuehl](#)
[Public Comment/Correspondence](#)

V. NOTICES OF CLOSED SESSION FOR AUGUST 2, 2022**CS-1. DEPARTMENT HEAD PERFORMANCE EVALUATIONS**
(Government Code Section 54957)

Department Head performance evaluations. (11-1977)

Attachments: [Public Comment/Correspondence](#)

CS-2. CONFERENCE WITH LABOR NEGOTIATORS
(Government Code Section 54957.6)

Agency designated representatives: Fesia Davenport, Chief Executive Officer and designated staff

Employee Organization(s) for represented employees: All individual member unions of the Coalition of County Unions, AFL-CIO; Local 721, SEIU; All affiliated member unions of AFSCME Council 36; Association of Deputy District Attorneys; Los Angeles County Association of Environmental Health Specialists; Los Angeles County Public Defenders; and

Unrepresented employees (all). (17-0363)

Attachments: [Public Comment/Correspondence](#)

VI. GENERAL PUBLIC COMMENT 44**44. Telephonic Public Comment**

To listen only by telephone please call (877) 873-8017 and enter the access code when prompted: Access Code for English: 111111 Access Code for Spanish: 222222.

To address the Board during the live virtual meeting please call **(877) 226-8163** and enter Participant Code: **1336503** starting at 9:00 a.m. Please listen carefully to the prompts for instructions on providing live testimony to the Board.

Written Testimony

Written public comments may be submitted through our website at: <https://publiccomment.bos.lacounty.gov>, which will become part of the official record.

For your convenience, you may also submit public comment by mail to the following address: (Please note the Agenda Item number and Board meeting date on your correspondence.)

Attention: Los Angeles County Board of Supervisors
Board Operations Division, Executive Office
500 West Temple Street, Room 383
Los Angeles, CA 90012 (12-9998)

Attachments: [Public Comment/Correspondence](#)

VII. ADJOURNMENT 45

- 45.** Recommendation by individual Supervisors that the Board adjourn the meeting in memory of deceased persons and/or commemoration of ceremonial occasions. (12-9999)

VIII. ITEMS CONTINUED FROM PREVIOUS MEETINGS FOR FURTHER DISCUSSION AND ACTION BY THE BOARD

- A-1.** Continue local emergencies as a result of the following: (a) Discovery of an infestation of fruit flies, as proclaimed on May 10, 1990; (b) Conditions of disaster arose as a result of the discovery of a leak at the natural gas storage wells at the Aliso Canyon storage field affecting the City and County of Los Angeles, as proclaimed on December 10, 2015 and ratified by the Board on December 15, 2015; (c) Conditions of disaster and extreme peril to the safety of persons and property arose as a result of the Creek Fire that started December 5, 2017 and affected the Kagel Canyon and the City of Los Angeles, as proclaimed and ratified by the Board on December 5, 2017; (d) Conditions of disaster and extreme peril to the safety of persons and property arose as a result of the Woolsey Fire that began in Ventura County that started on or about November 8, 2018 and quickly spread into the County of Los Angeles, as proclaimed and ratified by the Board on November 13, 2018; (e) An imminent threat to public health in Los Angeles County in the form of contaminated fire debris from household hazardous waste created as a result from the Woolsey Fire that started on November 8, 2018, as proclaimed by the Public Health Officer on November 12, 2018 and ratified by the Board on November 13, 2018; (f) Conditions of extreme peril to the safety of persons and property arose as a result of a winter storm beginning January 10 through 18, 2019 affecting the unincorporated communities around Little Tujunga and surrounding areas of Los Angeles County, as proclaimed on January 29, 2019 and ratified by the Board on February 5, 2019; (g) Conditions of disaster or extreme peril to the safety of persons and property arose as a result of a winter storm beginning January 31, 2019 through February 5, 2019 affecting the unincorporated communities throughout the County as well as the Cities of Malibu, Burbank and Los Angeles, as proclaimed on February 14, 2019 and ratified by the Board on February 19, 2019; (h) Conditions of disaster or of extreme peril to the safety of persons and property arose as a result of the introduction of the novel coronavirus (COVID-19), a novel communicable disease, which was first detected in Wuhan City, Hubei Province, China in December 2019, as proclaimed and ratified by the Board on March 4, 2020; (i) An imminent threat and proximate threat to public health from the introduction of COVID-19 in Los Angeles County, as proclaimed by the Public Health Officer on March 4, 2020 and ratified by the Board on March 4, 2020; (j) Conditions of disaster or of extreme peril to the safety of persons and property arose as a result of civil unrest in the County following the May 25, 2020 death of George Floyd by members of the Minneapolis Police Department, as proclaimed on May 30, 2020 and ratified by the Board on June 2, 2020; (k) Conditions of extreme peril to the safety of persons and property arose as a result of the Lake Fire that started in the unincorporated area of Lake Hughes on August 12,

2020, as proclaimed on August 13, 2020 and ratified by the Board on August 18, 2020; (l) Conditions of extreme peril to the safety of persons and property arose as a result of the Bobcat Fire that ignited in the Angeles National Forest on September 6, 2020 and rapidly spread to surrounding areas, as proclaimed on September 13, 2020 and ratified by the Board on September 15, 2020; (m) An imminent threat to public health from the Lake Fire and the Bobcat Fire that started on August 12, 2020 and September 6, 2020, respectively, in Los Angeles County, as proclaimed by the Public Health Officer on November 5, 2020 and ratified by the Board on November 10, 2020; and (n) Conditions of disaster arose involving the aerial emission of foul-smelling hydrogen sulfide gas/odors from portions of the Dominguez Channel near Carson that started on or about October 4, 2021 affecting surrounding areas, including Carson, West Carson, portions of Gardena, Torrance, Redondo Beach, Wilmington and Long Beach, and the surrounding unincorporated areas, as proclaimed and ratified by the Board on November 2, 2021. (A-1)

A-2. CONFERENCE REGARDING POTENTIAL THREATS TO PUBLIC SERVICES OR FACILITIES

(Government Code Section 54957)

Briefing by Sheriff Alex Villanueva or his designee and related emergency services representatives. (A-2)

A-3. Discussion on the impact of rain storms, flooding, high-surf and swells, and any other weather-related or natural disaster event in Los Angeles County associated with El Niño, to include the County's preparedness and ability to coordinate response and recovery activities, as requested by Supervisor Ridley-Thomas at the meeting of January 12, 2016. (A-10)

A-4. Discussion and consideration of necessary actions relating to the County's homeless crisis, as requested at the Board meeting of May 17, 2016. (A-11)

A-5. Discussion and consideration of necessary actions on the progress of issues related to Exide, as requested at the Board meeting of June 8, 2016. (A-12)

A-6. Discussion on the status of the Federal and/or State Budgets, Federal and/or State legislative matters and Executive Orders, and their impact on Los Angeles County, as requested by Supervisor Ridley-Thomas at the meeting of January 17, 2017. (A-13)

- A-7.** Discussion and consideration of necessary actions on issues or action taken by the Federal government relating to immigration policies, as requested by Supervisors Barger and Solis at the meeting of January 17, 2017 and revised by Supervisors Solis and Hahn on September 12, 2017. (A-14)
- A-8.** Discussion and consideration of necessary actions on issues related to the repeal of the Affordable Care Act, health reform and its impact on Los Angeles County, as requested by Supervisor Ridley-Thomas at the Board meeting of February 21, 2017. (A-15)
- A-9.** Discussion and consideration of necessary actions on issues related to the implementation of Measure H, as requested by Supervisors Ridley-Thomas and Hahn at the Board meeting of March 14, 2017. (A-16)
- A-10.** Discussion and consideration of necessary actions related to declared outbreaks of infectious disease threatening the public's health in Los Angeles County, as requested by Supervisors Solis and Hahn at the Board meeting of April 30, 2019. (A-18)

IX. REPORT OF CLOSED SESSION FOR JULY 26, 2022

- (CS-1)** CONFERENCE WITH LEGAL COUNSEL- ANTICIPATED LITIGATION
(Paragraph (4) of subdivision (d) of Government Code Section 54956.9)

Initiation of litigation (one case).

No reportable action was taken. (22-2452)

- (CS-2)** DEPARTMENT HEAD PERFORMANCE EVALUATIONS
(Government Code Section 54957)

Department Head performance evaluations.

No reportable action was taken. (11-1977)

(CS-3) CONFERENCE WITH LABOR NEGOTIATORS
(Government Code Section 54957.6)

Agency designated representatives: Fesia Davenport, Chief Executive Officer and designated staff

Employee Organization(s) for represented employees: All individual member unions of the Coalition of County Unions, AFL-CIO; Local 721, SEIU; All affiliated member unions of AFSCME Council 36; Association of Deputy District Attorneys; Los Angeles County Association of Environmental Health Specialists; Los Angeles County Public Defenders; and

Unrepresented employees (all).

No reportable action was taken. (17-0363)

(CS-4) CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION
(Paragraph (1) of Subdivision (d) of Government Code Section 54956.9)

United States v. County of Los Angeles, et al., U.S. District Court, Central District of California, Case Number: 15-cv-05903-DDP-JEMX.

The Board authorized the settlement of the matter entitled Marcus Matamoros v. County of Los Angeles, et al., in the amount of \$19,750,000. The vote of the Board was unanimous, with all Supervisors being present. (22-2686)

(CS-5) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION
(Paragraph (2) of subdivision (d) of Government Code Section 54956.9)

Significant exposure to litigation (one case).

In Open Session, this item was referred back to County Counsel.
(22-2841)

E N D

AGENDA

In accordance with the Brown Act, all matters to be acted on by the Board must be posted at least 72 hours prior to the Board meeting. In cases of an emergency, or when a subject matter needs immediate action or comes to the attention of the Board subsequent to the agenda being posted, upon making certain findings, the Board may act on an item that was not on the posted agenda.

The majority of the Board's Tuesday agenda is a consent calendar. All matters included on the consent calendar (including Board of Supervisors items and Administrative Matters) may be approved by one motion unless held by a Board Member for discussion. During the reading of the Agenda, the Executive Officer will indicate which items have been requested to be held for discussion or continued to a future meeting, and the remaining items will be approved. Items which are set for a certain time may or may not be called up at exactly the time indicated, depending on the business of the Board. The items that are held for discussion may be taken up at any time, depending on the business of the Board. Each item includes a brief summary of the Board member's motion or department's recommended action, and in some instances, a corresponding recommendation from the Chief Executive Officer, indicated in capital letters.

Included at the end of each agenda are items which have been continued from previous meetings for further discussion and action by the Board. This portion of the agenda is commonly referred to as the "A-item Agenda." At the request of a Supervisor, the A-items may be called up for consideration at any time.

INFORMATION RELATING TO AGENDAS AND BOARD ACTIONS

Agendas for the Board meetings are available on Thursday mornings in the Executive Office and on the Internet. A supplemental agenda that includes corrections, additions or deletions to the agenda is available on Friday afternoons. Internet users may subscribe to and access the agenda on the Los Angeles County homepage at <http://bos.lacounty.gov> under the "Board of Supervisors", and clicking on the "Board of Supervisors Meeting Agendas" link.

Meetings of the Board of Supervisors are recorded on DVD and are available for a nominal charge. A recorded phone message is available immediately following the Board meeting, regarding which items were approved on consent by the Board. A recording of the Board meeting (in Spanish and English) is available within 24-48 hours of a Board meeting at <http://bosvideoap.co.la.ca.us/mgasp/lacounty/homepage.asp> and transcripts are available at <http://file.lacounty.gov/bos/transcripts/>.

After each Board meeting, a Statement of Proceedings is prepared, which indicates the actions taken by the Board including the votes, and is available within 10 days following the meeting. Internet users may access the Statement of Proceedings and supporting documents on the Los Angeles County homepage at <http://www.lacounty.gov/wps/portal/sop>

HELPFUL INFORMATION

General Information.....	(213) 974-1411	Transcripts/DVDs of meetings...	(213) 974-1424
Copies of Agendas	(213) 974-1442	Statement of Proceedings.....	(213) 974-1424
Copies of Rules of the Board	(213) 974-1424		
Board Meeting Live.....	(877) 873-8017	Access Code: 111111# (English) 222222# (Spanish)	

LOBBYIST REGISTRATION

Any person who seeks support or endorsement from the Board of Supervisors 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.

ADDRESSING THE BOARD:

NOTE: County locations to address the Board at both 500 West Temple Street, Los Angeles, CA 90012 and the alternate location at the Lancaster Library located at 601 West Lancaster Boulevard, Lancaster, CA 93534 will not be available due to the public health crisis.

MOTION BY SUPERVISORS HILDA L. SOLIS

August 2, 2022

Advocating for Federal and State Resources to Combat the STI Epidemic

Los Angeles County is in the midst of an ongoing sexually transmitted infections (STI) crisis that has seen case rates skyrocket over the past decade, with the highest ever annual reported case of syphilis, congenital syphilis, gonorrhea, and chlamydia. Recent data from the Los Angeles County Department of Public Health (Public Health), Division of HIV and STI Programs (DHSP) show a 450% increase in syphilis rates among females and a 235% increase in males in the last decade. Congenital syphilis rates have increased by 1100% in less than a decade, with 113 congenital syphilis cases reported in 2020 compared to 88 in 2019, and just 10 in 2010. In response to the September 28, 2021 Board-approved motion introduced by Supervisor Hilda L. Solis titled *Addressing the STI Crisis in Los Angeles County*, the Department of Public Health (Public Health), in collaboration with the Department of Health Services (DHS), Department of Mental Health (DMH), the Alliance for Health Integration (AHI), and the Chief Executive Office's (CEO) Anti Racism, Diversity and Inclusion Initiative (AHI) provided a report back with an updated plan of action and additional recommendations

MOTION

SOLIS	_____
KUEHL	_____
HAHN	_____
BARGER	_____
MITCHELL	_____

to address the STI Crisis in Los Angeles.

Pursuant to the motion, the County provided an analysis of funding streams to address the STI response, established a framework and timeline to end the STI crisis, created a planning process to ensure coordination of efforts including the creation of an STI workgroup, are developing a publicly facing STI dashboard, and worked with community partners to provide an analysis of community capacity and infrastructure needs to respond to the crisis, including identifying communities disproportionately impacted such as African American and Latinx residents, persons experiencing homelessness, and newborns.

Regrettably, despite the yearly increases in STI rates that have now reached record levels across the United States, California, and locally, there has not been the necessary increase in revenue to combat this epidemic. Despite continued efforts on behalf of the County, STI advocacy on the federal and state levels have not had the same level of success as compared to the HIV epidemic, the opiate epidemic, or the COVID pandemic. Key funding to combat the HIV epidemic over the last three decades and the recent funding dedicated to combat COVID-19 and opioid overdoses has shown that given the proper investment, significant progress can be made in combating public health crises faced by the County.

On the federal level, the County applauds the recently released Federal STI Strategic Plan, which sets forth a vision for the nation with goals, objectives, and strategies to meaningfully prevent and control STIs in the United States. The plan sets out goals to prevent new STIs, improve the health of people by reducing adverse outcomes of STIs, accelerates progress in STI research, technology, and innovation,

reduces STI-related health disparities and health inequities, and seeks to achieve integrated, coordinated efforts to address the STI epidemic. This strategic plan represents an important step in addressing the crisis, but currently lacks a large infusion of resources to bring to scale the interventions needed to meet the objectives outlined.

On the State level, the Governor's budget includes the continuation of \$7 million for STI treatment and prevention services. And Governor Newsom signed into law SB 306, the STD Coverage and Care Act, which allows for a more comprehensive approach to addressing California's rising STI crisis. The new law expands access to testing and treatment and sets out to create a more equitable health system, requiring health plans to cover at-home tests, increasing providers who provide testing in the community, and requiring syphilis screening during both the first and third trimesters in pregnancy. However, there are further opportunities for funding and to improve compliance and tracking with respect to existing policies and tools in place to combat the spread of STIs. In 2016, the state legislature passed the California Healthy Youth Act, which has the California Department of Education partner with school districts to provide students with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted diseases and unintended pregnancy. Although a recent study found most districts in compliance with the law, many continue to resist and enforcement of compliance remains requires clarity and improvement.

I THEREFORE MOVE that the Board of Supervisors instruct the Chief Executive Office (CEO) Legislative Affairs team, in collaboration with the Departments of Public Health, Health Services, and Mental Health, to send a five-signature letter to

the Department of Health and Human Services (HHS) Secretary Xavier Becerra requesting the following:

- a. Support an STD Control Pilot Program for LA County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal STI Strategic Plan;
- b. Launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched Ending the HIV Epidemic Initiative and that enlists a renewed commitment from federal agencies, States, Counties and Cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis; and
- c. Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan HEDIS measure tied to annual chlamydia screening for young sexually active women ages 16 to 24. Furthermore, given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations.

I FURTHER MOVE that the Board of Supervisors instruct the Chief Executive Office (CEO) Legislative Affairs team, in collaboration with the Departments of Public Health, Health Services, and Mental Health, to send a five-signature letter to Governor Gavin Newsom, California Health and Human Services Secretary Mark Ghaly, and State Superintendent of Public Instruction Tony Thurmond, requesting the following:

- a. Request the Department of Education develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea;
- b. Request Health and Human Services develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306; and
- c. Request appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID-19 response.

I FURTHER MOVE that the Board of Supervisors direct the CEO Legislative Affairs and Intergovernmental Relations division, in collaboration and consultation with the Department of Health Services Housing for Health (HFH), to advocate to the state and federal government to increase funding for street medicine interventions to ensure that people experiencing homelessness receive care for STIs.

I FURTHER MOVE that the Board of Supervisors direct the Departments of Public Health, Health Services, and Mental Health to incorporate STI education and resources into outreach efforts of *promotoras*/community health workers.

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HLS:ac

**MOTION BY SUPERVISORS HOLLY J. MITCHELL
AND HILDA SOLIS**

8/2/2022

**RESPONDING TO LOS ANGELES COUNTY’S SEXUALLY TRANSMITTED
DISEASE CRISIS**

The rate and number of sexually transmitted diseases (STD) have been increasing in Los Angeles County (County) for over a decade. STDs are a type of disease or infection caused by a pathogen (bacterium, virus, or other microorganism) that can be transmitted or acquired via direct sexual contact from person to person. Congenital syphilis and syphilis, STDs that were nearly eradicated in the early 2000s, have increased at especially alarming rates. Syphilis, left untreated, can lead to serious health complications including heart disease, stroke, and infertility. Untreated syphilis amongst pregnant mothers can be passed on to the infant at birth. Known as congenital syphilis, the Centers for Disease Control and Prevention (CDC) estimates that up to [40%](#) of babies born with congenital syphilis are stillborn or die at an early age. Infants can also experience short- and long-term complications including blindness, deafness, and liver and spleen complications.

In the County, congenital syphilis rates increased by [1300%](#) and syphilis rates increased by [450%](#) amongst women and [250%](#) amongst men within the last 10 years. By 2018, in light of the sharp uptick in syphilis and congenital syphilis cases, the County Board of Supervisors (Board) allocated [\\$5 million](#) to the expansion of STD treatment and

- MORE -

MOTION

SOLIS

KUEHL

HAHN

BARGER

MITCHELL

services and directed the Department of Public Health (DPH) to provide quarterly updates on the County's STD crisis. Since then, the ongoing COVID-19 pandemic has exacerbated challenges to the County's delivery of STD services. In 2020, the National Coalition of STD Directors reported that [78%](#) of the STD/HIV health department workforce had redirected their priorities towards the pandemic. Therefore, on [September 28, 2021](#), the Board directed DPH to provide an updated plan of action to address the STD crisis.

DPH's report back, submitted to the Board on [April 1, 2022](#), recognizes that the decade-long increase in STD rates stems from systemic funding inequities predating the pandemic. Local public health departments and family planning clinics, which spearhead STD control efforts, are supported through a [fragmented](#) network of local, state, and federal funds. Unfortunately, federal funding sources for sexual health services have been cut or remained stagnant over the last decade. President Joseph Biden's budget proposal for [Fiscal Year \(FY\) 2023](#) allocates a flat amount towards STD control, despite STDs like congenital syphilis increasing by [279%](#) within 4 years nationally. The Title X Family Planning Program, a federal fund for clinics providing reproductive health services such as Planned Parenthood, has also received stagnant funding.

Inflation places an additional constraint on services. The CDC STD Prevention Budget decreased in purchasing power by [40%](#) between FY 2003 and FY 2018 due to inflation. With consumer prices increasing by [8.6%](#), the fastest increase in 4 decades, the operational costs to provide sexual health services will increase, forcing providers to do more with less. DPH's existing STD programming prioritizes the most vulnerable populations needing sexual health services, including uninsured individuals, those without a regular primary care provider, and people experiencing homelessness or at-risk of becoming homeless. Given the growing rate of STDs, DPH and other local community health partners cannot address the STD crisis alone. As asserted in DPH's recommendations, a sustainable path forward requires participation and partnership across multiple sectors, agencies, providers, and advocates.

Private and public health insurance plans, in particular, are considered the [largest payors](#) for sexual health services including gynecological exams, birth control, and other services. An overwhelming majority of the County's residents are covered through their employer or a Medi-Cal managed care plan. Yet, despite being one of the largest payors

for sexual health services, current performance metrics for providers do not include comprehensive STD measures. The Healthcare Effectiveness Data and Information Set (HEDIS), managed by the National Committee for Quality Assurance, is the industry standard for evaluating the performance of insurance plans. HEDIS allows consumers to compare the performance of various health plans (Commercial, Medicare, and Medicaid) based on their ability to address significant public health issues such as cancer and heart disease. The data used to develop HEDIS measurements currently includes a limited range of STD measures. For example, chlamydia screening is included in HEDIS data, however, syphilis is not. Furthermore, HEDIS only collects STD rates among women. These gaps in data must be addressed, for providers and plans to adequately meet the needs of their members and improve the quality of their sexual health services.

Furthermore, as mandated through the [California Healthy Youth Act](#) (CHYA), school districts are also responsible for providing comprehensive sexual health education—including information on STDs—to middle and high school students. DPH reports that young people under the age of 25 have the [highest risk](#) for STDs. In [2016](#), youth represented the largest proportion of gonorrhea and chlamydia cases in the County. On a national level, young people ages 15 to 24 accounted for 22% of all reported syphilis cases, 42% of all gonorrhea cases, and 62% of all chlamydia cases despite making up only 13% of the population in [2018](#). Although considered an at-risk demographic for STDs, CHYA does not have a mechanism to ensure or assess whether school districts are disseminating up-to-date and accurate sexual health education in an effective and regulatorily compliant way.

A coordinated and collaborative response that engages partners in addition to local health departments is necessary to effectively address the STD crisis. California will pay a major cost if further action is not taken. One study, provided by the [California Health Benefits Review Program](#) (CHBRP), reports that each case of congenital syphilis costs an estimated \$8,743 in direct costs and \$78,396 in indirect costs for a total of \$28.7 million for 329 cases in California (adjusted to 2021 dollars). The CHBRP also estimates that each case of syphilis would cost \$742 per case in direct costs and \$145 in indirect costs, translating to a total of \$22.2 million in California for 25,344 cases in California (adjusted to 2021 dollars).

Moreover, untreated STDs can lead to serious short-term and long-term issues, and chronic health conditions that cause additional long-term costs, including costs of medical care, lost wages, and education. These long-term costs are disproportionately experienced by historically underrepresented and marginalized communities. This includes low-income persons, youth (ages 15-24), pregnant women and infants, transgender individuals, men who have sex with men, the prison population, individuals with substance use disorders, individuals in the child welfare system, and communities of color. In [2019](#), the National Association of County & City Health Officials (NACCHO) found that the rate of gonorrhea was 8.5 times higher in black men compared to white men and 6.9 times higher in black women than white women. Furthermore, [NACCHO](#) found that the rate of reported chlamydia cases is 5 times higher among black women relative to white women and 6.8 times higher amongst black men compared to white men. In the County, congenital syphilis and syphilis have disproportionately affected low-income communities of color. In [2020](#), Service Planning Areas (SPA) 4 and 6, which comprise Central and South Los Angeles, experienced the highest case of syphilis cases amongst females. Furthermore, a greater percentage of SPA 4 and 6 women diagnosed with syphilis did not receive treatment following their diagnosis. As we continue adapting to present health challenges, we must engage all partners in addressing an over decade long crisis.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Directors of the Department of Public Health (DPH), Department of Health Services (DHS), Department of Mental Health (DMH), and the Chief Executive Officer (CEO), to work with the Alliance for Health Integration, CEO's Anti-Racism, Diversity, and Inclusion Initiative, the CEO's Legislative Affairs and Intergovernmental Relations Branch, and relevant community stakeholders to:
 - a. Appeal to the federal Department of Health and Human Services and to Congress to increase the federal investment for sexually transmitted disease (STD) Control efforts, including through, but not limited to services supported by the following agencies and funding streams, such as:

- i. The Centers for Disease Control and Prevention and resources targeted for STD prevention and control that remain inadequate to address the high and growing level of STD morbidity;
 - ii. The Substance Abuse and Mental Health Services Administration and their State block grants given the strong nexus between substance use and STD risk and morbidity;
 - iii. The Health Resources and Services Administration through its grants to support Federally Qualified Health Centers (Bureau of Primary Health Care) and the Ryan White Program (HIV/AIDS Bureau) given the intersection of populations at risk for syphilis who are also at elevated risk for HIV.
 - b. Identify, with relevant stakeholder community-based advocacy organizations, additional opportunities to jointly advocate for more local, state, and federal funding, including STD policy proposals that prioritize communities or demographics that are disproportionately impacted by the STD epidemic.
 - c. Assess the impact workplace vacancies have on the delivery of STD-related programming, outreach, surveillance, and engagement administered through the County;
- 2. Direct the Director of DPH, the CEO, and the Executive Director of the Los Angeles County Youth Commission in coordination with the Superintendent of the Los Angeles County Office of Education, Superintendent of the Los Angeles Unified School District, and other relevant stakeholders to assess and report back in 60 days in writing on the implementation of the California Healthy Youth Act (CHYA).
 - a. This report should include, but not be limited to:
 - i. Available statistics on how often sexual health education is provided to middle school and high school students by school district;
 - ii. Available statistics on student attendance and participation including the number of students who opt-out of receiving sexual health education at the request of a parent or guardian;

- iii. Strategies for ensuring curriculum is medically accurate, unbiased, up-to-date, inclusive, and adheres to all other requirements mandated by CHYA;
 - iv. Peer-led approaches which are promising or effective at delivering sexual health education; and
 - v. Input from family members, students, and instructors who have delivered sexual health education in compliance with CHYA.
 - b. Based on the findings in 2a above, this report should also specify any implementation challenges and recommendations for improvement related to CHYA including, but not limited to:
 - i. Funding needed, with cost estimates, to administer sexual health education in compliance with the CHYA;
 - ii. Feedback from educators, families, and students regarding CHYA and the effectiveness of sexual health education; and
 - iii. Limitations in the delivery or content of sexual health education being administered.
- 3. Instruct the Directors of DHS and DPH in partnership with managed care plans, and other relevant stakeholders to design a pilot program that implements antenatal syphilis point of care testing for pregnant mothers at-risk of syphilis and report back in writing in 60 days.
- 4. Instruct the Directors of DHS and DPH to identify the benefits and challenges of including STD testing (including oral, anal, and urine testing, blood tests, and bundled testing) within DHS-operated urgent care centers and emergency room settings, especially those located in high STD-incidence regions, and report back in writing in 60 days.
- 5. Direct the Directors of DPH and DHS to review their existing processes for sexual health screening and identify challenges and solutions to delivering screenings as it relates to asymptomatic people, young people, people with no pre-existing health conditions, and other target demographics who may not visit a provider or clinic frequently.

6. Direct the Directors of DPH, DHS and DMH in partnership with local managed care plans to improve messaging to increase Pre-Exposure Prophylaxis uptake.
7. Direct the Directors of DPH, DHS and DMH, in coordination with the Alliance for Health Integration, local managed care plans, and other relevant stakeholders to identify opportunities for improving Healthcare Effectiveness Data and Information Set measures or other related metrics tied to evaluating a health provider's provision of medically appropriate STD services, and report back in writing in 60 days.
8. Direct the Director of DPH to include reports on implementation progress in its quarterly STD updates.

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(KM/YV)

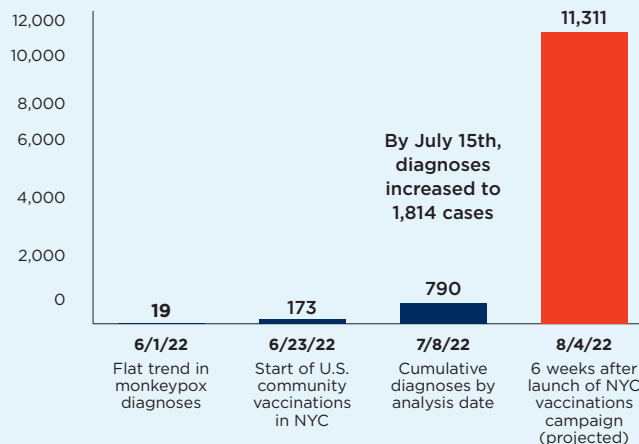
BIG IDEAS IN BRIEF

MONKEYPOX AND MENINGOCOCCAL DISEASE OUTBREAKS SIGNAL NEW HEALTH THREATS FOR COMMUNITIES HEAVILY IMPACTED BY HIV AND DEMAND IMMEDIATE ACTION

IN APRIL 2022, A NEW VARIANT OF MONKEYPOX VIRUS INFECTION was identified in the United Kingdom that has exploded into a global outbreak. The first case was diagnosed in the United States in May and as of July 15 1,814 cases have been reported, with 12,556 cases worldwide. In June 2022, the Centers for Disease Control and Prevention (CDC) also announced that they were working with Florida public health authorities on a large and growing outbreak of meningococcal disease. Both conditions are currently concentrated among gay and bisexual men and other men who have sex with men (MSM). These crises are sentinels of a growing threat of infectious diseases, and if they are not effectively contained, they could spread to broader populations, similar to HIV.

We are very early in this new monkeypox crisis and likely early in an unfolding and growing threat of meningococcal and other infectious diseases. Many have reflected on how the course of HIV could have been curbed had we had a government that took swift, decisive, and helpful actions. We applaud the rapid response of the Biden-Harris Administration and are grateful for their commitment to our communities. Nonetheless, time is of the essence to effectively curb and limit current and future threats. **As our analysis shows, projected monkeypox cases may grow exponentially, and the time to act is now.** This includes short-term solutions to serve MSM and other highly-impacted communities by providing emergency resources to combat these threats and by reinforcing existing partnerships with trusted community-based organizations (CBOs) to address stigma, ensure equitable testing, vaccination and care, and to create effective social marketing efforts. Longer-term, we need to bolster funding for public health writ large, including a sustained commitment to expanding sexual health clinic capacity to address a variety of sexually transmitted infections (STIs).

EXPONENTIAL GROWTH: PROJECTED U.S. MONKEYPOX DIAGNOSES AS EARLIEST GROUP OF GAY MEN BECOMES FULLY VACCINATED



SOURCE: amfAR analysis using data downloaded from *Our World in Data*, July 10th, 2022 based on current guidelines indicating that it takes six weeks from first dose of vaccine to achieve full protection. Analysis: Log-linear regression: $\log(\text{cumulative cases}) = B_0 + B_1 t$, t is days since June 1st ($t=0$). Resulting output used to estimate projected cases by August 4, 2022. Projected number of diagnoses will be affected by: 1. Proportion of population vaccinated by August 4th; 2. Whether diagnoses begin to reflect the actual number of cases; 3. Behaviors that facilitate transmission.

TIME IS OF THE ESSENCE

Policy action is needed to:

BOLSTER THE OUTBREAK RESPONSE

Increase testing and surveillance for monkeypox

Expand vaccine access to achieve herd immunity as early as possible:

- **Focus on containment in MSM communities** by distributing greater quantities of the JYNNEOS vaccine to the most heavily impacted communities right now, even at the risk of future temporary stockouts.
- **Consider a one-dose regimen** of the JYNNEOS vaccine to achieve greater immunity and reduce exponential growth in weekly transmissions.
- **Consider expanding meningococcal disease vaccination guidelines** to all MSM, not only those in or traveling to Florida.

EXPAND COMMUNITY RESPONSE CAPACITY

- **Fund a diversity of organizations**, including Black and Latinx, ballroom community, leather and other groups serving gay and bisexual men, transgender people and other affected communities, as well as networks of people living with HIV, people who use drugs, and people who engage in sex work to provide education, help with contact tracing, interface with researchers and government officials and community members, and support the delivery of vaccination and other services with community-based clinical providers.

IDENTIFY AND ALLOCATE EMERGENCY RESOURCES

- **Use transfer authority to mobilize resources to fund HIV and STI programs** to provide services for the uninsured, support education and outreach, and conduct research focused on health trends experienced by people with HIV and HIV-affected communities as part of a sustained commitment to greater funding for sexual health clinic capacity to address a variety of sexually transmitted infections (STIs).

All of this should be done in the context of a global response plan that envisions much greater resource sharing with other nations, even in light of domestic resource shortages.

Community Clinics Offering Monkeypox Vaccinations, July 22, 2022*

***Vaccinations available for clinic's eligible patients**

Agency	Site Name	Street Address	City	State	Zip Code	Phone Number
APLA Health and Wellness	APLA Health - CDU/MLK Medical Campus	1679 E. 120th St.	Los Angeles	CA	90059	323.329.9700
APLA Health and Wellness	APLA Health - Baldwin Hills	3741 S. La Brea Ave.	Los Angeles	CA	90016	213.201.5000
APLA Health and Wellness	APLA Health - Mid-Wilshire	5901 W. Olympic Blvd., #310	Los Angeles	CA	90036	323.215.1725
APLA Health and Wellness	APLA Health - Long Beach	1043 Elm Ave., Suite 302	Long Beach	CA	90813	562.247.7740
Wesley Health Centers (JWCH)	JWCH Bellflower	14371 Clark Ave.	Bellflower	CA	90706	562.867-7999
Wesley Health Centers (JWCH)	JWCH East Hollywood	954 N Vermont Ave.	Los Angeles	CA	90029	562.867-7999
Wesley Health Centers (JWCH)	JWCH Lancaster	45105 10th St. W	Lancaster	CA	93534	562.867-7999
Wesley Health Centers (JWCH)	JWCH Palmdale Central	2151 E. Palmdale Blvd.	Palmdale	CA	93550	562.867-7999
Kaiser Permanente Los Angeles Medical Center	Kaiser SC - Los Angeles Medical Center	4867 W Sunset Blvd	Los Angeles	CA	90027	323.783.4011
Kaiser Permanente South Bay Medical Center	Kaiser SC - South Bay Medical Center	25825 Vermont Ave	Harbor City	CA	90710	310.325.5111
Kaiser Permanente West LA Venice Medical Center	Kaiser SC - WLA Venice MOB	6041 Cadillac Avenue	Los Angeles	CA	90034	1.833.574.2273
Long Beach Comprehensive Health Center	Long Beach Comprehensive Health Center Tom Kay Clinic	1333 Chestnut Ave.	Long Beach	CA	90813	562.753.2300
Los Angeles LGBT Center	Los Angeles LGBT Center - McDonald/Wright-LA LGBT Center	1625 N. Schrader Blvd	Los Angeles	CA	90028	323.993.7400
Los Angeles LGBT Center	Los Angeles LGBT Center - South	2313 W. Martin Luther King Jr. Blvd.	Los Angeles	CA	90008	323.860.3799

Los Angeles LGBT Center	Los Angeles LGBT Center - Trans Wellness Center	3055 Wilshire Blvd. #360	Los Angeles	CA	90010	323.993.2900
Los Angeles LGBT Center	Los Angeles LGBT Center - WeHo	8745 Santa Monica Blvd. 2nd Floor	West Hollywood	CA	90069	323.993.7500
Men's Health Foundation	Men's Health Foundation -West Hollywood	8280 Santa Monica Blvd.	West Hollywood	CA	90046	310.550.2271
Northeast Valley Health Corporation	NEVHC-Van Nuys Adult-Northeast Valley Health Corporation	14624 Sherman Way, Ste 600	Van Nuys	CA	91405	818.988.6335
St. John's Community Health	St. John's Community Health - Compton WM Keck Foundation Community Health Center	2115 Wilmington Ave.	Compton	CA	90222	323.541.1411
St. John's Community Health	St. John's Community Health - Warner Traynham Clinic	326 W. 23 rd St	Los Angeles	CA	90007	323.541.1411
St. John's Community Health	St. John's Community Health - Williams - S. Mark Taper Foundation Chronic Disease and Environmental Health Center	808 W. 58 th St.	Los Angeles	CA	90037	323.541.1411

BIG IDEAS

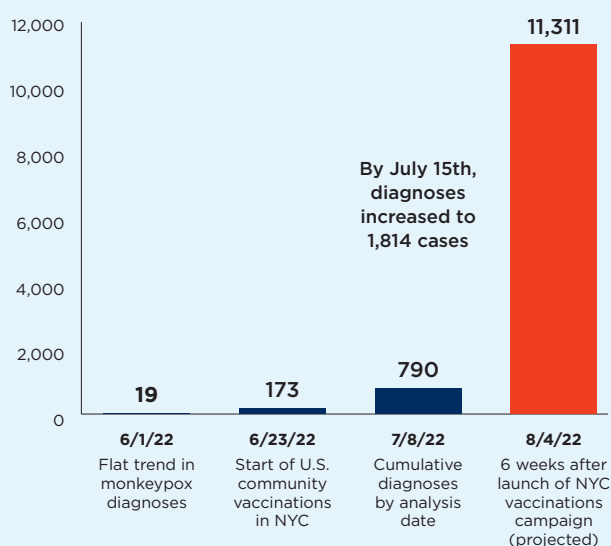
ENDING THE HIV EPIDEMIC —
SUPPORTING ALL PEOPLE LIVING WITH HIV AND REDUCING NEW TRANSMISSIONS

MONKEYPOX AND MENINGOCOCCAL DISEASE OUTBREAKS SIGNAL NEW HEALTH THREATS FOR COMMUNITIES HEAVILY IMPACTED BY HIV AND DEMAND IMMEDIATE ACTION

IN APRIL 2022, A NEW VARIANT OF MONKEYPOX virus infection was identified in the United Kingdom that has exploded into a global outbreak. The first case was diagnosed in the United States in May, and as of July 15th 1,814 cases have been reported, with 12,556 cases worldwide.^{1,2} In June 2022, the Centers for Disease Control and Prevention (CDC) also announced that they were working with Florida public health authorities on a large and growing outbreak of meningococcal disease.³ Both outbreaks are currently concentrated among gay and bisexual men and other men who have sex with men (MSM). Beyond adversely affecting the health and well-being of MSM, these crises are sentinels of a growing threat of infectious diseases, and if they are not effectively contained, they could spread to broader populations, similar to HIV. In recent years, there has been an increasing drumbeat to scale back infectious disease funding, with the World Health Organization (WHO) and other global health institutions calling for shifting more resources to fight noncommunicable diseases (NCDs).⁴

The last two years demonstrate that infectious diseases remain a public health threat. The COVID-19 pandemic, which has eclipsed the 1918 Flu in severity, was the third leading cause of death worldwide in 2021 and the third leading cause of death in the U.S. in both 2020 and 2021;⁵ and there have been documented increases in influenza, adenovirus, and tuberculosis.⁶ The U.S. remains unprepared for future plagues. While the Biden-Harris Administration has moved with remarkable speed to respond to the monkeypox outbreak and has issued alerts to the risk of meningococcal disease, in both cases, not enough is being done. Concerted action is needed right away to attempt to contain these outbreaks as

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TIME IS OF THE ESSENCE

Policy action is needed to:

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Increase testing and surveillance for monkeypox

Expand vaccine access to achieve herd immunity as early as possible:

- **Focus on containment in MSM communities** by distributing greater quantities of the JYNNEOS vaccine to the most heavily impacted communities right now, even at the risk of future temporary stockouts.
- **Consider a one-dose regimen** of the JYNNEOS vaccine to achieve greater immunity and reduce exponential growth in weekly transmissions.
- **Consider expanding meningococcal disease vaccination guidelines** to all MSM, not only those in or traveling to Florida.

EXPAND COMMUNITY RESPONSE CAPACITY

- **Fund a diversity of organizations**, including Black and Latinx, ballroom community, leather and other groups serving gay and bisexual men, transgender people and other affected communities, as well as networks of people living with HIV, people who use drugs, and people who engage in sex work to provide education, help with contact tracing, interface with researchers and government officials and community members, and support the delivery of vaccination and other services with community-based clinical providers.

IDENTIFY AND ALLOCATE EMERGENCY RESOURCES

- **Use transfer authority to mobilize resources to fund HIV and STI programs** to provide services for the uninsured, support education and outreach, and conduct research focused on health trends experienced by people with HIV and HIV-affected communities as part of a sustained commitment to greater funding for sexual health clinic capacity to address a variety of sexually transmitted infections (STIs).

All of this should be done in the context of a global response plan that envisions much greater resource sharing with other nations, even in light of domestic resource shortages.

much as possible in the areas most heavily affected to prevent harmful impacts on MSM communities, while concurrently planning for broader spread within the U.S. population. Policy action is needed to enhance the outbreak response, broaden community engagement, and identify emergency resources:

1. BOLSTER THE OUTBREAK RESPONSE

The predominant circulating monkeypox variant is spreading rapidly within certain populations. At present, nearly all cases are in men, principally MSM. Of all confirmed U.S. diagnoses, New York has the most, followed by California, Illinois, Florida, and the District of Columbia. These diagnoses potentially underestimate the true number of cases. If other infectious diseases are any guide (e.g., HIV, COVID-19), infections could take hold first in coastal states and then move to the interior U.S. We must act quickly.

An early problem with the initial outbreak response has been inadequate surveillance and difficulties for suspected exposures to be tested. Initially, testing was confined to public health laboratories. There has been an increase from 69 to 78 labs to increase capacity across the nation in the Laboratory Response Network that had a reported capacity initially to test 6,000 to 8,000 specimens per week.^{7,8} The process for ordering tests is cumbersome. Some critics have suggested also that there was a bottleneck⁹ and that steps should be taken to ramp up testing capacity.¹⁰ On July 6th, Labcorp, the nation's largest commercial laboratory, announced that it was beginning to test for orthopox viruses with the capacity to test 10,000 specimens per week, doubling the prior national testing capacity.¹¹ And on July 11th, the Mayo Clinic announced its capacity to test 10,000 specimens per week, tripling the prior testing capacity.¹² Other commercial laboratories are also expected to come online in the near future, which marks an exceptionally rapid response. **As testing capacity grows, however, a greater focus will need to be placed on educating providers and the public about testing options and ensuring reimbursement is available, including for persons without health insurance.**

Immediate supplies of the preferred monkeypox vaccine (JYNNEOS) are limited (see text box on page 5), and distribution and deployment of the available vaccine supply is not meeting the urgency of the moment. In recent weeks, HHS has released nearly 200,000 doses of the JYNNEOS vaccine from the Strategic National Stockpile (SNS),¹³ but demand is high. We recognize that making resource allocation decisions in times of scarcity is a thankless task, and federal policymakers may be seeking to triage vaccine distribution to avoid future stockouts before more supplies become available. At the same time, there may be an opportunity cost for not immediately

surging more vaccines to geographic areas reporting the largest outbreaks. The population of the District of Columbia, for example, is 0.2% of U.S. population. As of July 11th, it contained 7.9% of diagnosed monkeypox cases, yet in the original (July 1st) vaccine distribution, it received only 1,706 (4.1%) doses.¹⁴ Other urban centers like New York City have also been disproportionately impacted. More aggressive and focused vaccination and outreach in these communities may be beneficial to the overall response.

POLICY ACTION: Increase Testing and Surveillance for Monkeypox

As we applaud the rapid scale-up of testing capacity, continued focus is needed to further expand the actual tests performed and to conduct more surveillance. New and innovative testing methods have been proposed, such as the saliva-based tests, with a purported potential to test as many as 20,000 specimens per day.¹⁵ Every effort should be made to encourage appropriate testing and to remove barriers to testing. CDC also should be working with health departments and clinical providers to conduct sentinel studies and other surveillance activities to create a more informed picture of unfolding trends.

POLICY ACTION: Expand Vaccine Access to Achieve Herd Immunity as Early as Possible

There are a number of actions that the CDC should consider to extend the impact of current monkeypox vaccine supplies. This includes a greater focus on containment of the outbreak within MSM communities and related communities, including people who engage in sex work and networks of people who use drugs. **Although not definitive, early evidence suggests that a heightened focus on vaccinating and treating people living with HIV is warranted.** According to the July 13th monkeypox surveillance report of the World Health Organization and European Centre for Disease Prevention and Control, 43% of those diagnosed with monkeypox in Europe are people living with HIV.¹⁶ The District of Columbia Department of Health reported, however, that only 11% of its cases were among people living with HIV.¹⁷ There are no conclusive data showing that monkeypox severity is greater for people living with HIV, but there is a possibility that we may see worse outcomes among people with HIV if transmission shifts from more affluent MSM with the means to travel extensively to communities of MSM who have fewer resources and are less likely to be HIV virally suppressed.

By seeking to saturate such early hotspots with vaccines, it may be possible to curb or slow the spread of monkeypox to other areas and to other

U.S. GOVERNMENT EFFORTS TO ADDRESS MONKEYPOX

MAY 18TH

First case detected in U.S. in Massachusetts

MAY 19TH

U.S. places \$119 million order with Bavarian Nordic for vaccine with an option to buy \$180 million's worth more vaccines

MAY 27TH

CDC recommends monkeypox vaccine to people with high risk occupational exposures

JUNE 7TH

CDC posts harm reduction sexual health guidance to reduce Monkeypox exposure

JUNE 10TH

CDC documents community spread of monkeypox among people who have not traveled overseas

JUNE 10TH

CDC estimates existing total testing capacity at 8,000 specimens per week

JUNE 13TH

CDC targets monkeypox epidemic social marketing materials for Pride festival organizers and attendees

JUNE 14TH

CDC updates monkeypox case definition

JUNE 22ND

HHS supports expansion of monkeypox testing capacity to five commercial laboratory companies: Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics and Sonic Healthcare

JUNE 23RD

The first monkeypox vaccination clinic in the U.S. opens in NYC

JUNE 23RD

CDC distributes a Dear Colleague Letter for clinicians from CDC Director Dr. Walensky providing critical monkeypox information.

JUNE 28TH

HHS releases 56,000 doses of monkeypox vaccine

JUNE 28TH

CDC recommends vaccine access for gay and bisexual men at high risk of monkeypox exposure.

JUNE 29TH

White House releases monkeypox outbreak strategy

JULY 1ST

HHS orders 2.5 million additional doses of Jynneos vaccine available in fourth quarter of 2022 and in early 2023

JULY 6TH

Labcorp begins monkeypox testing nationally adding capability of additional 10,000 specimens to be tested weekly

JULY 7TH

HHS releases another 144,000 doses of monkeypox vaccine

JULY 11TH

Mayo Clinic Laboratories begin monkeypox testing increasing cumulative nationwide testing capacity to 30,000 tests weekly

JULY 13TH

HHS procures additional 800,000 vaccine doses

JULY 14TH

Aegis Sciences announced that it will begin testing for MPX, increasing cumulative nationwide testing capacity to 40,000 tests weekly

JULY 15TH

U.S. weekly testing capacity rises to 70,000 tests per week

non-MSM communities. A recently reported additional 800,000 doses of vaccines will be available as early as the end of July.¹⁸ Although this could greatly reduce the current vaccine crunch, there remain arguments to get as much current supply of vaccine into arms now via a one-dose regimen of the JYNNEOS vaccine for the current crisis period. Clinical experts have suggested prioritizing the first dose of JYNNEOS to the largest population feasible and delaying the second dose because the monkeypox vaccine can help prevent disease or reduce symptoms even if taken after exposure.¹⁹ Moreover, a recent New England Journal of Medicine analysis suggests that a single shot of the JYNNEOS vaccine produces a robust enough immune response that can be sustained for as long as two years before taking the second dose.²⁰ Recently, Mayor Eric Adams of New York City endorsed the one-dose solution to increase vaccine coverage.²¹ This is akin to the United Kingdom delaying second mRNA COVID-19 doses for months in order to vaccinate a greater proportion of the population in a shorter period of time, an approach that was ultimately validated by studies showing the presence of greater neutralizing antibodies among those whose dosages were delayed rather than the standard shorter interval.²² There is understandably an innate conservatism of not wanting to depart from the proven efficacy of a two-shot regimen.

The current moment, however, represents a crisis because the two-dose regimen takes six weeks for full vaccination. We estimate there will be 11,000 diagnosed cases in the U.S. alone (see figure on page 1) on August 4th, which will mark six weeks after the first mass vaccination campaigns began in the U.S., amidst a projected 100,000 cases globally.²³

Additionally, CDC should elevate its focus on meningococcal disease (see text box on page 5) and integrate communications to MSM about both conditions and the need for individual and community action. At a time of vaccine fatigue resulting from COVID-19, it is understandable that many may seek to minimize additional vaccination recommendations, but the current meningococcal disease outbreak among MSM is growing. While we are not equipped to make vaccination guideline recommendations, given that the MenACWY vaccine is safe and widely available, CDC should consider expanding its recommendation to cover all MSM in the country, not only those living in or traveling to Florida. Further, a recent study of people living with HIV found that vaccination rates are poor. Only 16% of patients in this study of claims data received their first MenACWY vaccine in the first two years following their HIV diagnosis, and only 66% of those received their second dose within a year of the first dose.²⁴ CDC and HRSA should consider additional provider guidance, as well as educational campaigns to affected communities. Taking these actions provides an opportunity to effectively contain the current meningococcal outbreak.

2. EXPAND COMMUNITY RESPONSE CAPACITY

As we learned with COVID-19, it is essential to engage community stakeholders and community clinical providers in efforts to educate, screen, vaccinate, and treat people with a diagnosis or at a heightened risk of monkeypox. Similarly, broader community engagement can improve health department messaging and vaccination efforts for meningococcal disease. Although initial monkeypox vaccines and treatment efforts began with health departments, there are efforts to expand these services to community-based organizations trusted by affected populations.²⁵ The constellation of HIV services organizations, networks of people living with HIV, LGBTQ+ services and advocacy organizations, as well as harm reduction, sex worker, reproductive justice, and racial and ethnic minority services and advocacy organizations have extensive trust, reach, and capacity. These organizations should be leveraged to have a maximal impact to provide education, interface between public health agencies and community members, and support vaccination and the delivery of other services. These organizations also could help ensure equity in vaccine distribution. Already there are concerns over the demographics of those receiving vaccine appointments,²⁶ as well as reports of a disproportionate impact of monkeypox cases among communities of color.²⁷ To achieve greater equity and effectiveness, the Administration must quickly identify and allocate resources for community responses. Priority should be given to existing funding mechanisms that do not require open competition and should require minimal supplemental reporting. Federal grant administrators also must build on lessons from emergency COVID-19 responses to expedite the awarding of funds to health departments and other grantees.

POLICY ACTION: Fund a diversity of organizations, including Black and Latinx, ballroom community, leather and other groups serving gay and bisexual men, transgender people and other affected communities, as well as networks of people living with HIV, people who use drugs, and people who engage in sex work to provide education, help with contact tracing, interface with researchers, government officials, and community members, and support the delivery of vaccination and other services with community-based clinical providers.

One especially important need for which community partners are critical is to ensure that all public health responses are grounded in a sexual health paradigm.²⁸

THE TOOLBOX FOR MONKEYPOX AND MENINGOCOCCAL DISEASE

MONKEYPOX

Monkeypox is a longstanding viral threat that has been endemic in parts of Africa, but it has not been an ongoing health threat in the U.S. The Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) maintains the Strategic National Stockpile (SNS) that is a national repository of antibiotics, vaccines, antidotes, and antitoxins that can be deployed in cases of a public health emergency.[1] Working with the CDC, the ASPR is deploying monkeypox vaccines and treatments to health departments. Vaccination is recommended for persons with suspected exposure to monkeypox and persons in groups at elevated risk for infection. Two vaccines and one antiviral treatment have been approved by the Food and Drug Administration (FDA) and are part of the SNS:

- The JYNNEOS vaccine was developed for monkeypox and smallpox and is the newest of the two vaccines, it is considered to have a better safety profile with fewer side-effects, and it is the only one recommended for people living with HIV. It is currently administered in two doses, spaced at least four weeks apart. This vaccine, however, is in short supply. On June 24th, the SNS had approximately 65,000 doses of the JYNNEOS vaccine, with an expected delivery of 300,000 doses within days of that date. On July 1st, the Administration ordered 2.5 million more doses. HHS anticipates making available 1.9 million doses in 2022, with an additional 2.2 million doses becoming available in the first half of 2023.[2,3]
- The ACAM2000 vaccine was developed for smallpox but can be used to prevent monkeypox. It is a one-dose vaccine administered with a special needle that requires training. The SNS has more than 100 million doses of the ACAM2000 vaccine and is currently permitting health departments to request deliveries of this vaccine.[2] Due to the potential for a higher rate of adverse reactions, contraindications in

people with compromised immune systems, as well as possible transmissions to persons who have close contact with the vaccinee, federal and state health officials have expressed caution about widespread vaccination campaigns with ACAM2000, unless changing epidemic conditions warrant it.

- The SNS also maintains a supply of 1.7 million treatment doses of TPOXX (tecovirimat), an antiviral medication that has been approved to treat monkeypox.[2] Access to TPOXX, however, has been reported to be limited, suggesting the need for clearer provider guidance and easier methods for obtaining the medication.

MENINGOCOCCAL DISEASE

Meningococcal disease is a very serious infection that can quickly become deadly.[4]

- Vaccines are available that are distributed through health departments and regular health care channels (i.e., reimbursed by insurance and not available through the SNS). There are two different vaccines for meningococcal disease: one is for a strain that primarily impacts college-age young people, and another, MenACWY (sold under different brand names by different manufacturers), is recommended for the current outbreak among MSM. All people with HIV are recommended to be vaccinated for meningococcal disease on diagnosis.[5] Current CDC guidance is also for MSM living in Florida to receive the MenACWY vaccine and for MSM traveling to Florida to consult with their healthcare provider about being vaccinated.[4]
- Meningococcal disease is treated by a variety of antibiotics, and it is essential that treatment for suspected cases begin right away, even without a confirmatory diagnosis.

Sources: [1] *Strategic National Stockpile – Who We Are*, OFFICE OF THE ASSISTANT SEC’Y FOR PREPAREDNESS & RESPONSE, <https://www.phe.gov/about/sns/Pages/about.aspx>; [2] *HHS Orders 2.5 Million More Doses of JYNNEOS Vaccine for Monkeypox Preparedness*, U.S. DEP’T OF HEALTH & HUMAN SERVS. (July 1, 2022), <https://www.hhs.gov/about/news/2022/07/01/hhs-orders-2-point-5-million-more-doses-jynneos-vaccine-for-monkeypox-preparedness.html>; [3] *Biden-Harris Administration to make an additional 144,000 doses of JYNNEOS vaccine available to states and jurisdictions for monkeypox response*, U.S. DEP’T OF HEALTH & HUMAN SERVS. (July 7, 2022), <https://www.hhs.gov/about/news/2022/07/07/biden-harris-administration-make-additional-144000-doses-jynneos-vaccine-available-states-jurisdictions-for-monkeypox-response.html>; [4] *Meningococcal Disease in Florida, 2022*, CTRS. FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/meningococcal/outbreaks/FL2022.html>; [5] CDC routinely recommends MenACWY vaccine for children and adults at increased risk for meningococcal disease, including those with HIV. People with HIV should get a 2-dose primary series of MenACWY vaccine, with the second dose given at least 8 weeks after the first, followed by a booster dose every 5 years. If someone completed their primary series before the age of 7 years, they should get their first booster dose 3 years later and then get a booster dose every 5 years. See *id.*

Despite significant progress on LGBTQIA+ civil rights, public dialogue and social messages toward MSM is often deeply rooted in shame over their sexuality. We welcome recent communications and educational materials from the CDC that may be groundbreaking for their affirming and stigma-free approach to sexual health.²⁹ Especially at a time when transgender people are under attack in the public sphere and discussion of LGBTQIA+ issues is increasingly controversial, trusted community partners are needed more than ever to serve as a conduit of information about monkeypox, meningococcal disease, and other future infectious disease threats. This includes a forthright discussion of harm reduction that may encourage MSM and other communities to take steps to reduce their risk of infectious disease acquisition. There are a variety of strategies that MSM can discuss with each other to reduce risk, such as temporarily abstaining from sex, avoiding bathhouses and other public sex venues, reducing the number of sexual partners, and limiting partners to those within existing closed networks. Such messaging and open dialogue grounded in respect and community resiliency is critical, but may not be trusted when coming from governmental officials. More importantly, such messaging must remain non-stigmatizing and include as much of a harm reduction emphasis as possible. Potential controversy over frank public messages also could detract from the impact that can be achieved when such dialogues happen within communities themselves. The central focus should be placed on helping to stem these outbreaks, not fighting among ourselves.

3. IDENTIFY AND ALLOCATE EMERGENCY RESOURCES

To take many of the actions described above, resources are needed. The immediate needs described here must be followed by a sustained, long-term commitment to significantly greater funding to support sexual health clinics through the CDC Division of STD Prevention to build sustainable capacity to respond to a variety of sexually transmitted infections (STIs) including monkeypox, meningococcal disease, and other emergent or resurging infectious diseases.

POLICY ACTION: Use transfer authority to mobilize resources to fund HIV and STI programs to provide services for the uninsured, support education and outreach, and conduct research focused on health trends experienced by people with HIV and HIV-affected communities as part of a sustained commitment to greater funding for sexual health clinic capacity to address a variety of sexually transmitted infections (STIs).

Congress holds the nation's purse strings, and in normal circumstances, must appropriate funds for public health and other functions. Congress has delegated limited powers to the Executive Branch, however, to respond to urgent needs, including in cases of public health emergencies. The White House Domestic Policy Council should coordinate with the Office of Management and Budget (OMB) and HHS leadership to develop a transfer package of at least \$100 million for monkeypox, meningococcal disease, and other infectious disease emergency responses with resources drawn from across HHS. The Administration also should assess its need for a supplemental funding request. HHS should use transferred funds to build on its cross departmental response in at least four areas:

- **Care and Services:** The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care that administers the Health Centers Program and the HIV/AIDS Bureau that administers the Ryan White HIV/AIDS Programs, along with the CDC's Division of STD Prevention (that funds sexual health clinics), should be given resources to expand access to community-based prevention, screening, and treatment services. Importantly, these programs must promise access to no-cost services so that persons who lack insurance have widely available access points; for these limited services, programs should not conduct eligibility screening and should serve all persons who seek services.
- **Testing and Surveillance:** As discussed, major steps have been taken to increase the capacity of public health and commercial laboratories to screen for monkeypox. Greater efforts are needed now to finance the availability and delivery of such tests and to expand testing for meningococcal disease. Additionally, new resources are needed for focused surveillance activities for both conditions.
- **Community Engagement:** We have already described the need for extensive community engagement and meaningful partnerships. Given the diversity of needed partners in many jurisdictions across the country, CDC, HRSA, SAMHSA, IHS, and other operating divisions should be enlisted in rapidly funding a multitude of community partners, with priority given to pass through funding to health departments or other approaches that can most expeditiously make awards to community partners.
- **Research:** The National Institutes of Health (NIH) through the Centers for AIDS Research (CFAR) network should receive funds for supplemental research of existing MSM cohort studies (online and prospective) to understand the impact of the existing outbreaks and their overlap with HIV/STI risk, as well as research to determine whether testing or vaccine fatigue of these new viral threats affect HIV prevention and care adherence efforts among people at risk or living with HIV.

A STRONG DOMESTIC RESPONSE MUST BE INTERTWINED WITH GLOBAL LEADERSHIP

COVID-19 has shown that infectious diseases anywhere in the world can threaten the U.S. Oceans, entry restrictions, our country's wealth and population characteristics and other factors do not offer effective protection from pandemic health threats. The United States believes that it holds unique responsibilities within the global community and in the area of health, it has often played THE essential leadership role:

- U.S. leadership on global HIV is unquestioned with bilateral support for PEPFAR, the President's Emergency Plan for AIDS Relief, supporting lifesaving antiretroviral therapy (ART) for roughly 19 million people living with HIV around the world.[1] The U.S. is also the largest contributor to the Global Fund for AIDS, TB, and Malaria (Global Fund).[2]
- During the 2013-2016 West African Ebola outbreak, the global community's moves were too tepid until the U.S. deployed its resources to assist affected nations to ultimately bring this outbreak to an end.
- No nation has done more to expand access to COVID-19 vaccinations in the global south than the U.S., having pledged to deliver 1.1 billion COVID-19 vaccine doses by the end of 2022 and having already delivered nearly 600 million doses. [3] Too frequently, however, our generosity has seemed begrudging, as vaccines were widely available in the U.S. long before they were broadly available around the world, and our own policy choices about recommending booster shots and other key decisions seemed to be made without due consideration of global concerns.

As with COVID-19, tools to fight many infectious diseases in resource-rich countries are not available in lower income countries. **It is particularly galling that global attention on monkeypox—previously**

localized to certain African countries—was mobilized only after individuals in higher income countries were affected. No central or west African country has significant access to vaccines, despite endemic monkeypox. A 2020 paper predicted the potential of monkeypox outbreak, but it received little attention because the analysis focused on the Democratic Republic of the Congo.[4] The conditions the paper cites as giving rise to a monkeypox outbreak (i.e., the aging out of older cohorts fully vaccinated against Smallpox) is exactly why monkeypox is spreading so efficiently in resource rich countries. The U.S. must actively work to counter global perceptions of selfishness that could undermine our diplomatic goals and weaken the bonds of friendship and openness to cooperation on which our country depends. To maximize global efforts at pandemic control, urgent action is also needed to:

- Robustly fund pandemic preparedness and biodefense.
- Even during domestic supply shortages, balance domestic needs with sharing vaccines, antiviral treatments, testing technology, surveillance, and technical capacity with other nations.
- Leverage PEPFAR's and the Global Fund's experience and trust in providing sensitive and quality services to key populations in low- and middle-income countries.

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THE TIME IS NOW

Many people have reflected on how the course of HIV could have been so much different had we had a government that cared about our communities and responded with urgency. We are very early in this new monkeypox crisis and likely early in an unfolding and growing threat of meningococcal and other infectious diseases. Time is of the essence to productively curb and limit these threats. Longer-term, we need to bolster funding for public health writ large. Success depends on trust of affected communities, yet in too many places, cooperation from stigmatized communities is threatened by the possibility that their

aggregated data collected for public health purposes could expose them to harassment or discrimination from law enforcement or in accessing public services. We applaud the rapid response of the Biden-Harris Administration in many regards and are grateful for their commitment to our communities. Nonetheless, we need even more resources and more commitment of meaningful community partnerships to be successful at protecting the health of the American people.

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