



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# Public Policy Committee Meeting

Monday, June 5, 2023  
1:00pm - 3:00pm (PST)

510 S. Vermont Ave, Terrace Conference Room  
Los Angeles, CA 90020

*Validated Parking: 523 Shatto Place, LA 90020*

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

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Bartz-Altadonna Community Health Center  
43322 Gingham Ave, Lancaster, CA 93535

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**AGENDA FOR THE **REGULAR** MEETING OF THE  
LOS ANGELES COUNTY COMMISSION ON HIV  
PUBLIC POLICY COMMITTEE  
MONDAY, June 5, 2023 | 1:00 PM – 3:00 PM**

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

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

Password: POLICY Access Code: 2593 908 1854

| Public Policy Committee Members: |                                       |                 |  |
|----------------------------------|---------------------------------------|-----------------|--|
| Katja Nelson, MPP<br>Co-Chair    | Lee Kochems, MA<br>Co-Chair           | Alasdair Burton | Mary Cummings                                |
| Pearl Doan                       | Felipe Findley, PA-C,<br>MPAS, AAHIVS | Leon Maultsby   | Paul Nash, PhD,<br>CPsychol, AFBPsS,<br>FHEA |
| Ricky Rosales                    |                                       |                 |  |
| QUORUM: 5                        |                                       |                 |  |

**AGENDA POSTED:** May 31, 2023.

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

**PUBLIC COMMENT:** Public Comment is an opportunity for members of the public to comment on an agenda item, or any item of interest to the public, before or during the Commission’s consideration of the item, that is within the subject matter jurisdiction of the Commission. To submit Public Comment, you

may join the virtual meeting via your smart device and post your Public Comment in the Chat box -or- email your Public Comment to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org) -or- submit your Public Comment electronically [here](#). All Public Comments will be made part of the official record.

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

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**I. ADMINISTRATIVE MATTERS**

- |   |                  |                   |
|---|------------------|-------------------|
| 1. Call to Order & Meeting Guidelines/Reminders                             |                  | 1:00 PM – 1:03 PM |
| 2. Introductions, Roll Call, & Conflict of Interest Statements              |                  | 1:03 PM – 1:05 PM |
| 3. Assembly Bill 2449 Attendance Notification for “Emergency Circumstances” | <b>MOTION #1</b> | 1:05 PM – 1:07 PM |
| 4. Approval of Agenda   | <b>MOTION #2</b> | 1:07 PM – 1:08 PM |
| 5. Approval of Meeting Minutes  | <b>MOTION #3</b> | 1:08 PM – 1:10 PM |

**II. PUBLIC COMMENT**

1:10 PM – 1:15 PM

- 6. Opportunity for members of the public to address the Committee of items of interest that are within the jurisdiction of the Committee. For those who wish to provide public comment may do so in person, electronically by clicking [here](#), or by emailing [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

**III. COMMITTEE NEW BUSINESS ITEMS**

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

**IV. REPORTS**

- |  |                   |
|--|-------------------|
| 8. Executive Director/Staff Report           | 1:15 PM – 1:20 PM |
| 9. Co-Chair Report                           | 1:20 PM – 1:30 PM |
| a. 2023 Workplan and Meeting Calendar Review |                   |
| b. ANAM Platform Update                      |                   |

**V. DISCUSSION ITEMS**

- 10. 2023-2024 Legislative Docket—Updates 1:30 PM – 2:00 PM
- 11. 2023-2024 Policies Priority 2:00 PM – 2:15 PM
- 12. State Policy & Budget Update 2:15 PM – 2:25 PM
- 13. Federal Policy Update 2:25 PM – 2:35 PM
- 14. County Policy Update 2:35 PM – 2:50 PM
  - a. DPH Memo in response to STD Board of Supervisors (BOS) motion
  - b. 2023 Public Comment Schedule for Health Deputies Meetings and BOS Meetings

**VI. NEXT STEPS**

2:50 PM – 2:55 PM

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

**VII. ANNOUNCEMENTS**

2:55 PM – 3:00 PM

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

**VIII. ADJOURNMENT**

3:00 PM

- 16. Adjournment for the meeting of June 5, 2023

| PROPOSED MOTIONS  |   |
|-------------------|---|
| <b>MOTION #1:</b> | Approve remote attendance by members due to “emergency circumstances”, per AB 2449. |
| <b>MOTION #2</b>  | Approve the Agenda Order as presented or revised.                                   |
| <b>MOTION #3</b>  | Approve the Public Policy Committee minutes, as presented or revised.               |



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**COMMISSION ON HIV**



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**PUBLIC POLICY COMMITTEE  
MEETING MINUTES**

May 1, 2023

**Draft**

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

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

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

**I. ADMINISTRATIVE MATTERS**

**1. CALL TO ORDER & MEETING GUIDELINES/REMINDERS**

Katja Nelson, Public Policy Committee (PPC) Co-Chair, called the meeting to order at 1:15 PM.

**2. INTRODUCTIONS, ROLL CALL, & CONFLICTS OF INTEREST STATEMENTS**

K. Nelson invited meeting attendees to introduce themselves and state conflicts of interest, if any.

**3. ASSEMBLY BILL 2449 ATTENDANCE NOTIFICATION FOR "EMERGENCY CIRCUMSTANCES"**

**MOTION #1:** Approve remote attendance by members due to "emergency circumstances," per AB 2449 **✓Passed by Consensus**

**4. APPROVAL OF AGENDA**

**MOTION #2:** Approve the Agenda Order as presented or revised. **✓Passed by Consensus**

**5. APPROVAL OF MEETING MINUTES**

**MOTION #3:** Approve the April Public Policy Committee minutes, as presented or revised.

*✓Passed by Consensus*

**II. PUBLIC COMMENT**

**6. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMITTEE ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMITTEE. FOR THOSE WHO WISH TO PROVIDE PUBLIC COMMENT MAY DO SO IN PERSON, ELECTRONICALLY BY CLICKING [HERE](#), OR BY EMAILING [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG).**

*No public comment.*

**III. COMMITTEE NEW BUSINESS ITEMS**

**7. 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**

**8. EXECUTIVE DIRECTOR/STAFF REPORT**

- Jose Rangel-Garibay, Commission staff, reminded attendees of the Commission's 2023 Training schedule and noted that recordings will be available on the Commission website for those unable to join live trainings. A copy of the document is included in the meeting packet.
- J. Rangel-Garibay reported that on April 27<sup>th</sup> the Executive Committee meeting decided to move forward with the May Commission meeting. The meeting will take place on May 11 at the St. Anne's Conference Center.
- Cheryl Barrit, Executive Director, reported that the Executive Committee also discussed reaching out to other commissions in the county for collaborating. These include the Public Health Commission, the Mental Health Commission, and the Commission on Alcohol and other Drugs. The Commission co-chairs and Commission staff will meet with staff and members of the Commission on Alcohol and other Drugs on May 2. Lizette Martinez, Commission staff, attended the Mental Health Commission's monthly meeting on April 27 and is coordinating an introductory meeting for late May. Commission staff are currently seeking contact information for the Public Health Commission. C. Barrit also shared that there is a possibility to have the commissions meet jointly in the future as long as the bodies are compliant with the Brown Act.

- C. Barrit shared that the Board of Supervisors (BOS) are in Washington D.C. this week to conduct their advocacy with federal staff. Supervisors Hanh, Mitchell, and Horvath met with Department of Health and Human Services (DHHS) Secretary Becerra and discussed issues focused on mental health and sustained funding for public health. They also met with Department of Housing and Urban Development (HUD) Secretary Fudge, members of the White House senior staff and shared their priority of focusing on homelessness as a major intersection for health outcomes in Los Angeles County.
- C. Barrit also reported that the Chief Executive Office (CEO) of the County proposed the 2023-24 budget for the County totaling 43 billion dollars. She added that 2.5 million dollars from tobacco settlement funds were used to support the STD crisis and that the Public Health department is in year 2 of 4 of one-time funding. Felipe Findley asked if increases in the budget to law enforcement and systems of incarceration are on par with the total money allocated to other line items.

## 9. CO-CHAIR REPORT

### a. 2023 Workplan Development

The PPC briefly discussed their 2023 workplan. K. Nelson noted that Item #4: *Continue to advocate for an effective County-wide response to the STD crisis in Los Angeles County* will be discussed in further detail at the May PPC meeting. The PPC will also prioritize Item #7: *Efforts to Modernize the Ryan White Care Act (RWCA)*. The PPC decided to adopt the 2023 Workplan as presented.

### b. ANAM Platform Update

There was no update on the Act Now Against Meth (ANAM) platform. K. Nelson suggested reaching out to Richard Zaldivar for an update at a future meeting.

J. Rangel-Garibay reported that he attended an event hosted by The Wall Las Memorias which discussed the Los Angeles County (LAC) drug crisis, hosted a community panel discussion, and provided a Narcan training. The training was provided by Commissioner Jose Magaña, who was identified as a good resource for a presentation at a future COH meeting.

## V. DISCUSSION ITEMS

### 10. 2023-2024 LEGISLATIVE DOCKET – DEVELOPMENT

The PPC reviewed the 2023-2024 Legislative Docket and stated their positions on each bill included on the docket. A copy of the document is included in the meeting packet. Positions were as follows:

- H.R. 62 (Jackson Lee): Safeguarding Healthcare Industry Employees from Litigation and Distress (SHIELD) Act—Support
- H.R. 73 (Biggs): No Pro-Abortion Task Force Act—Oppose
- H. Res. 185 (Hayes): Declaring racism a public health crisis—Support



- H.R. 407 (Clyde): Protect the Undo the Negligent Biden Orders Right Now (UNBORN) Act—Oppose
- H.R. 445 (Williams): Health and Human Services Reproductive and Sexual Health Ombuds Act of 2023—Support
- H.R. 459 (Eshoo)/S. 323 (Hirono): Secure Access for Essential Reproductive Health (SAFER) Health Act of 2023—Support
- H.R. 517 (Mace): Standing with Moms Act—Oppose
- H.R. 561 (Lee): EACH Act of 2023—Support
- H.R. 1224 (Trahan) Informing New Factors and Options (INFO) for Reproductive Care Act of 2023—Support
- S. 701 (Baldwin): Women’s Health Protection Act of 2023-- Support

**MOTION #4:** Approve the 2023-2024 Legislative Docket: Federal bills, as presented, or revised and elevate to the Executive Committee. **✓Passed by Roll Call Vote (Yes = A. Burton, P. Doan, F. Findley, L. Kochems, L. Maultsby, P. Nash, K. Nelson, R. Rosales; No = 0; Abstain = 0)**

#### 11. 2023-2024 POLICIES PRIORITY

The PPC discussed their 2023-2024 Policies Priority document. F. Findley shared that Measure J was ruled unconstitutional; however, the Alternatives to Incarceration Initiatives is working on allowing funding under Measure J. A copy of the document is included the meeting packet.

**MOTION #5:** Approve the 2023-2024 Policy Priorities document, as presented, or revised and elevate to the Executive Committee. **✓Passed by Roll Call Vote (Yes = A. Burton, P. Doan, F. Findley, L. Kochems, L. Maultsby, P. Nash, K. Nelson, R. Rosales; No = 0; Abstain = 0)**

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

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

#### 14. COUNTY POLICY UPDATE

##### a. DPH Memo in Response to STD Board of Supervisors (BOS) Motion

The Committee agreed to develop a list of discussion items and a schedule for providing public comments at Health Deputies Meetings and BOS Meetings.

#### VI. NEXT STEPS

##### 15. TASK/ASSIGNMENTS RECAP

➡ COH staff will reach out to various legislative offices to obtain more information on several bills.

➡ COH staff will develop a scheduled and talking points for Health Deputy meetings.

##### 16. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- The PPC will discuss their positions on the federal bills included on the legislative docket.

#### VII. ANNOUNCEMENTS



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

- A. Burton requested that the PPC co-chairs share updates with the Consumer Caucus at their July meeting. COH staff will coordinate the meeting.
- F. Findley noted that a memorial service for Dr. Wilbert Jordan has been planned by Charles Drew University on April 28<sup>th</sup> from 4pm-7pm and thanked Leon Maultsby for sharing the event details with the Commission.

**VIII. ADJOURNMENT**

**18. ADJOURNMENT FOR THE MEETING OF APRIL 3, 2023.**

The meeting was adjourned by K. Nelson at 3:01 PM.



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**PUBLIC POLICY COMMITTEE 2023 MEETING SCHEDULE**  
**PROPOSED/DRAFT FOR REVIEW (updated 05.30.23)**

| DATE  | KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)   |
|---|--|
| <b>January 24</b><br>1pm to 3pm <i>(Virtual)</i>    | Elect Co-Chairs for 2023   |
| <b>February 6</b><br>1pm to 3pm <i>(Virtual)</i>    | PACHA Resolution on MSM Blood Donation Deferral Policy<br>2023 Legislative Docket Development<br>2023 Policy Priorities Action Plan Development  |
| <b>March 6</b><br>1pm to 3pm <i>(In-Person)</i>     | <b>MEETING CANCELLED</b>   |
| <b>April 3</b><br>1pm to 3pm <i>(In-Person)</i>     | Adopt 2023 PPC Workplan<br>Finalize and approve changes to 2023 Policy Priorities Document<br>Discuss state bills for 2023-2024 Legislative Docket<br><a href="#">Approve Legislative Docket — PPC and Executive</a>           |
| <b>May 1</b><br>1pm to 3pm <i>(In-Person)</i>       | <a href="#">Approve Legislative Docket – COH</a><br><a href="#">Submit Legislative Docket to BOS</a><br>Discuss federal bills for 2023-2024 Legislative Docket<br>Discuss DPH Memo on STD crisis to Board of Supervisors (BOS) |
| <b>June 5</b><br>1pm to 3pm <i>(In-Person)</i>      | Discuss public comment schedule for Health Deputy/BOS meetings<br>Determine strategy for Ryan White Care Act (RWCA) Modernization<br>Outline presentation schedule for RWCA modernization                                      |
| <b>July 3</b><br>1pm to 3pm <i>(In-Person)</i>      | <b>Consider rescheduling or canceling due to <a href="#">Independence Day Holiday</a> on 7/4/23 observed on 7/3/23</b>   |
| <b>August 7</b><br>1pm to 3pm <i>(In-Person)</i>    | RWCA Modernization Presentation 1  |
| <b>September 4</b><br>1pm to 3pm <i>(In-Person)</i> | <b>Consider rescheduling or canceling due to <a href="#">Labor Day Holiday</a> on 9/4/23</b><br><i>Note: The United States Conference on HIV/AIDS (USCHA) 9/6/23—9/9/23</i><br>RWCA Modernization Presentation 2               |
| <b>October 2</b><br>1pm to 3pm <i>(In-Person)</i>   | Outline the framework for modernized RWCA Modernization white paper  |
| <b>November 6</b><br>1pm to 3pm <i>(In-Person)</i>  | COH Annual Meeting   |
| <b>December 4</b><br>1pm to 3pm <i>(In-Person)</i>  | <b>Consider cancelling; poll committee members</b>   |



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

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRE, M.S.P.H.**  
Chief Deputy Director

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December 6, 2022

TO: Each Supervisor

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

SUBJECT: **OVERDOSE PREVENTION MOTION REPORT BACK**

This report is in response to the July 26, 2022, Board motion instructing the Director of Public Health (DPH or Public Health), in partnership with the Alliance for Health Integration, Department of Health Services (DHS), Department of Mental Health (DMH), Department of Children and Family Services, Medical Examiner-Coroner, Probation Department, Los Angeles County Homeless Services Authority (LAHSA), Los Angeles County Office of Education, Chief Executive Office inclusive of the Alternatives to Incarceration and Anti-Racism, Diversity and Inclusion initiatives, Long Beach Department of Health and Human Services, Pasadena Department of Public Health, other applicable entities and community stakeholders such as Federally Qualified Health Centers, managed care plans, hospitals, community-based organizations (CBO), and faith-based organizations, to develop and regularly update a plan of action to address the growing crisis of overdose deaths related to methamphetamine, fentanyl, opioids and other substances.

The following is the first report back on the following Board directed projects to date.

***Project #1: Build on current planning processes and strategies to support shared goals around reducing the risk of drug overdoses.***

Public Health's Division of Substance Abuse Prevention and Control (DPH-SAPC) leads, coordinates, and participates in several ongoing overdose prevention and response initiatives which involve the entities identified in the motion. DPH-SAPC invited leadership from these agencies and priority groups to participate in a convening on October 13, 2022, to discuss how to collectively advance the overdose-related projects outlined below and to promote the elevation and coordination of these prevention and response strategies within this multi-sector coalition. Subsequent meetings will be convened to further advance these projects. DPH-SAPC has also previously outlined a strategy to address rising overdose deaths among people experiencing homelessness (PEH) in the report on *Reducing Mortality from Substance Use among People Experiencing Homelessness in Los Angeles County* which closely

aligns with broader strategies to address overdoses among other populations.<sup>1</sup>

***Project #2: Ensure strategies to address the drug overdose epidemic among populations disproportionately impacted by overdoses, including persons of color, individuals who are justice-involved, people experiencing homelessness, and LGBTQ+ residents.***

DPH-SAPC contracts with community-based organizations (CBOs) for Engagement and Overdose Prevention (EOP) Hub services, which include syringe exchange, safer use equipment, naloxone and fentanyl test strip distribution, linkage to infectious disease testing, and referrals to medical, psychiatric, and substance use disorder (SUD) care. In Fiscal Year (FY) 2022-2023, DPH-SAPC added one EOP Hub for a total of seven Hubs across LA County and increased funding by \$3.41 million for a total of \$4.16 million in County-wide EOP Hub services. The new investment extended accessibility of harm reduction and overdose prevention services and enabled continued efforts to better serve those disproportionately impacted by overdose, in particular individuals of color, LGBTQ+, justice-involved, and/or PEH. Complementary to DPH-SAPC's EOP Hubs, DHS' Harm Reduction Division's (DHS-HRD) Harm Reduction Expansion Program (HARP) is launching increased support to street-based syringe distribution programs in Service Planning Areas (SPAs) 6 & 8 to address racial and socioeconomic disparities in overdose fatalities.

DHS-HRD operates the Overdose Education and Naloxone Distribution (OEND) prevention program that complements harm reduction services offered through DPH and are focused on the delivery of harm reduction services, overdose response training and naloxone distribution to people of color (POC), individuals who are justice-involved, PEH, people who use drugs (PWUD), people engaged in sex work, and people who identify as LGBTQ+.

DPH-SAPC and DHS-HRD are co-coordinating LA County's Harm Reduction Steering Committee to ensure a cohesive countywide harm reduction strategy and that individuals from these communities have a voice in shaping the delivery of overdose prevention services in LA County.

DHS-HRD's countywide OEND program provides overdose education and naloxone through direct distribution to designated community sites, to DHS programs, facilities, and community contractors, and to the LA County jail system using jail-based vending machines and other jail access points. Naloxone is provided directly to DHS funded homeless service providers, who are integrating harm reduction services into their existing service models across LA County. DHS supports these community partners, which include public entities and community-based organizations, and secures naloxone through the State's Naloxone Distribution

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<sup>1</sup> <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/ReducingMortalitySubstanceUsePEHinLAC.pdf>

## Project.

DHS-HRD is also implementing an overdose response team serving the Skid Row neighborhood in Los Angeles, which has been disproportionately impacted by the overdose epidemic. This overdose response team monitors Skid Row for overdoses and responds to these overdoses as they occur through administering naloxone and providing post-overdose referrals and support.

DHS Housing for Health launched mobile units in September 2022 to provide street medicine to unsheltered clients throughout the county. Mobile clinic staff provide on-demand substance use care to clients, including provision of Medications for Addiction Treatment (MAT) services, expedited referrals to substance use treatment centers, and dispensing of harm reduction equipment, including fentanyl test strips, naloxone, and safer use supplies. Social workers, substance use counselors, and community health workers with lived experience will support clients with dual diagnoses/confounding mental health issues as they pursue healthier living with substances.

LAHSA facilitates an ongoing workgroup with a focus on analyzing and implementing recommendations from the Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness to improve service provision for this population. This report and recommendations include feedback from Black PEH who have used substances and have navigated substance use programs. Additionally, LAHSA works with the Lived Expertise Advisory Board (LEAB) and Homeless Youth Forum of Los Angeles (HYFLA) to gather feedback and recommendations on needed services and resources.

According to national data, 95 percent of individuals with SUDs do not seek treatment, and the lack of readiness to seek treatment is compounded by internalized stigma, widespread assumptions about abstinence being required to initiate SUD services, historical prosecutorial and carceral system interception of people with SUDs, and a legacy of low community and health system promotion of SUD treatment services.

This 95 percent of people with SUDs who do not seek treatment include individuals who access DPH-SAPC and DHS harm reduction and overdose prevention services. As the County pursues greater access to harm reduction services, concurrent efforts are needed to ensure availability of SUD treatment programs across the full continuum of SUD care (outpatient, residential, etc.) that is ready and able to serve individuals who are not ready to commit to a specific treatment regime or entirely cease all alcohol and drug use. Capacity building efforts are needed to increase access to low barrier treatment options and the development of programs that are more flexible, inclusive, and less judgmental for those who are ambivalent to abstinence. DPH-SAPC is initiating work with its treatment provider network to expand this treatment option and better reach the 95 percent of people who need

care but do not access it. A continuum of care that is more inclusive of individual treatment preferences should also contribute to reduce overdoses. As the County implements efforts to better reach those in need, it will also require network providers at all levels of care to expand service capacity and in turn for DPH-SAPC to identify resources to pay the required Medi-Cal local match (average 30 percent per service).

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #3: Work with the housing system to expand the housing continuum and availability of recovery-oriented permanent, interim, and emergency housing options throughout the County, in addition to currently available Housing First models, with particular focus on unhoused individuals with justice involvement who use drugs.***

DPH-SAPC operates time-limited (up to 180 days) recovery-oriented housing, known as Recovery Bridge Housing (RBH), for individuals who are concurrently enrolled in some form of outpatient SUD treatment. This is a non-Drug Medi-Cal (DMC) covered benefit; therefore, this essential service is covered with Measure H, Care First Community Investment (CFCI), and other local funds. DPH-SAPC added 198 new beds across LA County, including 56 from three new RBH provider agencies and 142 beds from existing RBH provider agencies for a total of 1,140 beds. DPH-SAPC continues to improve access to this service by: (1) improving coordination between criminal justice partners and RBH providers to support RBH placement for justice involved clients; (2) training court personnel and criminal justice partners on the SUD treatment system to increase understanding of the referral process, appropriate levels of care, and medical necessity; (3) coordinating a training series with LAHSA on the rehousing system for RBH providers to facilitate permanent housing placements for individuals exiting RBH facilities; and (4) supporting access for difficult to place Registered Sex Offenders (currently 62 beds available in SPA 4 and SPA 8) and messaging this resource to criminal justice partners to increase utilization. While an important transitional housing option for those in treatment, RBH is short-term and does not address the need for more permanent housing solutions for those with SUDs.

To better support individuals who function best within a living environment that facilitates an abstinence-based lifestyle, additional longer-term housing options are needed. At present, DHS and LAHSA provide permanent supportive housing (PSH) based on a Housing First model which houses and supports individuals regardless of where they are on the substance use and recovery spectrum. Current PSH case managers support clients using a recovery-oriented approach and are trained to provide harm reduction counseling and trauma-informed care to clients with prior and current SUD. Providing direct access to SUD services would also allow individuals to increase their success once placed into a housing opportunity.

Bringing services to individuals at permanent and interim housing sites, would provide a much-needed resource for those in recovery. While the DMC benefit permits delivery of SUD treatment services in the field (e.g., PSH site), it requires contracted SUD providers to opt-in and determine that offsite services at scattered locations are fiscally viable given reimbursement rates. However, this option will not address all needs because it still does not fully address individual preferences for a recovery-oriented permanent housing environment and it is dependent on voluntary participation from contracted providers.

Public Health, DHS, and LAHSA will continue their collaboration to determine how to best support individuals in PSH who prefer abstinence-based models of recovery-oriented housing, and how recovery-oriented housing can be complementary to and implemented alongside or perhaps even within a Housing First service model.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #4: Provide recommendations to expand and promote access to navigation services for people with SUDs, including the unhoused and justice-involved, to access services, including permanent supportive housing.***

DPH-SAPC collaborates with DHS, DMH, and LAHSA to expand and improve SUD services for PEH in PSH, Project Roomkey, Mainstream Services Integration, and Homeless Encampment Outreach projects. Currently, DPH-SAPC provides SUD navigation services to approximately 150 PSH, four Project Roomkey, 55 Mainstream Services Integration, and four homeless encampment and two homeless shelter sites. A total of 32 new PSH sites and 37 Mainstream Services sites were added in FY 2021-2022. DPH-SAPC also contracts with CBOs for the Client Engagement and Navigation Services (CENS) where SUD counselors regularly outreach to PEH at encampments and shelters in SPAs 3, 4, 5, and 8.

DPH-SAPC is currently assessing opportunities to expand CENS services to PEH through by determining if these services can be DMC reimbursable. This will support equitable service delivery by allowing for more services in areas with high numbers of Black and Latinx PEH and disproportionate SUD service needs. This evaluation includes assessing the potential expansion of CENS services based on the 2022 Homeless Count to capture high need areas and exploring opportunities to utilize Peer Support Certified Specialists to provide outreach for difficult to engage populations. Furthermore, if this assessment results in increased revenue opportunities, this could also be a pathway to expand the Mainstream Services pilot to include multiple site visits and ongoing access and navigation within this program as well. However, additional local funds are still needed to support the



Medi-Cal local match requirements with expanded Medi-Cal reimbursable services.

The approval of increased Measure H funding for FY 2022-2023 will enable DPH-SAPC to provide SUD supportive services coverage at existing and new PSH sites and at scattered housing sites to help minimize the impact of SUD on housing retention, as well as to fund approximately 50 additional RBH beds to increase capacity for PEH.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #5: Provide recommendations to expand harm reduction efforts including, but not limited to, developing a plan to establish safer consumption sites in the County, expanded distribution of fentanyl strips, naloxone, drug checking and low-threshold Medications for Addiction Treatment (MAT), including in carceral facilities for adults and youth, and exploring the feasibility of funding for prevention case management.***

LA County can expand harm reduction by allocating additional non-federal flexible funding to finance the expansion of harm reduction services that specifically include increased distribution of fentanyl strips, additional purchase of naloxone for distribution when the California Department of Health Care Services' (DHCS) Naloxone Distribution Program experiences shortages in their distribution to LA County, and funding the availability of drug checking technology within CBOs who provide services to individuals who use drugs.

Currently, DPH-SAPC and DHS-HRD coordinate County responses to overdose prevention training and naloxone requests from individual community members, schools, law enforcement, justice system, CBOs, and other governmental entities. As overdose deaths and the need for naloxone continue to increase, expanded funding for naloxone and other Harm Reduction interventions are needed to save lives. With the shortages of naloxone, LAHSA and other service providers anticipate an increased need in additional avenues to provide this resource.

DPH-SAPC and DHS are engaged with a coalition of stakeholders to determine what legal pathways exist for establishing a safer consumption site pilot in LA County given the recent veto of California Senate Bill 57. If a safer consumption site pilot is established in LA County, it will require allocation of flexible local funding as well as support from County leadership across health, judicial, law enforcement, and other sectors to remain viable. DHS is supporting a coordinated Skid Row planning effort to explore the development of a Drug User Health Hub to increase holistic and non-judgmental medical and behavioral health services to PWUD in Skid Row. The Health Hub would require stable and flexible funding to launch and maintain services and could provide space for a safe consumption site.

DPH-SAPC leads a quarterly MAT learning collaborative and launched <http://matworks.org> to accelerate the adoption of MAT services throughout LA County. DHS operates MAT telephone consultation through which clinicians and staff working with DHS-operated and DHS-affiliated services can obtain on-demand MAT consultation including prescriptions for MAT issued to local pharmacies. Additionally, DPH-SAPC established an updated harm reduction syringe program certification program in May 2022 that formalized the pathway for EOP Hubs to conduct field-based harm reduction services and establish an updated, lower-barrier pathway for these programs to initiate harm reduction syringe services that both adhere to California syringe exchange statutes and eliminate the unnecessary local barriers to harm reduction syringe services that were previously in place. Case management can also be provided for those receiving harm reduction services, as well as those who are enrolled in SUD treatment and recovery services.

In its clinical programs, DHS currently provides grant funded bedside and/or prescribed naloxone (Narcan) nasal spray at any point of contact for patients at risk for or who have had a previous overdose. DHS began providing bedside safer use supplies including sterile syringes, to patients seen at Harbor-UCLA, LAC-USC, and Olive View Medical Center in May 2022 and in accordance with the DHS *Safer Consumption for People Who Use Drugs Expected Practice*. DHS strongly supports all efforts to secure funding to sustain, expand, and expedite the bedside delivery of effective harm reduction services including naloxone and safer use supplies in DHS clinical programs. DHS-HRD is assessing the feasibility within each DHS clinical site to support the development and adoption of harm reduction programs across DHS' clinical programs, including evaluating the feasibility of establishing "vending machines" with naloxone and other safer use harm reduction supplies at DHS hospitals and clinics to create the lowest barriers possible for patients to access these evidence-based, life-saving services. "Lay person" education and distribution of naloxone can reduce overdoses by 21 percent.<sup>2</sup> Patients involved with harm reduction syringe services programs (SSPs) are five times more likely to engage in SUD treatment, and patients involved with both SSPs and who receive MAT are three times more likely to reduce or discontinue IV drug use.<sup>3</sup> Currently, DHS relies on grant funds to supply bedside naloxone, fentanyl test strips, and safe syringe supplies. County support to allocate additional local flexible fundings to sustain these very effective services will expand LA County's capacity to address the overdose crisis.

DPH-SAPC is also exploring how to increase the number of its SUD treatment providers who hire MAT prescribers. To motivate participation, DPH-SAPC is exploring cost-sharing arrangements and/or capacity building funds to hire prescribers and address other needs that have severely limited the expansion of MAT within its specialty SUD treatment network. The more providers who grow in-house access to MAT, the better patient treatment outcomes should be—and expanded access should also minimize overdose risk.

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<sup>2</sup> <https://nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science>

<sup>3</sup> <http://www.cdc.gov/ssp/syringe-services-programs-factsheet.html>

LAHSA partnered with DHS and Community Health Project LA (CHPLA) to expand the reach of the Overdose Education and Naloxone Distribution (OEND) program to more interim housing providers in the homeless services system, which includes streamlining and increasing distribution of naloxone. All interim housing providers contracted with LAHSA are now required to undergo training in overdose prevention and carry naloxone on-site under the new FY 22-23 Scope of Required Services. This is also a requirement for DPH-SAPC contractors.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #6: Expand bidirectional screening and referral processes across systems caring for persons with shared risk factors for SUD, HIV, sexually transmitted infections (STI) and viral hepatitis, such that individuals who are receiving any of these services are screened and referred for other service needs associated with risk factors, including the need for HIV Pre-Exposure Prophylaxis/Post-Exposure I.***

DPH-SAPC maintains an existing collaboration with Public Health's Division of HIV and STD Programs (DPH-DHSP) and Division of Acute Communicable Disease Control's (DPH-ACDC) Viral Hepatitis Program to ensure funding and programmatic support for HIV, viral hepatitis, and other STI screening and referral services (including referrals for HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis). These services support the DPH-SAPC contracted EOP Hubs which work directly with people with shared risk factors for substance use, HIV, STIs and viral hepatitis. Both DPH-DHSP and DPH-ACDC's Viral Hepatitis Program work directly with DPH-SAPC contracted EOP Hubs and during FY 2022-2023, DPH-SAPC executed a funding and programmatic expansion of the EOP Hubs that ensures these services are available to LA County harm reduction service recipients.

DPH-SAPC also requires its contracted SUD treatment network providers to develop and maintain policies and procedures to prevent and/or reduce the risk of viral hepatitis transmission and provides a care coordination benefit to enable needed coordination for HIV, viral hepatitis, and other STI screening and referral services (including care coordination for HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis).

DHS offers and performs STI and HIV screening for DHS patients. DHS' clinicians are trained to emphasize the importance of this screening with all patients, particularly those who have SUDs and PWUD. Offering STI and HIV screening is obligatory for patients initiating ambulatory care. DHS is considering conducting a feasibility analysis for more universal STI and HIV screening in its emergency and inpatient care settings. Providing bidirectional screening at all patient care points of contact would increase DHS' ability to diagnose and expedite STI and HIV treatment for patients.

As these projects progress, subsequent reports may identify additional funding needs for

applicable Departments.

***Project #7: Implement evidence-based, age-appropriate substance use curricula for students K-12 and for those in Probation camps and halls and their parents/guardians.***

As part of a Countywide prevention efforts, DPH-SAPC is partnering with local school districts and community-based substance use prevention providers to conduct Botvin LifeSkills Training (LST), an evidence-based program designed to positively impact the lives of youth in elementary, middle, and high school by equipping them with the confidence and the necessary skills to successfully handle challenging situations. Other commonly known evidenced-based programs, such as Project Towards No Drugs (PTND), Strengthening Families, and Project Alert, are also taught by DPH-SAPC's Prevention Providers. In addition, DPH-SAPC currently operates 40 of 50 planned Student Wellbeing Centers (SWC) across the County that offer a comprehensive health and youth development curriculum in classrooms and within the centers that focuses on substance use prevention, mental health, and sexual health. The positive youth development framework enables young people to gain leadership skills and opportunities as peer health advocates in their school communities and their neighborhoods to support life affirming health practices; parent educators offer parent and family engagement opportunities to enhance family communication around adolescent health and wellness; and partnerships with Planned Parenthood and DMH enable access to additional sexual health and mental health services. In 2023, the SWCs will educate the peer health advocates and other students on each campus on the dangers of fentanyl and train them in the administration of naloxone as well as provide naloxone to students who demonstrate a need to carry it.

DPH-SAPC also created and disseminated video-recorded trainings on trends in youth substance use for school districts, community members, and youth. These trainings provide extensive information on the dangers of fentanyl, ways to incorporate harm reduction skills, and how to administer naloxone as well as clear instructions and guidelines for educational institutions to receive naloxone for on-campus overdoses. Available toolkits provide extensive resources for educators, parents, and youth on substance use including background on naloxone, how to talk to youth about substances, and how to access specialized addiction services. Efforts are also needed to fund prevention-oriented coalitions to increase education and awareness on use and impact of opioid use.

As part of Countywide treatment efforts, DPH-SAPC is expanding training for the Healthy Youth: Early Intervention Services for Youth at Risk of Substance Use Behaviors (Healthy Youth) curriculum, designed as an evidence-based, age-appropriate curriculum to meet the needs of youth and young adults who are identified through screening as being at risk for substance use behaviors. The curriculum is intended to be used in diverse settings, including substance use treatment agencies and field-based sites (e.g., schools, Short-Term Residential Therapeutic Programs

[STRTPs]) and Probation halls and camps. The overall focus of the curriculum is to prevent risky substance use behaviors and substance misuse, as well as other risky health behaviors, among youth while promoting healthy behaviors and wellbeing during this crucial developmental period.

In FY 2021-2022, all SAPC youth treatment providers, CENS staff co-located in the juvenile halls, and CENS for Youth staff co-located in each SPA (to screen and link youth with complex needs to services), were trained on the Healthy Youth curriculum. During FY 2022-2023, DPH-SAPC will introduce the curriculum to adult provider agencies that serve young adults aged 18 through 20 and develop a resource guide in partnership with Azusa Pacific University for parents, guardians, caretakers, and supports of youth receiving substance use Early Intervention Services known as the Healthy Youth Caregiver Guide.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #8: Expand the accessibility of contingency management interventions including consideration of prescription digital therapeutics for addiction treatment.***

Contingency Management (CM) is a priority for DPH-SAPC and DHS to provide evidenced-based care for those with stimulant use disorder (StUD). National age-adjusted rates of drug overdose deaths involving methamphetamine increased nearly 5-fold during 2012-2018. There are alarming racial disparities: non-Hispanic Black male patients suffered the largest increase in death rates during 2011-2018.<sup>4</sup> The number of overdose deaths continues to rise and in 2021 reached an alarming 100,000, which represents a nearly 30 percent increase over 2020.<sup>5</sup> In addition, Latinx patients have suffered a 617 percent increase in overdose deaths due to synthetic opiates such as fentanyl since 2014.<sup>6</sup> DHS and DPH-SAPC will continue its work to educate the public and patients about the serious risk of illicit fentanyl in stimulants like methamphetamine, which is dramatically increasing the risk of overdoses.

DHS is conducting a feasibility study for how DHS facilities, including ambulatory care centers, could offer CM to DHS patients. The current DHS CM programs are grant funded. LAC+USC launched a grant funded program at the Skid Row Community ReFresh Spot for unhoused patients with StUD<sup>7</sup>. DHS also plans to expand its CM programming as part of its street medicine initiative, as well as in select interim housing

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<sup>4</sup> Methamphetamine Overdose Deaths in the US by Sex and Race and Ethnicity. Beth Han, MD, PhD, MPH; Jessica Cotto, MPH; Kathleen Etz, PhD; Emily B. Einstein, PhD; Wilson M. Compton, MD, MPE; Nora D. Volkow, MD. JAMA Psychiatry. Published online January 20, 2021. doi:10.1001/jamapsychiatry.2020.4321

<sup>5</sup> Drug Overdose Deaths in the U.S. Top 100,000 Annual [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2021/20211117.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm)

<sup>6</sup> The Opioid Crisis and the Hispanic/Latino Population: An Urgent Issue <https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002>

<sup>7</sup> <http://www.latimes.com/california/story/2022-07-04/can-target-gift-cards-keep-you-off-meth-california-plans-to-test-it>

and PSH sites. Additionally, Housing for Health and HRD partnered to pursue funding through the Hilton Foundation to fund a CM program pilot designed to help those using stimulants and residing in PSH to improve health outcomes and maintain housing. Along with increased access to CM, DHS is in the process of developing a clinical expected practice (EP) for the management of StUD that includes offering patients CM as well as the use of non-FDA approved medications that have shown modest benefit. EPs can be an effective tool for DHS providers to learn and implement practice change, and DHS hopes that this newest addiction medicine EP will help address the growing crisis related to stimulant use. Given the proven efficacy of CM for reducing stimulant use, allocating local flexible and sustainable funding for CM would support ongoing development of new CM programs and expand current CM programs.

DPH-SAPC will participate in the State's (DHCS) Medi-Cal funded CM program involving 37 of its contracted outpatient SUD treatment providers when DHCS launches its CM program in early 2023. This is a federal waiver program that will be the first Medi-Cal covered benefit for CM in the nation. Operationalized through DPH-SAPC's Drug Medi-Cal Organized Delivery System, DHCS will evaluate the program during the pilot period to determine if and how this temporary benefit could become permanent. The CM benefit will be open to individuals enrolled in outpatient treatment at a participating site who are eligible to participate in a structured 24-week program where financial incentives are earned for being stimulant free. DPH-SAPC will be implementing this CM program involving the digital therapeutic program vendor selected by DHCS to manage the recovery incentive.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #9: Expand efforts to explore and offer MAT options for methamphetamine and other SUDs.***

Within the DPH-SAPC treatment network, through the DMC benefit, MAT is available in both clinical and non-clinical settings and can be delivered as a standalone service or as a service delivered as part of all levels of care. DPH-SAPC has developed and has been disseminating information to the DMC-contracted treatment network and to DHS-operated clinics and community health centers about off-label medications for methamphetamine use disorder alongside information about FDA-approved medications for alcohol, opioid, and tobacco use disorder. To accelerate the adoption of off-label medications for methamphetamine use disorder, DPH-SAPC and the DHS are coordinating on a forthcoming publication on updated clinical guidance targeting a clinical audience which is expected by early 2023. Additionally, to accelerate the availability of MAT within the DMC-certified SUD treatment network, DPH-SAPC provided guidance in January 2022 clarifying the pathways through which patients within the DPH-SAPC system can access MAT, and is expanding the provision of technical assistance, training, and direction to ensure individuals served by DPH-SAPC treatment contractors and EOP Hub



contractors have full access to MAT.

DHS clinical programs have already established MAT programs at its hospitals and major ambulatory care centers, and there are plans to expand access to MAT within these sites and to additional sites to decrease the barriers to MAT within the communities that are most impacted by the overdose crisis. The community health safety net system does not universally nor reliably provide life-saving MAT and counseling for patients diagnosed with a SUD, and DHS providers are urgently implementing efforts specifically aimed at reaching Black and Latinx patients who disproportionately experience premature death, incarceration, homelessness, unemployment and estrangement from family due to untreated SUD. DHS is currently conducting a feasibility analysis aimed to increase referrals from Correctional Health Services (CHS) patients receiving MAT to community sites and to expand clinical services for patients with co-occurring mental health and SUDs. Correctional Health Services has an existing MAT program for up to 200 incarcerated individuals receiving sublingual buprenorphine and capacity to treat additional incarcerated individuals with injectable extended-release buprenorphine. Allocating additional resources to CHS' MAT program would expand access to MAT for LA County's incarcerated population.

DHS has launched multiple innovative, evidenced-based, and impactful services for the treatment of SUDs. The DHS SUD Workgroup remains focused on sustaining and improving DHS' ability to identify and treat patients with opioid use disorder (OUD) with MAT that has proven to reduce mortality by 87 percent, improve quality of life, decrease transmission of HIV/HCV, decrease health care costs associated with emergency department visits (ED), and decrease justice system involvement.<sup>8</sup> Additionally, DHS is in the process of publishing a new EP providing DHS clinicians guidance describing the use of off-label medications for methamphetamine use disorder, which will expand the availability of these medication treatments.

Ensuring MAT is prescribed at all DHS clinical programs greatly increases the likelihood DHS patients will be successful in decreasing substance use and reduce overall mortality. For example, when people who use opioids, such as fentanyl or heroin, treatment with buprenorphine doubles the chances they will successfully abstain from drug use and reduces the chances of the person dying from an overdose by over four-fold.<sup>9,10,11</sup> DHS has been able to obtain \$5 million dollars in external grant support since

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<sup>8</sup> Transforming Management of Opioid Use Disorder with Universal Treatment. RGupta, M.D., M.P.H., M.B.A., R L. Levine, M.D., J A. Cepeda, Ph.D., M.P.H., and D R. Holtgrave, Ph.D. *N Engl J Med* 2022; 387:1341-1344 DOI: 10.1056/NEJMp221012.

<sup>9</sup> Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. Laroche MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY. *Ann Intern Med*. 2018 Aug 7;169(3):137-145. Doi: 10.7326/M17-3107. Epub 2018 Jun 19. PMID: 29913516; PMCID: PMC6387681.

<sup>10</sup> Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. Pearce L A, Min J E, Piske M, Zhou H, Hodayra F, Slaunwhite A et al. *BMJ* 2020; 368:m772 doi:10.1136/bmj.m772.

<sup>11</sup> A placebo controlled clinical trial of buprenorphine as a treatment for opioid dependence. Rolley E, Johnson, Thomas Eissenberg, Maxine L. Stitzer, Eric C. Strain, Ira A. Liebson, George E. Bigelow. *Drug and Alcohol Dependence*, Volume 40, Issue 1, 1995, Pages 17-25, ISSN 0376-8716, [https://doi.org/10.1016/0376-8716\(95\)01186-2](https://doi.org/10.1016/0376-8716(95)01186-2).



2018 to create and support SUD and MAT programs across emergency, inpatient, ambulatory, and on-call services. These grant initiatives have supported the challenging work of mitigating the overdose crisis and demonstrated how critical it is to implement and educate the healthcare team about how to initiate MAT at all points of patient care contact.

### DHS Emergency Department/Inpatient MAT Services

DHS currently has ED and inpatient MAT consult services at Harbor-UCLA, Olive View Medical Center, and LAC-USC that are run by in-kind and/or grant funded positions for board certified/eligible addiction specialists and substance use counselors. This workforce provides weekday and limited weekend services coverage at these locations and assists physicians and the healthcare team provide timely consultation to initiate MAT and perform trauma informed assessment and engagement in SUD services after their ED visits and/or admissions for the one in nine patients with a SUD diagnosis.

Nationally in 2017, SUD-related hospitalization costs exceeded \$13 billion.<sup>12,13</sup> This figure is now likely higher, partly due to the increase of SUDs identified during the COVID pandemic. DHS analysis and national data have shown most patients who should be offered MAT leave without these life-saving medications. Studies demonstrate a 400 percent increased risk of death if a patient with an OUD is not provided MAT.<sup>14</sup> For this and many other reasons, grants have been obtained to support the ED and inpatient consult services. Preliminary data demonstrates that DHS inpatient MAT consult services have doubled the number of patients being discharged on MAT and a 67 percent increase in patients being provided naloxone at bedside or prescribed before discharge. In addition, the Harbor-UCLA MAT consult team has demonstrated that at 60 days nearly 25 percent of patients are still engaged in some form of MAT/SUD care.

ED and inpatient addiction consult services are vital and these services help DHS to begin to meet the nationally recognized absence of acute care addiction consultation.<sup>15</sup> Inpatient consults also facilitate the transition of care to outpatient MAT services and improve adherence with ongoing SUD treatment. Currently, the majority of inpatient MAT/SUD services are provided by DHS physicians providing SUD medical treatment on top of their existing hospitalist and emergency medicine responsibilities and by grant supported substance use counselors.

There is a high prevalence of co-occurring SUDs for inpatients in DHS settings, for example 25 percent of patients with heroin use disorder (HUD) also have alcohol use

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<sup>12</sup> National Prevalence of Alcohol and Other Substance Use Disorders Among Emergency Department Visits and Hospitalizations: NHAMCS 2014-2018, L W Suen, A Makam, HR Snyder, D Repplinger, MB Kushel, M Martin, OK Nguyen PMID: 34518978, PMCID: PMC8436853 DOI: 10.1007/s11606-021-07069-w.

<sup>13</sup> Hospital Standards for People with Substance Use Disorders. Englander et al, N Engl J Med 2022; 387:672-675 DOI: 10.1056/NEJMp2204687.

<sup>14</sup> Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. Sordo, et. al, BMJ 2017;357:j1550, doi: <https://doi.org/10.1136/bmj.j1550>.

<sup>15</sup> NPR story: <https://www.npr.org/sections/health-shots/2022/09/30/1124621377/addiction-treatment-specialists-salem-hospital>.

disorder (AUD); 20 percent of patients with HUD also have cocaine use disorder (CUD); and 60 percent of patients with CUD also have AUD.<sup>16</sup> To sustain and meet the growing demand of emergency visits and hospitalizations due to opioid and stimulant overdoses, there needs to be secured funding and protected provider time for physicians and substance use counselors.

### DHS Ambulatory MAT Services

DHS has eight MAT clinics, four of which are DMC-ODS at multiple ambulatory sites. These clinics have begun to meet the demand of patients with SUD, particularly OUD, but many patients have had multiple costly SUD-related ED visits and/or admissions before they present to these ambulatory appointments. For example, during the FY 2019-2020 at the Harbor UCLA Lomita MAT clinic, 328 patients received a MAT prescription over the year. In comparison, among hospitalized patients, 71 were discharged with the primary diagnosis of OUD yet only seven received a prescription for buprenorphine (9 percent). During this same year in the ED, 671 patients had a documented diagnosis of OUD yet only 47 patients were discharged with buprenorphine (7 percent). DHS grant-supported emergency and inpatient MAT consult and on-call services have demonstrated improvement in MAT initiation. More importantly, these consult services have demonstrated improved retention of patients on MAT following up at DHS clinics. This demonstrates that if a patient is offered MAT within DHS, they are more likely to continue to receive ongoing SUD treatment and pursue recovery. DHS is currently conducting a feasibility study to assess how all DHS clinics can provide and expand MAT services.

### DHS MAT Telephone Consultation Line Services

In March 2020, LAC+DHS launched the MAT provider telephone consultation line to provide real-time support to health providers including doctors, nurses, case managers and other DHS staff. This phone consultation line allows providers to have access to expert consultation to help prescribe these life-saving medications to those in need. While many health care providers are aware of MAT as an option for patients with SUDs, many lack the familiarity to start their patients on these medications and/or have not obtained the federally mandated X DEA Waiver to prescribe buprenorphine for opioid use disorder. Prior to March 2020, it was estimated that approximately 1,700 patients assigned to LAC+DHS primary care met diagnostic criteria for an OUD, but fewer than 250 had been prescribed MAT.

This consultation phone line operates seven days per week between 8AM and 12AM and has received more than 2,300 calls from March 2020 to October 2022 related to 1,705 unique patients, many of whom experience homelessness and would otherwise have been very unlikely to have received MAT services to treat their SUDs. The line now receives as many as 135 calls per month from DHS clinicians and staff seeking support

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<sup>16</sup> <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/what-are-some-approaches-to-diagnosis>

in starting their patients on MAT. DHS intentionally integrated MAT into already existing care settings such as primary care and outreach teams for persons experiencing homelessness, rather than restricting MAT treatment to specialty clinics. The MAT provider consultation line has been integral to allowing any health provider to connect a patient experiencing SUD to MAT immediately and in the moment when seeking help rather than referring them to an alternative resource which may be in another location and on another day which they will often fail to access.

Based on studies of the baseline risk of overdose death and ED visits/hospitalization among this population and the risk reduction achieved with MAT, DHS can extrapolate that the 1,705 patients serviced through the MAT provider consultation line represents approximately 35 lives saved from overdose death and 85 drug-related ED visits/hospitalizations prevented.<sup>17</sup> This is a highly impactful service that is helping to save lives and transform DHS' system to be better equipped to combat the SUD epidemic, but grant funding alone is an unstable and unreliable funding source. The findings of this DHS MAT call line were published and demonstrate how low barrier addiction treatment can greatly increase the delivery of MAT for under-resourced communities, especially unhoused patients.<sup>18</sup> At this time DHS MAT providers are working to meet the growing crisis of adolescents with opioid overdose. Only one in four adolescents with opiate use disorder receive MAT. As with other populations, MAT is more effective than behavioral treatment for adolescents with OUD, and leads to better retention in treatment, yet the majority are not being offered MAT.<sup>19</sup> To date, DHS' MAT providers have begun to provide MAT for a small number of adolescents and DHS aims to complete a needs survey and is working with the Office Child Protection to expedite evidenced based care for youth at high risk of overdose.

DHS aims to continue increasing MAT access for all patients as well as address barriers that may delay MAT initiation and continuous care. At this time, the large majority of DHS' current successful MAT/SUD provider services and substance use counselors/navigators are supported through grants and in-kind support. There are also potential opportunities for DPH-SAPC and DHS to partner on the MAT Consultation Line to support growth of MAT access within DPH-SAPC's network of providers.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

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<sup>17</sup> Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits. Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. *Soc Sci Med*. 2019 Dec;242:112585. doi: 10.1016/j.socscimed.2019.112585. Epub 2019 Oct 3. PMID: 31634808; PMCID: PMC7023863.

<sup>18</sup> Providing Low-barrier Addiction Treatment Via a Telemedicine Consultation Service During the COVID-19 Pandemic in Los Angeles, County: An Assessment 1 Year Later - A J Kennedy, J S George, G Rossetti, C O Brown, K Ragins, D Dadiomov, R Trotzky-Sirr, G Sanchez, H Llamas, B Hurley *J Addict Med* 2022 Jul 16. doi: 10.1097/ADM.0000000000001034

<sup>19</sup> Hadland SE, Bagley SM, Rodean J, Silverstein M, Levy S, Larochelle MR, Samet JH, Zima BT. Receipt of Timely Addiction Treatment and Association of Early Medication Treatment With Retention in Care Among Youths With Opioid Use Disorder. *JAMA Pediatr*. 2018 Nov 1;172(11):1029-1037. doi: 10.1001/jamapediatrics.2018.2143. PMID: 30208470; PMCID: PMC6218311.

***Project #10: Work with County Departments who serve people who use drugs to expand trauma-informed and culturally responsive trainings around harm reduction, overdose prevention and other related topics.***

DPH-SAPC requires DMC-contracted treatment providers' care coordinators take the Direct Service Training Curricula Courses provided by LAHSA which addresses Trauma-Informed Care, Cultural Humility, Housing First, Harm Reduction, Motivational Interviewing, and Critical Time Intervention. Additionally, DPH-SAPC hosts a quarterly Trauma Informed Care Approaches for Working with Individuals with Substance Use Disorder training for the DPH-SAPC provider network.

DPH-SAPC also contracted with the Worker Education & Resource Center, Inc. to provide leadership and organizational capacity building technical assistance and trainings to the DPH-SAPC contracted EOP Hubs in 2022, with the purpose of ensuring organizational capacity to undertake harm reduction service expansion and the recruitment and retention of a workforce capable of delivering trauma-informed and culturally responsive harm reduction and overdose prevention services.

DPH-SAPC's capacity building initiative is complementary to the DHS-HRD harm reduction workforce development training initiative, which includes training on trauma-informed and culturally responsive harm reduction services for LA County community-based organizations. DHS-HRD is also launching culturally responsive and trauma-informed trainings through Harm Reduction leadership development programming to increase trainings provided by people with lived experience of homelessness, drug use, incarceration and/or sex work.

DHS continues to provide high quality care for all, especially historically marginalized populations, and remains committed to identifying and addressing inequities and making systemic changes to eliminate health care disparities deeply rooted in structural racism. Creating a trauma-informed and culturally responsive healthcare system is at the core of building a workplace culture that embodies equity, diversity, inclusion, and anti-racism. By transforming to a trauma responsive healthcare system, DHS aim to address the alarming overdose deaths for all marginalized communities, especially Latinos that have suffered a 35-fold increase in fentanyl related deaths.<sup>20</sup> Trauma-informed care can increase SUD patient retention and decrease the role trauma has in the development of SUD.<sup>21</sup> Further, by having a culturally competent healthcare workforce that provides trauma-informed care DHS can build resilience and wellness among all workforce members. Working with marginalized and uninsured patients in a safety net health care setting, in particular patients struggling with SUD, can contribute to burnout, especially if

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<sup>20</sup> [New Research Sends Stark Warning of Rise in Overdose Deaths Among Latino Population in California | Drug Policy Alliance](#)

<sup>21</sup> Bartholow LAM, Huffman RT. The Necessity of a Trauma-Informed Paradigm in Substance Use Disorder Services. J Am Psychiatr Nurses Assoc. 2021 Aug 1:10783903211036496. doi: 10.1177/10783903211036496. Epub ahead of print. PMID: 34334012.

they are not provided trauma-informed and culturally responsive trainings to meet the growing demands related to SUDs.

DHS' aim is to sustain and expand trauma-informed care trainings and resources for all staff. At this time, many of the DHS trauma-informed trainings are primarily grant supported and occur in the social work department. A feasibility study on how all DHS providers could be provided these trainings is necessary. In addition, secured funding and protected time to complete these vital trainings would greatly improve DHS providers' ability to implement these critical skills for harm reduction and overdose prevention.

LAHSA has partnered with DHS and CHPLA to expand the reach of the OEND program to more interim housing providers in the homeless services system by adding the training on overdose prevention to LAHSA's Centralized Training Academy website and streamlining distribution of naloxone. All interim housing providers contracted with LAHSA are now required to undergo training in overdose prevention and carry naloxone onsite under the new FY 2022-2023 Scope of Required Services. LAHSA is also working with DHS and CHPLA to develop guidance and procedures to assist all providers in implementing effective harm reduction practices. As an expansion of LAHSA's typical training on harm reduction, Homeless Engagement Teams (HET) and their supervisors continue to work with CHPLA and DHS' OEND program to do field-based training on overdose detection and reversal with Narcan. HET members conduct outreach with CHPLA staff in areas where highly vulnerable populations are present.

As these projects progress, subsequent reports may identify additional funding needs for applicable Departments.

***Project #11: Develop a framework and timeline, including key metrics and milestone goals, to define success related to addressing the overdose epidemic in the County.***

The framework and timeline for success in the overdose epidemic includes:

- Continuing to monitor the drug overdose death data to understand trends and identify actionable strategies to effectively address overdoses across the County.
- Increased distribution of naloxone and other harm reduction supplies proportionally to the public health burden of overdose, with an increase in the units of naloxone and other harm reduction supplies that exceeds the increase in overdose prevalence each year in LA County from the prior fiscal year.
- Increase in the count of overdoses reversed with naloxone as reported by CBOs and first responders that exceeds the increase in overdose prevalence each year in LA County from the prior fiscal year.

- Increased provision of MAT and other SUD services to people who use drugs in LA County, demonstrating an increase in MAT and SUD service delivery from the prior fiscal year.

***Project #12: Assess the funding in each Department's budget that is used to serve people who use drugs to determine how best to leverage funding to maximize the County's resources for this population, including the allocation of opioid settlement dollars, and identify funding gaps and work with the Chief Executive Officer on strategies to address those gaps.***

The CEO's Office will work with the board motion workgroup to develop a listing of needs, including existing work and funding in support of needs and identify gaps. The workgroup members will provide a listing of available one-time and ongoing resources available to address gaps to the CEO's Office, including leveraging State/federal reimbursement. The CEO will evaluate all available funding options to provide recommendations, if available.

***Project #13: Direct the Chief Executive Officer, through the Legislative Affairs and Intergovernmental Relations Division, and the Los Angeles County Advocates in Sacramento and Washington D.C., to coordinate with the Directors of Public Health and Health Services, and the Acting Director of Mental Health, to advocate with Governor Gavin Newsom, the State Legislature, the California Department of Public Health, and the California Department of Health and Human Services, and Congress, for additional Federal and State resources to combat substance use and the overdose epidemic, this includes increasing Federal- and State-level recruitment, retention, training and educational resources and requirements for SUD counselors, the primary workforce delivering specialty SUD prevention, harm reduction and treatment services across the County.***

In September 2022, DPH collaborated with CEO Legislative Affairs and Intergovernmental Relations (CEO-LAIR) to submit letters to U.S. Senators Feinstein and Padilla, as well as House of Representatives Appropriations and authorizing committee members from the County delegation to express support for public health-related federal appropriations priorities for the County, including a specific request for increased investment in the federal Substance Abuse Block Grant (SABG), whose federal fiscal year 2022 appropriation level was \$1.9 billion. In addition, on October 5, 2022, CEO-LAIR, in collaboration with DPH and other impacted County departments, submitted a letter to the County's congressional delegation to advocate for specific federal requests related to overdose prevention priorities, namely for (1) increasing workforce development and funding for the licensed, registered, and certified SUD workforce, including SUD counselors, inclusive of the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR-LRP); (2) expanding harm reduction policies and funding to support establishing safe consumption sites and

expanding harm reduction services, including syringe exchange and other safer consumption equipment, naloxone, fentanyl strip distribution, infection disease testing, and low-threshold initiation of MAT and other medical services; and (3) expanding CM policies to support a strongly evidence-based treatment in which individuals are provided reinforcing rewards, for evidence of positive behavioral change, such as substance abstinence.

In addition, on September 27, 2022, Governor Newsom signed County-sponsored AB 2473 by Assemblymember Nazarian, which will increase the required minimum training standards for prospective SUD counselor registrants in California, including knowledge of co-occurring substance use and mental health conditions and MAT, among others. The bill will help ensure California has an SUD counselor workforce that is better prepared to enter the SUD treatment field and deliver modern addiction treatment services. CEO-LAIR will also continue to work with DPH and other impacted County departments to advocate for specific state-level requests related to overdose prevention priorities, including for increased SUD workforce development and funding; expanding harm reduction policies and funding; and expanding CM policies.

## **NEXT STEPS**

The County Departments and partner agencies will continue to collaborate on implementation of the projects described herein and report back to the Board of Supervisors biannually hereafter with the next report back in June 2023.

BF:gt

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





LOS ANGELES COUNTY  
COMMISSION ON HIV



2023-2024 Legislative Docket | Approval Date: **Approved by PPC on 4/5/23 and 5/1/23.**

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

| BILL               | TITLE                         | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION             | STATUS   |
|--------------------|-------------------------------|--|----------------------------------|--|
| ACA 5<br>(Low)     | Marriage Equality             | ACA= Assembly Constitutional Amendment<br>This measure would express the intent of the Legislature to amend the Constitution of the State relating to marriage equality.<br><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA5</a>  | Support                          | 15-FEB-23<br><br>May be heard in committee March 17.                                 |
| ACA 8<br>(Wilson)  | Slavery                       | This measure would instead prohibit slavery in any form, including forced labor compelled by the use or threat of physical or legal coercion.<br><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240ACA8</a><br><br><i>Follow-up questions regarding the phrasing of the ACA: The ACA removed "Involuntary servitude is prohibited except to punish a crime" from phrasing and added "Slavery in any form."</i>  | Support with follow-up questions | 25-APR-23<br><br>Be adopted and re-refer to Com. on APPR.                            |
| AB 4<br>(Arambula) | Covered California: Expansion | This bill required Covered California to apply for a federal waiver to allow Covered California to offer coverage under a qualified health plan (QHP) for an individual who, due to their immigration status, is not currently eligible.<br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB4</a><br><br><i>Follow-up questions regarding the phrasing of the AB: Starting January 2024, undocumented Californians 26-49 years of age will be eligible for full scope Medi-Cal coverage; however, undocumented Californians who earn too much money to qualify for Medi-Cal are excluded from being able to purchase coverage through Covered California since the federal Affordable Care Act (ACA) did not extend eligibility to undocumented individuals. The Centers for Medicare and Medicaid Services (CMS) would need to approve a 1332 waiver which would allow Covered California to offer coverage to undocumented immigrants.</i> | Support with follow-up questions | 26-APR-23<br><br><i>In committee: Set, first hearing. Referred to suspense file.</i> |

**DRAFT**

| BILL                    | TITLE   | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION | STATUS  |
|-------------------------|---|--|----------------------|---|
| AB 5<br>(Zbur)          | The Safe and Supportive Schools Program   | <p>This bill requires the California Department of Education (CDE), by July 1, 2025, to finalize the development of an online training delivery platform and online training curriculum CDS had already started developing to support lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) cultural competency training for teachers and other certificated employees. The bill specifies CDE may use funding it received as part of the Budget Act of 2021 to fulfill these requirements. The bill also requires local education agencies (LEAs) to provide and require a LGBTQ+ cultural competency training for certificated staff.</p> <p>This bill requires, commencing with the 2025-26 school year, and continuing through the 2029-30 school year, a local education agency to provide and require at least one hour of training annually to all teachers and other certificated employees serving pupils in grades seven to 12.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB5&amp;search_keywords=transgender</a></p>  | Support              | 18-APR-23<br><br>Re-referred to Com. on ED.                         |
| AB 223<br>(Ward)        | Change of gender and sex identifier   | <p>This bill enhances protections for minors seeking changes of name or gender by making the proceedings presumptively confidential.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB223&amp;search_keywords=transgender</a></p>  | Support              | 03-MAY-23<br><br><i>Referred to Com. on JUD.</i>                    |
| AB 254<br>(Bauer-Kahan) | Confidentiality of Medical Information Act: reproductive or sexual health application information | <p>This bill would revise the Confidentiality of Medical Information (CMIA) to include reproductive or sexual health application information into the definition of medical information. Defines reproductive or sexual health application information to mean information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, miscarriage, pregnancy termination, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital services, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identify. Defines reproductive or sexual health digital health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumers.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB254&amp;search_keywords=sexual+health</a></p> | Support              | 11-MAY-23<br><br><i>Read second time. Ordered to third reading.</i> |

| BILL                    | TITLE   | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION             | STATUS   |
|-------------------------|---|--|----------------------------------|--|
| AB 352<br>(Bauer-Kahan) | Health Information  | <p>This bill limits the sharing of information related to sensitive services in electronic health records without specific authorization from the patient. This bill also requires a specified stakeholder advisory group to include providers of sensitive services and to identify policies and procedures to prevent electronic health information related to sensitive services from automatically being shared with individuals and entities in another state.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB352&amp;search_keywords=sexual+health</a></p> <p><i>Follow-up questions regarding phrasing of AB: "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, substance use disorder, gender affirming care, and intimate partner violence.</i></p> | Support with follow-up questions | <p>10-MAY-23</p> <p><i>In Committee (APPR): Set, first hearing. Referred to suspense file.</i></p>       |
| AB 367<br>(Maienschein) | Controlled Substances: Enhancements   | <p>This bill, until January 1, 2029, applies the "great bodily injury" enhancement to any person who sells, furnishes, administers, or gives away fentanyl or an analog of fentanyl when the person to whom the fentanyl was sold, furnished, administered, or given suffers a significant or substantial physical injury from using the substance.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367">https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202320240AB367</a></p> <p><i>"Watch" position selected due to follow-up questions regarding the AB: The bill applies a 3-year sentence enhancement. Provides that the enhancement does not apply to juvenile offenders.</i></p>  | Watch                            | <p>27-MAR-23</p> <p><i>In committee: Set, final hearing. Failed passed. Reconsideration granted.</i></p> |
| AB 470<br>(Valencia)    | Continuing medical education: physicians and surgeons   | <p>This bill updates continuing medical education (CME) standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication. Requires the updated standards for cultural and linguistic competency priorities languages in proportion to primary languages spoken by at least 10% of the state population, meet the needs of California's changing demographics, and address language disparities as they emerge.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB470</a></p>  | Support                          | <p>10-MAY-23</p> <p><i>In Senate: Referred to Com. on B., P. &amp; E. D.</i></p>                         |
| AB 598<br>(Wicks)       | Sexual health education and human immunodeficiency virus (HIV) prevention education: school climate and safety: California Health Kids Survey | <p>This bill would revise the information included in this instruction related to local resources and abortion, as specified, and would require that pupils received a physical or digital resource detailing local resources upon completion of the applicable instruction. This bill would require the State Department of Education to ensure the California Health Kids Survey includes questions about sexual and reproductive care as a core survey module for pupils in grades 7,9 and 11. The bill would require each school district serving pupils in any grades 5,7,9 or 11 to administer the California Health Kids Survey to pupils in the applicable grades, as provided.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB598&amp;search_keywords=HIV</a></p>   | Support                          | <p>03-MAY-23</p> <p><i>In committee (APPR.): Set, first hearing. Referred to suspense file.</i></p>      |

| BILL                           | TITLE  | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION    | STATUS   |
|--------------------------------|--|--|-------------------------|--|
| AB 719<br>(Boerner<br>Horvath) | Medi-Cal benefits  | This bill requires the Department of Health Care Services (DHCS) to require Medi-Cal managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical medical transportation (NMT) and nonemergency medical transportation trips (NEMT) provided by a public transit operator. The bill further requires rates reimbursed by the managed care plan to the public transit operator to be based on fee-for-service (FFS) Medi-Cal rates for NMT and NEMT services.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB719&amp;search_keywords=HIV</a>   | Support                 | <i>03-MAY-23</i><br><br><i>In committee (APPR): Set, first hearing. Referred to suspense file.</i> |
| AB 760<br>(Wilson)             | California State University and University of California: records: affirmed name and gender identification | This bill would require California State University (CSU) and requests the Regents of the University of California (UC), to implement a process by which students, staff, and faculty can declare an affirmed name, gender, or both name and gender identification to be used in records where legal names are not required by law.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB760&amp;search_keywords=gender</a><br><br><i>Support with Amendments: Require the bill to apply to the UC system as well. Because of the constitutional autonomy of the UC system, the Donahue Higher Education Act, which governs postsecondary education in the State of California, does not apply to the UC system. As a result, a bill must request the UC Regents to make education code provisions applicable to the UC system.</i> | Support with Amendments | <i>17-MAY-23</i><br><br><i>In Senate: Referred to Coms. On ED. And JUD.</i>                        |
| AB 793<br>(Bonta)              | Privacy: reverse demands   | The bill bans reverse-location searches, which allow law enforcement agencies to obtain cell phone data about unspecified individuals near a certain location, and reverse-keyword searches, which allow law enforcement agencies to obtain data about unspecified individuals who used certain search terms on an internet website.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB793</a>  | Support with Amendments | <i>10-MAY-23</i><br><br><i>In committee (APPR): Set, first hearing. Referred to suspense file.</i> |
| AB 920<br>(Bryan)              | Discrimination: housing status   | This bill would also prohibit discrimination based upon housing status, as defined. "Housing status" refers to the status of experiencing homelessness, as defined in paragraph (2) of subdivision (a) of Section 50675.15 of the Health and Safety Code.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB920</a>   | Support                 | <i>26-APR-23</i><br><br><i>In committee: Set, first hearing. Referred to suspense file.</i>        |
| AB 957<br>(Wilson)             | Family law: gender identity  | This bill would require the court to strongly consider that affirming the minor's identity is in the best interest of the child if a nonconsenting parent objects to a name change to conform to the minor's gender identity. This bill would require a court, when determining the best interests of a child, to also consider a parent's affirmation of the child's gender identity.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB957</a>  | Support                 | <i>05-MAY-23</i><br><br><i>In Senate. Referred to Com. on JUD.</i>                                 |

| BILL                   | TITLE   | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION | STATUS  |
|------------------------|---|--|----------------------|---|
| AB 1022<br>(Mathis)    | Medi-Cal:<br>Program of All-Inclusive Care for the Elderly                                | This bill, among other things relating to the Program of All-Inclusive Care for the Elderly (PACE) would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1022&amp;search_keywords=HIV</a>  | Support              | 02-MAR-23<br><br>Referred to Com. on HEALTH.  |
| AB 1078<br>(Jackson)   | Instructional materials:<br>removing instructional materials and curriculum:<br>diversity | This bill makes changes to the requirements on local school governing boards related to adopting instructional materials for use in schools.<br><br>The bill also requires California Department of Education (CDE) to issue guidance related to how to help school districts, county offices of education, charter schools, and school personnel manage conversations about race and gender, and how to review instructional materials to ensure they represent diverse perspectives and are culturally relevant.<br><br>Specifically, this bill revises the list of culturally and racially diverse groups a school governing board must include when adopting instructional materials to include materials that accurately portray the contributions of people of all gender expressions, rather than only men and women; the role and contributions of Latino Americans, rather than only Mexican Americans; the roles of LGBTQ+ Americans, rather than only lesbian, gay, bisexual, and transgender Americans; and other ethnic, cultural, religious, and socioeconomic status groups, rather than only ethnic and cultural groups<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1078&amp;search_keywords=transgender</a> | Support              | 17-MAY-23<br><br><i>In committee (APPR): Set, first hearing. Referred to suspense file.</i> |
| AB 1163<br>(Luz Rivas) | State forms:<br>gender identity   | This bill requires, by January 1, 2025, nine specified state agencies to revise their public use forms that collect demographic data be inclusive of individuals who identify as transgender, gender non-conforming, or intersex.<br><br>Each agency must also collect data pertaining to the specific needs of the transgender, gender nonconforming, and intersex community. Specifically, this bill impacts the following state agencies: (1) Business, Consumer Services, and Housing Agency (BCSH), (2) Department of Aging (CDA), (3) California Health and Human Services Agency (HHS), (4) State Department of Health Care Services (DHCS), (5) Labor and Workforce Development Agency, (6) Department of Housing and Community Development (HCD), (7) State Department of Social Services (DSS), (8) Civil Rights Department, and (9) California Commission on Disability Access.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&amp;search_keywords=transgender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1163&amp;search_keywords=transgender</a>  | Support              | 10-MAY-23<br><br><i>In committee (APPR): Set, first hearing. Referred to suspense file.</i> |

| BILL                               | TITLE  | DESCRIPTION / COMMENTS   | RECOMMENDED POSITION | STATUS   |
|------------------------------------|--|--|----------------------|--|
| AB 1314<br>(Essayli and Gallagher) | Gender identity: parental notification       | <p>This bill would, notwithstanding the consent provisions described above, provide that a parent or guardian has the right to be notified in writing within 3 days from the date any teacher, counselor, or employee of the school becomes aware that a pupil is identifying at school as a gender that does not align with the child's sex on their birth certificate, other official records, or sex assigned at birth, using sex-segregated school programs and activities, including athletic teams and competitions, or using facilities that do not align with the child's sex on their birth certificate, other official records, or sex assigned at birth. The bill would state legislative intent related to these provisions. By imposing additional duties on public school officials, the bill would impose a state-mandated local program.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314">https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB1314</a></p>  | Oppose               | 13-MAR-23<br>Referred to Com. on ED.<br><br>(Education)  |
| AB 1431<br>(Zbur)                  | Housing: the California Housing Security Act | <p>This bill would, upon appropriation of the Legislature, establish the California Housing Security Program to provide a housing subsidy to eligible persons, as specified, to reduce housing insecurity and help Californians meet their basic housing needs. To create the program, the bill would require the Department of Housing and Community Development to establish a 2-year pilot program in up to 4 counties, as specified. The bill would require the department to issue guidelines to establish the program that include, among other things, the amount of the subsidy that shall be the amount necessary to cover the portion of a person's rent to prevent homelessness but shall not exceed \$2,000 per month. Under the bill, the subsidy would not be considered income for purposes of determining eligibility or benefits for any other public assistance program, nor would participation in other benefits exclude a person from eligibility for the subsidy. Under the bill, an undocumented person, as specified, who otherwise qualifies for the subsidy would be eligible for the subsidy. The bill would require the department to submit a report on the program to the Legislature, as described.</p> <p>"Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, one of the following:<br/>(5) A chronic illness, including, but not limited to, HIV.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1431&amp;search_keywords=HIV</a></p> | Support              | 26-APR-23<br><br><i>In Committee: Set, first hearing. Hearing canceled at the request of author.</i> |
| AB 1432<br>(Carrillo)              | Health insurance: policy                     | <p>This bill subjects an out-of-state group health plan contract, policy, or certificate of group health insurance that is marketed, issued, or delivered to a California resident to specified provisions of the Health and Safety Code and Insurance Code requiring coverage of abortion, abortion-related services, and gender-affirming care, regardless of the origin of the contract, subscriber, or master group policyholder.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1432</a></p>   | Support              | 11-MAY-23<br><br><i>Read second time. Ordered to third reading.</i>                                  |



| BILL                        | TITLE   | DESCRIPTION / COMMENTS  | RECOMMENDED POSITION | STATUS  |
|-----------------------------|---|---|----------------------|---|
| AB 1549<br>(Wendy Carrillo) | Medi-Cal: federally qualified health centers and rural health clinics   | <p>This bill revises the prospective payment system (PPS) per-visit rate calculation to account for staffing and care delivery models for Medi-Cal services provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) (collectively, health centers). This bill also revises the definition of change in scope of service to include visit duration, intensity, and amount of activities provided, among other provisions.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1549&amp;search_keywords=HIV</a></p>  | Support              | <p>17-MAY-23</p> <p><i>In Committee: Set, first hearing. Referred to suspense file.</i></p> |
| AB 1645<br>(Zbur)           | Health care coverage: cost sharing  | <p>This bill prohibits a health plan contract or health insurance policy from requiring cost sharing for office visits of specified preventive care services and screenings and for items or services that are integral to the provision of those preventive care services.</p> <p>This bill also prohibits a health plan contract or insurance policy from requiring cost sharing, utilization review, or other specified limits on a recommended sexually transmitted infection (STI) screening, and from imposing a cost-sharing requirement for any items and services integral to an STI screening. The bill requires a health plan or insurer to directly reimburse specified nonparticipating providers or facilities of STI screening a specified amount for the screening tests and related items and services and prohibits the nonparticipating provider from billing or collecting a cost-sharing amount for an STI screening from an enrollee or insured.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&amp;search_keywords=sexual+health">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB1645&amp;search_keywords=sexual+health</a></p> | Support              | <p>17-MAY-23</p> <p><i>In committee: Set, first hearing. Referred to suspense file.</i></p> |
| SB 36<br>(Skinner)          | Out-of-state criminal charges: prosecution related to abortion, contraception, reproductive care, and gender-affirming care | <p>This bill would prohibit the issuance of warrants for persons who have violated the laws of another state relating to abortion, contraception, reproductive care, and gender-affirming care, that are legally protected in California. The bill would also prohibit apprehending, detaining, or arresting a bail fugitive based on such offenses, and impose criminal and civil liability for doing so. In addition, the bill would restrict the sharing of information by law enforcement related to such protected activity and provide that convictions in other states would not result in ineligibility for state benefits.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB36&amp;search_keywords=gender</a></p>  | Support              | <p>12-MAY-23</p> <p><i>Set for hearing May 18.</i></p>                                      |



| BILL                 | TITLE  | DESCRIPTION / COMMENTS  | RECOMMENDED POSITION | STATUS                                      |
|----------------------|--|---|----------------------|---|
| SB 37<br>(Caballero) | Older Adults and Adults with Disabilities Housing Stability Act                          | <p>This bill would, upon appropriation of funding by the Legislature, require the Department of Housing and Community Development (HCD) to develop and administer the Older Adults and Adults with Disabilities Housing Stability (OAAHDS) Program to award competitive grants to eligible entities. Grant funds would provide housing subsidies to older adults and adults with disabilities whose households are experiencing homelessness or at risk of homelessness, as specified.</p> <p>a) "Adult with a disability" means an individual or head of household who is 18 years of age or older and is experiencing a condition that limits a major life activity, including, but not limited to, the following:</p> <ol style="list-style-type: none"> <li>a. A "physical disability," as defined in subdivision (m) of Section 12926 of the Government Code.</li> <li>b. A "mental disability," as defined in subdivision (j) of Section 12926 of the Government Code, except it shall also include a substance use condition.</li> <li>c. A "medical condition," as defined in subdivision (i) of Section 12926 of the Government Code.</li> <li>d. A "developmental disability," as defined in subdivision (a) of Section 4512 of the Welfare and Institutions Code.</li> <li>e. A chronic illness, including, but not limited to, HIV.</li> <li>f. A traumatic brain injury.</li> </ol> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB37&amp;search_keywords=HIV</a></p> | Support              | 12-MAY-23<br><i>Set for hearing May 18.</i> |
| SB 339<br>(Wiener)   | HIV preexposure prophylaxis  | <p>This bill requires health plans and insurers to cover HIV preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) furnished by a pharmacist, including costs for the pharmacist's services and related testing. Permits a pharmacist to furnish up to a 90-day course of PrEP, or beyond 90-days if specified conditions are met.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB339&amp;search_keywords=HIV</a></p>   | Support              | 12-MAY-23<br><i>Set for hearing May 18.</i> |
| SB 372<br>(Menjivar) | Department of Consumer Affairs: licensee and registrant records: name and gender changes | <p>This bill requires a board within the Department of Consumer Affairs (DCA) to update licensee or registrant records with that individual's updated legal name or gender upon receiving government-issued documentation, as specified.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&amp;search_keywords=gender">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB372&amp;search_keywords=gender</a></p>   | Support              | 12-MAY-23<br><i>Set for hearing May 18.</i> |

| BILL                   | TITLE   | DESCRIPTION / COMMENTS  | RECOMMENDED POSITION    | STATUS                                      |
|------------------------|---|---|-------------------------|---|
| SB 427<br>(Portantino) | Health care coverage: antiretroviral drugs, devices, and products | This bill would prohibit health plans and insurers from requiring step therapy or prior authorization, as specified, or imposing any cost-sharing or utilization review requirements, for antiretroviral drugs, devices, or products that are either approved by the federal Food and Drug Administration (FDA) or recommended by the Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV, as specified.<br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB427&amp;search_keywords=HIV</a> | Watch                   | 12-MAY-23<br><i>Set for hearing May 18.</i> |
| SB 524<br>(Caballero)  | Pharmacists: testing and treatment                                | This bill authorizes a pharmacist to furnish medications to treat various diseases and conditions based on the results of a federal Food and Drug Administration (FDA) test the pharmacist ordered, performed, or reported and adds these additional pharmacy services to the Medi-Cal schedule of benefits, as specified<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB524&amp;search_keywords=HIV</a>  | Support                 | 16-MAY-23<br><i>Set for hearing May 18.</i> |
| SB 525<br>(Durazo)     | Minimum wage: health care workers                                 | This bill would enact a \$25 minimum wage for health care workers, as specified. Increases to this minimum wage would be indexed annually to the change in the Consumer Price Index<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&amp;search_keywords=%22health+care%22">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB525&amp;search_keywords=%22health+care%22</a><br><br>Support with amendments:  | Support with Amendments | 12-MAY-23<br><i>Set for hearing May 18.</i> |
| SB 541<br>(Menjivar)   | Sexual Health: contraceptives: Immunization                       | This bill requires schools, on or before the start of the 2024-25 school year, to make internal and external condoms available for free to all students in grades 9 through 12. This bill also requires the existing Family Planning Access Care Treatment (PACT) program to provide coverage for immunization against human papilloma virus (HPV) to persons 18 years of age or younger.<br><br><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&amp;search_keywords=HIV">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240SB541&amp;search_keywords=HIV</a>  | Support                 | 12-MAY-23<br><i>Set for hearing May 18.</i> |

| FEDERAL BILLS            |   |   |                      |   |
|--------------------------|---|---|----------------------|---|
| BILL                     | TITLE                                   | DESCRIPTION / COMMENTS  | RECOMMENDED POSITION | STATUS  |
| H.R. 62<br>(Jackson Lee) | SHIELD Act                              | <p>SHIELD = Safeguarding Healthcare Industry Employees from Litigation and Distress</p> <p>This bill established a framework to limit interference with persons seeking to provide or access reproductive health services at the state level. The bill reduces the allocation of funds under certain law enforcement grant programs for a state that has in effect a law authorizing state or local officers or employees to interfere with persons seeking to provide or access reproductive health services. The bill authorizes civil remedies for a violation, including damages and injunctive relief. Additionally, it authorizes criminal penalties for a violation involving the use of deadly or dangerous weapon or the infliction of bodily injury.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&amp;r=5&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-bill/62/actions?s=8&amp;r=5&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a></p> | SUPPORT              | <p>09-Jan-23</p> <p>Introduced in House. Referred to the Committee on Energy Commerce, and in addition to the Committee on the Judiciary.</p>     |
| H.R. 73<br>(Biggs)       | No Pro-Abortion Task Force Act          | <p>This bill prohibits federal funding of the Reproductive Healthcare Access Task Force. The Department of Health and Human Services launched the task force on January 21, 2022, to identify and coordinate departmental activities related to accessing sexual and reproductive health care.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=7">https://www.congress.gov/bill/118th-congress/house-bill/73?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=7</a></p>   | OPPOSE               | <p>09-JAN-23</p> <p>Introduced in House. Referred to Committee on Energy and Commerce.</p>  |
| H. Res. 185<br>(Hayes)   | Declaring racism a public health crisis | <p>Resolved, That the House of Representatives—</p> <p>(1) supports the resolutions drafted, introduced, and adopted by cities and localities across the Nation declaring racism a public health crisis;</p> <p>(2) declares racism a public health crisis in the United States;</p> <p>(3) commits to—</p> <p>(A) establishing a nationwide strategy to address health disparities and inequity across all sectors in the United States;</p> <p>(B) dismantling systemic practices and policies that perpetuate racism in the United States;</p> <p>(C) advancing reforms to address years of neglectful and apathetic policies that have led to poor health outcomes for communities of color in the United States; and</p> <p>(D) promoting efforts to address the social determinants of health—especially for Black, Latino, and Native-American people, and other people of color in the United States; and</p> <p>(4) charges the Nation with moving forward with urgency to ensure that the United States stands firmly in honoring its moral purpose of advancing the self-evident</p>     | SUPPORT              | <p>28-FEB-23</p> <p>Introduced in House. Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary.</p> |

|  |   |   |         |   |
|--|---|---|---------|---|
|  |   | <p>truths that all people are created equal, that they are endowed with certain unalienable rights, and that among these are life, liberty, and the pursuit of happiness.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&amp;r=15&amp;q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-resolution/185/text?s=1&amp;r=15&amp;q=%7B%22search%22%3A%5B%22%5C%22HIV%5C%22%22%5D%7D</a></p>  |         |   |
| H.R. 407<br>(Clyde)                        | Protect the UNBORN Act                                | <p>UNOBORN: Undo the Negligent Biden Orders Right Now</p> <p>This bill prohibits federal implementation of and funding for specified executive orders that address access to reproductive care services, including services related to pregnancy or the termination of a pregnancy.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=6">https://www.congress.gov/bill/118th-congress/house-bill/407?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=6</a></p>  | OPPOSE  | <p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>  |
| H.R. 445<br>(Williams)                     | HHS Reproductive and Sexual health Ombuds Act of 2023 | <p>This bill creates a position within the Department of Health and Human Services to support access to reproductive and sexual health services (including services relating to pregnancy and the termination of a pregnancy) that are evidence-based and medically accurate. Functions of the position include (1) educating the public about medication abortions and other sexual and reproductive health services, (2) collecting and analyzing data about consumer access to and health insurance coverage for those services, and (3) coordinating with the Federal Trade Commission on issues related to consumer protection and data privacy for those services.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D">https://www.congress.gov/bill/118th-congress/house-bill/445?q=%7B%22search%22%3A%22%5C%22sexual+health%5C%22%22%7D</a></p> | SUPPORT | <p>27-JAN-23</p> <p>Introduced in House. Referred to the Subcommittee on Health.</p>  |
| H.R. 459<br>(Eshoo)/<br>S. 323<br>(Hirono) | SAFER health Act of 2023                              | <p>SAFER: Secure Access For Essential Reproductive Health</p> <p>This bill would ensure the privacy of pregnancy termination or loss under the HIPAA privacy regulations and the HITECH Act.</p> <p><a href="https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&amp;r=8&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/house-bill/459/text?s=8&amp;r=8&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a></p> <p><a href="https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&amp;r=9&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/senate-bill/323/text?s=8&amp;r=9&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a></p>  | SUPPORT | <p>09-FEB-23</p> <p>Introduced in Senate. Read twice and referred to the Committee on Health, Education, Labor, and Pensions.</p> |
| H.R. 517<br>(Mace)                         | Standing with Moms Act                                | <p>This bill requires the Department of Health and Human Services (HHS) to disseminate information about pregnancy-related resources. Specifically, HHS must maintain a public website (life.gov) that lists such resources that are available through federal, state, and local governments and private entities.</p>  | OPPOSE  | <p>25-JAN-23</p> <p>Introduced in House. Referred to the House Committee on</p>   |

| BILL                  | TITLE                                  | DESCRIPTION / COMMENTS  | RECOMMENDED POSITION | STATUS   |
|-----------------------|--|---|----------------------|--|
|                       |  | The bill excludes form life.gov, the portal and the hotline resources provided by entities (1) perform, induce, refer for, or counsel in favor of abortions; or (2) financially support such entities. The bill also requires HHS to report on traffic to life.gov and the portal, gaps in services available to pregnant and postpartum individuals, and related matters.<br><br><a href="https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=19">https://www.congress.gov/bill/118th-congress/house-bill/517?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=19</a> |                      | Energy and Commerce.   |
| H.R. 561<br>(Lee)     | EACH Act of 2023                       | This bill requires federal health care programs to provide coverage for abortion services and requires federal facilities to provide access to those services. The bill also permits qualified health plans to use funds attributable to premium tax credits and reduced cost sharing assistance to pay for abortion services.<br><br><a href="https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&amp;s=8&amp;r=8">https://www.congress.gov/bill/118th-congress/house-bill/561?q=%7B%22search%22%3A%5B%22%5C%22transgender%5C%22%22%5D%7D&amp;s=8&amp;r=8</a>   | SUPPORT              | 21-FEB-23<br><br>Introduced in House. Referred to the Subcommittee on Indian and Insular Affairs   |
| H.R. 1224<br>(Trahan) | INFO for Reproductive Care ACT OF 2023 | <i>INFO= Informing New Factors and Options</i><br>This bill requires the Department of Health and Human Services to carry out a campaign to educate health care professionals (and health care professions students) about assisting patients to navigate legal issues related to abortions and other reproductive health care services.<br><br><a href="https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=4">https://www.congress.gov/bill/118th-congress/house-bill/1224?q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D&amp;s=8&amp;r=4</a>                                   | SUPPORT              | 27-FEB-23<br><br>Introduced in House. Referred to the House Committee on Energy and Commerce.      |
| S. 701<br>(Baldwin)   | Women's Health Protection Act of 2023  | To protect a person's ability to determine whether to continue or end a pregnancy, and to protect a health care provider's ability to provide abortion services.<br><br><a href="https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&amp;r=14&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D">https://www.congress.gov/bill/118th-congress/senate-bill/701/text?s=8&amp;r=14&amp;q=%7B%22search%22%3A%5B%22%5C%22reproductive+health%5C%22%22%5D%7D</a>   | SUPPORT              | 08-MAR-23<br><br>Introduced in Senate. Placed on Senate Legislative Calendar under General Orders. |

\* The bill was not approved by the Commission on HIV  
\*\* Commission on HIV recommended bill for the Legislative docket

Footnotes:

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

Notes:

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



*Budget 2 Save Lives (B2SL) is a multi-year vision to move California toward a “Care First” future by investing in healing and rehabilitation, divesting from incarceration and policing, and ending the economic austerity that endangers the lives of countless human beings.*

## 2023-24 California State Budget Analysis

### Intro:

A budget is a statement about our values. As California wastes billions of dollars of tax revenue on jails, prisons, and detention centers built to solve problems that are actually socio-economic, too many people have fallen victim to California’s culture of punishment and austerity.

Governor Newsom’s 2023-24 proposed [budget](#) includes many examples of positive spending. **However, there are significant gaps in the social safety net that continue to go unaddressed.** B2SL is calling for an increase in budget spending to address the needs of all California residents, including good jobs, health care, clean air and water, education and housing.

The way that the state budget is written has significant impacts on our own individual lives and our communities. It determines what services we have access to, what public programs are created, and what our state chooses to invest in. This year, our state faces a \$24 billion budget deficit<sup>1</sup>. This shortfall must not be used as an excuse to neglect investment in crucial community-based services and programs under the guise of a “lack of finances.”

Here’s the truth: California is a very rich state. In moments of economic challenges, it’s more vital than ever to direct state resources (especially state reserves) toward initiatives that can support our communities NOW. The solution to our deficit is NOT to neglect crucial services, but rather to reevaluate state spending and invest differently.

State leaders must acknowledge that big corporations and the 1% need to pay more of their fair share. The existing tax code disproportionately benefits wealthy individuals and corporations and needs a serious overhaul. California must support communities of color and low income people who are the most harmed during economic turndowns.

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<sup>1</sup> Occurs when expenditures exceed *revenues* under current law and policy. “Revenues” includes any balance, positive or negative, carried in from the prior *fiscal year*. In contrast to an *operating deficit*, which applies to a single fiscal year, the term “deficit” is generally used in assessments of the state’s fiscal condition over multiple fiscal years.



Divesting from wasteful spending in various areas of the state budget and investing in the needs, health and wellness of our most vulnerable residents is the formula for a budget that will save lives.

California spends more than \$19 billion dollars on Corrections each year, going to police, prisons and other forms of incarceration. What could our state look like if we shifted those wasteful resources from cages to care? During this budget cycle, we have the opportunity to advocate for the community based programming, services and spaces that will truly keep us safe. **Will you stand with us?**

### **Our Goal:**

**This is a call to action.** The [B2SL Super Collective](#) is welcoming local and state budget advocates across California to collaborate, organize and stand with us to move forward our collective priorities across intersecting movements for community equity and justice. A culture of fiscal austerity and abandonment is unacceptable in a state as prosperous as California. **We are looking for partners who seek to identify and address the gaps in much needed services and programs across the state, utilizing budget advocacy as an organizing tool to achieve our goals.** Below you will find examples of state priorities where spending must be reevaluated. We're looking to connect with leaders in the fields below to help connect the dots between our shared, non-carceral budget advocacy goals.

### **Public Safety**

The 2023-24 budget for Corrections is \$19.3 billion, with 96% of that total coming from state funds. **Despite historic reductions in prison populations and prison closures, spending on corrections has continued to increase over the last decade, and this year, CDCR will receive an additional \$468 million annually.** More wasteful investments on punitive public safety strategies like police, prisons and jails are a drain on our state's limited resources. California must embrace a comprehensive strategy for closing prisons and resourcing alternatives to incarceration as well as other vital programs, including transitional and permanent supportive housing; behavioral health and biomedical health community-based treatment; reentry services; sponsorship and community-based integration services for immigrants and asylum seekers; and other equity-centered initiatives. Read **Californians United for a Responsible Budget's** full overview of the proposed Corrections budget [here](#).

### **Health, Housing, and Homelessness**

The state does protect major healthcare investments previously allocated, such as maintaining medical expansion to undocumented folks, but it must do more. The proposed budget funds the punitive Community Assistance, Recovery & Empowerment (CARE) Act, which claims to



create a new pathway to deliver mental health and substance use disorder services. In reality, the CARE act would give police and government officials the authority to force people into coercive court proceedings that violate their rights and potentially fast-track them into extreme court control through conservatorships. **The proposed budget allocates \$88.3 million General Fund for county start up and state implementation costs for the dangerous CARE Act, as well as \$16.5 million General Fund in 2023-24; \$66.5 million General Fund in 2024-25; \$108.5 million in 2025-26; and annually thereafter to support county behavioral health department costs. This is extremely alarming as community members have been challenging CARE court for the last year.** Read more about the NO CARE Court Coalition [here](#).

Affordable housing is a crisis in California, yet, not much has changed. **Due to declining General Fund revenues, the Budget includes \$350 million in reductions related to housing programs that were included as part of the 2022 Budget Act.** Programs that are funded include: Dream For All—\$500 million one-time General Fund to the California Housing Finance Agency to provide shared-appreciation loans to help low- and moderate-income first-time homebuyers achieve homeownership. CalHome—included \$350 million one-time General Fund (\$250 million in the 2022 Budget Act and \$100 million committed for 2023-24), which is utilized for grants to assist low- and very-low-income first-time homebuyers with housing assistance, counseling and technical assistance. The 2022 Budget Act allocated \$10.2 billion, in addition to the \$7.3 billion provided in 2021, for homelessness solutions. The Administration has provided \$3 billion to local governments through four rounds of the Homeless Housing, Assistance and Prevention (HHAP) Program and \$400 million for a third round of encampment resolution grants. **Although at face value these are positive investments, we know that on the ground there is still a lack of urgency in prioritizing permanent supportive housing in cities and counties across the state.**

## **Labor and Workforce Development<sup>2</sup>**

Investments in Labor and Workforce Development play a crucial role in helping California residents obtain well-paying jobs and promoting workforce equity. This year, the Governor is investing \$2.065 billion, which is 6% less than last year's budget. Proposed investments include \$40 million for expanding non-traditional apprenticeships, \$10 million for EMT training, and \$10 million for career pathway programs at community colleges. **However, these proposed investments are MILLIONS less than what was originally planned. Additionally, there were cuts to various other workforce development programs, including a \$50 million reduction to public health workforce programs and a \$25 million reduction to COVID-19 workplace outreach programs. Last year's budget allocated \$15 million to support women and non-binary individuals in skilled trade careers, but this year's budget proposes to "pause" that investment.** California has an opportunity to support its community members by providing them with

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<sup>2</sup> CA Budget Summary: [Labor and Workforce Development](#) 2023-24

increased workforce development opportunities that can help prevent future harm and provide access to basic survival needs, such as housing and healthcare. **Increased funds for and access to California Emergency Relief Fund (CERF) is one way to provide further support to those in need and help in achieving financial stability, and efforts that center a decarceral just transition should be prioritized.**

### Education<sup>3</sup>

Access to free high-quality education throughout our lifetime is essential for young children, adolescents, and adults, as well as their families. The state's Universal Pre-K initiative aims to provide high-quality, subsidized preschool to all four-year old children through the state preschool program, Head Start, or transitional kindergarten. The state preschool program also provides access to subsidized preschool for *income-eligible* three-year olds. **With more funding, this program could be expanded to serve more three-year-olds whose families don't meet the current income cutoffs.**

Cal Grant is the primary state financial aid program for California students who attend college in-state. This year's budget includes **\$2.3 billion for Cal Grants, which will support the education of an estimated 377,000 students.** Enrollment at California Community Colleges (CCCs) declined 16 percent since the beginning of the pandemic, consistent with nationwide declines in enrollment at community colleges. To help recruit, re-engage, and retain students, the budget includes an additional \$200 million to support community college enrollment and retention efforts. **Deeper investments in higher education can further support students in completing school with less financial burden. The state can invest more in financial aid programming, scholarship opportunities, and loan forgiveness programs.**

### Transportation<sup>4</sup>

The state is on track to award \$1.7 billion in active transportation projects by the end of 2022-23. **However, this year's budget proposes to reduce future transit infrastructure investment by \$2 billion over three years.** This reduction would have a damaging impact on the quality of life for Californians, and it is short-sighted. Instead of cutting funding, the state should focus on increasing support for *all* forms of public transportation in an equitable and responsible way. Investing in public transit is critical for building a more accessible, sustainable, and economically competitive society in California.

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<sup>3</sup> CA Budget Summary: [K-12](#) 2023-24 p. 19-20; [Higher Education](#)

<sup>4</sup> Info from pg. 105 here: <https://ebudget.ca.gov/2023-24/pdf/BudgetSummary/FullBudgetSummary.pdf>



## Climate

Climate change funding received serious cutbacks due to budget deficit forecasts. **The 2023-24 budget proposes to eliminate \$6 billion in climate spending.** More than half of those proposed cuts – \$3.3 billion – come from the state’s clean transportation initiatives. **The governor helped push a five-year \$54 billion climate package approved by the Legislature during last year’s session, but he now proposes to cut it to \$48 billion. Money for zero-emission vehicle incentive programs, such as rebates for car buyers, and EV-charging infrastructure would be cut by \$2.5 billion.** The programs and services our communities need are devalued without robust protections to our land and an environment. We encourage the state to listen to indigenous rights movements and environmental justice groups to double down on spending that prioritizes environmental preservation and high roads job creation programs.

## Immigration

The Governor’s budget proposal fails to include investments to support our immigrant communities in California. **There are significant gaps in funding such as unemployment benefits for excluded immigrant workers, which are essential to creating an equitable and resilient economy. Additionally, The January budget proposes delaying the inclusion of all Californians ages 55 and older, regardless of immigration status, in CFAP (the California Food Assistance Program) to Jan. 1, 2027.** You can read more about the importance of these programs [here](#). Similarly to the Corrections budget, the state budget fails to provide a clear roadmap for detention center closure in California. **We support a state program that incentivizes cities to divest from immigration detention services and invest in green jobs.** Cities and counties will be motivated to end their economic reliance on immigration detention and provide their residents with economic opportunities in the clean energy sector. In exchange for closing a detention center, cities and counties will have access to funding for green jobs, clean infrastructure, or other community needs as California invests in real climate solutions. This is a proposal being led by Dignity Not Detention and Budget2SaveLives this year.

## Closing:

Every year is another opportunity for us to enact a budget to save lives that prioritizes the wellbeing of vulnerable communities, NOT tax breaks for the wealthiest corporations and individuals. The California Legislature and the Governor have a responsibility to protect the health of ALL people that live in our state. It’s vital that policymakers consider our community’s fiscal analyses, and help lead the way toward a more prosperous future where all California residents are healthy and free; where we use our collective resources to help, not to punish or hurt; where people can receive the care and assistance they need to address harm, heal historical or ongoing pain, and grow in community together; where we reduce wasteful spending



on prisons, jails, detention centers, and policing; and increase positive spending on initiatives that will truly enable people in our state to thrive.

We stand with all community members and advocates working to change our state budget every year, and we invite collaboration on pushing the state to do better. As we approach budget hearings and deliberations, we have an opportunity to let California know what an equitable budget really looks like.

In solidarity,

Budget2SaveLives

[michaedelacuadra@gmail.com](mailto:michaedelacuadra@gmail.com)

# New FDA Recommendations for Assessing Blood Donor Eligibility (May 11, 2023)

Posted May 12, 2023

[Cross-posted from FDA News Release](#)

## FDA Finalizes Move to Recommend Individual Risk Assessment to Determine Eligibility for Blood Donations

Today, the U.S. Food and Drug Administration finalized recommendations for assessing blood donor eligibility using a set of individual risk-based questions to reduce the risk of transfusion-transmitted HIV. These questions will be the same for every donor, regardless of sexual orientation, sex or gender. Blood establishments may now implement these recommendations by revising their donor history questionnaires and procedures.

This updated policy is based on the best available scientific evidence and is in line with policies in place in countries like the United Kingdom and Canada. It will potentially expand the number of people eligible to donate blood, while also maintaining the appropriate safeguards to protect the safety of the blood supply.

These final recommendations are consistent with the policy [initially proposed](#) in January. The FDA worked diligently to review and consider all comments submitted to the agency to finalize these recommendations as quickly as possible.

**“The FDA has worked diligently to evaluate our policies and ensure we had the scientific evidence to support individual risk assessment for donor eligibility while maintaining appropriate safeguards to protect recipients of blood products. The implementation of these recommendations will represent a significant milestone for the agency and the LGBTQI+ community,”** said Peter Marks, M.D., PhD., director of the FDA’s Center for Biologics Evaluation and Research. **“The FDA is committed to working closely with the blood collection industry to help ensure timely implementation of the new recommendations and we will continue to monitor the safety of the blood supply once this individual risk-based approach is in place.”**

This policy eliminates time-based deferrals and screening questions specific to men who have sex with men (MSM) and women who have sex with MSM. Under the final guidance issued today, all prospective blood donors will answer a series of individual, risk-based questions to determine eligibility. All prospective donors who report having a new sexual partner, or more than one sexual partner in the past three months, and anal sex in the past three months, would be deferred to reduce the likelihood of donations by individuals with new or recent HIV infection who may be in the window period for detection of HIV by nucleic acid testing.

Additionally, under these final recommendations, those taking medications to treat or prevent HIV infection (e.g., antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)), will also be deferred. Though these antiretroviral drugs are safe, effective, and an important public health tool, the available data demonstrate that their use may delay detection of HIV by currently licensed screening tests for blood donations, which may potentially give false negative results. Although HIV is not transmitted sexually by individuals with undetectable viral levels, this does not apply to transfusion transmission of HIV because a blood transfusion is administered intravenously, and a transfusion involves a large volume of blood compared to exposure with sexual contact. As stated in the guidance, individuals should not stop taking their prescribed medications, including PrEP, or PEP, in order to donate blood. The FDA remains committed to evaluating additional data and new technological developments as they become available to inform our donor eligibility recommendations.

The FDA has been evaluating alternatives to time-based deferrals for MSM and helping to facilitate the generation of scientific evidence that would support an individual risk based- assessment blood donor questionnaire. This scientific information has given the agency a solid foundation to support this new policy. The FDA strongly believes the implementation of an individual risk-based approach will not adversely affect the safety or availability of the U.S. blood supply.

The FDA carefully reviewed numerous data sources, including data from countries with similar HIV epidemiology that have implemented an individual risk-based approach for assessing donor eligibility, surveillance information obtained from the Transfusion Transmissible Infections Monitoring System, performance characteristics of nucleic acid testing for HIV and the FDA-funded



### Recent Posts

[National Asian & Pacific Islander HIV/AIDS Awareness Day \(May 19, 2023\)](#)

[HIV Vaccine Awareness Day \(May 18, 2023\) #HVAD](#)

[New: Rapid Antiretroviral Therapy Toolkit](#)

### Categories

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Assessing Donor Variability And New Concepts in Eligibility ([ADVANCE](#)) study. The ADVANCE study examined the rates of HIV risk factors, such as anal sex and rates of HIV infection, as well as the usage of medications to treat or prevent HIV infection, among MSM study participants.

## Related Information

- [Recommendations for Evaluating Donor Eligibility Using Individual Risk-Based Questions to Reduce the Risk of Human Immunodeficiency Virus Transmission by Blood and Blood Products](#)
- [FDA Proposes Individual Risk Assessment for Blood Donations, While Continuing to Safeguard U.S. Blood Supply](#)
- [Keeping Blood Transfusions Safe: FDA's Multi-layered Protections for Donated Blood](#)
- [Blood & Blood Products](#)

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*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #5 U10HA29292, Regional AIDS Education & Training Centers, \$3,406,156. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*

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UC Regents · PAETC is based in UCSF's Department of Family and Community Medicine

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## **MEDIA RELEASE**

**For Immediate Release  
April 17, 2023**

### **LA County's \$43 Billion Recommended Budget is Unveiled**

*Spending plan for 2023-24 prioritizes emergency response to homelessness and Care First and Community Investment funding*

Los Angeles County's 2023-24 Recommended Budget—focused on accelerating the emergency response to homelessness now underway and sustaining innovative programs and services launched during the pandemic—will be presented to the Board of Supervisors on Tuesday, April 18 by Chief Executive Officer Fesia Davenport.

The \$43 billion Recommended Budget represents the first step in the County's multi-phase annual budget process. If approved by the Board, it will add 514 new positions—many of them in mental health and health services—for a total of 114,106 budgeted positions in the County workforce.

Highlights of the budget include:

- \$692 million to mobilize the emergency response to the humanitarian crisis of homelessness with extensive investments in mental health outreach, supportive services, and a wide range of housing programs to increase the supply of affordable housing and move people off the streets and into safe living conditions in collaboration with our city governments.
- \$288.3 million for Care First and Community Investment (CFCI, formerly known as Measure J) projects and programs to address racial



disparities in the justice system. This fulfills the County's commitment to allocate a full 10% of its locally generated unrestricted revenues by June 2024 to direct community investments and alternatives to incarceration.

- Nearly \$50 million to improve conditions in the jails, and nearly \$7 million to support continued Sheriff's Department reforms, including reestablishing the Office of Constitutional Policing.

"This budget is all about building momentum on key Board priorities while also sustaining our unprecedented pace of innovation during the pandemic, which included the launch of four new departments as well as major initiatives to fight racism and poverty," CEO Davenport said.

The spending plan reflects a mixed economic outlook, with modest increases in property and sales tax revenues but also uncertainty about the impacts of the State budget deficit, a dramatic slowdown in local real estate transactions that affect property taxes, and an unsettled economic environment overall. These and other County-specific pressures will likely mean that only the most critical new programs or services will be considered for funding later this year.

The Recommended Budget kicks off the County's months-long budget cycle, which moves next to public hearings in May, followed by budget deliberations in June, and concludes with the approval of the Final Adopted Budget in October.

More information about the County budget, including a library of short, animated explainer videos, can be found at [ceo.lacounty.gov/budget/](http://ceo.lacounty.gov/budget/)

### **Other Key Resources on the 23-24 Recommended Budget:**

[PowerPoint](#)  
[Fact Sheet](#)  
[Budget Charts](#)  
[Transmittal Letter](#)

**Contact:** Countywide Communications at [pio@ceo.lacounty.gov](mailto:pio@ceo.lacounty.gov) or (213) 974-1311.



## BUDGET MESSAGE

- ❖ The **2023-24 Recommended Budget** totals **\$43.0 billion** and includes **114,106 budgeted positions**.
- ❖ This Recommended Budget focuses on funding some of the County's most urgent priorities by:
  - *Mobilizing an emergency response to the humanitarian crisis of homelessness*
    - **\$692.0 million** to fund the **County's New Framework to combat homeless**, including extensive investments in mental health outreach, supportive services, and a wide range of housing programs to increase the supply of affordable housing and move people off the streets and into safe living conditions.
  - *Delivering on the County's commitment to allocate a full 10% of its locally generated unrestricted revenues to direct community investments and alternatives to incarceration*
    - **\$88.3 million**, for a total ongoing investment of \$288.3 million, for Year 3 of **Care First and Community Investment (CFCI) projects and programs** to address racial disparities in the justice system.
  - *Advancing the Care First, Jails Last vision and improving mental health services and unacceptable conditions in the County's jails*
    - **\$49.6 million** for Integrated Correctional Health Services (IHS) and the Sheriff's Department to work toward meeting the terms of the **US Department of Justice (DOJ) consent decree** and *Rutherford* settlement with the support of the County's new DOJ Compliance Officer.
  - *Supporting Sheriff's Department reforms, from addressing deputy gangs to providing more transparency*
    - **\$6.6 million and 24 non-sworn positions** for the Sheriff to **establish the Office of Constitutional Policing** to, among other things, oversee and monitor consent decrees and investigate deputy gang issues.
- ❖ Other significant funding recommendations included this budget phase are the following:
  - ✓ **\$65.7 million** in State CalWORKS funding to support the **Stage One Child Care Program**, which provides full-time childcare services to CalWORKS participants;
  - ✓ **\$60.2 million** in **Mental Health Services Act** funding and 168 positions to expand mental health services, including 32 positions for the new Antelope Valley Children and Family Health Clinic focused on both children and families;
  - ✓ **\$51.6 million** to pay for a \$1/hour wage supplement for **In-Home Supportive Services** providers who aid older and/or disabled residents;
  - ✓ **\$20.0 million** to the Department of Children and Family Services to make up for the **loss of federal funding** due to the expiration of the Title IV-E waiver;
  - ✓ **\$8.3 million** to expand **Upfront Family Finding** services, which are designed to place children with relatives and family friends to improve outcomes;
  - ✓ **\$241.6 million** in continued funding for **environmental stewardship** program for water conservation projects; and
  - ✓ **\$176.3 million** in continued funding to **enhance and expand access to County recreational sites**.



## **ECONOMIC OUTLOOK**

- ❖ This Recommended Budget reflects modest growth in some of locally generated revenues as well as increased sales tax revenues from the State and interest earnings, as follows:
  - \$385.7 million in property tax revenue resulting from an approximate 5% increase to the 2023 tax assessment roll;
  - \$26.1 million in Proposition 172 Public Safety sales tax revenues;
  - \$6.7 million in local sales tax receipts;
  - \$8.7 million in 1991 Realignment sales tax for social services; and
  - \$101.5 in interest earnings revenue.
- ❖ Our office is closely monitoring the latest economic data and remains vigilant to address any signs of an economic slowdown or increased risk of a recession.

## **VULNERABILITIES ON THE HORIZON**

- ❖ As we move forward, the County faces sobering budget challenges and pressures, including:
  1. End of American Rescue Plan Act funding totaling \$1.9 billion
    - With no other source of funding to replace this loss, important programs will not be sustainable;
  2. Overhaul of the Probation Department
    - Potential need for additional investments in staff, programs, and facilities;
  3. Retrofit of County buildings deemed seismically challenged
    - Funding needs will be determined upon completion of the ongoing assessment and prioritization of high-risk buildings and informed by a pending report back in response to a February 28, 2023 motion; and
  4. Work towards compliance with DOJ consent decree and jails settlement agreement
    - Additional resources will be required to retain and hire adequate staff to meet the terms of the US DOJ consent decree.
- ❖ But perhaps the greatest fiscal challenge in recent history is the liability and settlement costs related to impending claims spurred by AB 218, also known as the Child Victims Act, which:
  - Extends the statute of limitations for reporting childhood sexual assault claims and opens a 3-year window for victims of any age to file civil lawsuit claims through December 31, 2022;
  - Exposes the County to liability ranging from **\$1.6 billion to more than \$3.0 billion** from more than 3,000 claims alleging childhood sexual assault at various County and non-County facilities; and
  - Causes a profound effect on the County budget for decades to come.
- ❖ While not yet enacted, two recently introduced bills, AB 452 and AB 1547, would further increase the County's potential liability.
  - AB 452 would remove all time limitations for childhood sexual assault survivors to file lawsuits.
  - AB 1547 would allow claims arising out of assaults by an employee of either a juvenile probation camp or detention facility owned and operated by a county, or a youth facility owned and operated by the Division of Juvenile Justice to file their lawsuits in 2024.



## SUMMARY OF 2023-24 RECOMMENDED BUDGET

(\$ in Millions)

| Total Budget by Fund            | 2020-21<br>Budget | 2021-22<br>Budget | 2022-23<br>Budget | 2023-24<br>Recommended | Change From<br>Final Adopted | %<br>Change  |
|---------------------------------|-------------------|-------------------|-------------------|------------------------|------------------------------|--------------|
| Total General County            | \$ 29,272         | \$ 29,882         | \$ 33,333         | \$ 33,099              | \$ (234)                     | -0.7%        |
| Special Funds/Special Districts | 8,962             | 9,442             | 11,309            | 9,897                  | (1,412)                      | -12.5%       |
| <b>Total Budget</b>             | <b>\$ 38,234</b>  | <b>\$ 39,324</b>  | <b>\$ 44,642</b>  | <b>\$ 42,996</b>       | <b>\$ (1,646)</b>            | <b>-3.7%</b> |
| <b>Budgeted Positions</b>       | <b>110,195</b>    | <b>111,038</b>    | <b>113,592</b>    | <b>114,106</b>         | <b>514</b>                   | <b>0.5%</b>  |

| Major Budget Changes by Fund            | Net Change        |
|---|-------------------|
| <b>General Fund/Hospital Enterprise</b> |                   |
| Additional Fund Balance                 | \$ (683)          |
| Dept'l Additional Fund Balance          | (334)             |
| Carryover                               | (17)              |
| NCC Changes                             | 850               |
| Ministerial Changes                     | (5)               |
| Revenue Offset                          | (45)              |
| <b>Subtotal General County</b>          | <b>(234)</b>      |
| <b>Special Funds/Special Districts</b>  |                   |
| Special Revenue Funds                   | (655)             |
| Capital Project Special Funds           | (61)              |
| Special Districts                       | (655)             |
| Other Enterprise Funds                  | (28)              |
| Internal Services Fund                  | 7                 |
| Agency Fund                             | (20)              |
| <b>Subtotal Special Funds/Districts</b> | <b>(1,412)</b>    |
| <b>Total County Change</b>              | <b>\$ (1,646)</b> |

| Position Change by Department | Net Change |
|-------------------------------|------------|
| Mental Health                 | 195        |
| Health Services               | 86         |
| Children and Family Services  | 70         |
| Fire                          | 60         |
| Justice, Care and Opportunity | 45         |
| Sheriff                       | 39         |
| Aging and Disabilities        | 20         |
| Public Health                 | 19         |
| County Counsel                | 18         |
| Internal Services             | 12         |
| Economic Opportunity          | 5          |
| Beaches and Harbors           | 4          |
| Chief Executive Office        | 4          |
| Human Resources               | 3          |
| Board of Supervisors          | 2          |
| Military and Veterans Affairs | 2          |
| Auditor-Controller            | 1          |
| District Attorney             | 1          |
| Museum of Natural History     | (1)        |
| Assessor                      | (3)        |
| LA County Library             | (3)        |
| Treasurer and Tax Collector   | (4)        |
| Museum of Art                 | (7)        |
| Alternate Public Defender     | (17)       |
| Public Defender               | (37)       |
|                               | <b>514</b> |





**2023 Public Comment Schedule  
Health and Mental Health Services (HMHS) Cluster (aka Health Deputies Meetings) and Board of  
Supervisors' (BOS) Meetings (version 2 5.19.23)**

| HMHS Cluster Meetings  | BOS Meetings  |
|--|---|
| <ul style="list-style-type: none"> <li>• <a href="https://ceo.lacounty.gov/agendas/">https://ceo.lacounty.gov/agendas/</a></li> <li>• Meets every Weds @ 11:30 AM</li> <li>• Check website for meeting cancellations and time changes.</li> <li>• Public Comments Volunteers (need commissioner names):</li> </ul> | <ul style="list-style-type: none"> <li>• <a href="https://bos.lacounty.gov/board-meeting-agendas">https://bos.lacounty.gov/board-meeting-agendas</a></li> <li>• Meets every Tuesday @ 9:30AM</li> <li>• Check website for meeting cancellations and time changes.</li> <li>• Public Comments Volunteers (need commissioner names):</li> </ul> |

**Key Asks:**

**Confront the worsening STD Crisis**

- Los Angeles County is in the midst of an ongoing STD crisis that has seen rates of syphilis and congenital syphilis skyrocketing since 2018. The Commission calls for sustained investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services.
- Support the Division of HIV and STD Program’s appeal to fund unmet need for an effective STD response in the amount of \$19.25 million. Divestment of funds from incarceration-related activities to STD, mental health, substance use and other public health programs would help stem the STD crisis.

**Increase the Pace of Local Efforts to End the HIV Epidemic (EHE)**

- The Commission calls for all County Departments to support the local Ending the HIV Epidemic goals. With the end of HIV within reach, we must increase our pace and run to meet our 2025 EHE targets. The Commission advocates for more HIV prevention efforts focused on youth, Latinx men who have sex with men (MSM), Black/African American MSM, transgender persons, cisgender women of color, persons who inject drugs (PWID), people under the age of 30, and people living with HIV who are 50 years age or older.
- Direct County-contracted substance use and mental health providers to integrate HIV testing as part of their deliverables.
- Direct all County Departments to promote HIV testing and HIV awareness annually during World AIDS Day.

**Eliminate Poverty and Systemic and Structural Racism to End HIV**

- Establish a Board-supported health equity strategy across all County departments to address social determinants of health such as: implicit bias; access to care; education; social stigma, (i.e., homophobia, transphobia, and misogyny); housing; mental health; substance abuse; income/wealth gaps; as well as criminalization.

## Decriminalization of HIV

- Act on the recommendations from the Alternatives to Incarceration Workgroup and invest in under-resourced communities. Funding that goes towards incarceration are causative and exacerbating the rates of STI's and HIV infection in Los Angeles County. It is imperative that the BOS actively divest funds away from systems of incarceration and move swiftly on their decision to close Men's Central Jail and divest funds away from sheriffs/jails to systems of care.
- Based on previous 2-3 years, the BOS have not done what they've promised and instead have continued to increase funding for systems of incarceration that are exacerbating the HIV/STI crisis and undermining our efforts to prevent them.
- "Beyond the direct association of incarceration and poor health outcomes among PLWH, we also recognize incarceration as a force in LA and across the country, that destabilizes communities, disrupts family relationships, and magnifies the accumulation of health and social disadvantage for already marginalized populations." (from LA County Integrated HIV Prevention and Care Plan 2022-2026).
- "Incarceration increases the likelihood of homelessness, and vice versa. In Los Angeles County, this has resulted in jails providing default housing and services to unhoused individuals who struggle with mental health issues and substance use disorders." (From RAND Aug 16, 2022 [https://www.rand.org/pubs/research\\_briefs/RBA1758-1.html](https://www.rand.org/pubs/research_briefs/RBA1758-1.html))
- "The relationship between carceral and community health is bidirectional. High rates of STIs in correctional settings are driven by disparities in social determinants of health among those entering institutions, who are disproportionately black and Indigenous compared with the overall US population. The same populations affected by the incarceration epidemic are disproportionately affected by STIs. In addition to structural racism, social determinants affecting the sexual health of populations moving through the criminal justice system include intergenerational poverty, which is associated with poorer health outcomes." (From Clinical Infectious Diseases August 15, 2022)
- "A study in the Los Angeles County women's jail showed the likelihood of primary, secondary and early latent syphilis rose with increasing age. A second study in California showed that a substantial portion (13%) of pregnant women who gave birth to an infant with congenital syphilis had been incarcerated." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/>
- "Of 356 adult cisgender men and transgender women living with HIV in Los Angeles County jail, adjusting for sociodemographics, HIV-related stigma, and social support, higher life chaos was associated with greater likelihood of diagnosis while incarcerated, lower likelihood of engagement in care, and lower adherence." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9989347/>
- "Jail and prison inmates face a high risk of infectious disease. Inmates experience a disproportionate burden of sexually transmitted infections (STIs), including 4 to 5 times the prevalence of HIV than that observed in the general population. HIV infection also is elevated among individuals whose recent sex partners have been incarcerated." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3093283/#:~:text=Inmates%20experience%2>

[0a%20disproportionate%20burden,observed%20in%20the%20general%20population.&text=HIV%20infection%20also%20is%20elevated,sex%20partners%20have%20been%20incarcerated;](#)  
American Journal of Public Health June 2011)

- Of the recommended 2023-24 \$43 billion LAC budget, \$288 Million is going toward “alternatives to incarceration” (ATI) which means < 1% (0.7%) of the overall budget is going towards ATI. The Sheriff’s Department’s budget rose to \$3.99 billion. This is up from the \$3.6B they received 2022/2023 which was up from \$3.4B from the 2021/2022 budget. In total, the Sheriffs and jails have received over \$500,000,000 increase in their budget. This increase alone is nearly double the total money dedicated to ATI. If we take into account the >\$1B going toward the department of probation, it is even more dramatic.

#### **Continue the Movement Towards a More Inclusive Data Collection and Reporting**

- Despite numerous national, state, and local efforts to improve STD/HIV/AIDS surveillance and epidemiology, there continues to be significant gaps in the collection, reporting, and dissemination of data related to transgender and non-binary individuals and youth born with HIV.
- For instance, there is a dearth of specific data for transmasculine men and youth born with HIV which presents an imperfect picture of their health needs and missed opportunity to design tailored programs. The Commission supports the County’s effort to expand and standardize gender identify data collection across departments and programs.





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## 2023-24 Recommended Budget and Support for Funding to Curb the STD Epidemic

May 15, 2023

Honorable Supervisor Janice Hahn, Chair, Fourth District  
Honorable Hilda L. Solis, First District  
Honorable Holly J. Mitchell, Second District  
Honorable Supervisor Honorable Lindsey Horvath, Third District  
Honorable Supervisor Honorable Kathryn Barger, Fifth District  
Los Angeles County Board of Supervisors

Dear Supervisors:

The Commission on HIV calls for sustained investments in STD-related public health infrastructure and comprehensive sexual and reproductive health services. Sexually transmitted diseases (STDs) continue to rise in Los Angeles County. In 2019, there were a total of 98,427 cases of STDs reported to the LAC Department of Public Health. The majority of reported cases (66%) were chlamydia followed by gonorrhea (25%) and syphilis (9%). Sixty five percent of the syphilis cases were early syphilis.

In 2019, the number of congenital syphilis cases continued to rise (N=88) with an increase of 60% since 2018. Since 2012, the number of reported congenital syphilis cases has increased over 1,300%. Latinx (57%) females represented the majority of mothers of infants with congenital syphilis.

In a memo (dated February 7, 2023) from the Department of Public Health (DPH), the Department noted “due to the resource gaps, several areas of unmet need tied to local STD control efforts persist and can be grouped across four main areas: Surveillance, Disease Control, Communications, and Resource Coordination. With adequate funding, Public Health could better support and enhance local STD control efforts.” **The Commission on HIV supports DPH’s appeal for \$19.25 million to close the gap in unmet funding needed to respond the County’s STD crisis. We urge you to do the same.**

**We must act now to prevent the STD crisis from getting worse.** Our concern has only grown as the COVID-19 pandemic exacerbated gaps in an already overstressed public health system that was not prepared for the pandemic. With the onset of the COVID-19 pandemic, HIV and STD testing and treatment rates sharply declined while new transmissions continued. Particularly concerning, some of the same communities disproportionately impacted by STDs, including men who have sex with men (MSM), transgender individuals, women of color, and youth, have also been disproportionately impacted by COVID-19, exacerbating existing health and social inequities.

Thank you for your time and we implore you to help us respond to the STD crises with the same energy, attention and resources as we have put on combatting the COVID pandemic.

Sincerely,

*Bridget Gordon*

Bridget Gordon, Co-Chair

*Luckie Alexander Fuller*

Luckie Alexander Fuller, Co-Chair

MOTION BY SUPERVISORS HILDA L. SOLIS AND LINDSEY HORVATH June 6, 2023

**Care With Pride: Supporting Gender Affirming Health Care, Mental Health Services, and Care Management for LGBTQ+ Residents, Including Transgender, Gender Nonconforming, and Intersex (TGI) People**

June is Pride Month, celebrating Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) residents, commemorating the 1969 Stonewall Uprising in Manhattan. Each June, people around the country work to achieve equal justice and opportunity for LGBTQ+ Americans. Unfortunately, this year’s pride month occurs during a national backdrop in which discriminatory policies targeting LGBTQ+ people are being passed around the country. Just in the first five months of 2023, over 500 anti-LGBTQ+ bills were considered in a majority of states across the country, ranging from censoring materials in schools to banning transgender student athletes from participating in sports matching their gender identity. This also includes healthcare, where doctors and families are being criminalized for supporting young people trying to access gender-affirming care.

Not only does Los Angeles County reject these policy proposals, but it is also

MOTION

SOLIS \_\_\_\_\_

MITCHELL \_\_\_\_\_

HORVATH \_\_\_\_\_

BARGER \_\_\_\_\_

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committed to being a model of providing the care and resources needed to support LGBTQ+ residents, including youth. According to studies, 5.1% of County residents, representing over half a million people, identify as LGBT. As legislation elsewhere passes preventing access to medically necessary interventions for Transgender, Gender nonconforming, and Intersex (TGI) people, the County supports the rights of TGI people to access County services in a way that is affirming and welcoming of their identities. The County is committed to ensuring TGI people have safe access to necessary medical, mental health, and care coordination services throughout its departments.

This is especially important as studies show that LGBTQ+ residents are more likely to experience the social, medical, economic, and mental health consequences of discrimination, family rejection, and trauma. This results in an overrepresentation of LGBTQ+ depending on County departments for safety net services. A 2014 study noted that LGBTQ+ youth make up 19% of youth in the County's foster care system and 40% of youth experiencing homelessness.

In June of 2021, the Board of Supervisors unanimously passed the first *Care with Pride* motion, instructing the Department of Health Services (DHS) to work with the Department of Children and Family Services (DCFS) and community-based organizations to expand competent, affirming healthcare models, and to assess current protocols regarding gender-affirming care, soliciting feedback with community for steps the County should take to improve care coordination. In June of 2022, the Board of Supervisors unanimously passed the second *Care with Pride* motion, expanding on these efforts to create a Gender Health Program (GHP) within DHS, to standardize and

strengthen LGBTQ+ services for DHS-empaneled patients, and to work with DCFS and the Department of Mental Health (DMH) to ensure mental health and child welfare partners were core components of this program. This program now serves as a valuable linkage point for comprehensive gender-affirming services that include medical care, mental health care, and care coordination. The current population of TGI patients served by DHS has grown to more than 800 individuals who have received more than 2,800 visits related to gender-affirming services.

The GHP is a successful partnership amongst DHS, DMH, and DCFS, each with distinct roles related to gender-affirming services (medical, surgical, mental health, and care coordination). These roles and responsibilities were solidified at a countywide Gender Health Coalition retreat in April of 2023. The retreat highlighted concrete achievements, including identification of staff at DHS, DMH, and DCFS who have responsibilities specifically related to gender-affirming care, the addition of appropriate gender-affirming medications to the DHS formulary, and updates to the “banner bar” in the DHS electronic health record to permit inclusion of a patient’s preferred pronouns. The team also identified areas for ongoing efforts, including enhanced access to data related to identification of need and delivery of services, further efforts to support coordination across departments, alignment of clinical care with the most current expected practices as outlined in the recently released World Professional Association for Transgender Health’s (WPATH) Standards of Care 8 (SOC 8), enhanced staff education in gender-affirming services, and improved information for the public regarding gender-affirming services available through the County. Additionally, within DHS, the Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative plays a critical role

in this work, as it directly supports the advancement of TGI and gender-affirming initiatives throughout DHS.

This Pride Month, the County reaffirms its commitment to providing gender-affirming and inclusive care. County departments must continue expanding and enhancing services for TGI residents to ensure safe, affirming, and appropriate access to County medical care, mental health care and care coordination services, to stand in firm contrast and direct opposition to hateful policies being implemented elsewhere in the country.

**WE, THEREFORE, MOVE** that the Board of Supervisors instruct the Department of Health Services, Department of Mental Health, Department of Children and Family Services, Department of Public Health, and the Chief Executive Office Anti-Racism, Diversity, and Inclusion Initiative, in collaboration with the Los Angeles County Commission on Human Relations, to report back in 90 days on the progress of the Gender Health Program and include:

- a. Data and reporting issues;
- b. The status of clinical standards of the Gender Health Program;
- c. Feasibility of developing and offering educational webinars in gender-affirming care to DHS, DMH, DPH, and DCFS front-line workforce members;
- d. Considerations for clinical and administrative staff needed to ensure the continued success of the program as it grows to serve more residents;
- e. Develop a communications and outreach strategy, including the use of traditional and local media, social media, community-based organizations, and community partners, to raise awareness to community of the Gender Health

Program; and

- f. A plan to create a public-facing County website offering resources and referral links to gender-affirming health care services within County departments, including recommendations on the location of the website to maximize access for this target population. This should include a plan for creating and maintaining the website with an identified website owner for creation and maintenance to continue elevating this patient service.

**I FURTHER MOVE** that Department of Health Services report back in 30 days on the status of adding staff for its Equity Diversity Inclusion and Antiracism (EDIA) initiative, including the status of hiring onto existing items added previously to DHS' budget to focus on EDIA work as well as a description and status of EDIA budget requests submitted for consideration as part of the 2023-2024 budget cycle.

# # #

SUP:HLS:ac