



COMMISSION ON HIV Virtual Meeting

Thursday, July 9, 2020

9:00AM - 12:00PM (PST)

Meeting Packet will be available on our website at:

<http://hiv.lacounty.gov/Meetings>

JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://tinyurl.com/ybpfgh48>

**Link is for members of the public only*

JOIN VIA WEBEX ON YOUR PHONE:

1-415-655-0001 US Toll

Access Code: 145 716 1261

PUBLIC COMMENTS

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

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance, contact Commission Staff at (213) 738-2816 or hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



AGENDA FOR THE **VIRTUAL** MEETING OF THE

LOS ANGELES COUNTY COMMISSION ON HIV (COH)

MAIN (213) 738-2816 / FAX (213) 637-4748

EMAIL: hivcomm@lachiv.org WEBSITE: <http://hiv.lacounty.gov>

Thursday, July 9, 2020 | 9:00 AM – 12:00 PM

To Join by Computer: <https://tinyurl.com/ybpfgh48>

To Join by Telephone: 1-415-655-0001 Access code: 145 716 1261

AGENDA POSTED: July 3, 2020

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

ACCOMMODATIONS: Interpretation services for the hearing impaired and translation services for languages other than English are available free of charge with at least 72 hours' notice before the meeting date. To arrange for these services, please contact the Commission office at hivcomm@lachiv.org or leave a voicemail at 213.738.2816.

Los servicios de interpretación para personas con problemas de audición y los servicios de traducción para otros idiomas además del inglés están disponibles sin cargo con al menos 72 horas de anticipación antes de la fecha de la reunión. Para coordinar estos servicios, comuníquese con la oficina de la Comisión en hivcomm@lachiv.org o deje un mensaje de voz al 213.738.2816.

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

NOTES on AGENDA SCHEDULING, TIMING, POSTED and ACTUAL TIMES, TIME ALLOTMENTS, and AGENDA ORDER: Because time allotments for discussions and decision-making regarding business before the Commission's standing committees cannot always be predicted precisely, posted times for items on the meeting agenda may vary significantly from either the actual time devoted to the item or the actual, ultimate order in which it was addressed on the agenda. Likewise, stakeholders may propose adjusting the order of various items at the commencement of the committee meeting (Approval of the Agenda), or times may be adjusted and/or modified, at the co-chairs' discretion, during the course of the meeting. If a stakeholder is interested in joining the meeting to keep abreast of or participate in consideration of a specific agenda item, the Commission suggests that the stakeholder plan on attending the full meeting in case the agenda order is modified or timing of the items is altered. All Commission committees make every effort to place items that they are aware involve

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

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

	Call to Order and Roll Call		9:00 A.M. – 9:03 A.M.
1.	<u>ADMINISTRATIVE MATTERS</u>		
	A. Approval of Agenda	MOTION #1	9:03 A.M. – 9:05 A.M.
	B. Approval of Meeting Minutes	MOTION #2	9:05 A.M. – 9:07 A.M.
2.	<u>WELCOME, INTRODUCTIONS AND VIRTUAL MEETING GUIDELINES</u>		9:07 A.M. – 9:15 A.M.
3.	<u>REPORTS</u>		
	A. Executive Director/Staff Report		9:15 A.M. – 9:20 A.M.
	(1) County/COH Operational Updates		
	(2) Virtual Lunch & Learn Series		
	B. Co-Chair Report		9:20 A.M. – 9:35 A.M.
	(1) Meeting Management Reminders		
	(2) August COH Meeting Rescheduled to August 20, 2020		
	(3) Expedited DHSP Contracting BOS Letter		
	(4) COH Recruitment for New Members		
	(5) Executive At-Large Member Open Nominations ONGOING		
	C. LA County Department of Public Health Report		9:35 A.M. – 10:30 A.M.
	(1) Division of HIV/STD Programs (DHSP) Updates		
	(a) 2019 Annual Surveillance Report		
	D. California Office of AIDS (OA) Report		10:30 A.M. – 10:40 A.M.
	(1) California HIV Planning Group Update		
4.	Ending the HIV Epidemic (EtHE) Updates + Activities		10:40 A.M. – 10:50 A.M.
	<i>Opportunity for community partners to provide brief updates on EtHE-related activities and discuss topics for community feedback.</i>		
5.	Housing Opportunities for People Living with AIDS (HOPWA) Report		10:50 A.M. – 10:55 A.M.
6.	Ryan White Program Parts C, D and F Report		10:55 A.M. – 10:57 A.M.
7.	Cities, Health Districts, Service Provider Area (SPA) Reports		10:57 A.M. – 11:00 A.M.

8. Standing Committee Reports 11:00 A.M. – 11:35 A.M.
- A. Operations Committee
 - (1) Membership Management
 - (a) Miguel Martinez | Planning, Priorities & Allocations (PP&A) **MOTION #4**
Committee Member Application
 - (b) Proposed 2020 Membership Slate **MOTION #5**
 - B. Standards and Best Practices (SBP) Committee
 - (1) Standards of Care | UPDATE
 - C. Planning, Priorities and Allocations (PP&A) Committee
 - D. Public Policy Committee
 - (1) County, State and Federal Legislation & Policy
 - (2) County, State and Federal Budget
 - (3) Housing and Homelessness
9. Caucus, Task Force and Work Group Reports 11:35 A.M. – 11:45 A.M.
- A. Aging Task Force
 - B. Black African American Community (BAAC) Task Force
 - C. Consumer Caucus
 - D. Women’s Caucus
 - E. Transgender Caucus

MISCELLANEOUS

10. Public Comment 11:45 A.M. – 11:50 A.M.
- Opportunity for members of the public to address the Commission of items of interest that are within the jurisdiction of the Commission. For those who wish to provide live public comment, you must register and join WebEx through your computer or smartphone. For those calling into the meeting via telephone, you will not be able to provide live public comment. However, you may provide written public comments or materials by email to hivcomm@lachiv.org.*
11. Commission New Business Items 11:50 A.M. – 11:55 A.M.
- 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.*
12. Announcements 11:55 A.M. – 12:00 P.M.
- Opportunity for members of the public to announce community events, workshops, trainings, and other related activities. Announcements will follow the same protocols as Public Comment.*
13. Adjournment and Roll Call 12:00 P.M.
- Adjournment for the meeting of July 9, 2020.*

PROPOSED MOTION(S)/ACTION(S)	
MOTION #1:	Approve the Agenda order, as presented or revised.
MOTION #2:	Approve the Minutes, as presented or revised.
MOTION #3:	Approve Miguel Martinez' PP&A Committee Member Application, as presented or revised.
MOTION #4:	Approve the Proposed 2020 Membership Slate as presented, or revised.

COMMISSION ON HIV MEMBERS:			
Al Ballesteros, MBA, Co-Chair	Bridget Gordon, Co-Chair	Danielle Campbell, MPH	Raquel Cataldo
Pamela Coffey (Alasdair Burton, Alternate**)	Michele Daniels	Erika Davies	Susan Forrest (Alternate*)
Jerry D. Gates, PhD	Felipe Gonzalez	Aaron Fox, MPM	Grissel Granados, MSW
Karl Halfman, MA	Diamante Johnson (Kayla Walker-Heltzel, Alternate**)	Joseph Green	William King, MD, JD, AAHIVS
Lee Kochems, MA	David P. Lee, MPH, LCSW	Anthony Mills, MD	Carlos Moreno
Derek Murray	Katja Nelson, MPP	Miguel Alvarez (Alternate*)	Frankie Darling-Palacios
Raphael Peña (Thomas Green, Alternate**)	Mario Pérez, MPH	Juan Preciado	Joshua Ray (Eduardo Martinez, Alternate**)
Ricky Rosales	Nestor Rogel (Alternate*)	Harold San Agustin, MD	Martin Sattah, MD
Tony Spears (Alternate*)	LaShonda Spencer, MD	Kevin Stalter	Maribel Ulloa
Justin Valero	Amiya Wilson		
MEMBERS:	38		
QUORUM:	20		

LEGEND:

LoA= Leave of Absence; not counted towards quorum

Alternate*= Occupies Alternate seat adjacent a vacancy; counted toward quorum

Alternate**= Occupies Alternate seat adjacent a filled primary seat; counted towards quorum in the absence of the primary seat member



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-6748

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

CODE OF CONDUCT

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

All participants and stakeholders should adhere to the following:

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

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



LOS ANGELES COUNTY COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

TO END HIV, WE MUST END RACISM

On the behalf of the Los Angeles County Commission on HIV, the Black/African American Community (BAAC) Task Force recognizes that these are extremely difficult, disturbing and painful times for us and our communities. We remain steadfast in solidarity with our Black/African American communities and vehemently condemn the pervasive, systemic racism that continues to plague our communities. “Without reckoning with our history of racial injustice and violence we will continue to be haunted by its ugly and painful legacy.” (Equal Justice Initiative [EJI].)

Racism IS a public health emergency and impacts us all. Racism impacts access to and the quality of health care and it dictates when, how and by whom health care is given or withheld. Medical mistrust by our Black/African American communities and implicit biases of the health care system are rooted in historical, institutional and socialized racism. It is without question we cannot end the HIV epidemic without dismantling these systems that continue to perpetuate the injustices that result in disproportionately poorer outcomes in our Black/African American communities. Our HIV community must remain diligent and committed to actively engaging in policy and action that promote health equity, eliminate barriers and 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; and income/wealth gaps.

As HIV advocates, we cannot sit idly by and allow these inequities to continue. We must act now by centering ALL of our work and conversations around the intersection of racism and the unequal burden of HIV on our Black/African American communities. The Commission is committed to taking action.

We stand in memoriam of Breonna Taylor, George Floyd, Tony Mc Dade, Ahmaud Arbery, and all those who have lost their lives to senseless acts of violence, police brutality and HIV/AIDS. We stand with you, we hurt with you, and we will take action to address these inequities and heal with you.

In Solidarity,

Los Angeles County Commission on HIV
Black/African American Community (BAAC) Task Force

#EndBlackHIV #KnowYourStatus #EndingtheEpidemic #VOTE

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.” - Martin Luther King, Jr.



2020 MEMBERSHIP ROSTER | UPDATED 07/01/20

APPROVED BY COH ON 7/12/18

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2018	June 30, 2020	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2018	June 30, 2020	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2018	June 30, 2020	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2018	June 30, 2020	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2018	June 30, 2020	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2018	June 30, 2020	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2018	June 30, 2020	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2018	June 30, 2020	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2018	June 30, 2020	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2018	June 30, 2020	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Craig Scott (OPS/PP)
20	Unaffiliated consumer, SPA 2			Vacant		July 1, 2018	June 30, 2020	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2018	June 30, 2020	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7	1	PP&A	Raphael Peña	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2018	June 30, 2020	Susan Forrest (PP&A/OPS)-(LOA)
27	Unaffiliated consumer, Supervisorial District 1			Vacant		July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2018	June 30, 2020	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2018	June 30, 2020	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heltzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2018	June 30, 2020	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2018	June 30, 2020	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2018	June 30, 2020	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2018	June 30, 2020	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochers	Unaffiliated Consumer	July 1, 2018	June 30, 2020	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2018	June 30, 2020	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2018	June 30, 2020	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2018	June 30, 2020	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2018	June 30, 2020	
51	HIV stakeholder representative #8			Vacant		July 1, 2018	June 30, 2020	Miguel Alvarez (OPS/SBP)
TOTAL:		34						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

Planning Council Reflectiveness

(updated 7/01/20)

Race/Ethnicity	Newly Diagnosed PLWH (2018)		Living with HIV/AIDS in EMA/TGA (2018/2019)		Total Members of the Planning Council		Non- Aligned Consumers on Planning Council	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic	323	19.5%	14186	27.3%	7	20.59%	3	27.27%
Black, not Hispanic	379	22.8%	10446	20.1%	9	26.40%	4	36.36%
Hispanic	817	49.2%	23351	44.9%	13	38.24%	3	27.27%
Asian/Pacific Islander	88	5.3%	1958	3.8%	3	8.82%	0	0.00%
American Indian/Alaska Native	10	0.6%	303	0.6%	0	0%	0	0.00%
Multi-Race/Not Specified	43	2.6%	1736	3.3%	2	5.88%	1	9.09%
Total	1660	100%	51980	100%	34	100%	11	100%
Gender	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Male	1445	87.1%	45313	87.2%	22	64.71%	8	72.73%
Female	180	10.8%	5777	11.1%	10	29.41%	3	27.27%
Transgender	35	2.1%	890	1.7%	1	2.94%	0	0.0%
Unknown/Other	0	0.0%	0	0.0%	1	2.94%	0	0.0%
Total	1660	100%	51980	100%	34	100%	11	100%
Age	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
13-19 years	64	3.9%	105	0.2%	0	0.0%	0	0.0%
20-29 years	637	38.4%	4056	7.8%	3	8.82%	1	9.09%
30-39 years	485	29.2%	10082	19.4%	13	38.24%	3	27.27%
40-49 years	257	15.5%	11506	22.1%	7	20.59%	3	27.27%
50-59 years	140	8.4%	15989	30.8%	9	26.47%	3	27.27%
60+ years	77	4.6%	10242	19.7%	2	5.88%	1	9.09%
Other/Unknown	0	0.0%	0	0.00%	0	0.0%	0	0.0%
Total	1660	100.0%	51980	100.00%	34	100%	11	100%



3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010
TEL. (213) 738-2816 · FAX (213) 637-4748
WEBSITE: <http://hiv.lacounty.gov> | EMAIL: hivcomm@lachiv.org

ALL COMMITTEE MEETINGS ARE HELD VIRTUALLY VIA WEBEX UNTIL FURTHER NOTICE

COMMITTEE ASSIGNMENTS

Updated: July 01, 2020
Assignment(s) Subject to Change

EXECUTIVE COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Bridget Gordon	Co-Chair, Comm./Exec.*	Commissioner
Al Ballesteros, MBA	Co-Chair, Comm./Exec., PP&A (temp.)*	Commissioner
Raquel Cataldo	Co-Chair, PP&A	Commissioner
Joseph Green	Co-Chair, Operations	Commissioner
Michele Daniels	At-Large Member*	Commissioner
Erika Davies	Co-Chair, SBP	Commissioner
Lee Kochems	Co-Chair, Public Policy	Commissioner
Katja Nelson, MPP	Co-Chair, Public Policy	Commissioner
Mario Pérez, MPH	DHSP Director	Commissioner
Juan Preciado	Co-Chair, Operations	Commissioner
Kevin Stalter	Co-Chair, SBP	Commissioner

OPERATIONS COMMITTEE		
Regular meeting day: 4 th Thursday of the Month Regular meeting time: 10:00 AM-12:00 PM Number of Voting Members= 7 Number of Quorum= 4		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Joseph Green	Committee Co-Chair*	Commissioner
Juan Preciado	Committee Co-Chair*	Commissioner
Miguel Alvarez	**	Alternate
Danielle Campbell, MPH	*	Commissioner
Michele Daniels (Craig Scott, Alternate)	*	Commissioner
Susan Forrest (LOA)	**	Alternate
Kayla Walker-Heltzel	**	Alternate
Carlos Moreno	*	Commissioner

Committee Assignment List

Updated: July 01, 2020

Page 2 of 3

PLANNING, PRIORITIES & ALLOCATIONS (PP&A) COMMITTEE		
Regular meeting day: 3 rd Tuesday of the Month Regular meeting time: 1:00-4:00 PM Number of Voting Members= 12 Number of Quorum= 7		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Al Ballasteros	Committee Co-Chair*(temp.)	Commissioner
Raquel Cataldo	Committee Co-Chair*	Commissioner
Susan Forrest (LoA)	*	Alternate
Karl Halfman, MA	*	Commissioner
William D. King, MD, JD, AAHIVS	*	Commissioner
Anthony Mills, MD	*	Commissioner
Derek Murray	*	Commissioner
Diamante Johnson (Kayla Walker-Heltzel, Alternate)	*	Commissioner
Frankie Darling Palacios	*	Commissioner
Raphael Pena (Thomas Green, Alternate)	*	Commissioner
LaShonda Spencer, MD	*	Commissioner
Maribel Ulloa	*	Commissioner
TBD	DHSP staff	DHSP

PUBLIC POLICY (PP) COMMITTEE		
Regular meeting day: 1 st Monday of the Month Regular meeting time: 1:00-3:00 PM Number of Voting Members= 11 Number of Quorum= 6		
COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Lee Kochems, MA	Committee Co-Chair*	Commissioner
Katja Nelson, MPP	Committee Co-Chair*	Commissioner
Pamela Coffey (Alasdair Burton, Alternate)	*	Commissioner
Jerry Gates, PhD	*	Commissioner
Aaron Fox, MPM	*	Commissioner
Eduardo Martinez	**	Alternate
Nestor Rogel	*	Alternate
Ricky Rosales	*	Commissioner
Martin Sattah, MD	*	Commissioner
Craig Scott	**	Alternate
Tony Spears	*	Alternate

STANDARDS AND BEST PRACTICES (SBP) COMMITTEE

Regular meeting day: 1st Tuesday of the Month

Regular meeting time: 1:00-4:00 PM

Number of Voting Members = 12 | Number of Quorum = 7

COMMITTEE MEMBER	MEMBER CATEGORY	AFFILIATION
Kevin Stalter	Committee Co-Chair*	Commissioner
Erika Davies	Committee Co-Chair	Commissioner
Grissel Granados	*	Commissioner
Thomas Green	**	Alternate
Felipe Gonzalez	*	Commissioner
David Lee, MPH, LCSW	*	Commissioner
Katja Nelson, MPP	**	Commissioner
Joshua Ray (Eduardo Martinez, Alternate)	*	Commissioner
Harold Glenn San Agustin	*	Commissioner
Justin Valero, MA	*	Commissioner
Amiya Wilson	*	Commissioner
Wendy Garland, MPH	DHSP staff	DHSP

CONSUMER CAUCUS

Regular meeting day: 2nd Thursday of Each Month

Regular meeting time: Time TBD; following Commission Meeting

Open membership to consumers of HIV prevention and care services

AGING TASK FORCE (ATF)

Regular meeting day/time: Contact Commission Office

Open membership

BLACK/AFRICAN AMERICAN COMMUNITY (BAAC) TASK FORCE

Regular meeting day/time: Contact Commission Office

Open membership

TRANSGENDER CAUCUS

Regular meeting day/time: 4th Tuesday of Each Month

10am-12pm

Open membership

WOMEN'S CAUCUS

Regular meeting day/time: Contact Commission Office

Open membership



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 7/01/20

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
ALVAREZ	Miguel	No Affiliation	No Ryan White or prevention contracts
BALLESTEROS	AI	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
BURTON	Alasdair	No Affiliation	No Ryan White or prevention contracts
CAMPBELL	Danielle	UCLA/MLKCH	HIV/AIDS Oral Health Care (Dental) Services
			HIV/AIDS Medical Care Coordination Services
			HIV/AIDS Ambulatory Outpatient Medical Services
			HIV/AIDS Medical Care Coordination Services
			nPEP Services

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CATALDO	Raquel	Tarzana Treatment Center	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT - Mobile Testing Unit
			HCT - Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Substance Abuse, Transitional Housing meth)
			Transitional Case Management-Jails
			Benefits Specialty (SPA 1)
			Medical Transportation (SPA 1)
			Oral Healthcare Services (SPA1)
COFFEY	Pamela	Unaffiliated consumer	No Ryan White or prevention contracts
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing
			HCT - Storefront
			Health Education/Reduction Risk
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations
DAVIES	Erika	City of Pasadena	HCT - Storefront
FORREST	Susan	Office of Division and Re-entry, Department of Health Services, County of Los Angeles	No Ryan White or prevention contracts
FOX	Aaron	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HCT - Routine Testing, Storefront
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			STD Screening, Diagnosis and Treatment
			Promoting Healthcare Engagement Among Vulnerable Populations

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GRANADOS	Grissel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM)
			Case Management, Transitional - Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Biomedical Prevention
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HCT - Storefront
			Mental Health
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
JOHNSON	Diamante	Unaffiliated consumer	No Ryan White or prevention contracts
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts
LEE	David	Charles R. Drew University of Medicine and Science	Benefits Specialty
			HCT - Storefront & MTU
			Ambulatory Outpatient Medical (AOM)
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Medical Care Coordination (MCC)
			HCT-Storefront, Mobile Testing Unit
			Mental Health
			Medical Subspecialty
			Oral Healthcare Services
			HIV and STD Prevention Services in Long Beach
STD-Screening, Diagnosis, & Treatment			

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical Prevention
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
MORENO	Carlos	Children's Hospital, Los Angeles	Ambulatory Outpatient Medical (AOM)
			HCT-Storefront
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transitional Case Management-Youth
			Promoting Healthcare Engagement Among Vulnerable Populations
MURRAY	Derek	City of West Hollywood	No Ryan White or prevention contracts
NELSON	Katja	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			Nutrition Support
			HCT - Storefront
			Health Education/Risk Reduction (HERR)
			Health Education/Risk Reduction (HERR), Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
PEÑA	Raphael	Unaffiliated consumer	No Ryan White or prevention contracts
PERÉZ	Mario	Los Angeles County, Department of Public Health, Division of HIV and STD Programs	Ryan White/CDC Grantee
PRECIADO	Juan	Northeast Valley Health Corporation	Mental Health, Psychotherapy
			Benefits Specialty
			Mental Health, Psychiatry
			Oral Health
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
RAY	Joshua	Unaffiliated consumer	No Ryan White or prevention contracts
ROGEL	Nestor	Alta Med	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Home-Based
			HCT Mobile Testing
			HIV Biomedical Prevention
			Medical Care Coordination (MCC)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Promoting Healthcare Engagement Among Vulnerable Populations
ROSALES	Ricky	City of Los Angeles AIDS Coordinator	No Ryan White or prevention contracts
SATTAH	Martin	Rand Schrader Clinic LA County Department of Health Services	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Mental Health
SAN AGUSTIN	Harold	JWCH, INC.	Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Case Management, Transitional
			Health Education/Risk Reduction (HERR)
			HIV Counseling and Testing (HCT)
			Medical Care Coordination (MCC)
			Mental Health, Psychotherapy
			Mental Health, Psychiatry
			Oral Health
			Biomedical Prevention
SCOTT	Craig	Unaffiliated consumer	No Ryan White or prevention contracts
SPENCER	LaShonda	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
SPEARS	Tony	Capitol Drugs	No Ryan White or prevention contracts
STALTER	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
ULLOA	Maribel	HOPWA-City of Los Angeles	No Ryan White or prevention contracts
VALERO	Justin	California State University, San Bernardino	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
WALKER	Kayla	No Affiliation	No Ryan White or prevention contracts
WILSON	Amiya	Unique Women's Coalition	No Ryan White or prevention contracts



VIRTUAL LUNCH & LEARN SERIES: SHARE, LEARN, AND SUSTAIN OUR HIV MOVEMENT

Please join us in collaboration with community partners as we share, learn, and break bread together in discussing how to sustain our HIV movement amidst the COVID-19 pandemic. It is our hope to leave you informed, inspired, and reenergized as we rebuild our HIV community engagement and transform our actions into a truly inclusive and racially just movement.

July 16, 2020: East Los Angeles Women's Center (ELAWC)

Barbara Kappos, LCSW, Executive Director and Thelma Garcia, Director of HIV Services at ELAWC will discuss their services and how they "walk side-by-side with survivors to forge a path to hope." ELAWC is at the critical intersections of sexual and domestic violence, homelessness, HIV/STDs and women's empowerment. Hear how they have navigated the impact of COVID-19 on their agency and their clients, and how to forge a female-centric HIV movement. The mission of ELAWC is to ensure that all women, girls and their families live in a place of safety, health, and personal well-being, free from violence and abuse, with equal access to necessary health services and social support, with an emphasis on Latino communities.



East Los Angeles Women's Center (ELAWC)

THURS, JULY 16, 2020
12PM-1PM

TO JOIN BY COMPUTER:
<https://tinyurl.com/ydxl3mqb>

TO CALL-IN:
US Toll: +1-415-655-0001
Access code: 145 622 5830

GRAB YOUR LUNCH,
INVITE A FRIEND AND
LET'S SHARE, LEARN &
BREAK BREAD TOGETHER
#STRONGERTOGETHER

LOS ANGELES COUNTY
COMMISSION ON HIV
3530 Wilshire Blvd., Suite 1140
Los Angeles, CA 90010

<http://hiv.lacounty.gov>

Tel: 213.738.2816
Eml: hivcomm@lachiv.org



SAVE THE DATE

** Change in August meeting date*

Virtual
Commission on HIV Meeting
Thursday, August 20, 2020
9am-12pm

The August Commission on HIV meeting has been rescheduled to August 20, 2020 to accommodate those who will attend the Virtual 2020 National Ryan White Conference on HIV Care & Treatment.

We look forward to seeing you on August 20, 2020.

PUBLIC COMMENTS

Public Comments will open at the time referenced on meeting agendas. For those who wish to provide live public comment, you may do so by joining the virtual meeting through your computer or smartphone and typing PUBLIC COMMENT in the Chat box. Public Comments may also be provided by email to hivcomm@lachiv.org. All correspondence and materials received shall become part of the official record.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance, contact Commission Staff at (213) 738-2816 or hivcomm@lachiv.org



LOS ANGELES COUNTY
COMMISSION ON HIV



3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

June 22, 2020

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
Los Angeles, CA 90012

Re: Expedited Contracting to Place **Ending the HIV Epidemic Funds** on the Street Quickly

Dear Supervisors:

We have communicated in past correspondence and in direct meetings with your offices regarding a new federal initiative termed **Ending the HIV Epidemic**. After more than 30 years of this pandemic, it is very much welcomed that such an initiative is now in place at the federal level and will fund activities which can immediately curb the spread of the infection here in Los Angeles County.

We have been in planning phases for the start of this **Ending the HIV Epidemic** effort for the last year. To this end, the Los Angeles Commission on HIV has held community listening and working sessions and the Department of HIV and STD Programs (DHSP) received a planning grant to help capture and propose the strategies which will be funded under this federal program. The grant application was submitted a while back and we expect that funding will come to Los Angeles in August 2020.

The community is excited about this opportunity but has major concerns. This is the reason we are communicating to your offices now.

The nature of this funding is meant to quickly get into communities and work to curb the epidemic. The federal sources expect our County to move expeditiously as well. But the affected communities – those with high rates of HIV and STD infections - have become frustrated that the County contracting process is too long and cumbersome, making it almost impossible to enable DHSP to respond rapidly to community infection rates and immediate needs. As you are aware, it currently takes 18 to 24 months to complete the solicitations and contract execution cycle. This protracted process has not worked for the best use of resources for our existing Ryan White Federal and State grants and causes us difficulties when making quick decisions in **Ending the HIV Epidemic** which could truly make a difference in the lives of persons affected, at risk or living with HIV disease, as well as prevent HIV infection in Los Angeles County. It certainly does not work for an immediate response to high community infections rates for those with STDs and HIV.

As Co-Chairs of your Commission we are in touch with hundreds of community residents, stakeholders and affected persons. We are sure that if these funds are not put out on the streets in a very rapid manner that the community will become even more disillusioned and we are worried they will walk away from the process and possibilities which this funding initiative offers.

Like the COVID-19 experience thus far, communities of color including poor people, those who are uninsured and underinsured shoulder a disproportionate burden of HIV. We are seeking to close this gap and we cannot do that without urgent attention to this important problem we are experiencing with County Procurement in the time of our HIV and STD epidemics.

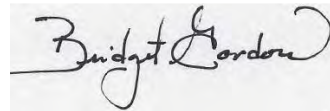
We would appreciate a meeting with your offices so that we may articulate our ongoing challenges with the HIV and STD epidemics. We would also like to offer recommendations to make this process better benefit our community.

Our Executive Director will be in touch to assist in coordinating these meetings with your designated staff.

Sincerely,



Alvaro Ballesteros, Co-Chair



Bridget Gordon, Co-Chair

cc: Barbara Ferrer, PhD
Muntu Davis, MD
Jeffrey Gunzenhauser, MD
Mario Perez, MPH
Celia Zavala



Join us & make a difference in your community!

WHO WE ARE

The Los Angeles County Commission on HIV serves as the local planning council for HIV prevention and treatment services across the County. The Commission is composed of 51 members including consumers, providers, community-based organizations, and other key stakeholders.

WHAT WE DO

The full Commission is responsible for:

- Evaluating effectiveness of service delivery
- Recommending best practices
- Promoting & coordinating services
- Policy development and advocacy efforts
- Identifying gaps and barriers in prevention and care
- Annual needs assessments
- Advising the Department of HIV and STD Programs on HIV funding priorities

The Commission has 5 subcommittees:

- Executive Committee
- Operations Committee
- Planning, Priorities & Allocations Committee
- Public Policy Committee
- Standards & Best Practices Committee



WHEN

The Commission meets every 2nd Thursday of the month.

Subcommittees meet monthly.

All meetings are open to the public.
We hope to see you soon!



WHERE

Monthly Commission meetings:

St. Anne's at 155 N. Occidental Blvd.,
Los Angeles, CA 90026.

Committee meetings:

Commission Office at 3530 Wilshire Blvd.,
Suite 1140, Los Angeles, CA 90010.

Please check with the Commission office to confirm meeting locations or go to <http://calendar.lacounty.gov/calendar>



WHY

In Los Angeles County, there were approximately 60,946 persons living with HIV/AIDS and 1,881 newly diagnosed HIV cases in 2016. Of those, approximately 8,500 individuals are not aware of their status. HIV continues to be a serious health epidemic. Our hope is to work towards ending HIV/AIDS in Los Angeles County.

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance call (213) 738-2816.



¡Únete a nosotros y marca la diferencia en tu comunidad!

QUIÉN

La Comisión del VIH del Condado de Los Ángeles se ocupa de la planificación local de consejería para la prevención y tratamiento de servicios sobre el VIH a través del Condado. La Comisión se compone de 51 miembros, incluyendo consumidores, proveedores, organizaciones comunitarias y otros representantes afines.

QUÉ

La Comisión en su totalidad es responsable por:

- Evaluar la eficacia de los servicios entregados
- Recomendar las mejores prácticas
- Promover y coordinar servicios
- Desarrollar pólizas y esfuerzos de apoyo
- Identificar brechas y barreras en prevención y cuidado
- Evaluaciones de necesidades anuales
- Aconsejar al Departamento de VIH y STD sobre las prioridades de financiación

La Comisión tiene 5 subcomités:

- Comité ejecutivo
- Comité de operaciones
- Comité de planeamiento, prioridades, y asignaciones
- Comité de políticas públicas
- Comité de mejores normas y prácticas



CUÁNDO

La Comisión se reúne el segundo jueves de cada mes.

Los subcomités se reúnen cada mes.

Todos los encuentros están abiertos al público. ¡Esperamos verte pronto!



DÓNDE

Las encuentros de la Comisión:

St. Anne's, 155 N. Occidental Blvd,
Los Angeles, CA 90026.

Los encuentros de subcomités:

Oficina de la Comisión, 3530 Wilshire Blvd., Suite 1140, Los Angeles, CA 90010.

Por favor, confirme con la Comisión el lugar de los encuentros o visite el calendario de nuestra página web en <http://calendar.lacounty.gov/calenda>



POR QUÉ

En el Condado de Los Ángeles, hay aproximadamente 60,946 personas viviendo con el VIH y 1,881 recién diagnosticados con VIH, según casos de 2016. De estos casos, aproximadamente, 8,500 individuos no están enterados de su estado. El VIH continúa como una grave epidemia de salud. Nuestra esperanza es trabajar para terminar el VIH en el Condado de Los Ángeles.

¿LE GUSTA LO QUE HACEMOS?

Solicite formar parte de la Comisión en <http://tinyurl.com/HIVCommApplication>

Para ayuda con su solicitud, llame al (213) 738-2816.



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

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

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Director, Disease Control Bureau

MARIO J. PÉREZ, M.P.H.
Director, Division of HIV and STD Programs

600 South Commonwealth Avenue, 10th Floor
Los Angeles, CA 90005
TEL (213) 351-8001 • FAX (213) 387-0912

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

May 19, 2020

Dear Colleague:

We are pleased to announce the publication and release of the *Los Angeles County Annual HIV Surveillance Report for 2019*.

The Annual HIV Surveillance Report provides community and academic partners, public health planners, policymakers and other stakeholders with insights into the evolving Los Angeles County (LAC) HIV epidemic. This report also describes achievements in our shared public health response to HIV, outlines opportunities for improving our local HIV response and offers critical data points to facilitate decision-making to achieve our shared *Ending the HIV Epidemic* goals.

This report includes HIV surveillance data reported to the Department of Public Health since the beginning of the HIV epidemic in the early 1980's through December 31, 2019. Data on trends among persons newly diagnosed with HIV infection in LAC are presented for a subset of persons diagnosed with HIV through December 31, 2018. The main findings from this report are summarized in an Executive Summary and additional context for the epidemiologic and surveillance findings are described in detail in the various sections of the report. In addition, the newly included *Data in Action* summary is presented at the end of each section to contextualize programmatic and policy implications for the local response to HIV.

The Division of HIV and STD Programs continues to work in full partnership with a broad cross-section of community partners and stakeholders to evolve programs and services to meet the specific needs of sub-populations living with and most at risk for HIV infection. Increasingly these efforts are done in coordination and alignment with the goals for ending the national HIV epidemic by 2030. The current program priorities include enhancing HIV testing and screening efforts to ensure that we diagnose all HIV-positive persons as early as possible; providing rapid and high-quality treatment for all persons living with HIV so that they achieve sustained viral suppression; implementing high impact interventions to prevent new HIV transmissions, and; identifying foci where HIV is being transmitted so that we can respond as quickly as possible and provide services to populations that need them the most.

The Annual HIV Surveillance Report for 2019 is available at: <http://publichealth.lacounty.gov/dhsp> and by clicking the Reports link. We hope that you find this report helpful and look forward to our continued collaboration and partnership to end the HIV epidemic in Los Angeles County.

Sincerely yours,

A stylized, handwritten signature in black ink, appearing to read 'M. Pérez'.

Mario J. Pérez, MPH
Director
Division of HIV and STD Programs

A handwritten signature in black ink, appearing to read 'Andrea Kim'.

Andrea A. Kim, PhD, MPH
Chief, HIV and STD Surveillance
Division of HIV and STD Programs

This newsletter is organized to align the updates with Strategies from the *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan* (Integrated Plan). The [Integrated Plan](http://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf) is available on the Office of AIDS' (OA) website at www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP_2016_Final_ADA.pdf.

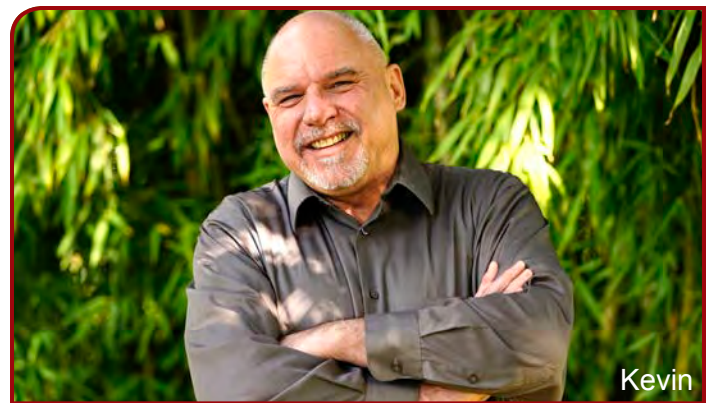
In This Issue:

- Strategy A
- Strategy E
- Strategy J
- Strategy K
- Strategy L
- Strategy N
- Strategy O

Staff Highlight:

OA is pleased to announce **Kevin Sitter** and **Alessandra Ross** have received the University of California San Francisco (UCSF) School of Medicine, SPOT Award, and **Donna Lightle** has received the UCSF, STAR Award, in recognition of their contributions to OA and the California Department of Public Health (CDPH).

As the Ending the Epidemics Program Manager, **Kevin's** dedication, professionalism, respect, integrity and standard of excellence has led to transformative partnerships between OA, STD, local health jurisdictions and community based organizations throughout California. He is currently working on both the Federal Ending the HIV Epidemic initiative and revising the state's Integrated HIV Surveillance, Prevention and Care Plan to address HIV, STDs, and HCV. His leadership, guidance and ability to bring people together has contributed to the development of the Phase I funding opportunities for the federal Ending the HIV Epidemic in America (EtHE) plan. Kevin was able to physically gather colleagues and representatives from each of the eight dedicated counties to include: Alameda, Orange, Riverside, Sacramento, San Bernardino, San Diego, Los Angeles and San Francisco together to collectively exchange ideas, brainstorm and initiate grant writing for their respective counties. A feat difficult to master and Kevin made it happen almost effortlessly. These partnerships he established have resulted in a collaborative



process for current and future policy and funding developments.

Having worked in HIV Prevention and Care for 19 years, and at OA for more than 15 years, validates Kevin's passion and dedication for helping those at risk and living with HIV/AIDS. Kevin has served on a number of committees within OA to include the Center of Infectious Diseases (CID) Health Equity Data & Disparities Workgroup, Care Continuous Quality Improvement (CQI) Committee, Adolescent Sexual Health Work Group (ASHWG), and is a liaison to the California Planning Group (CPG), HIV & Aging Committee. Kevin takes pride in being the voice for those faced with stigma, shame, discrimination and other inequalities. He is sensitive to the health disparities experienced by our clients and is continually pursuing ways to ensure representation for all. Kevin is genuine, passionate and a champion for the rights and well-being of our community, and all Californians. A true advocate for the needs of his colleagues, management team, and community partners.

Kevin is highly respected among peers, managers and community partners. He is a trailblazer in cross-program communications, breaking down silos and barriers between programs and promoting collaborations between programs. He is known as the "go-to" person at OA. His co-workers and colleagues consistently reach out to him for his expertise and guidance. His quick wit, attention to detail and can do attitude is infectious. He is able to put people at ease, make work enjoyable and bring enthusiasm to whatever he does. Kevin is a true example of professionalism. His managers trust his intuition, trust his judgement and know he will always make sound decisions based on the best interest of our clients and OA.

As the Injection Drug Specialist and manager of the Harm Reduction Unit at OA, **Alessandra's** integrity and standard of excellence has contributed to transformative partnerships between OA, local health jurisdictions, and syringe service programs across California.

These partnerships are resulting in better access to respectful, evidence-based services for people who use drugs across the state.

Alessandra boldly advocates for the dignity and inherent worth of all people, both internally at OA and with external stakeholders. Alessandra engages respectfully, honestly, and empathetically with those who question the value of syringe access. She models this to her team, as they respond to constituent complaints, media requests, and inquiries from across CDPH.

Alessandra's dedication to harm reduction is infectious. In a field rife with challenges, barriers, and heartbreak, she leads her team, syringe service programs, and local health jurisdictions, to push on confidently and with conviction. She finds ways to celebrate wins with her unit and with the harm reduction community. Alessandra has recruited and hired respected harm reductionists to join her unit, and has trained OA staff with little background in syringe access or harm reduction to become champions. Those around her rise to her standard of excellence, which in 2019 resulted in 6 new syringe service programs being authorized by CDPH and the development of a new \$15.2 million program that will aim to build the capacity of syringe service programs to hire and retain staff.

Donna was tasked with developing a management process for the State AIDS Medi-Cal Waiver Program (MCWP) and for all local MCWP agencies to assess, document, and report Critical Events and Incidents/Risk Assessment and Mitigation. Donna immediately identified Continuous Learning as an effective strategy and immediately implemented a Quality Improvement project. Utilizing her extensive professional background as a nurse case manager, she evaluated the nature, frequency and circumstances of reported abuse, neglect, and exploitation incidents to determine what is being done to prevent or reduce similar occurrences in the future. She scheduled meetings with management, held teleconferences with MCWP agency nurse

and social work case managers, and provided essential resources for reporting abuse, neglect and exploitation. Donna developed a component in the semi-annual progress report to include specific reporting elements and outcome/resolution of events. In addition, Donna developed MCWP clinical standard operating procedures for the State, reviewed each agencies' policies and procedures for documenting and reporting critical events and incidents, and communicated with agency case managers to determine if Adult Protective Services (APS) provided an outcome for each report.

In November 2019, Centers for Medicare and Medicaid Services (CMS) conducted an onsite review of the MCWP, which included oversight of the Critical Event and Incident Reporting. Donna was instrumental in educating the clinical review team about the process she established to ensure that these incidents were fully documented, reported, and followed up on to guarantee the reported incidents were resolved with APS. As a requirement of the waiver, the State assures CMS that participants health and welfare are protected, and there are operational procedures for managing incidents at the State and local level.

While CMS conducted an onsite review of Critical Events and Incident Reporting, Donna created transformative partnerships. Donna forged new relationships with the Department of Health Care Services, local Adult Protective Services, Ombudsman, and CMS to further understand the expectations of the Critical Events and Incidents Reporting. Through collaborative communication, Donna was able to improve the data collection of Risk Mitigation, which enhanced the MCWP federal reporting.

Donna's dedication to Equity and Inclusion has allowed the MCWP to grow as a program and to accelerate in the communities we serve. MCWP agencies have expressed to me their appreciation of Donna providing intense coaching on program requirements,

performing focused technical assistance to the interdisciplinary teams, conducting Quality Improvement trainings, and sharing best practices. Due to Donna's creative and supportive approach with the MCWP local agencies, she is able to effectively foster ongoing communication and maintain vital partnerships. Donna exemplifies UCSF PRIDE values in her Professionalism, Integrity, and Excellence to the MCWP. Her commitment to Equity and Inclusion is exemplary, and her dedication to our local health jurisdictions and the participants they serve, speaks to her commitment to diversity and inclusion. She shares her knowledge with CDPH colleagues and community partners. Donna's commitment to ensure the health and welfare of all individuals is demonstrated through her successful work with transformative partnerships with other agencies. Donna has transformed the MCWP through her productive guidance, education, and organizational abilities to ensure all MCWP entities understand the mission of supporting our clients living with HIV. Donna has set a foundation for open communication and collaboration with our Project Directors and other partners.

Congratulations to all three award recipients!

General Office Updates:

COVID-19:

OA is committed to providing updated information related to COVID-19. We have disseminated a number of documents in an effort to keep our clients and stakeholders informed. Please refer to our [OA website](http://www.cdph.ca.gov/programs/cid/oa/pages/oamain.aspx) at www.cdph.ca.gov/programs/cid/oa/pages/oamain.aspx, to stay informed.

HIV/STD/HCV Integration Update:

As the lead state department in the COVID-19 response, the California Department of Public Health (CDPH) has re-directed hundreds of staff to this effort. Because of this, there is a temporary pause on the integration efforts of the OA, STD Control Branch, and Office of Viral

Hepatitis Prevention until the Department gets back to normal. We have made tremendous progress in the past few months, establishing numerous action teams to define a future integrated organization. We do not want to lose this momentum, and we will not. We have the commitment of our contractor, who greatly understands the Department's predicament, to continue right where we are pausing, as soon as the COVID-19 related workload on our staff lets up.

Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization

PrEP Assistance Program (PrEP-AP):

As of June 29, 2020, there are 206 PrEP-AP enrollment sites covering 156 clinics that currently make up the PrEP-AP Provider network. A [comprehensive list of the PrEP-AP Provider Network](https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2) can be found at <https://cdphdata.maps.arcgis.com/apps/webappviewer/index.html?id=6878d3a1c9724418aebfea96878cd5b2>.

Data on active PrEP-AP clients can be found in the tables below.

Strategy E: Improve Retention in Care

Studies demonstrate that when People Living With HIV (PLWH) are incarcerated in state prisons, their access to health care

Active PrEP-AP Clients by Age and Insurance Coverage:

Current Age	PrEP-AP Only		PrEP-AP With Medi-Cal		PrEP-AP With Medicare		PrEP-AP With Private Insurance		TOTAL	
	N	%	N	%	N	%	N	%	N	%
18 - 24	156	4%	---	---	---	---	160	4%	316	8%
25 - 34	1,139	28%	3	0%	1	0%	865	22%	2,028	50%
35 - 44	637	16%	---	---	3	0%	375	9%	1,014	25%
45 - 64	288	7%	---	---	24	1%	238	6%	550	14%
65+	6	0%	---	---	117	3%	13	0%	136	3%
TOTAL	2,226	55%	3	0%	145	4%	1,671	41%	4,044	100%

Active PrEP-AP Clients by Age and Race/Ethnicity:

Current Age	Latinx		White		Black or African American		Asian		American Indian or Alaskan Native		Native Hawaiian/ Pacific Islander		More Than One Race Reported		Decline to Provide		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18 - 24	128	3%	89	2%	30	1%	39	1%	---	---	4	0%	9	0%	17	0%	316	8%
25 - 34	905	22%	627	16%	154	4%	216	5%	---	---	6	0%	37	1%	83	2%	2,028	50%
35 - 44	483	12%	334	8%	72	2%	74	2%	3	0%	3	0%	8	0%	37	1%	1,014	25%
45 - 64	224	6%	238	6%	36	1%	38	1%	2	0%	1	0%	3	0%	8	0%	550	14%
65+	11	0%	115	3%	4	0%	4	0%	1	0%	---	---	1	0%	---	---	136	3%
TOTAL	1,751	43%	1,403	35%	296	7%	371	9%	6	0%	14	0%	58	1%	145	4%	4,044	100%

Both PrEP-AP charts prepared by: ADAP Fiscal Forecasting Evaluation and Monitoring (AFFEM) Section, ADAP and Care Evaluation and Informatics Branch, Office of AIDS. Client was eligible for PrEP-AP as of run date: 06/30/2020 at 11:17:12 PM
Data source: ADAP Enrollment System. Site assignments are based on the site that submitted the most recent application.

and treatment results in most achieving viral suppression. The suppression rate in California prisons is 95 percent, exceeding the state rate of 61 percent and the National HIV AIDS Strategy goal of 80 percent. There are no disparities in viral suppression rates for any racial/ethnic and gender groups while being treated in the correctional system. Regretfully, after release, viral suppression rates decline to even lower rates than pre-incarceration. In collaboration with the California Corrections Health Care Services, the OA has submitted a grant application to the CDC (CDC PS20-2011). If funded, a pre-release and post-release program providing PLWH returning home with transition case management support, assistance in enrolling in ADAP, health insurance and other services that can support individuals successful continuation of health care post-release will be implemented. Retaining PLWH in care will sustain the viral suppression achieved in prison, providing optimal likelihood of sustained good health, as well as preventing transmission to others. If awarded, OA looks forward to working with providers throughout California who provide services to people returning to the community from prison, which will ensure comprehensive, culturally relevant services.

Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP

ADAP’s Insurance Assistance Programs:

ADAP Insurance Assistance Program	Number of Clients Enrolled	Percentage Change from May
Employer Based Health Insurance Premium Payment (EB-HIPP) Program	692	+1.17%
Office of AIDS Health Insurance Premium Payment (OA-HIPP) Program	6,236	+1.84%
Medicare Part D Premium Payment (MDPP) Program	1,964	+0.20%
Total	8,892	+1.65%

As of June 29, 2020, the number of ADAP clients enrolled in each respective ADAP Insurance Program are shown in the chart below.

Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs

California syringe services programs (SSPs) continue to provide essential services, and many have expanded their programs to include home delivery during the COVID-19 pandemic.

CDC has released [interim guidance](https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html) (https://www.cdc.gov/coronavirus/2019-ncov/php/syringe-service-programs.html) for the operation of SSPs during the pandemic. The guidance suggests actions public health authorities and SSPs can take to ensure the safety of SSP staff, volunteers and participants. Specific recommendations include:

- Change policies to increase the number of syringes each program participant can receive per visit to enable longer periods between visits. This practice will minimize the need to access SSPs frequently.
- Ensure clients have enough supplies to use sterile equipment with each injection. Dispense enough supplies to ensure that program participants will be able to continue sterile injection even if the SSP may have to

close or limit hours during the pandemic.

- Provide supplies through mobile services, delivery, or mail-order services, whenever possible.
- Use or encourage others to use peer-based delivery models (e.g., providing enough supplies to clients so they can distribute to other people who inject drugs who may be unwilling or unable to visit the program) to ensure sterile supplies are reaching people who need them most.

Inland Empire Harm Reduction in Riverside County and Harm Reduction Coalition of San Diego both have submitted applications for state authorization of new SSPs. Public comment is open on both applications. See OA's website for [more information and to submit a comment](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx) (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_secapp.aspx).

Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

OA is pleased to announce and congratulate Transgender Health Specialist, **Tiffany Woods**



on being selected by Senator Toni Atkins as a Legislative LGBTQ Caucus honoree. Tiffany was elected as the **FIRST** transgender woman to be seated as the California Democratic Party Caucus Chair!

Each year, in observance of LGBTQ Pride Month, the California Legislature selects honorees from around the state for a daylong celebration where they are presented with a resolution in commemoration of their accomplishments and contributions to the LGBTQ community – we are so proud of Tiffany for receiving this distinguished honor!

Tiffany dedicates her life to ensuring transgender & gender-neutral individuals have affirming healthcare options and HIV prevention, as well as eradicating transphobia, and creating a safe and equitable society. She is a fierce trailblazer and a remarkable advocate for our LGBTQ community. Congratulations Tiffany!

Strategy N: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation, and Gender Identity

California Planning Group (CPG):

On June 16, 2020 the CPG hosted a New Member Orientation for all 28 members joining our family. During this meeting we were excited to become acquainted with and see the new members of CPG. They were oriented on the CPG's roles and responsibilities, purpose, standard business practices, four sub-committees (Membership, Women's, Aging and Youth), and HIV Care & Prevention services. There was a renewed energy and excitement exerted and felt among the new members of CPG.

On June 16, 2020 the CPG hosted a Spring Virtual Meeting for all 39 members to come together to check-in on one another, nominate and elect a new CPG Community Co-chair, and hear about the great work being done amongst

our four sub-committees. We opened this meeting to allow time from members to reflect and express their feelings on the current social climate regarding racism, police brutality and injustices among Black Americans. This was a powerful segment that allowed members to be vulnerable, elevate their voices and advocate for much needed change.

OA would like to thank all nominated members for taking the time to give speeches during the Spring Virtual Meeting. We would like to give a huge CONGRATULATIONS to Edwin Cockrell for being elected as Community Co-Chair for a second term!

Strategy O: Further Leverage Existing Resources to Better Meet the Needs of People at Risk for and Living With HIV in California

OA notified the Department of Housing and Urban Development (HUD) of its intent to use five HOPWA waivers, which were issued by HUD

to prevent the spread of COVID-19 and make it easier to assist eligible households impacted by COVID-19. The five HOPWA waivers allows regulatory flexibilities for:

- 1) self-certification of income and HIV status,
- 2) fair market rent standard,
- 3) housing inspections,
- 4) space and security for those operating housing facilities, and
- 5) time-limits for short-term supported housing.

OA notified its HOPWA project sponsors of the waiver availability and provided them guidance on administering the waivers. HOPWA project sponsors are required to notify their HOPWA Program Specialist if they plan to use a waiver(s) for their program.

For [questions regarding this issue of *The OA Voice*](#), please send an email to angelique.skinner@cdph.ca.gov.



Ryan White HIV/AIDS Program Parts

The Ryan White HIV/AIDS Program is divided into five Parts, following from the authorizing legislation. Note that all Parts utilize the same service categories.


- **PART A** provides grant funding for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are population centers that are the most severely affected by the HIV/AIDS epidemic.
- **PART B** provides grant funding to states and territories to improve the quality, availability, and organization of HIV health care and support services. Grant recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 5 U.S. Pacific Territories. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).
- **PART C** provides grant funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. Part C also funds planning grants, which help organizations more effectively deliver HIV care and services.
- **PART D** provides grant funding to support family-centered, comprehensive care to women, infants, children, and youth living with HIV.
- **PART F** provides grant funding that supports several research, technical assistance, and access-to-care programs. These programs include:
 - **The Special Projects of National Significance Program**, supporting the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations;
 - **The AIDS Education and Training Centers Program**, supporting the education and training of health care providers treating people living with HIV through a network of eight regional centers and three national centers;
 - **The Dental Programs**, providing additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program; and
 - **The Minority AIDS Initiative**, providing funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

SECTION 2: CONTACT INFORMATION

- 1. Are you willing and able to commit to the minimum standards expected for committee participation? Yes No
- 2. Name: Miguel Martinez
(Please print name as you would like it to appear in communications)
- 3. Organization (if applicable): Children's Hospital Los Angeles-DAYAM
- 4. Mailing Address: 4650 Sunset Blvd, MS#2
- 5. City: Los Angeles State: CA ZIP: 90027
- 6. TEL: (323) 361-3908 FAX: (323) 913-3614
- 7. E-Mail: mimartinez@chla.usc.edu
(Standard Commission contact and communication is done through e-mail)
- 8. Cell/Mobile Phone (optional): ()

9. Other Contact Information (optional):
Type of Address: Home Work Other: _____
Address: _____
City: _____ State: _____ ZIP: _____
TEL: () FAX: ()
E-Mail: _____

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.


Signature _____ Date 2/14/20
Miguel Martinez
Printed Name _____

SECTION 3: EXPERIENCE

1. Which Commission committee are you asking to join?

- Public Policy (PP) Operations Planning, Priorities & Allocations (PPA) Standards & Best Practices (SBP)

2. Why do you want to join the committee? While no longer a commissioner I would like to continue to be engaged in the work of the PP & A committee.

3. Please summarize your background and experience (please attach curriculum vitae, resume and/or relevant information). I have worked in the area of HIV as a care provider, trainer, researcher and administrator for over 20 years. My experience has primarily focused on addressing the lived experiences of people of color, youth, gay and bisexual men and transgender communities. In my current position as a Project Manager at CHLA, I have the honor of serving as the Senior Manager for two distinct programs; the HIV program and the Center for Transyouth Health and Development. (please see attached resume)

4. What specific skills and expertise(s) can you bring to the committee?

I believe that I bring experience in conducting community needs assessments, synthesizing data, and a strong familiarity with the HIV care and prevention systems.

5. Committee membership entails certain obligations. Appointed committee members are entitled to voting privileges on the committee and contribute to meeting quorums. If you are appointed to the committee, you agree to attend the committee's regularly and specially scheduled meetings.

As a Board-appointed committee member, I agree to fully participate in committee activities, including regularly attending to committee.



Signature

2/14/2020

Date

Miguel Martinez

Printed Name

Miguel Martinez, MSW/MPH

EXPERIENCE

■ Children's Hospital Los Angeles, Los Angeles, CA, Division of Adolescent and Young Adult Medicine

Project Manager, HIV Program (September 2000 - Present)

Project Manager, Center for Transyouth Health and Development (2012 - Present)

- Lead all strategic planning initiatives in the area of sexual and reproductive health across the Division of Adolescent and Young Adult Medicine.
- Lead grant writer for two service lines and key member of division grant writing team with a cumulative annual grant portfolio of \$2.5 million.
- Manage the development, implementation and evaluation of youth specific HIV related projects and activities including prevention, care, research, and capacity building in partnership with multidisciplinary team;
- Manage the development, implementation and evaluation of medical, behavioral health, community based health and wellness services housed within the Center for Transyouth Health and Development, the largest pediatric center for gender affirming care for in the United States.
- Responsible for ensuring integration of youth development and leadership activities within multiple service lines including facilitation of population specific youth community advisory boards for each program.
- Responsible for fiscal and personnel management of over 26 staff and trainees.
- Develop and implement appropriate screening and evaluation tools, instruments, and protocols in collaboration with Division's Evaluation Manager;
- Provide leadership in multiple community networks for planning and coordination of services, development of collaborative partnerships, and dissemination of information.
- Provide oversight to community engagement activities related to identified focus populations, research, and structural change initiatives.
- Serve as a trainer for Divisional capacity building assistance and training programs (i.e. HRSA funded LEAH program), including annual supervision of multiple macro MSW and MPH students.
- Content expert for CDC DASH funded capacity building program to support funded local education programs across the United States related to safe and supportive environments.

■ Children's Hospital Los Angeles, Los Angeles, CA Division of Adolescent Medicine

Clinical Social Worker (March 2000 - August 2000)

- Provided case management services to youth living with HIV including assessment, development of individual service plans, and brief interventions.
- Provided supervision and crisis intervention support for case management team.
- Organized and facilitated weekly HIV case conference.

■ Tri-City Health Center, Hayward, CA

HIV Case Manager (January 1997 – August 1997)

- Provided psychosocial case management services to diverse clients accessing community-based clinic services.
- Provided brief crisis intervention services and collaborated with interdisciplinary team in linking individuals living with HIV to medical care services.

■ **AIDS Housing Information Project, Hayward, CA**

AIDS Housing Information Specialist (January 1997 - August 1997)

- Assisted in the development and maintenance of a dedicated HIV housing database for Alameda County residents living with HIV.
- Staffed a dedicated hotline and provided ongoing referrals to callers.

■ **National Native American AIDS Prevention Center, Oakland, CA**

Media Services Program Coordinator (May 1995 – January 1997)

- Launched national health communications project addressing HIV awareness and prevention among urban and tribal Native American communities.
- Collaborated with media outlets to develop media resources
- Provided oversight of consultant pool
- Involved in the design and implementation of national and regional capacity building activities.

■ **Tri-City Health Center, Hayward, CA**

Program Assistant (January 1995 – May 1995)

- Redesigned agency information resources for utilization by national hotline staff
- Assisted in the development of training and resource development

EDUCATION

■ **University of MI, Ann Arbor (1997-1999)**

Masters of Social Work (MSW)

Concentration: Children and Families, Health Concentration

Minor: Community Organization, Planning & Administration

Masters of Public Health (MPH)

Concentration: Health Education and Behavior

■ **University of CA, Berkeley (1991-1995)**

Bachelor of Arts (BA) Major: Social Welfare

PUBLICATIONS

■ Jadwin-Cakmak, L., Reisner, S, Hughto, J., Salomom, L., **Martinez, M.**, Popoff, E., Campbell, B., and Harper, G. (In Process). HIV prevention and HIV care among transgender and gender diverse youth: design and implementation of a multisite mixed-methods study protocol in the U.S. *BMC Public Health*.

<https://doi.org/10.1186/s12889-109-7605-4>.

■ Lin A, Dudek J, Francisco VT, Castillo M, Freeman P, **Martinez M**, Sniecinski K, Young K, Ellen J and the ATN (2012) Challenges and approaches to mobilizing communities for HIV prevention among young men who have sex with men of color. *J Prev Interv Community*, 40:2, 149-164, NIHMSID 353819

■ Wilson EC, Garofalo R, Harris DR, Herrick A, Martinez J, **Martinez M**, Belzer, M., the TAC, and the Adolescent Medicine Trials Network for HIV/AIDS Interventions (2010) Sexual risk taking among transgender male-to-female youths with different partner types. *Am J of Public Health*, 100(8):1500-5. PMID 20622176 PMCID 2901273

■ Wilson, EC, Garofalo R, Harris RH, Herrick A, **Martinez M**, Belzer M. (2009) Transgender female Youth and Sex Work: HIV Risk and a Comparison of Life Factors Related to Engagement in Sex Work. *AIDS Behavior*, DOI 10.1007/s10461-008-9508-8

■ Kubicek K, Carpineto J, McDavitt B, Weiss G, Iverson E, Au C, Kerrone D, **Martinez M**, Kipke M. (2008) Integrating Professional and Folk Models of HIV Risk: YMSM's Perceptions of High-Risk Sex. *AIDS Education and Prevention*; 20(3):220-38.

■ Belzer ME, **Martinez, M**, Neinstein LS. (2007) Adolescent Health Care: A Practical Guide 5th Edition. HIV and AIDS. Neinstein, LS (Ed) Urban and Schwarzenberg, Baltimore.

■ Puccio JA, Belzer M, Olson J, **Martinez M**, Salata C, Tucker D, Tanaka D. (2006) The Use of Cell Phone Reminder Calls for Assisting HIV-Infected Adolescents and Young Adults to Adhere to HAART: A Pilot Study. *AIDS Patient Care and STDs*. 20: 438-444.

CONFERENCE PRESENTATIONS

■ Olson, J., **Martinez, M.**, Forbes, C., Humphreys, M. Integrating Primary Care with Public Health: A Comprehensive Approach to Service Provision with Transgender Youth. *Gay and Lesbian Medical Association*, Denver, CO, September, 19-21, 2013.

■ McCurtis, K., Dudek, J., Humphreys, M., **Martinez, M.** Addressing Social Determinants and Reducing HIV-related Health Disparities Through a Community Mobilization Model. *American Public Health Association Annual Conference*, San Francisco, CA, October 27-31, 2012.

■ Humphreys, M., **Martinez, M.**, McCurtis, K., Vincent, T. Addressing the Context of Young African American Gay Men's HIV Risk: Integrating social determinants into EBIs. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.

■ Brown, R., Humphreys, M., **Martinez, M.** Linkage to Care: Root Causes, Structural Barriers, and Best Practices for Youth. *National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities*, New Orleans, LA, January 19-22, 2012.

■ Guttierrez-Mock, L, Castro, D, Keatley, J. **Martinez, M**, Salcedo, B. Social Determinants of Health for Transgender Youth. *United States Conference on HIV/AIDS, Chicago, IL 2012*

■ **Martinez, M.** Integration and Adaption: High impact HIV prevention and Latin@ Youth. *United States Conference on HIV/AIDS, Chicago, IL 2011*

■ McKleroy, V, Keatley, J., **Martinez, M.** , Community Mobilization: Mobilizing Transgender Communities and Allies to Respond to the AIDS Epidemic. *National HIV Prevention Conference, Atlanta, GA 2011*

■ Chono-Helsley, M, Wilson, G., **Martinez, M.** Breaking Down the Barriers: Recruitment, Testing and Linkage to Care for YMSM in Los Angeles. *2011 National HIV Prevention Conference, Atlanta, GA*

■ Dudek, J., Humphreys, M., **Martinez, M.** *From Why To How: Root Causes, Structural Changes, and Advocacy for At-Risk Youth. National HIV Prevention Conference, Atlanta, GA 2011*

■ Humphreys, M, **Martinez, M.** Community Mobilization Models for HIV Prevention for MSM of Color: Children's Hospital Los Angeles. *National HIV Prevention Conference, Atlanta, GA 2011*

■ Humphreys, M., **Martinez, M.**, Salcedo, B. Defining Structural Change for HIV Prevention. *United States Conference on AIDS, Orlando, FL, September 12-15, 2010*

■ Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM: Transgender Adult Identity Mentoring, Presented at: the 136th Annual American Public Health Association Conference, San Diego, CA, October 2008.

■ Forbes, C., Clark, L., & **Martinez, M.**: TG-AIM Transgender Adult Identity Mentoring, PS06-618 Category C: Demonstration projects for locally developed theory-based HIV Prevention Program Models, Presented at: the 11th Annual United States Conference on AIDS, Palms Springs, CA, November 2007.

■ Puccio JA, Belzer ME, Olson J, **Martinez M**, Salata C, Tucker D. The use of Cell phone Reminder Calls for Assisting HIV Infected Youth to Adhere to HAART: Pilot Study to Determine Acceptability and Feasibility. Presented to USHIV Conference. September 15, 2005.

PROFESSIONAL ACTIVITY/SERVICE

2018-2019 Co-Chair, Priorities and Planning Subcommittee-Los Angeles County Commission on HIV

2017 - present CA State HIV Community Planning Body

2016-2019 Commissioner, Los Angeles County Commission on HIV

2014 – present Member, CHLA Diversity and Inclusion Council

2012 - present Member, Divisional Senior Advisory Group

2005-present Member, Healthy Young Men's Project Community Advisory Board

2007-present Chair, LAUSD HIV Materials Review Panel

2012 Invited Participant, CDC Latino MSM Campaign Consultation. Atlanta, GA

- 2012 Invited Participant, NASTAD Raising the Bar- Developing a Standard of care for Black and Latino Gay men and other MSM in clinical settings. Washington, DC
- 2012 Invited Participant, HANC Reach Consultation – Re-Envisioning Education, Awareness, and capacity building around HIV Clinical Research
- 2007-2016 Co-Investigator, Los Angeles Site of the Adolescent HIV/AIDS Trial Network (ATN)
- 2005-2012 Member, Los Angeles County HIV Prevention Planning Committee, Evaluation subcommittee chair, Executive committee member

SKILLS

- Computer: Proficient in PC/MAC, Office, Adobe Premiere Pro
- Other: Certified MSW Field Instructor, Good Clinical Practices



PROPOSED 2020 MEMBERSHIP ROSTER *Highlights denotes renewals

SEAT NO.	MEMBERSHIP SEAT	Commissioners Seated	Committee Assignment	COMMISSIONER	AFFILIATION (IF ANY)	TERM BEGIN	TERM ENDS	ALTERNATE
1	Medi-Cal representative			Vacant		July 1, 2019	June 30, 2021	
2	City of Pasadena representative	1	SBP	Erika Davies	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
3	City of Long Beach representative			Vacant		July 1, 2019	June 30, 2021	
4	City of Los Angeles representative	1	PP	Ricky Rosales	AIDS Coordinator's Office, City of Los Angeles	July 1, 2020	June 30, 2022	
5	City of West Hollywood representative	1	PP&A	Derek Murray	City of West Hollywood	July 1, 2019	June 30, 2021	
6	Director, DHSP	1	EXC PP&A	Mario Pérez, MPH	DHSP, LA County Department of Public Health	July 1, 2020	June 30, 2022	
7	Part B representative	1	PP&A	Karl Halfman, MA	California Department of Public Health	July 1, 2020	June 30, 2022	
8	Part C representative	1	EXC PP	Aaron Fox, MPM	Los Angeles LGBT Center	July 1, 2020	June 30, 2022	
9	Part D representative	1	PP&A	LaShonda Spencer, MD	LAC + USC MCA Clinic, LA County Department of Health Services	July 1, 2019	June 30, 2021	
10	Part F representative	1	PP	Jerry D. Gates, PhD	Keck School of Medicine of USC	July 1, 2020	June 30, 2022	
11	Provider representative #1	1	OPS	Carlos Moreno	Children's Hospital Los Angeles	July 1, 2019	June 30, 2021	
12	Provider representative #2	1	SBP	David Lee, MPH, LCSW	Charles Drew University	July 1, 2020	June 30, 2022	
13	Provider representative #3	1	SBP	Harold Glenn San Agustin	JWCH Institute, Inc.	July 1, 2019	June 30, 2021	
14	Provider representative #4			Vacant		July 1, 2020	June 30, 2022	
15	Provider representative #5			Vacant		July 1, 2019	June 30, 2021	
16	Provider representative #6	1	PP&A	Anthony Mills, MD	Southern CA Men's Medical Group	July 1, 2020	June 30, 2022	
17	Provider representative #7	1	PP&A	Frankie Darling-Palacios	Los Angeles LGBT Center	July 1, 2019	June 30, 2021	
18	Provider representative #8	1	PP	Martin Sattah, MD	Rand Shrader Clinic, LA County Department of Health Services	July 1, 2020	June 30, 2022	
19	Unaffiliated consumer, SPA 1	1	EXC OPS	Michele Daniels	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
20	Unaffiliated consumer, SPA 2			Vacant	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
21	Unaffiliated consumer, SPA 3			Vacant	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
22	Unaffiliated consumer, SPA 4	1	EXC SBP	Kevin Stalter	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
23	Unaffiliated consumer, SPA 5			Vacant		July 1, 2019	June 30, 2021	
24	Unaffiliated consumer, SPA 6	1	PP	Pamela Coffey	Unaffiliated Consumer	July 1, 2020	June 30, 2022	Alasdair Burton (PP)
25	Unaffiliated consumer, SPA 7				Unaffiliated Consumer	July 1, 2019	June 30, 2021	Thomas Green (PP&A/SBP)
26	Unaffiliated consumer, SPA 8			Vacant		July 1, 2020	June 30, 2022	
27	Unaffiliated consumer, Supervisorial District 1					July 1, 2019	June 30, 2021	
28	Unaffiliated consumer, Supervisorial District 2			Vacant		July 1, 2020	June 30, 2022	Nestor Rogel (PP)
29	Unaffiliated consumer, Supervisorial District 3	1	SBP	Joshua Ray	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Eduardo Martinez (SBP/PP)
30	Unaffiliated consumer, Supervisorial District 4			Vacant		July 1, 2020	June 30, 2022	
31	Unaffiliated consumer, Supervisorial District 5	1	PP&A	Diamante Johnson	Unaffiliated Consumer	July 1, 2019	June 30, 2021	Kayla Walker-Heitzel (PP&A/OPS)
32	Unaffiliated consumer, at-large #1			Vacant		July 1, 2020	June 30, 2022	Tony Spears
33	Unaffiliated consumer, at-large #2	1	OPS	Joseph Green	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
34	Unaffiliated consumer, at-large #3	1	SBP	Felipe Gonzalez	City of Pasadena Department of Public Health	July 1, 2020	June 30, 2022	
35	Unaffiliated consumer, at-large #4	1	EXC	Bridget Gordon	Unaffiliated Consumer	July 1, 2019	June 30, 2021	
36	Representative, Board Office 1	1	EXC PP&A	Al Ballesteros, MBA	JWCH Institute, Inc.	July 1, 2020	June 30, 2022	
37	Representative, Board Office 2			Vacant		July 1, 2019	June 30, 2021	
38	Representative, Board Office 3	1	EXC PP SBP	Katja Nelson, MPP	APLA	July 1, 2020	June 30, 2022	
39	Representative, Board Office 4	1	SBP	Justin Valero, MA	California State University, San Bernardino	July 1, 2019	June 30, 2021	
40	Representative, Board Office 5	1	PP&A	Raquel Cataldo	Tarzana Treatment Center	July 1, 2020	June 30, 2022	
41	Representative, HOPWA	1	PP&A	Maribel Ulloa	City of Los Angeles, HOPWA	July 1, 2019	June 30, 2021	
42	Behavioral/social scientist	1	PP	Lee Kochems	Unaffiliated Consumer	July 1, 2020	June 30, 2022	
43	Local health/hospital planning agency representative			Vacant		July 1, 2019	June 30, 2021	
44	HIV stakeholder representative #1	1	EXC	Grissel Granados, MSW	Children's Hospital Los Angeles	July 1, 2020	June 30, 2022	
45	HIV stakeholder representative #2			Vacant		July 1, 2019	June 30, 2021	
46	HIV stakeholder representative #3	1	EXC OPS	Juan Preciado	Northeast Valley Health Corporation	July 1, 2020	June 30, 2022	
47	HIV stakeholder representative #4			Vacant		July 1, 2019	June 30, 2021	
48	HIV stakeholder representative #5	1	OPS	Danielle Campbell, MPH	UCLA/MLKCH	July 1, 2020	June 30, 2022	
49	HIV stakeholder representative #6	1	SBP	Amiya Wilson	Unique Women's Coalition	July 1, 2019	June 30, 2021	
50	HIV stakeholder representative #7	1	PP&A	William D. King, MD, JD, AAHIVS	W. King Health Care Group	July 1, 2020	June 30, 2022	
51	HIV stakeholder representative #8			Vacant		July 1, 2020	June 30, 2022	Miguel Alvarez (OPS/SBP)
TOTAL:		33						

LEGEND: EXC=EXECUTIVE COMM | OPS=OPERATIONS COMM | PP&A=PLANNING, PRIORITIES & ALLOCATIONS COMM | PPC=PUBLIC POLICY COMM | SBP=STANDARDS & BEST PRACTICES COMM

LOA: Leave of Absence

From: [Sandra Young](#)
Subject: Sacramento Update – State Legislature Passage of Fiscal Year 2020-21 State Budget - 6-15-20
Date: Monday, June 15, 2020 6:01:35 PM

Sacramento Update – State Legislature Passage of Fiscal Year 2020-21 State Budget

Executive Summary

-

This report contains an update on the major items of County interest included in the Fiscal Year 2020-21 State Budget agreement passed by the Legislature.

Overview

On June 3, 2020, the Speaker of the Assembly, the President Pro Tempore of the Senate, and the Assembly and Senate Budget Committee Chairs announced a legislative agreement on the Fiscal Year (FY) 2020-21 State Budget (Legislature’s Budget). A Budget Conference Committee hearing did not take place this year.

-

The Legislature approved the Budget agreement (SB 74) on June 15th to meet the Constitutional deadline to pass a State budget. The Legislature also approved three State budget trailer bills: AB 75 which provides augmentations to the State Budget Act of 2019; AB 76 related to apportionments for Education Finance; and AB 85 related to State Revenues. Budget negotiations will continue between the Legislature and the Governor and his Administration. Additional trailer bills will still need to be amended and adopted by the Legislature to fully implement the State Budget Act of 2020.

Governor Gavin Newsom is expected to take action on SB 74 and the budget trailer bills adopted today by June 30, 2020.

Different Approach to the Budget Cuts Between the May Revision and the Legislature’s State Budget

While the Legislature’s Budget closes the projected \$54.0 billion State budget shortfall by following the same framework proposed by Governor Newsom in his FY 2020-21 May Budget Revision (May Revision), which consists of a combination of spending reductions, temporary new revenues, borrowing/transfers/deferrals, existing Federal funds, reserves, and anticipated additional Federal funds/trigger solutions, it differs in how the trigger solutions would be implemented and when they would take effect.

Specifically, the May Revision proposes \$14.0 billion in budget cuts that would take effect July 1, 2020, but would be suspended if additional and sufficient Federal funds materialize to replace the proposed cuts. The Legislature’s Budget reverses this assumption by instead including the anticipated Federal funds in the budget but establishes proposed cuts that would take effect on

October 1, 2020, if the Federal funds do not materialize.

If Federal funds are not received and the trigger solutions do take effect, the Legislative budget plan maximizes the use of budget reserves and makes selected payment deferrals to minimize cuts to important programs, including drawing down \$2.7 billion more from the Rainy Day fund and the Safety Net Reserve and reducing by \$600.0 million the \$1.0 billion County realignment revenue backfill proposed in the agreement.

-
Key Legislature Priorities

-
The Legislature's Budget includes \$350.0 million of funding for homelessness programs. It also proposes the expansion of the California Earned Income Tax Credit program to all eligible families, including those with Individual Taxpayer Identification Numbers (ITINs), with children under age 6. The Legislature's Budget also aims to expand Medi-Cal to more seniors, regardless of immigration status, in 2022 if funds are available.

-
Major Items of County Interest Included in the Legislature's Budget

-
STABILIZATION FUNDING

1991 Realignment Revenue Backfill for Counties – Provides \$1.0 billion for counties to backfill projected losses for sales tax based revenues, which fund critical child welfare, mental health, and social services programs realigned to counties. It is estimated that these revenues will have a shortfall of \$762.2 million in the current fiscal year and a \$762.2 million loss in FY 2020-21. \$600.0 million of this augmentation is subject to the proposed trigger cuts if additional Federal funding does not materialize by October 1, 2020.

*The **County supports** State budget proposals that provide counties with backfilling of all sales tax revenues lost due to COVID-19.*

Federal Coronavirus Aid, Relief, and Economic Security Act (CARES) Act (P.L. 116-136) Funding –

The Legislature's Budget approves CARES Act funding as follows:

- \$1.289 billion to counties to be used for homelessness, public health, public safety, and other services to combat COVID-19 pandemic; allocated based on population, while considering any prior direct allocation of CARES Act funding.
- \$500.0 million to cities for homelessness, public health, public safety, and other services to combat COVID-19 pandemic.
 - \$225.0 million to cities with a population greater than 300,000 that did not receive a direct allocation from the CARES Act; allocated based on the share of each city's population relative to the total population of the cities covered by the subsection.

- \$275.0 million to cities with a population less than 300,000; allocated based on the share of each city's population relative to the total population of the cities covered by the subsection. No city shall receive less than \$50,000.

HOMELESSNESS

Project Roomkey – \$550.0 million of CARES Act funding for acquisition or acquisition and rehabilitation of motels, hotels, or hostels; master leasing of properties; acquisition of other sites and assets; conversion of units from nonresidential to residential in a structure with a certificate of occupancy as a motel, hotel, or hostel; purchase of affordability covenants and restrictions for units; and the relocation costs for individuals who are being displaced as a result of the rehabilitation of existing units. Adopts placeholder trailer bill language (TBL) to implement Project Roomkey and requires funding to be in compliance with Housing First principles.

The Chief Executive Office – Homeless Initiative (CEO-HI) reports that the County, as part of a coalition of local governments, continuums of care, and homeless service providers, supports the Administration's proposal to allocate \$600.0 million in Federal Coronavirus Relief Funds to cities and counties for homelessness interventions and urges the Legislature to maintain that level of investment and to include a broad scope of assets and eligible uses for that funding. CEO-HI also reports that in addition to motels and hotels, acquisition and/or rehabilitation of apartments/homes, adult residential facilities, manufactured housing, and land, as well as buying down debt on affordable housing projects to set-aside units for people experiencing homelessness, leases of vacant apartments or homes, and funds for operating facilities acquired with this funding should be included as eligible uses.

Homelessness Programs and Services – \$350.0 million in State General Fund (SGF) for homelessness, subject to legislation.

The Chief Executive Office – Homeless Initiative reports that, as part of the above-mentioned coalition, the County supports the Legislature's proposal to include \$350.0 million in SGF to local governments for homeless programs and services. CEO-HI also reports that to ensure projects are feasible to operate, the coalition is urging the Legislature to dedicate \$90.0 million for three years of operating subsidies for projects developed using the one-time investment of Coronavirus Relief Funds, specifically by setting aside \$45.0 million from the one-time allocation of SGF for these purposes, to be matched by \$45.0 million in philanthropic commitments the Administration has already received.

HOUSING

Infill Infrastructure Grant Program – Maintains funding for the Infill Infrastructure Grant Program of 2019 to support the development of additional housing by providing for the construction, rehabilitation, demolition, relocation, preservation, and acquisition of infrastructure that supports the development of housing.

Housing Counseling and Legal Aid – Approves TBL to allocate \$331.0 million to the National Mortgage Settlement Trust Fund of which \$300.0 million would be for housing counseling and

mortgage relief and \$31.0 million for tenant legal aid.

State Low-Income Housing Tax Credits – \$500.0 million in new tax credits for FY 2020-21.

JUSTICE

2011 Realignment Funding – Does not include backfill funding for projected losses in these sales tax driven revenues, which fund public safety and behavioral health programs realigned to counties, including AB 109 programs. It is estimated that these revenues will have a shortfall of \$944.4 million in the current fiscal year, and a \$861.6 million loss in FY 2020-21.

Unless these revenues losses are backfilled, the County is expected to receive \$358.3 million in AB 109 Community Corrections base allocation funds in the current fiscal year. This would represent a decrease of \$66.6 million compared to the original estimates for FY 2019-20. In FY 2020-21, the County is expected to receive \$365.0 million in AB 109 Community Corrections base allocation funds. This would represent a decrease of \$88.6 million compared to the original proposal reflected in the Governor’s FY 2020-21 January Proposed Budget (Proposed Budget).

The California State Association of Counties is advocating for realignment backfill funding that counties can use flexibly, including to cover losses to 2011 realignment. *The County supports State budget proposals that provide counties with backfilling of all sales tax revenues lost due to COVID-19.*

Realignment of Division of Juvenile Justice – Maintains the May Revision proposal to stop the transfer of the Division of Juvenile Justice (DJJ) to the State Health and Human Services Agency and realign the program to counties. Leaves open details regarding implementation timeline, the associated funding, the State’s oversight role, and other program issues.

The County is advocating for additional State resources for the DJJ Proposal, including: 1) sufficient funding to provide adequate services and support; 2) funding provided as a guaranteed annual, ongoing allocation and which allows for increases tied to cost-of-living; 3) funding to offset one-time, implementation costs; and 4) maximum local funding and program flexibility.

In addition, provides \$1.3 million in FY 2020-21 and \$3.0 million ongoing for the Youth Offender Rehabilitative Communities proposal at Valley State Prison. This proposed program would house offenders under the age of 26 together in a campus-style environment with the goal of providing programming conducive to positive behavioral programming.

Incompetent to Stand Trial (IST) Pilot – Approves the May Revision withdrawal of the **County-supported** \$24.6 million SGF included in the Proposed Budget to implement a Community Care Collaborative Pilot Program, which would have created a six-year pilot program in three counties, including Los Angeles County, to treat and serve individuals deemed IST.

Indigent Defense – Rejects the May Revision withdrawal of a proposal to provide \$10.0 million in one-time SGF for a pilot program to supplement local funding for indigent criminal defense.

Trial Courts – Rejects the Administration’s proposal of base reduction cuts and a five percent reduction in operating expenses, achieved through efficiencies. Provides one-time \$50.0 million SGF in to help trial courts address backlog of cases and resume normal operations. Also, provides \$25.0 million SGF in FYs 2020-21 and 2021-22 for modernizing court operations and increasing access to court services online. Finally, provides \$238.5 million one-time SGF to backfill fine and fee revenue losses.

Judiciary – Rejects cuts totaling \$166.0 million including the aforementioned trial courts and indigent defense programs, as well as other Judicial Branch local assistance programs, including Dependency Counsel, Court Interpreters, Court Appointed Special Advocate Program, Model Self-Help Program, Equal Access Fund, Family Law Information Centers, and Civil Case Coordination.

Includes potential trigger cuts, if needed, of \$100.0 million to Judiciary programs. The Legislature’s Budget notes that trigger reductions cannot impact Dependency Counsel, Court Interpreters, Court Appointed Special Advocate Program, Model Self-Help Program, Equal Access Fund, Family Law Information Centers, and Civil Case Coordination programs.

Community Corrections Performance Incentive Grant – Provides \$112.7 million statewide for the Community Corrections Performance Incentive Grant – SB 678 (Chapter 608, Statutes of 2009), which provides county probation departments performance-based funding when they successfully reduce the number of adult felony probationers going to State prison. **The County is projected to receive approximately \$37.4 million in SB 678 funding in FY 2020-21.** This would be comparable to the current FY appropriation.

Proposition 47 of 2014 – Provides an estimated \$102.9 million in Proposition 47 State correctional savings. Pursuant to Proposition 47, State savings will be redirected to victim services, truancy, and recidivism reduction grant programs.

Proposition 57 of 2016 – Provides \$12.9 million statewide for county probation departments to manage the temporary increase in the Post Release Community Supervision (PRCS) population as a result of Proposition 57. **The County is projected to receive approximately \$3.4 million in Proposition 57 funding in FY 2020-21.**

State Prisons – Closes two State-owned and operated prisons with legislative guidance beginning in FY 2021-22 and a second prison beginning FY 2022-23, resulting in savings of \$100.0 million in 2021-22, \$300.0 million in 2022-23 and \$400.0 million ongoing.

Restitution Fund Backfill – Provides \$23.5 million one-time SGF to backfill declining fine and fee revenues in the Restitution Fund. This funding will allow the California Victim Compensation Board to continue operating at its current resource level.

Adult Reentry Grant – Rejects the May Revision proposal to cut a \$37.0 million competitive grant that would provide funding to community-based organizations to support offenders formerly incarcerated in State prison.

HEALTH AND BEHAVIORAL HEALTH

Medi-Cal Services – The Legislature’s Budget, among other provisions:

- Rejects the withdrawal included in the Proposed Budget to expand Medi-Cal eligibility to undocumented seniors. Delays implementation to January 1, 2022. Adopts TBL to allow the Governor to delay further or implement earlier, depending on the availability of funding. Requires the California Department of Health Care Services (DHCS) to complete eligibility system modifications by July 1, 2021;
- Rejects the May Revision proposal to revert unspent funds from the 2019 State Budget Act augmentations, including: \$15.0 million for Medi-Cal Enrollment Navigators; \$5.0 million SGF for the Medi-Cal Interpreters Pilot; and \$20.0 million SGF for Behavioral Health Counselors in Emergency Departments.
- Rejects the May Revision proposal to eliminate \$1.2 billion in Proposition 56-funded supplemental payments to various Medi-Cal providers and restores these payments;
- Rejects the May Revision request to restore the senior penalty in Medi-Cal, thereby continuing to implement the increase in income eligibility for the Aged and Disabled Program to 138 percent of the Federal poverty level approved in the 2019 State Budget Act. The DHCS estimated this proposal would result in savings of \$67.7 million in SGF in 2020-21; and
- Restores \$34.3 million SGF to implement the extension of pregnancy-only Medi-Cal coverage for up to 12 months after delivery for patients diagnosed with a maternal mental health condition, as approved through the 2019 State Budget Act.

The Department of Public Health’s Children’s Health Outreach Initiatives (CHOI) Program supports the Legislature’s action to retain \$15.0 million to support Medi-Cal Enrollment Navigators. Together with the Federal match, these funds are utilized to connect marginalized communities to health care coverage during the time they need it most, as well as help narrow the gap in health disparities among high-risk populations including communities of color, immigrants, women, children, and the newly unemployed and uninsured.

Martin Luther King, Jr. Community Hospital – Rejects the **County-opposed** May Revision proposal to eliminate \$8.2 million in supplemental payments to the Martin Luther King Jr. Community Hospital in Los Angeles.

Additionally, the Legislature’s Budget:

- Defers without prejudice the elimination of \$8.9 million in SGF included in the Proposed Budget for dental managed care in Sacramento and Los Angeles;
- Approves \$199.7 million of Proposition 64 revenue in FY 2020-21 to support education,

prevention, and treatment of youth substance use disorders;

- Approves of the May Revision withdrawal of the \$347.5 million for enhanced care management benefits and incentives for the provision of in-lieu-of services as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative included in the Proposed Budget; an
- Approves of the May Revision withdrawal to implement a Behavioral Health Quality Improvement Program to incentivize system changes and process improvements in county behavioral health programs, as reflected in the Proposed Budget. This was part of the Behavioral Health Payment Reform component of the CalAIM initiative, which DHCS also delayed.

PUBLIC HEALTH

Infectious Disease Prevention and Control – Approves the May Revision request to remove provisional language that suspends funding for sexually transmitted disease, human immunodeficiency virus, and hepatitis C prevention programs adopted in the 2019 State Budget Act and maintains ongoing funding for these programs.

Child Health and Disability Prevention Program – Rejects the elimination of the County allocation for Child Health and Disability Prevention Program Case Management, included in TBL, which is provided by local health departments to children not yet enrolled in Medi-Cal for an estimated savings of \$18.7 million (\$6.6 million SGF).

The Department of Public Health's Children's Medical Services division supports the Legislature's rejection of the May Revision proposal to eliminate case management services from the Child Health Disability Prevention (CHDP) program, thereby preserving critical services that impact an estimated 100,000 vulnerable children in Los Angeles County. The CHDP program's case management services include comprehensive health assessments for the early detection and prevention of disease and disabilities to eligible low-income children and youth, including health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment. Continued funding will enable professional support; education and training on such topics as trauma, Adverse Childhood Experiences, developmental delays, dental education; and site, practice and provider quality review, assurance and certification to almost all family, pediatric and other healthcare providers serving low-income children and youth in Los Angeles County.

Home Visiting – Rejects the May Revision proposal to reduce \$4.5 million SGF from the Black Infant Health Program.

The Department of Public Health's Division of Maternal, Child, and Adolescent Health supports full funding of the Black Infant Health Program to ensure that African American pregnant women and their families maintain a connection to vital public health and support services, especially during the COVID-19 pandemic. While detrimental to many across diverse cultural backgrounds, the virus has disproportionately impacted Black Americans. By continuing its more than 30-year funding

commitment to the Black Infant Health Program, the Legislature would support investment in marginalized populations and help eliminate the Black-White infant mortality gap.

SOCIAL SERVICES

CalWORKs

- **CalWORKs Expanded Subsidized Employment (ESE)** – Rejects the **County-opposed** May Revision proposal that would have eliminated, absent a Federal funds trigger restoration, all but the base funding for the CalWORKs ESE program, which would have resulted in \$134.1 million in SGF savings in FY 2020-21. **The suspension of the ESE program as proposed in the May Revision would result in a \$37.7 million ESE funding loss for the County.**
- **CalWORKs 60-Month Time Limit** – Adopts placeholder TBL to move to a single 60-month CalWORKs time limit, with access to barrier removal services in the Welfare-to-Work program during this time, effective May 1, 2022, and provides that time clocks are suspended during a State emergency and when the State is experiencing high unemployment.
- **CalWORKs Employment Services and Child Care** – Rejects the May Revision proposal that would have cut, absent a Federal funds trigger restoration, \$665.0 million in SGF for these two components of the CalWORKs Single Allocation, based on revised assumptions for these services.
- **CalWORKs Home Visiting Program** – Approves the May Revision proposal for a one-time \$30.0 million SGF cut in FY 2020-21 but proposes to restore the funding in FY 2021-22. This one-time cut will not impact families currently receiving these services in the program.
- **CalWORKs Outcomes and Accountability Review (CalOAR)** – Approves the May Revision proposal for a one-time \$21.0 million SGF cut in FY 2020-21 but proposes to restore the funding in FY 2021-22 and adopts modified TBL that conforms the activities in CalOAR to this one-year funding suspension.
- **CalWORKs Caseload** – Adopts adjusted caseload estimates from the Legislative Analyst’s Office for the program in lieu of the Governor’s May Revision estimates resulting in \$2.9 billion in cost savings.
- **CalWORKs State One Child Care (SOCC)** – Adopts the Administration’s TBL that will delay the permanent removal of the SOCC from the CalWORKs Single Allocation until FY 2021-22.
- **CalWORKs Child Care 12-Month Immediate and Continuous Eligibility** – Adopts a modified version of the Administration’s TBL to clarify the ability for sanctioned participants to be able to access services as they re-engage.
- **Pandemic Unemployment Compensation (PUC) Income** – Adopts TBL allowing for the same treatment of this income for CalWORKs applicants as for CalWORKs recipients.

- **CalLearn Program Design and CalWORKs Identity Verification** – Defers the Administration’s TBL for these two proposals.
- **CalWORKs Administration Funding** – Approves the May Revision proposal to decrease the General Fund by \$1.9 million.

In-Home Supportive Services (IHSS)

- **Seven percent IHSS Services Hours Reduction** – Rejects the May Revision proposal that, absent additional and sufficient Federal funds that would cancel this reduction, would have cut IHSS service hours by seven percent effective January 1, 2021, resulting in a \$205.0 million loss of SGF in FY 2020-21.
- **IHSS County Administration Funding** – Approves the May Revision proposal to freeze IHSS county administration funding at the FY 2019-20 level, yielding \$12.2 million SGF savings in FY 2020-21.
- **Paid Sick Leave for IHSS Providers** – Approves the May Revision proposal for \$26.9 million SGF to expand paid sick leave to IHSS providers per H.R. 6201 – Families First Coronavirus Response Act (P.L. 116-127), establish a provider back-up system for IHSS recipients whose provider is sick, and provide pay differential to back-up providers. The expanded paid sick leave benefit, provider back-up system, and pay differential are effective until January 1, 2021.
- **IHSS Services for Undocumented Persons** – Expands services to this population, if funds are available, starting January 1, 2022.
- **IHSS Prorating Protective Supervision Hours** – Approves the May Revision proposal for \$15.8 million in SGF to eliminate the proration of these hours for IHSS recipients who are in the same household.
- **IHSS Residual Program** – Rejects the May Revision proposal that assumed a reduction of \$72.6 million in SGF in FY 2020-21 from avoidance of movement of cases into the IHSS Residual Program due to a temporary loss of Medi-Cal coverage.
- **IHSS Provider Orientations** – Approves TBL to set noticing and scheduling requirements and provides for when such orientation is modified from onsite or in-person.
- **IHSS Social Worker Training** – Adopts TBL to delay the mandatory training until December 31, 2021.

CalFresh and Emergency Food

- **CalFresh County Administration** – Approves the May Revision proposal to provide \$74.2 million in SGF for CalFresh county administration support to reflect revised caseload estimates and approves the May Revision proposal related to rebasing the funding.

- **Foods Banks** – Approves the May Revision proposal to provide an additional \$30.0 million SGF to support food bank response to COVID-19 in 2020-21.
- **Simplification of the CalFresh Program** – Provides \$27.5 million and approves TBL to achieve simplifications in the CalFresh program that will help those enrolled to retain benefits and those who are eligible to access the program more readily in light of the significant caseload increase as a result of COVID-19 crisis.
- **Restaurant Meal Program** – Rejects the May Revision proposal to cut \$413,000 in SGF for this program and rejects the associated TBL.

CalWORKs/IHSS/CalFresh Administrative Flexibilities for Counties – Approves placeholder TBL that modifies, extends, and codifies actions taken in this program by the Governor through Executive Order and departmental guidance to grant flexibilities to counties in the administration of the program during the shelter in place order and to provide protections and services to individuals who are recipients of this program during the economic recession and unemployment crisis resulting from the COVID-19 pandemic.

ADULT AND SENIOR SERVICES

Community Based Adult Services (CBAS) Program – Rejects the May Revision proposal to eliminate the CBAS program effective January 1, 2021 which would have resulted in SGF savings of \$1.6 million in FY 2020-221 and \$2.7 million ongoing.

The Department of Workforce Development, Aging and Community Services reports that continuing CBAS funding will help support disadvantaged communities while the State implements economic recovery efforts across the State.

Multipurpose Senior Services Program (MSSP) Program – Rejects the May Revision proposal to eliminate the MSSP program effective July 1, 2020 which would have resulted in SGF savings of \$22.0 million in FY 2020-221 and \$21.8 million ongoing.

Senior Nutrition Program – Rejects the May Revision proposal that would have cut \$8.5 million in SGF for the Senior Nutrition program, also known as Meals on Wheels, in FY 2020-21.

State Long-Term Care Ombudsman Program – Rejects the May Revision proposal that would have cut \$2.0 million in SGF. Approves an increase of \$1.0 million for the Ombudsman Program to reflect the transfer of funds from the Department of Public Health State Health Citations Penalty Account, which allows fund balance in excess of \$6.0 million to go toward the Ombudsman Program.

Aging and Disability Resource Centers – Rejects the May Revision proposal that would have cut \$3.0 million SGF for the centers.

EARLY CHILDHOOD

Early Care and Education – The Legislature’s Budget:

- Rejects the 10 percent trigger cuts to child care programs proposed by the May Revision;
- Rejects the May Revision’s SGF and Prop 98 reductions to Alternative Payment programs, General Child Care, and California State Preschool Program for negative growth;
- Allows rollover of \$50.0 million appropriated through SB 89 Essential Worker Child Care vouchers into FY 2020-21; and
- Provides Hold Harmless to direct-contract childcare providers for attendance if open in FY 2020-21, and if closed due to short-time staff quarantine or school site closure.

The Department of Public Health’s Office for the Advancement of Early Care and Education supports the Legislature’s proposal to provide hold harmless to all early care and education programs, thereby ensuring that they continue to receive reimbursement for their full contract amount and retain staff to continue serving children and their families based on FY 2019-20 contract amounts through FY 2020-21.

Child Care and Development Block Grant (CCDBG) – The Legislature’s Budget appropriates new CCDBG funds from the CARES Act to provide:

- \$53.3 million in FY 2020-21 to the Alternative Payment Programs (CAPP) for approximately 5,600 new childcare service spaces;
- An additional \$73.0 million for one-time essential worker child care stipends via the Alternative Payment Program;
- \$125.0 million for one-time child care provider stipends for AP and CalWORKs providers, methodology based on difference between site licensed capacity and COVID attendance; and
- \$8.0 million in CARES Act funding to extend the family fee waivers through June 30, 2020.

Child Development – The Legislature’s Budget defers the May Revision proposal to shift child care programs to the California Department of Social Services.

CHILDREN AND FAMILIES

Child Support Services – Rejects the **County-opposed** May Revision proposal that would have, absent a Federal funds trigger restoration, reverted the funding levels for local child support agencies to the 2018 funding level, resulting in a cut of \$38.2 million SGF in FY 2020-21.

-

Child Welfare Services – Rejects the May Revision proposals to eliminate the:

- Public Health Nurse Early Intervention Program in Los Angeles County, that would have resulted in

a cut of \$8.3 million SGF for FY 2020-21 and approves placeholder TBL in an effort to facilitate timely implementation of this program; and

- Family Urgent Response System (FURS), that would have resulted in a cut of \$30.0 million SGF for FY 2020-21 and approves placeholder TBL in an effort to expedite implementation.

The Department of Public Health's Children's Medical Services (CMS) division supports the Legislature's rejection of the May Revision proposal to eliminate the Public Health Nurse Early Intervention Program in Los Angeles County. According to CMS, the continued funding will allow Public Health Nurses (PHNs) to assist about 20,000 families in the child welfare system annually, with a focus on preventing the development of chronic health conditions in children and youth such as asthma, diabetes/obesity and failure to thrive; responding to early childhood trauma and adverse childhood events (ACEs) and other health and family system challenges; and mitigating the harmful effects and impact of racially, socially and economically driven social determinants.

Continuum of Care Reform (CCR) – Approves \$13.4 million one-time SGF for foster placements prior to Resource Family Approval for FY 2020-21 with TBL to effectuate this change.

Transitional Housing Program– Approves \$4.0 million SGF ongoing for a housing supplement to prevent homelessness among older youth living in high cost rental market areas of the State, with TBL to effectuate this change.

EMERGENCY MANAGEMENT & WILDFIRE

California Disaster Assistance Act (CDAA) – Increases the total CDAA funding availability to \$100.8 million to repair, restore, or replace public real property damaged or destroyed by a disaster or to reimburse local governments for eligible costs associated with emergency activities undertaken in response to a state of emergency proclaimed by the Governor.

Community Power Resiliency – \$50.0 million in one-time SGF for Community Power Resiliency to support additional preparedness measures that bolster community resiliency. Local governments, including cities, counties, and special districts are eligible to receive funding. SB 74 require that funds cannot be used to secure, compensate, or backfill professional services contracts. Additionally, entities are required to have an emergency plan and must submit either: (1) local emergency plan to the California Office of Emergency Services that includes public safety power shutoff events, or (2) an attestation that power outages, whether resulting from public safety power shutoff events or for any other reason, will be included in the emergency plan before being eligible to receive any of this funding.

*The Chief Executive Office — Office of Emergency Management (CEO-OEM) is supportive of additional funding for counties to use for preparedness, communications, and continuity of operations. Additionally, CEO-OEM reports that it would be preferable for local governments to have the option to submit a separate public safety power shutoff Plan or Concept of Operations report, if updates to an emergency plan are not feasible. **Los Angeles County received \$3.0 million in grants in 2019 to mitigate the effects of public safety power shutoffs.***

Wildfire Forecast and Threat Intelligence Integration Center – Approves the withdrawal of \$5.6 million SGF for the Wildfire Forecast and Threat Intelligence Integration Center pursuant to SB 209 (Chapter 405, Statutes of 2019), which will still be implemented. The funding is within the California Office of Emergency Service’s budget.

Firefighter Peer Support –\$50,000 for firefighter peer support pursuant to AB 1116 (Chapter 388, Statutes of 2019).

Fire Camps – Consolidates fire camps that are currently not at capacity in coordination with the California Department of Forestry and Fire Protection, with estimated savings of \$7.4 million SGF in FY 2020-21 and \$14.7 million ongoing.

GENERAL GOVERNMENT

Elections Funding – Includes \$36.5 million SGF for the November 2020 election and adopts language for a mechanism to provide additional funding for increased costs, if adequately justified. Includes a provision that if Federal funds are received for this same purpose, the California Department of Finance is authorized to reduce the allocation. The budget also provides the Secretary of State with the authority to spend \$72.3 million in additional Federal funds for the November 2020 election. \$65.5 million shall be used to prevent, prepare for and respond to the coronavirus for the 2020 Federal election cycle.

Consistent with the April 28, 2020 Board-approved motion to support proposals that provide emergency State funds for the accelerated implementation of an expanded vote by mail voting model for the November 3, 2020 General Election aligned to prevent the spread of COVID-19, **the Sacramento advocates are continuing to advocate for State funds to support the expansion of vote-by-mail models and limited in-person voting locations to further ensure safe and secure elections for the November 3, 2020 General Election in response to the COVID-19 pandemic.**

Consumer Financial Protection Law – Continues to defer, without prejudice, action on the proposal to establish the new Department of Consumer Financial protection. However, the Legislature’s budget approves merging the Financial Institutions Fund and the State Corporations Fund into a new Financial Protection and Innovation Fund which remained separated after the merger of the Department of Financial Institutions and the Department of Corporations into the Department of Business Oversight. The accounting of expenditure and allocation of funds by program will remain the same.

California Earned Income Tax Credit (EITC) – Extends the EITC and Young Child tax credit which allocates \$1.0 billion to provide the credit to working families with incomes under \$30,000. This includes expanding the credit to ITIN filers with at least one child under the age of six. Includes \$5.0 million to promote participation in the EITC.

Labor Law Enforcement – Approves \$17.5 million in FY 2020-21 and \$16.0 million in FY 2021-22 and FY 2022-23 to the Division of Workers Compensation, Division of Labor Standards Enforcement and

Division of Occupational Safety and Health for a three-year limited term to implement AB 5 (Chapter 296, Statutes of 2019), which codified the ABC Employment Test and expanded its application to the Labor Code and Unemployment Insurance Code. \$12.7 million shall be used to implement interagency labor law education and outreach strategy for the three-year limited term.

Public Libraries – Withdraws \$1.0 million for the Zip Books and Lunch at the Library programs and reduces support for the California Library Services Act by \$1.5 million SGF.

California Arts Council – Withdraws \$10.5 million in one-time SGF for the California Art’s Council, including funding for disaster preparation at cultural institutions.

Small Business Recovery – Provides the first-year exemption from the \$800.00 Minimum Franchise Tax (MFT) to every limited partnership, limited liability partnership and limited liability company. This MFT exemption would be applicable beginning January 1, 2021 and sunset on January 1, 2024. Exemption is contingent on an appropriation to the Franchise Tax Board to fund the costs of administration. The Budget suspends the use of net operation loss deductions with respect to both corporate and income taxes for taxpayers with business income in excess of \$1.0 million taxable years 2020, 2021, and 2022. The budget also extends the carryover period for up to three years for any net operating loss for which a deduction is denied pursuant to these changes. The Budget also provides \$100.0 million to support the IBank’s loan guarantee program that provides financial assistance to small businesses.

The Department of Workforce Development, Aging and Community Services reports that this proposal may help bolster the local economy and create more job opportunities for local residents and targeted populations impacted by COVID-19.

RESOURCES AND ENVIRONMENTAL PROTECTION

Department of Toxic Substances Control (DTSC) – Includes \$1.0 million from the Lead Acid Battery Fund for the Exide 2014 Enforcement Order Program oversight and \$600,000 Lead Acid Battery Fund for the Third-Party Quality Assurance Oversight Contract for Exide Closure Implementation. Approves TBL to expand the use of the Lead-Acid Battery Cleanup Fund and additionally adopt language to specify that cost recovered from Exide shall be redeposited into the Fund. Defers action on DTSC’s reform package to create a new board and to provide the Board with fee setting authority.

San Gabriel and Lower Los Angeles Rivers and Mountains Conservancy – Approves the re-appropriation of Proposition 1 funds and approves \$2.8 million in Proposition 68 funds.

Baldwin Hills Conservancy – Approves the reversion and re-appropriation of \$96,000 Proposition 1 funding and approves the reversion and new appropriation, and re-appropriations of Propositions 1, 68, and 84 funds.

California State Parks Department – Rejects the \$30.0 million SGF ongoing baseline cut to the California Department of Parks proposed in the May Revision. Includes grant funding for local

programs including: \$20.0 million SGF for the Outdoor Environmental Education Grant Program (AB 209); \$197.3 million Proposition 68 for local assistance grants; \$8.9 million Proposition 68 for program delivery and projects; and \$8.8 million Proposition 84 for local assistance grants.

Department of Water Resources – \$9.6 million SGF for the continued implementation of the Sustainable Ground Water Management Act (SGMA). Approves the withdrawal of \$30.0 million SGF for local assistance grants to those impacted by SGMA implementation. Approves \$96.0 million in State Special Funds for systemwide flood improvement projects.

Department of Resources, Recycling and Recovery – Includes funding for several County waste management priorities, including: \$454,000 for the Pharmaceutical and Sharps Waste Stewardship Program enforcement; \$200,000 for extended producer responsibility program expenditure authority alignment; \$119,000 for the Carpet Stewardship Program (AB 719); \$390,000 for financing mechanisms and support for in-state recycling manufacturing infrastructure (AB 1583); and \$103,000 for the used mattress recovery and recycling program (AB 187).

Cap and Trade Program – Defers action on the \$965.0 million Cap and Trade Expenditure plan included in the Proposed Budget and Control Section 15.14 proposed in the May Revision (which, after funding statutorily required programs, would have prioritized quarterly auction proceeds for State operations and the discretionary programs, including Air Quality in Disadvantaged Communities – AB 617 (Chapter 136, Statutes of 2017); Forest Health and Fire Prevention; and Safe and Affordable Drinking Water). Adopts placeholder BBL and TBL directing the State Air Resources Board to consider changes to the Cap-and-Trade Program.

TRANSPORTATION

California Department of Transportation – Approves the May Revision funding estimate of a reduction in fuel tax revenues of \$1.8 billion through FY 2024-25 (with most of the reduction in FYs 2019-20 and 2020-21) and adopts placeholder TBL to temporarily hold harmless transit operators that receive State funding and whose ridership levels have been negatively impacted by COVID-19.

IMMIGRATION

Community College Immigrant Legal Services – Approves the \$10.0 million in ongoing Proposition 98 General Funds included in the Proposed Budget to provide ongoing support for immigrant legal services.

Social Entrepreneurs Economic Development (SEED) Initiative – Approves \$10.0 million in one-time SGF to fund the SEED Initiative to provide micro-grants and entrepreneurial training to immigrants. This funding targets individuals with limited English proficiency, and individuals who are not U.S. citizens or are undocumented.

Support for Undocumented Students - \$15.0 million one-time SGF to support emergency financial aid for undocumented students at the University of California (UC), California State University (CSU), and the community colleges. These students were denied Federal emergency aid. Funding is

available by pausing the Dreamer Service Incentive Grant program, which will re-launch in school year 2021-22.

CANNABIS

Cannabis – Includes \$148.1 million in primarily ongoing funds from the Cannabis Control Fund to Bureau of Cannabis Control (BCC), Department of Food and Agriculture, and Department of Public Health for cannabis activities. Approves budget bill language to allow needed budget augmentations for licensing, enforcement, and information technology subject to Joint Legislative Budget Committee notification. Adopts trailer bill language to shift sworn officers from Department of Consumer Affairs' Division of Investigation to BCC and delays the Governor's proposal to change the point of collection for cannabis taxes

The CEO's Legislative Affairs and Intergovernmental Relations Branch will continue to work with County departments to analyze the Legislature's Budget as TBL and BBL become available. In addition, the Sacramento advocates will continue to work with the Administration and key legislators, including the County's Legislative Delegation, to advocate on behalf of the County's funding and program priorities.

Sent on behalf of:

*Samara Ashley
Assistant Chief Executive Officer
Legislative Affairs and Intergovernmental Relations
County of Los Angeles
(213) 974-1464*