



PUBLIC POLICY COMMITTEE Virtual Meeting

Monday, June 6, 2022

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

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

REGISTER VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

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**Link is for non-Committee members only*

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PUBLIC COMMENTS

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

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

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

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

MONDAY, June 2, 2022| 1:00 PM – 3:00 PM

To Join by Computer:

<https://tinyurl.com/mwv6y977>

Link is for non-committee members only

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

Access code: 2598 909 7970

Public Policy Committee Members:			
Katja Nelson, MPP Co-Chair	Lee Kochems, MA Co-Chair	Alasdair Burton, (Alternate)	Felipe Findley
Jerry D. Gates, PhD	Eduardo Martinez (Alternate)	Isabella Rodriguez (Alternate)	Ricky Rosales
Martin Sattah, MD	Courtney Armstrong		
QUORUM: 6			

AGENDA POSTED June 1, 2022

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

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

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

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

Los servicios de interpretación para personas con impedimento auditivo y traducción para personas que no hablan Inglés están disponibles sin costo. Para pedir estos servicios, póngase en contacto con Oficina de la Comisión al (213) 738-2816 (teléfono), o por correo electrónico a HIVComm@lachiv.org, por lo menos setenta y dos horas antes de la junta.

SUPPORTING DOCUMENTATION can be obtained at the Commission on HIV Website at: <http://hiv.lacounty.gov>. The Commission Offices are located at 510 S. Vermont Ave. 14th Floor, one building North of Wilshire on the eastside of Vermont just past 6th Street. Validated parking is available.

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

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

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

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

I. ADMINISTRATIVE MATTERS 1:05 PM – 1:08 PM

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

II. PUBLIC COMMENT 1:08 PM – 1:10 PM

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

III. COMMITTEE NEW BUSINESS ITEMS 1:10 PM – 1:15 PM

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

IV. REPORTS

- 5. Executive Director/Staff Report 1:15 PM – 1:20 PM
 - a. Operational Updates
 - b. Comprehensive HIV Plan 2022-2026
- 6. Co-Chair Report 1:20 PM – 1:30 PM

- a. Act Now Against Meth (ANAM) Update

V. DISCUSSION ITEMS

- 7. Legislative Docket 1:30 PM – 2:00 PM
- 8. Policies Priority – Priorities 2:00 PM – 2:15PM
- 9. State Policy & Budget Update 2:15 PM – 2:25 PM
- 10. Federal Policy Update 2:25 PM – 2:30 PM
- 11. County Policy Update 2:25 PM – 2:50 PM
 - a. COH Response to the STD Crisis

VI. NEXT STEPS

2:50 PM – 2:55 PM

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

VII. ANNOUNCEMENTS

2:55 PM – 3:00 PM

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

VIII. ADJOURNMENT

3:00 PM

- 15. Adjournment for the meeting of June 6, 2022

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



COMMISSION MEMBER "CONFLICTS-OF-INTEREST"

Updated 5/5/22

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
CAMPBELL	Danielle	UCLA/MLKCH	Oral Health Care Services
			Medical Care Coordination (MCC)
			Ambulatory Outpatient Medical (AOM)
			Transportation Services
CIELO	Mikhaela	LAC & USC MCA Clinic	Ambulatory Outpatient Medical (AOM)
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
DANIELS	Michele	Unaffiliated consumer	No Ryan White or prevention contracts
DARLING-PALACIOS	Frankie	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Promoting Healthcare Engagement Among Vulnerable Populations
Transportation Services			
DAVIES	Erika	City of Pasadena	HIV Testing Storefront
			HIV Testing & Sexual Networks
DONNELLY	Kevin	Unaffiliated consumer	No Ryan White or prevention contracts
FINDLEY	Felipe	Watts Healthcare Corporation	Transportation Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			Oral Health Care Services
			Biomedical HIV Prevention
			STD Screening, Diagnosis and Treatment

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
FULLER	Luckie	APLA Health & Wellness	Case Management, Home-Based
			Benefits Specialty
			HIV Testing Specialty
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Sexual Health Express Clinics (SHEX-C)
			Health Education/Risk Reduction
			Health Education/Risk Reduction, Native American
			Biomedical HIV Prevention
			Oral Healthcare Services
			Ambulatory Outpatient Medical (AOM)
			Medical Care Coordination (MCC)
			HIV and STD Prevention Services in Long Beach
			Transportation Services
Nutrition Support			
GARTH	Gerald	Los Angeles LGBT Center	Ambulatory Outpatient Medical (AOM)
			HIV Testing Storefront
			HIV Testing Social & Sexual Networks
			STD Screening, Diagnosis and Treatment
			Health Education/Risk Reduction
			Biomedical HIV Prevention
			Promoting Healthcare Engagement Among Vulnerable Populations
			Transportation Services
GATES	Jerry	AETC	Part F Grantee
GONZALEZ	Felipe	Unaffiliated consumer	No Ryan White or Prevention Contracts
GORDON	Bridget	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Joseph	Unaffiliated consumer	No Ryan White or prevention contracts
GREEN	Thomas	APAIT (aka Special Services for Groups)	HIV Testing Storefront
			Mental Health
			Transportation Services
HALFMAN	Karl	California Department of Public Health, Office of AIDS	Part B Grantee
KOCHEMS	Lee	Unaffiliated consumer	No Ryan White or prevention contracts
KING	William	W. King Health Care Group	No Ryan White or prevention contracts

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
MAGANA	Jose	The Wall Las Memorias, Inc.	HIV Testing Storefront HIV Testing Social & Sexual Networks
MARTINEZ	Eduardo	AIDS Healthcare Foundation	Ambulatory Outpatient Medical (AOM) Benefits Specialty Medical Care Coordination (MCC) Mental Health Oral Healthcare Services STD Screening, Diagnosis and Treatment HIV Testing Storefront HIV Testing Social & Sexual Networks Sexual Health Express Clinics (SHEX-C) Transportation Services Medical Subspecialty HIV and STD Prevention Services in Long Beach
MARTINEZ (PP&A Member)	Miguel	Children's Hospital Los Angeles	Ambulatory Outpatient Medical (AOM) HIV Testing Storefront STD Screening, Diagnosis and Treatment Biomedical HIV Prevention Medical Care Coordination (MCC) Transitional Case Management - Youth Promoting Healthcare Engagement Among Vulnerable Populations
MILLS	Anthony	Southern CA Men's Medical Group	Biomedical HIV Prevention Ambulatory Outpatient Medical (AOM) Medical Care Coordination (MCC) Promoting Healthcare Engagement Among Vulnerable Populations Sexual Health Express Clinics (SHEX-C) Transportation Services
MINTLINE (SBP Member)	Mark	Western University of Health Sciences	No Ryan White or prevention contracts

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

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

COMMISSION MEMBERS		ORGANIZATION	SERVICE CATEGORIES
THOMAS	Damone	T.H.E Clinic, JWCH, Inc. and AHF	HIV Testing Storefront
			HIV Testing & Syphilis Screening, Diagnosis, & inked Referral...(CSV)
			STD Screening, Diagnosis and Treatment
			Health Education / Risk Reduction (HERR)
			Mental Health
			Oral Healthcare Services
			Transitional Case Management
			Ambulatory Outpatient Medical (AOM)
			Benefits Specialty
			Biomedical HIV Prevention
			Medical Care Coordination (MCC)
			Transportation Services
			Sexual Health Express Clinics (SHEx-C)(AHF)
			Medical Subspecialty(AHF)
HIV Prevention Services-Long Beach (AHF)			
VALERO	Justin	No Affiliation	No Ryan White or prevention contracts
WALKER	Ernest	No Affiliation	No Ryan White or prevention contracts



LOS ANGELES COUNTY
COMMISSION ON HIV



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

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

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

**PUBLIC POLICY COMMITTEE
MEETING MINUTES**

Draft

May 2, 2022

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

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

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

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

Meeting agenda and materials can be found on the Commission's website at <https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/7868fd2f-47af-4502-aedf-22ae10fd8550/Pkt-PPC-050222.pdf>

CALL TO ORDER-INTRODUCTIONS-CONFLICTS ON INTEREST

Katja Nelson, Co-Chair called the meeting to order, welcomed attendees, and led introductions.

I. ADMINISTRATIVE MATTERS

1. Approval of Agenda

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

2. Approval of Meeting Minutes

MOTION #2: Approve the Public Policy Committee minutes, as presented or revised. *(Passed by Consensus)*

II. PUBLIC COMMENT

3. OPPORTUNITY FOR MEMBERS OF THE PUBLIC TO ADDRESS THE COMMISSION ON ITEMS OF INTEREST THAT ARE WITHIN THE JURISDICTION OF THE COMMISSION.

There were no public comments.

III. COMMITTEE NEW BUSINESS ITEMS

4. OPPORTUNITY FOR COMMISSION MEMBERS TO RECOMMEND NEW BUSINESS ITEMS FOR THE FULL BODY OR A COMMITTEE LEVEL DISCUSSION ON NON-AGENDIZED MATTERS NOT POSTED ON THE AGENDA, TO BE DISCUSSED AND (IF REQUESTED) PLACED ON THE AGENDA FOR ACTION AT A FUTURE MEETING, OR MATTERS REQUIRING IMMEDIATE ACTION BECAUSE OF AN EMERGENCY SITUATION, OR WHERE THE NEED TO TAKE ACTION AROSE SUBSEQUENT TO THE POSTING OF THE AGENDA.

There were no committee new business items.

IV. REPORTS

5. EXECUTIVE DIRECTOR/STAFF REPORT

a. Operational Updates

- The Board of Supervisors (BOS) voted to extend the continuation of virtual meetings through May 24th.
- Cheryl Barrit is in the process of filling Commission on HIV (COH) staff vacancies.

b. Comprehensive HIV Plan 2022-2026

- AJ King, Comprehensive HIV Plan (CHP) Consultant will present an update of Section 1 of the CHP at the full body COH meeting on May 12th.
- An HIV workforce capacity will be sent out to HIV service providers to help inform the development of the CHP.

6. CO-CHAIR REPORT

a. Act Now Against Meth (ANAM) Update

- K. Nelson reported that the Public Policy Committee (PPC) is waiting for an update on ANAM from the BOS.
- Richard Zaldivar will provide an ANAM update at the May 12th COH meeting.

V. DISCUSSION ITEMS

7. LEGISLATIVE DOCKET

- More information is needed for AB 1928 (McCarty): Hope California: Secured Residential Treatment Pilot Program and AB 1542 (McCarty): County of Yolo: Secured Residential Treatment Program. K. Nelson will reach out to the office of Assemblymember McCarty to obtain more information to help inform the PPC's position on AB 1928 and AB 1542.
- The BOS supports SB 1338 (Umberg): Community Assistance, Recovery, and

Empowerment (CARE) Court Program. Advocacy groups have criticized SB 1338 because it lacks necessary interventions such as housing, leads to the unnecessary institutionalization of people with disabilities and unhoused people, perpetuates racism, and exacerbates existing disparities in healthcare delivery since Black, indigenous, and other people of color are significantly more likely to be diagnosed with psychotic disorders compared to white people. Adequately resourced, intensive, voluntary outpatient treatment would be most effective for treating the population CARE Court seeks to serve.

- The following bills need to be added on the docket:
 - AB 2521 (Santiago): Transgender, Gender Nonconforming, or Intersex Fund
 - AB 2223 (Wicks): Reproductive Health
 - AB 1928 (McCarty): Hope California: Secured Residential Treatment Pilot Program
 - AB 1542 (McCarty): County of Yolo: Secured Residential Treatment Program
 - SB 1234 (Pan): Family Planning, Access, Care, and Treatment Program
 - SB 1338 (Umberg): Community Assistance, Recovery, and Empowerment (CARE) Program
- The PPC took the following positions on bills included on the legislative docket:
 - AB 2521 – *Support*
 - AB 2223 – *Support*
 - SB 1033 – *Support*
 - H.R. 5611 – *Support*
 - S. 854 – *Watch*
- K. Nelson recommended adding the following bills to the legislative docket:
 - SB 939 (Pan): Prescription drug pricing
 - SB 923 (Wiener): Gender-affirming care
 - AB 2194 (Ward and Lee): Pharmacists and pharmacy technicians: continuing education: cultural competency
 - AB 2312 (Lee): Nonprescription contraception: access

8. POLICIES PRIORITY – PRIORITIES

- Isabella Rodriguez and Courtney Armstrong, Division of HIV and STD Programs (DHSP) proposed a two-part policies priority document. Part 1 would have general information for each issue/“-ism” that needs to be addressed. Part 2 would have a list of actionable items to focus on.
- Lee Kochems emphasized the importance of using broad language to give the BOS flexibility to support a bill.
- Jose Rangel-Garibay recommended providing more context for each issue and using action-orientated language.
- Felipe Findley recommended describing the intersections of the drivers of HIV, such as the criminalization of sex work and drug use. Scheduling a meeting with organizations focused on finding alternatives to incarceration can help develop action items.

- A draft of the revised Policies Priority document will be available for review at the June PPC meeting. I. Rodriguez, K. Nelson, L. Kochems, C. Armstrong, and COH staff will schedule a meeting to revise the current document.

9. STATE POLICY & BUDGET UPDATE

- A discussion of CARE Court will be held at the June PPC meeting.

10. FEDERAL POLICY UPDATE

- There were no updates.

11. COUNTY POLICY UPDATE

- K. Nelson provided an overview of the President's Federal Fiscal Year 2023 Budget Proposal *Highlights from the Los Angeles County Perspective*, found in the meeting packet.
 - a. COH Response to the STD Crisis**
 - K. Nelson developed a summary of the COH response to the STD crisis, found in the meeting packet.

VI. NEXT STEPS

12. TASK/ASSIGNMENTS RECAP

- R. Zaldivar will provide an ANAM update at the May COH meeting. The PPC will discuss the update at their June meeting.
- The Policy Priorities subgroup will meet to redraft the Policies Priorities document.
- The recommended bills (SB 939, SB 923, AB 2194, and AB 2312) will be added to the legislative docket.
- K. Nelson will reach out to various legislative offices to obtain more information on bills.

13. AGENDA DEVELOPMENT FOR THE NEXT MEETING

- Discuss CARE Court and what the bill would entail.
- Continue the STD response conversation.

VII. ANNOUNCEMENTS

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

There were no announcements.

VIII. ADJOURNMENT

15. ADJOURNMENT FOR THE MEETING OF MAY 2, 2022

The meeting adjourned at approximately 2:44 PM.



THE WALL
Las Memorias

ActNOW

Against Meth

Process

Community Meeting

- 5 community conversations with community sharing their experiences with meth
- 4 focus groups

Roundtable Meetings

- 2 Roundtable meetings with over **115** community members and health professionals in attendance
- Creation of the Planning Committee

Community Summit

- A 3 hour summit with over **140** people in attendance
- Participants provided key insight to develop recommendations in the areas of prevention, treatment and policy

Los Angeles County Act Now Against Meth Platform

RECOMMENDATIONS RELATED TO PREVENTION

- **Ensure substance use prevention and treatment referrals are offered to clients accessing HIV, STI, and viral hepatitis screening, as well as HIV Pre-Exposure Prophylaxis/Post-Exposure Prophylaxis (PrEP/PEP) services, to promote a holistic approach to wellness.** When using meth and other drugs, individuals often engage in sexual behaviors that are primary risk factors for HIV transmission. Sexual health screening and PrEP programs offer prime opportunities for referrals to substance use prevention and treatment services.
- **Incorporate comprehensive HIV, STI, and viral hepatitis screening, as well as PrEP/PEP navigation services, in substance use prevention and treatment programs through collaboration with clinical service providers across LA County.** Despite substance use being a key risk factor for and frequent comorbid condition with HIV, individuals in meth and other substance use prevention and treatment programs are not routinely offered prevention or screening services for HIV and related conditions. Incorporating these auxiliary services is critical to optimizing meth use prevention efforts.

- **Improve cultural proficiency among County departments and service providers.** County departments and service providers must be culturally proficient in the areas of race, ethnicity, language, sexual orientation, gender identity, and religious beliefs. These characteristics each intersect with methamphetamine use in unique ways that service providers should be aware of and be competent to address. County departments and service providers should be required to receive annual training in these areas to ensure that clients receive culturally proficient services. Training should follow curricula approved by the Los Angeles County Center for Health Equity.

Guilmar Perdomo, *Supervisor for HIV and Meth Prevention*
The Wall Las Memorias (TWLM)



RECOMMENDATIONS RELATED TO TREATMENT

- **Implement harm reduction principles.** It is crucial for LA County to require and promote harm reduction principles in all meth treatment programs to prevent and reduce the negative individual and community consequences of meth use. To that end, all meth treatment services across the County must be delivered in accordance with training in harm reduction principles and trauma-informed care.
- **Fund, invest in, and increase coordination of treatment efforts between mental health and substance use providers.** We call upon the Los Angeles County Department of Public Health and Department of Mental Health to streamline and implement coordinated services to adequately address co-occurring disorders impacting those using meth. When services are managed by different departments in silos, clients are less likely to have their health needs met.
- **Ensure meth treatment programs address the complex, holistic needs of marginalized racial and ethnic communities by investing in and expanding the capacity of service providers who reflect the racial and ethnic identities of those communities.** Increasing the capacity of service providers from Latinx, Black, Asian, Native Hawaiian and other Pacific Islander, Indigenous, and other marginalized racial and ethnic communities is critical to improving the engagement and outcomes of clients from these communities.

Everardo Alvizo, LCSW, HIV/STD Strategic Implementation Specialist
Health and Human Services, City of Long Beach

RECOMMENDATIONS RELATED TO POLICY

Policy #2: Expand access to contingency management services.

Policy #5: Increase funding for low-barrier harm reduction services, including syringe service programs, and work to increase public awareness of the effectiveness of harm reduction to reduce stigma.

Policy #7: Support efforts to decriminalize drug possession and increase diversion programs.

Elena Rosenberg-Carlson, *Ending the HIV Epidemic* Coordinator,
UCLA Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)



Press Conference 3.21.22



ANAM Workgroup

Guilmar Perdomo - *The Wall Las Memorias Project*

Elena Rosenberg - *UCLA CHIPTS*

Craig Pulsipher - *APLA Health*

Katja Nelson - *APLA Health*

Everardo Alvizo - *Long Beach Comprehensive HIV Planning Group*

Kevin Sitter - *CA State Office of AIDS*

Tim Young - *SAPC*

Rangell Oruga - *SAPC*

Sarah Blanch - *Institute for Public Strategies*

Dean Ambrosini - *Institute for Public Strategies*

Community Partners

RESEARCH PARTNER



ActNOW

Against Meth

thewallasmemorias.org/ANAM



Richard Zaldivar

Executive Director

(323) 257-1056 ext.27

richard.zaldivar@twlmp.org

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2022-2023 Legislative Docket
DRAFT (Revision Date: 05.23.22)

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

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 4 (Arambula)	Medi-Cal: eligibility	The bill would extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB4	Support	26-AUG-21 In Committee: Held Under Submission.
AB 15 (Chiu)	COVID-19 relief: tenancy: Tenant Stabilization Act of 2021	This bill would extend the definition of "COVID-19 rental debt" as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB15 <i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i>	Support with questions	<i>01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)</i>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 16 (Chiu)	Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021	This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB16 <i>Per Assembly Chiu Office the Assembly person will hold the bill until the next legislative cycle. Due to the passing of AB 3088, SB 91 and AB 832 which prevent eviction due to non-payment of rent for those whose income was negatively impacted by the pandemic.</i>	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 65 (Low)	California Universal Basic Income Program: Personal Income Tax	This bill would declare the intent of the Legislature to enact legislation to create a California Universal Basic Income Program, with the intention of ensuring economic security for all Californians. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB65	Watch	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 77 (Petrie-Norris)	Substance use disorder treatment services	This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the State Department of Health Care Services. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB77	Support	01-FEB-22 From committee: Filed with the Chief Clerk pursuant to Joint Rule 56(1)
AB 240 (Rodriguez)	Local health department workforce assessment	This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB240	Support with Questions	26-AUG-21 In Committee: Held under Submission

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 328 (Chiu)	Reentry Housing and Workforce Development Program	<p>This bill would establish the Reentry Housing Program. The bill would require the Department of Housing and Community Development to, on or before July 1, 2022, take specified actions to, upon appropriation by the Legislature, provide grants to counties and continuums of care, as defined, for evidence-based housing and housing-based services interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB328</p>	Support	<p><i>01-FEB-22 Filed with the Chief Clerk pursuant to Joint Rule 56. (1)</i></p>
AB 835 (Nazarian)	Hospital emergency departments: HIV testing	<p>This bill would require every patient who has blood drawn at a hospital emergency department to be offered an HIV test, as specified. The bill would specify the manner in which the results of that test are provided. The bill would state that a hospital emergency department is not required to offer an HIV test to a patient if the department determines that the patient is being treated for a life-threatening emergency or if they determine the person lacks the capacity to consent to an HIV test.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB835</p>	Support	<p>26-AUG-21 In Committee: Held Under Submission</p>
AB 1038 (Gipson)	California Health Equity Program	<p>This bill would establish the California Health Equity Program, a competitive grant program administered by the Office of Health Equity to community-based nonprofit organizations, community clinics, local health departments, and tribal organizations to take actions related to health equity. The bill would establish the California Health Equity Fund.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1038</p>	Support	<p>26-AUG-21 In Committee: Held Under Submission</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 1400 (Kalra)	Guaranteed Health Care for All	<p>This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1400</p>	Support	01-FEB-22 Died on third reading file.
AB 1542 (McCarty)	County of Yolo: Secured Residential Treatment Program.	<p>This bill would, until January 1, 2025, authorize the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.</p> <p>Bill Text - AB-1542 County of Yolo: Secured Residential Treatment Program. (ca.gov)</p>		3-FEB-22 VETOED BY THE GOVERNOR
AB 1928 (McCarty)	Hope California: Secured Residential Treatment Pilot Program	<p>Existing law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, <i>the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program</i>, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1928</p>		19-MAY-22 In committee: Held under submission.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>AB 2194 (Ward and Lee)</p>	<p>Pharmacists and pharmacy technicians: continuing education: cultural competency</p>	<p>Requires pharmacists and pharmacy technicians to complete at least one hour of continuing education through a cultural competency course focused on lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) patients.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2194</p>		<p>17-MAY-22 In Senate. Read first time.</p>
<p>AB 2223 (Wicks)</p>	<p>Reproductive Health</p>	<p>Existing law requires a county coroner to hold inquests to inquire into and determine the circumstances, manner, and cause of violent, sudden, or unusual deaths, including deaths related to or following known or suspected self-induced or criminal abortion. Existing law requires a coroner to register a fetal death after 20 weeks of gestation, unless it is the result of a legal abortion. If a physician was not in attendance at the delivery of the fetus, existing law requires the fetal death to be handled as a death without medical attendance. Existing law requires the coroner to state on the certificate of fetal death the time of fetal death, the direct causes of the fetal death, and the conditions, if any, that gave rise to these causes.</p> <p>This bill would delete the requirement that a coroner hold inquests for deaths related to or following known or suspected self-induced or criminal abortion, and would delete the requirement that an unattended fetal death be handled as a death without medical attendance. The bill would prohibit using the coroner's statements on the certificate of fetal death to establish, bring, or support a criminal prosecution or civil cause of damages against any person.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223</p>	<p>Support</p>	<p>19-MAY-22 Read second time and amended. Ordered returned to second reading.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
AB 2312 (Lee)	Nonprescription contraception: access	<p>This bill would, with certain exceptions, prohibit a retail establishment, as defined, from refusing to furnish nonprescription contraception to a person solely on the basis of age or any of the above-listed characteristics by means of any conduct, including, but not limited to, requiring the customer to present identification for purposes of demonstrating their age or other characteristic.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB2312</p>		<p>6-APR-22 In committee: Set, first hearing. Hearing canceled at the request of author.</p>
AB 2521 (Santiago)	Transgender, Gender Nonconforming, or Intersex Fund	<p>This bill would rename the fund as the Transgender, Gender Nonconforming, or Intersex Fund. The bill would require the office to establish a community advisory committee for the purpose of providing recommendations to the office on which organizations and entities to select for funding and recommendations on the amount of funding for each organization or entity. The bill would require the community advisory committee to be composed of multiple marginalized members of the TGI community for whom the services provided by the funds are intended.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2521</p> <p>Sponsored by TransLatin@ Coalition</p>	Support	<p>05-MAY-22 Read second time. Ordered to 3rd reading</p>
SB 17 (Pan)	Office of Racial Equity	<p>This bill would state the intent of the Legislature to enact legislation to require the department to address racism as a public health crisis.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB17</p>	Support	<p>26-AUG-21 Set for First Hearing Canceled at the Request of Author.</p>
SB 56 (Durazo)	Medi-Cal: eligibility	<p>This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB56</p>	Support	<p>23-June-21 From Committee: Do Pass and Re-refer to Committee on Appropriation</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 57 (Wiener)	Controlled Substances: Overdose Prevention Program	<p>This bill would, until January 1, 2027, authorize the City and County of San Francisco, the County of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs for persons that satisfy specified requirements, including, among other things, providing a hygienic space supervised by trained staff where people who use drugs can consume preobtained drugs, providing sterile consumption supplies, and providing access or referrals to substance use disorder treatment.</p> <p>http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB57</p> <p><i>The City of Los Angeles approved a pilot site for this program and requested a bill amendment to include the City of Los Angeles. The sponsor held the bill for this legislative session and will continue the legislative process in January 2022 (Legislative Session 2022-23).</i></p>	Support	<p><i>18-JAN-22 Read second time and amended. Re-referred to Committee on Public Safety</i></p>
SB 217 (Dahle)	Comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education.	<p>This bill would require the governing board of a school district to adopt a policy at a publicly noticed meeting specifying how parents and guardians of pupils may inspect the written and audiovisual educational materials used in comprehensive sexual health education.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB217</p>	Opposed Unless Amended	<p><i>01-FEB-22 Returned to Secretary of Senate pursuant to Joint Rule 56(1)</i></p>
SB 225 (Wiener)	Medical procedures: individuals born with variations in their physical sex characteristics	<p>This bill would prohibit a physician and surgeon from performing certain sex organ modification procedures on an individual born with variations in their physical sex characteristics who is under 12 years of age unless the procedure is a surgery required to address an immediate risk of physical harm, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB225</p>	Support	<p><i>18-JAN-22 In Assembly. Read first time. Held at Desk.</i></p> <p><i>Canceled at the Request of the Author.</i></p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 316 (Eggman)	Medi-Cal: federally qualified health centers and rural health clinics	This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB316	Support	<i>02-FEB-22 Assembly Inactive File.</i>
SB 357 (Wiener)	Crimes: loitering for the purpose of engaging in a prostitution offense	Existing law prohibits soliciting or engaging in an act of prostitution. This bill would repeal those provisions related to loitering with the intent to commit prostitution and would make other conforming changes. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB357	Support	<i>02-FEB-22 Senate Held at the Desk.</i>
SB 464 (Hurtado)	California Food Assistance Program: eligibility <i>and</i> <i>benefits</i>	This bill, commencing January 1, 2023, would instead make a noncitizen applicant eligible for the California Food Assistance Program if the noncitizen satisfies all eligibility criteria for participation in the CalFresh program except any requirements related to immigration status. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB464	Support	01-July-21 From Committee: Do Pass and Re- refer to Committee on Appropriation. Re-referred to Committee Appropriation
SB 523 (Leyva)	Health care coverage: contra- ceptives	This bill would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issues, amended, renewed, or delivered on and after January 1, 2022. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB523	Support	26-AUG-21 August 26 Hearing Postponed by Committee.

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
<p>SB 923 (Wiener)</p>	<p>Gender-affirming care</p>	<p>This bill requires health plans and insurers to require all of its support staff who are in direct contact with enrollees or insureds to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex. This bill adds processes to continuing medical education requirements related to cultural and linguistic competency for physician and surgeons specific to gender-affirming care services, as specified.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB923</p>		<p>19-MAY-22 Read second time. Ordered to third reading.</p>
<p>SB 939 (Pan)</p>	<p>Prescription drug pricing</p>	<p>This bill prohibits payers and drug manufacturers from imposing requirements, conditions, or exclusions that discriminate against certain health care entities participating in a federal drug discount program, including contracted pharmacies of the health care entities.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB939</p>		<p>28-MARCH-22 Read second time. Ordered to third reading.</p>
<p>SB 1033 (Pan)</p>	<p>Healthcare Coverage</p>	<p>This bill would require the Department of Managed Health Care (DMHC) and the Insurance Commissioner, no later than July 1, 2023, to revise specified regulations that would require health plans, specialized health plans, or insurance policies, excluding Medi-Cal beneficiaries, for cultural and health-related social needs in order to improve health disparities, health care quality and outcomes, and addressing population health.</p> <p>This bill is referred by the community as the health equity and data bill.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1033</p>	<p>Support</p>	<p>19-MAY-22 Read second time and amended. Ordered to second reading.</p>

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
SB 1234 (Pan)	Family Planning, Access, Care, and Treatment Program	<p>The bill would require reimbursement, subject to an appropriation by the Legislature and any potential draw down of federal matching funds, for services related to the prevention and treatment of sexually transmitted diseases (STDs), including counseling, screening, testing, follow-up care, prevention and treatment management, and drugs and devices outlined as reimbursable in the Family PACT Policies, Procedures and Billing Instructions manual, to uninsured, income-eligible patients or patients with health care coverage who are income-eligible and have confidentiality concerns, including, but not limited to, lesbian, gay, bisexual, transgender (LGBTQ+) patients, and other individuals who are not at risk for experiencing or causing an unintended pregnancy, and who are not in need of contraceptive services. In addition, the bill would require any office visits, including in-person and visits through telehealth modalities, to be reimbursed at the same rate as office visit.</p> <p>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB1234</p>		19-MAY-22 Read second time and amended. Ordered to second reading.
SB 1338 (Umberg)	Community Assistance, Recovery, and Empowerment (CARE) Program	<p>Senate Bill 1338 would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program, which would authorize specified persons to petition a civil court to create a CARE plan and implement services for individuals suffering from specified mental health disorders. If the court determines the individual is eligible for the CARE Court Program, the court would order the implementation of a CARE plan, as devised by the relevant county behavioral services agency, and would oversee the individual's participation in the plan.</p> <p>https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202120220SB1338</p> <p>Supported by the Los Angeles County Board of Supervisors</p>		19-MAY-22 Read second time and amended. Ordered to second reading.
FEDERAL BILLS				
BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS

BILL	TITLE	DESCRIPTION / COMMENTS	RECOMMENDED POSITION	STATUS
H.R.5 (Cicilline)	Equality Act	This bill prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. https://www.congress.gov/bill/117th-congress/house-bill/5	Support	17-March-2021 Senate Committee on the Judiciary Hearings Held
H.R. 1201 (Lowenthal- Markey)	International Human 5 Rights Defense Act of 2021	The bill is to establish in the Bureau of Democracy, Human Rights, and Labor of the Department of State a Special Envoy for the Human Rights of LGBTQI Peoples. The Special Envoy shall serve as the principal advisor to the Secretary of State regarding human rights for LGBTQI people internationally. https://www.congress.gov/bill/117th-congress/house-bill/1201/text	Support	02-APRIL-21 Referred to the Subcommittee on Africa, Global Health and Global Human Rights
H.R. 1280* (Bass)	George Floyd Justice and Policing Act of 2021	<i>This bill addresses a wide range of policies and issues regarding policing practices and law enforcement accountability. It increases accountability for law enforcement misconduct, restricts the use of certain policing practices, enhances transparency and data collection, and establishes best practices and training requirements.</i> <i>The Commission on HIV refer this bill back to the Committee because funding for the police is included in the bill. This is at odds with the movement for Black Lives which opposes the bill.</i> https://www.congress.gov/bill/117th-congress/house-bill/1280?q=%7B%22search%22%3A%5B%22George+Floyd+Justice+and+Policing+Act+of+2021%22%5D%7D&s=2&r=1		<i>09-March-21 Received in the Senate Referred Back to Committee in Discussion</i>

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

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

* The bill was not approved by the Commission on HIV

** Commission on HIV recommended bill for the Legislative docket

Footnotes:

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

Notes:

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



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

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

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

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

Systemic and Structural Racism

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

Racist Criminalization and Mass incarceration

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

- a. Support the efforts of Measure J, the Alternatives to Incarceration and seek increased funding for services and programming through Measure J as well as through the reduction in funding for policing and incarceration.

Housing

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

Mental Health

- a. Mental health services for people living with, affected by, or at risk of contracting HIV/AIDS.
- b. By increasing services for those with underlying mental health issues, there will be less reliance on reliance on incarceration. Los Angeles County Jail has also become the largest mental health institution in the country.

Sexual Health

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

Substance Abuse

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

Consumers

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

Aging

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

Women

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

Transgender

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

General Health Care

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

Service Delivery

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

Data

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

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



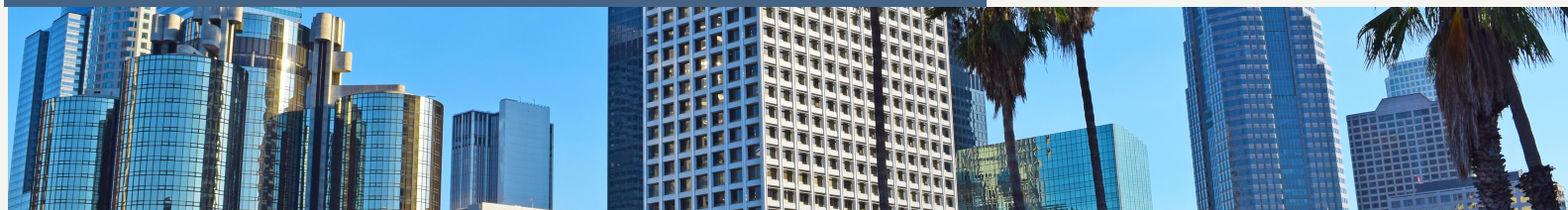
2022 POLICY PRIORITIES – ACTION PLAN

Committee Name: PUBLIC POLICY COMMITTEE (PPC)		Co-Chairs: Katja Nelson, Lee Kochems		
Committee Adoption Date:		Revision Dates:		
Purpose of Action Plan: To outline key action steps for the PPC policy priorities for 2022. Each year there will be a detailed action plan for 1-2 items for the PPC to focus on.				
#	ISSUE	DESCRIPTION	ACTION STEPS	TIMELINE
Ex.	<i>In this section, name the issue.</i>	<i>In this section, describe the issue, provide context, and explain the reasoning for selecting the issue as a priority for the year.</i>	<i>In this section, outline the steps the PPC will take to act on the issue described. The goal is to develop detailed and concrete the action steps.</i>	<i>In this section, set a timeframe for completing the action steps.</i>
1	Effective countywide response to the Sexually Transmitted Disease (STD) epidemic	<p>In October 2021, the PPC submitted a letter to the Board of Supervisors (BOS) outlining the wants of the PPC and requesting the BOS to consider prioritizing the response to the rising STD epidemic in Los Angeles County.</p> <p>In November 2021, the BOS instructed the Department of Public Health (DPH) to provide a description of the current strategies, funding sources, and data developments regarding the county-wide STD response.</p> <p>In April 2022, the DPH provided the BOS a detailed description of current services, data projects and needs, and funding sources.</p> <p>Given the recent momentum with the BOS considering improvements to the countywide STD response, the PPC will consider drafting a letter to respond to the DPH letter to the BOS.</p>	<p>The PPC will draft a letter based on the DPH report to the BOS in which the PPC will outline priorities/recommendations to improve the countywide STD response.</p> <p>The PPC will request a formal letter of support from the BOS to support the Ending the Epidemics budget request to the State of California.</p>	
2				

LOS ANGELES COUNTY GOVERNOR'S FY 2022-23 MAY REVISION EXECUTIVE SUMMARY



CEO LAIR



May 13, 2022

Overview

Today, Governor Gavin Newsom released his [Fiscal Year \(FY\) 2022-23 May Budget Revision](#) (May Revision). The \$300.7 billion May Revision (a \$38.1 billion or 14.5 percent increase in comparison to the 2021 State Budget Act) would provide relief from rising inflation, ensure public safety, address homelessness, transform public education, and combat climate change. Led by gross domestic product growth of 7.8 percent, the May Revision projects a \$97.5 billion surplus. Much of this surplus is spoken for, as \$37.1 billion would be allocated to reserves, including \$23.3 billion for the Budget Stabilization Account (Rainy-Day Fund); and 94 percent of the surplus would be spent on one-time expenditures to ensure that this year's spending would not put ongoing pressure on the State's General Fund.

MAJOR PROPOSALS OF COUNTY INTEREST

GOVERNOR'S PRIORITIES

Governor Newsom's "Paving the California Way Forward" Blueprint provides funding for these key areas:

- \$18.1 billion to help address rising costs due to global inflation;
- \$47.1 billion to tackle the effects of climate change including fires drought, heat, and pollution;
- \$660 million to ensure public safety;
- \$14.47 million to confront homelessness and the mental health crisis;
- \$37 billion for infrastructure including broadband and new housing;
- \$2.1 billion to provide financial incentives for business to relocate in California; and
- \$125 million to expand access to reproductive health.

Below are items in the Governor's May Revision that are County-sponsored, County-supported, and/or of major interest to the County.

The Chief Executive Office – Legislative Affairs and Intergovernmental Relations Branch is currently working with affected departments to determine potential County impact. The May Revision includes:

HEALTH AND BEHAVIORAL HEALTH

County-Sponsored AB 900 Proposal – Los Angeles County Misdemeanor Incompetent to Stand Trial Services and Supports – \$100 million in one-time State General Fund (SGF) for the County to support access to community-based treatment and housing for individuals found incompetent to stand trial for misdemeanor charges. This replaces lease revenue bond authority that was competitively awarded to the County through the California Board of State and Community Corrections.

Community Assistance, Recovery, and Empowerment (CARE) Court – Includes the following investments to administer CARE Court: \$10 million in ongoing SGF for the CARE Court Supporter Program; \$15.2 million in SGF in FY 2022-23 to provide training and technical assistance to counties; and \$39.5 million in SGF in FY 2022-23 and \$37.7 million ongoing for the Judicial Branch to conduct CARE Court hearings and provide resources for self-help centers. In addition, the May Revision maintains the Proposed Budget's \$1.5 billion in one-time SGF for the Behavioral Health Bridge Housing program to address the interim housing needs of people experiencing unsheltered homelessness with complex behavioral health conditions. The Administration proposes to prioritize bridge housing settings funded by this program for CARE Court participants. Finally, the Administration indicates in the May Revision that they plan to continue to work with counties to estimate costs associated with this new court process.

HEALTH AND BEHAVIORAL HEALTH



Felony Incompetent to Stand Trial (IST) Waitlist Solutions – \$535.5 million in SGF in FY 2022-23, increasing to \$638 million in SGF per year in FY 2025-26 and ongoing, including additional funding for county sheriffs for custody supports to enable stabilization teams increased access to ISTs, and to support county overhead to support the administration of the community-based restoration and diversion programs. It also increases investments into community housing that will be required to serve California Department of State Hospitals (DSH) identified populations for a minimum of 30 years, and increases coordination with county behavioral health departments to provide treatment records when ISTs are returned from DSH to the court, enabling counties to plan for continuity of treatment when the IST is released from jail and to improve the quality of IST determinations and decisions regarding the need for medications.

Expansion of Medi-Cal to All Income-Eligible Californians – \$819.3 million in FY 2023-24 and \$2.7 billion annually at full implementation, inclusive of In-Home Supportive Services (IHSS) costs, to expand full-scope eligibility to all income-eligible adults aged 26 through 49 regardless of immigration status.

Medi-Cal for Older Adults Regardless of Immigration Status – \$54 million in FY 2021-22 and \$660.9 million in FY 2022-23 for the full year cost of expanding full-scope Medi-Cal to older adults aged 50 and older regardless of immigration status, effective May 1, 2022. This policy change was included in the 2021 Budget Act.

HOMELESSNESS AND HOUSING

Emergency Rental Assistance – \$2.7 billion in one-time SGF in FY 2022-23 to provide rental assistance for applicants of the COVID-19 State Rent Relief program, which expired on March 31, 2022. The State continues to seek additional reallocation funds from the federal Emergency Rental Assistance Program (ERAP), enacted as part of the H.R.133 – Consolidated Appropriations Act, 2021 Public Law No: 116-260.

Homekey Expansion – An increase of \$150 million in one-time SGF for the Homekey program in FY 2022-23, for a total of \$2.9 billion in funding over two years.

Interim Housing – \$500 million in one-time SGF, available over two years, to house unsheltered individuals on State-owned lands through grants to local governments for interim housing and site preparation. This proposal seeks to assist individuals who can be transitioned into long-term housing placements created through the Behavioral Health Continuum Infrastructure Program, the Community Care Expansion Program, and additional rounds of Homekey.

Homeless Housing Assistance and Prevention Grant Program (HHAP) – Commits to extending HHAP at current levels for additional years beyond FY 2022-23, pending review of local accountability plans and further discussion with the Legislature. The Administration indicates a focus on funding high priority needs including encampment resolution, Homekey operating sustainability, and CARE Court housing supports.

County-Supported Encampment Resolution Grants – Maintains the Proposed Budget's \$500.3 million in one-time SGF for Encampment Resolution Grants to assist local jurisdictions in short and long-term rehousing strategies for people experiencing homelessness in unsheltered settings.

Affordable Housing Funding – Maintains the Proposed Budget's \$400 million for the No Place Like Home Program and \$75 million for the Veterans Housing and Homeless Prevention Program for FY 2022-23. The May Revision also includes a minor increase from the Proposed Budget for state Low-Income Housing Tax Credits (LIHTC) to \$641.1 million and remains flat for federal LIHTC at \$457.9 million for FY 2022-23.

PUBLIC HEALTH

COVID-19 SMARTER Plan – \$1.1 billion for COVID-19 support, including: \$100 million for medical surge staffing; 40 million in resources for vaccine staff to prepare for the release of vaccines for children under five; continue second boosters for eligible populations, and increase staffing capacity at pediatric sites; \$530 million to purchase additional antigen test kits, support school testing, and continue rapid testing; \$93 million for expanded programming prioritizing vaccination; \$16 million in FY 2022-23 to continue enhanced surveillance activities; \$250 million to support unanticipated COVID-19 emergency response needs; among others.

PUBLIC HEALTH

Sexual and Reproductive Care – \$57 million to expand access to reproductive healthcare services and improve clinical infrastructure and expand the workforce in reproductive healthcare services. This includes:

- \$40 million in one-time SGF to award grants to reproductive health care providers to offset the cost of providing care to low- and moderate-income individuals for abortion care services;
- \$15 million in one-time SGF for the California Reproductive Justice and Freedom Fund to award grants to community-based reproductive health, rights, and justice organizations;
- \$1 million in one-time SGF for the Comprehensive Reproductive Rights Website; and
- \$1 million in one-time SGF for research the unmet needs for access to reproductive health care services.



BROADBAND

Broadband Middle-Mile Initiative – \$600 million in one-time SGF in FY 2023-24 and \$500 million in one-time SGF in FY 2024-25 to support the completion of the Broadband Middle-Mile Initiative.

JUSTICE

Division of Juvenile Justice (DJJ) Population Update – Reflects an estimated average daily population of 641 youth in FY 2021-22 and 430 youth in FY 2022-23, which represents a decrease of 16 and 114 youth in FY 2021-22 and FY 2022-23, respectively, compared to the Proposed Budget estimates. Currently, DJJ estimates there will be approximately 300 youth remaining in its care on June 30, 2023. The May Revision reflects a decrease of \$6 million in FY 2021-22 and a decrease of \$15.7 million in FY 2022-23 for population-related adjustments, as compared to the Proposed Budget estimates. Additionally, the May Revision reflects a decrease of \$87.8 million in FY 2023-24 and ongoing in recognition of DJJ's closure at the end of FY 2022-23.

Mobile Probation Centers – \$20 million in one-time SGF to establish a competitive grant program for counties to create mobile probation centers, to help with facilitating court appearances and pre-trial check-ins; complete needs assessments; and identify housing, employment, and other related services.

Innovative Pilot Program for Victim Services – \$30 million in one-time SGF, to be spent over three years, to establish an innovative pilot program to provide victim services across California. This could include operating satellite offices for trauma recovery centers or other victim services providers in hard-to-reach and/or rural areas.

ECONOMIC AND WORKFORCE DEVELOPMENT

COVID-19 Small Business Relief – \$500 million in one-time SGF in FY 2022-23 for the Small Business Hard-Hit Industries Grant Program administered by the California Office of the Small Business Advocate (CalOSBA), within GO-Biz, to provide additional relief to small businesses most affected by the pandemic.

Extreme Heat Workforce – \$17 million in one-time SGF, available over two years, to the California Workforce Development Board to expand high road training partnerships in industry sectors that support the State's response to extreme heat, such as heating, ventilation and cooling, cool roofs, urban forestry, climate smart natural resource management, as well as other industries identified through collaboration with other state agency partners.

California Competes (CalCompetes) – Extends the CalCompetes Tax Credit program through FY 2027-28 at the current level of \$180 million per year and provides \$120 million in one-time SGF for a second year of the CalCompetes grant program, which could also be used to provide required matching funds for businesses to qualify for federal funds to address the State and national security priority of increasing domestic semiconductor research, development, and manufacturing. The May Revision proposes that the program provide additional consideration to companies that relocate from states that have enacted anti-LGBTQ+ and reproductive rights laws.

POVERTY ALLEVIATION

County-Supported Young-Child Tax Credit (YCTC) Expansion – Indexes the \$1,000 YCTC amount to inflation, allows the YCTC to be claimed by households with zero income, and creates a \$1,000 credit for young adults who have come through the foster care system.

SOCIAL SERVICES

County-Supported In-Home Supportive Services (IHSS) Permanent Back-up Provider System – \$34.4 million in ongoing funding (a \$9.6 million increase over the \$24.8 million in the Proposed Budget) to establish a permanent back-up provider system for IHSS recipients to avoid disruptions to caregiving due to an immediate need or emergencies.

County-Supported CalWORKs Grant Increase – \$296.2 million in FY 2022-23 (a \$95.5 million increase over \$200.7 million in the Proposed Budget) to reflect an 11-percent increase (a 3.9 increase over the 7.1 increase in the Proposed Budget) to the CalWORKs Maximum Aid Payment levels. This increase is expected to increase CalWORKs grants by a monthly average of \$84.38 in FY 2022-23.

Master Plan for Aging – \$36.3 million in SGF in FY 2022-23 and ongoing funding to continue implementation of the Plan: \$10 million in one-time SGF for three years for the Community Living Fund; \$4 million in one-time SGF for Home and Community-Based Services (HCBS) infrastructure planning and development; \$14.9 million for caregiver resource centers; and \$3.5 million in one-time SGF to support a Long-Term Care Ombudsman outreach campaign.

CHILDREN AND FAMILIES

Early Childhood and Education – \$200 million to develop and repair existing childcare infrastructure, especially in low-income communities, and extends family fee waivers and reimburses childcare and state preschool providers based on contracted hours of care in lieu of attendance.

Family Finding and Engagement Grant – \$150 million in one-time SGF over five years for a county-optional program to supplement foster caregiver recruitment and retention. The funding will support statewide training and technical assistance on evidence-based best practices for intensive family finding and engagement services. Participating counties must provide matching funding and build a network of support for youth such that permanent connections and homes are established.

Caregiver Approvals – \$50 million in SGF annually, beginning in FY 2022-23, to assist counties to reduce approval timelines for foster caregiver applications. The funding will allow counties to hire additional staff to reduce pending and probationary resource family applications.

2011 Realignment – \$3.1 billion in 2011 Realignment for the Protective Services Subaccount. This is an increase of \$193.2 million over the Proposed Budget, as well as an increase of \$342.7 million in FY 2021-22 estimated growth. The increase for child welfare programs is estimated at \$35.9 million compared to the Proposed Budget.

LGBTQ+ Youth Services – \$5 million for grants to counties and experienced community-based organizations to partner to improve capacity, training, and culturally responsive care to the unique needs and protections of LGBTQ+ youth.

IMMIGRATION

Rapid Response Efforts – \$175 million in one-time SGF for Rapid Response efforts to provide additional support for migrant arrivals at the Southern California border and other emergent issues.

COVID-19 Border Operations – \$468 million for border operations that will continue the State's COVID-19 response and humanitarian assistance at the southern border including in anticipation of increased arrivals and the need for additional support services. The May Revision also provides an additional \$9 million for the California Office of Emergency Services to continue its portion of these border response operations.

TRANSPORTATION

Active Transportation – An additional \$500 million above the \$750 million included in the Proposed Budget for the State's Active Transportation Program to improve equity, and support carbon-free transportation options.

Transit and Rail Agencies – \$750 million in incentive grants to transit and rail agencies to provide three months of free transit to Californians.

Bipartisan Infrastructure Law (BIL) – \$50 million annually for 295 positions for Caltrans to administer and implement the State and local transportation funding provided by the BIL and \$144 million for 626 positions to provide engineering and design support associated with the increased project workload.

ENVIRONMENTAL AND NATURAL RESOURCES

Drought – An additional \$1.3 billion in SGF above the \$750 million included in the Proposed Budget for drought resilience and response designed to help communities and fish and wildlife avoid immediate negative impacts as a result of extreme drought while continuing to advance projects and programs that prepare the state to be more resilient to future droughts.

Extreme Heat Resilience Centers – \$170 million in one-time funding over two years for the Strategic Growth Council to provide grants to communities seeking to build or upgrade existing facilities to serve as community resilience centers that mitigate the public health impacts of extreme heat and other emergency situations exacerbated by climate change.

Community Air Protection Program – \$20 million one-time from the Greenhouse Gas Reduction Fund for the Community Air Protection Program, which reduces emissions in communities with disproportionate exposure to air pollution through targeted air monitoring and community emissions reduction programs.

Climate Waste Management – \$10 million to support a compost permitting pilot program that will help local government entities and facilities locate and permit small and medium-sized compost facilities, diverting more organic waste away from landfills and into the creation of healthy soils and to support additional strategic nature-based solution investments.

CANNABIS

Cannabis – \$20.5 million in one-time SGF to establish a cannabis local jurisdiction retail access grant program to assist cities and counties that do not currently license storefront or delivery-only cannabis retailers with the development and implementation of local retail licensing programs. This grant program will award funding to eligible local jurisdictions proportionally based on criteria pursuant to the local jurisdiction retail licensing program, such as the population size served, the number of permits issued, and the allocation of permits to equity applicants.

As a follow up to this Executive Summary, the CEO's Legislative Affairs and Intergovernmental Relations Branch will continue to work with County Departments to analyze the Governor's May Revision. This Office will provide a detailed analysis of State budget proposals that result in an advocacy position. In addition, the Sacramento advocates will work with the Administration and key legislators to advocate on behalf of the County's funding and program priorities.

CEO

Chief Executive Office
COUNTY OF LOS ANGELES

Legislative Affairs and Intergovernmental Relations

Room 723 Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

<https://ceo.lacounty.gov/legislative-affairs-and-intergovernmental-relations/>



SB 923 (Wiener)

Access to Gender Affirming Care

Problem:

Many transgender patients encounter discrimination and difficulty accessing the health care they need. The National Center for Transgender Equality reported that 1/3 of all transgender individuals who had seen a health care professional in 2014 had at least one negative experience related to being transgender, with higher rates for people of color and people with disabilities. These negative experiences include being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to receive appropriate care.

Fear of discrimination resulted in 28% of transgender individuals postponing or not receiving necessary medical care, which is especially troubling considering the health needs of transgender, gender non-conforming and/or intersex (TGI) people.

Research demonstrates that, compared with the general population, TGI people suffer from more chronic health conditions and experience higher rates of health problems related to HIV/AIDS, substance use, mental illness, and sexual and physical violence, as well as higher prevalence and earlier onset of disabilities that can also lead to health issues.

A survey of primary care providers found that over 30% did not feel that they were capable of providing transgender care and a small but concerning number would not be willing to care for transgender patients in need. Nearly 15% of providers unwilling to provide routine care, with that number increasing for specific services. In 2019, 44% of TGI people who were surveyed in the #Out4MentalHealth Community survey reported traveling farther than 30 minutes to see a primary care provider.

TGI people have trouble finding providers to provide routine care, so finding providers who can provide gender affirming surgeries within their health plan can be even harder.

Background:

The Williams Institute estimates that in the state of California, *at least* 218,400 individuals identify as transgender. Despite representing a significant portion of the State’s population, transgender, gender non-conforming and/or intersex (TGI) people are not receiving the health care they need.

This bill improves access to gender affirming care by requiring:

- Health plan staff who interact with patients to undergo TGI cultural sensitivity training.
- Health plans to maintain and update a list of contracted providers who offer and provide gender-affirming services.
- The Health and Human Services Agency to convene a working group to develop a quality standard for patient experience to measure cultural competency for TGI patients.

Co-sponsors and support by:

- Break The Binary LLC (cosponsor)
- California LGBTQ Health and Human Services Network (cosponsor)
- California TRANScends (cosponsor)
- Equality California (cosponsor)
- Gender Justice LA (cosponsor)
- National Help Law Program (cosponsor)
- Orange County TransLatinas (cosponsor)
- Queer Works (cosponsor)
- Rainbow Pride Youth Alliance (cosponsor)
- San Francisco Office of Transgender Initiatives (cosponsor)
- The TransPower Project (cosponsor)
- TransCanWork (cosponsor)
- Trans Community Project (cosponsor)
- TransFamily Support Services (cosponsor)
- Transgender Health and Wellness Center (cosponsor)
- Tranz of Anarchii, Inc. (cosponsor)
- Unique Woman’s Coalition (UWC) (cosponsor)
- Unity Hope (cosponsor)
- Western Center on Law & Poverty (cosponsor)

For more information: [Abbi Coursolle, coursolle@healthlaw.org](mailto:coursolle@healthlaw.org); [Dannie Ceseña, dcesena@health-access.org](mailto:dcesena@health-access.org); [Tami Martin, tami@eqca.org](mailto:tami@eqca.org); [Linda Nguy, lnguy@wclp.org](mailto:lnguy@wclp.org);

From: [Barrit, Cheryl](#)
Cc: [Wright, Sonja](#); [Lapointe, Catherine](#); [Garibay, Jose](#)
Subject: FW: BOS Motion STD Report Summary
Date: Friday, April 15, 2022 9:26:14 AM
Attachments: [9.28.21 LAC BOS STD Motion.pdf](#)
[Commission on HIV STD Letter.pdf](#)
[1122150 AddressingtheSTDCrisisinLosAngelesCounty Item14 Agenda9.28.21 .pdf](#)

Hello Commissioners:

Please review the summary provided by Commissioner Katja Nelson on the Department of Public Health, Division of HIV and STD Program's response to the Board's STD motion.

Katja: Thank you so much for developing the summary.

From: Katja Nelson <knelson@aplahealth.org>
Sent: Thursday, April 14, 2022 4:11 PM
To: Barrit, Cheryl <CBarrit@lachiv.org>; Wright, Sonja <SDWright@lachiv.org>; Garibay, Jose <JGaribay@lachiv.org>; Lapointe, Catherine <CLapointe@lachiv.org>
Cc: 'Bridget Gordon (bridget.gordon@gmail.com)' <bridget.gordon@gmail.com>; Danielle Campbell <danielle.m.campbell1@gmail.com>; Lee Kochems <LMKanthroconsult@aol.com>
Subject: BOS Motion STD Report Summary

Hi Cheryl,

In case you want to send to Commissioners (or at least PPC), here are my notes for the summary of the STD report:

The [DPH/DHSP report](#) on LA's STD crisis in response to the September 2021 Board Motion has now been posted on the [Board Correspondence webpage](#). As a refresher, the Commission sent a letter (attached) to the Board of Supervisors calling on them to take action to combat the STD crisis. Sup. Solis' office authored a motion (attached) asking for an updated landscape of the crisis and opportunities to improve infrastructure and expand resources in LA County.

As part of the report, [DHSP](#) has launched a new public-facing STD dashboard that shows data in real-time (cases reported through 3-months prior to the current date) for syphilis, congenital syphilis, and gonorrhea: <http://publichealth.lacounty.gov/dhsp/dashboard.htm>. The dashboard breaks out cases by demographic characteristics and geographic area for 2019, 2020, and 2021. Future iterations of the dashboard will include key STD metrics and milestones, and DHSP hopes to include a mapping function in the future.

The report is 40 pages long – the main points are summarized below:

- The report reiterates the 2020 statistics included in the Board motion with an emphasis on the increase in syphilis and congenital syphilis rates over the last decade (450% increase among females, 235% increase among males, and an 1100% increase in congenital syphilis cases) and emphasizes that year-to-year increases in STD morbidity have been consistently reported long pre-dating the COVID-19 pandemic.
- The report stresses many times throughout that the STD crisis has not benefited from the same infusion of resources that the HIV epidemic and COVID-19 pandemic have received, including year-to-year increases in federal and state appropriations commensurate to increases in morbidity, large

new federal investments to support national strategies/initiatives, disease control efforts that have longevity, and infusion of resources to undergird all parts of STD control efforts instead of only a few.

- The report stresses that an updated County STD response must align with the magnitude of the existing responses to HIV and COVID-19 in order to have deliberate and sustained progress in reducing STDs in LAC.
- Pages 3-4 name existing partners (Health plans and providers accessed through employer-based or private plans, FQHCs and CHCs, [FPACT providers](#), DPH clinics, DHS-operated care, Ryan White supported programs, community based specialty STD providers, Jail-based services, street medicine and mobile testing for PEH, and [school based wellness centers](#)) and a summary of DHSP’s funding (which complements STD control efforts from health plans, FPACT, and FQHCs):

Table 1: Summary of Current STD Control Resources Managed by Public Health

Source	Grant Name/ Funding Source	Term	Annual Amount	Target or Focus Areas
Federal (CDC)	Strengthening STD Prevention and Control for Health Departments (PCHD)	January 1, 2022 – December 31, 2022	\$3,371,049	Support health department-based STD services
Federal (CDC)	Gonococcal Isolate Surveillance Project (GISP)	January 1, 2022 – December 31, 2022	\$15,000	Lab support to detect levels of gonococcal resistance to antibiotics
State (CDPH)	California STD Control Branch – Core STD Program Management	July 1, 2021 – June 30, 2022	\$547,050	Personnel, Training, Patient Delivered Partner Therapy, Education, Essential Access Health (EAH)
State (CDPH)	California STD Control Branch – STD Management and Collaboration	July 1, 2021 – June 30, 2022	\$497,400	Rapid Tests Kits, STD SDTS Contracts, STD Casewatch, Condoms
County DPH (DHSP)	STD Net County Cost	July 1, 2021 – June 30, 2022	\$9,800,000	Personnel, service contracts
County DPH (SAPC)	Federal Substance Abuse Block Grant	July 1, 2021 – June 30, 2022	\$9,150,000	School-based Wellness Centers
Resources with Partial STD Focus				
Federal (CDC)	CDC Disease Investigation Specialist (DIS) Infrastructure for COVID, HIV, STD, TB, and Hepatitis (via PCHD Grant)	January 1, 2021 – December 31, 2022	TBD (STD-related investment out of \$6,598,516 total)	DIS, Training, Mapping, Evaluation
County DPH (Clinic Services)	Net County Cost	July 1, 2021 – June 30, 2022	\$25,300,000 (STD-related investment out of \$63,250,000)	Public Health STD Clinic Services

- The report stresses that for many partners, DPH is not involved in financing of services nor is it able to easily influence responsiveness, completeness, or accessibility.
- The report then summarizes the various workgroups DHSP pulled together in the fall to elicit key recommendations. These groups included an internal LAC group, an internal/external group, and an internal metrics and milestones group. Recommendations include:
 - Having an initial focus on strategies to flatten the STD curve
 - Focusing on congenital syphilis and perinatal HIV transmission
 - Identifying interim and long-term benchmarks and reviewing data collection and measurement progress
 - Focusing on clinical practices/provider detailing like syphilis screening during pregnancy
 - Identifying intersecting program areas/strategies to maximize opportunities
 - Ensuring broader access to Bicillin for syphilis and Expedited Partner Therapy ([EPT](#)) for gonorrhea and chlamydia
 - Better engaging physicians (provider detailing) and pharmacists (targeted education to increase PrEP and EPT antibiotic prescribing practices)
- On page 17, DPH identified 4 key measures from the [Federal STI Strategic Plan](#) that LAC will focus on:

Table 3: STD Performance Indicators and Targets¹ for Adoption in LA County (LAC)

Core Indicator	2020 National Baseline	2025 National Target	2030 National Target	2019 LAC Baseline	2020 LAC Baseline
2. Reduce rates of Primary & Secondary (P&S) syphilis	13.6 per 100,000	13.2 per 100,000	12.2 per 100,000	25 per 100,000	TBD
3. Reduce rates of congenital syphilis ²	67.7 per 100,000	57.6 per 100,000	33.9 per 100,000	86 per 100,000	114 per 100,000
8. Reduce P&S syphilis rate among MSM ³	461.2 per 100,000	440.4 per 100,000	392.0 per 100,000	385 per 100,000	TBD
12. Reduce gonorrhea rate among African Americans/Blacks	632.9 per 100,000	604.5 per 100,000	538.0 per 100,000	644 per 100,000	TBD

¹ Rates (per 100,000 population) are provisional due to reporting delay and subject to change.

² Cases include probable congenital syphilis cases and syphilitic stillbirths. Case counts for 2020 congenital syphilis cases were made available after consultation with the cities of Long Beach and Pasadena. Data source: Long Beach Health and Human Services STD Surveillance (as of 10/29/2021), Pasadena Health Department STD Surveillance (as of 11/3/2021). Rate calculated per 100,000 live births. 2020 live births not yet available. 2020 rates calculated using 2019 live births as a proxy.

³ MSM defined as men who have sex with men or both men and women. Data for the cities of Long Beach and Pasadena do not differentiate between sexual partners who identify as men and sexual partners who identify as transgender women (male-to-female transgender individuals), and therefore, both are included in the case counts. Rates for MSM were calculated with the assumption that 8% of men in LA County are estimated to be MSM. This was estimated utilizing data from the 2017 National HIV Behavioral Surveillance Survey conducted in LA County

- Additionally, the report emphasizes that more robust reporting, compliance, and monitoring can accelerate STD control efforts:

Table 4: Current Monitoring Mechanism and Consequences for Non-Compliance

Performance Item	Implementation Partner	Service Description	Oversight Body	Systematic Tracking Mechanism	Impact/Consequence for Non-Compliance
California Healthy Youth Act	School Districts in California	2016 California law requiring school districts to provide comprehensive sexual education once each in middle school and high school	California Department of Education	None; please see Appendix F for more information	None
HEDIS Measure for Chlamydia intended to drive high quality patient centered care	Health Plans (Commercial HMO, Commercial PPO, Medicaid HMO)	Performance metric tied to annual CT screening of young women 16 to 24	National Committee for Quality Assurance		Influences Health Plan Ratings
National Health Center Program Uniform Data System (UDS)	Federally Qualified Health Centers		Health Resources and Services Administration	UDS System; Reporting compliance is high due to rate influence	Reimbursement Rates
1 st and 3 rd Trimester Screening for Syphilis Among Pregnant Persons	Ob/Gyns, Emergency Room Physicians,	Require syphilis screening during 1 st and 3 rd trimester of pregnancy	N/A	None	Unclear
Expedited Partner Therapy Utilization	Physicians/Health care providers diagnosing an STD	EPT allows diagnosing clinicians to prescribe or pharmacists to provide treatment for GC or CT for the partners of index patients with a medical visit or a partner name	N/A	None	N/A

- The report recognizes that with limited infrastructure and resources, DHSP must currently support interventions based on core public health principles and functions that will have the greatest impact on reducing rates.
- A chart on page 8 summarizes DHSP's current programming and implementation level across STDs, followed by a description of and current challenges for each intervention on pages 9-14:

Table 2: Summary of Interventions: Current Outreach, Education and Other Program Efforts

Implementation Level

No implementation due to limited funding
Low level implementation
Medium level of implementation
High level of implementation
Service Not Applicable
Highly Recommended Intervention

Congenital Syphilis Focused Interventions	Syphilis Focused Interventions	Gonorrhea Focused Interventions	Chlamydia Focused Interventions
Social Marketing	Social Marketing	Social Marketing	Social Marketing
Community Engagement	Community Engagement	Community Engagement	Community Engagement
Provider Outreach/ Public Health Detailing	Provider Outreach/ Public Health Detailing	Provider Outreach/Public Health Detailing	Provider Outreach/Public Health Detailing
Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training	Clinical Provider Education and Training
	Condom Distribution	Condom Distribution	Condom Distribution
	Sexual Health Education	Sexual Health Education	Sexual Health Education
		School-Based Well-being Centers	School-Based Well-being Centers
Syphilis Screening During Pregnancy and Delivery	Screening, Diagnosis, and Treatment Services	Screening, Diagnosis and Treatment Services	Screening, Diagnosis and Treatment Services
Pre-natal Care for Pregnant Persons			
Bicillin Delivery Program	Bicillin Delivery Program		
		Expedited Partner Therapy	Expedited Partner Therapy
Treatment Verification	Treatment Verification	Treatment Verification	Treatment Verification
Partner Elicitation and Notification Services	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services	Partner Elicitation and Notification Services

- The report highlights the intersection between racism and disparities in STD rates. DPH will work with the County’s [Center for Health Equity](#) and [Anti-Racism, Diversity, and Inclusion Initiative](#) on the following recommendations:
 - Increase contracting incentives and target outreach programs; support utilization of equitable contracting policies to increase eligibility and capacity of diverse organizations led by and who serve disproportionately impacted communities in LAC (including Black and other women of color)
 - Increase inclusion of people with lived experience and more diverse service providers
 - Expand workforce training to ensure staff can identify and address sexual health needs of highly impacted populations (including youth and women of color)
 - Increase access to and utilization of STD services by integrating sexual health and STD prevention programming through community partners and schools
 - Provide training that addresses racism, transphobia, homophobia, and other biases among providers that perpetuate stigma and shame among clients
 - Provide guidance and reporting support to disaggregate data by race and ethnicity and normalize data collection and reporting of sexual orientation and gender identities
 - Facilitate collaboration among multiple County partners to reduce siloed efforts
 - Incorporate data with Equity Explorer to display geographic concentrations of STD infections, increase awareness of geographic need amongst partners and drive investment and collaboration
- The report emphasizes that there is a significant need for training a wide range of public and private sectors to improve sexual health service access patterns, screening rates, treatment rates and the use of partner service and EPT to reduce the number of new infections
- The report concludes on pages 19-25 with a summary of the most recent federal and state investments (including [ETE](#) budget and bill successes), [LAC’s legislative office’s](#) support for various budget asks, and a reiteration of the lack of STD resources commensurate with the magnitude of the crisis. The report includes a set of recommendations to increase federal and state funding to support the various activities and challenges described in the report, including:

Table 5: Federal Advocacy Recommendations

Recommendation 1	Appeal to Secretary of Health and Human Services Xavier Becerra to support an STD Control Pilot Program for LA County that helps accelerate progress towards meeting four of the fourteen indicators and targets identified in the Federal STI Strategic Plan.
Recommendation 2	Appeal to Secretary of Health and Human Services Xavier Becerra to launch the Ending the STD Epidemic Initiative: A Plan for America, modeled after the recently launched EHE Initiative and that enlists a renewed commitment from federal agencies, States, Counties and Cities, public and commercial health plans, the biotech sector and the vast network of Federally Qualified Health Centers and Community Health Centers to combat the STD crisis.
Recommendation 3	Appeal to the National Clinical Quality Association (NCQA) to adopt new incentives to improve compliance with the health plan HEDIS measure tied to annual chlamydia screening for young sexually women ages 16 to 24. Furthermore, given the growing rates of chlamydia among young men and gonorrhea among both men and women, appeal for NCQA's adoption of new HEDIS measures to enhance screening in these areas and among these disproportionately impacted sub-populations.

Table 7: State Advocacy Recommendations

Recommendation 1	Appeal to the Superintendent of Public Instruction to develop and implement a systematic tracking system to monitor compliance with the 2016 California Healthy Youth Act (CHYA) and implement strategies to address non-compliance with a focus on areas with the highest numbers and rates of chlamydia and gonorrhea.
Recommendation 2	Appeal to the Secretary of Health and Human Services to develop and implement a tracking system to monitor compliance with the recommendations outlined in the November 16, 2021 Dear Colleague letter related to the expansion of HIV and syphilis testing for pregnant patients and the newly enacted SB 306.
Recommendation 3	Appeal to Governor Newsom to appropriate funds to support the enhancement of California's STD Control Infrastructure to fully operationalize an STD Master Plan that includes congenital syphilis elimination, a reduction of syphilis morbidity to at least 2010 levels, enhanced STD surveillance, geo-mapping and cluster detection capacity, novel STD screening, diagnosis and treatment models and expansion of home testing modeled after the COVID response.

- The report includes 4 appendices including the 2020 STD Data Snapshot released last year, a list of workgroup participants, a 2021 CDPH letter about expanded HIV and syphilis testing for pregnant women, and the core STD indicators summary from the Federal STI National Strategic Plan

I'm going to forward this to some of my other networks, including the folks cc'd in the Commission letter. Any questions can be directed to me and I'll do my best to answer or refer to someone else who might be able to answer 😊

Thanks,

Katja

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