



WOMEN'S CAUCUS

Virtual Meeting

Monday, January 24, 2022

2:00PM-4:00PM (PST)

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

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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.

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WOMEN'S CAUCUS

Virtual Meeting Agenda

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Password: WOMEN

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|---|-----------------|
| 1. Welcome + Introductions + Check-In | 2:00PM – 2:05PM |
| 2. Executive Director/Staff Report | 2:05PM – 2:10PM |
| 3. Co-Chair Report | 2:10PM – 2:15PM |
| 4. PRESENTATION: | 2:15PM – 3:00PM |
| • Black Women & HIV Danielle Campbell, MPH | |
| 5. DISCUSSION: | 3:00PM – 3:50PM |
| • 2022 Work Plan Development | |
| • Planning for March 2022 National Women & Girls HIV/AIDS Awareness Day | |
| 6. Meeting Recap + Agenda | 3:50PM – 3:55PM |
| 7. Public Comments + Announcements | 3:55PM – 4:00PM |
| 8. Adjournment | 4:00PM |



Women’s Caucus Workplan 2022
Draft for 1/24/22 Caucus Meeting

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Women’s Caucus will lead and advance throughout 2022.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	Comprehensive HIV Plan (CHP): <i>Participate in the development of the CHP to ensure women are represented in all aspects of the CHP.</i>			
2	Women-Centered HIV-Related Programming: <i>Identify programs and services centered around women, assess their effectiveness in meeting the needs of women, provide specific strategies to address gaps.</i>	1. Plan 2022 Lunch & Learn Series: <ul style="list-style-type: none"> • Perinatal Syphilis & HIV Prevention* • Biomedical Prevention Awareness for Women, i.e. injectables • Sexual Health for Aging Women 	Ongoing	*Dr. Cielo for presenter; topic for March NWGHAAD
3	Women’s Caucus 2019 Recommendations: <i>Review for updates and status.</i>			
4	Biomedical HIV Prevention for Women	1. Request update from DHSP re: women-centric programming under the new biomedical prevention RFP 2. Plan awareness strategies		

Women's Caucus-Key Highlights and Ideas for Directives

Top services identified by MCA and UCLA Clients: 1) family housing; 2) transportation; 3) benefits specialty; 4) mental health and substance use services

Directives ideas:

1. Augment contracts to add childcare and transportation to facilitate consistent engagement in care; this strategy would avoid releasing a stand alone RFP for childcare and transportation; service providers should be given the flexibility to provide these services to all female or (or male clients with children) and get reimbursed for the services; could be a budget line item.
2. Fund more family housing for women and men with children.
3. Expand flexibility to provide emergency financial support for women and families. This too could be a contract augmentation. This is a strategy to keep people housed and prevent homelessness.
4. Fund women and family focused housing specialist
5. Advertise services; create resource directories for women. Women simply do not know where to go for services; make it available in print, online, and apps.
6. Provide comprehensive care including mental health at women-friendly clinics so that they don't have to travel to another location.
7. Fee for service is a barrier for agencies—assess the impact of the fee for service structure service delivery and quality of care
8. Fund mobile teams or mobile care units to serve women. Mobile teams would be available for all agencies and can link women to services; mobile teams would go to where women are at instead of expecting them to travel to multiple sites. Study Max-Plus model from Seattle
9. Support one stop care sites for women and families.
10. Fund psychosocial services and support groups for women
11. Prevention services are typically male centric; need to create women-centered prevention services; many do not see them as “at-risk”
12. Have DHSP assess how funded agencies are addressing the needs of women; offer training for those requiring support and coaching.
13. Require that all contracted agencies create community advisory boards with women and/or give them meaningful roles in quality improvement committees.
14. Embed women-centered prevention services outside of usual HIV service agencies, such as domestic violence shelters and family planning clinics.
15. DHSP work with AETC to build upon public health detailing and train providers on what women-centered services look like (specific skill sets and service outcomes)

Other issues:

Some providers do not refer clients to other agencies for fear of losing that client/revenue. Address territorialism.