



LOS ANGELES COUNTY
COMMISSION ON HIV



Visit us online: <http://hiv.lacounty.gov>

Get in touch: hivcomm@lachiv.org

Subscribe to the Commission's Email List: <https://tinyurl.com/y83ynuzt>



WOMEN'S CAUCUS Virtual Meeting

Monday, May 16, 2022

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

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

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. CLICK [HERE](#) FOR MORE INFO.

JOIN VIA WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m45ac45a8344b69505949a79a9f5dd396>

Passcode: WOMEN

JOIN VIA WEBEX ON YOUR PHONE:

1-213-306-3065 Access Code: 2596 757 2451

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.

LIKE WHAT WE DO?

Apply to become a Commissioner at

<https://www.surveymonkey.com/r/2022CommissiononHIVMemberApplication>



LOS ANGELES COUNTY
COMMISSION ON HIV



510 S. Vermont Avenue, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

REGISTRATION NOT REQUIRED + SIMULTANEOUS TRANSLATION IN SPANISH AND OTHER LANGUAGES NOW AVAILABLE VIA CLOSED CAPTION FEATURE WHEN JOINING VIA WEBEX. [CLICK HERE](#) FOR MORE INFO.

WOMEN'S CAUCUS

Virtual Meeting Agenda

Monday, May 16, 2022 @ 2:00PM – 4:00PM

To Join by Computer:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m95ad89b3982771bd35fae218dc255ad7>

Password: WOMEN

To Join by Phone

Dial +1-213-306-3065 Access Code: 2596 757 2451

- | | |
|--|-------------------|
| 1. Welcome + Introductions + Check-In | 2:00 PM – 2:10 PM |
| 2. Executive Director/Staff Report <ul style="list-style-type: none">• Operational and Programmatic Updates• Program Directives Update | 2:10 PM – 2:20 PM |
| 3. Co-Chair's Report | 2:20 PM – 2:30 PM |
| 4. DISCUSSION Planning for Next Virtual Event <ul style="list-style-type: none">• Biomedical Prevention Awareness for Women i.e. injectables OR Sexual Health for Aging Women• Identify Potential Speakers• Set Date for Presentation | 2:30 PM – 3:30 PM |
| 5. Meeting Recap + Agenda | 3:30 PM – 3:45 PM |
| 6. Public Comment + Announcements | 3:45 PM – 4:00 PM |
| 7. Adjournment | 4:00 PM |



Women's Caucus April 18, 2022 Virtual Meeting Summary

In attendance:

Shary Alonzo (Co-Chair)	Mikhaela Cielo, MD (Co-Chair)	Jayda Arrington
Stefany Cruz	Kevin Donnelly	Thelma Garcia
Bridget Gordon	Alma Justo	Roxanne Lewis
Guadalupe Morales Avendano	Katja Nelson	Joyce Paraico (APLA Health)
Yeira Rodriguez	Jazmin Rojano	Natalie Sanchez
Elia Silveyra	Connie Solis	Rosalie Valladolid
Paulina Zamudio, DHSP	Cheryl Barrit (COH Staff)	Catherine Lapointe (COH Staff)

1. Welcome + Introductions

Shary Alonzo, Co-Chair, welcomed attendees and led introductions.

2. Executive Director/Staff Report – Operational/Programmatic Updates

Cheryl Barrit, Executive Director, informed the Women's Caucus (WC) that WC meetings will continue to meet virtually until further notice.

C. Barrit is working on filling the vacant staff position after the retirement of Carolyn Echols-Watson.

3. Co-Chairs' Report

Dr. Mikaela Cielo, Co-Chair, provided a brief overview of the presentation on perinatal HIV and syphilis transmission that took place at the March WC meeting in honor of National Women and Girls HIV/AIDS Awareness Day.

a. 2022 Workplan Review

The WC decided to review the feedback on directives before discussing the 2022 Workplan.

4. DISCUSSION – Ideas for Directives | Feedback

C. Barrit provided an explanation of the directives and their purpose. The directives are developed by the COH and sent to the Division of HIV and STD Programs (DHSP) to provide recommendations on where federal funding should be allocated. The steps to complete the directives are as follows:

- Rank Ryan White service categories based on consumer needs.
- Allocate by percentage how much funding should go to each service category. This step is completed by the Planning, Priorities, and Allocations (PP&A) Committee.
- Write the directives.

After a review of the directives, feedback from the WC was as follows:

- Natalie Sanchez recommended adding a way to engage with the Latinx community and other groups not represented in the COH.
- S. Alonzo supported the possible formation of a Latinx Caucus.
- The WC supports funding for informal childcare for Medical Care Coordination (MCC) programs.
- Bridget Gordon recommended that HIV care providers should encourage consumers to become involved with the COH. S. Alonzo agreed that there is a need to restructure the approach to get consumers to participate.
- Jayda Arrington recommended that HIV service providers should offer permanent services for women, such as support groups.
- Thelma Garcia emphasized the importance of providing a safe space for consumer input by improving outreach to women.
- Elia Silveyra recommended enhancing the services provided for women to accommodate different needs.
- N. Sanchez stated that transportation should be offered to women-centered events to increase participation. J. Arrington echoed this, stating that events should be local to consumers and be held at venues with free and accessible parking.

AJ King, Comprehensive HIV Plan (CHP) Consultant, requested feedback from the WC on a survey for consumers. Feedback was as follows:

- J. Arrington and E. Silveyra advised against offering a raffle entry as an incentive for participation in the survey. They suggested either providing a small incentive for every participant or none at all.
- E. Silveyra inquired if the survey will be available in Spanish. A. King responded that a Spanish survey is not available at the time, but hopefully will be soon.
- P. Zamudio suggested adding dental services to the survey.
- J. Arrington suggested rewording the phrase “culturally competent” to be more understandable for consumers.

- E. Silveyra recommended making the survey shorter. Guadalupe Morales Avendano supported this and suggested simplifying the questions.
- J. Arrington recommended removing questions about incarceration from the survey.

5. Meeting Recap + Agenda

- A. King requested additional feedback on the survey be sent by April 29th.

6. Public Comment + Announcements

- Joyce Paraico announced that the Women Together Program is hosting a Mother's Day Brunch at El Cholo Restaurant from 11:30 AM to 1:30 PM on Saturday, May 7th. The event is not open to children; this was met with disagreement from the WC.

7. Adjournment

- The meeting adjourned at approximately 4:07 PM.



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		



LAST UPDATED 5.10.22

Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 32, 33, 34 and Centers for Disease Control and Prevention (CDC) Funding

Purpose: These program directives approved by the Los Angeles County Commission on HIV (COH) on XXX articulate instructions to the Division of HIV and STD Programs (DHSP) on how to meet the priorities established by the COH. The Ryan White PY Years 32, 33, and 34 service rankings and allocations table are found in Attachment A.

1. Across all prevention programs and services, use a status-neutral approach in service delivery models and create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. A status-neutral approach considers the steps that can lead to an undetectable viral load and steps for effective HIV prevention (such as using condoms and PrEP). The status-neutral approach uses high-quality, culturally affirming care and empowers PLWH to get treatment and stay engaged in care. Similarly, high-quality preventive services for people who are at risk of HIV exposure help keep them HIV-negative.¹ A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated the same way, with dignity and respect, and with the same access to high-quality care and services.
2. Across all funding sources for prevention and care, prioritize investments in populations most disproportionately affected and in health districts with the highest disease burden and prevalence, where service gaps and needs are most severe. To determine populations and geographic areas most affected by HIV, request DHSP to provide data on the following:
 - a. HIV and STD surveillance
 - b. Continuum of care
 - c. PrEP continuum
 - d. Data on low service utilization in areas with high rates of HIV
 - e. Viral suppression and retention sites by service sites
 - f. and other relevant prevention and care data

Priority populations are those groups defined in the Los Angeles County Ending the HIV Epidemic plan. “Based on the epidemiologic profile, situational analysis, and needs assessment in Los Angeles County, the key populations of focus selected for local Ending the HIV Epidemic activities to reduce HIV-related disparities include Black/African American

¹ [hiv-status-neutral-prevention-and-treatment-cycle \(nyc.gov\)](https://www.nyc.gov/hiv-status-neutral-prevention-and-treatment-cycle)



MSM, Latinx MSM, women of color, people who inject drugs, transgender persons, and youth under 30 years of age. Although priority populations have been selected for EHE, the LAC HIV portfolio will continue to support all populations affected by HIV and will not diminish efforts to prevent, diagnose, and treat HIV for populations who remain a critical concern, including people over age 50 who account for over 51% of PLWH in LAC and people experiencing unstable housing or homelessness, among others” (pg. 21).

The Health Districts with the highest disease burden represent five cluster areas that account for more than 80% of the disease burden (LACHAS, pg. 7)

1. Hollywood Wilshire (SPA 4)
2. Central (SPA 4)
3. Long Beach (SPA 8)
4. Southwest (SPA 6)
5. Northeast (SPA 4)

See health district (HD) maps for ranking by HIV disease burden (Attachment B).

3. Integrate telehealth across all prevention and care services, as appropriate.
4. Continue the implementation of the recommendations developed by the Black/African Community (BAAC) Task Force (TF) which set a progressive and inclusive agenda to eliminate the disproportionate impact of HIV/AIDS/STDs in all subsets of the African American/Black diaspora. PP&A is calling special attention to the following recommendations from the BAAC TF as key priorities for RFP development, funding, and service implementation starting in 2020:
 - a. Require contracted agencies to complete training for staff on cultural competency and sensitivity, implicit bias, medical mistrust, and cultural humility. DHSP should work with the Black/African American community as subject matter experts in developing training materials and curriculum, monitoring, and evaluation.
 - b. In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with larger sample size. Subgroups include MSM, transgender masculine and feminine communities, and women. Integrate needs assessment objectives and timelines in the 2022-2026 Comprehensive HIV Plan.
 - c. Assess available resources by health districts by order of high prevalence areas.
 - d. Conduct a study to identify out-of-care individuals, and populations who do not access local services and why they do not.
 - e. Fund mental health services for Black/African American women that are responsive to their needs and strengths. Maximize access to mental services



by offering services remotely and in person. Develop a network of Black mental health providers to promote equity and reduce stigma and medical mistrust.

5. Earmark funds for peer support and psychosocial services for Black gay and bisexual men. The Commission allocated 1% funding for Psychosocial Support Services in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis. It is recommended that DHSP collaborate with SBP to convene subject matter experts from the African American community to ensure that mental health and psychosocial support services are culturally tailored to the needs of the community. For 2022, SBP is developing Best Practices for Special Populations with a specific document for Black/African community across multiple service categories.
6. Provide Non-Medical Case Management (NMCM) services in non-traditional and traditional locations to support improved service referrals and access points to Ryan White services for identified priority populations, such as young men who have sex with men (YMSM), African American men and women, Latinx communities, transgender individuals, and older adults (over 50 years). The COH's approved allocations for NMCM for PYs 32, 33, and 34 are as follows: 2.44% Part A and 12.61% MAI. The COH requests a solicitations schedule and updates from DHSP on an annual basis.
7. Continue to enhance Foodbank and Home Delivered Meals services to include dietary guidance, better quality foods (specifically more high-quality nutrient-rich fruits, vegetables, and lean proteins), and increase the amount of food available for clients based on their individual needs or by gaps observed or reported by agencies and clients; cover essential non-food items such as personal hygiene products (to include feminine hygiene items), household cleaning supplies, and personal protective equipment (PPE). Permit contracted agencies to provide grocery, gas, and transportation support (e.g., Metro Tap cards, rideshare services) to clients to facilitate expanded access to food.
8. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase the target number of clients served during the reallocation process. Funds should also be used to support additional training for housing specialists to serve the housing needs of families.
9. Continue to support the expansion of medical transportation services.
10. Continue efforts to develop Ryan White client eligibility cards and welcome packets, with information on Ryan White-funded services in Los Angeles County; train providers on the use of eligibility cards to reduce the paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to



expedite the distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.

11. Augment contracts to permit agencies to have an operational line-item budget for childcare and transportation to facilitate consistent engagement in care and support services. This strategy would avoid releasing a stand-alone RFP for childcare and transportation and give service providers the flexibility to provide these services to all clients with children. Explore funding informal childcare for Medical Care Coordination (MCC) programs for maximum flexibility. The County's Department of Public and Social Services administers a program under CalWORKs that provides childcare allowances to foster care parents. This model may provide insights on a possible contractual or administrative mechanism to expand childcare options using Ryan White or Net County Cost funding.
12. Continue to expand flexibility to provide emergency financial support for PLWH. Augment Medical Case Management/Medical Care Coordination services to include Emergency Financial Assistance (EFA) and Childcare services. Priority populations such as women and their families, YMSM, and transgender women, may have unique needs for emergency financial assistance due to domestic and intimate partner, or community violence.
13. Fund mobile care teams or clinics that provide holistic care for women. Mobile teams should be available for all agencies and link women to services where they reside, congregate, or prefer to be engaged. Mobile clinics should aim to be all-inclusive and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and made availability to women of all ages. Mobile clinics should have the capacity to provide community referrals to food, childcare, housing, recreation and wellness resources, and other support services. Explore partnering with existing street medicine programs to enhance mobile care teams specifically designed for women.
14. Fund psychosocial services and support groups for women. Psychosocial support services must include peer support to build a stronger sense of community, empowerment, and resilience among women living with HIV. Maximize access to psychosocial and support group services by offering services remotely and in person. The Commission allocated 1% funding for Psychosocial Support Services for PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 include peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.
15. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program and integrate the HIV and Aging care framework developed by the Aging Task Force. This framework seeks to facilitate medical wellness examinations and offers a



flexible and adaptable guide to customizing care for older adults with HIV. The suggested list of assessments may be used for younger PLWH, as deemed appropriate by the medical care team, especially in communities of color, who experience aging-related issues earlier in life (before age 50). See Attachment C for the HIV and Aging Framework.

16. Integrate a geriatrician in medical home teams and establish a coordination process for specialty care services for older adults living with HIV.