



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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

Get in touch: [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)

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# WOMEN'S CAUCUS

## Virtual Meeting

**Monday, October 21, 2024** \*meeting rescheduled  
from 10/14 due to Indigenous People's holiday

**2:00-4:00pm (PST)**

Agenda and meeting materials will be posted on  
<http://hiv.lacounty.gov/Meetings> \*Other Meetings

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<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1ba12716e22aca150d53ba3493019087>

Password: WOMEN

To Join by Phone Dial +1-213-306-3065 Access Code: 2533 647 2352



### LIKE WHAT WE DO?

Apply to become a Commission Member at:

<https://www.surveymonkey.com/r/COHMembershipApp>

For application assistance call (213) 738-2816 or email [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org)



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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# WOMEN'S CAUCUS

## Meeting Agenda

Monday, October 21, 2024 @ 2:00PM-4:00PM

**To Join:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m1ba12716e22aca150d53ba3493019087>

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- |  |                   |
|--|-------------------|
| 1. WELCOME + INTRODUCTIONS + CHECK-IN                  | 2:00 PM – 2:05 PM |
| 2. EXECUTIVE DIRECTOR/STAFF REPORT                     | 2:05 PM – 2:10 PM |
| • Operational and Programmatic Updates                 |                   |
| 3. CO-CHAIR'S REPORT                                   | 2:10 PM – 2:25 PM |
| • 2025 Co-Chair Nominations                            |                   |
| • Loneliness and Social Isolation Event Debrief        |                   |
| • Women's HIV Resource Launch Debrief                  |                   |
| 4. DISCUSSION  | 2:25 PM – 3:45 PM |
| • Review Purpose of the Commission on HIV and Caucuses |                   |
| • 2025 Meeting Frequency                               |                   |
| • Directives: Women-Centered Services                  |                   |
| 5. MEETING RECAP + NEXT MEETING AGENDA                 | 3:45 PM – 3:50 PM |
| 6. PUBLIC COMMENT + ANNOUNCEMENTS                      | 3:50 PM – 4:00 PM |
| 7. ADJOURNMENT   | 4:00 PM           |



## CODE OF CONDUCT

The Commission on HIV welcomes commissioners, guests, and the public into a space where people of all opinions and backgrounds are able to contribute. In this space, we challenge ourselves to be self-reflective and committed to an ongoing understanding of each other and the complex intersectionality of the lives we live. We create a safe environment where we celebrate differences while striving for consensus in the fights against our common enemies: HIV and STDs. We build trust in each other by having honest, respectful, and productive conversations. As a result, the Commission has adopted and is consistently committed to implementing the following guidelines for Commission, committee, and associated meetings.

**All participants and stakeholders should adhere to the following:**

- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage all to bring forth ideas for discussion, community planning, and consensus.**
- 5) We focus on the issue, not the person raising the issue.**
- 6) Be flexible, open-minded, and solution-focused.**
- 7) We give and accept respectful and constructive feedback.**
- 8) We keep all issues on the table (no "hidden agendas"), avoid monopolizing discussions and minimize side conversations.**
- 9) We have no place in our deliberations for racist, sexist, homophobic, transphobic, and other discriminatory statements, and "-isms" including misogyny, ableism, and ageism.**
- 10) We give ourselves permission to learn from our mistakes.**

In response to violation of the Code of Conduct which results in meeting disruption, Include provisions of SB 1100 which states in part, ". . . authorize the presiding member of the legislative body conducting a meeting or their designee to remove, or cause the removal of, an individual for disrupting the meeting . . . . Removal to be preceded by a warning to the individual by the presiding member of the legislative body or their designee that the individual's behavior is disrupting the meeting and that the individual's failure to cease their behavior may result in their removal." Complaints related to internal Commission matters such as alleged violation of the Code of Conduct or other disputes among members are addressed and resolved in adherence to Policy/Procedure #08.3302." (Commission Bylaws, Article VII, Section 4.)



## WOMEN'S CAUCUS

### April 15, 2024 Virtual Meeting Summary

1. **Welcome & Introductions** – Shary Alonzo welcomed the members and led introductions.
2. **Executive Director/Staff Report**
  - C. Barrit shared the Commission on HIV (COH) Training Schedule with the group. She noted all trainings are held virtually and are open to the public. The next training, Priority Setting and Resource Allocation Process & Service Standards Development Training, will be on April 23 from 3-4:30pm. See [training flyer](#) for registration details.
  - C. Barrit reminded the group that the next COH meeting, on May 9<sup>th</sup>, will be back at the Vermont Corridor at 510 S. Vermont Ave. Los Angeles, CA 90020.
3. **Co-Chairs Report**
  - #NWGHAAD Panel Discussion
    - M. Cielo shared that the National Women and Girls HIV/AIDS Awareness Day panel discussion on the March COH meeting was very successful and well received. She noted that many attendees felt that the panel discussion was very uplifting and
  - May Lunch and Learn – Empowering Women to Protect and Improve Their Own Health Two-Part Series: Understanding Medical Labs and Importance of Medication Adherence
    - M. Cielo shared the topic of the proposed May Lunch and Learn webinar series, Empowering Women to Protect and Improve Their Own Health Two-Part Series: Understanding Medical Labs and Importance of Medication Adherence and The Role of Peer Support in Achieving Optimal Health. The topic was selected from the list of potential lunch and learn topics that was compiled at the January Women's Caucus meeting.
    - Co-chairs gathered feedback from the group to determine dates and times. The group requested for the two-part series to have one session in May and the other in June to encourage continued participation in the Women's Caucus.
    - Co-chairs will work with Commission staff to determine final dates and times. More details to come.
4. **Discussion**
  - DHSP Educational Materials Re: Preventing HIV Transmission During Pregnancy and Infant Feeding | REVIEW & FEEDBACK

- DHSP Staff, Dr. Michael Haymer, provided a brief presentation on HIV perinatal transmission trends and resources for people who are pregnant. He also reviewed the DHSP Preventing HIV Transmission During Pregnancy and Infant Feeding educational material with the group to gather feedback.
- The group provided feedback on how to improve the document. DHSP will revise the document to include suggestions provided by the group.
- Group members also expressed concerns over the sentence structure and formal language being used for Spanish language educational materials. P. Zamudio noted a translation service is used to translate documents and they are also checked internally by DHSP staff that are fluent in Spanish. She noted that they will work to improve translations moving forward and DHSP staff will share the Spanish version of the document once it is available.
- If you have any questions, contact Dr. Michael Haymer at [mhaymer@ph.lacounty.gov](mailto:mhaymer@ph.lacounty.gov). For specific clinical questions and program questions about Linkage and Re-engagement Program (LRP) contact Dr. Rebecca Cohen at [rcohen@pa.lacounty.gov](mailto:rcohen@pa.lacounty.gov).
- APLA Women's HIV Resource Guide | REVIEW & FEEDBACK – Brian Risley provided a brief overview of the APLA Women's HIV/AIDS Resource Directory reviewing the major sections and areas of feedback received by the Women's Caucus ahead of the meeting.
  - Additional feedback was given during the meeting and changes will be made to the perinatal health and substance use sections. Any additional feedback can be submitted directly to Brian Risley at [brisley@aplahealth.org](mailto:brisley@aplahealth.org) by April 30th.
  - In addition to print format, APLA is exploring ways to make the directory available online to ensure the information within the directory remains current.

## 5. Meeting Recap and Next Meeting Agenda

- Co-chairs will work with Commission staff to finalize planning the lunch and learn events for May and June.
- Co-chairs will meet with the Aging Caucus cochairs and Commission staff to discuss a collaboration event. More details to follow.
- Next virtual meeting will be Monday, July 15<sup>th</sup> from 2pm-4pm and will include a recap of the lunch and learn events.

## 6. Public Comment and Announcements

- The Confessions Podcast is looking for women that are interested in telling their story of living with HIV to share on their confessions podcast. If you are interested in sharing your story, fill out an interest form [HERE](#).

- The East Los Angeles Women’s Center is seeking participants for their Seeking Safety program. Seeking Participants will learn techniques that will help them live in the present, without the pain of the past, improve self-care and well-being, while learning safe ways to deal with strong emotions. This service is in English and Spanish and is free and confidential for women living in Los Angeles County who are HIV positive. Interested participants can fill out an interest form [HERE](#).

**7. Adjournment** – the meeting was adjourned by S. Alonzo at 4:00pm



# 2024 ANNUAL CONFERENCE

**Bold Transformation to Confront and End HIV**

November 14, 2024  
9am to 4pm

MLK Behavioral Health Center  
12021 S. Wilmington Ave, Los Angeles, CA 90059

Register [HERE](#) or  
scan the QR code



Hear from local and national experts and leaders

Afternoon breakout sessions on prevention, care, and community engagement

Breakfast and lunch

LEARN AND ENGAGE FOR ACTION

Questions? EMAIL [HIVCOMM@LACHIV.ORG](mailto:HIVCOMM@LACHIV.ORG)



# **DUTY STATEMENT**

## **COMMITTEE CO-CHAIR**

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, Committee Co-Chairs must meet the following demands of their office, representation and leadership:

### **COMMITTEE LEADERSHIP:**

- ① Serves as Co-Chair of a standing Commission Committee, and leads those monthly meetings
- ② Leads Committee decision-making processes, as needed
- ③ Meets monthly with Executive Director, or his/her designee, to prepare the Committee meeting agendas, course of action and assists Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate
- ④ Assigns and delegates work to Subcommittees, task forces and work groups
- ⑤ Serves as a member of the Commission's **Executive Committee**

### **MEETING MANAGEMENT:**

- ① Serves as the Presiding Officer at the Committee meetings
- ② In consultation with other Co-Chair and senior Commission staff member(s), leads the Committee meetings,
  - conducting business in accordance with Commission actions/interests
  - recognizing speakers, stakeholders and the public for comment at the appropriate times
  - controlling decorum during discussion and debate and at all times in the meeting;
  - imposing meeting rules, requirements and limitations
  - calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed
  - determining consensus, objections, votes, and announcing roll call vote results
  - ensuring fluid and smooth meeting logistics and progress
  - finding resolution when other alternatives are not apparent
  - ruling on issues requiring settlement and/or conclusion
- ③ Ability to put aside personal advocacy interests, when needed, in deference to role as the Committee's Presiding Officer.

### **REPRESENTATION:**

In consultation with the Executive Director, Committee Co-Chairs:

- ① May **ONLY** serve as Committee spokesperson at various events/gatherings, in the public, with public officials and to the media if approved by the Commission Co-Chairs and Executive Director
- ② Take action on behalf of the Committee, when necessary



## **Duty Statement: Committee Co-Chair**

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- ③ Generates, signs and submits official documentation and communication on behalf of the Committee
- ③ Present Committee findings, reports and other information to the full Commission, Executive Committee, and, as appropriate, other entities
- ⑤ Represent the Committee to the Commission, on the Executive Committee, and to other entities
- ⑥ Support and promote decisions resolved and made by the Committee when representing it, regardless of personal views

### **KNOWLEDGE:**

- ① CDC HIV Prevention Program, Ryan White Program (RWP), and HIV/AIDS and STI policy and information
- ② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
- ③ LA County's HIV/AIDS and STI, and other service delivery systems
- ④ County policies, practices and stakeholders
- ⑤ Ryan White Program legislation, State Brown Act, applicable conflict of interest laws
- ⑥ County Ordinance and practices, and Commission Bylaws
- ⑦ Topical and subject area of Committee's purview
- ⑧ **Minimum of one year active Committee membership prior to Co-Chair role**

### **SKILLS/ATTITUDES:**

- ① Sensitivity to the diversity of audiences and able to address varying needs at their levels
- ② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
- ③ Ability to demonstrate parity, inclusion and representation
- ④ Take-charge, "doer", action-oriented; ability to recruit involvement and interest
- ⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
- ⑥ Firm, decisive and fair decision-making practices

### **COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:**

- ① Put personal agenda aside and advocate for what's in the best interest of the Commission
- ② Devote adequate time and availability to the Commission and its business
- ③ Assure that members' and stakeholders' rights are not abridged
- ④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
- ⑤ Always consider the views of others with an open mind
- ⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
- ⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

# LONELINESS AND SOCIAL ISOLATION

## ADDRESSING THE NEEDS OF WOMEN OVER 50

### EVENT SUMMARY

On September 23, 2024 the Los Angeles County Commission on HIV Women's and Aging Caucuses hosted a special, educational event titled, *Loneliness and Social Isolation: Addressing the Unique Needs of Women Over 50*. The event was held in commemoration of National HIV/AIDS and Aging Awareness Day with a goal of dismantling the stigma behind social isolation and loneliness, identifying opportunities for providers to expand on existing models that combat social isolation among women of color over 50 years of age and that address the unique challenges and needs of women facing social isolation and loneliness.

Dr. Mikhaela Cielo delivered the keynote address focusing on issues impacting women living with HIV (WLWH) as they age including both HIV-related and age-related stigma. There are high rates of loneliness among older people living with HIV that can impact HIV medication adherence, retention in care, general self-care and contribute to increased mental, emotional, and physical burdens. Studies on the impact of social isolation and loneliness are limited among older women living with HIV and studies tend to have conflicting findings; more research is needed. Older women with HIV also face unique challenges such as intimate partner violence, menopause, gender discrimination, and caregiving responsibilities. To view presentation slides, click [here](#).

The event featured two panel discussions, one focusing on women living with HIV over 50 sharing their personal stories of loneliness and isolation. Many women shared that they seek assistance from their primary medical providers during periods of isolation and may not reach out to others due to stigma, particularly cultural stigma, associated with loneliness. It was noted that women will go through periods of loneliness even when they are socially connected with friends and family and active within the community. To help combat loneliness, women tend to seek support through HIV support groups, religion, and family. They also practice positive talk and will turn to their favorite activities, such as dancing and listening to music to help overcome feelings of loneliness. All women stated that more support is needed in helping access and navigate services. They noted that the community may be aware of services but may face challenges in access and navigating the many services that are available.

The second panel discussion featured a group of diverse providers sharing best practices and resources for identifying and addressing loneliness and social isolation. Providers noted that loneliness and isolation are an epidemic facing many Americans, not just older populations. They noted that providers have not done a good job at assessing clients for social isolation and loneliness and that it must be done periodically. Providers shared the three types of isolation: intimate, relational, and

collective (see additional resources for more details) which helped many of the women understand the types of loneliness they periodically experience and provided tips for combating each type. They also shared various resources available to older women and noted that women must be proactive and take action to address social connectedness and loneliness. Providers also noted that there is not a one size fits all approach to addressing social isolation and loneliness and that interventions and activities need to be tailored to the unique needs of each individual.

A special luncheon presentation was provided by Being Alive, a nonprofit organization created and operated by and for people living with HIV/AIDS dedicated to ending HIV through wellness, education, and support. Presenters shared the myriad of services and programs offered at Being Alive such as chiropractic care, case management services, peer support groups and syringe services to name a few. For more information click [here](#). Additionally, resources from the [Department of Mental Health](#) and the LAC+USC Maternal Child Adolescent Center were also provided to participants.

Attendees overwhelmingly provided positive feedback on the event and expressed interest in more educational events around depression, caring for older people living with HIV, resources available in the community and mental health to increase awareness and workforce capacity. They also appreciated hearing directly from women living with HIV over 50 and their experiences with loneliness and social isolation. Finally, attendees noted that they would include more opportunities to discuss and/or screen for loneliness and social isolation with their clients.

Attendee comments:

- *"It was an amazing meeting. I loved the topic."*
- *"I hope there is another event like this one."*
- *"I appreciated this space for these conversations. Recommend to continue these types of events."*
- *"I liked that this event had actual individuals who are experiencing HIV and loneliness/social isolation. That enhanced this training experience for all of us and allowed attendees to feel more engaged with the presenters. Also, it was great that attendees were allowed to ask questions and share their own comments as well."*

# ADDITIONAL RESOURCES

- US Department of Health and Human Services, Office of the Surgeon General Social Connection Resources - [https://www.hhs.gov/surgeongeneral/priorities/connection/index.html?utm\\_source=osg\\_redirect&utm\\_medium=osg\\_redirect&utm\\_campaign=osg\\_sg\\_gov\\_connection](https://www.hhs.gov/surgeongeneral/priorities/connection/index.html?utm_source=osg_redirect&utm_medium=osg_redirect&utm_campaign=osg_sg_gov_connection)
- US Department of Health and Human Services, Office of the Surgeon General House Calls Podcast - <https://www.hhs.gov/surgeongeneral/priorities/house-calls/index.html>
- Our Epidemic of Loneliness and Isolation, 2023: The U.S Surgeon General's Advisory on the Healing Effects of Social Connection and Community - <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>
- **Loneliness and social isolation are huge health problems in the United States.** Over 100 research studies and a national health advisory by the US Surgeon General conclude that loneliness contribute to poorer health outcomes and may lead to increased risk of premature death by 26% and 29%. 29% increased risk of heart disease and 32% increased risk of stroke.
- **Everyone experiences different kinds of loneliness in different stages of their lives. Loneliness is a multidimensional and complex construct.** The three types of loneliness:
  - Intimate – the longing for a close confidante or intimate partner, someone with whom you share a deep mutual bond of affection and trust
  - Relational – the yearning for quality friendships and social companionship and support
  - Collective – the hunger for a network or community of people who share your sense of purpose and interests
- Creating connections that address intimate relationships, close friends and social circles as well as ensuring a larger connection within a community is needed to address and help prevent loneliness.
- **Symptoms of social isolation and loneliness** (according to author Crystal Raypole) can be:
  - Decreased energy (HIV/ perimenopause)
  - Inability to focus/ brain fog (perimenopause)
  - Insomnia (HIV/ menopause)
  - Decreased Immunity (HIV/ Long Covid)
  - Substance abuse, Alcohol abuse (Wine O'Clock)
  - Limited social interactions
  - Having few close friends
  - Having limited or no social organization affiliations or membership
  - Spending large amount of time engaging with technology and or social media
- **Issues impacting Women:**
  - Women over 50 living with HIV have limited outlets for social interaction. Partly due to the limited number of groups and spaces for them to gather.
  - Concerns about self-stigma or external stigma makes women more reluctant to connect with others.

- Clinics rarely have information walls or bulletin boards dedicated to current events for women. Some organizations often share events, groups and opportunities for women. We need to do a better job of sharing content specific to women over 40, especially those living with HIV.
- **Combatting Loneliness and Social Isolation:**
  - Address systemic ageism and barriers that impede or discourage participation.
  - Understand the power of social connection and the consequences of social disconnection by learning how the vital components (structure, function, and quality) can impact your relationships, health, and well-being.
  - Invest time in nurturing your relationships through consistent, frequent, and high-quality engagement with others. Take time each day to reach out to a friend or family member. (Not simply dropping a heart emoji on a post. Engaging in group chats, discords, online and in person group.)
  - Minimize distraction during conversation to increase the quality of the time you spend with others. For instance, don't check your phone during meals with friends, important conversations, and family time.
  - Seek out opportunities to serve and support others, either by helping your family, co-workers, friends, or strangers in your community or by participating in community service.
  - Be responsive, supportive, and practice gratitude. When doing so, others are more likely to reciprocate, strengthening our social bonds, improving relationship satisfaction, and building social capital.
  - Actively engage with people of different backgrounds and experiences to expand your understanding of and relationships with others, given the benefits associated with diverse connections.
  - Participate in social and community groups such as fitness, religious, hobby, professional, and community service organizations to foster a sense of belonging, meaning, and purpose.
  - Reduce practices that lead to feelings of disconnection from others. These include harmful and excessive social media use, time spent in unhealthy relationships, and disproportionate time in front of screens instead of people.
  - Seek help during times of struggle with loneliness or isolation by reaching out to a family member, friend, counselor, health care provider, or the 988 crisis line. (CALL YOUR FRIENDS especially during crisis or when loneliness hits.)
  - Be open with your health care provider about significant social changes in your life, as this may help them understand potential health impacts and guide them to provide recommendations to mitigate health risks. (Providers need to have current relevant referrals for patients to access and follow up with patients)
  - Make time for civic engagement. This could include being a positive and constructive participant in political discourse and gatherings (e.g., town halls, school board meetings, local government hearings). (Empowerment Congress meetings, HIV Commission, Caucus participation)
  - Reflect the core values of connection in how you approach others in conversation and through the actions you take. Key questions to ask yourself when considering your interactions with others include: How might kindness change this situation? What

would it look like to treat others with respect? How can I be of service? How can I reflect my concern for and commitment to others?

- **Community resources are for individuals (specifically women over 50) facing social isolation:**
  - Seeking Safety intervention - JWCH and ELAWC
  - HARRP- JWCH
  - Commission on HIV
    - Black Caucus
    - Women's Caucus
  - Churches, temples, houses of worship
  - Art galleries throughout LA County
  - Piñatas classes, hilltop coffee shop, mercado la paloma, lovesource la wellness walks, Ora coffee shop
  - Free museum days
  - La Chancla Night Market, Chinatown night market, Mid City Night market



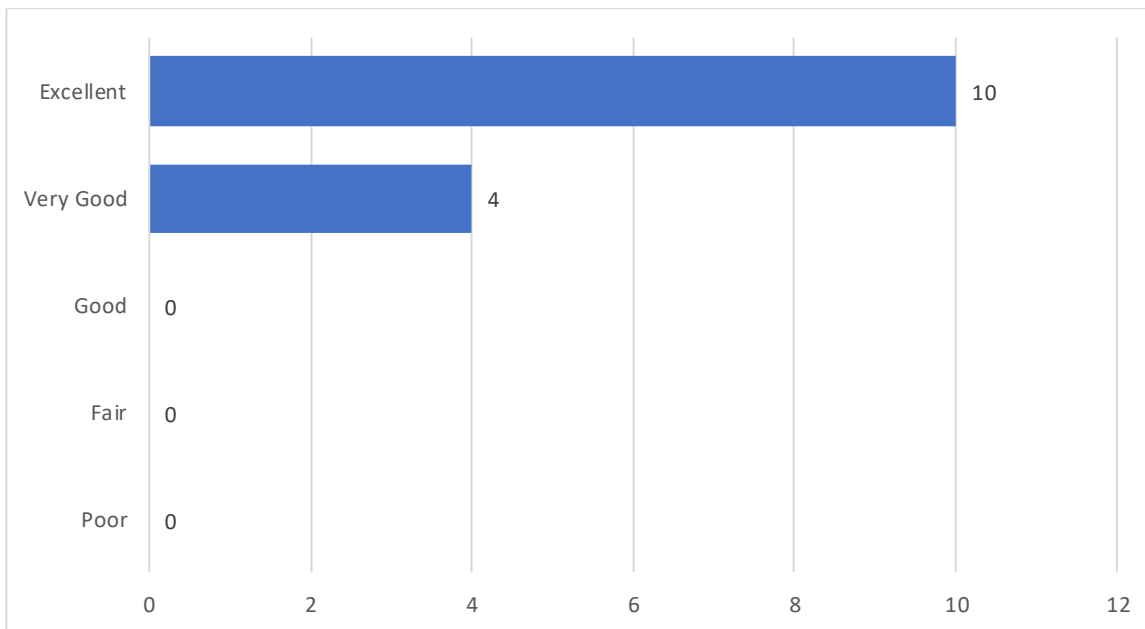


## Loneliness and Social Isolation Evaluation Summary

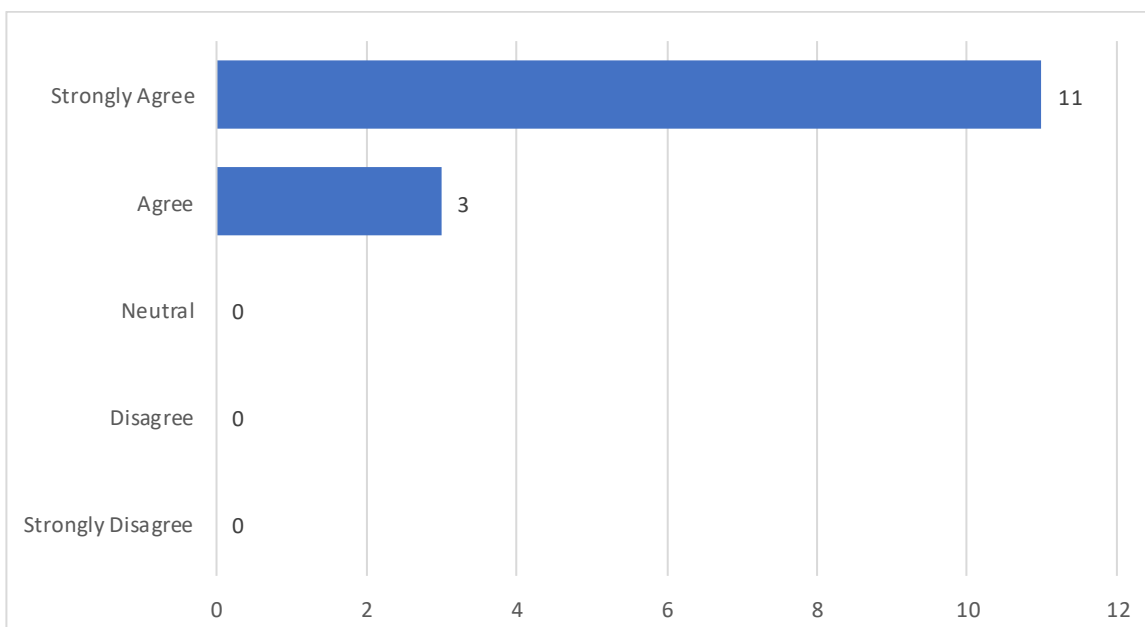
Attendees: 25 total

Evaluations: 14 total

### How would you rate the event?



### This training experience will be useful in my work.





### **What did you like about the event?**

- The panelists were well informed.
- All the information that was given through the panel discussions. Learning about the different types of isolation.
- The [community] panel discussion and how they were open about discussing their situation.
- Everything! I really appreciated the organization to include the different aspects on the topic.
- The community panel discussion.
- Hearing from the community about their experiences
- What I liked about the event is that it had actual individuals who are experiencing HIV and loneliness/social isolation. That enhanced this training experience for all of us and allowed attendees to feel more engaged with the presenters. Also, it was great that the attendees were allowed to ask questions and share their own comments as well.
- I enjoyed both groups of panelists and really liked hearing personal stories from the women living with HIV. They were very inspirational.

### **What did you dislike about the event?**

- Nothing
- I did not dislike anything about the event.
- Lack of representation from other county agencies who also support aging (i.e. DMH)
- Nothing...maybe not enough time.
- Nothing, everything was amazing! Thank you
- I was disappointed that attendance was low. Given the seriousness of the topic, would have liked to see more people.
- There was nothing to dislike.

### **Identify one thing that you would do differently as a result of this educational event.**

- Screen for loneliness.
- I will follow up more often with residents.
- How to approach residents.
- Be extra aware and more outspoken about loneliness and isolation with my older patients.
- Combat loneliness.
- Research available services for older people living with HIV within the area.
- I would like to include a specific survey on loneliness to add to our assessments. We currently do assess and have some questions but the one shared was more thorough.
- Learn how to ask questions [to clients].
- Connect more with groups resources.





### **What training or resources do you need to help implement this change?**

- Resource list on activities to refer clients to.
- Coming to events like this and gaining more knowledge.
- The presentation or slides emailed to bring back to my team.
- Create more of such workshops regularly.
- Education for staff to understand each age group is different and we need to mold to each and not generalize to all just because they have HIV. We need to understand the hardships of each age group.
- Funding
- Additional spaces and services for women living with HIV. Increased education on HIV for providers or general gerontology education for clinicians.
- I would like to see more training in regards to depression to learn how it coexists with social isolation and loneliness.
- More trainings to be provided.
- I want more resources to offer clients that focus on our specific clientele – homebound seniors.

### **Is there anything else you would like to share about the event?**

- Enjoyed the event and learned valuable information.
- Thank you for putting this together.
- Appreciate the space for these conversations. Recommend to continue these type of events.
- It was an amazing event. I love the topic!
- I hope there is another event like this one.
- Thank you so much for everything.
- If possible, can it be offered as a hybrid [event].

# CAUCUS ROLES & RESPONSIBILITIES

Caucuses are established by the Commission (COH) and provide a forum for COH members of a designated “special population” to discuss their COH-related experiences, strengthen that population’s voice in COH deliberations, and exchange perceptions of issues addressed by the COH among other COH members who are more likely to share/understand those perspectives.

## **Primary responsibilities include:**

- Facilitating a forum for dialogue among the caucus members
- Developing the caucus voice at the COH and in the community
- Providing the caucus perspective on various COH issues
- Cultivating leadership in the caucus membership and population

## 2019 Women's Caucus-Key Highlights and Ideas for Directives Including Follow Up from DHSP

**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 are reimbursed for the services; could be a budget line item.
  - Two (2) Request for Proposals (RFPs) were released for Childcare and Transportation. 25 agencies were funded in response to the Transportation RFP. An open competitive bid was released for the Childcare RFP with an extended timeline. Only one agency responded but did not meet the requirement as they did not provide RWP-services.
    - A request was made to submit the childcare survey again to garner more support for a Childcare RFP.
2. Fund more family housing for women and men with children.
  - The Salvation Army was awarded funding for transitional housing for families.
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.
  - The Emergency Financial Assistance (EFA) program is open to all eligible persons living with HIV. EFA can be accessed through Benefit Specialist and MCC team members at either APLA. In July 2024, EFA was restricted to rent debts, future rent requests and security deposits. EFA will no longer assist with utility and food card assistance or mortgage payments. EFA will no longer assist Section 8 clients with rent assistance. However, Section 8 clients can still apply for security deposit assistance.
  - In August 2024, DHSP launched the Feel Well, Live Well, Expand Options (FLEX Card) Program for people with HIV (PWH) via EHE funds. This program will provide at least 1,250 eligible individuals with a monthly \$400 gift card to offer half a year's support (September 2024 to February 2025) for basic needs, such as groceries and fuel, and may allow individuals to reallocate existing funds to be used for other pressing needs. The program received 2,707 applications and plans to enroll 1,250 participants. Enrollment will conclude on September 26, and first payments will be released on September 30.
4. Fund women and family focused housing specialist.
  - DHSP is working with HOPWA and partner agencies to bring in housing specialists

via the Salvation Army.

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.
  - Call 2-1-1.
  - Ryan White Program Fact sheets created in 2022. Explains services available and where to access DHSP funded services. On DHSP and COH websites.
  - APLA creation of Women's HIV Resource Guide. Launched 10/8/24. Available via print and online.
6. Provide comprehensive care including mental health at women-friendly clinics so that they do not have to travel to another location.
  - Spanish Mental Health program established to meet the needs of monolingual Spanish-speakers.
  - It was clarified that DHSP does not fund women-specific clinics and that LAFAN, AHF and Altamed provides most of the women-related HIV care.
  - Mental Health Services are provided but are primarily covered under Medi-Cal. Clients who exceed mental health visits under Medi-Cal are covered for additional visits under RWP.
  - DHSP does not fund substance use services as they are funded via the County's Substance Abuse and Prevention Control Unit.
7. Fee for service is a barrier for agencies—assess the impact of the fee for service structure service delivery and quality of care.
  - Agencies determine their staffing patterns and full-time equivalent (FTE) status during contract negotiations. Many providers cannot fully fund all staff at FTE and draw upon multiple funding streams to support staff salaries.
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.
  - Street teams are currently in the process of being established.
9. Support one-stop care sites for women and families.
  - It was clarified that DHSP does not fund women-specific clinics and that LAFAN, AHF and Altamed provides most of the women-related HIV care.
10. Fund psychosocial services and support groups for women.
  - Current psychosocial services, including Seeking Safety and Peer Linkage and Re-Engagement, are supported via EHE funds not RWP.
  - PP&A Committee has proposed allocations for Program Years 36 and 37 for psychosocial support services.
  - Being Alive – Buddy Program and Queen Bees support groups
  - **Need clarity from WC on what these services may look like to fit the needs of women.**

11. Prevention services are typically male centric; need to create women-centered prevention services; many do not see them as “at-risk”.
  - Empower Yourself: Take Control with PrEP for HIV Prevention Campaign - HIV Awareness Campaign for Black Women. DHSP launched an HIV awareness campaign specifically tailored to Black/African American women, who are disproportionately affected by HIV.
  - The HIVE – educational campaign (AMAAD Institute)
12. Have DHSP assess how funded agencies are addressing the needs of women; offer training for those requiring support and coaching.
  - DHSP requested that the WC think of what services and programs dedicated to cis women they would like to see. Recommendations will be taken back to DHSP’s evaluation team for RFP consideration.
13. Require that all contracted agencies create community advisory boards with women and/or give them meaningful roles in quality improvement committees.
  - Only vulnerable population contracted agencies must have CABs. The group requested that all contracted agencies be required to establish CABs. DHSP staff indicated that all agencies can establish CABs regardless of whether it is contractually mandated.
14. Embed women-centered prevention services outside of usual HIV service agencies, such as domestic violence shelters and family planning clinics.
  - DHSP does not contract with DV shelters. Family planning clinics offer HIV testing.
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).
  - DHSP has reached over 700 providers in both primary care and women’s health via their PrEP/PEP public health detailing campaign.

**Other issues:**

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

# Priority Setting and Resource Allocation Process: Developing Directives

Women's Caucus  
October 21, 2024



# Priority Setting and Resource Allocation Process

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- 1 Review core medical and support service categories, including HRSA service definitions
- 2 Review data/information from DHSP & COH Caucuses
- 3 Agree on how decisions will be made; what values will be used to drive the decision-making process
- 4 Rank services by priority  
*Ranking DOES NOT equal level of allocation by percentage*

- 5 Allocate funding sources to service categories by percentage  
*Ryan White Program Part A and Minority AIDS Initiative (MAI)*
- 6 Draft Directives: Provide instructions to DHSP on how best to meet the priorities  
*Informed by COH Committees, Caucuses, Task Forces, data, PLWH & provider input*
- 7 Reallocation of funds across service categories, as needed throughout funding cycle

# Directives

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Development of directives is a legislative responsibility of a Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council (PC).

**Provides guidance to the recipient (DHSP) on how best to meet prevention and care priorities**

- Involves instructions for the recipient to follow in developing requirements for providers for use in procurement and contracting
- Usually addresses *populations to be served, geographic areas to be prioritized, and/or service models or strategies to be used*

Directives are one way of strengthening the system of care. There are other ways, as well, such as adding requirements to universal or service category specific Service Standards.



# Drafting Directives

## Directive format

## Examples

A directive can call for a specific solution or several options, or it can be stated to define the required level of access rather than the specific solution.

Consumers will have access to AOM services within each of the Service Planning Areas (SPAs) at least two days a week, and transportation assistance will be provided for any consumer who lives more than 5 miles from an AOM location.

A directive can be flexible allowing the recipient to develop an approach or it can be specific and detailed-identifying desired outcomes or approaches to consider.

The recipient will develop and arrange for a two-year pilot implementation of a peer-based support program designed to ensure that young MSM of color who are newly diagnosed or out of care become fully engaged in care, adhere to treatment, and reach viral suppression.

A directive can also include instructions to include greater involvement of the planning council.

The recipient will work with the PC to develop a peer-based support program to be implemented as a 2-year pilot effort. The program will be developed in collaboration with the Consumer Caucus and the recipient and must be approved by both parties.



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



# **CHILDCARE SERVICE STANDARDS**

APPROVED JULY 8, 2021



## CHILDCARE SERVICES SERVICE STANDARDS

**IMPORTANT:** The service standards for childcare adhere to requirements and restrictions from the federal agency, Health Resources and Services Administration (HRSA). The key documents used in developing standards are as follows:

[Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice \(PCN\) #16-02 \(Revised 10/22/18\)](#)

[HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#)

[Service Standards: Ryan White HIV/AIDS Programs](#)

### INTRODUCTION

Service standards for the Ryan White HIV/AIDS Part A Program outline the elements and expectations a service provider should follow when implementing a specific service category. The standards are written for providers for guidance on what services may be offered when developing their Ryan White Part A programs. The standards set the minimum level of care Ryan White funded agencies offer to clients, however, providers are encouraged to exceed these standards.

The Los Angeles County Commission on HIV developed the Childcare Services standards to establish the minimum standards of care necessary to ensure people living with HIV (PLWH) can receive quality childcare services when attending core medical and/or support services appointments and meetings. The development of the standards includes guidance from service providers, people living with HIV, the Los Angeles County Department of Public Health, Division of HIV and STD Program (DHSP), members of the Los Angeles County Commission on HIV, Standards & Best Practices Committee, Women’s Caucus, and the public-at-large.

### CHILDCARE SERVICES OVERVIEW: ALLOWABLE USE OF FUNDS

HRSA allows the use of Ryan White Part A funding for childcare services for the children of clients living with HIV, provided intermittently, **only while** the client attends in person, telehealth, or other appointments and/or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. Part A funded childcare services cannot be used while the patient is at school or work. Only Ryan White Part A community advisory board meetings and Part A funded support groups are covered in these standards. The goal of childcare services is to reduce barriers for clients in accessing, maintaining and adhering to primary health care and related support services. Childcare services are to be made available for all clients using Ryan White Part A medical and support services. **“Licensed”** means childcare providers who are

licensed by the State of California and are required to maintain minimum standards related to physical size of the facility, safety features, cleanliness, staff qualifications, and staff-to-child ratios.

Childcare services may include recreational and social activities for the child/children, if provided in a licensed childcare setting including drop-in centers in primary care or satellite facilities. However, funds may not be used for off-premise social/recreational activities or gym membership. Existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services.

All service providers receiving funds to provide childcare services are required to adhere to the following standards.

**Table 1. CHILDCARE SERVICE REQUIREMENTS**

SERVICE COMPONENT	STANDARD	DOCUMENTATION
Eligibility and Need	Eligibility for Ryan White and need for childcare service are identified at intake and assessments by agencies providing licensed childcare.	Documentation of eligibility and in the client’s primary record must reflect the appointment and/or meeting/group/training session attended.
Licensed Child Care Centers and Family Child Care Homes	Licensed childcare facilities must carry a valid active license as a childcare provider in the State of California. Services must be delivered according to California State and local childcare licensing requirements which can be found on the California Department of Social Services, Community Care Licensing Division website. <sup>1</sup>	<ul style="list-style-type: none"> <li>a. Appropriate liability release forms are obtained that protect the client, provider, and the Ryan White program</li> <li>b. Providers must develop policies, procedures, and signed agreements with clients for childcare services.</li> <li>c. Documentation that no cash payments are being made to clients or primary care givers</li> </ul>
Training	Agencies providing childcare are responsible for ensuring	Record of trainings on file at provider agency.

<sup>1</sup> <https://cdss.ca.gov/inforesources/child-care-licensing>

	<p>childcare providers are trained appropriately for their responsibilities. In addition to State-required training for licensed childcare providers, childcare staff must complete the following training:</p> <ul style="list-style-type: none"> <li>• Domestic violence</li> <li>• HIPAA and confidentiality</li> <li>• Cultural diversity</li> <li>• HIV stigma reduction</li> <li>• LGBTQ 101</li> <li>• Ryan White programs and service referral</li> </ul>	
Language	Whenever possible, childcare should be delivered in the language most familiar to the child or language preferred by the patient. If this is not possible, interpretation services must be available in cases of emergency.	Appropriate language noted in client or program file.
Confidentiality	Agencies coordinating and providing childcare services must ensure client confidentiality will always be maintained. HIV status shall never be disclosed to anyone.	<p>Written confidentiality and HIPAA policy in place.</p> <p>Documentation of notice of privacy and confidentiality practices provided to clients and/or family members before the start of service.</p> <p>Signed confidentiality policy and agreements for all employees on file and reviewed during new hire orientation and annually.</p>
Service Promotion	Agencies coordinating licensed childcare services are expected to promote the availability of childcare to potential clients, external partners, and other	Program flyers, emails, or website documenting that childcare services was promoted to clients and HIV service providers.

	<p>DHSP-funded Ryan White service providers.</p>	
<p>Referrals</p>	<p>Programs coordinating childcare services will provide referrals and information about other available resources to adults living with HIV who have the primary responsibility for the care of children. Special consideration should be given to helping clients find longer term or additional childcare options and resources.<sup>2</sup> Whenever appropriate, program staff will provide linked referrals demonstrating that clients, once referred, have accessed services.</p> <p>Staff are required to coordinate across Ryan White funded and non-funded programs to ensure clients' needs are met.</p>	<p>Documentation of referral efforts will be maintained on file by coordinating agency.</p> <p>Description of staff efforts of coordinating across systems in client file (e.g. referrals to</p>

<sup>2</sup> Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education: <https://childcare.lacounty.gov/resources-for-families-and-communities/>

	Follow up with client in 30 days to track referrals related to care coordination.	housing case management services, etc.).  Documentation of follow up in client file.
Transportation	Clients who demonstrate a need for transportation to and from the childcare site, must be provided transportation support. Agencies must follow transportation programmatic guidance and requirements from DHSP. Childcare must be provided in a manner that is more accessible and convenient for the client.	
Physical Environment	<p>The design and layout of the physical environment have a profound impact on children's safety, learning, behavior and on the client's ability to focus on their medical and support services appointments.</p> <p>Childcare environments must have:</p> <ul style="list-style-type: none"> <li>• Internet access and computers for children to use to complete schoolwork or participate in virtual classes if the parent/caregiver Ryan White appointment occurs during school hours</li> <li>• Age-appropriate educational supplies</li> <li>• Healthy food/snacks</li> <li>• Masks and personal protective equipment (PPEs) especially designed for children</li> <li>• A variety of inviting equipment and play materials accessible to children</li> <li>• Kid-friendly and visually appealing space with sufficient and uncluttered space for active play with an additional cozy space set aside for individual and quiet play</li> <li>• Kid-friendly videos available to watch</li> <li>• Available 5 days a week</li> </ul>	

## Appendix A: Examples of Childcare Resources

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### **California Department of Social Services, Childcare Licensing**

<https://www.cdss.ca.gov/inforesources/child-care-licensing>

The State of California requires licensed childcare providers to complete trainings in First Aid/CPR; fire and electrical safety; child development; waste disposal procedures; child abuse (includes sexual abuse); Health Insurance Portability and Accountability Act of 1996 (**HIPAA**) and confidentiality; infection control and preventative health measures; and the American Disabilities Act (ADA). Visit the website for additional information on childcare licensing rules and regulations.

**Child Care Alliance Los Angeles** offers voucher-based services for low income families.

<https://www.ccala.net/>

**Los Angeles County Department of Public Health, Office for the Advancement of or Early Care and Education:** <https://childcare.lacounty.gov/resources-for-families-and-communities/>

### **Los Angeles Education Partnership**

[www.laep.org](http://www.laep.org)

LAEP offers childcare for parent workshops, meetings, conferences, and other activities on a fee-for-service basis. LAEP brings all the necessary materials and supplies, including snacks.