



LOS ANGELES COUNTY
COMMISSION ON HIV



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WOMEN'S CAUCUS

Virtual Meeting

Monday, April 18, 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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WOMEN'S CAUCUS

Virtual Meeting Agenda

Monday, April 18, 2022 @ 2:00PM – 4:00PM

To Join by Computer:

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- | | |
|--|-------------------|
| 1. Welcome + Introductions + Check-In | 2:00 PM – 2:05 PM |
| 2. Executive Director/Staff Report
Operational and Programmatic Updates | 2:05 PM – 2:10 PM |
| 3. Co-Chairs' Report | 2:10 PM – 2:15 PM |
| a. 2022 Workplan Review | |
| 4. DISCUSSION: | 2:15 PM – 3:30 PM |
| • Ideas for Directives FEEDBACK | |
| 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 March 21, 2022 Virtual Meeting Summary

In attendance:

Shary Alonzo (Co-Chair)	Mikhaela Cielo, MD (Co-Chair)	An
Ashley	Jayda Arrington	Melissa Bernabe
Roxanne Lewis	Katja Nelson	Ilish Perez
Brian Risley	Sandra Rogers	Jazmin Rojano
Elia Silveyra	Connie Solis	LaShonda Spender, MD
Ellie Tam	Cheryl Barrit (COH Staff)	Catherine Lapointe (COH Staff)
Jose Rangel-Garibay (COH Staff)		

1. Welcome + Introductions + Check-In

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

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

Cheryl Barrit, Executive Director offered assistance in discussing the program directives.

3. Co Chair's Report

S. Alonzo provided a summary of the previous Women's Caucus (WC) meeting. Key points included:

- Brian Risley, APLA presented on the Women Together Program and its objectives.
- The WC provided AJ King, Comprehensive HIV Plan (CHP) consultant, with feedback on women's HIV care needs such as equal access to testing, HIV testing promotion, HIV prevention and awareness education, research on the effects of HIV medication on women's bodies, and support groups for women living with HIV.
- The WC planned to discuss ideas for directives.

Jayda Arrington inquired if APLA will offer services specifically for women. B. Risley invited attendees to e-mail ideas for women's programs at APLA.

4. PRESENTATION: Perinatal Syphilis and HIV Transmission | Dr. Mikhaela Cielo

S. Alonzo introduced Dr. Mikhaela Cielo, pediatric disease and HIV specialist, USC Keck School of Medicine. Dr. Cielo presented on perinatal syphilis and HIV transmission in commemoration of National Women and Girls HIV/AIDS Awareness Day. Key points were as follows:

- 23% of people living with HIV are women.
- Adult and adolescent women accounted for 19% of new HIV cases in 2018.
- 1 in 9 women living with HIV are unaware of their status.
- In Los Angeles County, the rate of new HIV diagnoses among Black women and girls ≥ 13 years is 5 times the rate of white women and girls ≥ 13 years.
- Heterosexual contact is the primary mode of transmission of HIV for women.
- 52% of women living with HIV of reproductive age are virally suppressed.
- In 2020, 4 babies in LA County were perinatally infected with HIV - a steep incline from previous years.
- Congenital syphilis (CS) rates are rising in California.
- There has been a 900% increase in CS since 2012 and a 500% increase in female syphilis cases since 2012.
- Maternal characteristics of the 88 CS cases in LA County in 2019 included: 36% had a history of incarceration; 40% had unstable housing; 68% had a substance use disorder; 49% were using meth or a drug combination with meth; and 80% of deliveries resulted in DCFS/Foster Care Referral.
- Mothers co-infected with HIV and syphilis had a 2-2.5 increased risk for transmitting infection to their babies.
- Testing guidelines include screening all pregnant patients for HIV at least once; repeat 3rd trimester HIV testing for those in high incidence area or other risk factors; birth testing for those with no 3rd trimester testing; and screen all pregnant patients for syphilis 3 times – 1st trimester, 3rd trimester, and delivery.

B. Risley inquired if the HIV cases in LA County were co-infected with syphilis. Dr. Cielo reported that 3 out of 4 were, with 1 infected with gonorrhea.

S. Alonzo commented on the importance of early intervention.

S. Alonzo asked how often pregnant patients are tested for sexually transmitted infections (STIs). Dr. Cielo explained that testing frequency is dependent on the provider. Universal/routine testing is recommended.

5. DISCUSSION: Ideas for Directives

C. Barrit provided an overview of the directives. The Planning, Priorities, and Allocations (PP&A) Committee is responsible for ranking and allocating Ryan White service categories and allocating a percentage of those local funds to services. Program directives are sent to the Division of HIV and STD Programs (DHSP). PP&A is requesting

updated directives from the WC to ensure women's needs are met. Current directives are included on the meeting packet.

J. Arrington requested for more time to review the directives and provide feedback. C. Barrit responded that the WC has until April 1st to submit feedback.

DHSP requested more information on mobile health clinics (Directive #9). Roxanne Lewis described holistic mobile clinics to include bilingual services, STI services linked to clinics, STI/HIV testing, mammograms, health education, and availability for women of all ages.

6. Meeting Recap + Agenda

- The WC will provide feedback on the program directives to C. Barrit by April 1st. The feedback will be discussed at the April WC meeting.

7. Public Comment + Announcements

- R. Lewis commended members of the WC who participated in the March Commission meeting discussion.

8. Adjournment. The meeting adjourned at approximately 3:45 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		

DRAFT UPDATED 4/3/22



Program Directives for Maximizing Health Resources Services Administration (HRSA) Ryan White Part A and MAI Funds for Program Years (PY) 30, 31, 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 articulates 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.

DIRECTIVE	DHSP RESPONSE/STATUS UPDATE
<p style="text-align: center;">E</p> <p>Across all prevention programs and services, create a connected network of services that promote access to PrEP, ongoing preventive care, mental health, substance use, and housing services. Use a status neutral approach in service delivery models. 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.</p>	
<p>1. 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. Request DHSP surveillance, continuum of care, and other relevant data at to determine populations and geographic areas most affected by HIV. Priority populations are those 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</p>	<p>Solicitations are composed using the latest data, which reflect the geography and other demographics of target populations</p>

activities to reduce HIV-related disparities include: Black/African American 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 LAC15 and people experiencing unstable housing or homelessness, among others” (pg. 21). The Health Districts with highest disease burden represent five cluster areas account which for more than 80% of disease burden (LACHAS, p7)

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).

2. 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:

- 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, and monitoring and evaluation.
- In collaboration with the Black/African American community, conduct a comprehensive needs assessment specific to all subsets of the Black/African American population with a 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.
- Assess available resources by health districts by order of high prevalence areas.
- Conduct a study to identify out of care individuals, and populations who do not access local services and why they do not.
- 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, reduce stigma and medical mistrust.

In progress. Some training resources still need to be identified and tested.

DHSP will provide an update on the development of B/AAC Caucus recommendations for provider training material and/or curriculum.

This should be included in the needs assessments conducted as part of the formative work for the development of the comprehensive plan.

It was recommended the B/AAC Caucus be consulted on measurement tools to use for a comprehensive needs assessment of the Black/African American Community. The information will be included in the CHP.

DHSP to implement a LACHNA report once staff levels are restored. The division will notify the Committee when the study is implemented.

The Committee recommended mental health providers of color, specifically Black/African American providers are identified and encourage to provide services. Special programs to increase the number of providers of color was recommended.

Is there a different standard of care for these services for this population? There are no separate standards, however the Black members of the PP&A Committee noted that what is important is recognizing that Black mental health providers are critical partners in delivering services. Recruitment and retention of Black mental health providers was mentioned.

<p>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 includes peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.</p> <ul style="list-style-type: none"> 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 specific document for Black/African community across multiple service categories. 	<p>Must be allocated by PP&A. <i>The Commission allocated funding for Psychosocial Support Services in PY 34.</i></p> <p>DHSP relies on SBP for guidance. <i>The SBP Committee workplan includes mental health and psychosocial services standards review.</i></p> <p><i>The Committee requested DHSP prioritize specific communities in RFPs for Psychosocial Support Services.</i></p>
<p>3. 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 yrs). 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 annual basis.</p>	<p>Commission must allocate funds for these programs.</p>

<p>4. 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, ride share services) to clients to facilitate expanded access to food.</p>	<p>DHSP has used EHE and HRSA CARES funds to improve capacity to store perishable, nutritious foods, and increase variety and quality of food available consistently.</p>
<p>5. Support intensive case management services for people living with HIV served in Ryan White HIV housing programs and increase 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.</p>	<p>The entire housing portfolio needs to be examined to determine where DHSP's limited housing resources can have the most impact. <i>DHSP is review methods of increased coordination and improvement of resource referrals and clearing house structure/services. Training for housing specialist was recommended to improve services. Consumers noted the training should include an emphasis on compassion and the ability to screen for multiple client's needs.</i></p>
<p>6. Continue to support the expansion of medical transportation services.</p>	<p>In progress <i>Medical transportation services were expanded to include ridesharing services. The program is provider administered.</i></p>
<p>7. 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 paperwork burden on clients. Develop and implement eligibility cards without the need to issue a Request for Proposals (RFP) to hasten distribution of eligibility cards as stated by DHSP representatives. The COH requests a solicitations schedule and updates from DHSP on annual basis.</p>	<p>In progress <i>A solicitation is in development to contract with an agency to develop Ryan White eligibility cards.</i></p>

8. 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.

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.

Childcare solicitation is nearly complete. *DHSP is working on augmenting contracts to include childcare and transportation services. The current solicitation cannot reimburse a client directly for childcare costs. Payments must go directly to childcare providers.*

The Committee express concerns about the narrow focus of the solicitation. DHSP was encouraged to find a way to support informal childcare. The Committee requested DHSP consider the use of Net County Costs (NCC) which has fewer funding restrictions. DHSP noted the NCC funding could be redirected but are currently fully allocated.

The Committee suggested reallocating NCC-supported services to RW funding where appropriate to free up funds for childcare services that require greater funding flexibility.

DHSP noted there is an internal discussion about using NCC for EFA services which could include childcare services.

EFA program is in place. *EFA provides client funding for rental assistance, rent deposits, moving costs and utilities services. To expand services, DHSP requested the Commission define specific services and resources.*

9. 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 holistic and include bilingual services, STI services, linkages to clinics for ongoing care, STI/HIV testing, PrEP, mammograms, health education, and availability for 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

Need more information on what this would look like.

<p>specifically designed for women.</p>	
<p>10. 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 in PY 34. The updated psychosocial service standards approved by the COH on 9/10/2020 includes peer support as a service component. The COH requests a solicitations schedule and updates from DHSP on annual basis.</p>	<p>Commission should allocate funds accordingly.</p>
<p>11a. 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 ALL 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, experience aging-related issues earlier in life (before age 50) . See attachment C for the HIV and Aging Framework.</p> <p>11b. Integrate a geriatrician in medical home teams.</p> <p>11c. Establish coordination process for specialty care.</p>	