



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>

Consumer Caucus Virtual Meeting

If you are a person living with or at risk of HIV, we invite you to be a part of a unified effort to help improve HIV prevention & care services in Los Angeles County

**Thursday, February 10, 2022
3:00-4:30pm (PST)**

Agenda and meeting materials will be posted on
<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.

TO JOIN BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m5f3be3ced8a811b09ab2242e3d81feaf>

Meeting password: CAUCUS

TO JOIN BY PHONE:

1-213-306-3065 & Access Code/Event #: 2593 259 6430

For a brief tutorial on how to use WebEx, please check out this video: <https://www.youtube.com/watch?v=iQSSJYcrgIk>

**For those using iOS devices - iPhone and iPad - a new version of the WebEx app is now available and is optimized for mobile devices. Visit your Apple App store to download.*

LIKE WHAT WE DO?

Apply to become a Commissioner at <http://tinyurl.com/HIVCommApplication>

For application assistance call (213) 738-2816.



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CONSUMER CAUCUS (CC) VIRTUAL MEETING AGENDA

THURSDAY, February 10, 2022
3:00 PM – 4:30 PM

TO JOIN BY COMPUTER

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m5f3be3ced8a811b09ab2242e3d81feaf>

MEETING PASSWORD: CAUCUS

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2593 259 6430

1. CO-CHAIR WELCOME & INTRODUCTIONS 3:00PM – 3:05PM
2. COH MEETING DEBRIEF 3:05PM – 3:15PM
3. ED/STAFF REPORT 3:15PM – 3:35PM
 - a. 2022-2026 Comprehensive HIV Plan
 - b. “Customer Support Line” and DHSP Grievance Program Update
4. CO CHAIR REPORT 3:35PM – 3:45PM
 - a. Member Reports: Opportunity for COH Caucus members to provide updates from their assigned COH Committees to better coordinate activities and harness feedback from a consumer perspective
 - b. Co-Chair Open Nomination & Elections
5. DISCUSSION: 3:45PM – 4:20PM
 - a. 2022 Workplan Development:
 - Identify 3-4 specific task-oriented objectives in alignment with the Comprehensive HIV Plan
 - Prioritize training & leadership development
 - b. 2021 Follow Up Items
 - COH STD Letter
 - Standards & Best Practices Committee Best Practices Template
6. AGENDA DEVELOPMENT FOR NEXT MEETING 4:20PM – 4:25PM
7. PUBLIC COMMENTS & ANNOUNCEMENTS 4:25PM – 4:30PM
8. ADJOURNMENT 4:30PM



Consumer Caucus Workplan 2022

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer 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 the consumer voice is prioritized in all aspects of the CHP.</i>			
2	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community.</i>			
3	HealthHIV Planning Council Effectiveness Assessment Findings: <i>Address areas of improvement (refer to summary)</i>			
4	Consumer Recruitment & Participation in COH: <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i>			



DIVISION OF HIV AND STD PROGRAMS

600 South Commonwealth Avenue, 10th Floor
Los Angeles, California 90005

Customer Support Program

The Division of HIV and STD Programs' (DHSP) Customer Support Program aims to assist consumers of HIV and/or STD services with a variety of service-related needs including linkage to needed services and resources, and the resolution of complaints or concerns with DHSP-supported service providers through its' Complaint Resolution Unit. DHSP's Complaint Resolution Unit (CRU) manages the Customer Support Line (1-800-260-8787) and works directly with clients and providers to understand and resolve the concern through a variety of communication and investigation activities including the development of corrective action plans, as appropriate. The goal of the Complaint Resolution procedure is to assist clients of DHSP-supported HIV and STD services in resolving concerns timely and effectively and ultimately improve the quality of services provided through our network of contracted HIV and STD providers.

As outlined in the Clinical Quality Management (CQM) section of all service contracts, all contracted service providers are required to display information on how to file a complaint with DHSP's CRU. All clients are informed by the agency about the agency's internal complaint resolution procedures and clients are encouraged to voice their concern(s) to agency staff prior to elevating the matter to DHSP's CRU as this generally facilitates a more timely resolution and allows the agency to utilize consumer feedback to improve quality.

If you have a concern regarding your HIV or STD service provider that you have not been able to resolve with the provider, please feel free to share with us by completing the sections below. For your convenience, you may submit the completed form via email using the submit by email tab at the top of this form. If you prefer, you can email us directly at dhspgrievance@ph.lacounty.gov or by phone at **(800) 260-8787**. Please feel free to contact us if you have questions or need further assistance.

What happens after I report a complaint or concern?

DHSP's CRU staff will contact you regarding your concerns within 2 business days and send a notification to the involved provider. The provider has 30 days to respond to the complaint allegations including conducting an internal investigation and providing DHSP with their findings. Once CRU staff has gathered and reviewed all supporting documents and agency response, he/she (in consultation with supervisor & other internal or external sources) determine if the complaint is verified or unverified by evidence. If the complaint is verified, the provider will be issued a plan of corrective action to 1) resolve the complaint; and 2) prevent future incidents of similar nature. You will be notified of the findings once the verification process has been completed.

While DHSP makes every effort to identify a satisfactory resolution, within the confines of its authority, to all reported concerns; however, this is not always possible. For this reason, we recommend that concerns be reported directly to the agency at the time of their occurrence whenever possible as this generally results in a more timely and complete resolution of the issue.

CLICK HERE TO
SUBMIT BY EMAIL

Customer Support Program

CLICK HERE TO
PRINT FORM

Client Complaint Form

Filing Date:			
COMPLAINANT INFORMATION			
Name (First, Middle and Last):		Patient Name if different from complainant:	
Street Address:	City:	Zip Code:	
Phone Number or E-mail:		Permission to leave a voice message or email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Anonymous to agency requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred Language:	
Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other: _____			
Preferred Communication: <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Any/No preferences <input type="checkbox"/> No written communication from DHSP <input type="checkbox"/> Other: _____			
COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF			
Name of Representative:		Relationship to Patient:	Phone Number:
<input type="checkbox"/> I authorized the person or entity named above to serve as my representative for this grievance.			
SERVICE PROVIDER/AGENCY INFORMATION			
Agency Name:			
Service Location Address:	City:	Zip Code:	
Service Category: <input type="checkbox"/> Medical Outpatient Clinic/Medical Care Coordination <input type="checkbox"/> Oral Health/Dental Care <input type="checkbox"/> Benefits Specialty <input type="checkbox"/> Mental Health <input type="checkbox"/> Legal Services <input type="checkbox"/> Nutrition Support <input type="checkbox"/> Residential Facility <input type="checkbox"/> HIV/STD Testing or Treatment <input type="checkbox"/> Transportation <input type="checkbox"/> PrEP Services <input type="checkbox"/> Other: _____			
Did you file a complaint/grievance with the agency? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date: _____ With Whom? _____			
What was the outcome?			

COMPLAINT DETAILS

Complaint/Grievance Type (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Access to Care/ Service (i.e., denial, scheduling) | <input type="checkbox"/> HIV Patients' Rights Violation |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Quality of Care (i.e., substandard care) |
| <input type="checkbox"/> Confidentiality and Privacy | <input type="checkbox"/> Medical Provider Issues |
| <input type="checkbox"/> Enrollment/ Benefits | <input type="checkbox"/> Staff Issues/ Customer Service |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> DHSP Staff |
| <input type="checkbox"/> Facility Environment/ Accommodations | <input type="checkbox"/> Other: _____ |

Please describe your complaint. Attach additional pages or supporting documents.

When did this happen (date of incident)?

Name of person involved/witnessed incident?

What happened?

Desired Outcome (what would reasonably resolve this concern for you)?

YOU CAN SUBMIT A COMPLAINT OR CONCERN TO DHSP'S COMPLAINT RESOLUTION UNIT BY:

- Email: dhspgrievance@ph.lacounty.gov
- Phone: (800) 260-8787
- In-person or by U.S. Mail:
 - Division of HIV and STD Programs
 - Attention: Grievance Coordinator
 - 600 S. Commonwealth Avenue, 10th Floor, Los Angeles, California, 90005



We're Listening

share your concerns with us.

**Customer
Support Line
(800) 260-8787**

Why should I call?

It is important to let us know if you have concerns about the quality of services you received from an agency or its staff. Particularly those concerns that you have not been able to resolve with your service provider directly. We cannot address concerns if we are not aware of them.

Will I be denied services for reporting a problem?

No. You will not be denied services. Your name and personal information can be kept confidential.

Can I call anonymously?

Yes.

Can I contact you through other ways?

Yes.

By Email:

dhspgrievance@ph.lacounty.gov

On the web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>





Estamos Escuchando

Comparta sus inquietudes con nosotros.

Línea de atención al cliente

(800) 260-8787

¿Por qué debería llamar?

Es importante que nos informe si tiene inquietudes sobre la calidad de los servicios que recibió de una agencia o su personal. Particularmente aquellas inquietudes que no ha podido resolver directamente con su proveedor de servicios. No podemos abordar las preocupaciones si no somos conscientes de ellas.

¿Se me negarán los servicios por informar de un problema?

No. No se le negarán los servicios. Su nombre e información personal pueden mantenerse confidenciales.

¿Puedo llamar de forma anónima?

Si.

¿Puedo ponerme en contacto con usted a través de otras formas?

Si.

Por correo electrónico:

dhspgrievance@ph.lacounty.gov

En el sitio web:

<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

