



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus Hybrid Meeting

Thursday, August 10, 2023
1:30PM-3:00PM (PST)

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

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

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 service delivery in Los Angeles County

TO ATTEND IN PERSON:

St. Anne's Conference & Events Center

155 N. Occidental Blvd., Los Angeles 90026

Lunch & Complimentary Valet Parking Available:

Please let valet know you are attending the Consumer Caucus meeting

TO ATTEND VIRTUALLY:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=ma5dd93f0253cc84d2309dc5b78bb6133>

MEETING PASSWORD: CONSUMER

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2534 373 5344

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CONSUMER CAUCUS (CC) (REVISED) ****HYBRID**** MEETING AGENDA

Thursday, August 10, 2023 @ 1:30PM-3:00PM

St. Anne's Conference & Event Center
155 N. Occidental Blvd., Los Angeles, CA 90026

****Lunch & Complimentary On-Site Valet Parking Available****

Please indicate to valet that you are attending the Consumer Caucus Meeting

TO JOIN VIRTUALLY BY COMPUTER:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=ma5dd93f0253cc84d2309dc5b78bb6133>

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|--|-----------------|
| 1. CO-CHAIR WELCOME & INTRODUCTIONS | 1:30PM – 1:35PM |
| 2. COH MEETING DEBRIEF (<i>Opportunity to address specific items from the Commission meeting that directly impact consumers</i>) | 1:35PM – 1:40PM |
| 3. ED/STAFF REPORT | 1:40PM – 1:45PM |
| a. County/Commission Operational Updates | |
| 4. CO CHAIR REPORT | 1:45PM – 1:55PM |
| a. 2023 Workplan & Meeting Schedule Review | |
| • 2023 Meeting Agenda Development | |
| ○ U=U Messaging | |
| ○ Collaboration w/ Public Policy Committee Re: Championing COH's Work via Public Comments | |
| b. HRSA Closed Listening Session Summary FEEDBACK & NEXT STEPS | |
| 5. MEMBER REPORTS (<i>Opportunity for COH Caucus members to provide updates from their assigned COH Committees and related conferences/events attended to better coordinate activities and harness feedback from a consumer perspective.</i>) | 1:55PM – 2:00PM |
| a. Bylaws Review Taskforce (BRT) Updates | |
| 6. DISCUSSION | 2:00PM – 2:50PM |
| a. Ryan White Program (RWP) Services Promotion Campaign Presentation | |
| b. HOPWA Quarterly Report | |
| c. 2023 COH Annual Conference Topics | |
| d. Opportunities to Improve Consumer Engagement | |
| e. COH Meeting Debrief Overflow (<i>Opportunity to continue discussion from Agenda Item #2, if applicable and time allows</i>) | |
| 7. AGENDA DEVELOPMENT FOR NEXT MEETING | 2:50PM – 2:55PM |
| 8. PUBLIC COMMENTS & ANNOUNCEMENTS | 2:55PM – 3:00PM |
| 9. ADJOURNMENT | 3:00PM |

Consumer Caucus Workplan 2023

Adopted 1/12/23

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2023.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2023 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	Create a safe environment for consumers (<i>people in need of HIV care and prevention services</i>)	Motivate members to challenge their environment Increase awareness of the caucus in the community	Ongoing	Develop a meeting schedule for 2023 inclusive of community engagement activities, evaluating HIV-related programs and services, educational presentations, and capacity building activities; refer to Co-Chairs for recommendations.
2	Advocacy: <i>Work with the Public Policy Committee to identify opportunities for consumer involvement to support HIV-related legislation</i>	Advocate for items the Caucus prioritizes	Ongoing	<u>Suggestion:</u> In response to DHSP's request to reassess COH activities to be more responsive and action oriented in meeting the needs of the community, coordinate a series of listening sessions as part of the CC meetings to evaluate and provide feedback on RWP services. Invite topical SMEs to present. Draft letter to HRSA based on closed listening session outcome.
3	Comprehensive HIV Plan (CHP): <i>Participate in advancing the goals of the CHP to ensure the consumer voice is prioritized</i>	Participation in CHP implementation	Ongoing	
4	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture (PLWH & HIV-neg) consumer leadership and empowerment in COH and community.</i>	Continue soliciting ideas from consumers for training topics	Ongoing	CC was invited to participate in the January 23 OPS Committee meeting discussion re: the development of the 2023 training plan. The plan will be finalized for presentation at the February 23 OPS meeting and will be made available to the CC and entire membership. The 2023 Training Schedule has been finalized and is now available on the COH's website; click here to access.

5	<p>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></p>	<ul style="list-style-type: none"> -Identify mechanism for retaining Caucus members -Recruit members that are not part of Ryan White contracted agencies or consumers of Ryan White services -Recruit members that need HIV care and prevention services -Develop an award ceremony to recognize individuals that volunteer their time to serve/participate in the Caucus 	Ongoing	<p>Question:</p> <ul style="list-style-type: none"> -Why would anyone come to Caucus meetings? -Why won't providers recruit? -How can we get providers to encourage their clients/patients to attend? -What is the incentive for unaffiliated consumers to attend meetings?
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2023 Training Schedule

- All trainings are open to the public.
- Click on the training topic to register.
- Recordings will be available on our [website](#) for those unable to join live trainings.
- Certifications of Completion will be provided.
- All trainings are virtual.

Topic	Date
<u>General Orientation and Commission on HIV Overview *</u>	March 29 3:00 - 4:30 PM
<u>Priority Setting and Resource Allocation Process & Service Standards Development *</u>	April 12 3:00 - 4:30 PM
<u>Tips for Making Effective Written and Oral Public Comments</u>	May 24 3:00 - 4:00 PM
<u>Ryan White Care Act Legislative Overview Membership Structure and Responsibilities *</u>	July 19 3:00 - 4:30 PM
<u>Public Health 101</u>	August 16 3:00 - 4:30 PM
<u>Sexual Health and Wellness</u>	September 20 3:00 - 5:00 PM
<u>Health Literacy and Self-Advocacy</u>	October 18 3:00 - 4:30 PM
<u>Policy Priorities and Legislative Docket Development Process *</u>	November 15 3:00 - 4:30 PM
<u>Co-Chair Roles and Responsibilities</u>	December 6 4:00 - 5:00 PM

****Mandatory core trainings for all commissioners.***

Los Angeles Commission on HIV Consumer Caucus Listen-Only Session Summary (Reference only; not reviewed)

At the request of the LA Commission on HIV Consumer Caucus, the HRSA HAB's site visit team hosted a listen-only session on February 2, 2023. Below, please see a summary of the feedback provided by the Consumer Caucus members.

1. Introductions and Rationale: • We asked for this meeting, as it is important for HRSA to hear us and move on this. We are looking for action. • We would like to find a way for our messages to get through. • We are most grateful for this meeting. • We are not focusing on the past; we want to fix the problems. • Consumer Caucus is focusing on social determinates of health. This is what we are talking about today.
2. Ryan White and EHE: • I would not mind being on the EHE Steering Committee, but I have to be paid. I sent in my resume and never heard from anyone. Not sure if they need us. • There is a need to merge Ryan White and EHE money. • We need to better coordinate Ryan White and EHE efforts. • We are not included in EHE activities, as if we do not exist. • I would like to participate in the EHE Steering Committee and will bring information back. • There is no prevention for positives anymore. EHE is a whole another world. How do you do status neutral?
3. Incentives and reimbursements for persons with lived experiences: • Reimbursement rates for consumer participation do not work, they are low. • \$5 gift card is not enough for my expertise. • Consumers on the Commission need help. How many people got their master's degrees and PhDs based on our stories? • Employees at agencies are getting raises and we are stuck with incentives, yet we are the ones dealing with HIV.
4. LA EMA Site Visit Client Meeting (2/15/2023) follow-up: • I am surprised that there were so few clients at yesterday's client meeting. • I did not receive any emails about the client meeting. • I did not receive the link to the client meeting, as if they did not want us there.
5. LA Commission on HIV concerns : • There are deep issues on the commission. Big stuff needs to be addressed. • There is an anti-white thing going on in the Commission. • Last site visit consumers were unhappy, but the report stated otherwise. • If we do not show up to meetings, there will be no programs.
6. Service Delivery System concerns: • There is lack of staff to help with the paperwork. • Proof of HIV diagnosis and proof of income should be enough for eligibility. • Services should be local, there are no services where I am. • Agencies are not listening to consumers. There is desperation. • I was ignored by

a staff member who now is promoted to supervisor. • Even as a Co-Chair of the Commission, I cannot get through sometimes, I have to ask for assistance from someone else. • If someone like me cannot get through the system, there is no way others can do it. • People are not getting the services that they need. The system delivery is wrong. • We need help. • We have had these issues for a long time, we have to be people friendly.

7. Services for Immigrants: • System is not set up to help immigrants, especially black immigrants. If we do not help them, they will use their bodies to get what they need. • I tried to initiate conversations about immigrant crisis. It is sad. Yes, there is treatment, but that is it. • I have a good family support, but not everyone has the kind of support that I have.

8. Stigma • Why do buildings for HIV services have HIV listings on them? We have to eliminate stigma. People still are ignorant. I would like to see change.

9. Housing : • Housing is very important. I experienced homelessness, spent nights walking. I tried to get into some services just to have an opportunity. • People live on the streets, there are no services available for them. • I applied for housing and heard from them 3 months later.

10. Peer Technical Assistance (TA) : • I participated in the RW Conference and heard from a lot of good programs. • There has to be a way to identify programs that are working well and to share their processes. • My local agency has excellent results, (90% viral suppression). This should be replicated in other places.

11. Follow-up: • We want to hear from HRSA, to acknowledge our words. Please provide a statement of things we talked about to us. • It is important to get true, quality feedback. We have to have back-and-forth capabilities to help each other. • We ask HRSA to send us a summary of the meeting notes, it will be useful and helpful for our collective efforts. • What can we, as consumers, change to improve our services? Some guidance will be helpful. • What can consumers do regarding what HRSA wants us to focus on? Please send us some guidance. • How can we as consumers help you, HRSA, to work towards common goals? • Consider grassroot agencies, women owned agencies for grants.

12. Acknowledgement and thank you: • The Consumer Caucus members are interested to work with HRSA. • We are grateful to be here today and to have an opportunity to speak. • We would like to give you credit for being dedicated civil servants. • Thank you for taking the time to meet with us



LOS ANGELES COUNTY
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**BYLAWS REVIEW TASKFORCE (BRT)
SUMMARY FOR JULY 10, 2023 VIRTUAL MEETING**

The BRT is a closed membership body and is not subject to the Brown Act. Meetings are open to the public unless otherwise indicated. Meeting materials can be found on the Commission's website [HERE](#).

Taskforce Members:

Everardo Alvizo (Co-Chair), Alasdair Burton (Co-Chair), Pearl Doan, Kevin Donnelly, Arlene Frames, Luckie Fuller, Bridget Gordon, Joe Green, Dr. William King, Lee Kochems, Mario J. Peréz, Ricky Rosales, & Justin Valero.

The BRT met on July 10, 2023. Those in attendance included Alasdair Burton, Everardo Alvizo, Bridget Gordon, Kevin Donnelly, Lilieth Connelly, Arlene Frames, Ilish Peréz, Mario Peréz, "Philip", Cheryl Barrit (staff) and Dawn Mc Clendon (staff)

ED/STAFF REPORT

HRSA Site Visit Findings

- Cheryl Barrit reported that the HRSA site visit findings were released and led the group in the review of the five (5) findings; HRSA findings available in meeting packet [HERE](#).
- As a brief background, every five years+/-, HRSA conducts a site visit of the Ryan White Program (RWP) planning council, DHSP, contracted agencies and consumers of the RWP to review policies and procedures, financial or clinical records, and other relevant documents related to the RWP and, most recently in partnership with CDC, the Ending the HIV Epidemic initiative.
- The COH/DHSP has 30 days to provide a corrective action plan (CAP) in response to the findings.
- Cheryl noted and reminded the group that a closed listening session was conducted by HRSA w/ the Consumer Caucus at their [Caucus] request; no findings or response was issued by HRSA. Rather, HRSA memorialized the concerns expressed by the Caucus.
- Below is a brief summary of the findings:
 1. *Separation of the Planning Council (Commission) and Recipient (DHSP).* HRSA requires that there be a separation between the Ryan White Program recipient and planning body therefore requiring DHSP to no longer have voting rights on the Commission. The Bylaws & Ordinance will need to be updated to reflect DHSP as a non-voting member. In the meantime, DHSP will continue to abstain from all voting.
 2. *Vacancies for Legislatively Mandated Categories: a) RWHAP Part C Provider, b) Hospital Planning Agency or Health Care Planning Agency, and c) Representatives of Individuals*

who Formerly were Incarcerated. Our Part C representative seat has been filled and we continue our outreach and recruitment efforts for the Healthcare Planning Agency and formerly incarcerated individual representatives. Update: *Ron Osorio from the Center of Health Justice has submitted a membership application which will meet the formerly incarcerated representative requirement.*

3. *33% Unaffiliated Consumer (UA) Member Representation Requirement.* At the time of the site visit, the Commission had a 19% UA representation. Since that time, we've onboarded additional UAs placing us now at 25%, albeit still below the threshold. Staff, Operations Committee and Consumer Caucus continue outreach and recruitment efforts and have articulated plans for more targeted outreach. Update: *There are a couple of pending UA membership applications currently being processed.*
 4. *Membership Terms and Corresponding Documentation.* At the time of the site visit, certain membership-related documents were not accessible to staff as they were managed/housed by the Executive Office. Since that time, staff now has access, provided requested documents to HRSA, now resolving this matter.
 5. *Ryan White Program Conflict of Interest Disclosures.* In addition to the state and county requirement for all appointed members to complete a Statement of Economic Interest Form 700, HRSA requires that a separate conflict of interest disclosure form be completed annually by all members disclosing their and family members' affiliations with RWP contracted agencies. This has been completed and resolved.
- The Bylaws Review Tracker reflects the findings reported by HRSA; see meeting packet.
 - A brief presentation of the findings will be provided at the July 13, 2023 Consumer Caucus and upcoming Executive Committee and Commission meetings.

County Counsel Guidance

- Staff reached out to County Counsel (CoCo) for guidance regarding whether specific bylaw updates must result in changes to the Ordinance. It was determined that most if not all of the recommendations for Bylaws updates will in fact trigger an ordinance change.
- Additionally, staff provided CoCo with the HRSA findings and draft corrective action plan (CAP) for review to ensure compliance. Staff also inquired regarding the ability to increase UA stipends. Update: *Staff confirmed a follow up meeting w/ CoCo for 7/19 to discuss and will provide an update at the next BRT meeting.*

DISCUSSION

Review Bylaws Tracker & Corresponding Bylaw/Ordinance Language

- Stipends
 - Staff noted that the UA stipends are not a RWP allowable expense and that stipends are paid via other funding streams, i.e., net county costs.
 - Mario noted that DHSP will need to evaluate Commission meeting frequency, effectiveness and engagement and assess the amount of time invested in improving service delivery as a criterion for determining whether an increase in stipends is appropriate. Mario shared that the EHE Steering Committee members are evaluated

every 6 months to determine whether a stipend is awarded; stipends are provided based on level of member engagement and commitment.

- Staff further shared that in polling other planning councils across the country, most PCs do not provide stipends and for those that do, stipends are minimal. *Update: For your review, I have attached the tracker that I used to note feedback from other planning councils regarding stipends and whether they allow multiple staff from one agency to serve on their PC.*

- **Meeting Frequency**

- According to the Bylaws and Ordinance, the Commission is required to hold a minimum of 10 meetings per year. However, the COH Co-Chairs and Executive Committee have the authority to cancel Commission meetings if necessary. Committees are not bound by this requirement and have the flexibility to adjust their meeting schedule as they see fit.
- The group agreed that there is no need to change the current Bylaws language. The existing provisions empower the COH Co-Chairs and committees to make necessary adjustments to their meeting schedules.
- The group further agreed that the ultimate goal is to reduce the burden of members from having to attend multiple meetings while simultaneously increasing engagement and participation; reducing meeting frequency does not mean reduced participation as streamlining meetings can lead to increased engagement and more meaningful contributions.
- Some members expressed the need to keep the number of meetings as-is to encourage participation and engagement, especially among consumers.
- A recommendation was made to be more intentional during the agenda development process to ensure meetings are efficient and productive in moving the work forward. Perhaps consider reducing the length of meetings.

NEXT STEPS

- ✓ At the next BRT meeting, staff will report CoCo's guidance on the Bylaws review process and recommendations.
- ✓ Staff work with the BRT Co-Chairs to identify specific sections of the Bylaws that require updates and recommend language, pursuant to the tracker and present a mark-up version at the next BRT meeting for review.
- ✓ Staff will send a Doodle Poll for next meeting to be held in August.



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2023 ANNUAL MEETING | SUGGESTIONS AND IDEAS
DRAFT | FOR DISCUSSION PURPOSES ONLY
Revision dates: 7.19.23; 7.28.23; 08.03.23

	TOPIC	NOTES/SPEAKERS
1	State of HIV/DHSP Report 1. Successes 2. Challenges 3. Call to action	<ul style="list-style-type: none"> Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP) CONFIRMED
2	PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations	<ul style="list-style-type: none"> Suggestion from Prevention Planning Workgroup. Suggested speaker - Dr. Ardis Moe
3	"The Voice of the Consumer"	<ul style="list-style-type: none"> Suggestion from the Consumer Caucus Additional discussions to occur at upcoming Consumer Caucus meeting
4	Affordable Housing and Preventing Homelessness Among PLWH	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings
5	Integrating HIV, STD, Substance Use, Mental Health, and Healthcare Services Across the County The County's Response to the Intersection of HIV and Substance Use Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC)	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings Invite leadership representatives from DHSP, SAPC, DMH, DHS for a panel Dr. Sid Puri, SAPC CONFIRMED. Need to present between 10am to 12 noon.
6	Building Partnerships with Health Plans	<ul style="list-style-type: none"> Recurring topic/inquiry at various COH meetings Panel discussion with representatives from local health plans; how are they responding to HIV/STD?; what are opportunities to engage with the Ryan White Care system?
7	Disability and Aging	<ul style="list-style-type: none"> Suggestion from Aging Caucus
8	Older Adults and Housing	<ul style="list-style-type: none"> Suggestion from Aging Caucus
9	Educational activity geared toward youth from an elder perspective	<ul style="list-style-type: none"> Suggestion from Aging Caucus #10 is preferable as discussed at 7/27/23 Executive Committee meeting
10	Intergenerational story circle to allow for multi-directional learning	<ul style="list-style-type: none"> Suggestion from Aging Caucus

11	<p>Other ideas:</p> <ul style="list-style-type: none">• Invite Board members for remarks/speak on prioritizing HIV• Resource tables for providers and networking opportunity• Use a combination of panels and speakers• Tributes and awards	Invite Board members at lunch with a panel of speakers from different perspectives to hear about issues and challenges
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