



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus "HYBRID" Meeting

Thursday, July 11, 2024
1:15PM-3:00PM (PST)

Meeting materials can be found at
<https://hiv.lacounty.gov/meetings> *Other Meetings

****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****



2- PART PRESENTATION: MENTAL HEALTH & HIV

"Mental Health & Stress"

IN PERSON:

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room, Los Angeles 90020

Validated Parking @ 523 Shatto Place, LA 90020

**As a building security protocol, attendees entering the building must notify parking attendant and security personnel that they are attending a Commission on HIV meeting*

****Lunch Provided****

WEBEX VIRTUAL LOG-IN:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m652772a5711756d8effacfd4fb5b1cd6>

Access Code: 2531 565 4590 Password: CAUCUS

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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

CONSUMER CAUCUS (CC)

“HYBRID” MEETING AGENDA

THURSDAY, JULY 11, 2024 @ 1:15PM-3:00PM

In Person:

510 S. Vermont Avenue, 9th Floor, Terrace Conference Room*, Los Angeles 90020

Validated Parking @ 523 Shatto Place, LA 90020

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WebEx Virtual Log-In:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m652772a5711756d8effacd4fb5b1cd6>

Access Code: 2531 565 4590 Password: CAUCUS

1. CO-CHAIR WELCOME, INTRODUCTIONS & HOUSE RULES 1:15PM – 1:20PM
2. COH MEETING DEBRIEF (*Opportunity to address specific items from the Commission meeting that directly impact consumers*) 1:20PM – 1:25PM
3. ED/STAFF REPORT 1:25PM – 1:30PM
 - County/Commission Updates
4. CO-CHAIRS REPORT 1:30PM – 1:40PM
 - June 13, 2024 Meeting Recap
 - 2024 Workplan Review (Ongoing)
 - Housing Taskforce Updates
 - [2024 Training Schedule Reminder](#)
 - July 17, 2024 @ 3-4:30PM: [Ryan White Care Act Legislative Overview Membership Structure and Responsibilities](#)
5. DISCUSSION 1:40PM – 2:00PM
 - Consumer Housing Letter to [Elected Officials](#) | FINALIZE NEXT STEPS
 - Stipends for Unaffiliated Consumer Commission Members | INVITATION TO JULY 25TH OPS MEETING
6. 2-PART PRESENTATION SERIES: MENTAL HEALTH & PEOPLE LIVING WITH HIV 2:00PM – 2:50PM
7. ACTION ITEMS, CALLS TO ACTION & NEXT STEPS 2:50PM – 2:55PM
 - [Call to Action](#): Encourage Resource and Information Sharing Between Consumer & Provider
8. AGENDA DEVELOPMENT FOR NEXT MEETING 2:55PM – 2:57PM
9. PUBLIC COMMENTS & ANNOUNCEMENTS 2:57PM – 3:00PM
10. ADJOURNMENT 3:00PM

#MIPA

Meaningful Involvement by People Living with HIV/AIDS



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:

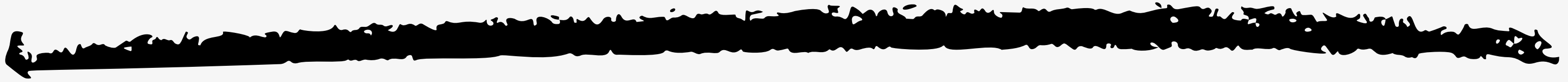
- 1) We approach all our interactions with compassion, respect, and transparency.**
- 2) We respect others' time by starting and ending meetings on time, being punctual, and staying present.**
- 3) We listen with intent, avoid interrupting others, and elevate each other's voices.**
- 4) We encourage 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.)



HOUSE RULES

Consumer Caucus Meetings



1. **Active Listening:** Practice active listening during discussions. Allow each member to express their thoughts without interruption and try to understand their perspective before responding.
2. **Stay On Topic:** Keep discussions focused on the agenda and relevant issues. Avoid veering off into unrelated topics to make the most of everyone's time and energy.
3. **One Person, One Voice:** Give everyone an opportunity to speak before allowing individuals to speak again. This ensures that multiple perspectives are considered and prevents domination of the conversation by a few individuals.
4. **ELMO Principle:** A acronym for "Enough, Let's Move On." When a topic has been thoroughly discussed, respectfully say "ELMO", signaling the need to transition to the next agenda item.
5. **"Vegas" Rule:** "What's discussed in the Caucus, stays in the Caucus." Respect the confidentiality of sensitive information shared within the Caucus unless there is explicit permission to share.
6. **Respect Diversity & Use Inclusive Language:** Embrace diversity of opinions, backgrounds, and experiences. Be open to different viewpoints and avoid making assumptions about others based on their beliefs. Be mindful of the language you use and strive to be inclusive and respectful. Avoid offensive or discriminatory language.
7. **Use Parking Lot:** Utilize the "parking lot" to capture ideas, questions, or discussions not directly related to the current agenda item to address later or offline with staff and/or leadership.



Consumer Caucus Workplan 2024

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2024.

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>)	Increase awareness of the caucus in the community. Create consumer-only spaces as part of meetings; address topics that are consumer-focused; provide educational and capacity building opportunities.	Ongoing	Increase participation in the Caucus is encouraged, emphasizing the significance of sharing opinions and feedback. Individual experiences can make a meaningful impact on others attending, fostering a sense of community support.
2	Address topics important to consumers that improve quality of life	Create a list of topics relevant to consumers' needs and concerns	Ongoing	Housing, EFA, mental health, RWP services, social engagement, advocacy, estate planning, general HIV education, stigma, SUD, 50+, exercise, support programs, i.e., buddy, animals, etc., service coordination <u>Proposed Meeting Schedule:</u> February=Housing; March=Housing, Mental Health; April=Housing, I'm+LA Website, RWP Services; May=Life Insurance, Estate Planning; June=Self Advocacy, Support Groups
3	MIPA. Meaningful Involvement by People Living with HIV/AIDS.	Ensure that the communities most affected by HIV are involved in decision-making, at every level of the response	Ongoing	Plan an all-consumer led event; cross collaborate w/ other Caucuses.
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	Refer to 2024 Training schedule. Access DHSP provider trainings – TBD. Establish a Speaker Series.

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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COMMISSION ON HIV



510 S. Vermont Ave, 14th Floor • Los Angeles, CA 90020 • TEL (213) 738-2816 • FAX (213) 637-4748
HIVCOMM@LACHIV.ORG • <https://hiv.lacounty.gov>

HOUSING TASK FORCE (HTF) VIRTUAL MEETING

[CLICK HERE FOR MEETING PACKET](#)

JUNE 28, 2024 | 9AM-10AM

MEETING SUMMARY

Agenda Item	
Attendees:	<ul style="list-style-type: none"> • Danielle Campbell • Erika Davies • Felipe Findley • Terry Goddard • Joseph Green • Dr. Michael Green • Dr. David Hardy • Ish Herrera • Leonardo Martinez-Real <ul style="list-style-type: none"> • Katja Nelson • Damone Thomas • Marilyn Ramos • Dechelle Richardson • Daryl Russell • Dee Saunders • Russell Ybarra • Commission Staff: Cheryl Barrit and Lizette Martinez
Introductions	<p style="text-align: center;">KEY DISCUSSION POINTS</p> <p>Participants introduced themselves via the Chat; C. Barrit went over the meeting packet materials, provided background on the formation of the HTF, and summarized the key discussion points from the May 31 meeting.</p>
HTF Co-Chair Elections	Katja Nelson and Dr. David Hardy were elected co-chairs of the HTF.
Subject Matter Perspectives	<p>Terry Goddard II, Executive Director, Alliance for Housing and Healing, powered by APLA Health and Dr. Michael Green, Chief, Planning, Development and Research, Division of HIV and STD Programs (DHSP), Los Angeles County Department of Public Health, shared their insights on housing issues and provided advice on specific and realistic activities that are within the scope of the Commission’s charge.</p> <p>Dr. Green:</p> <ul style="list-style-type: none"> • Piecing together data, funding sources, and services on housing has been a challenge, moreover, funding specifically dedicated to HIV is very limited. • Solving the housing crisis is much bigger than the Commission. • Limited in scope in what we can actually do. • There has been limited cooperation and coordination with housing partners. • Determine how to prevent people from becoming homeless within the

scope of the Commission and DHSP.

- HOPWA funds can be used to build housing, while Ryan White (RW) funds cannot; RW funds can only be used for services to help people with HIV (PWH) achieve viral suppression.
- DHSP took over legal services from HOPWA with the hopes of freeing funds to help build more housing units for PWH; it is unclear what has happened to those funds freed up from legal services under HOPWA.
- One suggestion is to offer more legal services (such as help with eviction notices, landlord mediation, etc.) and emergency financial assistance to keep people housed.

Terry Goddard:

- Specific data on HIV and housing is needed; consider conducting a needs assessment specifically around housing and HIV. Data will help with grant funding applications. Dig deeper in the housing needs and challenges for PWH and those at risk. Identify provider needs around housing such as service/staffing and organizational capacity.
- Once the housing-specific needs assessment is completed, use the data for service standards and/or create new service model; perhaps extend temporary housing to longer-term housing and braid RW and HOPWA funds together. Support expansion of private HOPWA tenant-based rental assistance (TBRA program).
- Once standards are updated, pursue advocacy efforts and use data with personal stories to advocate for more funding and/or policy changes.
- The RW Emergency Financial Assistance (EFA) is a great program and needs to incorporate the new guidance from HRSA that now allows the use of RW funds for rental deposits. RW-funded rental deposits can be handled similar to the HOPWA rental assistance administration process, ensuring that funds are given directly to the landlord, not the client.
- Prioritize funding for Ryan White EFA services; the HOPWA emergency housing assistance funds have been exhausted.
- Conduct housing resource fairs and/or housing clinics at the end of a Commission meeting (does not have to be at all Commission meetings) or have the Consumer Caucus lead this effort.

Discussion highlights:

- Put homeless PWH on long-acting injectables.
- Partner with the Los Angeles Homeless Services Authority (LAHSA) on needs assessment(s) or the annual homeless count.
- Partner and or use other resources such as CalAIM and organizations that provide street medicine.
- Data on housing and HIV is incomplete but not non-existent; look at existing data first such as RW service utilization reports.
- Some housing service agencies are part of the problem; start there to

	<p>address consumer complaints. HTF need to address consumers who are experiencing housing issues.</p> <ul style="list-style-type: none"> • Share information and resources in the community. • CHIRP LA convenes meetings with housing staff to conduct trainings and share information. • We need to understand the scope of the problem. • Support the expanded application of street medicine, not just on Skid Row. • The LAHSA point in time homeless count is also a problem because they do not ask the right question to accurately identify people with HIV who are homeless. • Alliance is seeing more and more patients with higher acuity and multiple health needs such as mental health, aging, dementia; some do not want to provide documentation needed to make the program work for them. Delayed payments to agencies to get paid/reimbursed is also a significant issue. It takes months to get paid and there is a need to hire staff who can work with high acuity patients; need higher skills level to work with clients; there are structural issues for non-profits such as not getting paid on time that hinder their ability to be responsive and meet the growing demand for housing services. • Focus on people in care who need housing. • Housing is a predictor of quality of life. Work within the Commission's purview and be creative with solutions. • Focus on applying political pressure in places that need that pressure. Conduct research on housing justice groups and consider supporting their efforts.
Next Steps	Develop meeting summary and update develop HTF workplan based on feedback from Terry Goddard and Dr. M. Green (C. Barrit).
Agenda Development for Next Meeting	<ul style="list-style-type: none"> • Workplan review and agreement on top priorities.
Adjournment	Meeting adjourned at 10:10am

Advocating for Safe and Stable Housing for People Living with HIV and Vulnerable Communities At-Risk for HIV in Los Angeles County

Thank you for advocating for safe and stable housing for people living with HIV (PWH) and other vulnerable populations at-risk for HIV. As a consumer, your voice is crucial in bringing attention to this important issue. Please follow the instructions below to personalize and complete the advocacy letter:

01

Personalize the Letter:

Fill in the name of your elected official in the greeting line: "Dear [Elected Official's Name]," To determine who your elected official is, click [HERE](#).

Sign the letter at the end with your name or, if you prefer to remain anonymous, simply write "A Concerned Consumer Member of Los Angeles County."

02

Send the Letter:

Once the letter is personalized, send it to your elected official via email or postal mail. You can find contact information for your elected official by clicking [HERE](#).

03

Share:

There is strength in numbers so please encourage others to join this movement in advocating for safe and stable housing for our most vulnerable communities.

DRAFT

Urgent Action Needed to Address the Housing Crisis Impacting People Living with HIV and Vulnerable Communities Who are At Risk of HIV in Los Angeles County

Dear _____,

As a constituent of Los Angeles County, I am reaching out to our elected officials entrusted with representing the health, safety, and wellbeing of our communities, to bring attention to the pressing challenges faced by our community of people with HIV (PWH) and our vulnerable communities who are at-risk of HIV, in accessing and sustaining safe and stable housing in Los Angeles County. Together, we can create a Los Angeles County where every person, regardless of their health status, has a safe and stable place to call home.

Importance of Stable Housing for PWH. The urgency of securing stable housing for our HIV communities cannot be overstated. Stable and safe housing stands as a cornerstone of effective health management and HIV prevention and treatment efforts, representing a critical component of public health initiatives.

Our community members have shared powerful testimonies that underscore the profound impact of stable housing on health outcomes. Many PWH recount the challenges they face when lacking a safe and consistent place to call home. Neglect and disregard from building management exacerbate vulnerability, compromising both physical health and dignity. These testimonies reveal that stable housing isn't just about shelter; it's about ensuring a supportive environment where we can effectively manage our health conditions without added stressors or uncertainties.

Moreover, data from both local and national sources further emphasize the critical link between stable housing and health outcomes for our communities. Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: [Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026](#)). Similarly, in the same year, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: [CDC. Behavioral and Clinical Characteristics of Persons with Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle \(June 2020–May 2021\). HIV Surveillance Special Report 2020;29](#)). These statistics vividly illustrate how housing instability exacerbates HIV disparities and impedes effective HIV prevention and treatment efforts.

Beyond its direct impact on our HIV communities, housing instability poses a broader threat to public health within the scope of HIV prevention and treatment. Homelessness and housing insecurity create environments where the risk of HIV transmission and acquisition is

heightened, contributing to the perpetuation of the epidemic. Stable housing not only enables us to adhere to treatment regimens, attend vital medical appointments, and maintain viral suppression but also reduces the overall risk of HIV transmission within our communities.

Furthermore, the housing crisis disproportionately impacts vulnerable populations within our community, including women experiencing domestic violence, homeless youth, the elderly, the transgender community, individuals with co-morbidities, and those recovering from substance use. These key populations face intersecting challenges that compound the already daunting task of securing safe and stable housing. Addressing housing instability for PWH must also consider the unique needs and vulnerabilities of our underserved communities to ensure equitable access to housing and comprehensive HIV care.

In essence, stable housing isn't just a matter of shelter; it's a fundamental component of HIV prevention and treatment strategies and a critical aspect of broader public health initiatives. It is imperative that we prioritize efforts to ensure that all individuals, especially our HIV communities, have access to safe and stable housing, as it is essential for our overall health and well-being and for the well-being of the community.

Community Testimonials. As noted, the experiences and testimonies from our community members illustrate the profound challenges encountered in securing and sustaining housing. Many of us have faced homelessness, discrimination, and precarious living situations, exacerbating existing health disparities and hindering our overall well-being. These challenges persist even in buildings specifically designated for PWH, where neglect and disregard from building management are prevalent. Requests for essential repairs and appliance replacements often go unaddressed for years, leaving residents vulnerable and compromising their living conditions. Advocating for necessary improvements can lead to resistance and even threats of eviction, further exacerbating distress.

One community member expressed, "The management's lack of attention to property maintenance affects our well-being and dignity. Requests for repairs and appliance replacements have been ignored for over two years." Another member echoed similar sentiments, highlighting the bureaucratic hurdles in accessing housing assistance, stating, "To get housing is a huge barrier. People run out of time and lose their housing voucher or Section 8. The process to get housing is crazy. My paperwork process took 2 years. Then another year just to finally find housing." For PWH who own their homes, the need for essential repairs and maintenance is equally critical to maintain a safe and habitable environment. Another member emphasizes the importance of safety, a fundamental aspect of Maslow's Hierarchy of Needs, which is vital for PWH and those at risk of HIV and contributes to ending the HIV epidemic.

The following challenges stand as further testimonies from our community, reflecting the ongoing struggles encountered in accessing and maintaining safe and stable housing and support the urgent need for comprehensive housing solutions that address the diverse needs of our community.

- ❖ Navigating a confusing and disjointed housing application process, often speaking to multiple case managers who provide inconsistent information about housing eligibility and related services.
- ❖ Lack of a clear roadmap for securing housing, with no specific timelines or information about waitlists, leading to prolonged periods of uncertainty.
- ❖ PWH do not have access to long-term housing plans while in interim housing, making them likely to return to the streets after a few weeks in temporary or emergency housing.
- ❖ Losing stable housing due to rising rents and evictions by developers, despite having maintained housing for over 25 years.
- ❖ Difficulty accessing medical care due to long distances from housing locations.
- ❖ Overwhelming challenges in conducting independent research on available services.
- ❖ Inadequate mental health and nutritional support, with some individuals facing long waits for psychiatric appointments and lacking access to kitchens or refrigeration in temporary housing.

Local & National Data. Local and national data further underscores the severity of this crisis:

- ❖ Preliminary data indicate that in 2022, 13% (184) of all people newly diagnosed with HIV in Los Angeles County (LAC) were experiencing homelessness. Compared with an average of 9% (135) over the previous 3 years, the 2022 data represent an increase of 4 percentage points or a 36% increase in the number of newly diagnosed LAC cases who were experiencing homelessness (source: [Los Angeles County Department of Public Health, Division of HIV and STD Programs, Persons Living with HIV & Experiencing Homelessness in Los Angeles County, A Summary of Diagnoses in 2022.](#))
- ❖ As of 2021, 23.7% of PWH are living in unstable housing (source: [AIDSVu, Los Angeles County, Social Determinants of Health.](#))
- ❖ Since 2011, the percentage of newly diagnosed HIV cases among unhoused individuals in Los Angeles County has more than doubled, reaching 9.4% in 2020 (source: [Los Angeles County Integrated HIV Prevention and Care Plan, 2022-2026.](#))
- ❖ 50% of people living with HIV/AIDS will have some form of housing crisis in their lifetime (source: [Alliance for Housing & Healing.](#))
- ❖ In 2020, 17% of people with diagnosed HIV experienced homelessness or other forms of unstable housing (source: [CDC. Behavioral and Clinical Characteristics of Persons with](#)

[Diagnosed HIV Infection—Medical Monitoring Project, United States, 2020 Cycle \(June 2020–May 2021\). HIV Surveillance Special Report 2020;29\).](#)

- ❖ People experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing (source: [Issue Brief: The Role of Housing in Ending the HIV Epidemic](#)).
- ❖ Housing status is a social determinant of health that has a significant impact on HIV prevention and care outcomes. The experiences of homelessness and housing instability are linked to higher viral loads and failure to attain or sustain viral suppression among people with HIV (source: [April 12, 2023 Dear Colleague Letter jointly issued by the Centers for Disease Control and Prevention \(CDC\), the U.S. Department of Housing and Urban Development \(HUD\), and the Health Resources and Services Administration’s \(HRSA\) HIV/AIDS Bureau.](#))

Call to Action. Stable housing is not a luxury; it is a fundamental right that directly impacts our health and dignity. As you make decisions that shape our community, we urge you to prioritize housing stability as a cornerstone of our collective well-being and implore you to take immediate action to:

- **Allocate** resources specifically earmarked for housing improvements for PWH.
- **Invest** in housing programs and other supportive housing efforts for PWH and those at risk of HIV.
- **Enhance** Section 8 housing programs to better serve PWH.
- **Advance** policies that address social determinants of health and increase access to affordable housing, including for PWH and those at risk for HIV.
- **Advocate** for policies that promote greater landlord accommodation and understanding of our unique needs.
- **Foster** collaboration between housing and healthcare sectors to address the intertwined challenges of housing instability and HIV.

Thank you for your attention to this critical issue. Together, we can ensure that every person in Los Angeles County can live in a safe and stable home, fostering a healthier and more equitable community.

Sincerely,



We're Listening

share your concerns with us.

**HIV + STD Services
Customer Support Line**

(800) 260-8787

Why should I call?

The Customer Support Line can assist you with accessing HIV or STD services and addressing concerns about the quality of services you have received.

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:

dhspsupport@ph.lacounty.gov

On the web:

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





Estamos Escuchando

Comparta sus inquietudes con nosotros.

**Servicios de VIH + ETS
Línea de Atención al Cliente**

(800) 260-8787

¿Por qué debería llamar?

La Línea de Atención al Cliente puede ayudarlo a acceder a los servicios de VIH o ETS y abordar las inquietudes sobre la calidad de los servicios que ha recibido.

¿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:
dhspsupport@ph.lacounty.gov

En el sitio web:
<http://publichealth.lacounty.gov/dhsp/QuestionServices.htm>

