



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



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## Aging Caucus Virtual Meeting

*Be a part of the HIV movement*

Tuesday, August 1, 2023

1:00PM-2:30PM (PST)

Agenda and meeting materials will be posted on

<http://hiv.lacounty.gov/Meetings>

### JOIN BY WEBEX ON YOUR COMPUTER OR SMART PHONE:

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md4bf1131dbabfe7c59b33cd01a13146e>

### JOIN VIA WEBEX ON YOUR PHONE:

DIAL: +213-306-3065 MEETING #/ACCESS CODE: 2533 031 9281

Password: AGING

The Aging Caucus is committed to addressing aging across the lifespan. We welcome your ideas and feedback. If you are unable to attend the meeting, you may still share your thoughts by emailing them to [hivcomm@lachiv.org](mailto:hivcomm@lachiv.org).

For information on HIV and aging, visit <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv>

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LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**AGING CAUCUS  
VIRTUAL MEETING AGENDA  
TUESDAY, AUGUST 1, 2023  
1:00 PM – 2:30 PM  
TO JOIN BY WEBEX, CLICK:**

**<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=md4bf1131dbabfe7c59b33cd01a13146e>**

**Tuesday, August 1, 2023 1:00 PM | 1 hour 30 minutes | (UTC-07:00) Pacific Time (US & Canada)  
Meeting Number and Access Code: 2533 031 9281  
Password: AGING**

**Join by phone:  
+1-213-306-3065 United States Toll (Los Angeles)**

<b>1</b>	<b>Welcome &amp; Introductions</b>	1:00pm-1:10pm
<b>2</b>	<b>Co-Chairs' Report</b> <ul style="list-style-type: none"><li>a. Comprehensive HIV Plan 2022-2026   Feedback on Proposed Ideas for Aging Caucus Activities</li><li>b. Sexual Health and Older Adults Event</li></ul>	1:10pm-1:40pm
<b>3</b>	<b>Division of HIV and STD Programs (DHSP) Report</b> <ul style="list-style-type: none"><li>a. Internal Workgroups Status Report</li><li>b. Other Updates</li></ul>	1:40pm-1:50pm
<b>5</b>	Conference and Training Reports <ul style="list-style-type: none"><li>a. International AIDS Society</li></ul>	1:50pm-2:00pm
<b>7</b>	Executive Director/Staff Report <ul style="list-style-type: none"><li>a. HRSA Site Visit Findings</li><li>b. Annual Meeting Planning (November 9)</li></ul>	2:00pm-2:10pm
<b>8</b>	Next Steps and Agenda Development for Next Meeting Future Meetings   Proposed Topics <ul style="list-style-type: none"><li>a. Aging in BIPOC Women Communities</li></ul>	2:10pm-2:15pm
<b>9</b>	Public Comments & Announcements <ul style="list-style-type: none"><li>a. United Nations International Day of Older Persons (Oct. 1); <i>"Resilience of Older Persons in a Changing World"</i></li></ul>	2:15pm-2:20pm
<b>10</b>	Adjournment	2:30pm



LOS ANGELES COUNTY  
**COMMISSION ON HIV**



**AGING CAUCUS**

**June 13, 2023**

**Virtual Meeting Summary**

**In attendance:**

<b>Kevin Donnelly (Co-Chair)</b>	<b>Paul Nash (Co-Chair)</b>	Viviana Criado
Joe Green	Lilieth Connelly	Michael Green (DHSP)
Michael McFadden	Arlene Frames	James
Jose Rangel-Garibay (COH Staff)	Cheryl Barrit (COH Staff)	Lizette Martinez (COH Staff)

*COH: Commission on HIV*

*DHSP: Division of HIV and STD Programs*

*DPH: Department of Public Health*

**1. Welcome & Introductions**

Kevin Donnelly, Aging Caucus Co-Chair, called the meeting to order at 1:06 PM, welcomed attendees, and led introductions.

**2. Co-Chairs' Report**

**a. Ideas for Aging Caucus Activities**

K. Donnelly reviewed activities created based on feedback from the Comprehensive HIV Plan (objectives 2H.1 through 2H5) for the caucus to focus its work on; see meeting packed for details. Activities will be spread out through 2026 with next steps of developing an implementation timeline. K. Donnelly asked the caucus to review the activities and come prepared to provide feedback at the next Aging Caucus meeting.

**b. STD and HIV in Older Adults | Status Neutral Opportunities**

**3. Division of HIV and STD Programs (DHSP) Report**

**a. Internal Workgroups Status Report**

There was no report provided. Joe Green reported that only the workgroup on assessment and training on gerontology for providers has met.

**4. DISCUSSION: Planning for National HIV/AIDS and Aging Awareness Day**

K. Donnelly commented that the Department of Aging will be collaborating with the Aging Caucus to host an even for National HIV/AIDS and Aging Awareness Day in September.

**a. Finalize theme/topic**

- K. Donnelly presented the proposed theme of Sexual Health in Older Adults. Michael McFadden asked what the target number of attendees was? K. Donnelly

noted that the size had not yet been discussed but the caucus recommended a goal of 80-100 attendees. M. McFadden suggested activities/discussions around sexual touch and adapting expectations around sexual health as people age, the intersection of substance use and aging (e.g., use of Viagra in combination with party drugs and potential health risks) and facilitated story circles (in collaboration with the AIDS Monument) focused on HIV, sexual health and aging. He recommended a morning session focused on learning, lunch and an afternoon session focused on interactive community engagement.

- Dr. Nash recommended discussions/activities to be presented across a spectrum of sexual health, current and future needs, sexual satisfaction as one ages.
- Joe Green recommended an activity around gender identity/expression, noting the aging community may not fully understand it.
- Arlene Frames suggested focusing on the sexual health needs of older women living with HIV (e.g., how to negotiate healthier sexual lifestyles). M. McFadden commented that there is a group called Visual AIDS that facilitates a group called Loving Positive Women that uses art-based activities as a vehicle to spur open dialogue to discuss issues impacting women. He recommended an activity similar to this as a potential track/session for the event. K. Donnelly noted Natalie Sanchez and the Los Angeles Family AIDS Network has done similar work and may be potential resource.
- The caucus recommended contact APLA to see if the agency was planning any activities around National HIV/AIDS Day to collaborate in conjunction with the COH and the LGBTQ Center. Dr. Nash commented that he would follow up with Brian Risley of APLA.

**b. Determine date in September, presentation/panel objectives, speakers, and format**

- The previously proposed event date of September 8<sup>th</sup> was eliminated due to overlap with the United States Conference of HIV/AIDs that is scheduled for September 5<sup>th</sup>-9<sup>th</sup>.
- The group proposed the following dates as potential dates for the event:
  - i. Friday, Sept. 15<sup>th</sup>
  - ii. Thursday, Sept. 21<sup>st</sup>
  - iii. Friday, Sept. 22<sup>nd</sup>
  - iv. Friday, Sept. 29<sup>th</sup>
- C. Barrit commented that she would look into available facilities for the proposed dates.

**c. Aging Caucus Co-Chairs to meet with Department of Aging leadership on June 19 for Collaboration**

Cheryl Barrit, Executive Director, commented that a meeting with the Department of Aging leadership was planned for June 19<sup>th</sup> but needed to be rescheduled due to landing on a County holiday. She is working with the Department of Aging leadership team to identify a new meeting date.

**5. Conference and Training Reports | American Geriatric Society Annual Meeting (May 4-6, 2023)**

There was no report made. Dr. Nash announced that the American Society on Aging will host its annual conference next March 25-28, 2024, in San Francisco.

**6. Commission Bylaws Review | Feedback**

K. Donnelly reported that the COH has begun the process of reviewing its bylaws; see meeting packet for details. He asked the caucus to review the bylaws and provide feedback. The next Bylaws Taskforce meeting will be June 14<sup>th</sup> and is open to the public. J. Green noted that currently only minor changes appear to be needed. He commented that review and update of the Bylaws is an important but lengthy process as they needed to be reviewed and approved by DHSP, County Counsel, and the Board of Supervisors. C. Barrit noted that periodic updates will be made to the Aging Caucus.

**7. Executive Director/Staff Report**

**a. Equity Lens for Decision Making Tool**

C. Barrit shared the Equity Lens for Decision Making Tool document as a tool that can be used to ensure equity in decision making processes; see meeting packet for details. K. Donnelly commented that the tool was recently used to update/revise the COH mission statement.

**8. Next Steps and Agenda Development for Next Meeting**

- K. Donnelly, Dr. Nash, J. Green, A. Frames, L. Connelly, and M. McFadden volunteered to form an ad hoc committee to focus on planning the National HIV/AIDs and Aging event and report back in August during the next meeting.
- M. McFadden commented that the LGBTQ Center will not be planning an event but would rather collaborate with the COH on this event. He recommended including Bienestar, the TransLati@n Coalition and The Wall Las Memorias as potential partners as the LGBTQ Center has been working in partnership with these agencies for a Spanish-language event in July and there may be interest.

**Future Meetings | Proposed Topics**

- a. Aging in BIPOC Women Communities** – K. Donnelly proposed as potential topic for August, October, or December caucus meeting.

**b. November Annual Meeting** – K. Donnelly asked the group if they wanted to plan something for the November COH Annual Meeting. J. Green recommended an educational activity geared toward youth from an elder perspective. K. Donnelly and M. McFadden recommended an intergenerational story circle to allow for multi-directional learning opportunities. Dr. Nash suggested recording stories to serve as a learning resource beyond the meeting.

**i. Disability and aging** – recommended topic for the COH Annual Meeting

**ii. Older adults and housing** – recommended topic for the COH Annual Meeting. K. Donnelly called attention to the Memo from the Aging Caucus to DHSP regarding public testimony with older adults having housing issues. He noted housing is the single determinant of health that has the greatest impact on an individual's health and may potentially be the focus of story circles and both younger and older people living with HIV experience homelessness.

M. McFadden offered the LGBTQ Center as a potential venue for the September National HIV/AIDS Day event and noted the facility does offer catering. Dr. Nash recommended food preparation by both young and old to reinforce intergenerational focus.

## **9. Public Comments & Announcements**

- M. McFadden announced that the LGBTQ Center will be hosting their annual "Senior Prom", a 300+ person dance as part of PRIDE month.
- J. Green reminded the caucus that the Buddy Program, a peer support program, is underway at Being Alive. He noted a focus on pairing people aging with HIV and newly diagnosed.
- Viviana Criado announced that the Department of Public Health released the Social Isolation Awareness Week (June 12-18) mini-PSA campaign recognizing the impact that loneliness/isolation has on an individual's health and wellbeing. Materials have been shared with C. Barrit for distribution.

## **10. Adjournment**

The meeting was adjourned by K. Donnelly at 2:10 PM.



## LOS ANGELES COUNTY COMMISSION ON HIV



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### **Comprehensive HIV Plan (CHP) 2022-2026 | HIV and Aging Proposed Activities for the Aging Caucus**

**Role:** Evaluate CHP objectives and recommendations made with respect to the HIV care system that exists now primarily funded by the Division of HIV and STD Programs (DHSP).

**Focus:** Focus on objectives 2H.1 through 2H5; spread out work through 2026

#### **Activities:**

- Review the current system of care and identify where DHSP-funded patients over the age of 50 receive care; review actual number of patients and DHSP-funded agencies approach care for this population; identify best practices that may be adopted across DHSP-funded agencies
- Assess client education and promotion of services.
- Review how DHSP ensures quality of care for this population across all the DHSP-funded categories, i.e., medical, dental, mental health, etc. Compare, and contrast how different systems/entities (such as Kaiser, VA system, etc.) address this population.
- Acquire data from DHSP on number of clients eligible and number of clients served under services that address psychosocial and behavioral health needs, substance use treatment, mental health treatment, nutritional support and social isolation. Identify barriers to utilization of services.
- Identify whether there is a mechanism for DHSP to evaluate the effectiveness of these services to decrease or address social isolation.
- Work with Commission staff to conduct analysis of other systems that are doing similar efforts for aging populations.
- Acquire report from DHSP on whether or not the screening tools proposed by the Aging Caucus are used and at what percentage of providers are using the screening tools. Include information on average time for referral. Request copies of screening tools used.
- Determine if DHSP-contracted providers screen patients for comprehensive benefits analysis and financial screening; determine if DHSP-funded agencies assess access to

caregiving support. What credentials are required for the staff? What training do they receive and what ongoing training is needed to do this specialized benefits counseling?

- Review Home-Based Case Management service standards for alignment with OT and PT assessments *(add to Standards and Best Practices' Workplan for 2023-2024)*





**LOS ANGELES COUNTY COMMISSION ON HIV**  
**AGING CAUCUS WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

Task Force Adoption Date: Co-Chairs: Kevin Donnelly & Paul Nash				
#	TASK/ACTIVITY	DESCRIPTION	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED
1	Review and refine 2022 workplan, as needed		Ongoing	
2	Ensure service standards are reflective of and address the needs of PLWH 50+	Provide feedback on service standards		<ul style="list-style-type: none"><li>Develop Transitional Case Management for older PLWH transitioning out of Ryan White into Medicare (completion date to be determined by SBP)</li><li>Update Universal Standards of Care for training requirements and documentation addressing mental health and HIV and aging in general.</li></ul>
3	Use Aging Caucus recommendations and care framework to inform Ryan White allocations	Infuse aging lens in the multi-year service ranking and funding allocations exercise conducted by PP&A	Ongoing	
4	Continue to work with DHSP to implement recommendations and HIV care framework for PLWH 50+		Ongoing	Maintain ongoing communication with Dr. Green and W. Garland to assess what is realistic for DHSP to implement.
5	Participate in internal DHSP HIV and Aging workgroups and monitor progress in implementing identified 4 priorities.	<ol style="list-style-type: none"><li>Examine housing inventory to ensure that it provides safe and welcoming environments for seniors</li><li>Add gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment</li></ol>	Ongoing	



**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING CAUCUS WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

		3. Acknowledge and support nontraditional family relationships that nurture well-being and social connection 4. Seek out mental health specialists who can treat both HIV and age-related conditions		
6	Monitor, learn and understand HIV and aging-specific evidence-based research activities to improve HIV/STD prevention and care programs for PLWH 50+ and long-term survivors (LTS).		Ongoing	
7	Plan and implement a special panel/speaker for the September Commission meeting in commemoration of National HIV/AIDS and Aging Awareness Day	Identify panel/presentation objectives Identify panelists/speakers	9/22/23	National HIV/AIDS and Aging Day is September 18 Opportunity to advance Aging Caucus' recommendations, recruit more partners, and hold the County and agencies to be more accountable for addressing the needs of older adults living with HIV.

**Excerpts from the Comprehensive HIV Plan 2022-2026 where the Aging Caucus and/or PLWH 50+ were mentioned:**

**Pillar II: Treat**

**Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression**

**2C.5:** Develop transitional case management service standards that help PLWH transition from RWP into Medi-Cal, Medicare and CalAIM, and develop case management service standards that can monitor if care and support services are meeting the needs of PLWH post-transition.

COH- Aging

Strategy 2H: Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors <sup>4</sup>			
Activity	Responsible Party	Performance Measure	Timeframe
<b>2H.1:</b> Identify, implement, and evaluate models of care that meet the needs of people with HIV who are aging and ensure quality of care across services <sup>4</sup>	DHSP; COH Aging Caucus	Written findings	By 2023

**LOS ANGELES COUNTY COMMISSION ON HIV  
AGING CAUCUS WORKPLAN (REVISION DATES: 1/3/23)**

Created 12.12.22; 12.19.22 ADOPTED 1/3/23

<b>2H.2:</b> Identify and implement best practices related to addressing psychosocial and behavioral health needs of older PLWH and long-term survivors including substance use treatment, mental health treatment, and programs to decrease social isolation <sup>4</sup>	DHSP; research partners; providers	Identification of best practices and efforts to implement	2022-2026
<b>2H.3:</b> Review/update diagnostic screenings to include age-related conditions (i.e. screen for loneliness, ACEs, depression, anxiety, experiences of discrimination), using Commission on HIV's Aging Task Force recommendations as a guide	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024
<b>2H.4:</b> Screen patients for comprehensive benefits analysis and financial screening; and assess access to caregiving support	Providers; Clinics; COH Aging Caucus	Screening tools developed and utilized	By 2024
<b>2H.5:</b> Review Home-Based Case Management service standards for alignment with OT and PT assessments	COH – SBP Committee	Documented review	By 2023

<sup>4</sup> Adapted from the NHAS, 2022-2025

**SEXUAL HEALTH IN OLDER ADULTS | SKILLS BUILDING FOR PROVIDERS**  
**A COLLABORATION BETWEEN COMMISSION ON HIV AND DEPARTMENT OF AGING**  
**EVENT OUTLINE – FOR DISCUSSION PURPOSES ONLY (DRAFT Revised 07.24.23)**

*Let's Talk About Sex: Living Life to the Fullest Extent*

**DATE:** Friday, September 22, 2023

**LOCATION:** Vermont Corridor Terrace Level Conference Rooms TK 5 and TK 8

**TIME:** 10am to 1:30pm

**AUDIENCE:** Service providers; people and agencies serving older adults

**PROPOSED LEARNING OBJECTIVES:**

- Increase service provider awareness, comfort level and skills around discussing sexual health and related services and resources with older adults
- Increase provider knowledge and awareness of STI and HIV risks and prevention
- Identify of personal adaptations to service delivery or standards
- Identify personal commitment or action steps to implementing lessons learned from the event

**EVENT FORMAT:**

TIME	TOPIC/SPEAKER	NOTES
9:30am-10:00am	Check-in, Registration, Light Refreshments	
10:00am - 10:10am	Welcome Remarks	Aging Caucus Co-Chairs, Dr. Laura Trejo
10:10am-11am	<u>Speaker:</u> <ul style="list-style-type: none"> <li>• <b><i>Yes, We are Still Getting it On: Become an Effective Service Provider and Advocate for Older Adults by Incorporating Sexual Health Conversations in Programs and Services</i></b></li> <li>• Anastasia Baratta, Sex Doula, Healer, and Advocate</li> <li>• Includes interactive activity for participants</li> </ul>	Michael McFadden, LA LGBT Center (speaker liaison). The Center may optimize speaker's time in LA by offering consumer-centered workshop at their site in the afternoon.
11am-11:45am	<u>Moderated Panel Discussion</u> <b><i>The Sex Talk: Conversation on Opportunities and Challenges on Navigating Sex Talks with Older Clients</i></b>  Panelists: (need 4 panelists) <ul style="list-style-type: none"> <li>• Department of Aging recommendation(s)</li> <li>• Brian Risley and/or Jeff Bailey, APLA Health</li> <li>• Service user perspective</li> </ul>	<u>Possible facilitation questions:</u> <ul style="list-style-type: none"> <li>• For providers who do not normally engage in sexual health, where do I start? Provide real life examples on tips on how to get started?</li> <li>• What challenges do providers encounter when providing sexual information/services?</li> </ul>
11:45am-12 noon	<b>BREAK</b>	
12 noon 1pm	<u>Speaker</u> <b><i>It Gets Better with Age: Sex Positivity</i></b> <u>Dr. Erica Holmes, Phys.D. Clinical Psychologist</u>	
1:00pm-1:30pm	<ul style="list-style-type: none"> <li>• Closing Remarks, Next Steps, Future Learning Opportunities</li> <li>• Lunch and networking</li> </ul>	



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**AGING CAUCUS VOLUNTEERS**

***Division of HIV and STD Programs (DHSP) Workgroups - Alignment of Los Angeles County's Ryan White Program with the California Master Plan on Aging (Updated 2.8.23)***

#	Activity Description	Commission/Aging Caucus Volunteers
1	Examine housing inventory to ensure that it provides safe and welcoming environments for seniors	Arlene Frames <a href="mailto:frames.arlene1@yahoo.com">frames.arlene1@yahoo.com</a> Joseph Green <a href="mailto:joseph.green.ca@gmail.com">joseph.green.ca@gmail.com</a>
2	Add gerontology training to Ambulatory Outpatient Medical, Oral Health, Medical Care Coordination and Mental Health services providers to improve awareness and understanding of age-related inequities in care and treatment	Paul Nash <a href="mailto:pnash@usc.edu">pnash@usc.edu</a> Viviana Criado <a href="mailto:VCriado@ph.lacounty.gov">VCriado@ph.lacounty.gov</a>
3	Acknowledge and support nontraditional family relationships that nurture well-being and social connection	Alasdair Burton <a href="mailto:alasdairburton@gmail.com">alasdairburton@gmail.com</a>
4	Seek out mental health specialists who can treat both HIV and age-related conditions	Kevin Donnelly <a href="mailto:kevinjdonnelly.lacchoh@gmail.com">kevinjdonnelly.lacchoh@gmail.com</a> Joseph Green <a href="mailto:joseph.green.ca@gmail.com">joseph.green.ca@gmail.com</a>

## **RYAN WHITE PART A SUBRECIPIENT SITE VISIT LOS ANGELES EMA**

**FEBRUARY 14-17, 2023**

### **PLANNING COUNCIL**

**Summary of Planning Council/Body (Part A only):** Los Angeles EMA established the Los Angeles (LA) Commission on HIV, a community planning body responsible for assessing the needs of people with HIV, establishing service priorities, and allocating grant funds. The commission is comprised of 37 representatives, including seven unaffiliated client representatives. The commission has formal bylaws, policies/procedures, and several standing committees: Executive, Operations, Standards and Best Practices, Planning, Priorities, and Allocation and Public Policy.

The LA commission also has various caucuses: Consumer Caucus, Black/African American Caucus, Women's Caucus, Transgender Caucus, and Aging Caucus. Los Angeles County has a designated LA Commission on HIV website [www.hiv.lacounty.org](http://www.hiv.lacounty.org). It is comprehensive and contains information on membership recruitment, bylaws, assessment of the administrative mechanism, service standards, committees/caucuses, grievance procedures, and membership application.

The commission strongly emphasizes member recruitment/retention, as evidenced by meeting minutes and focused membership drive activities. The commission also has a member reimbursement policy and a mentoring program to help acclimate new members and ensure their attendance/participation. The commission's Executive Committee's interaction with HRSAHAB's site visit team was substantive and enthusiastic. The commissioners were engaged, candid, and well-versed on the issues of requirements, operations, HIV service needs, available resources, and their unique challenges. Executive Committee members demonstrated a strong sense of commitment and dedication to the needs of people with HIV in the Los Angeles EMA area.

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 16, 2023. The session summary is uploaded as a separate document for the Project Officer's review. Summary of Persons with Lived Experience/Community Meeting: The people with lived HIV experiences panel consisted of six participants who self-identified their gender and race: one woman, five men, one Hispanic/Latinx, one African American and four White. Five participants were between 51 to 65 years. One participant reported being between 20-65 years. The number of years receiving HIV care ranged from 6 to 21 years. Participants reported receiving medical care, oral health, mental health, housing, emergency financial assistance, food, and medication assistance. All participants stated the providers generally well protected their confidentiality/privacy.

Most clients reported being aware of the formal grievance process at their agencies. Identified as most important services were medical, oral health, housing, and food. Identified concerns and unmet needs included dealing with non-HIV medical issues, such as diabetes, hypertension, and cancer.

Homelessness, lack of housing options, and stigma were identified as significant barriers that impact clients' ability and willingness to access/remain in HIV care and support services. These barriers ultimately lead to poor viral suppression, negative overall health, and negative quality of life outcomes. Additional reported challenges included: health disparities in communities of color, mental health, financial assistance, better case management, status neutral housing, and the need to streamline the

system. Overall, participants were satisfied with the medical care and support services. They gave a rating of 7.9 out of 10 for the overall quality of RWHAP Part A services in the LA EMA service area. In addition, some participants expressed gratitude and appreciation for the services they received. The site visit team participated in a listen-only session at the request of the LA Commission on HIV Consumer Caucus. The summary of this session is captured in Appendix A at the end of this report. III. Finding Categories for Review: The information below provides guidance on the meaning of each option. applicable = this section is not part of the site visit and therefore not reviewed.

**Finding identified** = The recipient does not currently comply with a legislative requirement and/or programmatic expectation of the Ryan White HIV/AIDS Program (RWHAP). All identified findings must be addressed via a corrective action plan (CAP).

- **Improvement Options:** (optional) Any area of the program that complies with legislative and programmatic requirements of the program at a satisfactory level but was identified to have the capacity to improve.
- **Program Strengths** (optional): Any area of the program that complies with legislative and programmatic requirements of the program beyond a satisfactory level.

**A. Administration: Finding(s) identified.**

**1. Findings and Recommendations Governance and Constituent Involvement:**

*Finding(s) identified Finding 1:* Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee. Citation: Section 2602 (7)(a) of the PHS Act

*Recommendation:* The recipient must ensure separation of Planning Council and recipient roles to avoid any actual and/or perceived conflict of interest. Per Section 2602 (7)(a) of the PHS Act, a separation of Planning Body and the recipient is necessary to avoid a conflict of interest. A recipient's representative, whose positions are funded by RWHAP funds, provides in-kind services, or has significant involvement in the HIV award, shall not occupy a seat on the Planning Council, nor have a vote in the deliberation of the Planning Council. For additional guidance, the recipient should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter which clarifies HRSA expectation on the required community input process for RWHAP Part A awards, specific to the separation of Planning Council and recipient roles.

*Finding 2:* Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: Los Angeles (LA) Commission on HIV currently has three vacancies for the following 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. Citation: Section 2602(b)(5)(C) of the PHS Act

*Recommendation:* LA Commission on HIV must ensure that its operations committee prioritizes and expedites its efforts to recruit, review, and nominate qualified candidates for the currently vacant

legislatively mandated categories for subsequent submission for Chief Elected Official (CEO)'s review and appointment. The CEO should prioritize their review, consideration, and timely appointment of commissioners to ensure smooth and uninterrupted operations of the HIV Planning Council.

*Finding 3:* Legislative Description: Lack of compliance with the requirement for Planning Council membership to comply with representation and reflectiveness. (L) Finding Description: LA Commission on HIV currently has 37 CEO-appointed members, including seven unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act. Citation: Section 2602(b)(5)(C) of the PHS Act

*Recommendation:* The LA Commission on HIV, through its Operations Committee, should review, revise, prioritize, and expedite its efforts to recruit and nominate unaffiliated clients for subsequent submission for CEO review and appointment to ensure consistent compliance with the unaligned client participation requirement. To that effect:

1. Operations Committee should proactively and consistently solicit input and assistance from the established Commission on HIV Caucuses, specifically, its Consumer Caucus, Black/African American Caucus, Transgender Caucus, Women's Caucus and Aging Caucus. This will allow the Planning Council to increase the pool of potential eligible/qualified applicants from diverse backgrounds to improve overall representation and reflectiveness of the Commission.
2. Recipient and the Planning Council should engage its provider network in a deeper, more proactive, and consistent recruitment effort that may include a) conducting designated trainings for providers on the importance of recruitment, b) having hard-copy membership applications (in English and Spanish) available at funded agencies, c) conducting Planning Council recruitment "Meet and Greet" events at providers' agency support groups and other client meeting, etc.
3. Establish a "Bring a Friend" Day, when unaffiliated commissioners can bring their friends to PC meetings to get a better understanding of the PC and be able to apply for membership on the spot, if interested.
4. Establish a Commission on HIV Community Recruitment Annual Schedule that will ensure the Commission on HIV's prominent presence and participation in the most important community events, such as during Pride Events, World AIDS Day Events, (December), National HIV Black Awareness Events, (February), National Latino HIV Awareness Events (October), National Women's Awareness Events, (March), etc.

*Finding 4:* Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee. There is another commissioner listed on the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner represents the legislatively



mandated category of Health Care Providers and is a member of the Operations Committees. Citation: Section 2602(b)(5)(C) of the PHS Act

*Recommendation:* Steps recommended for compliance:

1. Recipient and the commission should review and consistently follow the nominating process outlined in the currently approved LA Commission on HIV Bylaws in Article 4: Nomination Process, p. 9, and LA Commission on HIV Policy and Procedure #09.4205, Commission Membership Evaluation and Nominations Process (approved in May 2018).
2. Recipient and the commission support staff should review HRSA's Ryan White HIV/AIDS Program Planning Council and Planning Body Requirements and Expectation Letter, which provides clarification on HRSA's expectation on the required community input process for RWHAP Part A awards, specific to PC term limits and membership rotation.
3. The commissioner nomination and re-appointment process should begin early to allow the CEO ample time to review, consider and make approval decisions on member applications.
4. The CEO should prioritize its review, consideration, and reappointment of commissioners whose term is expiring to avoid prolonged vacancies and to ensure smooth and uninterrupted operations of the commission.

*Finding 5:* Legislative Description: Lack of compliance with the requirement for consumer/stakeholder recruitment and/or involvement. (L) Finding Description: Lack of compliance with the conflict-of-interest requirement for PC members. The LA Commission on HIV currently has 37 duly appointed PC members. There is no documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021. In addition, several commissioners who are affiliated with currently funded providers declared "No Conflict" on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act

*Recommendation:* As stated in the RWHAP Part A Manual, X. Ch 8. Conflict of Interest, p. 147, Conflict of Interest can be defined as an actual or perceived interest by the member in an action that results or has the appearance of resulting in a personal, organizational, or professional gain. The definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child. This actual or perceived bias in the decision-making process is based on the dual role played by a planning council member who is affiliated with other organizations as an employee, a board member, a member, a consultant, or in some other capacity.

Recommended steps of action:

1. LA Commission on HIV support staff members must ensure that all commissioners have a current, completed, and signed COI declaration.

2. LA Commission on HIV support staff members should review the Conflict-of Interest requirements for Planning Councils, as outlined in the RWHAP Part A Manual, Section X, Chapter 8, pp. 143-152.

3. LA Commission of HIV support staff should review the Los Angeles County Conflict of Interest Policy #12.0001, approved in June 2008, specifically item 2 under the Procedures section on p. 4.

4. LA Commission of HIV support staff should conduct a COI refresher training for all commissioners to ensure uniform understanding with participation documentation on file.

5. The recipient and PC support staff members must maintain up-to-date documentation of all members' terms, appointments, representation categories, and agency affiliations.

**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**  
**CORRECTIVE ACTION PLAN (CAP) FOR 2023 HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) SITE VISIT CONDUCTED**  
**ON FEB. 14-17, 2023 RWHAP PART A GRANT #H89HA00016 (Rev 7.14.23)**

FINDING DESCRIPTION	PERSON(S) RESPONSIBLE	TARGET/DUE DATE	CORRECTIVE ACTION PLAN	PROGRESS TO DATE
#1: Lack of compliance with the requirement to ensure separation of Planning Council and recipient roles. The Director of DHSP, who also functions as a CEO designee for the jurisdiction, is a voting member of the LA Commission on HIV and a voting member of the Executive Committee. Citation: Section 2602 (7)(a) of the PHS Act	Commission on HIV (COH) staff, Commission on HIV Bylaws Review Task Force, Operations Committee, County Counsel	December 30, 2023	<p>The Bylaws Review Taskforce (BRT) is working with COH staff and County Counsel to change the language in the bylaws to designate DHSP staff including the Director of DHSP as “non-voting representatives” rather than as “members”. Guidance from County Counsel is an integral part of the process as the bylaws changes will trigger a corresponding ordinance change for the COH as well.</p> <p>Until the bylaws changes are approved, DHSP staff on the COH and committees will abstain from voting to separate roles between the grantee and PC to avoid any actual or perceived conflict of interest</p>	<p>Prior to the 2023 HRSA site visit, the Operations Committee has begun a review of the COH’s bylaws and subsequently decided to form a taskforce to engage a broader group of Commissioners and stakeholders in the review process and facilitate a dedicated group and time for the sole purpose of updating the bylaws. The Bylaws Review Taskforce (BRT), formally convened for an initial meeting on April 10 to address findings from the HRSA site visit and other governance issues of importance to the COH.</p> <p>The COH is working with County Counsel in revising the PC bylaws and ordinance to address site visit findings.</p> <p>The BRT will continue to meet monthly and prioritize changing the section of the bylaws regarding DHSP membership on the COH.</p>

<p><b>#2:</b> Los Angeles (LA) Commission on HIV currently has three vacancies for the following 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. Citation: Section 2602(b)(5)(C) of the PHS Act</p>	<p>Commission on HIV, Operations Committee, Commission on HIV staff</p>	<p>a) March 21, 2023 b) February 29, 2024 c) September 30, 2023</p>	<p>a) <u>Part C Representative:</u> At the time of the HRSA site visit, an application for the seat was being processed and was in the pipeline for the Board's approval. The Board approved Mr. Leon Maultsby's application to serve as the Part C representative on the COH on March 21, 2023.</p> <p>b) <u>Hospital Planning Agency or Healthcare Planning Agency:</u> Filling the hospital planning or healthcare planning agency has been a recurring challenge for the COH.</p> <p>COH staff will continue to reach out to LACare, Kaiser Permanente, Molina, Blue Shield, Anthem, and Hospital Association of Southern CA (HASC) to engage them in the work of the COH and fill this vacant seat.</p>	<p>a) <u>Part C Representative:</u> Seat was filled on March 21, 2023</p> <p>b) <u>Hospital Planning Agency or Healthcare Planning Agency:</u> Recruitment efforts entail direct one-on-one outreach to HealthNet, Kaiser Permanente Southern CA, and LACare. The most recent outreach with Dr. Positron Kebebew, Regional Medical Director for HealthNet yielded a high level of interest, however, she regrettably declined, as advised by the Chief Medical Officer due to her expansive duties with HealthNet. Some consumers have also referred their HIV doctors from local health plans to staff for membership application support, however, none have submitted applications despite follow-up from staff.</p> <p>COH staff will continue to reach out LACare, Kaiser Permanente, Molina, Blue Shield, Anthem, and Hospital Association of Southern CA (HASC) to</p>
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			<p>c) <u>Representatives of Individuals who Formerly were Incarcerated</u>: COH staff acknowledge the challenges with filling this seat (i.e., fear of disclosing status, life priorities, significant time commitment required for COH service). Outreach efforts with the Office of Diversion and Re-entry, and local agencies serving justice-involved individuals will continue until the seat is filled. Because of the exacerbated challenges faced by justice involved individuals in the re-entry process, COH staff will need to acclimate potential candidates to the work of the COH first and coach them through the application process.</p> <p>COH Operations Committee will fill this vacancy by the end of September 2023.</p>	<p>engage them in the work of the COH and solicit membership applications.</p> <p>c) <u>Representatives of Individuals who Formerly were Incarcerated</u>: COH staff has reached out to the Los Angeles County Office of Diversion and Re-entry (ODR) for recruitment opportunities. Additionally, COH staff continue to work with PC members who work with justice-involved individuals for recruitment opportunities and referrals. ODR provided referrals to the Los Angeles Centers for Alcohol and Drug Abuse (LACADA) for possible candidates. COH staff have subsequently made several attempts to connect with LACADA staff and is awaiting a response. A Commissioner also promoted membership applications at Healing Village and Resource Fair for formerly incarcerated on June 24, 2023.</p> <p>Additionally, staff will attend upcoming LA Re-entry</p>
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				Regional Partnerships to promote the COH and solicit membership applications. A membership application for a representative of formerly incarcerated individuals from the Center for Health Justice was received on July 12, 2023.
<b>#3:</b> LA Commission on HIV currently has 37 CEO-appointed members, including seven unaffiliated client representatives. This represents 19 percent, which is below the 33 percent unaligned client representation requirement for planning bodies, as stated in Section 2602(b)(5)(C) of the PHS Act. Citation: Section 2602(b)(5)(C) of the PHS Act	Commission on HIV Operations Committee, COH staff	January 31, 2024	<p>The COH undertakes all the recommendations provided by HRSA noted in the site visit report for unaffiliated consumers (UCs) recruitment and will continue to work the caucuses to attract applications from UCs. Membership recruitments are scheduled for the following upcoming events/activities:</p> <ul style="list-style-type: none"> <li>• Taste of Soul (October 21, 2023)</li> <li>• Community listening sessions to be led by the Black Caucus (Sept-Dec 2023)</li> <li>• World AIDS Day community events</li> <li>• Planning, Priorities and Allocations Committee service</li> </ul>	As of July 5, 2023, the COH has 40 members and 3 alternates. Among the 40 members, 10 are UCs (25%); among the alternates, 1 is a UC. As of July 6, 2023, there are five applicants who may potentially occupy a UC seat; staff are in the process of verifying their application information.

			<p>needs townhalls (Jan-April 2024)</p> <ul style="list-style-type: none"> <li>• Local Community Advisory Board and Service Provider Network meetings</li> <li>• Women's Caucus Virtual Lunch and Learn educational events</li> <li>• Transgender Summit (Nov 2023)</li> <li>• HIV, Aging and Sexual Health educational event (Sept 2023)</li> <li>• Digital COH promotion toolkit on website</li> <li>• Ongoing social media promotion</li> </ul>	
<p><b>#4:</b> Currently, there is one commissioner listed on the membership roster, (Mr. Stalter), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner is a co-chair of the Standards and Best Practices Committee and a member of the Executive Committee. There is another commissioner listed on</p>	<p>Commission on HIV Operations Committee, COH staff</p>	<p>December 30, 2023 and ongoing</p>	<p>During the site visit and in a follow-up email, staff explained to HRSA auditors that all members, once appointed, serve at the pleasure of the Los Angeles County Board of Supervisors (BOS) and provided the following excerpts from the ordinance and examples of BOS motions on approved membership renewal with waivers of term limits:</p>	<p><b>Kevin Stalter Update:</b> At its meeting held Tuesday, March 7, 2023, on recommendation of the Commission on HIV, the Los Angeles County Board of Supervisors reappointed Mr. Stalter as a member of the Commission on HIV for an unexpired term of office expiring on July 11, 2023. His application is also included in the membership renewal slate which is set to appear before the full body for approval in</p>



<p>the membership roster, (Mr. Moreno), whose membership term expired in July 2022. There is no documentation the commissioner was timely reappointed for any additional membership terms. This commissioner represents the legislatively mandated category of Health Care Providers and is a member of the Operations Committees. Citation: Section 2602(b)(5)(C) of the PHS Act</p>			<p>“All members and alternates shall serve at the pleasure of the Board of Supervisors. Any member whose employment, status or other factors no longer fulfill the requirements of the membership seat to which he/she was appointed shall be removed from the Commission as determined by the Board of Supervisors....No member may serve on the Commission for more than two (2) full consecutive terms, unless such limitation is waived by the Board of Supervisors.”</p> <p>The BOS applies a general waiver of term limits in an effort to maintain all of its (400+) commissions’ membership; without this waiver, all County commissions would find it incredibly difficult to maintain a reflective and representative membership, especially ours. This language is included in our County Ordinance as well as on the Board of Supervisors’</p>	<p>August which will thereafter move to the Board for approval. Seats are filled and active unless specifically vacated by the Board.</p> <p><b>Carlos Moreno Update:</b> Mr. Moreno resigned from the COH on February 7, 2023.</p>
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			<p>statement of proceedings when a member(s) is appointed.</p> <p>For corrective action and enhanced documentation for membership renewals, staff will include links to full BOS statement of proceedings to document waiver of term limits and place electronic copy in members' folders or in cohort renewal BOS approval folder.</p> <p>In addition, the COH Operations Committee will strengthen description of process in existing policies and procedures for seat changes/membership management; include approval process from Operations and Executive. Seat changes do not require BOS approval.</p>	
<p><b>5:</b> Lack of compliance with the conflict-of-interest (COI) requirement for PC members. The LA Commission on HIV currently has 37 duly appointed PC members. There is no</p>	Commission staff	<p>a) Completed b) December 30, 2023</p>	<p>a) On March 23, 2023, the COH developed a separate Ryan White Program Part A-specific COI form to be filled out and signed by each</p>	<p>Ryan White Program Part A-specific COI forms have been collected from existing members; new members will complete Ryan White Program Part A-specific COI form during</p>

<p>documentation of current, completed, and signed Conflict of Interest (COI) declaration for any of the appointed commissioners. Most of the COI declarations are outdated, going back to 2018 and 2019. The most recent COI declaration is dated June 2021. In addition, several commissioners who are affiliated with currently funded providers declared “No Conflict” on their COI declarations. Based on the review of the meeting minutes for the commission and its Planning, Priority and Allocations Committee, it is evident that several of these commissioners participated in allocations/reallocation discussions and voted on allocations including for the service categories for which their agencies are funded, most recently in June 2022 on a revised FY 2023 RWHAP Part A funding allocation. Citation: Section 2602(b)(5)(C) of the PHS Act</p>			<p>member at the time of BOS appointment and annually, listing any agency contracts (if applicable).</p> <p>All County Commissioners fill out an IRS 700 form to declare their economic interests. At the time of the site visit, staff did not have access to the electronic files, however, moving forward, staff have been granted access and will use the completed electronic IRS 700 filings as additional records for conflicts of interest matters.</p> <p>b) In addition, as part of the bylaws update, the COH will add explicit language requiring members who are affiliated with contracted agencies to abstain from voting on allocations for which their agencies are funded.</p> <p>In addition, staff will work with the Co-Chairs and parliamentarian to remind</p>	<p>onboarding/new member orientation. Annually all members will fill out a new Ryan White Program Part A-specific COI form at the beginning of the year.</p>
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			and reinforce the section of the existing COH bylaws that states “all members must declare conflicts of interest involving Ryan White-funded agencies and their services, and the member is required to recuse him/herself from discussion concerning that area of conflict, or funding for those services and/or to those agencies.”	
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# LOS ANGELES COUNTY COMMISSION ON HIV



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

	TOPIC	NOTES/SPEAKERS
1	State of HIV/DHSP Report <ol style="list-style-type: none"><li>1. Successes</li><li>2. Challenges</li><li>3. Call to action</li></ol>	<ul style="list-style-type: none"><li>• Mario Perez, MPH, Director, Division of HIV and STD Programs (DHSP)</li></ul>
2	PrEP, Long-acting PrEP, Doxy PEP   Strategies for Increasing Access and Utilization among Priority Populations	<ul style="list-style-type: none"><li>• Suggestion from Prevention Planning Workgroup.</li><li>• Suggested speaker - Dr. Ardis Moe</li></ul>
3	"The Voice of the Consumer"	<ul style="list-style-type: none"><li>• Suggestion from the Consumer Caucus</li><li>• Additional discussions to occur at upcoming Consumer Caucus meeting</li></ul>
4	Affordable Housing and Preventing Homelessness Among PLWH	<ul style="list-style-type: none"><li>• Recurring topic/inquiry at various COH meetings</li></ul>
5	Integrating HIV, STD, Substance Use, Mental Health, and Healthcare Services Across the County	<ul style="list-style-type: none"><li>• Recurring topic/inquiry at various COH meetings</li><li>• Invite leadership representatives from DHSP, SAPC, DMH, DHS for a panel</li></ul>
6	Building Partnerships with Health Plans	<ul style="list-style-type: none"><li>• Recurring topic/inquiry at various COH meetings</li><li>• 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?</li></ul>
7	Disability and Aging	<ul style="list-style-type: none"><li>• Suggestion from Aging Caucus</li></ul>
8	Older Adults and Housing	<ul style="list-style-type: none"><li>• Suggestion from Aging Caucus</li></ul>
9	<del>Educational activity geared toward youth from an elder perspective</del>	<ul style="list-style-type: none"><li>• <del>Suggestion from Aging Caucus</del></li><li>• #10 is preferable as discussed at 7/27/23 Executive Committee meeting</li></ul>
10	Intergenerational story circle to allow for multi-directional learning	<ul style="list-style-type: none"><li>• Suggestion from Aging Caucus</li></ul>
11	Other ideas: <ul style="list-style-type: none"><li>• Invite Board members for remarks/speak on</li></ul>	Invite Board members at lunch with a panel of speakers from different perspectives to hear

	<p>prioritizing HIV</p> <ul style="list-style-type: none"> <li>• Resource tables for providers and networking opportunity</li> <li>• Use a combination of panels and speakers</li> <li>• Tributes and awards</li> </ul>	about issues and challenges
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