



LOS ANGELES COUNTY
COMMISSION ON HIV



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Consumer Caucus Virtual Meeting

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

**Thursday, March 10, 2022
3:00-5:00pm (PST)**

Agenda and meeting materials will be posted on
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CONSUMER CAUCUS (CC) VIRTUAL MEETING AGENDA

THURSDAY, March 10, 2022
3:00 PM – 5:00 PM

TO JOIN BY COMPUTER

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mfbe5ee712ec604c4180dac3730ee262b>

MEETING PASSWORD: CAUCUS

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2594 888 3148

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



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CONSUMER CAUCUS

02.10.22 Meeting Summary

Attendance may be verified with Commission staff

1. Welcome + Introductions + Check In

Co-Chair Alasdair Burton opened the meeting and led introductions.

2. COH Meeting Debrief

Alasdair Burton encouraged attendees to share their feedback on the COH meeting that took place earlier that day.

Kevin Stalter shared he found the discussion led by Danielle Campbell and Gerald Garth productive and helpful. He also suggested to have COH staff mention the number of commissioner openings during the monthly full-body Commission meeting to make attendees aware of openings. Lastly, he made an appeal to change the meeting date and time for the consumer caucus to alleviate fatigue in members attending both the full body monthly Commission meeting and the consumer caucus considering that the caucus meets shortly after the full body.

Damone Thomas requested clarity regarding the funding source for a donation to the Commission for a girls and women's HIV awareness day. Cheryl Barrit, Commission Executive Director, clarified that the Commission does not receive donations from any agencies; there is no mechanism for doing so. Cheryl added that the donation Damone is referencing was from a private foundation to an agency to host a formal presentation of a newly funded or newly developed program for women.

Joseph Green asked when the Black African American Commission sub-group will share updates with the Consumer Caucus and how the caucus can help support their efforts. Cheryl noted that the sub-group is preparing to convene and discuss whether they will remain a closed group or not.

3. Staff Report/Commission Updates

Executive Director Report

Cheryl Barrit shared that AJ King has been attending various meetings with stakeholders collecting feedback. He noted some of the recurring themes include having more specificity around the use of word 'syndemics' and its meaning within the context of the Comprehensive HIV Plan; inclusion of Hepatitis C, STIs, mental health, substance use; talking about people aging with HIV and aging across the population; and adopting a geographic approach. He is currently synthesizing the information to

develop the data assessment portion of the CHP; he hopes to share this item with the full body in April.

“Customer Support Line” and DHSP Grievance Program Update

Mario provided an overview of the changes to the Division on HIV and STD Programs (DHSP) grievance program implemented to create a more efficient mechanism that addresses input, feedback, and concerns from consumers with respect to service delivery both for the Ryan White support system and the County as whole. The goal of the improved system is to ensure clients are receiving the services they need and deserve regardless of the funding source. Among the enacted changes is the development of a more consumer friendly webpage that is easily findable on the DHSP website. He noted that improving benefits specialist and case worker retention is an important area of focus. The new customer support program will have 3 main units, the Resources and Referrals, Consumer Liaison, and Complaint Resolution. The Resources and Referrals unit is charged with linking clients with resources or making referrals to services that are responsive and meet the immediate needs of the client. The Consumer Liaison unit will delegate client concerns based on the nature of the concern and work with the client and agency to address the concern more efficiently. Mario Perez introduced Raquel Valimento –trained as a Public Health Nurse and will provide support for concerns of clinical nature-- and David Perrybone –has strong expertise with benefits and navigating the healthcare system-- as new staff for the DHSP assigned to the Consumer Liaison unit. The Complaint Resolution unit is designed to address client concerns that may require more in-depth investigation or resolution. This may include client concerns with agencies that are not part directly funded by DHSP but are part of the service delivery network in Los Angeles County. He noted that all agencies funded by DHSP will receive a newly developed guidance document informing them of the redesigned grievance program. Contracted agencies will also be expected to confirm receipt of the document and will be required to identify a main point of contact from the agency and an alternate. The point of contact is recommended to be site specific, specially for agencies with multiple service delivery sites.

Mario also shared visuals of the updated marketing materials containing phone numbers, email addresses, and webpage clients and community members can contact to access the Customer Support line. Kevin Stalter suggested for a mechanism to allow clients who has wish to remain anonymous and request to be referred to a different agency. Mario noted that follow-up with a client who is dissatisfied, or concerns with a service is much more difficult to conduct when the client is anonymous. Mario added that he will work with the team to build in that function into the process. Raquel Valimento added that the challenge with clients requesting to remain anonymous is that when DHSP sends an inquiry regarding the issues, agencies typically respond saying the are unable to investigate the issue entirely and may result in a general resolution to the issue as opposed to address a specific client concern.

Mario mentioned the redesigned mechanism will be piloted for 6 months to determined if the changes are responsive to the previously identified consumer concerns and identify opportunities to improve the system.

Alasdair Burton inquired about social media efforts focusing on retaining people in care rather than getting people back into care. Mario explained that currently, contracted agencies are expected to track client retention and care and in the event the client drops out of care, the care teams are charged with identifying the client and work with the client to eliminate barriers that may be precluding access to that service. He added that in the event the agency staff cannot find the client, DHSP staff in the Linkage and Reengagement unit work to identify the client and get that person back into care. A. Burton clarified the intent of his question which was to understand if DHSP had any social media campaigns targeted at keeping people into care by advertising available services and other programming encouraging people to stay in care as opposed to a campaign targeted at people who have already fallen out of care. Mario noted that the current system is based on previous feedback from the consumer caucus and will try to increase outreach efforts aimed at retaining people in care.

Alasdair Burton also asked if DHSP receive any direct feedback from consumers during the development of the new website and forms. Mario responded with a request to the consumer caucus to provide feedback on the form to ensure it is user friendly and as clear as possible.

Kevin Stalter recommended redesigning the DHSP website to be more consumer friendly by labeling key areas. Mario noted that programs under the Department of Public Health are expected to follow a very clear template and format for their website design. He added that DHSP has an externally facing sexual health website, GetPrepLA, which is very intentionally not expected to look like a County website.

Thomas Green asked for clarification regarding the peer handoff model. Mario shared that historically peer programs were largely consumer driven, some are volunteer based, and others are made up of paid agency staff; however, there has been a shift in the number of peer models implemented. He invited consumer caucus members to elaborate on the recommendation of implementing a peer handoff model. Kevin Stalter explained that the model would consist of assigning peer mentors to a recently or newly diagnosed person who will guide them through getting into care and staying care. The peer mentor would receive stipend for their participation or some other form of incentive when the person they are working with reaches a predetermined milestone.

Co-Chair Report

Member Reports

Joseph Green, co-chair of the Aging Task Force, reported that the Aging Task Force is looking to transition to a Caucus with the goal of bringing issues related to aging with HIV and the aging population are discussed and brought to the attention of the full Commission body. The Aging Task Force is in the process of defining the meaning of “aging with HIV” and other considerations for its membership to include people who were born with HIV, acquired HIV at a young age and has lived with HIV for a long time, and people who acquired HIV later in their life.

Lee Kochems, co-chair of the Public Policy Committee, reported that the committee approved their annual work plan, discussed public policy issues of note for the Comprehensive HIV Plan as well as health conditions and social determinants of health to consider in defining “syndemics”. Examples included hepatitis C screening and treatment, impact of mass incarceration, shelter policies, gaps in housing services, treating housing as healthcare, and safe injection sites. He added the importance of reducing the number of services operating in silos, and echoed the concerns expressed during public comment at the full Commission body meeting related to barriers when accessing services that exacerbate client anxieties when initially accessing services in a time of need. He recommended increasing client education opportunities to help newly diagnosed individuals access the care and services they need with minimal duress. He announced that the Public Policy Committee will host the 1st annual Public Policy Priorities Stakeholder and Community Consultation on Monday March 7th from 1pm to 3pm. The purpose of the meeting is to discuss policy priorities for the Commission over the next 12 months and will feature presentations from community partners and encouraged everyone to attend the meeting. The event will be held virtually via WebEx.

Lee Kochems also mentioned that Supervisor Sheila Kuehl put forth a motion at the Board of Supervisor’s meeting that seeks to eliminate restrictions on blood donations for gay men; the Public Policy Committee will monitor the motion and provide an update at the next meeting. Kevin Stalter asked Mario Perez if an individual who is undetectable can donate blood and not transfer the virus to the receiver. Mario responded he will follow-up with the Medical Director at DHSP and will also monitor the Board motion. There was a recommendation to have a presentation at the full Commission body meeting about studies investigating the risk of HIV transmission for undetectable individuals. Cheryl Barrit noted the recommendation and will work with Commissioner Dr. Mikhaela Cielo and gather more information to determine the scope and content and schedule the presentation for later in the year.

Bridget Gordon thanked DHSP for their efforts to improve the grievance process. She also recommended using the phrase “sustaining in care” instead of “maintaining in care” and for the group to consider what needs to be done to sustain people in care. She asked Mario Perez when the Commission will receive updated data to understand the state of the HIV epidemic. Mario Perez responded that DHSP can provide a quick update in the coming month. He added that the 2020 data show a decline in cases attributed to underreporting and 2021 data show a steep increase; however, he noted that 2020 data should not be compared to 2021 data and suggested to compare 2019 data with 2021 data to better understand what the trends are.

Shary Alonzo echoed support for efforts to help people stay in care. She also shared that there have been conversations in the Women’s Caucus about individual’s having issues accessing care and services due to not meeting income threshold eligibility criteria while also not earning enough money to cover the rising cost of care and living expenses. She looks forward to the discussion at the Public Policy Committee Stakeholder and Community Consultation event.

Kevin Donnelley, co-chair of the Planning, Priorities and Allocations Committee, reported that the committee developed their workplan and discussed reports. He offered his assistance for any attendee requiring additional help in understanding and digesting meeting packet documents such as reports on Emergency Financial Services and Minority AIDS Initiative utilization. He encouraged consumer caucus members to attend the PP&A committee meetings to learn more about data and service utilization reports, and progress on the Comprehensive HIV Plan. Felipe Gonzalez echoed support for having more opportunities for consumers to learn about data and the reports shared in meeting packets; increase consumer understanding of the issues and increase participation in discussions. He also recommended the Commission develop brief factsheets outlining the structure and function of the different groups and sub-groups that form the Commission. The goal of these factsheets is to make information more easily accessible and educate commissioners on their roles and responsibilities within the Commission.

Bridget Gordon, co-chair Commission on HIV, encouraged consumer caucus members to attend the upcoming PP&A meeting on February 15th, 2022, and share their feedback and contribute to the conversation of improving care and services for people living with HIV and those recently diagnosed with HIV. She also referenced a public comment made during the full Commission body meeting that took place earlier in which a community member raised a concern and that community member's friends also submitted public comment in support of their friend.

Shary Alonzo shared their experience participating in the Women's Caucus has taught her to become a better advocate for herself as a consumer but also help elevate the voices of others who may not feel as confident or informed to participate. She added that the attending meetings as often as possible has helped her understand the work of the Commission better and encouraged others to invite fellow consumer friends to become more involved in Commission meetings.

Cheryl Barrit reminded the caucus of the 2022 Commission training plan, proposed virtual study hours, and the variety of training resources available at the Commission website as a starting point. She also suggested that caucus members put forth training topic recommendations so that COH staff can coordinate and plan Commission meetings and include training topics of interest.

Alasdair Burton noted that the meeting has gone past the allotted 1 hour and 30 minutes and asked the caucus to consider extending future meetings to 2 hours to allow more time to accomplish caucus agenda items. Some caucus members expressed a 2-hour committee would not be feasible considering the caucus meets on the same day as the full Commission body. The caucus will meet from 3pm to 5pm on March 10th, 2022, to test out the 2-hour timeframe.

Co-Chair Open Nomination & Elections

Alasdair Burton thanked Jayda Arrington for serving as one of the caucus co-chairs as she announced she will not be serving another term but will continue to participate in the caucus and other Commission affiliated meetings. He also reminded attendees that co-chairs serve 1-year terms, and anyone interested in nominating others can do so as well as nominate themselves. Nominations will

remain open for 30-days and the caucus will vote and elect co-chairs at the next caucus meeting. Alasdair Burton accepted the nomination for co-chair and encouraged others to volunteer for the remaining slots. Felipe Gonzalez nominated Damone Thomas for co-chair, however he declined as he is considering running for the Executive At-Large commissioner slot.

Damone Thomas mentioned that anyone can nominate themselves for the co-chair position and did not necessarily need to be a commissioner. Cheryl Barrit clarified that at least one of the co-chairs needs to be a commissioner to report back to the full Commission body. She added that non-committee sub-groups such as caucuses, task forces, and workgroups are in place to allow for a safe space for various stakeholders to have a dedicated time with peers to strategize and discuss issues important to that group. She stressed the importance of having at least one of the co-chairs be a commissioner to ensure the issues and conversations had in the sub-groups are brought to the larger discussion of the full Commission body.

4. Discussion

2022 Workplan Development

This item was deferred to the February 10, 2022, Consumer Caucus meeting.

2021 Follow-up Items:

The COH STD Letter and Standards & Best Practices Committee Best Practice template discussion were deferred to the March 10th, 2022, caucus meeting.

5. Agenda Development for Next Meeting

- Co-Chair open nominations and elections
- Member reports
- 2022 Workplan development
- 2021 Follow-up items:
 - i. COH STD Letter
 - ii. Standards and Best Practices Committee Best Practices Template

6. Public Comments and Announcements

There were no public comments or announcements.

7. The meeting adjourned at: 5:05pm



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CAUCUS CO-CHAIR RESPONSIBILITIES SUMMARY

- Review agenda and respond within due dates
- Collaborate with Commission on HIV (COH) staff on agenda development, workplan implementation, training, and other COH-related items.
- Lead and facilitate Caucus meetings
- Summarize next steps at the end of meetings
- Follow-up with tasks and assignments discussed at meetings
- Provide brief reports at the Executive Committee and full COH monthly meetings
- At least of the Caucus Co-Chairs must be a Commissioner



Consumer Caucus Workplan 2022

PURPOSE OF THIS DOCUMENT: To identify activities and priorities the Consumer Caucus will lead and advance throughout 2022.

CRITERIA: Select activities that 1) represent the core functions of the COH and Caucus, 2) advance the goals of the 2022 Comprehensive HIV Plan (CHP), and 3) align with COH staff and member capacities and time commitment.

CAUCUS RESPONSIBILITIES: 1) Facilitate dialogue among caucus members, 2) develop caucus voice at the Commission and in the community, 3) provide the caucus perspective on various Commission issues, and 4) cultivate leadership within the caucus membership and consumer community.

#	GOAL/ACTIVITY	ACTION STEPS/TASKS	TIMELINE/ DUE DATE	STATUS/COMMENTS
1	Comprehensive HIV Plan (CHP): <i>Participate in the development of the CHP to ensure the consumer voice is prioritized in all aspects of the CHP.</i>		October 2022	
2	Leadership and Capacity Building Training: <i>Identify training opportunities that foster and nurture consumer (both PLWH and HIV-negative) leadership and empowerment in COH and community.</i>			
3	HealthHIV Planning Council Effectiveness Assessment Findings: <i>Address areas of improvement.</i>		Ongoing	
4	Consumer Recruitment & Participation in COH: <i>Identify activities to increase consumer participation at Consumer Caucus/COH meetings, especially individuals from the Black/African American, Latinx, youth, and indigenous communities.</i>			



Special Population Best Practices for HIV Prevention and Care Instructions and Formatting

INTRODUCTION

Special Population Best Practices for HIV Prevention and Care are an integral component in the Commission on HIV's (COH) overall responsibility to ensure that services are both responsive to the needs of consumers and are delivered at levels of acceptable quality and effectiveness. Best Practices complement the COH's Service Standards for HIV Care and Prevention which are detailed summaries that outline system expectations for each of the services offered.

Table 1. Delineation between the COH Service Standards and Best Practices.

Standards of HIV Care and Prevention	Special Population Best Practices for HIV Prevention and Care
<ul style="list-style-type: none">• Ensure all subrecipients provide the same basic service components• Establish a minimal level of service of care for consumers throughout Los Angeles County• Service Standards must be available to subrecipients and consumers	<ul style="list-style-type: none">• Encourage providers to adopt service and system innovations that specialize in clients from a designated population• Describe methods for enriching, modifying, or further developing services to respond more directly to the unique needs of a designated population• Recommend best practices shown effective in addressing barriers to HIV prevention and care for a designated population• Feature possible service and system enhancements to service delivery above the expected levels for a designated population

PURPOSE

The purpose of identifying Best Practices is to accumulate and apply knowledge of practices that are working to address needs or service delivery disparities for a designated population. A Best Practice can be anything that works to produce results and can be useful in providing lessons learned. Best Practices are intended to recommend specific strategies for modifying and improving service delivery practices of individual and organizational providers when those providers are serving the designated populations.

Developing a Best Practice guidance document for a designated population can also assist the Division on HIV and STD Programs (DHSP) to design and develop scopes of work for services to the designated populations. The best practices outlined in the resulting guidance document are not requirements or mandates; instead, they are recommendations for addressing and accommodating the unique needs of a specific population in service delivery. These may include how or what services are offered, what their facilities look like, how they promote their services, and many other key aspects of service delivery.

FRAMEWORK FOR DEVELOPING BEST PRACTICES

Use the table below to develop a Best Practices Guidance Document for a designated population. COH staff will assist each taskforce, workgroup, and caucus with completing the steps below.

Table 2. Outline for Developing Best Practices Guidance Document

Step One: Brainstorm Key Issues
<p>This step serves to identify key issues --not already addressed in Service Standards and the Universal Standards of Care-- that the group wants to include in the Best Practice Guidance document. Discuss and identify barriers, challenges, areas of improvement, unmet needs, inequities, and disparities in systems and services that prevent members of the designated population from:</p> <ul style="list-style-type: none">• Accessing HIV care and prevention services• Enrolling and engaging in HIV care and prevention services• Realizing individual/population target health outcomes <p>Generate a list of the key issues identified during the brainstorm session. Please review the current Service Standards and Universal Standards of Care to ensure the key issues identified are not already addressed by either document.</p>
Step Two: Research and Identify Best Practices
<p>This step serves to generate an inventory of existing materials and articles containing HIV care and prevention guidelines from various jurisdictions that serve the designated population. Assign items to different group members based on their background/expertise, preferences and/or interests and have them research and collect information on the item.</p> <p>Consider the following guiding questions and format for organizing the information collected:</p> <ol style="list-style-type: none">I. Title of Best Practice Concise and reflective of the practice being documented.II. Description Provide context and justification for the practice and address the following:<ol style="list-style-type: none">a. What is the problem being addressed?b. Which population(s) is/are being affected?c. How is the problem impacting the population?d. What were the objectives being achieved?III. Implementation of the Practice<ol style="list-style-type: none">a. Where was the Best Practice implemented?IV. Results of the Practice<ol style="list-style-type: none">a. What are the outcomes of the Best Practice?V. Lessons Learned<ol style="list-style-type: none">a. Does the Best Practice influence something relevant for the population? What is it?b. How effective is the Best Practice in achieving its goal/objectives?VI. Conclusion<ol style="list-style-type: none">a. Why is that intervention considered a Best Practice?

Step Three: Select Best Practice and Draft Guidance Document

This step serves to develop a draft of the Best Practices guidance document. Group members review the Best Practices identified in Step Two and provide their insight and feedback. The group should invite community members and providers with experience providing health and social services to the designated population as well as consumers of services that are members of the designated population to participate in the discussion. Once deliberations are complete, the group will select the Best Practices to include in the guidance document and use the format in Step Four.

Step Four: Format for Guidance Document

Use the following format to organize the Best Practices identified in Step Three:

- I. Introduction**
 - a. What is the problem being addressed?
 - b. Which population is being affected?
 - c. How is the problem impacting the population?
 - d. What are the objectives of this guidance document?
- II. Methodology**
 - a. Describe the process the group employed to develop this document.
- III. Key Issues Identified**
 - a. Describe the key issues the group identified during the brainstorm session.
- IV. Best Practices Identified**
 - a. Describe the Best Practices the group identified. For this section use the same format outlined in Step Two.
- V. Conclusion**
 - a. Describe how the Best Practices included in the document address the Key Issues identified

Step Five: Submit Best Practice Guidance Document to Standards and Best Practices Committee

CONSUMER CAUSUS (BEST PRACTICES COMPILATION) Updated 3/4/22

ID	Title	Description	Source/Link	Notes
1	HIV Resource Library: Consumer Info Sheets	Collection of factsheets. Topics include: -basic information on HIV, -PEP -PrEP -Safer Sex for HIV -HIV Testing, Living with HIV -HIV Treatment Can Prevent Sexual Transmission -HIV and Injecting Drugs -How to Clean Your Syringes -HIV Consultation and Referral Services -HIV Content Syndication -HIV Social Media Resources -HIV Web Resources	Consumer Info Sheets Resource Library HIV/AIDS CDC	Factsheets are simple, easy to read and available in English and Spanish Also includes factsheets on Male Condom use, Female Condom Use, and Dental Dam Use
2	HIV Basics: Living with HIV	Contains information on the topics such as: - Newly Diagnosed with HIV -Understanding Care -HIV Treatment -AIDS and Opportunistic Infections -Telling Others, Protecting Others -Stigma and Mental Health -Healthy Living with HIV -Family Planning -Traveling with HIV -Resources for People with HIV	Living With HIV HIV Basics HIV/AIDS CDC	Link to site where you can download “Living with HIV” materials: Resources for Persons Living with HIV Living With HIV HIV Basics HIV/AIDS CDC
3	A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs	Collaboration between the New York State Department of Health AIDS Institute and the HRSA HIV/AIDS Bureau	FINALconsumer08_24_06.indd (ucsf.edu)	Published in August 2006. Will continue search of an updated resource. Opportunity to develop training modules to promote and enhance consumer involvement.
4	Engaging People with HIV in Quality Improvement: Best Practices to Meaningfully Engage and Involve	Presentation learning objectives: At the end of this session, participants will: • Understand the importance of people with HIV participation in clinical quality management program activities	PowerPoint Presentation (mnhivcouncil.org)	

		<ul style="list-style-type: none"> • Learn effective strategies to overcome common barriers in engaging consumers in quality improvement activities • Know where to access resources to improve participation of people with HIV in quality improvement efforts • Develop hands-on strategies for receiving meaningful input by people with HIV to improve HIV care 		
5	The Denver Principles	Outline a series of rights and responsibilities for healthcare professionals, people with AIDS and all who are concerned about the epidemic. It was the first time in the history of humanity that people who shared a disease organized to assert their right to a political voice in the decision-making that would so profoundly affect their lives.	Denver Principles - US PLHIV CAUCUS	
6	Meaningful Involvement of People with HIV/AIDS (MIPA)		Meaningful Involvement of People with HIV/AIDS (MIPA) - AIDS United	<p>Related Webinars</p> <ul style="list-style-type: none"> • Meaningful Involvement of People with HIV/AIDS (MIPA) Webinar – Watch Here. • MIPA and Young Adults: Focusing on Ageism and Adultism – Watch Here.