



LOS ANGELES COUNTY
COMMISSION ON HIV



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AGING TASK FORCE Virtual Meeting

Tuesday, August 3, 2021

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

* Meeting Agenda + Packet will be available on our website at:
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AGING TASK FORCE VIRTUAL MEETING AGENDA

Tuesday, August 3, 2021 | 1:00pm-2:30pm

JOIN VIA WEBEX ON YOUR COMPUTER:

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- | | |
|---|---------------|
| 1) Welcome, Introductions, July Meeting Recap | 1:00pm-1:10pm |
| 2) Executive Director Report | 1:10pm-1:30pm |
| • Operational Updates | |
| • Women Living with HIV and Aging Virtual Event (7/19) | |
| 3) Division of HIV and STD Programs (DHSP) Report | 1:30pm-1:45pm |
| • Medical Care Coordination (MCC) Performance at a Glance, 2013-2017, Patients Aged 50 and Over | |
| 4) Discussion: | 1:45pm-2:15pm |
| a. Review Updated Framework for Proposed Comprehensive Care for PLWH 50+ in Los Angeles County | |
| b. Define next steps for presenting framework to Executive Committee on 8/26 | |
| c. Prepare for 9/9 Commission Meeting | |
| i. Present proposed framework and elicit feedback | |
| ii. Panelists: Al Ballesteros, Meredith Greene, MD (Golden Compass), others? | |
| 5) Next Steps/Agenda development for next meeting | 2:15pm-2:25pm |
| 6) Announcements | 2:25pm-2:30pm |
| 7) Adjournment | 2:30pm |



AGING TASK FORCE

July 7, 2021 Virtual Meeting Summary

In attendance:

Al Ballesteros (Co-Chair)	Jayshawnda Arrington	Alasdair Burton
Roger Czarn	Scott Daniels	Kevin Donnelly
Adrianna Fregoso	Wendy Garland	Lee Kochems
Michael McFadden	Paul Nash	Jose Ortiz
Maria Scott	Katja Nelson	Jose Ortiz
Brian Risley	Michael Woj	Cheryl Barrit (COH Staff)
Catherine Lapointe (COH Intern)	Jose Rangel-Garibay (COH Staff)	Sonja Wright (COH Staff)

1. Welcome & Introductions

Al Ballesteros, Co-Chair and Cheryl Barrit, Executive Director, welcomed attendees and led introductions.

2. Executive Director Report

- 2021 Work Plan/Priorities

Added:

- Development of a framework for a pilot program that would leverage Medical Care Coordination (MCC) for integration of specific service components tailored to those 50 and over.
- Collaboration with Standards and Best Practices (SBP) to develop guidelines for 50+ populations on a broad range of services
- Three items from the set of recommendations: (1) continuing to work with the Division of HIV and STD Programs (DHSP) on data and considering other partners such as universities and other agencies, (2) looking at existing studies or outcomes data that people may have to help inform the Aging Task Force (ATF) decision making for the 50+, and (3) ongoing work with the Commission on HIV (COH) to ensure all our conversations include considerations for the aging population.
 - Collapse items 11 and 12 as they are overlapping
- Golden Compass Update: C. Barrit reached out again to the Golden Compass program to find out how they are funded. Dr. Meredith Green indicated that currently the Golden Compass program is funded by a combination of grants and city funds (city of San Francisco) but currently they are not using their Ryan White funding or any other federal resources. Dr. Green stated that they have received guidance regarding local jurisdictions being able to use their Ryan White funding for assessments in geriatric care specific to HIV, however they are not using any of their Ryan White funds to support the Golden Compass program. She offered to present information to the full body on September 9th regarding the Golden Compass program if the ATF and COH are interested. C. Barrit pointed out the importance of this as the ATF has been discussing hosting a panel with providers, local experts, and consumers, specific to the needs of our aging population.

- Women's Caucus: have been doing a series of virtual events. The next meeting is July 19th , from 2pm-4pm, in which they are partnering with the ATF for discussion focusing on women 50+ and older living with HIV. Dr. Paul Nash will participate, and Maria Scott will share her lived experiences.

3. Presentation: Senior Services, Los Angeles LGBT Center – Michael McFadden

- Senior Services Overview: The Los Angeles LGBT Center's case managers are experts at helping seniors navigate the complex world of Social Security, Medicare, affordable housing, etc. If unable to provide a specific service, they will refer you to LGBT-welcoming service providers who can.

Some of the LGBT senior services upcoming activities and events include:

- Health and wellness programs (exercise, stretching and conditioning, chair yoga)
- Enrichment classes (computer, writing, art, dancing, acting, photograph, etc.)
- Monthly dinners and social networking opportunities
- Cultural excursions (theater, opera, museums, etc.)
- Educational seminars and workshop
- Senior-Youth Photo Project
- Senior-Youth Dinners
- Men's activities
- Women's activities (L50+)
- San Fernando Valley social group
- Comunidad Latina 50+

Annual special events include:

- Senior Prom
- Holiday party
- Cinco de Mayo celebration

You can find a calendar of events and RSVP through the Senior Services Portal: seniors.lalgbtcenter.org

- Some of the services instituted as a result of the COVID pandemic include: (1) shifting from preparing hot meals to grab and go lunches, (2) access to connect individuals to home delivered meals, (3) creation of a pantry, (4) group activities with a wide range of effects from support groups to social groups, health and wellness programs; all of which are primarily free or low cost, (5) a case management program, (6) housing navigation support, (7) bi-monthly support groups for caregivers, (8) linkages to skilled nursing facilities and/or higher levels of care depending on the situation, and (9) check-in calls with seniors that has been tremendously successful and anticipated to continue post-COVID.

4. Division of HIV and STD Programs (DHSP) Report

1. DHSP does not have any AOM components specific to older adults in the contacts
2. The MCC data dashboard for clients aged 50 and older is attached below. Note: the data for this is old however it can be updated for the ATF going forward; this is at least a place to start. All details of MCC are available in the guidelines that are posted on the DHSP

website: http://www.publichealth.lacounty.gov/dhsp/Contractors/MCC/Guidelines_Revised_2018.pdf

3. The MCC screener identifies the following populations however those recently diagnosed, not in care in the past 6 months, not on ART and not virally suppressed are prioritized. You can see that additional information is asked to determine client complexity.

Casewatch

File Edit Menu Preferences Help

MCC Screener and Outcomes

Client Name PF#

ISP ID# Assessment Type

Screener Date Last Worked

1. Date of first service at this clinic
Has the client had a medical visit in the last 6 months?
2. Date of most recent HIV medical Visit
Date of First HIV-Positive Test
3. Was ART prescribed in last 6 months
4. Date of most recent Viral Load in past 6 months
Is the most recent viral load available?
5. Result of Most recent Viral Load (copies/ml)
6. Date of most recent CD4 Count in past 6 months
Is the Most recent CD4 available?
7. Result of Most recent CD4 Count
8. Was the Client diagnosed with an STI in past 6 months?
9. Did client have any ER visits in the past 6 months [Y/N/U]?
10. Was client hospitalized in the past 6 months [Y/N/U]?
11. Was client incarcerated in the past 6 months [Y/N/U]?
12. Active substance abuse interferes with HIV Care [Y/N/U]?

Screener Result? Override by provider referral?

- Dr. Harold San Agustin created a list of routine tests or consults done in-person for 50-55+ living with HIV. This was put together to get a sense of what the routine screenings are, so after review and agreement by other providers it can be presented to DHSP to determine how much of this is in the scope of DHSP work and/or contracts and then be able to look at reimbursements.

5. Discussion continued from June meeting

- At the June meeting the key assessments conducted under the Golden Compass program were reviewed. This program has been getting a lot of visibility within the HIV community, as such the ATF looked at its framework. From June's meeting there were additional assessments the ATF came up with that C. Barrit captured in a graphical presentation; page 30 of the packet.

The meeting materials can be accessed at the following link:

<http://hiv.lacounty.gov/LinkClick.aspx?fileticket=ViD82Pzjlkk%3d&portalid=22>

C. Barrit's idea was to capture leveraging Medical Care Coordination (MCC) teams and the Ambulatory Outpatient Medical (AOM) program in the medical home teams that has been previously suggested and listing the assessments and screenings represented in the green boxes which are from the Golden Compass program; the gray boxes represent additional ideas that the ATF came up with at the June meeting (i.e., bone density, cancers, muscle loss and atrophy, nutritional, housing status, and polypharmacy and drug interactions).

- Dr. Harold San Agustin created a list of routine tests or consults done in-person for 50-55+ living with HIV.
 - Add routine HIV specific screenings and prevention
 - Change depression to mental health as it speaks to whole person mental health care
 - Place an asterisk next to or italicize ATF specific recommendations/considerations
 - Add a separate definition sheet
 - After the framework boxes are updated, send it along with Dr. San Agustin's list to providers holding a seat on the Commission and the Consumer Caucus for feedback and consensus.
- A question was asked regarding the significance of age at diagnosis and if the onset of these conditions would affect someone at an earlier age if they contracted the disease earlier or would the conditions be more exacerbated or intensified at 50+. Dr. Paul Nash recommended taking the discussion of accentuated versus accelerated aging to the panel in September.
- It was asked of the women attendees which assessments and screenings are missing for women with HIV that are aging. The following was suggested: pap smear, mammogram, mental health, breast cancer, cervical cancer screening, and colorectal screening.
 - Request Dr. LaShonda Spencer and the Women's Caucus to review the lists and add any missed screenings and exams pertaining to women

6. Determine Next Meeting Dates and Times

- The Aging Task Force will meet on the first Tuesday of the month from 1pm – 3pm. The next meeting will be held on August 3, 2021, 1pm-3pm.

7. Next Steps/Agenda Development

- Ask the Women's Caucus and Dr. Spencer if they could weigh in on the lists
- Update the framework and include the initial listing of detailed assessments from Dr. San Agustin
- Continue the relationship and consultation with the Women's Caucus to ensure the ATF is addressing the needs of women
- Connect with the Transgender Caucus for their input
- Aim for a panel at September's full Commission meeting and a presentation of the framework and assessments
- C. Barrit will work with W. Garland to make sure she has enough time to go over the data she described earlier in her report

6. Announcements: None.

7. Adjournment: meeting adjourned at 2:46 pm.

LOS ANGELES

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Calif. appellate court rules Trans pronouns law violates freedom of speech

Law protects LGBTQ seniors in long-term care facilities from discrimination & mistreatment base

Published 16 hours ago on July 19, 2021

By **LA Blade Digital Staff**





The State of California Third District Court of Appeals Sacramento Courthouse (Photo Credit: California Courts)



SACRAMENTO – The State of California Third District Court of Appeals ruled on Friday that a state statute requiring nursing home staff to use the correct pronouns for trans and nonbinary patients is a freedom of speech violation.



The Court, in a unanimous 3-0 decision, struck down this key provision of the LGBTQ Long-Term Care Facility Residents' Bill of Rights, created by SB 219 in 2017, authored by Senator Scott Wiener (D-San Francisco) and sponsored by Equality California. The Court upheld the provision in the law that requires nursing homes to place transgender patients in rooms that match their gender identity.

“The Court’s decision is disconnected from the reality facing transgender people. Deliberately misgendering a transgender person isn’t just a matter of opinion, and it’s not simply ‘disrespectful, discourteous, or insulting.’ Rather, it’s straight up harassment. And, it erases an individual’s fundamental humanity, particularly one as vulnerable as a trans senior in a nursing home. This misguided decision cannot be allowed to stand,” Senator Wiener said in a statement.



SB 219, also known as the
care facilities from disc
gender identity. Wiener
signed the bill into law.

or Bill of Rights, protects LGBTQ seniors in long-term
mistreatment based on their sexual orientation and
passed SB 219 in 2017, and then-Governor Jerry Brown

“The Court’s decision is a beyond disappointing, especially for our state’s transgender and nonbinary seniors. Let’s be clear: refusing to use someone’s correct name and pronouns isn’t an issue of free speech — it’s a hateful act that denies someone their dignity and truth,” said Equality California’s Executive Director Rick Chavez Zbur.

“Study after study has shown that trans people who are misgendered face alarming and life-threatening rates of depression and suicidal behavior. And older LGBTQ+ people face feelings of isolation, poor mental health and extreme vulnerability to communicable diseases like COVID-19. California’s nursing home patients deserve better than this — and we’ll be fighting until this decision is overturned,” he added.

RELATED TOPICS: #ANTI-LGBTQ DISCRIMINATION #EQUALITY CALIFORNIA #FEATURED #LGBTQ ACCEPTANCE
#LGBTQ ACTIVISM #LGBTQ ADVOCACY #LGBTQ INCLUSION #LGBTQ REPRESENTATION #LGBTQ SENIORS
#LGBTQ VISIBILITY #RICK ZBUR #SCOTT WIENER

DON'T MISS



AB 439 “Nonbinary” option to death certificates bill signed by Newsom

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MCC Performance at a Glance, 2013-2017

Patients Aged 50 and Over

Figure 1: Number of patients enrolled in MCC and receiving MCC services by contract year

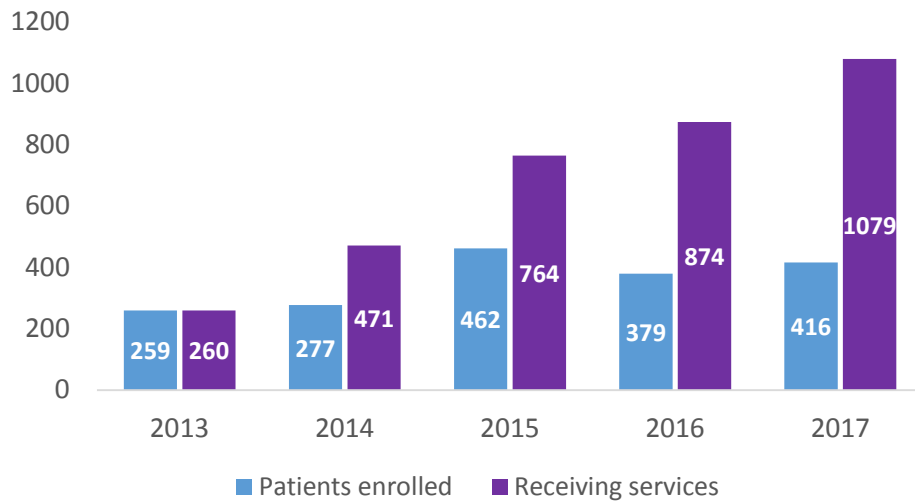


Figure 2: Percent of patients served by acuity level and contract year

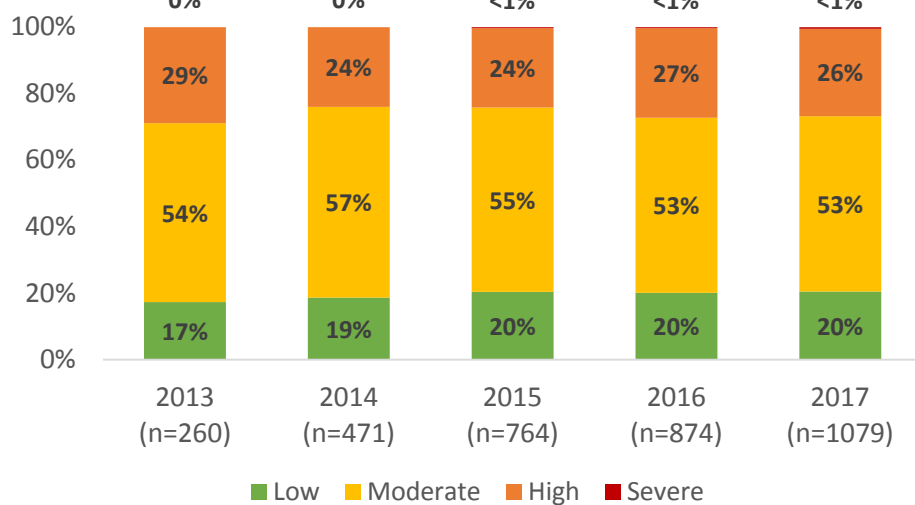
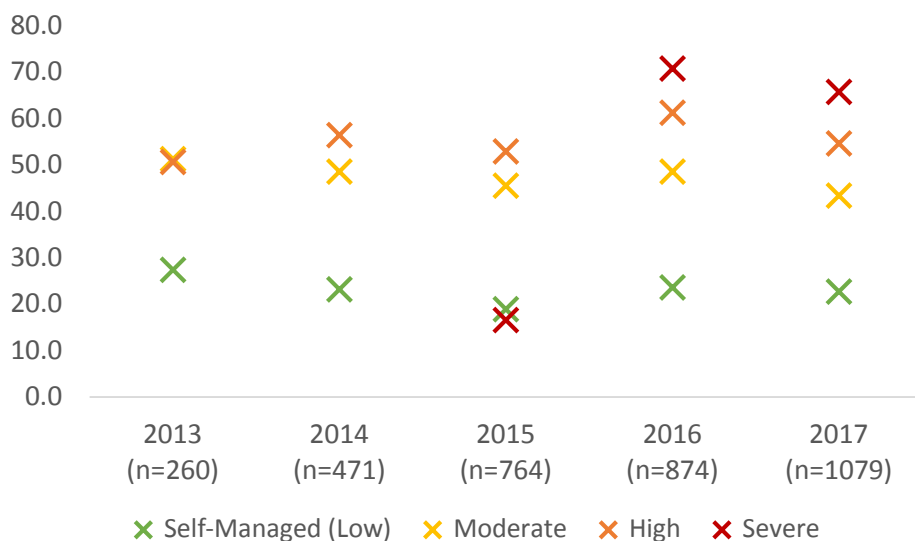


Figure 3: MCC service hours per patient by acuity level



Characteristic	n	%
Total	1793	100%
Race/Ethnicity		
White	436	24.3%
Hispanic/Latino	699	39.0%
African American/Black	613	34.2%
Other	45	2.5%
Gender		
Female	309	17.2%
Male	1450	80.9%
Transgender	34	1.9%
Age		
50-54	822	45.8%
55-59	544	30.3%
60-64	275	15.3%
65 and over	152	8.5%
Poverty		
Above FPL	468	26.1%
At or below FPL	1325	73.9%
Insurance Status		
Insured	491	27.4%
Uninsured	1302	72.6%
Homeless in the Past 6 Months		
No	1589	88.6%
Yes	204	11.4%
Ever Incarcerated		
No	1070	59.7%
Yes	723	40.3%
Depression Screener (PHQ-9)		
No Likely Depressive Disorder	1312	73.2%
Likely Depressive Disorder	481	26.8%
Anxiety Screener (GAD-7)		
No Likely Anxiety Disorder	1374	76.6%
Likely Anxiety Disorder	419	23.4%
Addiction Screener (TCU-II)		
No Likely Addiction Disorder	1512	84.3%
Likely Addiction Disorder	281	15.7%

MCC Performance Measures (PM) – Patients Aged 50 and Over

Figures 4-7: Provision of brief interventions among MCC patients with identified need by contract year *

Figure 4: Engagement in care brief intervention

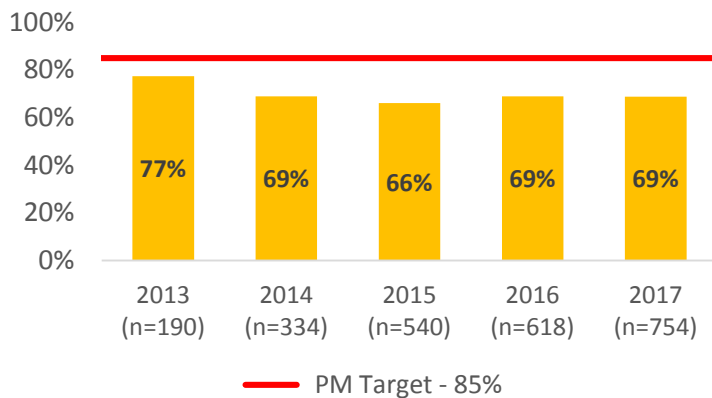


Figure 5: ART adherence brief intervention

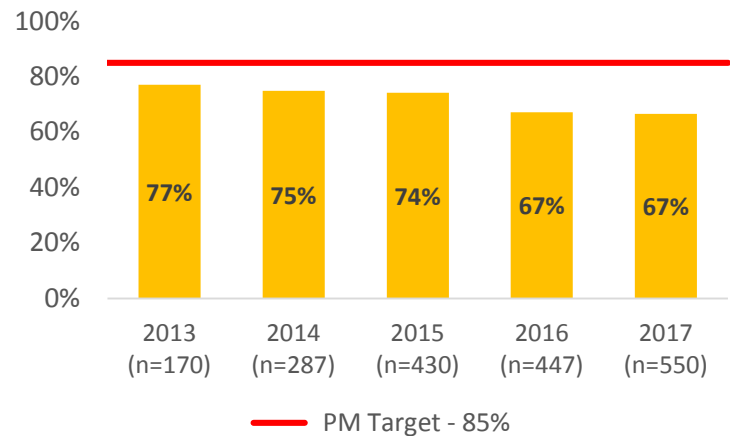
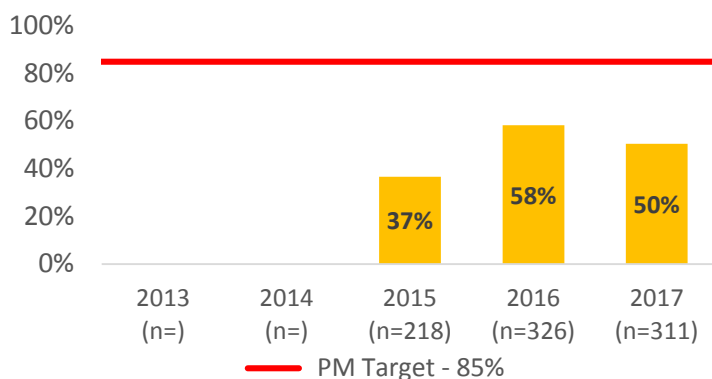
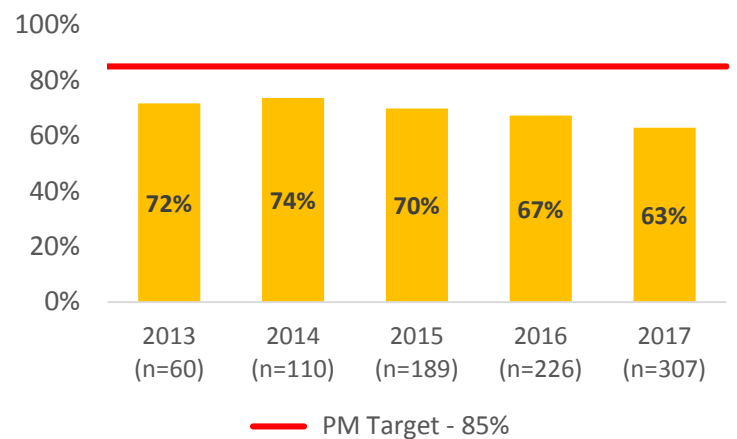


Figure 6: Behavioral health brief intervention*



*Data was not collected for years 2013 and 2014.

Figure 7: Risk reduction brief intervention



* The number below each year represents the number of MCC patients who demonstrated need for that particular intervention.

Figure 8: Retention in care at 12 months among patients in MCC by contract year

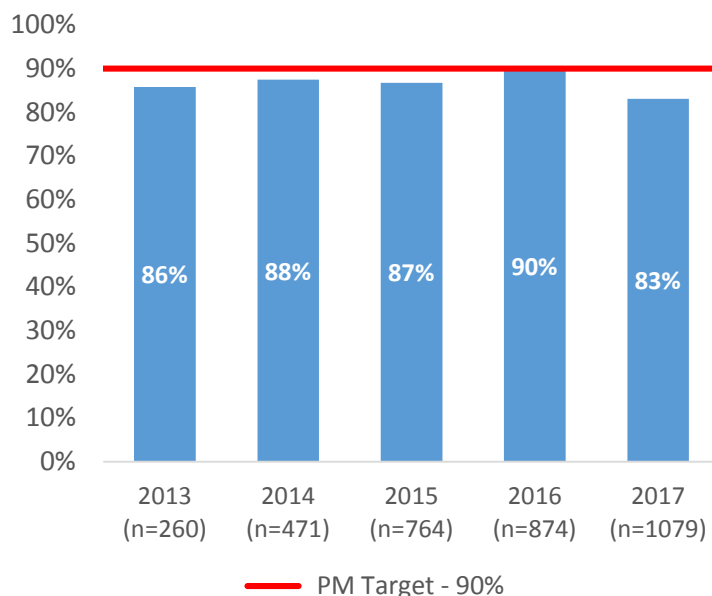
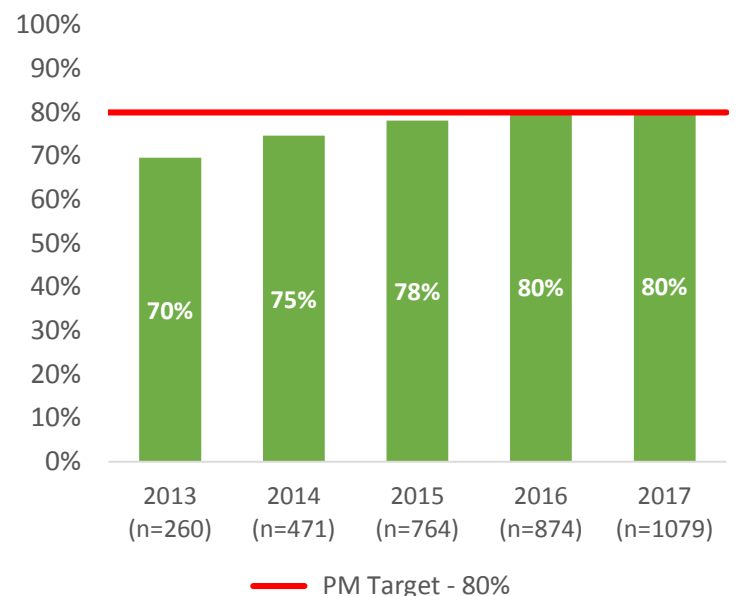


Figure 9: Viral suppression at 12 months among patients in MCC by contract year



AGING TASK FORCE

Proposed Framework of HIV Care for Older
Adults Living with HIV



LOS ANGELES COUNTY
COMMISSION ON HIV



Aging Task Force | Framework for HIV Care for PLHWA 50+

(7.21.21)

STRATEGIES:

1. Leverage and build upon Medical Care Coordination Teams & Ambulatory Outpatient Medical Program.
2. Integrate a geriatrician in medical home teams.

Assessments and Screenings			
Mental Health	Hearing	HIV-specific Routine Tests	Immunizations
Neurocognitive Disorders/Cognitive Function	Osteoporosis/Bone Density	Cardiovascular Disease	Advance Care Planning
Functional Status	Cancers	Smoking-related Complications	
Frailty/Falls and Gait	Muscle Loss & Atrophy	Renal Disease	
Social Support & Levels of Interactions	Nutritional	Coinfections	
Vision	Housing Status	Testosterone Deficiency	
Dental	Polypharmacy/Drug Interactions	Peripheral Neuropathologies	



From Golden Compass Program



From Aging Task Force

Screenings & Assessment Details

- HIV-specific Routine Tests
 - HIV RNA (Viral Load)
 - CD4 T-cell count
- Screening for Frailty
 - Need 3: unintentional weight loss, self-reported exhaustion, low energy expenditure, slow gait speed, weak grip strength
- Screening for Cardiovascular Disease
 - Lipid Panel (Dyslipidemia)
 - Hemoglobin A1c (Diabetes Mellitus)
 - Blood Pressure (Hypertension)
 - Weight (Obesity)
- Screening for Smoking-related Complications
 - Lung Cancer - Low-Dose CT Chest
 - Pulmonary Function Testing, Spirometry (COPD)

Screening for Renal Disease

- Complete Metabolic Panel
- Urinalysis
- Urine Microalbumin-Creatinine Ratio (Microalbuminuria)
- Urine Protein-Creatinine Ratio (HIVAN)
- Screening for Coinfections
 - Injection Drug Use
 - Hepatitis Panel (Hepatitis A, B, C)
 - STI - Gonorrhea, Chlamydia, Syphilis

Screenings & Assessment Details (continued)

- Screening for Osteoporosis
 - Vitamin D Level
 - DXA Scan
 - FRAX score
- Screening for Testosterone Deficiency (Hypogonadism)
 - Men with decreased libido, erectile dysfunction, reduced bone mass (or low-trauma fractures), hot flashes, or sweats; testing should also be considered in persons with less specific symptoms, such as fatigue and depression.
- Screening for Mental Health comorbidities
 - Depression - PHQ-9
 - Anxiety - GAD, Panic Disorder, PTSD
 - Substance Use Disorder - Opioids, Alcohol, Stimulants (cocaine & methamphetamine), benzodiazepines
 - Referral to LCSW or MFT
 - Referral to Psychiatry
- Screening for Peripheral Neuropathologies
 - Vitamin B12
 - Referral to Neurology
 - Electrodiagnostic testing

Screenings & Assessment Details (continued)

- Screening for Neurocognitive Disorders
 - Clinic-based instruments: MOCA, International HIV Dementia Scale
 - Referral for formal neuropsychiatric testing to make a diagnosis of HIV-Associated Neurocognitive Disorders (HAND)
 - Rule out reversible causes: substance use disorder, medication-related effects, thyroid disease, vitamin B12 deficiency, syphilis, opportunistic infections, tumor, depression.
- Screening for Cancer
 - Hepatocellular Carcinoma - Liver Ultrasound
 - Colorectal Cancer - FIT, Colonoscopy
 - Anal Cancer - Cytology
 - Lung Cancer - Low-Dose CT Chest
 - Breast Cancer - Mammogram
 - Cervical Cancer - Pap smear
- Immunizations
 - Recombinant zoster vaccine (Shingrix) for age 50+
- Advance Care Planning
 - Durable Power of Attorney (DPOA)
 - Physician Orders for Life Sustaining Treatment (POLST)

