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Aging Caucus Virtual Meeting

Tuesday, April 2, 2024

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

Discussion | Service access and navigation issues faced by older adults living with HIV | Provider Insights from Being Alive LA | Jamie Baker, Executive Director

HIV and Aging Updates from CROI 2024 | Dr. David Hardy, Scientific and Medical Consultant, USC Rand Schrader Clinic

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Meeting number/Access Code: 2533 785 7231

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+1-213-306-3065 United States Toll (Los Angeles)

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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.

Click [HERE](#) for information on the Aging Caucus' Recommendations and Care Framework for PLWH

together.

WE CAN END HIV IN OUR COMMUNITIES ONCE & FOR ALL

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LOS ANGELES COUNTY COMMISSION ON HIV



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VIRTUAL MEETING AGENDA **TUESDAY, APRIL 2, 2024** **1:00 PM – 2:30 PM**

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1	Welcome & Introductions	1:00pm-1:10pm
2	Co-Chairs' Report <ul style="list-style-type: none">a. Purpose of the Aging Caucusb. February 6, 2023 Meeting Brief Recap (refer to meeting summary in packet)c. DHSP Workforce Summit and Conference Updates (Dr. Nash).	1:10pm-1:20pm
3	Discussion: Service access and navigation issues faced by older adults living with HIV Provider Insights from Being Alive LA Jamie Baker, Executive Director	1:20pm-1:45pm
4	HIV and Aging CROI 2024 Updates (Dr. David Hardy)	1:45pm-2:00pm
5	Division of HIV and STD Programs (DHSP) Report <ul style="list-style-type: none">a. Status/Actions Taken to Implement Aging Caucus Recommendationsb. Internal Workgroups Status Report or Efforts to Better Address HIV and Agingc. Other updates and feedback on how the Aging Caucus can best support DHSP in addressing HIV and Aging	2:00pm-2:15pm
5	Executive Director/Staff Report	2:15pm-2:20pm
6	Next Steps and Agenda Development for Next Meeting	2:20pm-2:25pm
7	Public Comments & Announcements	2:25pm-2:30pm



LOS ANGELES COUNTY
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8	Adjournment	2:30pm
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2024 Meeting Schedule (Subject to Change**)**

All meetings are virtual from 1pm to 2:30pm unless changed by the Aging Caucus.

February 6, 2024

April 2, 2024

June 4, 2024

August 6, 2024

October 1, 2024

December 3, 2024



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AGING CAUCUS VIRTUAL MEETING SUMMARY TUESDAY, FEBRUARY 6, 2024

Attendees: Kevin Donnelly (Co-Chair), Paul Nash (Co-Chair), Alasdair Burton, Lee Kochems, Katja Nelson, Viviana Criado (DPH Office of Women's Health/Los Angeles Alliance for Community Health and Aging), Crisel Santos (AltaMed PACE Program). Commission on HIV staff: Cheryl Barrit and Lizette Martinez.

Co-Chairs' Report

- Aging Caucus (AC) Co-Chairs Kevin Donnelly and Dr. Paul Nash, called the meeting to order at 1:06pm, welcomed participants, and introductions were made.
- K. Donnelly went over the purpose of the AC and highlights of the December 5, 2023 meeting. The purpose of the AC is to address the health needs of those over 50 years living with HIV and long-term survivors and to implement recommendations it developed in 2020. Several ideas were developed for key activities for 2024, including but not limited to, bringing attention to social isolation faced by older people living with HIV, housing and internal partnerships with Commission committees and caucuses. It was suggested that Dr. Nash provide a presentation to the full Commission on the topic of social isolation and resources needed to mitigate the impact of social isolation on the quality of older adults living with HIV.
- The AC stated the importance of aligning and doubling up its efforts for impact and results.
- New attendee, Crisel Santos, Marketing Coordinator for AltaMed's Program for All Inclusive Care for the Elderly (PACE), shared information on the PACE program as another opportunity and resource to address the needs of older adults living with HIV. The Program of All-Inclusive Care for the Elderly, or PACE, was established by Medicare to help independent seniors with complex medical needs. The program helps participants avoid nursing homes and instead, receive the care and services necessary to help them stay safe, comfortable, and healthy living in their own home.
- PACE offers care coordination, transportation, social services, and meals, all in a positive, comfortable environment. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by the Department of Health Care Services, and be able to live safely in their home or community at the time of enrollment. AltaMed currently has 11 PACE Centers and is expanding more in alternative care settings.
- Additional information about the PACE Program is available at <https://www.dhcs.ca.gov/provgovpart/Pages/PACE.aspx>.

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

- No DHSP staff was in attendance to provide a report. The AC will follow-up via email on the following items:
 - a. Status/Actions Taken to Implement Aging Caucus Recommendations
 - b. Internal Workgroups Status Report or Efforts to Better Address HIV and Aging
 - c. Other updates and feedback on how the Aging Caucus can best support DHSP in addressing HIV and Aging
- Some AC members recommended inquiring about a status update from DHSP at the full Commission meeting on February 8, 2024. AC members expressed the importance of holding DHSP accountable for continuing to engage with the AC and collaborating with the AC to tackle the recommendations developed by the group in 2020 and continue to address HIV and aging. The AC was particularly interested in the status of activities related to workforce capacity since it appeared there was momentum around that goal.
- Dr. Nash shared that DHSP did reach to USC to determine if a training program using a learning management system (LMS) was feasible with a \$10,00 program budget. However, due to the complexity of developing tailored curriculum using an LMS platform, USC determined that the allocated project budget of \$10,000 was not feasible or realistic.

III. 2024 Workplan/Key Activities Development (Discussion)

The group discussed developing its 2024 workplan.

- Add transitional case management, benefits specialty and navigation to the service standards review. Collaborate with the Standards and Best Practices Committee on updating these service standards to address HIV and aging.
- Regarding reports from DHSP, add specific questions to DHSP to better guide the discussions towards action and impact.
- Add an “outcomes/resolution” column to document success (or improvement needed) for each workplan activity.
- Add to the Planning, Priorities and Allocations (PP&A) Committee agenda an agenda item highlighting recommendations from all Caucuses to help inform the planning, priority setting and resource allocations process.
- Add the REPRIEVE study on activity related to tracking research efforts. Find out more about HIV and aging specific studies from CROI (Conference on Retroviruses and Opportunistic Infections). Consider a presentation on the REPRIEVE study. Dr. Nash noted that the American Society on Aging will be held in March and he will staff and will share key research highlights from the conference.
- Collaborative educational events – reach out to APLA and the M. McFadden from the LA LGBT Center if they are doing and aging events as potential collaborative efforts with the Commission/Aging Caucus. Pursue co-hosting sexual health educational events with the Department of Aging and Disability in small, intimate settings. Keep the momentum on the successful sexual health event held in 2023 and find a partner to co-host/co-plan the event.
- Working with SAPC, DMH – rethink how to integrate the essence of this activity under the 4 internal DHSP workgroups. Invite representatives from SAPC and DMH to come to the AC and identify best practices they are utilizing to address substance use and mental health in older adults.

- Add conversations on the impact of CalAIM on healthcare for older adults.
- ID cards – refine to get status update on upgrades to CaseWatch, solving administrative barriers to accessing RWP services – strive for a seamless RWP care system.

IV. Executive Director/Staff Report

- C. Barrit mentioned the full Commission meeting on February 8, 2024. The Bylaws Review Task Force will present a summary of proposed key changes to the Commission's bylaws. The 2023 Annual Report will be in the packet and must be submitted to the Board by February 29, 2024.

V. Next Steps and Agenda Development for Next Meeting

- Next Meeting: April 2, 2024 @ 1pm to 2:30pm to be held virtually via WebEx.
- Discussion item on service access and navigation issues faced by older adults living with HIV.

Meeting was adjourned at 2:30pm.

LOS ANGELES COUNTY COMMISSION ON HIV 2024 AGING CAUCUS WORKPLAN (REVISION DATES:)

Created 02.09.24

Task Force Adoption Date:

Co-Chairs: Kevin Donnelly & Paul Nash

#	TASK/ACTIVITY	TARGET COMPLETION DATE	STATUS/NOTES/OTHER COMMITTEES INVOLVED—Document outcomes and resolution
1	Review and refine workplan, as needed	Ongoing	
2	Ensure service standards are reflective of and address the needs of PLWH 50+ <ul style="list-style-type: none"> Work with the Standards and Best Practices Committee to update/develop Transitional Case Management for older PLWH transitioning out of Ryan White into Medicare; benefits specialty and service navigation; and home-based case management service standards (completion date to be determined by SBP) 		
3	Use Aging Caucus recommendations and care framework to inform Ryan White allocations. <ul style="list-style-type: none"> Infuse aging lens in the multi-year service ranking and funding allocations exercise conducted by PP&A Discuss impact of CalAIM on healthcare for older adults. 		
4	Continue to work with DHSP to implement recommendations and HIV care framework for PLWH 50+ <ul style="list-style-type: none"> Maintain ongoing communication with DHSP on shifting community needs and staff workload and priorities. Find the proper balance and accountability to maintain collective commitment to addressing the needs of older adults living with HIV. <i>Are MCC and AOM programs conducting the assessments and screenings recommended by the group (see 2020 report). What capacity building needs/issues need to be addressed to move MCC/AOM programs to perform the recommended screenings?</i> 		
5	Participate in internal DHSP HIV and Aging workgroups and monitor progress in implementing identified 4 priorities. <ol style="list-style-type: none"> Examine housing inventory to ensure that it provides safe and welcoming environments for seniors. 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. Acknowledge and support nontraditional family relationships that nurture well-being and social connection. 		Elicit ongoing feedback from DHSP on the status of the 4 workgroups. <i>What is the status of the gerontology trainings?</i> <i>Update from DHSP (Dr. Green; email 2/7/24: "Our priorities right now are looking at migration away from our RWP medical care because of California's Medi-</i>

**LOS ANGELES COUNTY COMMISSION ON HIV
2024 AGING CAUCUS WORKPLAN (REVISION DATES:)**

Created 02.09.24

4. Seek out mental health specialists who can treat both HIV and age-related conditions.		<i>Cal expansion, working with providers to see if/how they intend to continue providing MCC services if RWP isn't paying for medical care, and developing new case management/social support models that should address many of the issues that have been identified by this and other groups. As discussed previously, the mentoring program is in full swing, but evaluation is still some months away."</i>
<p>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).</p> <ul style="list-style-type: none"> • Learn more about the REPRIEVE study and invite a representative from the research team to present to the Caucus. • Find out more about HIV and aging specific studies from CROI (Conference on Retroviruses and Opportunistic Infections). Dr. Nash to present on key highlights from the American Society on Aging (to be held in March). 		
<p>7 Plan and implement a special panel/speaker for in commemoration of National HIV/AIDS and Aging Awareness Day. Presentations/educational sessions may occur outside of COH or Aging Caucus meetings.</p> <ul style="list-style-type: none"> • Leverage success from the 2023 Sexual Health and Older Adults Educational Event for Providers. Co-host and co-plan with interested partners. • Partner with the Department of Aging and Disabilities to explore conducting sexual health educational event in small settings in one of their senior centers. • Collaborate with the Women's Caucus on lifting the needs of older women living with HIV. • Presentation at the full Commission on social isolation and aging. 		
<p>8 Monitor issues related to mental health, substance use, homelessness for the aging population and to hear periodic updates from DHSP, DMH, SAPC, and other organizations; invite other commissions as well.</p>		

LOS ANGELES COUNTY COMMISSION ON HIV 2024 AGING CAUCUS WORKPLAN (REVISION DATES:)

Created 02.09.24

<ul style="list-style-type: none"> • Invite representatives from SAPC and DMH to come to the AC and identify best practices they are utilizing to address substance use and mental health in older adults. 		
<p>9 Facilitate solutions-oriented listening sessions among older adults living with HIV on service access barriers and navigation issues they experience.</p> <p><i>It is difficult to track information and the different staff/case managers when one gets older. Case managers should be linking and enrolling clients to all Ryan White and non-Ryan White services. Could there be only 1 case manager for all services?</i></p> <p><i>Is there a way to manage all the case managers since not all case managers carry the same expertise and knowledge across all areas and services. How can case managers share information and coordinate services?</i></p>		