



LOS ANGELES COUNTY
COMMISSION ON HIV



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Aging Caucus Virtual Meeting

Be a part of the HIV movement

Tuesday, October 3, 2023

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

Agenda and meeting materials will be posted
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DIAL: +213-306-3065 MEETING #/ACCESS CODE: **2538 359 6473**

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.

Click [HERE](#) for information on the Aging Caucus' Recommendations and Care Framework for PLWH over 50.

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LOS ANGELES COUNTY
COMMISSION ON HIV



**AGING CAUCUS
VIRTUAL MEETING AGENDA
TUESDAY, OCTOBER 3, 2023
1:00 PM – 2:30 PM
TO JOIN BY WEBEX, CLICK:**

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m18553ed7b6f8d217f131a3ab90a37406>

Meeting Number and Access Code: 2538 359 6473

Password: AGING

Join by phone:

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

1	Welcome & Introductions	1:00pm-1:10pm
2	Co-Chairs' Report <ul style="list-style-type: none">a. Sexual Health and Older Adults Event Debrief<ul style="list-style-type: none">• What went well, what didn't, what can we do better?• Review evaluations• Next steps	1:10pm-1:40pm
3	Division of HIV and STD Programs (DHSP) Report <ul style="list-style-type: none">a. Internal Workgroups Status Reportb. Other Updates	1:40pm-1:50pm
5	Conference and Training Reports	1:50pm-2:00pm
7	Executive Director/Staff Report <ul style="list-style-type: none">a. Annual Conference Planning (November 9)	2:00pm-2:10pm
8	Next Steps and Agenda Development for Next Meeting Future Meetings Proposed Topics <ul style="list-style-type: none">a. Aging in BIPOC Women Communitiesb. December 5: 2023 reflections and vision planning for 2024; Co-chair nominations and elections.	2:10pm-2:15pm
9	Public Comments & Announcements	2:15pm-2:20pm
10	Adjournment	2:30pm



LOS ANGELES COUNTY
COMMISSION ON HIV



AGING CAUCUS
August 1, 2023
Virtual Meeting Summary
Meeting Packet [link](#)

In attendance:

Kevin Donnelly (Co-Chair)	Paul Nash (Co-Chair)	Justin Argue
Cheryl Barrit (COH Staff)	Arlene Frames	Lee Kochems
Lizette Martinez (COH Staff)	Michael McFadden	Katja Nelson
Pamela Ogata (DHSP)	Philip	Russell Ybarra

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. Comprehensive HIV Plan 2022-2026 | Feedback on Proposed Ideas for Aging Caucus Activities

- K. Donnelly went over the list of proposed ideas/activities taken from the Comprehensive HIV Plan (CHP). K. Donnelly and P. Nash will work with Commission staff to prioritize 1 to 2 CHP activities to tackle and to revise the workplan to reflect the selected CHP priorities.
- L. Kochems suggested that the workplan be updated to include monitoring 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.
- K. Donnelly mentioned that the Pacific AIDS Education Training Center (PAETC) has a report on substance use that may be resource to the Aging Caucus.
➤ *K. Donnelly to email PAETC report to C. Barrit for sharing with the rest of Caucus members.*
- Regarding the workplan, P. Ogata asked for a broader review of case management services, and starting 2024 with a review of the home-based management standards.
- K. Donnelly shared his experience with the lack of responsiveness from his own case manager and underscored that in his situation, the case manager did not offer other Ryan White program services like Medical Care Coordination (MCC).
- L. Kochems revisited the idea of developing Ryan White program ID cards for clients. The cards could contain information that could be shared across all case managers in

the service delivery system. He noted that 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. L. Kochems asked if there could be only 1 case manager for all services.

- P. Ogata inquired if there is 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?

B. Sexual Health and Older Adults Event Update

- P. Nash provided an overview of the educational event focused on providers on Sexual Health and Older Adults on Sept. 22. The event will be held at the Vermont Corridor from 10am to 2pm. The goal is to challenge provider misconceptions about sexuality and older adults and ultimately increase service provider confidence in promoting sexual health to their clients. The Dept. of Aging is a partner in the event and has offered the door for additional learning opportunities in the future. The event flyer will be forthcoming.

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

a. Internal Workgroups Status Report

- P. Ogata reported that DHSP is currently working on developing a training series with a local partner; will provide additional updates as progress is made.
- *C. Barrit will work with P. Ogata in including a survey or a question on the Sept 22 vent evaluation form around training needs among providers.*

4. Conference and Training Reports

- K. Donnelly reported that he will be attending the United States Conference on HIV/AIDS in Sept. 6-9 in Washington DC. He will share key highlights upon his return.

Upcoming Conferences:

- Collaboration in Care Conference: Improving HIV and Aging Services; Sept. 18-19 in Sacramento, CA. Dr. P. Nash will be a keynote speaker.
- Gerontological Society of America Conference; November 8-12 in Tampa, FL. Dr. Nash will be attending and speaking.
- American Society on Aging Conference; March 25-28, 2024 in San Francisco, CA.

5. Executive Director/Staff Report

a. HRSA Site Visit Report

- C. Barrit went over the findings from the Health Resources and Services Administration (HRSA) administrative site visit held in Feb. 13-17, 2023. She also

went over the corrective action plan submitted to DHSP which shows how the Commission is addressing the findings. The finding specific to DHSP planning council membership and voting rights will require an ordinance and bylaws change. Staff are working with the County Counsel on the necessary revisions and steps to enact changes. The Commission is making progress filling its vacant seats.

b. Annual Meeting Ideas

- The Commission's annual meeting will be held on November 9. C. Barrit provided a running list of topic ideas solicited from Commissioners for the annual meeting. The Aging Caucus would like to see the housing needs of older adults integrated in the overall discussion around affordable housing and preventing homelessness. Additionally, the Caucus would like to see older adults living with HIV in the panel. A. Frames volunteered to be on the panel. K. Donnelly liked the idea of having resource tables.

6. Next Steps and Agenda Development for Next Meeting
Future Meetings | Proposed Topics

- a. Aging in BIPOC Women Communities – consider coordinating with the Women's Caucus; start with a conversation with the Women's Caucus co-chairs.
- b. October 3: sexual health event debrief and review evaluations.
- c. December 5: 2023 reflections and vision planning for 2024; Co-chair nominations and elections.

7. Public Comments & Announcements

- United Nations International Day of Older Persons (Oct. 1); *"Resilience of Older Persons in a Changing World"*

8. Adjournment - Meeting adjourned at 2:25pm.

Let's Talk About Sex | September 22, 2023

Program

Registration 9:30AM

Opening Remarks 10:00AM

Kevin Donnelly, Commission on HIV
Dr. Paul Nash, Commission on HIV
Dr. Laura Trejo, Aging and Disabilities Department

Let's Talk STDs and HIV Before We Get It On 10:15AM

Dr. David Hardy, Keck School of Medicine, USC, and LAC-USC Rand Schrader Clinic

Yes, We're Still Getting It On | Confronting Our Anxieties about Sex 10:45AM

Anastasia Baratta, Sex Doula, Healing through Movement, Community Death Care Advocate

The Sex Talk | Panel | Conversation on Opportunities and Challenges on Navigating Sex Talks with Older Clients 11:30AM

Emmanuel Sanchez-Ramos, APLA Health
Dr. H. Glenn San Agustin, JWCH Institute
Arlene Frames, Commission on HIV

BREAK + GET LUNCH 12:15PM

It Gets Better with Age | Sex Positivity 12:30PM (Luncheon Keynote)

Dr. Kaiyti Duffy, Los Angeles LGBT Center

Sexy Lives Here | APLA Health Spotlight | Local and Regional Efforts to Bring Attention to HIV and Older Adults 1:00PM

Jeff Bailey + Brian Risley, APLA Health

Closing Remarks + Evaluations + Lunch+ Networking + Raffles 1:15PM

***This event is a collaborative effort of the Los Angeles County Commission on HIV,
Department of Aging, Los Angeles LGBT Center and APLA Health.***

Sexual Health and Older Adults Provider Educational Event Evaluation Responses



Background

Held September 22, 2023

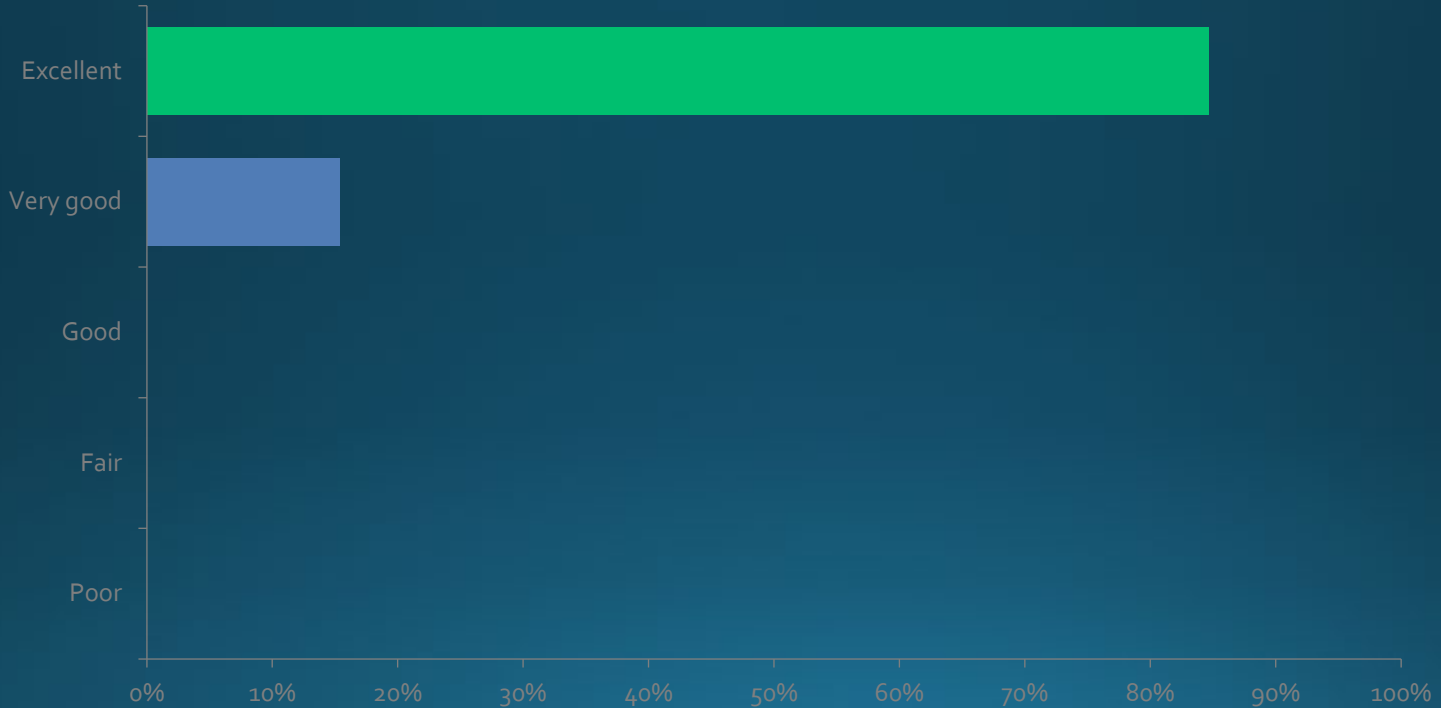
- To commemorate National HIV/AIDS and Aging Awareness Day (NHAAD)

105 registered, 35 attended

26 evaluations completed

Under Workforce and Community Education and Awareness Recommendations and workplan

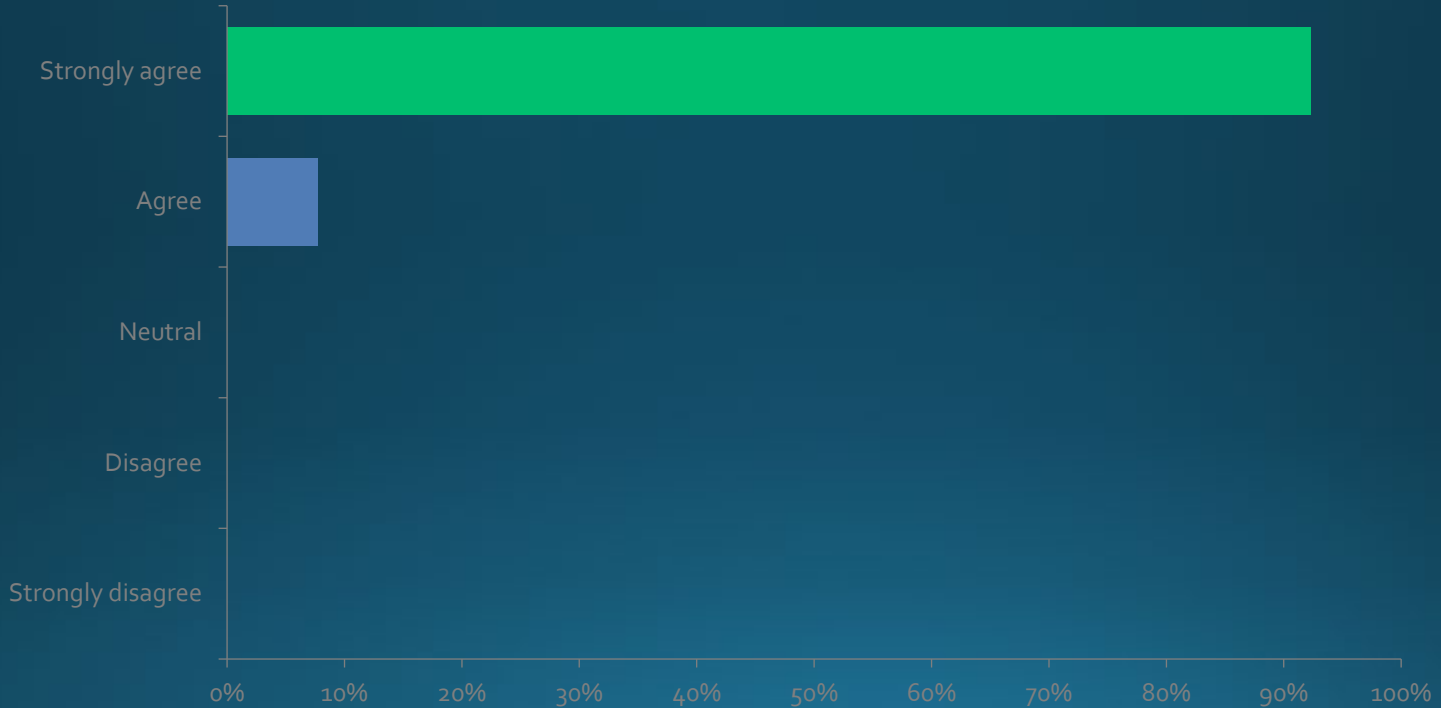
Q1: Overall, how would you rate the event?



Q1: Overall, how would you rate the event?

ANSWER CHOICES	RESPONSES	
Excellent	84.62%	22
Very good	15.38%	4
Good	0%	0
Fair	0%	0
Poor	0%	0
TOTAL		26

Q4: This training experience will be useful in my work.



Q4: This training experience will be useful in my work.

ANSWER CHOICES		RESPONSES	
Strongly agree		92.31%	24
Agree		7.69%	2
Neutral		0%	0
Disagree		0%	0
Strongly disagree		0%	0
TOTAL			26

Q2 What did you like about the event?

Answered: 26 Skipped: 0

#	RESPONSES	DATE
1	Incredible speakers; diversity of topics	9/23/2023 3:55 PM
2	All the conversations about sex, especially the panel and workshop activities.	9/23/2023 3:51 PM
3	Interaction with other providers; Dr. Kaiyi Duffy	9/23/2023 3:49 PM
4	The openness with questions and feedback. I didn't feel talked at, I felt talked with.	9/23/2023 3:48 PM
5	The speakers were great and kept us engaged.	9/23/2023 3:45 PM
6	Love the lectures and conversations.	9/23/2023 3:41 PM
7	Sex doula, talking about sex openly in a bigger space	9/23/2023 3:40 PM
8	Everything	9/23/2023 3:39 PM
9	Openness for discussion, crowd engagement and itinerary format.	9/23/2023 3:37 PM
10	Perspective on positivity.	9/23/2023 3:35 PM
11	The location. The speakers' content was spot on. Inclusion of HIV+ aging individuals.	9/23/2023 3:34 PM
12	The event was very interactive. I loved the games and questions we had.	9/23/2023 3:30 PM
13	The presenter had audience interaction with activities.	9/23/2023 3:24 PM
14	Speakers	9/23/2023 3:23 PM
15	Overall the presentation and organization. Dr. Duffy presentation.	9/23/2023 3:21 PM
16	Variety of speakers and backgrounds	9/23/2023 3:19 PM
17	Email from HIV Commission	9/23/2023 3:17 PM
18	Safe space to talk about sex and guidance/knowledge from others when working with patients. What an amazing panel!	9/23/2023 1:57 PM
19	Hearing people's experiences with aging and sexuality.	9/23/2023 1:55 PM
20	There were some things I liked about the event. I appreciate the balance between technical presentations (Dr. Hardy) and down home/intimate conversations (Dr. Duffy; the panel, especially Arlene).	9/23/2023 1:51 PM
21	Great discussion and informative topics. Thanks for the food.	9/23/2023 1:42 PM
22	The panel of speakers was great.	9/23/2023 1:39 PM
23	I learned some things.	9/23/2023 1:36 PM
24	I liked that the event provided an open space to talk and learn about sexuality and sex for older adults.	9/23/2023 1:35 PM
25	The amount of information and resources discussed.	9/23/2023 1:32 PM
26	The sex doula and panel discussion. The venue.	9/23/2023 1:30 PM

Q3 What did you dislike about the event?

Answered: 23 Skipped: 3

#	RESPONSES	DATE
1	Time management (super duper minor)	9/23/2023 3:55 PM
2	N/A	9/23/2023 3:51 PM
3	Nothing I disliked.	9/23/2023 3:49 PM
4	We need more of them!	9/23/2023 3:48 PM
5	Probably more discussions after this. I hope the "Let's Talk about Sex" has a continuing curriculum.	9/23/2023 3:45 PM
6	Need more time to engage with others.	9/23/2023 3:41 PM
7	N/A	9/23/2023 3:40 PM
8	Everything was wonderful!	9/23/2023 3:39 PM
9	N/A	9/23/2023 3:37 PM
10	N/A.... needed more providers and medical practitioners present to hear the info.	9/23/2023 3:34 PM
11	Nothing. Everything was very good.	9/23/2023 3:30 PM
12	N/A	9/23/2023 3:23 PM
13	N/A	9/23/2023 3:21 PM
14	Nothing	9/23/2023 3:19 PM
15	Want more.	9/23/2023 3:17 PM
16	N/A- Actually, I wish it was longer! So much more to learn and share.	9/23/2023 1:57 PM
17	N/A	9/23/2023 1:55 PM
18	There is nothing that I disliked about the event, but it would have been nice to see visual presentations of the proper way to use condoms. I have a feeling that the way I was taught back in the day might be outdated or altogether wrong.	9/23/2023 1:51 PM
19	Nothing.	9/23/2023 1:42 PM
20	Maybe let's manage time better for next workshop/conference.	9/23/2023 1:39 PM
21	Would have preferred more visuals.	9/23/2023 1:35 PM
22	N/A	9/23/2023 1:32 PM
23	The people who no showed.	9/23/2023 1:30 PM

Q5 Identify one thing that you would do differently as a result of this educational event?

Answered: 23 Skipped: 3

#	RESPONSES	DATE
1	Don't assume client does not have sex.	9/23/2023 3:55 PM
2	More interactive conversations; design or add a breakout component.	9/23/2023 3:51 PM
3	Discuss sexual health more.	9/23/2023 3:49 PM
4	Ask more open-ended sexual questions.	9/23/2023 3:48 PM
5	More of these types of event and doing it on a larger scale, including more consumers of RW, ASO, CBO.	9/23/2023 3:45 PM
6	Talk about PrEP and PEP with women.	9/23/2023 3:41 PM
7	Being more comfortable with talking about sex with clients.	9/23/2023 3:40 PM
8	Perfect!	9/23/2023 3:39 PM
9	Collaborate more with specific agencies I learned about at this event.	9/23/2023 3:37 PM
10	I will give respect to aging client's experience and be supportive of how intimacy may show up for them. Increase the perspective of sex as a healthy part of life.	9/23/2023 3:34 PM
11	Give more time to our older adults to speak about their own sexual experience and also give them more resources to keep themselves more safe.	9/23/2023 3:30 PM
12	Longer table engagement activity	9/23/2023 3:23 PM
13	Continue being inclusive of the older adult and sex conversations	9/23/2023 3:21 PM
14	Having more conversations about sex and clients	9/23/2023 3:19 PM
15	More outreach	9/23/2023 3:17 PM
16	Advocate for better staff sexual health training.	9/23/2023 1:57 PM
17	Pushing sexual health for all patients as much as they are comfortable with and normalize them having sex.	9/23/2023 1:55 PM
18	Perhaps incorporating a discussion about whole-person care: nutrition, the importance of sleep and exercise, mental health, trauma care, alternative medicine, meditation, etc.; non-pharmaceutical options. Teach people how to live.	9/23/2023 1:51 PM
19	Be more direct with patients and colleagues about sexuality.	9/23/2023 1:42 PM
20	Being able to open up the sexuality topic with a little more ease.	9/23/2023 1:39 PM
21	I would include more older adults; would like to see and hear their perspectives	9/23/2023 1:35 PM
22	Providing my clients with more tools and resources	9/23/2023 1:32 PM
23	Have sex ed at client advisory board meetings	9/23/2023 1:30 PM

Q6 What training or resources do you need to help implement this change?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	Workshops, video training, peer-to-peer education.	9/23/2023 3:55 PM
2	More physical materials. A lot of resources.	9/23/2023 3:51 PM
3	More HIV and aging conference	9/23/2023 3:49 PM
4	More funding for trainings like these.	9/23/2023 3:48 PM
5	Continue the talk and maybe other training including role play.	9/23/2023 3:45 PM
6	More topics of women and sexual health	9/23/2023 3:40 PM
7	Female training.	9/23/2023 3:39 PM
8	Staff training on this topic.	9/23/2023 3:37 PM
9	Infographic that gets blasted about the benefits of healthy sex and intimacy. Accurate info regarding female condom distribution and vendors (global protection.com).	9/23/2023 3:34 PM
10	A training on how to conduct these conversations and a training on how to get resources that will keep their senior community safe.	9/23/2023 3:30 PM
11	More discussions like this	9/23/2023 3:23 PM
12	I need to more colleagues to attend this kind of training.	9/23/2023 3:19 PM
13	Infrastructure to enable changes (\$, buy-in)	9/23/2023 3:17 PM
14	Staff trainings	9/23/2023 1:57 PM
15	Informational products for patients and staff to allow everyone to feel comfortable implementing sexual health and wellness efforts; a framework for peer meetings/groups	9/23/2023 1:55 PM
16	More collaboration with willing individuals. Some individuals may not be open to collaborating.	9/23/2023 1:51 PM
17	Info about trainings for professionals about sexual orientations (sexual orientations, pronouns, etc.), STDs, safe sex, etc.	9/23/2023 1:42 PM
18	Just myself and open the conversation.	9/23/2023 1:39 PM
19	Materials: safe sex games, condoms, dental dams.	9/23/2023 1:35 PM
20	Speaking to my management team and funding.	9/23/2023 1:32 PM
21	Agency training	9/23/2023 1:30 PM

Q7 What other training topics do you need to better serve older adults?

Answered: 5 Skipped: 21

#	RESPONSES	DATE
1	Where to find free contraception.	9/23/2023 1:42 PM
2	More information about resources geared towards older adults.	9/23/2023 1:39 PM
3	Literature to distribute to clients.	9/23/2023 1:36 PM
4	Access to Spanish materials	9/23/2023 1:35 PM
5	More collaboration and partnerships with various organizations.	9/23/2023 1:32 PM

Q8 Aside from funding, what non-monetary support do you need to better serve older adults?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	Community events/gatherings (movie and discussion)	9/23/2023 3:55 PM
2	Spaces: physical space for people to meet	9/23/2023 3:51 PM
3	Access to social networks	9/23/2023 3:49 PM
4	Destigmatize these conversations through outreach and dialogues.	9/23/2023 3:48 PM
5	A choice of less processed foods. Maybe partner with pharmaceuticals, etc. to provide healthier choices other than lunch boxes.	9/23/2023 3:45 PM
6	More resource information.	9/23/2023 3:41 PM
7	Education, training, more education on women.	9/23/2023 3:40 PM
8	Free female condoms.	9/23/2023 3:39 PM
9	More education and resources.	9/23/2023 3:37 PM
10	Better collaboration and communication between inter/intra agency partners. Warm hand offs. Referrals.	9/23/2023 3:34 PM
11	More resources of sexual groups for male and females	9/23/2023 3:30 PM
12	More educational group/support group	9/23/2023 3:24 PM
13	Sex materials - condoms, spermicide, resources, anonymity	9/23/2023 3:23 PM
14	Program promotion - greater awareness of existing programs and services	9/23/2023 3:19 PM
15	Buy-in from adjacent disciplines and sx	9/23/2023 3:17 PM
16	More programs, events, safe spaces	9/23/2023 1:57 PM
17	More events, meetings, conferences etc., for staff, providers, and community members to feel safe to continue talking about sexual health.	9/23/2023 1:55 PM
18	Access to older adults.	9/23/2023 1:51 PM
19	Thank you so much for this conference; the speakers were great; the food was great and the venue was accessible as well as parking. Five stars!	9/23/2023 1:39 PM
20	N/A	9/23/2023 1:35 PM
21	Great event! Thank you!	9/23/2023 1:32 PM

Q9 Is there anything else you'd like to share about the event?

Answered: 18 Skipped: 8

#	RESPONSES	DATE
1	Thank you to the organizers. This is such an important topic and you are so appreciated for organizing it. It is so apparent how much time, effort, blood, sweat and tears you devoted to the event.	9/23/2023 3:55 PM
2	N/A	9/23/2023 3:51 PM
3	It is a timely training. Maybe we can have a part 1?	9/23/2023 3:49 PM
4	Thank you!	9/23/2023 3:48 PM
5	Thank you to the COH, consumers, and all entities involved, presenters for being a part of the is.	9/23/2023 3:45 PM
6	N/A	9/23/2023 3:40 PM
7	Wonderful event!	9/23/2023 3:39 PM
8	No	9/23/2023 3:37 PM
9	All inclusive audience.	9/23/2023 3:35 PM
10	Great job by all planners and speakers.	9/23/2023 3:34 PM
11	Thank you. Everything was great. I think I would like more focus on male and female sexual talk.	9/23/2023 3:30 PM
12	This was really empowering and educational. Thank you.	9/23/2023 3:23 PM
13	What a nice space! Fresh air!	9/23/2023 3:19 PM
14	Arlene is a rock star!	9/23/2023 3:17 PM
15	Please hold a larger and longer event.	9/23/2023 1:57 PM
16	N/A	9/23/2023 1:55 PM
17	I'm just glad I came.	9/23/2023 1:51 PM
18	Do a Let's Talk #2	9/23/2023 1:30 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">Develop Transitional Case Management for older PLWH transitioning out of Ryan White into Medicare (completion date to be determined by SBP)Update Universal Standards of Care for training requirements and documentation addressing mental health and HIV and aging in general.
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">Examine housing inventory to ensure that it provides safe and welcoming environments for seniorsAdd 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	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 survivors⁴			
Activity	Responsible Party	Performance Measure	Timeframe
2H.1: 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 ⁴	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

2H.2: 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 ⁴	DHSP; research partners; providers	Identification of best practices and efforts to implement	2022-2026
2H.3: 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
2H.4: 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
2H.5: Review Home-Based Case Management service standards for alignment with OT and PT assessments	COH – SBP Committee	Documented review	By 2023

⁴ Adapted from the NHAS, 2022-2025



LOS ANGELES COUNTY
COMMISSION ON HIV



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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 frames.arlene1@yahoo.com Joseph Green joseph.green.ca@gmail.com
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 pnash@usc.edu Viviana Criado VCriado@ph.lacounty.gov
3	Acknowledge and support nontraditional family relationships that nurture well-being and social connection	Alasdair Burton alasdairburton@gmail.com
4	Seek out mental health specialists who can treat both HIV and age-related conditions	Kevin Donnelly kevinjdonnelly.lacchoh@gmail.com Joseph Green joseph.green.ca@gmail.com



DRAFT FOR PLANNING AND DISCUSSION PURPOSES ONLY

ANNUAL CONFERENCE AGENDA OUTLINE

NOVEMBER 9, 2023

Vermont Corridor Terrace Level (510 S. Vermont Ave, LA CA 90020)

AGENDA ITEM	WHO/TOPIC
Call to Order and Roll Call (9:00-9:15)	Co-Chairs and Executive Director
Welcome, Opening Remarks, Meeting Objectives, and Recognition of Service 9:15-9:30am	Co-Chairs
Los Angeles County State of HIV/STDs 9:30-10:30am	Mario Pérez and DHSP staff (Confirmed) <ul style="list-style-type: none"> • Successes • Challenges • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support DHSP's efforts to address HIV/STDs in the County.
The County's Response to the Intersection of HIV and Substance Use Harm Reduction and Other Services, DPH, Substance Abuse Prevention and Control (SAPC) 10:30am-11:15am	Dr. Sid Puri, Associate Medical Director of Prevention, SAPC (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support substance use/harm reduction efforts in the County.
BREAK 11:15-11:30am	
PrEP, Long-acting PrEP, Doxy PEP Strategies for Increasing Access and Utilization among Priority Populations 11:30 – 12:30pm	Dr. Ardis Moe – (Confirmed) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support increasing access and utilization of PrEP, LAI PrEP, and Doxy PEP in the County.
LUNCH w/ Speakers Housing and People Living with HIV 12:30 – 1:30pm	Dr. Va Lecia Adams Kellum, CEO Los Angeles Homeless Services Authority (Invited, awaiting response) <ul style="list-style-type: none"> • At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission

	can do to help address or support affordable housing for PLWH and priority populations.
Then & Now: Where We Were & Where We Are Now Community Discussion Intergenerational Perspectives on Community Building and Resilience 1:30-2:30pm	<ul style="list-style-type: none"> Facilitated session with audience participation Address topics such as stigma, fear, life expectancy, stigma, PrEP/PEP & U=U, and community support Voices/Representation: <ul style="list-style-type: none"> Folx of varying generations, ranging from youth/young adults to LTS (20-30 years living with HIV) 2-3 Youth/Young Adults & 2-3 Older Adults Include HIV negative folx Provide historical context Elicit stories of strength & resilience Include a Call to Action, i.e., provide tools on building intergenerational relationships Encourage folx to interact with each other; create an interactive, fun and engaging presentation/conversation At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to help build a united community across generations to end HIV.
BREAK 2:30-2:45pm	
Enhancing Access to Mental Health Services for PLWH 2:45-3:30pm	Dr. Curley Bonds, Chief Medical Officer, Los Angeles County Department of Mental Health (Confirmed) <ul style="list-style-type: none"> At the end of the session, attendees will be asked to write down at least 3 community call to action ideas focusing on what the Commission can do to address or support mental health services for PLWH and priority populations.
Public Comments 3:30 pm to 3:45pm	
Closing remarks and by co-chairs/Adjourn 3:45-4pm	
RECEPTION, AWARDS/RECOGNITIONS, NETWORKING, RAFFLE PRIZES 4pm to 5pm	

Meeting the Health and Social Needs of LGBTQ+ Older Adults Through Medicaid

By Matthew Phan, Carrie Graham, and Torshira Moffett, Center for Health Care Strategies;
and Jason Flatt, University of Nevada, Las Vegas

TAKEAWAYS

- A long history of discrimination against the LGBTQ+ community within health care, social supports, employment, the housing sector, and other systems has led to unmet health and social needs that result in health disparities for these populations when compared with cisgender, heterosexual individuals.
- States, managed care plans, and providers are implementing strategies to improve access to culturally responsive care through anti-discrimination legislation, partnering with inclusive organizations, and delivering provider trainings.
- This brief explores opportunities to better support LGBTQ+ older adults through Medicaid. It also includes unique considerations for California partners to support this population through CalAIM, the state's Medicaid transformation initiative.

The U.S. population is rapidly aging. Likewise, older adults who identify as lesbian, gay, bisexual, transgender, queer, and additional sexual and gender identities (LGBTQ+) are also a rapidly growing population. Currently there are an estimated 2.7 million older adults (ages 50 and over) who identify as LGBTQ+, and this number is [expected to exceed five million by 2060](#). LGBTQ+ people often face unique obstacles as they age that impact health and well-being. These challenges are caused by a long history of discrimination, social stigma, isolation, and a policy context that restricts the rights of LGBTQ+ people. These circumstances place LGBTQ+ older adults at heightened risk for a myriad of adverse physical, mental, and social outcomes — with transgender older adults and LGBTQ+ older adults who are Black, Latino, or Indigenous facing even greater risks.

This brief, developed by the Center for Health Care Strategies with support from the California Health Care Foundation, highlights key insights about the health and related



social needs of LGBTQ+ older adults to inform state policymakers and other partners. It details opportunities for using Medicaid to improve health and social care for the LGBTQ+ community. It also examines unique opportunities to support aging LGBTQ+ individuals through California's Medi-Cal reform efforts under the state's [CalAIM initiative](#).

9 Key Insights About the Health and Social Needs of LGBTQ+ Older Adults

To improve health outcomes for the LGBTQ+ older adult population, it is critical to understand their unique challenges in accessing care and services. Following are key insights into why this population is at higher risk for poor health and social outcomes when compared to cisgender, heterosexual individuals, which can help inform policies to better address the needs of LGBTQ+ older adults.

1. LGBTQ+ older adults have worse health outcomes than their cisgender, heterosexual counterparts.

LGBTQ+ older adults face barriers to receiving formal health care that are not an issue for cisgender, heterosexual adults. Discrimination against LGBTQ+ older adults in health care settings is systemic, [in part caused by](#): (1) a lack of cultural competency training for providers; (2) an almost non-existent focus on the needs of LGBTQ+ older adults in medical training; and (3) problems with electronic health records that may mis-gender or exclude records of gender-affirming care for transgender people. LGBTQ+ older adults also have [higher rates of disability and disease](#) compared to cisgender, heterosexual older adults.

2. Discrimination in the health care system can have negative impacts on the mental and cognitive health of LGBTQ+ older adults.

Systemic discrimination creates an environment where many LGBTQ+ individuals are unsure if it is safe to come out to those around them, and additionally creates fears of discrimination and violence. Because coming out is a continual, lifelong process, the stress associated with environmental uncertainty leads to [higher rates of anxiety, depression, and substance use disorder](#) among LGBTQ+ older adults. These outcomes can also be caused by the bias of individual providers, who may be untrained in effective communication with LGBTQ+ patients or who have homophobic or transphobic views.

For LGBTQ+ older adults with dementia, the [intersection of age, cognitive status, and sexual identity](#) can often lead to compounded marginalization that makes it difficult to find providers equipped to deliver high quality care to these patients. Among transgender older adults, the pressure to conceal their gender identities has been found to be [detrimental to attainment of basic psychological needs](#). LGBTQ+ older adults, and especially those who are transgender, are also [significantly more likely](#) to experience cognitive impairment and [depressive symptoms](#), compared to cisgender, heterosexual people.

3. Historic and systemic discrimination can result in lower access to social supports in late life.

LGBTQ+ older adults have [fewer social supports as they age](#), compared to their cisgender, heterosexual counterparts. Same-sex marriage was illegal in most states before 2015 and same-sex parenting has a history of [similar legal barriers](#). As a result, LGBTQ+ older adults are [twice as likely to be single](#), four times less likely to have children, and thus, more likely to live alone as they age. As with all aging people, robust social and familial supports serve as a protective factor for LGBTQ+ older adults' [physical and mental health](#). [A survey of LGBTQ+ Americans found that about 40 percent](#) of LGBTQ+ older adults report having been rejected by their families or friends due to their sexual and/or gender identity, and that 32 percent of LGBTQ+ older adults expressed concern about loneliness and growing old alone, in comparison to 19 percent of non-LGBTQ+ older adults. Notably, the [lack of social supports](#) experienced by many LGBTQ+ older adults may put them at great risk for experiencing dementia.

4. Specific groups of LGBTQ+ older adults are more vulnerable to poor physical and mental health outcomes.

While LGBTQ+ individuals of all racial and ethnic groups are equally as likely to worry about how their sexual and/or gender identity may impact the quality of care they receive, Black and Latino community members [have the added concern](#) of how their race or ethnicity will impact the quality of care they receive, which in turn can lead to avoidance of care and important discussions with providers on sexual and gender identities. This avoidance is also prevalent among disabled LGBTQ+ older adults. [Research from the Center for American Progress](#) found that nearly 14 percent of LGBTQ+ adults with a disability avoid doctors' offices, versus just over four percent for nondisabled respondents. For transgender older adults of color, [social and economic marginalization frequently compound health disparities](#), leading to increased rates of HIV infection, drug abuse, and suicide attempts. Additionally, intersex older adults, or persons born with sex characteristics that do not fit binary male or female bodies, are

often marginalized socially and face adverse health care experiences. A [study of intersex older adults](#) found that they had [far worse self-reported health](#) and greater functional difficulties than the general population.

5. LGBTQ+ discrimination occurs in long-term care facilities, assisted living, and housing.

Despite [federal laws](#) prohibiting discrimination on the basis of sexual orientation or gender identity in nursing homes or any Medicaid- or Medicare-funded services, LGBTQ+ older adults experience [discrimination and abuse](#) in both nursing homes and assisted living facilities. LGBTQ+ adults in nursing home environments [report](#) being denied the ability to live together with their partner, not being allowed to have chosen family members participate in their medical decision-making, and experiencing homophobic or transphobic remarks and hostility from both staff members and fellow residents. In a [survey of LGBTQ+ older adults living in a long-term care facility](#), 89 percent of respondents believed that a staff member would discriminate against an openly LGBTQ+ resident, and 77 percent reported that other residents would not socialize with an LGBTQ+ resident. As such, LGBTQ+ adults in long-term care facilities may find themselves hiding their sexual and/or gender identities to avoid potential discrimination and rejection from staff and fellow residents. For transgender older adults, many of whom cannot conceal their gender identity, the need for physical assistance in activities of daily living in long-term care facilities, such as with showering, getting dressed, or being fed, [result in increased safety concerns and risks for physical abuse](#).

6. LGBTQ+ older adults face barriers to accessing home- and community-based services.

Home- and community-based services (HCBS), which include non-medical services such as transportation, assistance with activities of daily living, meals, and other supports, are critical for older adults to age in place in the communities they love and avoid expensive institutional care. LGBTQ+ older adults face unique barriers to accessing HCBS. A needs assessment conducted in San Francisco — [widely recognized](#) as one of the nation's most LGBTQ+-friendly cities — found that LGBTQ+ older adults faced challenges such as having to choose lower quality services due to a [lack of inclusivity in HCBS](#). Despite the high cost of HCBS, these services are often [not inclusive or are inherently discriminatory](#) in design, creating barriers to high-quality and person-centered care for this population. Coexistent with this discrimination is a [lack of funding and resources for community-based LGBTQ+ older adult centers](#), with only two percent of all federal grants, seven percent of all

state grants, and nine percent of all local grants over \$10,000 dedicated to programs for LGBTQ+ older adults as of 2015.

7. LGBTQ+ older adults face housing discrimination.

Older populations face [numerous housing challenges](#), including those related to affordability and physical accessibility. These challenges are exacerbated for LGBTQ+ older adults who also face discrimination due to their sexual or gender identities, with [LGBTQ+ older adults experiencing homelessness at disproportionately high rates](#). While the federal [Fair Housing Act](#) aims to prohibit housing discrimination based on race, color, national origin, religion, sex, familial status, and disability, it currently does not protect LGBTQ+ people. In [one survey](#), nearly one-in-three LGBTQ+ older adults reported being worried about having to hide their sexual and/or gender identity to enable access to suitable housing options. There are still documented discriminatory practices in the housing sector, with [housing providers often quoting higher fees](#), rental prices, and more complicated application requirements for LGBTQ+ people, as well as housing providers offering fewer, if any, units to LGBTQ+ applicants in comparison to non-LGBTQ+ applicants. In response, some organizations have built [LGBTQ+-friendly low-income housing units](#), however, these are rare and tend to be accessible only in certain urban areas.

8. Aging in rural areas creates unique challenges for LGBTQ+ older adults.

LGBTQ+ older adults living in rural settings often experience unique health care challenges. One key issue for LGBTQ+ older adults in these settings is finding a culturally competent and affirming health care provider. For transgender and non-binary rural residents, the fear of being discriminated against in health care settings is associated with [worse self-reported health, high prevalence of chronic conditions, and lower utilization of health care](#). Another challenge is that many rural areas are [less likely to have key legal protections](#) against discrimination, which extends to protections for employment, housing, and health care; against conversion therapy; and for gender identity changes on key documents for transgender people (e.g., driver's license and birth certificate). Additionally, finding support systems for LGBTQ+ older adults in rural settings can be particularly challenging. A [2018 survey from AARP](#) found that only 11 percent of LGBTQ+ older adults living in rural communities had access to an LGBTQ+ health center, in comparison to 57 percent of those living in urban areas.

California Lens: Medi-Cal Opportunities to Support LGBTQ+ Older Adults

Community Supports (In Lieu of Services)

In [42 CFR § 438.3\(e\)\(2\)](#), the Centers for Medicare & Medicaid Services (CMS) gave permission for states to provide In Lieu of Services (ILOS), a set of previously uncovered non-medical services that address health-related social needs. Under CalAIM, these services are called [Community Supports](#). Following CMS approval in December 2021, California was the first state to implement ILOS. Under this new optional benefit, managed care plans (MCPs) can contract with external providers such as community-based organizations (CBOs), housing providers, and others to offer up to 14 non-medical services — such as housing transition navigation services, respite services, personal care services, home modifications, and medically tailored meals — to those who meet the criteria. Contracting with CBOs has the potential to improve services by leveraging organizations that can provide culturally competent care, including for LGBTQ+ populations. As of August 2023, [all 26 Medi-Cal MCPs](#) have begun offering some form of Community Supports. With this benefit, there are new opportunities to contract with organizations in California that provide these services for LGBTQ+ older adults, such as [Openhouse](#), [Trans Wellness Center](#), and [On Lok](#).



Enhanced Care Management

In 2022, Medi-Cal MCPs began providing a new benefit called [Enhanced Care Management](#) (ECM), targeted toward certain Medi-Cal enrollees with complex needs and high acute care utilization. Like Community Supports, ECM is provided through CBOs and other providers that contract with MCPs to evaluate enrollees for eligibility and provide services. Unlike Community Supports, ECM is not optional, but a required benefit. Since eligibility was based on the evidence accrued from past demonstrations such as the [Whole Person Care Pilot program](#) and [Health Homes Program](#), there are specific eligibility requirements and populations of focus that are eligible. These currently include people who are at risk for institutionalization, and people with complex health, behavioral health, and substance use disorders that have resulted in high acute care utilization. Although LGBTQ+ older adults are not a specific population of focus, this population is likely to have more complex needs and higher utilization. Contracting with LGBTQ+-focused CBOs is a prime opportunity for MCPs seeking to meet the needs of this higher-risk population.

Institutional Long-Term Care Carve-In

In 2022, all of California's Medi-Cal MCPs began [carving in nursing home care](#). Previously, in about half of California counties, enrollees were disenrolled from managed care if they were institutionalized (i.e., services were “carved out”). This new arrangement potentially gives MCPs more oversight over the quality of care their members are receiving in institutional settings, as well as more leverage to use Community Supports and ECM to help enrollees transition out of institutions and into community-based living situations. As discussed earlier in this brief, there are ample opportunities to improve care for LGBTQ+ older adults in nursing homes and assisted living facilities, especially for transgender individuals who often experience discrimination and even abuse. With this carve in, MCPs have the opportunity to focus on the training and quality of care their contracted providers offer to LGBTQ+ members in institutional settings.

9. LGBTQ+ older adults often experience economic insecurity and use Medicaid services.

Financial instability and legal issues are major concerns among LGBTQ+ older adults. Lifetime disparities in earnings, employment, and opportunities to build wealth, as well as discriminatory barriers to legal and social programs that traditionally support aging adults, put LGBTQ+ older adults at greater financial risk than their non-LGBTQ+ peers. [One-third of LGBTQ+ older adults](#) live at or below 200 percent of the federal poverty level (FPL). Transgender older adults face even greater economic insecurity, with 48 percent reporting living at or below 200 percent FPL. Additionally, one study showed that intersex older adults are more likely to live with lower incomes — [one-in-four respondents reported](#) that they lived with an income below \$20,000 per year. While [1.2 million LGBTQ+ older adults](#) are estimated to be covered by Medicaid, incomplete and/or inaccurate sexual orientation and gender identity (SOGI) data may contribute to this estimate being lower than the actual amount of LGBTQ+ older adults using Medicaid.

Key Opportunities to Use Medicaid to Improve Health and Social Care for LGBTQ+ Older Adults

Since LGBTQ+ older adults are likely to have lower incomes qualifying them for Medicaid services, there are opportunities for states, MCPs, and providers across the country to design Medicaid programs to better meet their needs. Following are key opportunities for leveraging Medicaid to improve services for LGBTQ+ older adults in California, as well as in states across the nation.

- Contract with CBOs to provide culturally responsive care to LGBTQ+ communities.** Under CalAIM, for example, one of the goals of requiring MCPs to contract with CBOs for ILOS is to ensure that enrollees are getting culturally responsive care. MCPs should identify and seek out partnerships with social service organizations that cater to the needs of the LGBTQ+ community, addressing needs such as housing, care management, and other social services. For example, in the housing sector, organizations such as [Openhouse](#) in San Francisco are a trusted source of housing navigation for LGBTQ+ older adults. Openhouse has had a [significant positive effect](#) on LGBTQ+ older adults' lives by helping to increase community connectedness and reduce social isolation.



- Promote provider trainings and organizational-level changes within long-term care to improve LGBTQ+ inclusive care.** LGBTQ+ populations have a wide variety of needs that are often hidden for fear of discrimination. As such, MCP-supported trainings for individual providers are integral to developing a compassionate and understanding workforce that allows LGBTQ+ older adults to feel comfortable accessing care and resources. Organizations, such as [Openhouse](#) and New-York based [PHI](#), have received [state grants](#) to develop trainings for providers that focus on understanding how life experiences, health disparities, and barriers to care come together to affect the health care experience of LGBTQ+ older adults. At the provider level, the [Human Rights Campaign Foundation](#) and [SAGE](#) collaborated on a new tool to promote organizational-level change in residential long-term care (LTC) organizations called the [Long-Term Care Equality Index](#) (LEI). Providers can sign a [Commitment to Care Pledge](#), take a confidential LEI self-assessment, and receive support for developing LGBTQ+-inclusive policies and goals after receiving a customized needs-assessment report.



- Create LGBTQ+ inclusive LTC policies.** In recent years, some states have made progress in expanding and specifying [LGBTQ+-inclusivity in LTC](#). While federal laws, such as the [Equality Act](#), exist to make discrimination illegal for LGBTQ+ people in LTC, supportive state legislation and regulations can be much more specific in the types of protections needed by LGBTQ+ older adults. Some new state actions, in states such as California and Massachusetts, include:



- **Prohibiting denial** of admission, service, medical care, and reasonable accommodations due to sexual orientation, gender identity, and expression, intersex status, or HIV status.
 - **Requiring cultural competency training** for LTC facility administrators and staff members.
 - **Developing LGBTQ+ bill of rights** that include the right of residents to use their chosen names, pronouns, and clothing. [New Jersey](#) and California have enacted such laws for LGBTQ+ and HIV positive residents. (See the California Bill of Rights below.)

California Long-Term Care Facility Members' Rights

[Senate Bill No. 219](#), approved in 2017, enacted the “Lesbian, Gay, Bisexual, and Transgender Long-Term Care Facility Residents’ Bill of Rights.” This bill details protections granted to LGBTQ+ individuals in LTC facilities, which are as follows:

- Prohibits and makes the following discriminatory actions a crime:
 - Denying admission or transfer of facilities, forcefully discharging a resident;
 - Denying a request by residents to share a room;
 - Assigning a resident to a gender-based room that does not match their gender identity;
 - Prohibiting a resident from using, or harassing a resident for using, a bathroom that matches their gender identity;
 - Willfully and repeatedly failing to use a resident’s preferred name and pronouns;
 - Denying a resident the right to wear their chosen clothing/accessories/cosmetics;
 - Restricting a resident’s right to associate with other residents or visitors (including consensual sexual relations), unless the restriction is uniformly applied to all residents in a nondiscriminatory manner;
 - Denying or restricting care that is appropriate to a resident’s biological needs; and
 - Providing care that unduly demeans a resident’s dignity, causes avoidable discomfort, or violates bodily privacy.
- Requires facilities to post a specified notice regarding LGTBQ discrimination in all places where its current discrimination policy is posted.
- Requires facilities to include gender identity, preferred name, and pronouns of each resident on intake records.
- Requires facilities to protect personally identifiable information regarding residents’ sexual orientation, transition history, and HIV status.
- Gives protections related to bodily privacy during physical examinations and other types of care.

- **Support the development of LGBTQ+-friendly supportive housing and assisted living communities.** As the U.S. population ages, many states are making efforts to invest in housing for older adults. California for example has [invested \\$570 million](#) in its Community Care Expansion Program to both rehabilitate and develop new supportive housing, with \$53 million awarded for creating more residential care options for low-income older adults and adults with disabilities. The state has also increased investment in [Assisted Living Waiver](#) slots in which Medi-Cal pays for enrollees who need long-term services and supports. This development offers an opportunity to create welcoming and inclusive spaces for LGBTQ+ older adults. To support such efforts, the [National LGBTQ+ Housing Initiative](#) provides technical assistance to developers and housing organizations to support inclusive housing policy and development of LGBTQ+ friendly housing across the country.



- **Work across sectors to improve collection of SOGI data to support more effective care delivery.** SOGI data and accurate history of gender-affirming care are both crucial information for providers to ensure delivery of essential [important health and social care](#). An [analysis of electronic health records](#) from one MCP found that for transgender and gender diverse people, only 48 percent had current SOGI information that accurately represented their identities in the electronic health record. State Medicaid agencies, MCPs, and providers involved in members' care (including medical, care management, CBOs, housing, and other providers) can work together to improve the systematic collection and sharing of SOGI data to ensure members are given appropriate care and referred to culturally responsive services.



Conclusion

Both within California and on a national level, LGBTQ+ older adults struggle with unmet health and social needs due to systemic factors, which can result in a lifetime of health disparities and poor health and social outcomes for this population. States, MCPs, and providers can take action to better address these unmet needs by implementing strategies, such as by improving LGBTQ+ inclusivity in housing and long-term care settings, working across sectors to improve data collection, and developing culturally sensitive trainings to enhance care delivery. Additionally, several unique opportunities exist in California through CalAIM to promote improved care for this population, such as through Community Supports, Enhanced Care Management, and the Institutional Long-Term Care Carve-In.



ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.