

## LONG TERM CARE COORDINATING COUNCIL

*Guiding the development of an integrated system of home, community-based, and institutional services for older adults and adults with disabilities*

### MINUTES OF MEETING

DATE: Thursday, March 17, 2005

TIME: 1:00 p.m. – 3:00 p.m.

LOCATION: City Hall

Mayor's Conference Room 201

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Present: Phil Arnold, Margy Baran, Nancy Brundy, Elizabeth Boardman, Luis Calderon, Geraldine Earp, Vera Haile, Anne Hinton, Marie Jobling, Patricia Kemerling, Dorothy Kerr, Abby Kovalsky, Herb Levine, Shireen McSpadden, Margaret Miller, Benson Nadell, Sandy O'Neill, Tom Ryan, Ken Stein, Kate Toran, Bob Trevorrow, Valorie Villela, Patricia Webb

Absent: Donna Calame, Mary Ruth Gross, Jean Fraser, Don Frazier, Eleanor Jacobs, Belinda Jeffries, Sandy Mori, Norma Satten, Marc Trotz

Guests: Abbi Coursolle, Bill Shrecker, Eileen Kunz, Maria Luisa Osacar, Lois Escobar

DAAS: Bill Haskell

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### **1. Updates**

Proposition 63 Planning. Vera Haile will represent the Long Term Care Coordinating Council (LTCCC) on the Prop 63 planning committee. She and the LTCCC need to consider expert panel members to be involved in ongoing discussions. There is no limit to the number of people involved in the nine subcommittees. The subcommittee list will be sent out to LTCCC members.

Communications with the Mayor's Office. Bill Haskell spoke with Renuka George in the Mayor's Office about communications from the LTCCC. Ms. George suggested that the best way to communicate is for the LTCCC to send periodic memos that outline the issues being addressed and explored, and policies proposed, with adopted resolutions attached. It was suggested that the Mayor's Office may periodically want to request policy positions from the LTCCC.

Laguna Honda Hospital (LHH) Replacement. The LHH Replacement Update, presented to the Health Commission on March 15, 2005, was reviewed. This included background on the project and an analysis of the second round of construction bids.

The cost overrun for the new LHH facility is \$84 million. The Department of Public Health (DPH) Director of Health, Mitch Katz, will be writing a white paper to explore options for the LHH replacement. He is also working with the Mayor's Office on revenue. DPH will probably rebuild two buildings that will total 500 beds versus the 1,200 beds originally planned. The current LHH census is 1,059 residents. How this LHH resident population will be scaled down over time may be addressed by Dr. Katz in the white paper.

The size of the LHH replacement relates to the continuum of long term care services in San Francisco. The reduction in Medi-Cal nursing facility beds at LHH may impact placement

problems for people being discharged from acute care settings. The current total number of Medi-Cal nursing facility beds in San Francisco is 2,657. Of this number, 1,443 Medi-Cal beds are in 10 freestanding nursing facilities and 1,214 Medi-Cal nursing facility beds are in LHH.

This topic will be placed on the LTCCC agenda of April 21 2005. The LTCCC will discuss the implications of scaling back LHH from 1200 to 500 beds. This has enormous implications for IHSS and MSSP, and other home and community based services. Even if the white paper is not completed, an update will be provided.

NOTE: The National Governor's Association recently passed a resolution supporting home and community-based services and recommending diversion of Medicaid funds to support community-based care. The Centers for Medicare and Medicaid Services (CMS) is also directing communities to divert more funds to home and community based services.

Mayor's Disability Council. The February meeting of the Mayor's Disability Council (MDC) focused on the 1999 Olmstead decision of the Supreme Court and LHH. The meeting of MDC March 18<sup>th</sup> will include a continuing discussion of the Olmstead decision and LHH, focusing on options for community-based living. The MDC will develop its own resolution supporting the LTCCC resolution on supportive housing and assisted living at LHH.

## **2. Approval of the Minutes**

*MOTION: That the minutes of the Long Term Care Coordinating Council meeting of February 17, 2005, be approved.*

The motion was unanimously approved.

## **3. Transition from institutional to community care**

Herb Levine facilitated a discussion about: (1) the closure of the Agnews Developmental Center for the developmental disabilities population; & (2) implications for transitions from institutional to community care for older adults and adults with disabilities in San Francisco

Context: The Olmstead Decision is a United States Supreme Court decision reaffirming the right of people with disabilities to choose to live in the community; unnecessary institutionalization is discrimination. Local and state government are advised to plan for allocation of resources to make this a real choice. The San Francisco Board of Supervisors is on record as favoring community living in a Board Resolution.

What did we learn about the closure at the last LTCCC meeting?

1. Government made a decision to close an institution despite opposition from families and labor.
2. Community organizations agreed that transition to community living could be done.
3. Three Regional Center directors insisted on developing a workable plan and asked for a time frame in which to make it happen.
4. There is a plan for money to follow the person.
  - a. The plan includes funds to build new housing, rather than lease and pay for it again and again AND to pay for a rich array of community services.
  - b. The plan involved labor and accounted for workforce issues.
  - c. Even with expenditure of these funds, government will save money.

5. What are some of the variables in this situation?
  - a. People with developmental disabilities have an ENTITLEMENT to services in California.
  - b. Regional Centers exist as a central long term care integration organization.
  - c. Possible influence of several lawsuits against developmental centers.
  - d. Funds are available for transition costs.

Policy and planning lessons for San Francisco. The LTCCC learned about the thoroughness of the planning to address the community placement needs of the developmentally disabled population from the February 2005 presentation on plans for the Agnews Developmental Center closure. The comprehensive, effective planning for the closure of the Agnews Center can be a model that can help address the needs for planning for community-based care of older adults and adults with disabilities.

The authors of the Agnews Developmental Center closure plan learned from earlier closures of other developmental disabilities facilities. There had been negative impacts of unplanned de-institutionalizations. From this experience, those in charge have learned from these mistakes.

The LTCCC members made the following points about lessons learned:

- a. San Francisco needs to have a committed waiver program: (1) that could benefit from state involvement in the de-institutionalization of nursing facility clients; and (2) for those individuals who want to remain in their homes and in the community.
- b. State legislation as well as local legislation could be helpful. We need a more integrated model for waiver services.
- c. The housing model developed for Agnews clients to move into the community seemed quite interesting – duplexes where clients reside on one side and caregivers on the other.
- d. The Agnews staff was recognized as having a lot of expertise and the planning was done not to lose this expertise.
- e. To maintain a standard to care for people no matter where they reside will require additional training. A standard level of care will impact services in different settings.
- f. The state IHSS regulations do not permit cluster care in the IP mode and other reasonable approaches. However, a lot of groundwork has already been done on how IHSS services could be provided.
- g. San Francisco made a commitment to LHH for institutional long term care services. The issue is the operating costs and construction costs. State resources have been obtained to supplement city funds. The Department of Public Health is considering expanding the state resources as additional supplements or for the construction of additional beds.
- h. It is time to have the City develop a more aggressive strategy to support home and community-based long term care services.
- i. It is imperative that the City take the lead in doing the planning to respond to moving people into community-based care in order to response to shifts in federal policy.

- j. Housing is a vital component of this issue. The city housing representatives are not at this meeting. Also, the housing development community is also not present and is not fully familiar with this issue about LHH.
- k. As part of the Agnews closure plan, there is the strategy for the ownership of housing for the developmentally disabled population. This is a good model that could be followed in San Francisco for the nursing home eligible population moving back into or wanting to remain in the community.
- l. The Board of Supervisors (BOS) may pass a resolution that supports alternatives to institutionalization, but it also supports the development and financing of institutional care at LHH. The BOS is doing two things at once that go completely against each other. It is unclear how to respond to this problem.
- m. The developmentally disabled population is different from that cared for at LHH. Some vulnerable older adults and adults with disabilities in San Francisco are living in unsafe situations. Placement in LHH is considered a viable alternative because there are not sufficient community-based alternatives.
- n. The situation experienced by the developmentally disabled population a decade ago is similar to what is faced today with LHH.
- o. Some things have changed locally from the time the LHH bond measure was voted on. The politics were with the rebuild. This is a different time.
  - The lack of money today does drive different thinking. As costs rise, politician's minds change.
  - Now we are seeing efforts to make supportive housing available for the homeless population and for the behavioral health population.
  - There is the Prop 63 effort to develop community-based mental health services.
  - There are potentially more components available today to implement community-based care.
- p. The LTCCC needs to get some small groups together to explore the numbers. The IHSS Consortium and MSSP have worked together to put together a package of services for community placement.
- q. The reimbursement rate for nursing facility care includes shelter and food. This must be addressed in community-based care.
- r. There is a false dichotomy being promoted, which is: if you are in favor of community-based care you are anti-labor. This is not true. This false dichotomy must be addressed.
- s. The Protection and Advocacy lawsuit generated the creation of the Targeted Case Management Program at LHH to move people back into the community. Many people at LHH are there because there is a lack of housing in the community. This connection needs to be articulated.

- t. The plan should address barriers and solutions:
  - The barriers to a successful transition should be listed out.
  - Then the solutions for a successful transition must be articulated.
- u. Could we get data from LHH about successful discharges? Marc Trotz has put a lot of people from LHH into the community. There has been a significant move to community placement from DPH Housing and Urban Health.
- v. We need a sense of urgency to put a plan together, and alert the city officials that this is coming forward from the LTCCC. We need to tell them that they cannot implement a plan for LHH without the input of the LTCCC.
- w. Individuals in nursing homes have access to doctors and nurses. When individuals are transferred into the community, there needs to be a plan to continue access to medical services.
- x. Paratransit services must be adequate for people living in the community. The select committee on Paratransit is starting soon, and its recommendations should be considered.
- y. There is capacity in the community in On Lok – 130 slots today – and, potentially, a total of 300 slots. Adult day health centers (ADHC) also have capacity. We must take advantage of what we have and how we can make better use of it, at the same time of being conscious of individual choices. These options need to be effectively used.
- z. In the end the decision will be political. The Health Commission is grappling with these questions. There is a LHH subcommittee for this topic, and LTCC members – if interested - should follow its investigations.

Proposal: A subcommittee will be formed to develop a plan to improve community placement, and to take advantage of under-used resources in San Francisco. Part of this task is to determine what advocacy is needed. It is important to have labor represented on this subcommittee.

Subcommittee: Elizabeth Boardman, Abby Kovalsky, Herb Levine, Nancy Brundy, Anne Hinton, Patricia Kemerling, Tom Ryan, Benson Nadell, Margaret Miller, Sandy O'Neill, Margy Baran, Kieu-Anh King (HSA).

NOTE: This LTCCC subcommittee will be combined with the Community Placement Workgroup, which meets on April 18, 2005.

#### **4. Housing Issues**

The next ad hoc housing subcommittee is scheduled to meet on April 4, 2005, 1:30 pm at The ARC, located at 1500 Howard Street. Information will be summarized to put housing issues in context. Input can be emailed to Marie Jobling.

If you are not on this subcommittee and want to participate, please contact Marie Jobling. The issue of the immediate need for housing will also be addressed. Housing plus services is the issue. Many of these services are already provided in the community.

## **5. Latino Community Partnership: Reactions to “A Report of the Status of Services for Hispanic/Latino Seniors and Adults with Disabilities.”**

Members of the Latino Community Partnership introduced themselves: Lois Escobar, Maria Luisa Osacar, Abbi Coursolle, and Bill Shrucker.

The report shows that Hispanic/Latino elders are not served proportionately to their size in San Francisco. A small group of Latino Community Partnership met to explore barriers and solutions. Reactions offered by the Latino Community Partnership include:

- a. A lot of Latino elders and adults with disabilities don't know about services. Also, many don't know what to services ask for. One solution would be to prioritize outreach. To do this well, in both city and community-based services and nonprofit organizations, there need to be bicultural and bilingual staff.
- b. There could be a ratio of bilingual Spanish-speaking workers in relationship to the population being serviced. Many city departments have very few bilingual Spanish-speaking staff. The Human Services Agency (HSAI) is researching this issue.
- c. Community-based programs and public programs need to work together more effectively. For example, some IHSS social workers need to have greater opportunities to be educated about community-based services. It is hoped that: (1) the IHSS program staff will invite community-based organizations (CBOs) to make presentations; and (2) IHSS program staff staff will come out to CBOs to learn about community-based services.
- d. There needs to be more understanding of CBOs and their role in community-based care as part of a public-private partnership.
- e. Many CBOs are serving this population. As DAAS looks at future funding, this issue could be addressed.
- f. Colleges and universities are not graduating people who have bilingual-bicultural qualifications.
- g. We need to get social workers to work with geriatrics and adults with disabilities. One way to do this is to provide internships.

The information in this report is being effectively used. The Latino Community Partnership and representatives from several Foundations will be brought together on April 21<sup>st</sup> to get new people involved in the solutions needed to better serving the Latino community.

### LTCCC member responses:

- a. Vera Haile distributed this report to the Immigrants Rights Commission.
- b. One issue not addressed is the effect of immigration on accessing services. Is there something the HSA could do to address this? In the senior Latino population the fear is about potential negative consequences for the family. Some don't want to apply for Medi-Cal due to this fear. This may be a greater problem for younger adults with disabilities.

- c. An asset assessment and best practices could be evaluated. The Chinese community has accessed these services. We need to learn and share the success stories in accessing these services. The Neighborhood Partnerships Workgroup could provide teaching-learning sessions about how to assist older adults to successfully access services. This could be raised at the Partnership luncheon in May.
- d. As a community, we must address and explain what services people are eligible for.
- e. There are a lot of middle-aged workers who are not eligible for services.
- f. How are decisions made about which languages are spoken at resource centers? These centers are geographically based. Only one resource center is in the Mission. More older Latinos are in the Mission than in other parts of the city. A higher percentage of Asian language staff are employed in the Richmond where a high percentage of Asians reside.  
Answer: This was left up to the administrative agencies. The philosophy was to let the neighborhoods decide on staffing. This may be looked at from a citywide perspective.
- g. Latinos live in the Mission and in many other neighborhoods such as the Excelsior, South of Market, Glen Park, the Sunset, the Richmond, and Bayview-Hunters Point. It is not only language, but also cultural sensitivity for the many different Latino communities that needs to be addressed. The entire community is underserved.
- h. There is no longer any outreach efforts made by the Resource Centers. This should be added back into the system
- i. Both language and cultural sensitivity must be addressed. Training and hiring must address this. There used to be a Newcomers Health Program. It was divided by ethnicity. This goes back to the immigration issue.

NOTE: The district wide social services worker position serving the Mission was restored to fulltime. Also, the case management position was restored.

## 6. Topics for April 21<sup>st</sup> meeting

- Laguna Honda Hospital and related issues.
- Public Relations and Marketing Workgroup update.
- Next steps for Latino report and how LTCCC wants to move this forward. Response from the Human Services Agency.
- Ad Hoc Housing Subcommittee follow-up

