Governor's Master Plan for Aging
Research Subcommittee Meeting

Goal 1: Long-Term Services & Supports and Caregiving

January 24, 2020 | 1 p.m. – 5 p.m.

CALIFORNIA DEPARTMENT OF AGING

Together We ENGAGE
Master Plan for Aging

Welcome, Introduction, & Meeting Overview

Kim McCoy Wade
California Department of Aging

Carrie Graham
University of California

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Meeting Logistics

- The meeting materials are posted online here.
- Attend in-person or by computer, tablet, or smart phone:

  Click the link below to join the webinar:

  https://zoom.us/j/309548911

  Or join by phone: 888-788-0099 Webinar ID: 309-548-911
- For public comment and meeting feedback, go to: https://www.surveymonkey.com/r/MPAComment
- To submit detailed recommendations for MPA, go to: https://www.surveymonkey.com/r/MasterPlanRecommendations
- Accommodations:
  - Simultaneous captioning is available in the room
  - Live telephone access with two-way communication for public comment

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Meeting Agenda

1. Welcome, Introduction, & Meeting Overview
2. Updates
3. Topics in Focus
    - Part I: Partner Research, Data Sources, & Dashboards
    - Part II: Master Plan Dashboard, Goal 1: LTSS & Caregiving
    - Part III: Partner Innovation & Technology
4. Public Comment
5. Summary & Action Steps

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Meeting Guidelines

1. Start & end on time.
2. One person speaks at a time.
3. Be fully present. Fully disengage from electronic devices.
4. Use respectful language & tone.
5. Assume good intentions.

Research Subcommittee Members

Zia Agha, MD, West Health
Gretchen Alkema, PhD, The SCAN Foundation
Donna Benton, PhD, USC Family Caregiver Support Center
Jennifer Breen, California Association of Health Facilities
Laura Carstensen, PhD, Stanford Center on Longevity
Ramon Castellblanch, PhD, California Alliance of Retired Americans
Derek Dolfie, League of California Cities
Janet C. Frank, DrPH, UCLA Fielding School of Public Health
Kathleen Kelly, Family Caregiver Alliance
Kathryn G. Kietzman, PhD, UCLA Center for Health Policy Research
Christopher Langston, PhD, Archstone Foundation
Karen D. Lincoln, PhD, University of Southern California
David Lindeman, PhD, Center for Information Technology Research in the Interest of Society
Jeannee Parker Martin, LeadingAge California
Shireen McSpadden, San Francisco County Department of Aging and Adult Services
Stacey Moore, AARP California
Sharon Nevins, LCSW, County of San Bernardino Dept of Aging and Adult Services – Office of the Public Guardian
Marty Omoto, CA Disability-Senior Community Action Network
David Ragland, PhD, School of Public Health, UC Berkeley
Nari Rhee, PhD, UC Berkeley Center for Labor Research and Education

RESEARCH SUBCOMMITTEE CHARTER

Purpose

On June 10,2019,Governor Gavin Newsom issued Executive Order N-14-19 calling for the creation of a Master Plan for Aging (MPA) to be developed by October 1, 2020. The purpose of the MPA is to provide a blueprint for state government, local government, private sector, and philanthropy to implement strategies and partnerships that promote aging with health, choice, and dignity, and build an age-friendly State for all Californians. The purpose of the Stakeholder Advisory Committee (SAC) Research Subcommittee is to provide advice and input to the CHHS Agency and the SAC on research and data topics for the MPA, as outlined below.

RESEARCH SUBCOMMITTEE CHARTER

Objectives

1. Advise the CHHS Agency and the SAC in the development of the Master Plan and related deliverables, including:
    a. Develop recommendations for a set of measurable indicators, at the population and system level, which convey California's status in moving toward an age-friendly state for all Californians and making improvements on the priority areas identified by the CHHS Agency and SAC.
    b. Develop recommendations for clear and measurable baseline data and ten-year goals for these indicators, with reliable and meaningful data to monitor improvements over time.
    c. Identify disparities among these indicators and recommend strategies to measure progress toward reducing disparities based on income, geography, age, sex, race, ethnicity, disability, gender identity, or sexual orientation.

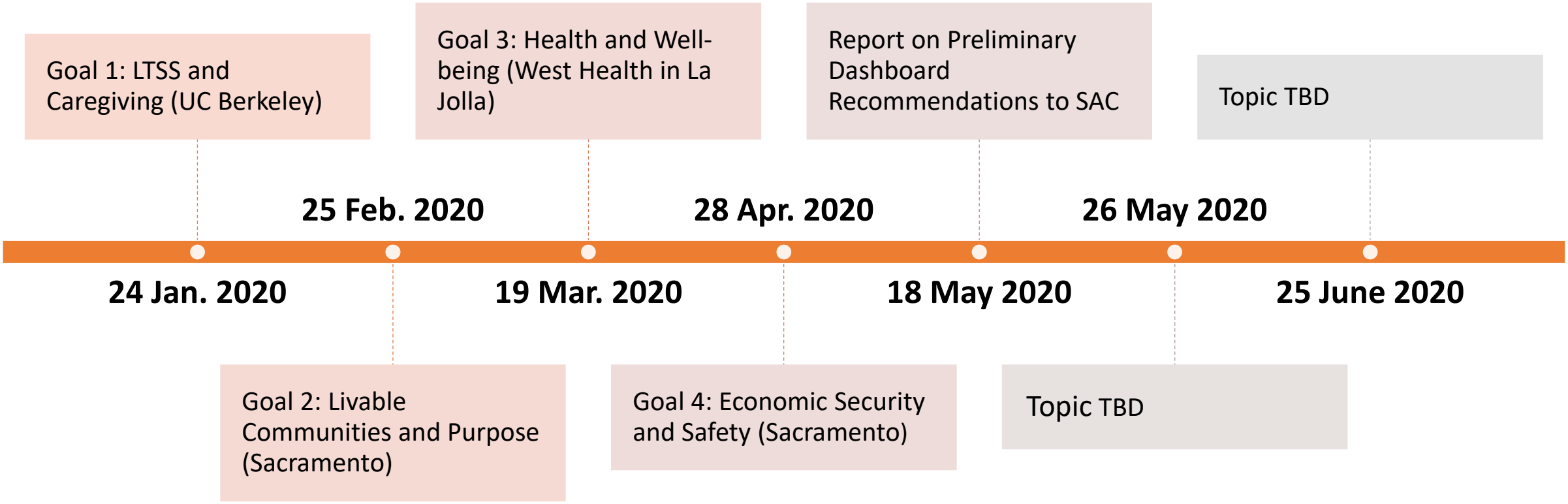
RESEARCH SUBCOMMITTEE CHARTER
Objectives (Cont.)

d. Develop recommendations for the design and implementation of a dashboard to show progress on the goals, priorities, and indicators for the MPA.
e. Identify best practices and promising practices, based on potential impact on the MPA goals, priorities, and indicators, among local programs and initiatives that serve older Californians and people with disabilities.
f. Identify new or emerging research findings related to aging that may have significant impact to the goals, priority areas, or strategies in the Master Plan for Aging.
g. Provide technical assistance for research and data requests from the Stakeholder Advisory Committee and related Subcommittees or Workgroups.

RESEARCH SUBCOMMITTEE CHARTER
Guiding Principles

1. SAC Research Subcommittee meetings seek to provide a collegial and open environment to allow for the expression of diverse and innovative points-of-view from all members.
2. SAC Research Subcommittee meetings aim to support open communication and collaboration between members and the Administration.
3. A person-centered, data-driven approach is encouraged by the Administration, as reflected in CHHS Agency's Guiding Principles

Research Subcommittee Meetings



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Master Plan for Aging

Goal 1: Long-Term Services and Supports and Caregiving

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

- Objective 1.1: Californians will have access to the help we need to live in the homes and communities we choose as we age.
- Objective 1.2: Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need.

UPDATES:
Data Dashboard Partnerships & Data Gap Analysis Project (GAP)

Kim McCoy Wade
California Department of Aging

Terri Shaw
TL Shaw Consulting

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UPDATES:
LTSS Subcommittee Report

Lydia Missaelides
California Association for Adult Day Services

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A NEW LONG-TERM SERVICES AND SUPPORTS FRAMEWORK FOR ALL CALIFORNIANS: A DECADE TO DESIGN, DEVELOP & DELIVER

The LTSS Subcommittee report positions the state, over the next ten years, to meet the needs of older adults, people with disabilities and caregivers through an approach addressing:

1 PATHWAYS TO CARE — 2 ACCESS — 3 AFFORDABILITY

1 BUILDING PATHWAYS TO CARE:

- Information and Assistance
- Standardized screening and assessments
- Care transitions
- Integration of medical, social and behavioral health services

2 PROMOTING ACCESS:

- Support for Family Caregivers
- IHSS sustainability
- Comprehensive statewide infrastructure for LTSS
- Plan for and accelerate workforce development
- 24/7 residential care

3 ENSURING AFFORDABILITY:

- Individual LTSS financing options/ public benefit
- State financing
- Local financing
- Federal financing

PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS:
LTBTQ Seniors in California

Jason Flatt
University of California, San Francisco
University of Nevada, Las Vegas

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The Health & LTSS Needs of LGBTQ Seniors in California

Jason Flatt, PhD, MPH
Assistant Professor
University of Nevada, Las Vegas
Jason.Flatt@unlv.edu

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UNLV

Jason Flatt, PhD, MPH

- Assistant Professor, UNLV School of Public Health
- Associate Adjunct Professor, UCSF School of Nursing

Research supported by:

- National Institutes of Health, National Institute on Aging (NIA; K01AG056669A)
- Health Resources & Services Administration, U.S. Department of Health and Human Services
- Resource Centers for Minority Aging Research, NIA at UCSF & Rutgers
- California Health Care Foundation

Research expertise:
LGBTQ, aging, mental health, dementia, surveys, community engaged research

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Our Research

yahoo! FINANCE

New Report Reveals LGBTQ Seniors Face Critical Challenges Accessing Aging Services

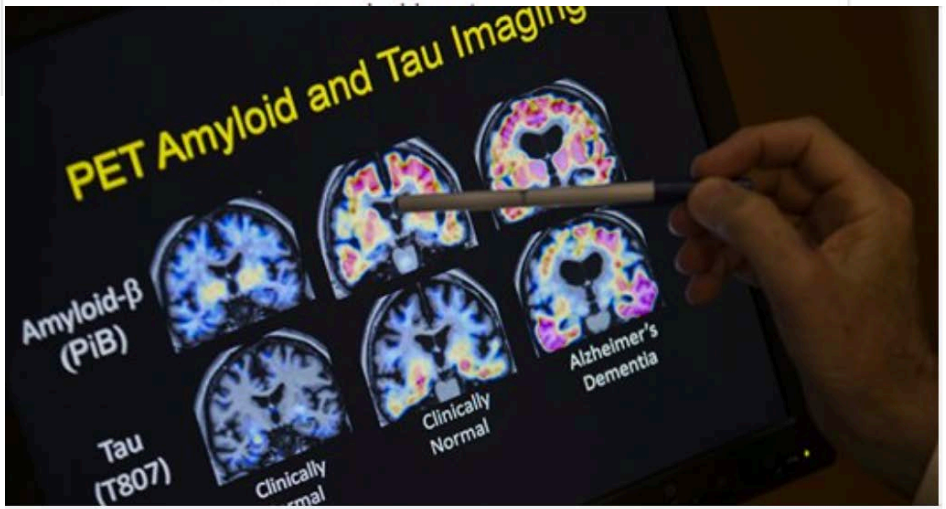
CISION · December 9, 2019, 1:40 PM PST

20 percent of LGBTQ Seniors in San Francisco Don't Use Aging Services Because They Feel Unsafe or Unwelcome

HEALTH ▶

UCSF Receives Six-Figure Grant to Investigate Dementia in LGBTQ Elders

The first-of-its-kind study, led by Dr. Jason Flatt, seeks to find risk factors for Alzheimer's disease and



NPR.ORG

LGBTQ Americans Could Be At Higher Risk For Dementia, Study Finds

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Our Research

- **1 in 6 LGBTQ adults** (15.7%) reported subjective cognitive decline compared to **1 in 10** non-LGBTQ adults (10.5%) from 24 states
- Highest for lesbian, bisexual and transgender
- LGBTQ seniors with subjective cognitive decline more likely to report giving up day-to-day activities and interfered with social activities, work, or volunteering

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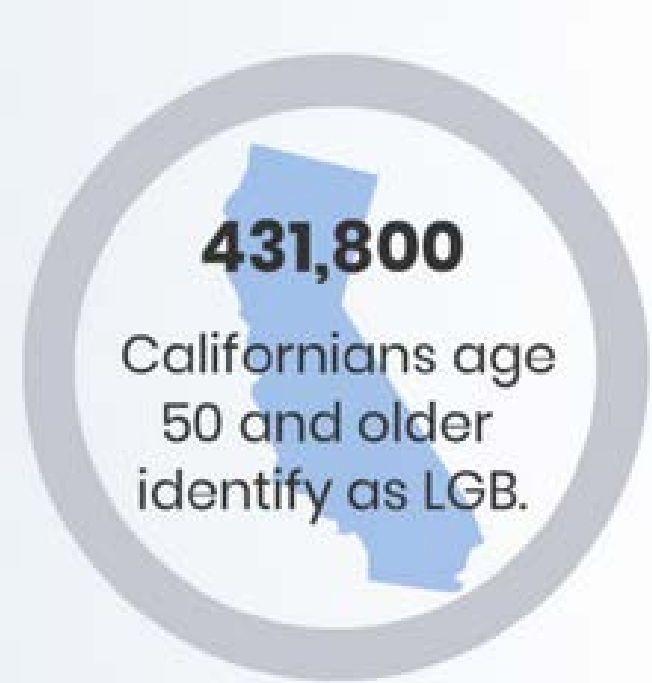
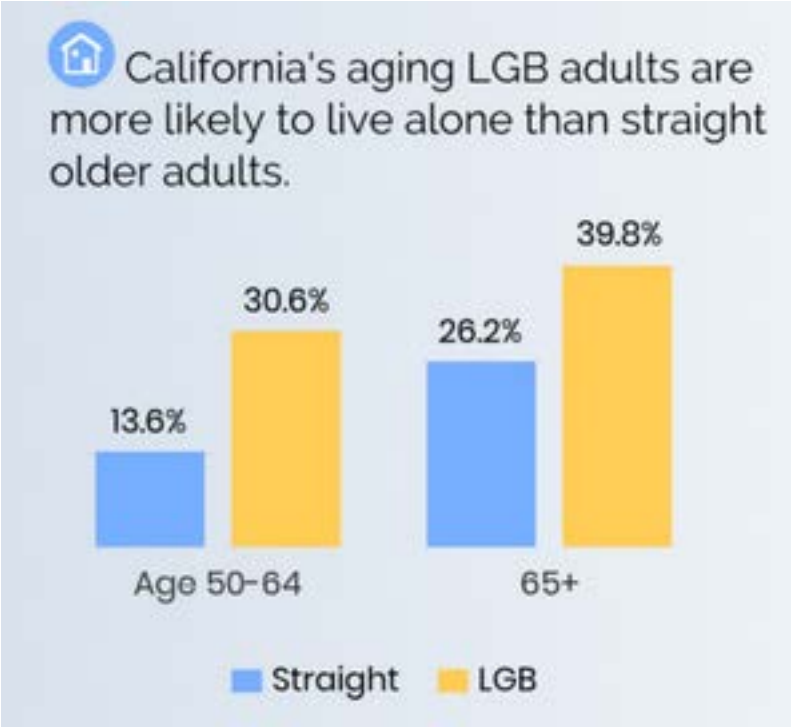
Who Are LGBTQ+ Seniors?





Estimate that 3.5% of Californians aged 50+ identify as LGB
Over 29,000 transgender seniors 65+ in Californians
Less likely to be marry or have children
Little to no caregiver support
Stigma, discrimination & trauma
Reluctance to seek medical care

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute

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LGBTQ+ Seniors Need Your Support

Bisexual Californians, aged 65+, twice as likely to live 200% below poverty level than gays and lesbians

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Top Health Concerns

51% Hypertension

47% Disability

26% Fair/poor health

21% Cognitive difficulties

20% Asthma

15% Heart disease

14% Diabetes

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute

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LGBTQ Seniors less likely to access aging services

- **4 times less likely** to access aging services (San Francisco Department of Aging and Adult Services; DAAS)
  - 1 in 5 feel unsafe and/or unwelcome
  - Nearly 50% have mobility limitations
  - 25% report difficulty accessing transportation
  - 1 in 6 report lower quality services
  - 1 in 4 LGBTQ seniors who need caregiving live alone

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What are LGBTQ+ seniors saying?

"So my doctors seemed to think it was important that I have home health care, that I have somebody come and deliver groceries, drive me to the doctor's appointments. I did it all myself and paid for it all myself out of pocket…it just basically wiped me out."

"Our needs, our views are different from the needs of the LGB older community….I'm not sure that organizations understand the needs of older trans people or have transgender staff."

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Data Sources

LGBTstats
Williams Institute Data Blog

https://williamsinstitute.law.ucla.edu/datablog/interactive-lgbt-stats/

CHIS california health interview survey

https://healthpolicy.ucla.edu/chis/data/Pages/GetCHISData.aspx

BRFSS™

https://www.cdc.gov/brfss/index.html

Sources: California Health Interview Survey 2015-2016; UCLA Williams Institute

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PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS:

Using Data to Incentivize Quality in Skilled Nursing Facilities

Ed Mariscal
HealthNet

Together We ENGAGE
Master Plan for Aging

Health Net: Incentivizing Quality

Long Term Care Value Based Contract Partnerships

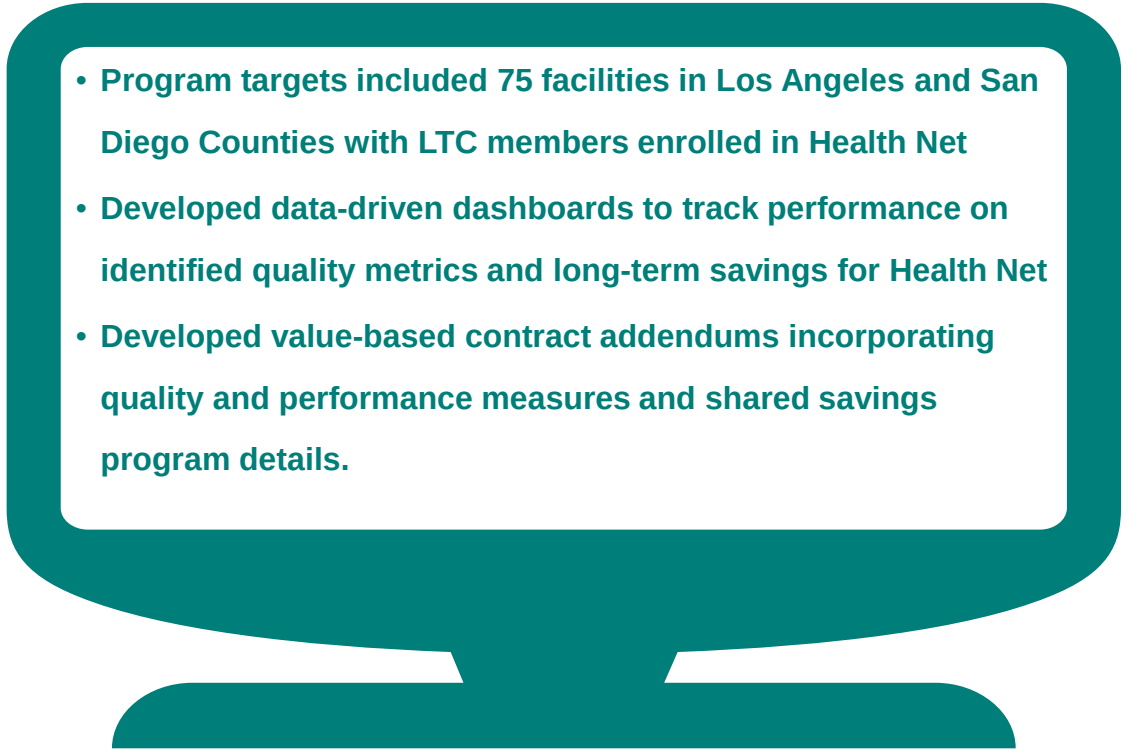
Edward Mariscal
Director, Public Programs & LTSS

01/24/2020

Coverage for every stage of life™

LTC VBP - Executive Summary

The LTC Value-Based effort connects skilled nursing facilities' quality and utilization statistics to contracts with the goal of encouraging performance improvement and reducing the total cost of care for LTC members.



LTC VBP – Quality & Performance Measures

Measure Type	Measure Description
Quality	% of completed POLST forms
Quality	Compliance with state staffing requirements (3.5 overall, 2.4 CNA hours)
Quality	Sepsis rate for long-stay residents
Quality	% of high risk long-stay residents with pressure ulcers
Quality	% of long-stay residents assessed and appropriately given the pneumococcal vaccine
Quality	% of long-stay residents assessed and appropriately given the seasonal influenza vaccine
Quality	% of long-stay residents with a urinary tract infection
Quality	% of long-stay residents with a catheter inserted and left in their bladder
Quality	% of long-stay residents experiencing one or more falls with major injury
Performance	Acute bed days/1000 member days
Performance	30-day potentially preventable readmissions
Performance	Outpatient emergency department utilization rate
Performance	Number of hospitalizations per 1000 long stay residents

- 9 quality measures are used to determine a facility's eligibility for shared savings, in addition to the amount of their savings pool they can receive
- 4 performance measures are used to determine improvements in performance and fund the shared savings pools

LTC VBP – Quality & Performance Measures (Cont.)

Proposed Payout Tiers & Savings Eligibility		
# of measures Better/Equal to Target	Payout Tier	Eligibility Savings
0-3	1	0%
4-5	2	15%
6-7	3	30%
8-9	4	50%

- Current eligibility tiers are based on Target Performance 3 quarter averages.
- At the onset of the program, 51% of facilities are ineligible to receive shared savings based on current quality scores.
  - Suggests significant quality opportunity for improvement
  - Health Net can yield savings even if facilities are not able to increase tiers

Measures	Target Performance	# of Facilities Better/Equal to Target	# of Facilities Worse Than Target	% of Facilities Better/Equal to Target
Staffing Hours PPD	3.5/2.4	15	60	20%
Long Stay Pressure Ulcers	5%	25	50	33.3%
Long Stay Pneumococcal Vaccine	98.8%	40	35	53.3%
Long Stay Flu Vaccine	98.2%	38	37	50.7%
Long Stay Sepsis	8%	30	45	40%
Long Stay UTI	1.9%	43	32	57.3%
Long Stay Catheter	1.7%	31	44	41.3%
Long Stay Major Falls	1.6%	47	28	62.7%
Long Stay POLST	100%	TBD	TBD	TBD

LTC VBP - Scorecard

Health Net®

Current Quarter: 2018Q4

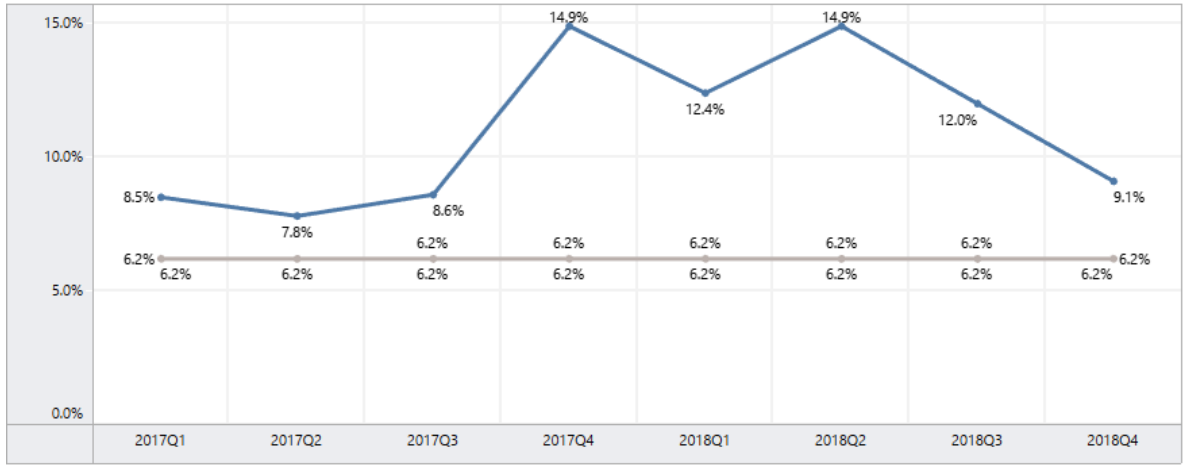
Provider Scorecard

[redacted]

Quality Trends By Quarter

NH Compare | Claims Data | State | National | QASP | VBC Target

Sepsis rate for long-stay resident



Facility Information

Address: [redacted]
Parent C
Administ
Phone N
Region 2
# of Cert

Star Ratings

Overall	2
Quality	5
Health Inspection	1

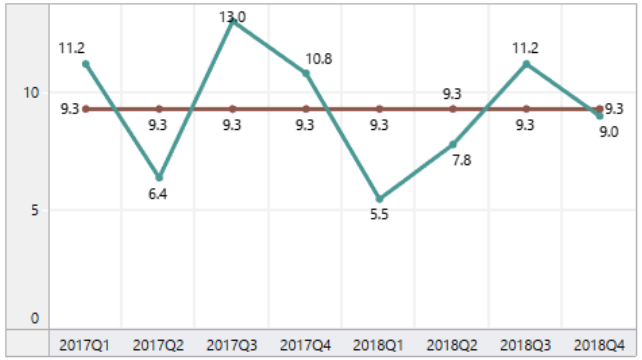
Health Deficiencies (Last Inspection Cycle)

Give residents proper treatment to prevent new bed (pressure) sores or heal existing bed sores.	●
Have a program that investigates, controls and keeps infection from spreading.	●

Staffing & Per 1000 Trends by Quarter

- (•) Acute bed days/1000 members
- ( ) CNA hours per patient day
- ( ) Hospitalizations/1000 long-stay residents
- ( ) Nursing hours per patient day

Facility | VBC Target

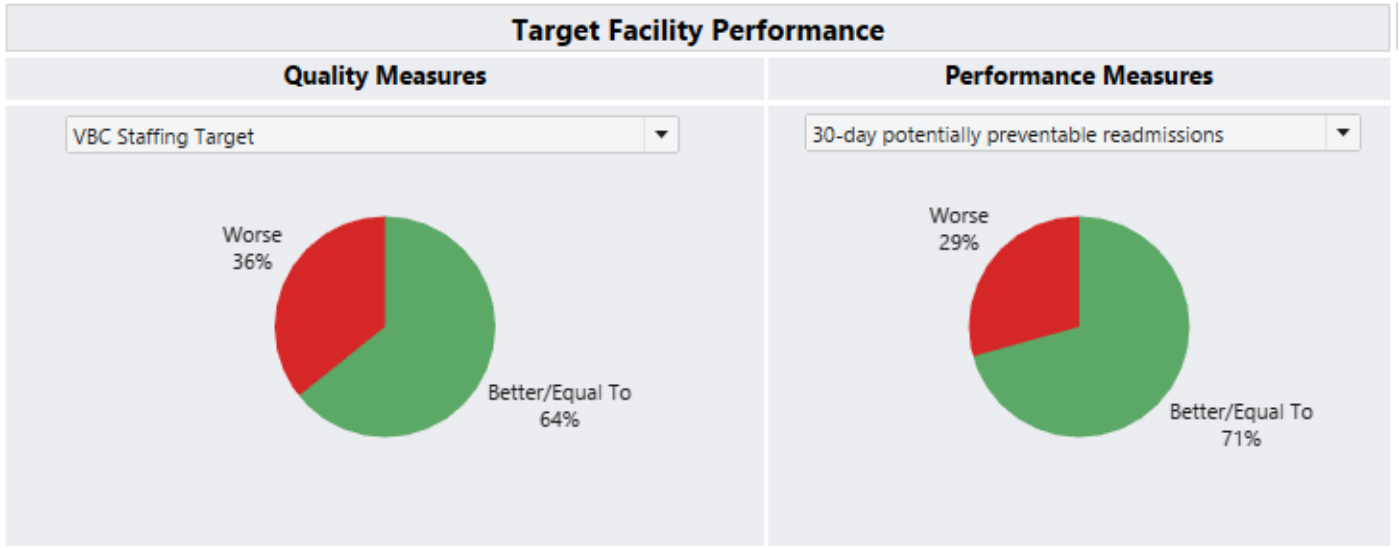


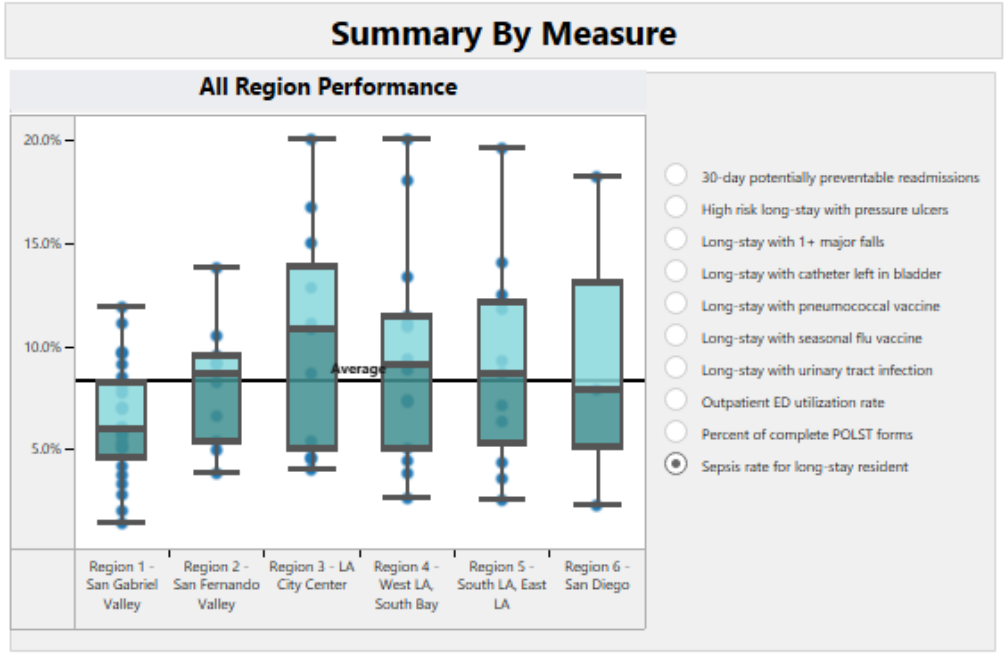
Quality and Performance Data

Quality and Performance Measure	Measure Type	Target Performance	NH Compare	Claims Data	QASP	VBC Target
30-day potentially preventable readmissions	Performance	Better/Equal To		0.0%		9.3%
High risk long-stay with pressure ulcers	Quality	Worse	15.0%		2.6%	4.2%
Long-stay with 1+ major falls	Quality	Better/Equal To	0.8%			1.0%
Long-stay with catheter left in bladder	Quality	Worse	3.2%			1.4%
Long-stay with pneumococcal vaccine	Quality	Worse	95.1%			99.4%
Long-stay with seasonal flu vaccine	Quality	Worse	97.0%			98.8%
Long-stay with urinary tract infection	Quality	Better/Equal To	0.0%		1.7%	1.2%
Outpatient ED utilization rate	Performance	Worse		5.7%		5.2%
Percent of complete POLST forms	Quality	Worse				100.0%
Sepsis rate for long-stay resident	Quality	Worse		9.1%		6.2%
VBC Staffing Target	Quality	Better/Equal To				3.5 / 2.4

LTC VBP - Views

- Quality measure
- Performance Measure
- Parent Organization
- Region





Parent Organizations:

Cambridge	Rockport
Convenant	Skiled Healthcare
Engsign	SnF/Windsor
Longwood Management	Sun Mar
P&M Management	Unified Care Services
Progressive Health	US Skilledserve

Regions:

Region 1- San Gabriel Valley
Region 2- San Fernando Valley
Region 3- LA City Center
Region 4 - West LA, South Bay
Region 5- South LA, East LA
Region 6 - San Diego

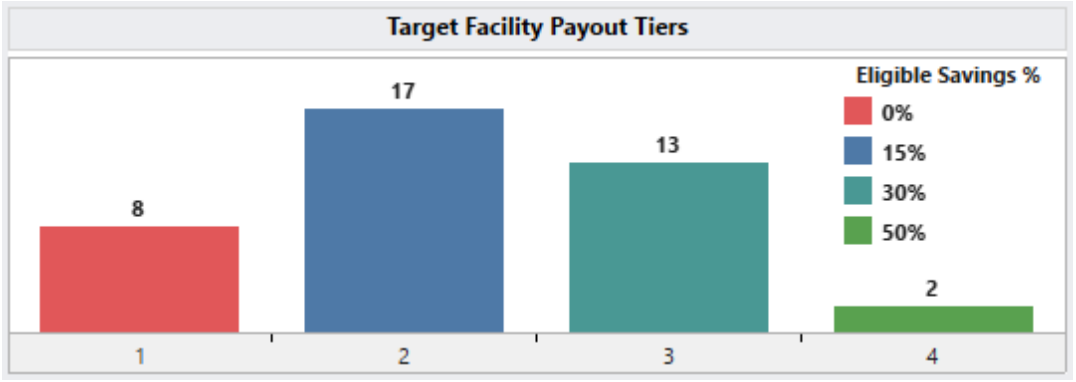
LTC VBP – Q2 2019 Results

Hospital Savings		
Total Savings	Total Payout	Total Net Savings
$1,043,933	**$213,529**	**$830,405**

- 40 participating SNFs realized savings of just over $1M.

6 Provider Examples of Performance

Provider Name	Quarter	Total Savings	Eligibility Tier	Payout
Provider #1 – LA County	Q2 2019	$97,453	2 (15%)	$14,631
Provider #2 – LA County	Q2 2019	$65,143	1 (0.0%)	$0.00
Provider #3 – LA County	Q2 2019	$45,494	4 (50%)	$22,747
Provider #4 – LA County	Q2 2019	$35,793	3 (30%)	$10,738
Provider #5 – LA County	Q2 2019	($9161)	1 (0.0%)	$0.00
Provider #6 – SD County	Q2 2019	$16,352	2 (15%)	$2,452



Health Net®

Thank you

PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS:
Linking Information on Area Agencies on Aging with Data on Health Care & Nursing Home Utilization in Their Planning & Service Areas

Amanda Brewster
University of California, Berkeley

Linking information on Area Agencies on Aging with data on health care and nursing home utilization in their planning and service areas

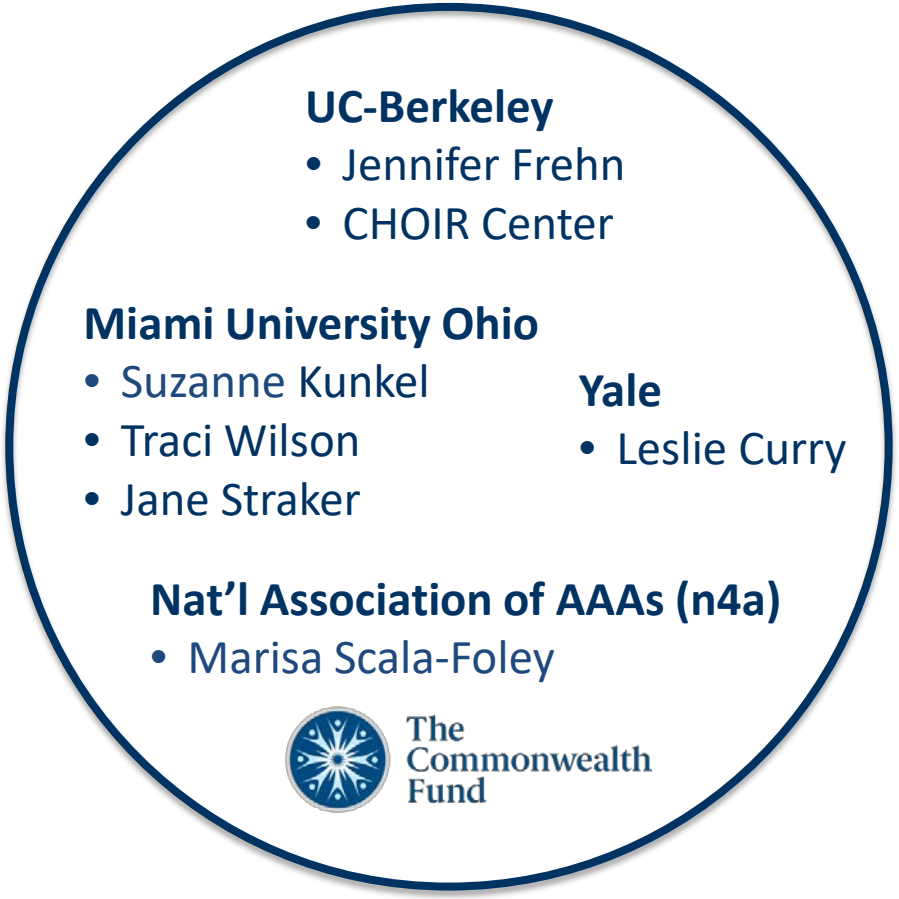
Amanda Brewster, PhD

University of California-Berkeley

Jan 24, 2020

Berkeley Public Health

Research partners



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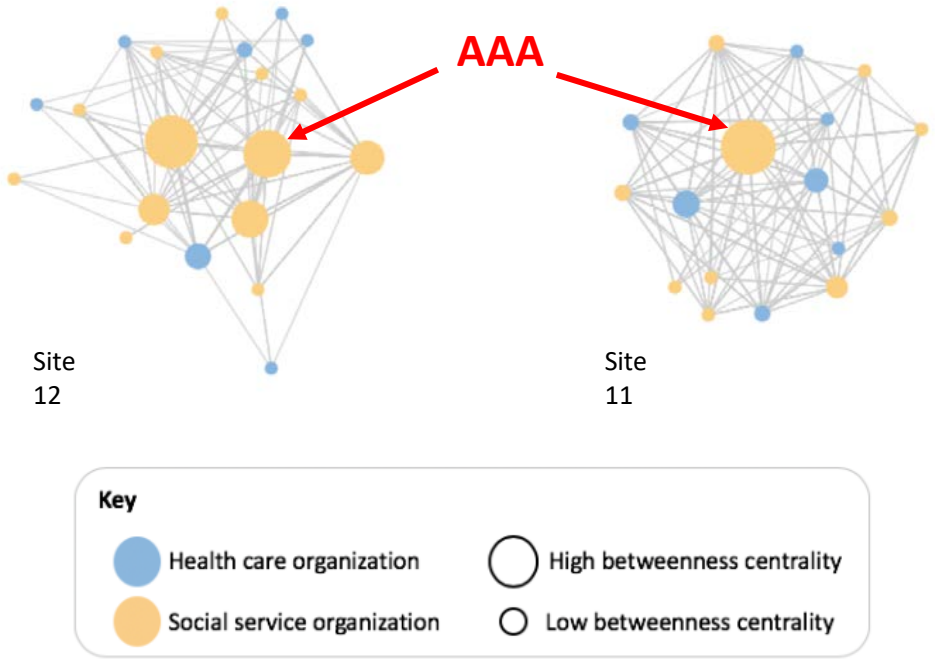
Area Agencies on Aging (AAA)

- 622 across U.S.
- Older Americans Act (1973)
- Provide/ coordinate social services
  - Housekeeping
  - Meals on Wheels
  - Transportation
  - Home repairs, etc.

- Recent efforts to leverage as brokers (CMS AHC, ADBI)

AAAs as hubs in cross-sector networks

- Central in collaborative networks of health care and social service providers



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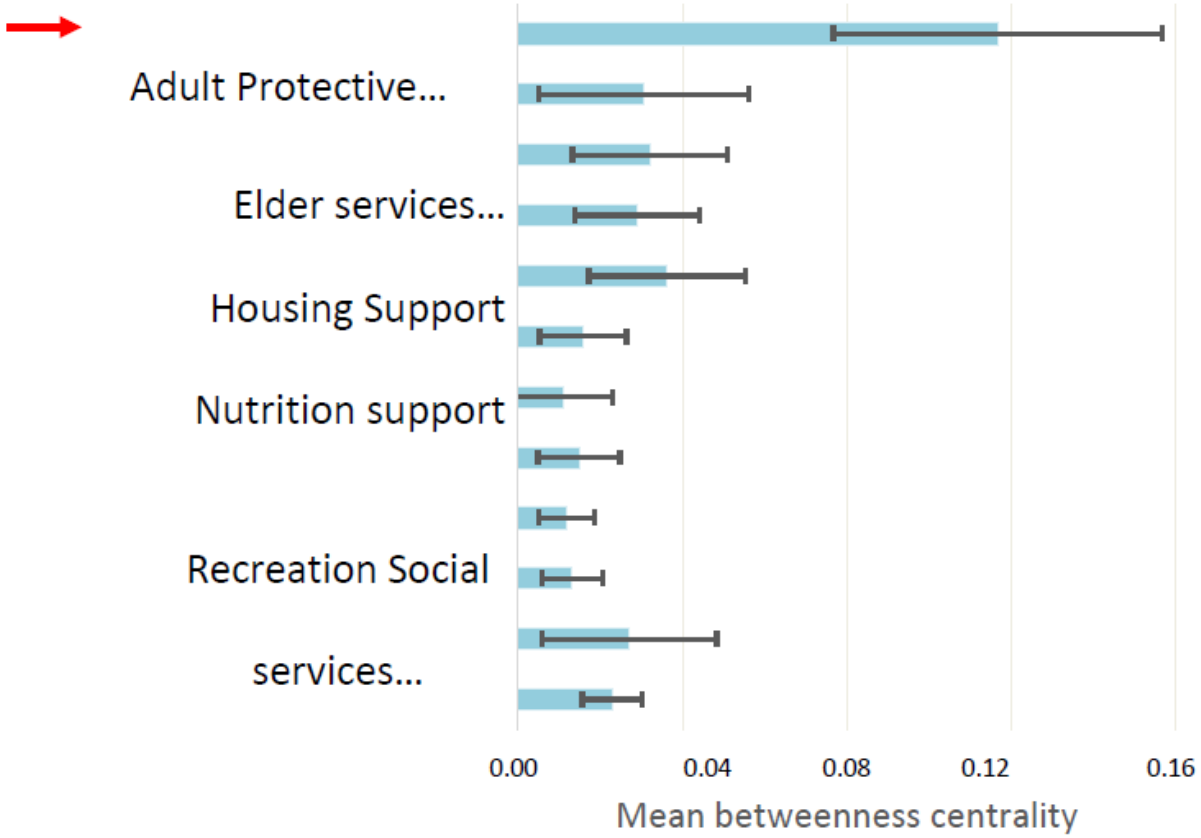
Most central organization for older adults



N=20 community networks

Berkeley Public Health

Study Design

- Use Area Agency on Aging (AAA) partnerships as indicator for cross-sectoral collaboration

- Are changes in **AAA partnerships** associated with changes in health care use and spending for older adults?

County-level Dependent variables:

1. Medicare spending per beneficiary
2. Avoidable nursing home use (% residents with low-care needs)
3. Hospital readmissions rate

AAA Planning and Service Areas

	AAA Planning and Service Areas (PSAs)		
Year	Total	defined by county boundaries	defined by municipal boundaries
2008	604	570	34
2010	601	567	34
2013	592	557	35
2016	592	557	35

Partnership measures: Source

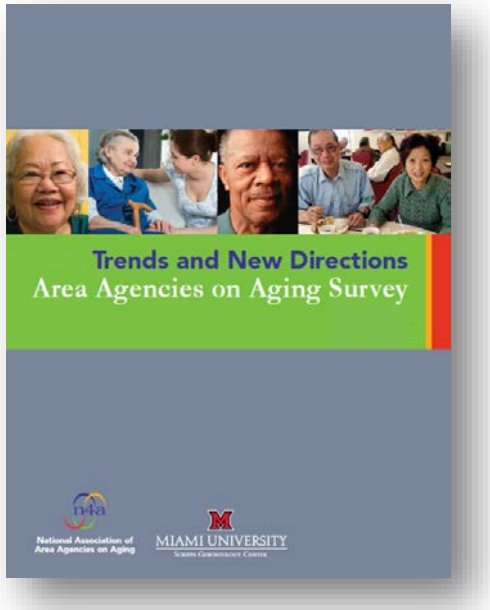
- National Survey of Area Agencies on Aging

2008 AAA survey

2010 AAA survey

2013 AAA survey

2016 AAA survey



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Partnership measures: Detail

1. **Overall multi-sector collaboration**
   - Livable Community Initiative (2010-16)
   - AAA partnerships total (2008-13)

2. **AAA partnerships with health orgs**
   - Formal (contractual) (2008-13)
   - Informal (non-contractual) (2008-13)

Health
1. Long-Term Care Facilities
2. Mental Health
3. Community Health Care
4. Hospitals
5. Department of Health
6. Managed Care/HMOs
7. Geriatricians
8. Medicaid
9. Indian Health Service
10. State Health Insur. Assist.
Non-Health
11. Advocacy Organizations
12. Emergency Preparedness
13. Faith-based Organizations
14. Public housing authority
15. Adult Protective Services
16. Charitable Organizations
17. Civic Groups
18. Federal Programs/Depts.
19. Educational Institutions
20. Other Social Service Orgs.
21. Disability Service Orgs.
22. Transportation Agencies
23. Intellectual disability orgs.
24. Businesses
25. Tribal Organization

Livable community initiatives

- Structure for multi-sector efforts
- Priority areas:
  - Housing
  - Transportation
  - Health Services / Supports
  - Economic Development

Berkeley Public Health

PARTNER RESEARCH, DATA SOURCES, & DASHBOARDS: Q&A DISCUSSION

Carrie Graham (Moderator)
University of California

Together We ENGAGE
Master Plan for Aging

MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
Overview: Person-Level Core & System Driver Measures

Gretchen Alkema
The SCAN Foundation

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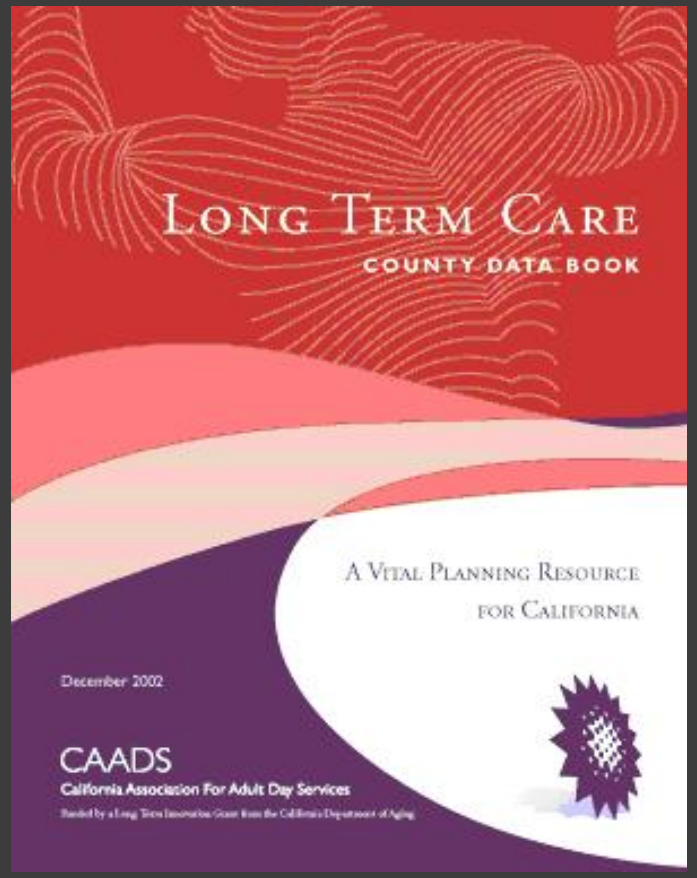
Master Plan for Aging

Core Person Level Measures
vs.
System Drivers

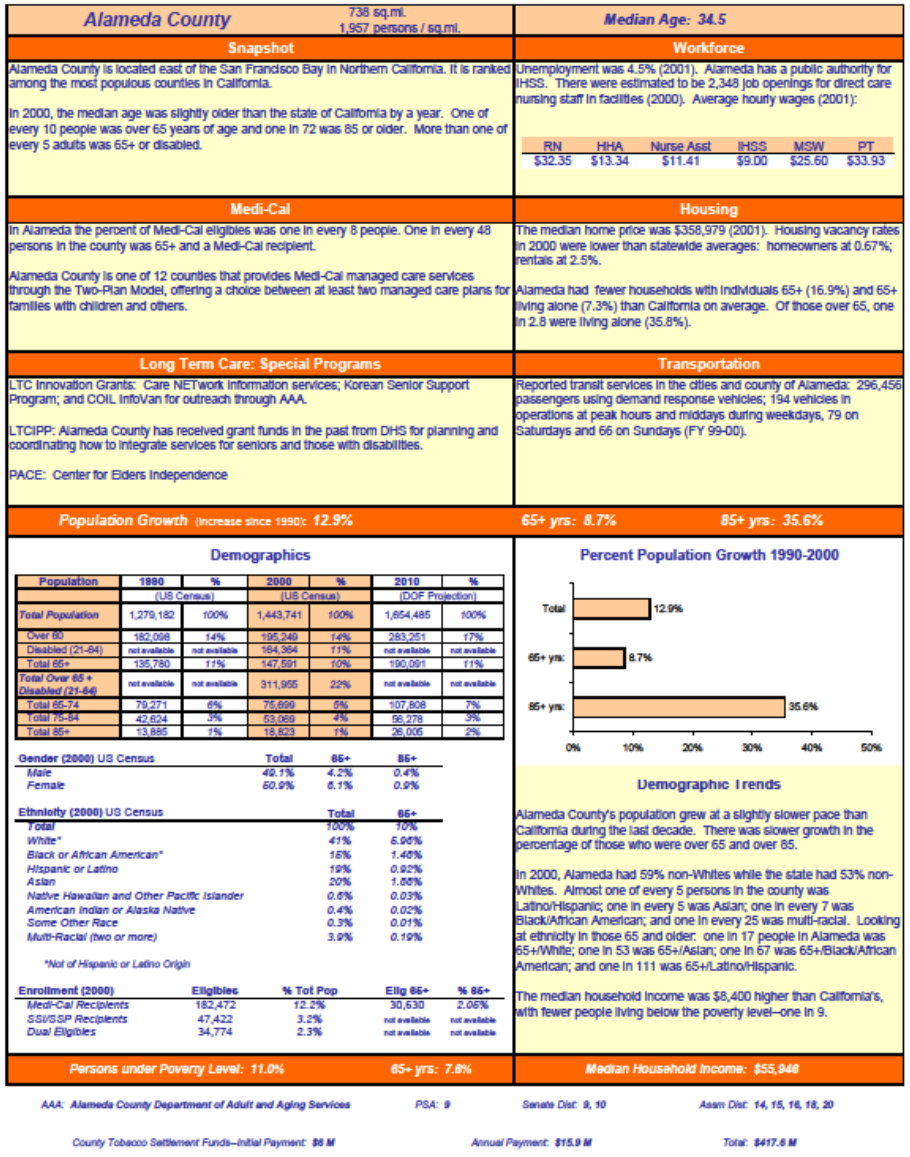
MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
2002 LTSS County Databook

Lydia Missaelides
California Association for Adult Day Services

Example of data book from 2002



- CDA grant funded: CAADS partner - Sacramento Planning Council
- Could serve as a “look back” point in time and updated
- Contains census and state sourced data
- Includes ranked county comparisons using key metrics
- Can be geo-mapped and visualized with today’s technology
- Most challenging data was for Area Agencies on Aging programs
- All files and sources are available to share!



Alameda County

738 sq.mi.
1,957 persons / sq.mi.

Median Age: 34.5

Snapshot

Alameda County is located east of the San Francisco Bay in Northern California. It is ranked among the most populous counties in California.

In 2000, the median age was slightly older than the state of California by a year. One of every 10 people was over 65 years of age and one in 72 was 85 or older. More than one of every 5 adults was 65+ or disabled.

Workforce

Unemployment was 4.5% (2001). Alameda has a public authority for IHSS. There were estimated to be 2,348 job openings for direct care nursing staff in facilities (2000). Average hourly wages (2001):

RN	HHA	Nurse Asst	IHSS	MSW	PT
$32.35	$13.34	$11.41	$9.00	$25.60	$33.93

Medi-Cal

In Alameda the percent of Medi-Cal eligibles was one in every 8 people. One in every 48 persons in the county was 65+ and a Medi-Cal recipient.

Alameda County is one of 12 counties that provides Medi-Cal managed care services through the Two-Plan Model, offering a choice between at least two managed care plans for families with children and others.

Housing

The median home price was $358,979 (2001). Housing vacancy rates in 2000 were lower than statewide averages: homeowners at 0.67%; rentals at 2.5%.

Alameda had fewer households with individuals 65+ (16.9%) and 65+ living alone (7.3%) than California on average. Of those over 65, one in 2.8 were living alone (35.8%).

Long Term Care: Special Programs

LTC Innovation Grants: Care NETwork Information services; Korean Senior Support Program; and COIL InfoVan for outreach through AAA.

LTCIPP: Alameda County has received grant funds in the past from DHS for planning and coordinating how to integrate services for seniors and those with disabilities.

PACE: Center for Elders Independence

Transportation

Reported transit services in the cities and county of Alameda: 296,456 passengers using demand response vehicles; 194 vehicles in operations at peak hours and middays during weekdays, 79 on Saturdays and 66 on Sundays (FY 99-00).

Population Growth (Increase since 1990): **12.9%** — **65+ yrs: 8.7%** — **85+ yrs: 35.6%**

Demographics

Population	1990 (US Census)	%	2000 (US Census)	%	2010 (DOF Projection)	%
Total Population	1,279,182	100%	1,443,741	100%	1,654,485	100%
Over 60	182,098	14%	195,249	14%	283,251	17%
Disabled (21-64)	not available	not available	164,364	11%	not available	not available
Total 65+	135,780	11%	147,591	10%	190,091	11%
Total Over 65 + Disabled (21-64)	not available	not available	311,955	22%	not available	not available
Total 65-74	79,271	6%	75,699	5%	107,808	7%
Total 75-84	42,624	3%	53,069	4%	55,278	3%
Total 85+	13,885	1%	18,823	1%	26,005	2%

Gender (2000) US Census	Total	65+	85+
Male	49.1%	4.2%	0.4%
Female	50.9%	6.1%	0.9%

Ethnicity (2000) US Census	Total	65+	85+
Total	100%	100%	100%
White*	41%	5.96%	
Black or African American*	15%	1.46%	
Hispanic or Latino	19%	0.92%	
Asian	20%	1.56%	
Native Hawaiian and Other Pacific Islander	0.6%	0.03%	
American Indian or Alaska Native	0.4%	0.02%	
Some Other Race	0.3%	0.01%	
Multi-Racial (two or more)	3.9%	0.19%	

*Not of Hispanic or Latino Origin

Enrollment (2000)	Eligibles	% Tot Pop	Elig 65+	% 65+
Medi-Cal Recipients	182,472	12.2%	30,630	2.05%
SSI/SSP Recipients	47,422	3.2%	not available	not available
Dual Eligibles	34,774	2.3%	not available	not available

Percent Population Growth 1990-2000

Demographic Trends

Alameda County's population grew at a slightly slower pace than California during the last decade. There was slower growth in the percentage of those who were over 65 and over 85.

In 2000, Alameda had 59% non-Whites while the state had 53% non-Whites. Almost one of every 5 persons in the county was Latino/Hispanic; one in every 5 was Asian; one in every 7 was Black/African American; and one in every 25 was multi-racial. Looking at ethnicity in those 65 and older: one in 17 people in Alameda was 65+/White; one in 53 was 65+/Asian; one in 67 was 65+/Black/African American; and one in 111 was 65+/Latino/Hispanic.

The median household income was $8,400 higher than California's, with fewer people living below the poverty level--one in 9.

Persons under Poverty Level: 11.0% — **65+ yrs: 7.6%** — **Median Household Income: $55,948**

AAA: Alameda County Department of Aging Services — PSA: 9 — Senate Dist: 9, 10 — Assm Dist: 14, 15, 16, 18, 20

County Tobacco Settlement Funds--Initial Payment: $6 M — Annual Payment: $15.9 M — Total: $417.6 M

- Workforce
- Medi-Cal stats
- Housing
- Transportation
- Special programs
- Census data including growth
- Legislative districts
- LTSS services (providers; serving; cost)
- AAA services
- 24/7 Facility based services
- Emerging issues/concerns

County Comparisons

How does your county rank on these indicators - in the highest, middle, or lowest third of all counties in the state?

Indicator	Rank
Highest Third (1-19)	
Total Population	7
Median Household Income	9
% Medi-Cal Recipients 65+	15
RCFE Beds/1,000	15
Total NF Patients/1,000	18
Middle Third (20-39)	
ADS Providers/1,000	20
% SSI / SSP Recipients	23
IHSS Providers/1,000	28
% Age 21-64 Disabled	29
% Dual Eligibles	30
HHA Providers/1,000	31
Median Age	32
% Medi-Cal Recipients	32
Tot Pop Growth (1990-2000)	34
% Population 85+	35
% Population 65+	39
Lowest Third (40-58)	
% Unemployment Rate	40
65+ Pop Growth (1990-2000)	41
% Persons < Poverty	44
% 65+ < Poverty	44
% 65+ and Live Alone	47
85+ Pop Growth (1990-2000)	49
% Vacancy - rentals	53
% Vacancy - houses	55

Note: Rankings are out of 58 counties, where 1 represents the highest number and 58 represents the lowest number

MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
LTSS Measures & Data Sources

Kathryn Kietzman
University of California, Los Angeles

Together We ENGAGE
Master Plan for Aging

LTSS: Core Person-Centered Measures & System Drivers in the California Health Interview Survey (CHIS)

Goal 1: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

Objective 1.1: *Californians will have access to the help we need to live in the homes and communities we choose as we age.*

Kathryn G. Kietzman, PhD, MSW
UCLA Center for Health Policy Research

Core Measures: LTSS Outcome Data in CHIS

Domain	Person-Centered Measure
Consumer Experience with Having their Needs Met	# % adults who report the extent to which the services or assistance they currently receive helps meet all their needs (completely, mostly, somewhat, not at all)
Consumer Experience with People who Help and Services Received (both paid and unpaid)	# % adults who receive care and services according to their personal preferences (always or almost always, most of the time, some of the time, never or rarely)
	# % adults who are involved in planning and organizing their care and services (always or almost always, most of the time, some of the time, never or rarely)
	# % adults who take part in deciding what to do with their time each day (in last 3 months)
	# % adults who take part in deciding when to do things each day (in last 3 months)

Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Difficulties with Instrumental Activities of Daily Living (IADLs)	# % adults reporting difficulty with routine care needs (IADLs)
Difficulties with Activities of Daily Living (ADLs)	# % adults reporting difficulty with personal care needs (ADLs)
Difficulties with cognition	# % adults reporting difficulty with memory, concentration, decision-making

Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Service and Support Needs	# % adults needing help with routine care needs (IADLs)
	# % adults needing help with personal care needs (ADLs) # % adults needing help with: bathing/showering, dressing, eating, getting in and out of bed/chair, using/getting to toilet

Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Service and Support Needs	# % adults who need help due to physical, mental, emotional condition
	# % adults who need help due to serious difficulty concentrating, remembering, or making decisions
Unmet Needs for LTSS	# % adults with unmet routine care needs
	# % adults with unmet personal care needs

Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Equipment Needs	# % adults who have: wheelchair, motorized scooter, walker, hearing aids, low vision devices
	# % adults who currently need medical equipment or supplies that they don't have
Home Modification Needs	# % adults who have: grab bars, bathroom modifications, ramp or stair lift, personal emergency response system
	# % adults who currently need home modifications that they don't have

Descriptive LTSS Data in CHIS

Domain or System Driver	Person-Centered Measure
Receiving help	# % adults who receive regular help with self-care or everyday activities
Reasons for not receiving enough or any help	# % adults who report that help is too expensive, unreliable, they do not want to ask for help, help is too much trouble to arrange, they do not qualify for benefits/services, some other reason
Sources of help	# % adults who receive help from: unpaid family/friend, paid support worker, paid family member/friend, some other source

Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Receiving paid help (among those who report they need help)	# % who receive paid help with self-care or everyday activities
How helper or services are paid for	# % whose services are paid: directly/out-of-pocket, public insurance/program, private insurance, some other source
Receiving unpaid help (among those who report they need help)	# % who receive unpaid help with self-care or everyday activities
How one finds out about available services	# % who find services through: family or friend, aging services provider, disability services provider, state or county agency, healthcare professional, other provider, information service, employer/workplace, some other source

LTSS Outcome Data in CHIS

Domain	Person-Centered Measure
Adverse Consequences (in past one month)	# % adults staying at home due to difficulty getting out by themselves
	# % adults going without groceries or personal items due to difficulty shopping by themselves
	# % adults not bathing as often as desired
	# % adults not changing clothes as often as desired
	# % adults who go without eating due to no one there to help/ difficulty feeding themselves
	# % adults who stay in bed due to difficulty getting out of bed by themselves
	# % adults unable to get to the bathroom as often as needed
	# % adults who make mistakes with prescription medication due to difficulty keeping track

LTSS Outcome Data in CHIS

Domain	Person-Centered Measure
Consumer Experience with Paid Assistance from People and/or Programs	# % adults who feel they are treated with respect (always or almost always, most of the time, some of the time, never or rarely)
	# % adults who feel safe around the people who help them (always or almost always, most of the time, some of the time, never or rarely)
	# % adults who feel their care provider is sensitive and responsive to traditions of their culture or background (always or almost always, most of the time, some of the time, never or rarely)

System Drivers: Descriptive LTSS Data in CHIS

Domain	Person-Centered Measure
Information is in preferred language	# % getting information about services in preferred language
Types of paid services and supports currently received	# % receiving skilled nursing home/rehabilitation services
	# % receiving assistance with personal care
	# % receiving homemaker/chore services/delivered meals
	# % receiving home health/physical/occupational therapy
	# % receiving adult day services
	# % receiving transportation services
	# % receiving case management/care coordination services
	# % receiving housing advocacy/assistance
	# % receiving benefits assistance/enrollment
	# % receiving other paid services

Core Measures Organized by System Drivers

System Driver	Person-Centered Measure	Data Sources
Information and Assistance		• Program Data; West Health handout; Question in CHIS LTSS survey
In Home Supportive Services		• Program Data; Questions in CHIS LTSS survey
Other Home and Community-Based Services		• West Health handout; Program Data; Questions in CHIS LTSS survey
Group Living – Skilled Nursing Facilities/Residential Care Facilities/Other Group Living		• West Health handout; Program Data

Core Measures Organized by System Drivers

System Driver	Core Person-Centered Measure	Data Sources
Caregiving/Unpaid Workforce		Family Caregiver Alliance presentation; CHIS caregiving module; West Health handout
LTSS Workforce		West Health handout LWDA Handout
LTSS-related Technology		West Health handout
LTSS integrated with Health Services		Care coordination question in CHIS (general)

MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING
Caregiving Measures & Data Sources

Kathy Kelly
Family Caregiver Alliance

Together We ENGAGE
Master Plan for Aging

Unpaid Family Caregiver Benchmarks/Metrics for Consideration for Master Plan on Aging

- **Goal 1**: Services & Supports. We will live where we choose as we age and have the help we and our families need to do so.

- **Objective 1.2:** *Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access o the resources and support we need.*

Generated by: Donna Benton, Ph.D., USC Caregiver Resource Center benton@usc.edu;

Kathy Kelly, MPA, Family Caregiver Alliance kkelly@caregiver.org

Unpaid Family Caregiver Benchmarks/Metrics for Consideration for Master Plan on Aging

Key Sources and Metrics to Consider:

- AARP State LTSS Scorecard
- Expanded Caregiver Profiles:
  - Demographics
  - Characteristics
  - Respite
  - Identification/Screening/Assessment
- Use of BRFSS and CHIS

Caregiving Composites from: Picking Up the Pace of Change, 2017: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers, AARP Public Policy Institute, 2017

Supporting Working Family Caregivers

(Current Year 2014-16; Baseline Year 2012-13): Supporting working family caregivers (composite indicator, total scale 0 - 9.0) is constructed along four components :

1. **Family Medical Leave** (scale 0 - 4.0). Evaluates the extent to which states exceed the federal FMLA requirements for covered employers, covered employee eligibility, length of leave, and type of leave allowed.
2. **Mandatory Paid Family Leave and Sick Days** (scale 0 - 3.0). Evaluates the extent to which states offer additional benefits beyond FMLA to family caregivers, including requirements that employers provide paid family leave and mandate the provision of paid sick days.
3. **Unemployment Insurance** (scale 0 - 1.0). The extent to which state unemployment insurance laws or regulations address "good cause" for job loss due to an illness or disability of a member of the individual's immediate family.
4. **State Policies that Protect Family Caregivers from Employment Discrimination** (scale 0 - 1.0). The extent to which a state (or locality) law expressly includes family responsibilities, including care provided to aging parents or ill or disabled spouses of family members, as a protected classification in the context that prohibits discrimination against employees who have family responsibilities.

Caregiving Composites from: Picking Up the Pace of Change, 2017: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers, AARP Public Policy Institute, 2017

Person- and Family-Centered Care

(Current Year 2016; Baseline Year 2012-13): Person and family- centered care (composite indicator, total scale 0 - 5.5) is constructed along three components:

1. **State Policies on Financial Protection for Spouses of Medicaid Beneficiaries who Receive LTSS** (scale 0 - 2.0). The extent to which the state uses the federal minimum or maximum income and asset protection limits for spouses.
2. **State Assessment of Family Caregiver Needs** (scale 0 - 2.5). The extent to which a state conducts a mandatory or optional assessment of family caregivers for their own needs when an older adult or adult with physical disabilities for whom they are caring is being assessed for one or more LTSS programs.
3. **CARE Act** (scale 0 - 1.0). Evaluates the extent to which a state passed Caregiver Advise, Record, Enable (CARE) Act legislation and the Bill is signed into law.

Caregiving Composites from: Picking Up the Pace of Change, 2017: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers, AARP Public Policy Institute, 2017

Nurse Delegation and Scope of Practice

(Current Year 2016; Baseline Year 2013): Nurse delegation and nurse practitioner scope of practice (composite indicator, total scale 0 - 5.0) is constructed along two components:

1. **Number of Health Maintenance Tasks Able to be Delegated to LTSS Workers** (scale 0 - 4.0) Number of 16 health maintenance tasks that can be delegated by a registered nurse to an LTSS direct care worker assisting in home setting.
2. **Nurse Practitioner Scope of Practice** (scale 0 - 1.0). The extent to which state practice and licensure laws permit a nurse practitioner to be able to practice to the fullest extent of their education and training. Scope of practice includes three levels of authority: (1) full practice authority; (2) reduced practice; and (3) restricted practice.

Caregiving Composites from: Picking Up the Pace of Change, 2017: A State Scorecard on LTSS for Older Adults, People with Physical Disabilities and Family Caregivers, AARP Public Policy Institute, 2017

Transportation Policies

(Current Year 2012-16; Baseline Year 2010-12): Transportation policies (composite indicator, total scale 0 - 5.0) is constructed along three components:

1. **Volunteer Driver Policies** (scale 0 - 3.0). The extent to which state volunteer driver polices: (1) Provide protection from unreasonable or unfair increases in liability or insurance rates; (2) Include nonprofit volunteer driver programs that are exempted from livery laws; and (3) State laws facilitate private investment in volunteer driver programs.
2. **Statewide Human Services Transportation Coordinating Councils** (scale 0 - 1.0). Whether the state has an active council to enhance services and improve efficiency.
3. **Medicaid Non-medical Transportation** (scale 0 - 1.0). Whether the state offers non medical transportation as an HCBS waiver benefit, and the total amount of the benefit.

Expanded Family Caregiver Profiles: Demographics

- Age of family caregivers within ranges defined by generations; numbers and % overall of age groupings
- Relationship/Kinship to care recipient
- Residence: % caregivers estimated within counties; county designation (rural, suburban, urban), ethnicities by county
- Gender

- Potential Sources: Use national survey data for age, % groupings, relationship/kinship, residence by federal designation; gender by national survey data

Expanded Family Caregiver Profiles: Characteristics

- Complexity of tasks: # of ADL's and IADL's performed by cgr; # and type of medical tasks performed by cgr
- Number of hours spent caregiving per week
- Length of caregiving experience
- Lives with care recipient
- Health/Emotional Health impact: stress, depression, social isolation/loneliness
- Financial Impact
- Potential Sources: Caregiver Resource Center data (2019 forward); BRFSS Caregiver Questionnaire web-based; Title IIIE data (ADL/IADL, Zarit Burden/Stress scale; demographics; CHIS?)

Expanded Family Caregiver Profiles: Respite

- Respite expenditures: Federal Sources: Title IIIE; State Sources: Caregiver Resource Centers; County Sources: need to survey county departments on aging and Area Agencies on Aging
- Working definition(s) of respite and eligibility
- Average expenditure per family; type of service selected
- Types of Respite Offered: consumer directed vouchers, use of adult day services, use of home health agencies, use of short-term out of home stays, use of short-term in-home stays

- Potential Sources: Caregiver Resource Center data; CA Department of Aging annual reports/data; provider surveys (would need to be developed and completed)

Expanded Family Caregiver Profiles: Identification, Screening and Assessment

- Survey of LTSS services or oversight agency how unpaid family caregivers are identified, screened or assessed for their own needs.
- What services Identify, Screen or Assess Family Caregivers:
  - Which action or actions are taken?
  - Where does this information reside (care recipient record, other???)
  - What actions are taken? (information, interventions or referral???)
- What questions are asked? Are they about the caregiver or in relationship to the care recipient?

- Sources: review of current screening, intake or assessment tools in use by LTSS providers

Family Caregiver Profiles: Use of BRFSS and CHIS

- How could California use existing questionnaires to gather basic demographic and other data?
- Field bi-annual caregiver questionnaire (web version) by CA DHCS starting in 2020?
- Is there any information that could be gathered by the California Health Interview Survey regarding identification of CA residents providing assistance to an adult?

- Sources: Behavioral Risk Factor Surveillance System, CDC/CA DHCS; California Health Interview Survey, UCLA Center for Health Policy and Research, UCLA Fielding School of Public Health

Caregiver Descriptive Data in CHIS (2019-2020)

System Driver	Core Person-Centered Measure
Caregiving/Unpaid Workforce	# % adults who provided help during the past 12 months to a family member or friend with a serious or chronic illness or disability
	# % adults currently providing care
	Age of care recipient
	Relationship of care recipient to caregiver
	Hours spent caregiving in a typical week
	Whether caregiver was paid for any hours spent
	Living arrangement of care recipient
	Illnesses/disabilities that required caregiver help

Caregiver Outcome Data in CHIS (2019-2020)

System Driver	Core Person-Centered Measure
Caregiving/Unpaid Workforce	# % caregivers who experienced financial stress as a result of caregiving (extremely, somewhat, a little, not at all)
	# % caregivers who report having all of the supports/services they needed to provide care
	# % caregivers who report suffering physical or mental health problems during past 12 months as a result of providing care
	# % caregivers who report a change in their work situation as a result of providing care (i.e., changed job, took a second job/increase hours at current job, reduced work hours, took temporary leave, received paid family leave, quit job, retired/retired early)

Appendix: CHIS Measures

California Health Interview Survey

- Largest population-based state health survey in the United States
- Representative sample of non-institutionalized California civilians, approximately 20,000 households each year
- CHIS is administered in 7 threshold languages: English, Spanish, Cantonese, Mandarin, Korean, Vietnamese, and Tagalog
- As of the 2019-2020 cycle, CHIS is using address-based sampling and 2 modes of data collection: web and telephone

Long-Term Services and Supports (LTSS) in California: A New CHIS Study

Two LTSS Survey Cycles:

I. 2019-2020: CHIS Follow-On LTSS Survey, about 2,000 respondents by web or telephone, about 15 minutes

- Complete 2019-2020 data set (n=2000) by Oct 2021

I. 2023-2024: CHIS Follow-On LTSS Survey, about 2,000 respondents by web or telephone, about 15 minutes

- Complete 2023-2024 data set (n=2000) by Oct 2025

Other Descriptive Data in CHIS (general)

Domain	Core Person-Centered Measure
Health Conditions	Reference CHIS questionnaire
Mental Health Assessment	" " "
Sheehan Scale of Disability	" " "
Three-Item Loneliness Scale	" " "
Visits to Medical Doctor	" " "
Care Coordination	" " "
Health Insurance	" " "
Public Program Participation	" " "

Note: Estimates generated from the CHIS/LTSS descriptive data will include comparisons by age group, gender, race/ethnicity, income, primary language, rural/urban geography, and housing arrangement, as sample size permits.

Other Outcome Data in CHIS (general)

Domain	Core Person-Centered Measure
Emergency Room Visits	Reference CHIS questionnaire
Hospitalizations	" " "
Medical Debt	" " "
Delays in Care	" " "

Note: Estimates generated from the CHIS/LTSS outcome data will include comparisons by age group, gender, race/ethnicity, income, primary language, rural/urban geography, and housing arrangement, as sample size permits.

MASTER PLAN DASHBOARD, GOAL 1: LTSS & CAREGIVING

Group Discussion of Person-Level Core & System Driver Measures for Dashboard

Gretchen Alkema (Moderator)
The SCAN Foundation

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Master Plan for Aging

PARTNER INNOVATION & TECHNOLOGY

Advanced Topics in Technology Applications for Caregivers and the Workforce

David Lindeman

University of California, Berkeley, CITRIS

Christine Cassel

University of California, San Francisco, Presidential Scholar

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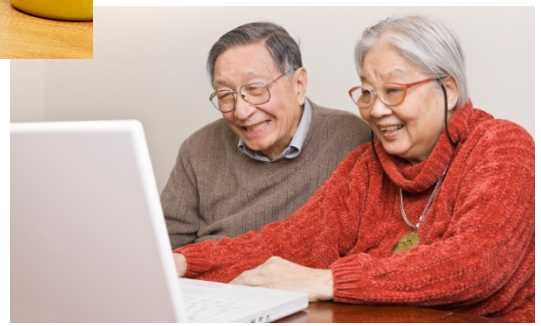

California MPA Research Committee:

Family Caregiving & Workforce Data & Technology

David Lindeman, PhD and Christine Cassel, MD

January 24, 2020

Family Caregiving & Tech Landscape

- Family Member Health
- Safety & Home Environment
- Caregiver Social Isolation
- Caregiver Information
- Caregiver Training & Education

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Current and Emerging Family Caregiving Technology

Lindeman, Center for Technology and Aging, CITRIS, 2019.

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Telehealth & Remote Monitoring

OneClick.chat

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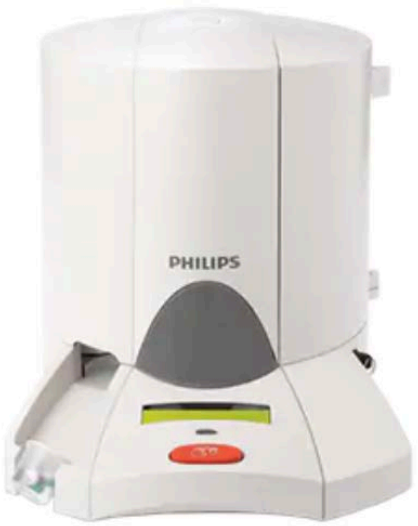
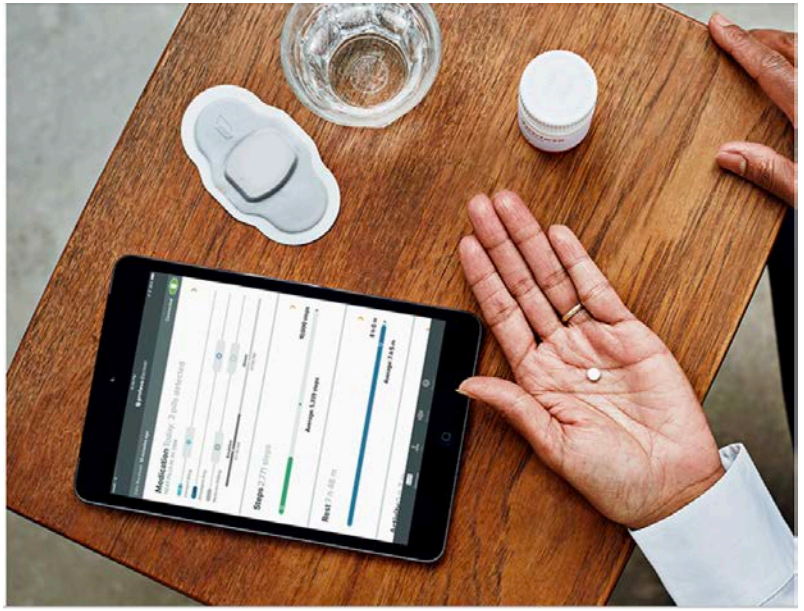
Smart Medication Management:
Medication Adherence



Automated Dispensers /Apps



Ingestibles

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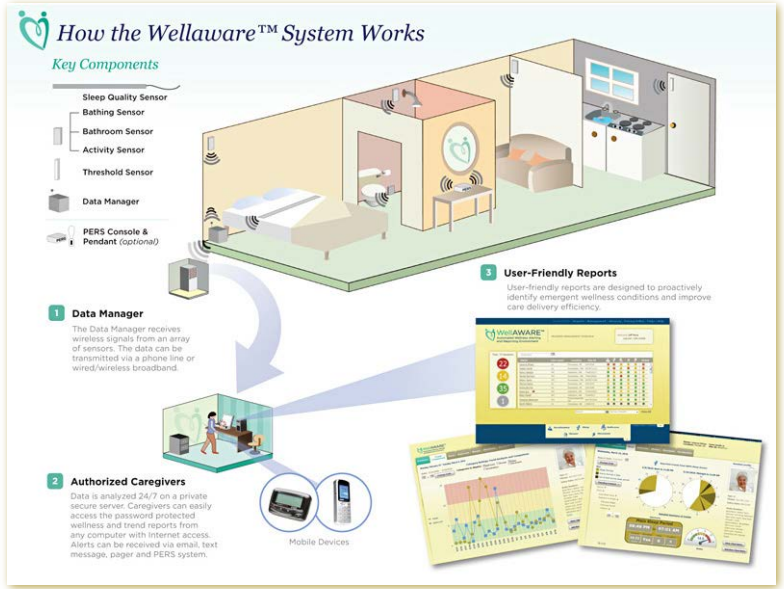
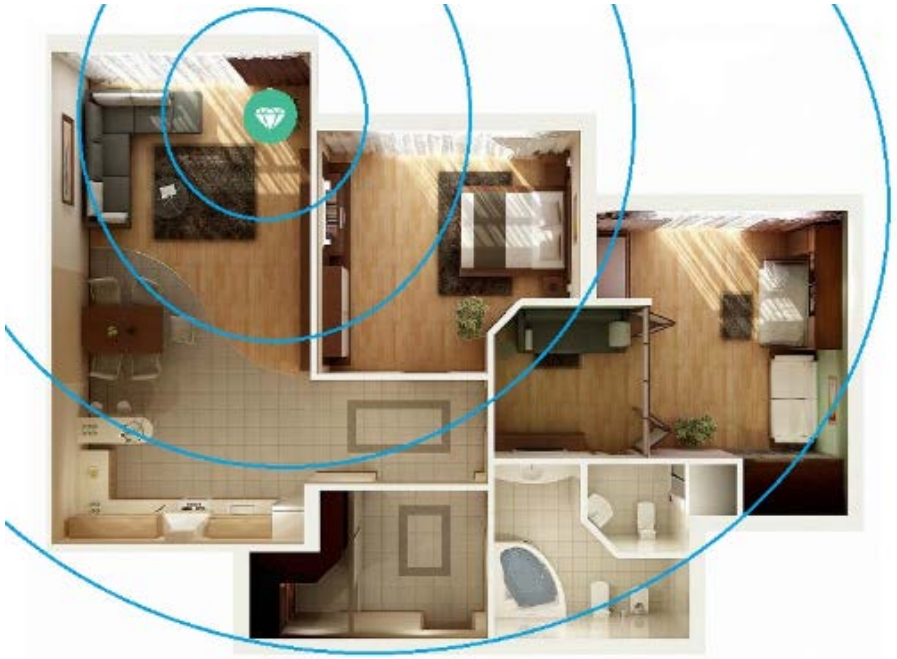
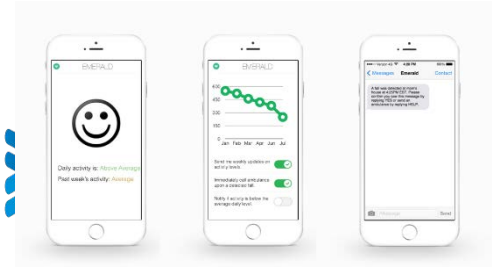
Smart Home & Internet of Things (IoT)

Great Call / HealthSense





Emerald



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Falls Prevention & Mobility

SafelyYou

Keego

Sideway

VirtuSense Technologies

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Care Receiver Engagement: Robotics, AI/ML, VR

It's Never 2 Late
dignity through technology

BikeAround

ElliQ

MyndVR

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TECHNOLOGY INNOVATION FOR THE WORKFORCE

- Innovation in **RECRUITMENT** processes
- Innovation in workforce **TRAINING**
- Innovation in worker **RETENTION**
- Innovation in supporting the **OLDER WORKER**

SUPPORTIVE TECHNOLOGIES: Recruitment and Training

RECRUITMENT

arena

- Using AI to better **identify and match candidates to the right job opportunities** within an organization
- Has seen significant reduction in turnover rate (~35%)

CLOVERLEAF

- Using AI in the **employee effectiveness category**
- Improving employee engagement, productivity, cost reduction, and speed of accomplishing objectives

TRAINING

embodied labs

- Creates embodied, virtual reality patient experience labs for healthcare trainees and professionals
- **Improving the training experience** as well as helping staff **develop empathy**

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SUPPORTIVE TECHNOLOGIES: Retention

FLEXIBLE WORK-FROM-HOME TOOLS

GoToMeeting

Microsoft Teams

VoIP Phones
Enables people to work remotely but with an extension on the company's phone system

Skype

RETENTION

Udex
Affordable HR Software

- **Mobile feedback platform** that helps managers do a better job of recognizing and rewarding employees

PayActiv
Security | Dignity | Savings

- **Technology enabled offering** allowing workers to access earned, but as of yet, unpaid wages for a transaction cost of five dollars as opposed to using credit cards, cash advance, pay day loans

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SUPPORTIVE TECHNOLOGIES: Supporting Older Workforce

wahve®
Work At Home Vintage Experts

- Provides a **pool of qualified older workers**
- Types of offerings have broad applicability to help identify, engage, mobilize and deploy older workers

TreeRings

- Offers a **pool of qualified older workers** for **support call roles**
- Leveraging peer-to-peer relationships to improve customer experience for brands which sell-to and support older adults

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Technology Recommendations: Family Caregiving & Workforce

1) Integrate and deploy technology to support family caregivers to advance the **health and safety of family members**

2) Implement technology-enabled tools to support **access to information** and improved **social connectedness** for family caregivers

3) Develop and deploy technology that supports **workforce recruitment, training and retention**

4) Optimize the use of **evidence** for and **integration** of technology-enabled solutions

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Emerging Technology & Data Solutions

INNOVATIONS IN TECHNOLOGY

- Assistive Technologies (Hearing, Vision, etc.)
- Voice Technology
- Autonomous Vehicles
- 5G

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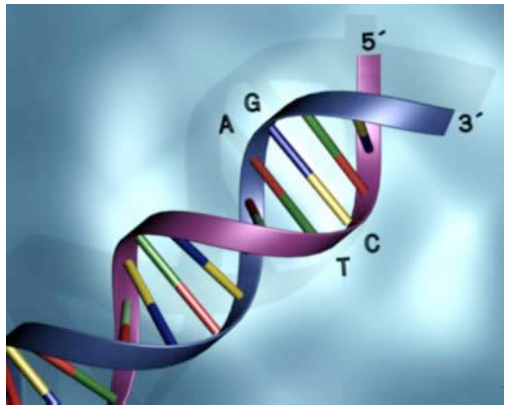
Emerging Technology & Data Solutions

INNOVATIONS IN DATA ANALYTICS

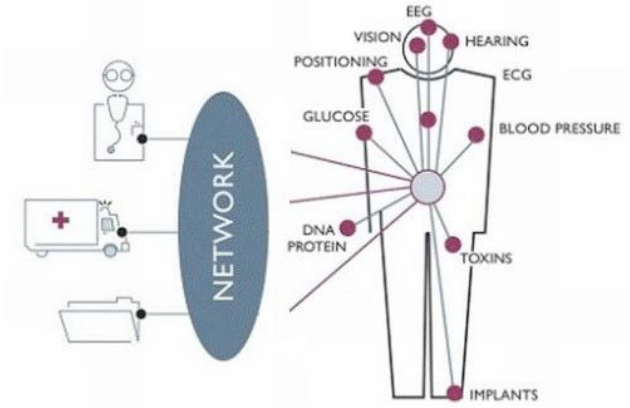
Electronic Health Records....



Genomic Data...

Diagnostic test results....

Wearable health monitoring...



Social media...

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Potential Challenges of Data & Technology

- **Cost** of technology
- **Access** – inclusion and equity
- **Interoperability** and lack of standards
- **Regulatory** and policy environment
- **Data Security, Privacy & Ethics**

DATA

SECURITY, PRIVACY & ETHICS

Technology & Data Recommendations

- Environmental Scan
- Key Stakeholder Input
- Public / Private Sector Input
- Alignment with External Efforts
- Policy, Regulatory, Equity, Accessibility, Ethical

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Public Comment

- *To submit additional public comment and meeting feedback, go to: https://www.surveymonkey.com/r/MPAComment*
- *To submit detailed recommendations for MPA, go to: https://www.surveymonkey.com/r/MasterPlanRecommendations*

Summary & Action Steps

THANK YOU!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging here*:

ENGAGECA.org

Together We ENGAGE
Master Plan for Aging