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Q1

Define the problem: [Outline the challenge(s) your recommendation will address. Insert links to reports where appropriate.]

Elimination of core services such as MSSP and CBAS.

Q2

Pick your Master Plan for Aging goal(s): [Check the goal(s) your recommendation aims to fulfill. View MPA Framework document for reference]

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.

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Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

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Goal 4: Economic Security and Safety. We will have economic security and be safe from abuse, neglect, exploitation, and natural disasters and emergencies throughout our lives.

Q3

Choose your MPA Framework objective: [Check the objective(s) your recommendation will accomplish. View MPA Framework document for reference.]

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

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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.

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Objective 2.2: Californians will age with lifelong opportunities for social and civic engagement, volunteering, learning, and leadership.

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Objective 3.1: Californians will live in communities with policies and programs that promote well-being throughout our lifespans.

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Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

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Objective 4.1: Californians will be economically secure throughout our life span with access to housing, food, and income as we age.

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Objective 4.2: Californians will be protected from abuse, neglect, and exploitation as we age.

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Objective 4.3: Californians, as communities and as individuals, will plan, prepare and respond to disasters and emergencies fully including the needs and vulnerabilities of older adults and people with disabilities.

Q4

Outline your recommendation: [In one to two sentences, sketch out your idea for the Master Plan for Aging.]

Maintain cost-effective, individualized core programs that keep older adults living at home safely, especially in light of disparities for seniors of color.

Q5

Identify and quantify your target population: [Describe which groups of Californians will be impacted by this recommendation, with numbers if available.]

Frail older adults and their caregivers and family members.

Q6

Share your recommendations for an age-friendly California: [Insert detailed bullet points describing your Master Plan for Aging ideas.]

As the nation faces a reckoning around a history of racial injustice and demands that people of color have equality of opportunities, MSSP and CBAS remain vital options for older adults of color. According to CDC's data, black Americans are dying from COVID-19 at nearly twice the rate of non-black Americans, and in California 43% of COVID-19 attributed deaths have occurred in Skilled Nursing Facilities. It is irresponsible to eliminate programs that help assure social justice for California's older adults, in particular for older adults of color. As development of new models are discussed it is vital to have MSSP and CBAS programs at the table to address the needs of this frail population. Needs and risks that are often not fully understood by those developing the Long Term Care at Home model of care.

Q7

Provide any supporting evidence for your recommendation: [Add links or summaries of research evidence that support your unique vision.]

According to CDC's data, black Americans are dying from COVID-19 at nearly twice the rate of non-black Americans, and in California 43% of COVID-19 attributed deaths have occurred in Skilled Nursing Facilities.

Q8

Give examples of local, state or national initiatives that can be used as an example of best practices: [Provide any available links and sources.] Local: State: National: Other:

California's MSSP and CBAS programs! The models are already in place; do not eliminate them, grow and strengthen them!

Q9

Provide a roadmap to implementation: [Insert any actions state agencies, legislators, counties, local government, or philanthropy can take to move this recommendation forward. Some of the entities listed below may or may not be applicable to each recommendation.] State Agencies/Departments: [action to be taken by Governor or specific state agencies] State Legislature: [legislation needed to implement recommendation] Local Government: Federal Government: Private Sector: Community-Based Organizations: Philanthropy: Other:

As noted above, the models and framework are already in place in MSSP and CBAS. Coordinate with CDA to strengthen these programs and transition them to being statewide and large enough to address the needs of more frail older adults.

Q10

Identify person-centered metrics: [What are the individual measures of inputs or outcomes that can be used to predict your recommended action's impact on people.]

Review CDC's reporting on COVID-19 infection rates and deaths within SNFs and communities of color, and compare those numbers to what MSSP has reported.

Review the cost of nursing home placements to the cost of MSSP and CBAS in coordination with IHSS. Though the numbers vary some per geographic area, MSSP can serve 7 to 10 more clients per year for the cost of SNF placement for 1 person.

And, for Pete's sake, have a conversation with an older adult! Talk to grandparents and parents, uncles and aunts, and ask them where they would like to live. I would reckon that zero will say a SNF, and that presented with the program structure of current programs, an overwhelming majority would vote for living at home with some supportive services.

Q11

Measuring Success: [Describe specific metrics that could be used to empirically measure the effectiveness of your recommendation]

Well, people and communities are not built as statistics. I recognize the importance of having data to support programming, and that is incredibly difficult when working with people. Can you report on exactly what services you or your parents need as they age and the cost of providing those? Doubtful. Can you tell me stories about yourself or your parents related to social opportunities, hobbies, living somewhere surrounded by one's own belongings and pets, exposure to young people...? I bet you can. That is where the "evidence" and "metrics" lie.

Q12

Measuring Success: [How would we know that the implementation of your recommendation is successful?]

Short term: By 2020…	**Qualifty of life and budget outcomes. The difference in fundng community-based prorams vs. the cost of funding one individual in a SNF.**
Mid term: By 2025…	**Same as above x5.**
Long term: by 2030…	**Same. And, I would like to remind us all that measuring the success of keeping older adults at home, where we almost all want to be, vs. sending older adults to facilities in which they must share a room with 1 or 2 others, cannot have pets, and are surrounded by isolation and loneliness, seems a little cold.**

Q13

Provide data sources: [What existing data can be used to measure success or progress?]: Existing data sources: [specify datasets, variables, and data owner/location] Suggestions for data collection to evaluate implementation of this goal when no data sources exist:

Build a documentation and data system that is managed by the State and includes all of the requested reports. Collect data on demographics, support systems, services identified and used, IHSS data, health and mental health data, social determinants of health, interventions implemented and how those interventions have addressed identified needs, abuse and neglect, etc.

Q14

Identify potential costs and/or savings: [Provide any research, actuarial analysis or other evidence of the cost of, or potential savings from, implementing your recommendation.]

The cost of serving one participant in MSSP costs less than $5200/year. The cost of serving one senior in a SNF costs no less than $3,200 a month, or $38,400 a year. If every MSSP participant, using 12,000 participants as the total number, went to a SNF (which, granted, is unlikely) it would cost the State approximately $460,800,000 a year, whereas the approximate cost of serving 12,000 participants in MSSP for the same amount of time would cost $62,400,000. If I have to break people down into costs, that is a cost savings of $398,400,000 per year.

Q15   **High**

Prioritize your recommendation: [How would you prioritize your recommendation relative to other needs/priorities?]

Q16

Contact information: [Let's stay in touch!]

Name:	**Teresa Ogan**
Affiliation:	**MSSP Site Director**
Phone:	**916-273-1130**
Email:	**TOgan@healthcollaborative.org**