Improving California's Aging Services and Long-Term Care System

Blueprint for Partnerships Between California Foundations and State Policymakers

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I.   Introduction and Purpose

The aging population in the United States is growing exponentially. In California, the number of individuals age 65 and older is projected to double over the next 20 years, from 4.4 million in 2010, to 8.8 million in 2030.[1] This rapidly increasing segment of California's population is already straining existing aging and long-term care (ALTC) programs and resources, which have not kept pace with population growth and in many areas have actually declined. Given the state's ongoing fiscal and budget challenges, ensuring California will be able to meet the diverse needs of its elders, many of whom are among the state's most vulnerable citizens, will necessitate creativity and collaboration -- including ongoing research and innovation and, importantly, new and reinvigorated partnerships between the public and private sectors.

This Blueprint represents a coordinated effort by seven California foundations to highlight how foundations might engage in collaboration and partnership with state policymakers to address the issues and respond to the challenges facing the ALTC system in California. The foundations signing on to this Blueprint are willing to make available their expertise and resources, as is uniquely possible for each Foundation, to California policymakers -- the new Administration of Governor Jerry Brown and the 2011-12 California Legislature. The purpose of this document is to introduce the participating foundations, provide a context for initiating dialogue with state policymakers, and identify areas of opportunity for collaboration and future partnerships.

II.   About the Foundations

This section provides historical and programmatic background on the funders sponsoring this Blueprint (referred to hereafter as Blueprint Sponsors), including highlights of the nature and types of activities each supports. All of these foundations have demonstrated their dedication to improving ALTC services and programs in California. For highlights of just some of the investments these foundations have made in ALTC in California, see Appendix A.

Each funder has its own mission and history, funding priorities, and organizational structure and will have a unique outlook and opportunity to work with policymakers in addressing the future challenges facing ALTC services and programs. The Blueprint Sponsors are individually committed to exploring with state policymakers ways in which each of them can be most helpful in helping to improve and enhance ALTC services in California.

Archstone Foundation

The Archstone Foundation (www.archstone.org) is a private foundation formed in 1985 through the conversion of a nonprofit health maintenance organization, then known as FHP, Inc., to a for-profit corporation. The mission of the Archstone Foundation was redefined in 1995-96 from a broad focus on

health care to a specific focus on aging issues. The Archstone Foundation's mission is to contribute toward the preparation of society in meeting the needs of an aging population.

The Archstone Foundation addresses its mission through initiative-based efforts and responding to emerging community needs. Through its grantmaking, Archstone Foundation supports the delivery of direct care services to older adults, improves training of health and social service providers, informs policy and decision makers, and supports the development of model programs. The Foundation's current initiative-based efforts address fall prevention, prevention of elder abuse and neglect, and improving end-of-life care through expanded palliative care services. After two decades of operation and over 800 grants, the Foundation's grantmaking commitment has surpassed the initial endowment with over $75 million in grants awarded.

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California Community Foundation

The California Community Foundation (CCF) (www.calfund.org) is a philanthropic endowment that makes grants from many individual funds to nonprofit organizations and individuals (usually through scholarships) in Los Angeles County and beyond. With its thousands of philanthropic partners, CCF supports nonprofit organizations within six priority areas to improve the quality of life among the most vulnerable populations. The priority areas are: arts, education, health care, human development, neighborhood revitalization and civic engagement.

CCF is focused on ensuring that vulnerable populations (including low-income aging adults) are provided with the necessary support to ensure that they are able to avoid social isolation, or premature or unwanted institutionalization, and can meaningfully engage in community life. CCF's four primary strategies for achieving its goals are: (1) Supporting effective community-based services (especially adult day programs); (2) Building vocal constituencies for legislative or regulatory change; (3) Supporting nonpartisan policy analysis and research; and, (4) Increasing organizational effectiveness (technology, fund development, etc.). CCF supports organizations involved in advocacy work that seek to influence policy.

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The California Endowment

The California Endowment (TCE) (www.calendow.org) is a private, statewide health foundation that was created in 1996 as a result of the nonprofit Blue Cross of California's creation of WellPoint Health Networks, a for-profit corporation. The mission of TCE is to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. In the mid-2000s, TCE implemented a Healthy Aging for Vulnerable Populations initiative that identified older women of color as among the most vulnerable in the aging

population. The Initiative invested in research and analysis related to the economic status of elders and their related eligibility for long-term care services and programs.

TCE is currently engaged in a ten-year investment in 14 communities as its new strategic direction known as the "place-based initiative." The selected California communities engaged in a community planning process and developed the priorities of economic development, community safety/violence prevention, and youth development. While the strategic direction of TCE has shifted to primarily focus on children and youth and their families, elder family members in the affected communities will benefit from the Initiative's overall emphasis on community health improvement and prevention.

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The California HealthCare Foundation

The California HealthCare Foundation (CHCF) (www.chcf.org) works as a catalyst to fulfill the promise of better health care for all Californians. CHCF supports ideas and innovations that improve quality, increase efficiency, and lower the costs of care. To accomplish its goals, CHCF focuses its grantmaking in four areas: Better Chronic Disease Care, Innovations for the Underserved, Market and Policy Monitor and the Health Reform and Public Programs Initiative.

CHCF's involvement in the ALTC area arises from the Better Chronic Disease Care program which promotes appropriate care towards the end of life, with efforts focused in nursing homes, hospitals and the community. In CHCF's Market and Policy Monitor program area, CHCF promotes transparency in decision making around ALTC through CalQualityCompare. This consumer-focused web site displays information about quality of long-term care services – nursing homes, home health agencies, hospices, and assisted living. The free online service, (www.calqualitycare.org), also provides information on assisted living, retirement communities, and adult day care options.

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Gary and Mary West Foundation

The Gary and Mary West Foundation (GMWF) (www.garyandmarywestfoundation.org) is a private, non-operating foundation that funds nonprofit organizations in the regions of San Diego, CA and Omaha, NE that are making a significant impact in their respective geographic area. The mission of the Gary and Mary West Foundation is to create new avenues for young and older Americans alike to enjoy a high quality of life. The Foundation funds organizations driving innovation in the interest areas of wireless health, workforce development, aging, and service animals. The Foundation supports organizations with visionary leaders, staff and volunteers who develop inventive projects producing significant results.

As one of its core focus areas, GMWF is dedicated to assisting low-income, vulnerable older adults by supporting community-based organizations whose goal is to enhance older adults' ability to remain independent and safely in their homes. Successful aging in place requires economic security, adequate

and affordable housing, and access to health care. GMWF grants focus on meeting basic needs such as shelter, nutrition, health, socialization, and also enhancing an individual's ability to meet those needs. GMWF funding supports direct services and programs and capacity building to enable organizations to increase the numbers they serve or to ensure the future sustainability of their programs.

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The Health Trust

The Health Trust (www.healthrust.org) is a charitable foundation established in 1996 from the sale of three local nonprofit hospitals in the Silicon Valley area of California. For more than 14 years the organization has been a catalyst in Silicon Valley for community Sponsorships that identify health issues and work together to find innovative solutions. In January of 2008, The Health Trust announced a $30 million investment in three initiatives – Healthy Living, Healthy Aging, and Healthy Communities.

The Health Trust's Healthy Aging Initiative works to ensure that older adults spend more years in good health and engaged as vital members of the community. The Initiative focuses on caregiver support and education, leadership and coordination as the lead agency for a countywide Aging Services Collaborative, nutrition and social connection through the Meals on Wheels program, expansion of health promotion programs and community engagement. The Aging Services Collaborative is a consortium of organizations and individuals working together to provide leadership and build community-wide capacity to support, maintain, and promote the well-being of older adults and their caregivers in Santa Clara County. Goals under each initiative, including Healthy Aging, are achieved through a combination of grantmaking, advocacy and public policy, community education and convening, and service delivery.

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The SCAN Foundation

The SCAN Foundation (www.TheSCANFoundation.org) is an independent, nonprofit charitable foundation dedicated to long-term services and supports that keep older adults self-sufficient, at home and in the community. The SCAN Foundation's mission is to advance the development of a sustainable continuum of quality care for older adults. The SCAN Foundation was started in April 2008 through a $205 million contribution from the nonprofit SCAN Health Plan. The SCAN Foundation provides grant support to efforts that integrate medical treatment and human services for older adults in the setting most appropriate for fostering independence. The SCAN Foundation is focused not just on supporting care-based projects, but also on funding programs that will impact the public dialogue and policy in California and nationwide.

The SCAN Foundation has three funding priorities: 1) Public Engagement -- Elevate the establishment of a comprehensive continuum of care for older adults as a national priority, and as a state priority for California; (2) Policy Development -- Advance realistic policy options to establish and finance a

comprehensive continuum of care for older adults; and (3) Programs -- Support the dissemination and assessment of promising new program models that could inform and strengthen long-term care policy development.

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III.   The Context: Aging and Long-term Care Services in California

California historically led the way in ALTC innovation and program development. In the 1970s and 1980s, California developed and pioneered new home and community-based service (HCBS) models for older adults and persons with disabilities, such as specialized Alzheimer's Day Care Resource Centers, Adult Day Health Care, and On Lok Senior Health Services, the incubator for the Program of All-Inclusive Care for the Elderly (PACE), now replicated around the country as the optional PACE Medicare benefit. California designed and refined effective supportive programs such as the Linkages care management program and the Multipurpose Senior Services Program (MSSP) to assist at-risk disabled persons in avoiding institutional placement. California established and maintained for decades a robust state funding commitment for home-delivered meals for homebound older adults and contributed substantial state funding for individualized In-Home Supportive Services (HSS) to allow elderly and disabled persons to live with dignity in their own homes through assistance with the basic activities of daily living.

In recent years, however, California's leadership role in ALTC innovation has steadily eroded in the face of continuing budget reductions at both the state and local levels. Over time, the HCBS system has been negatively impacted by budget cuts, system fragmentation, crumbling infrastructure, and financing challenges, all of which threaten California's past progress.

This section highlights some of the challenges and opportunities facing state policymakers as they consider the ALTC service system in California. For additional background on California's long-term care programs and financing, see the Long-Term Care Fundamentals series of issue briefs developed by The SCAN Foundation available online at www.TheSCANFoundation.org.

The Challenges

> Population Growth. In 2011, the largest U.S. generation in history – the baby boomers – will start turning 65. In California, this means a 100 percent projected increase of older adults over the next 20 years.[2] Approximately 70 percent of people age 65 and over will have a need for personal care and/or supportive services at some point in their lives.[3] This demographic shift has been looming over the state for some time but there has been little institutionalized planning to address the growing needs of older adults and their families. By 2030, the number

of Californians with Alzheimer's Disease will nearly double to over 1.1 million, with staggering consequences for state spending and service needs.[4]

➢ State and Local Budget Crises. At the same time as the demand for services and supports is growing, the state has been experiencing year-to-year erosion of local and state funding of ALTC programs. State funding for various HCBS for older adults have been reduced or eliminated in recent years (Alzheimer's day programs, brown bag programs, in-home supportive services, Linkages case management programs, and Older Californians Act funding for senior nutrition programs, etc.). The program cutbacks have endangered system capacity and core program infrastructure essential to meeting the growing needs of the state's aging population. Given the projected state budget deficit of $25 billion in 2011-12, it is likely that California will see additional budget cuts to key services that help keep older adults and persons with disabilities in their homes and communities. Policy makers will be challenged to develop alternatives and identify opportunities for systems development outside of the state's general fund. Moreover, chronic budget challenges perpetuate uncertainty for many of the programs and service providers who remain on the "defensive," always in reaction to the changing environment, rendering them less able to spend adequate time in planning and development to identify the best strategies for sustainability and efficiency.

➢ System Fragmentation. ALTC services in California are funded, administered and regulated by multiple federal, state and local agencies. Each program has distinct eligibility requirements, financing mechanisms, reporting requirements and statutory mandates. It is difficult for practitioners and service providers to manage and understand all of the programs and funding streams, and virtually impossible for older adults and their families. In addition, there is no global long-term care budget system and resources cannot easily be transferred to areas of need. Much of the innovation and coordination of ALTC services has happened at the local level where public and private agencies work together to integrate services despite fragmented state and federal funding and program silos.

➢ Leadership Challenges. As state and local programs face cutbacks, there has also been a loss of skilled leadership and staff capacity to proactively manage and sustain effective ALTC services. Lack of state resources and experienced staff limits the ability of state departments to actively monitor and pursue funding opportunities or to implement best practices and innovations in a timely fashion. In an era of legislative term limits, there is less continuity over time in the legislative champions advocating on behalf of ALTC constituencies and programs. The varying array of programs and funding streams can be challenging for new legislators and their staff to understand and navigate.

➢ Workforce Shortages. As the population ages there will continue to be increased demand for health care workers, at the same time there is a slowing supply of workers. By 2030 the United States will need an additional 3.5 million formal health care providers—a 35 percent increase from current levels—just to maintain the current ratio of providers to the total population.[5] While the demand for direct care workers will increase by 35% between 2008 and 2018, the

core direct care workforce, women aged 25-54, is stagnant at a growth rate of only 2%. This will leave a substantial gap in the number of available workers to care for individuals who need long-term care assistance. The overall workforce shortage in health care generally is further complicated by the lack of adequate training and experience in elder care, including specialized care approaches for the culturally diverse older adult population. As one illustration, in 2008, there was an estimated shortage of 12,000 geriatricians; a gap that is expected to grow to an estimated shortage of 28,000 by 2030.[6]

The Opportunities

Despite continuing state and local economic challenges, the resulting budget and program impacts call for consideration of creative and cost-effective strategies for improving the quality and the availability of ALTC services. The Blueprint Sponsors offer the following potential opportunities to improve ALTC services in California, based on the funders experiences and community relationships. These ideas are simply a starting point for review and discussion and the funders welcome further dialogue with state policymakers.

➢ California's Section 1115 Medicaid Waiver. California's recently approved Medicaid waiver includes multiple opportunities to coordinate and improve care delivery for older adults and persons with disabilities, including the transition of seniors and persons with disabilities (SPDs) into managed care delivery systems.   The SCAN Foundation and California HealthCare Foundation (CHCF), are willing to continue working with the state to ensure there is sufficient expertise and support so that the waiver is successfully implemented, consistent with recommendations made by diverse stakeholder work groups in 2010, and in furtherance of enhanced integration and coordination of the full continuum of health and social services for SPDs. Although mechanisms to improve care for individuals eligible for both Medicare and Medi-Cal were removed from the final 1115 waiver, The SCAN Foundation and CHCF are committed to continue working with the state to ensure successful development and implementation of pilot projects to integrate the full continuum of health and supportive services for this population.

➢ Administrative Restructuring. The budget challenges at the state and local level can initiate a new and compelling conversation among policymakers and stakeholders about how to most efficiently organize and administer ALTC programs, including ways to further rebalance long-term care services from costly institutional placements to lower cost home-and community-based settings. Some restructuring and administrative improvements the state might consider include:

- Aligning funding and programmatic accountability to break down administrative silos between programs and departments;

- Expanding "single point of entry" portals for older adults and their families to get information and connection to local services;

- Instituting an eligibility instrument that is standardized across institutional and home-and community-based settings;

- Establishing a data collection infrastructure to receive real-time information on beneficiary eligibility, service use, and cost information;

- Restructuring or reorganizing existing program models and agency responsibilities to most effectively use state and local resources and to ensure efficient and cost-effective delivery of quality services;

- Developing high-quality case management services as part of beneficiary access and service delivery; and

- Streamlining regulatory processes among and between state and local programs to reduce administrative costs and promote communication and collaboration.

➢ Maximize Federal Funds. As California faces ongoing budget challenges it will continue to be important for the state to actively monitor and seek all available federal funds for investment in ALTC services and programs, including new funding opportunities made available in the federal Affordable Care Act (ACA).

In addition to expansions of health care coverage and health insurance market reforms, the ACA includes provisions to improve care coordination and integration of services along the full continuum of primary, acute, rehabilitative medical services and supportive long-term care services. These include: The Community Living Assistance Supports and Services (CLASS) Program, and expansion of Medicaid Home And Community Based Services (HCBS) (Community First Choice. Medicaid HCBS state plan option, Money Follow the Person and the CMS Innovation Center). For additional detail on the potential impact of ACA provisions on long-term care in California, see The SCAN Foundation Policy Brief, Federal Health Care Reform and its Potential Impact on California's Long-Term Care System, August 2010, available online at www.TheSCANFoundation.org.

➢ Public Education and Information. Policymakers can work with stakeholders and communities to educate consumers and their families about the potential need for long-term care, the need for active planning and the importance of purchasing long-term care insurance. Baby boomers currently caring for their aging parents and relatives are a critical resource for caregiving and also an audience for understanding their own long-term care planning needs.

IV.   Partnership Opportunities: Foundations as a Resource to Policymakers

The Blueprint Sponsors believe that there will be future opportunities for the state and each of the Blueprint Sponsors to work together. In this challenging time, it will be important to maximize limited resources and identify the most cost-effective and realistic solutions for meeting the future needs of the state's older adult and disabled communities.

Foundations develop and refine their expertise through research, analysis, focused initiatives and responsive grantmaking informed by feedback from grantees, grant seekers, key informants, stakeholders, and academics in the field. The opportunities for partnership with the state are unique for each funder and subject to legal and organizational constraints affecting all philanthropic partnerships with government.

> Private and charitable foundations working to inform public policy must operate under specific state and federal rules. For a detailed discussion of the legal and organizational constraints affecting philanthropic-government partnerships please see Government-Philanthropic Partnerships on Health Reform in California, December 2010, by MastersPolicy Consulting.

The resources and grantmaking budgets of the participating foundations are relatively small in relation to the state and federal funds available in California for ALTC programs. Foundation funds cannot resolve or ameliorate the budget shortfalls and unmet ALTC needs in the state. Rather, foundation resources can serve as a catalyst locally and at the state level and, in partnership with state leaders and staff, can inform and guide the development of effective ALTC programs and services.

Each of the seven foundations participating in this Blueprint have different grantmaking priorities and approaches, including varying degrees of direct focus on state-level policy change. However, regardless of the orientation of each foundation to policy development, each foundation engages in programs and grantmaking that have implications for policy and for policymakers.

According to the Center on Philanthropy and Public Policy, philanthropic decision making informs public policy through three basic strategies:

➢ Education of the public and members of the policy community (generating and disseminating data and policy analysis, improving public understand about issues, and educating policymakers and issues experts);

➢ Investment in the development and demonstration of new institutions and policy options (developing new models and demonstration projects, shaping policy implementation and conducting evaluation); and,

➢ Support for capacity-building and advocacy efforts (serving as a builder of policy networks, convener of participants, and supporting direct services).[7]

In that context, the Blueprint Sponsors offer the following potential activities and funding strategies to jump start discussions between the state and individual sponsoring foundations. As stated above, each

Blueprint sponsor will come to a partnership with the state with different legal constraints, guiding principles and grantmaking approaches. Depending on these unique approaches, individual funders might be able to assist with following:

➢ Planning -- Grants, technical assistance, and strategic convenings to engage the appropriate policymakers and staff, ALTC advocates, consumers, researchers, academics and practitioners in brainstorming, visioning, gap analyses and future planning. This could include planning processes for coping with budget cuts, identifying and anticipating future service needs, designing the restructuring and integration of state and local programs and services, and ALTC master planning.

➢ Research and evaluation -- Support and active engagement in research on best practices, identification of evidence-based programs, pilot and demonstration projects to test innovative approaches and programs; program evaluation to measure program outcomes and cost-effectiveness; data collection and analysis, local, regional and statewide needs assessments and impact analyses; and polling, surveys and focus groups on key issues and programmatic approaches.

➢ Public and policymaker education -- Educational briefings, forums and materials for diverse target audiences and purposes, focused issue briefs, fact sheets and reports, testimony and presentations in administrative and legislative hearings, and regional forums to obtain community input and increase awareness of ALTC programs and policies.

➢ Capacity building -- Technical assistance and grant writing support for state agencies to maximize federal funding and other available resources; co-funding programmatic initiatives at the state level that enhance direct services such as providing start-up or seed money to build or rebuild program and service infrastructure; convenings of ALTC experts and stakeholders to inform policy, state and local leadership development; and advocacy support and training.

➢ Ongoing dialogue and communication -- Regular information-sharing, informal feedback and ongoing relationships with state leaders and staff to share and discuss national trends, local innovations, policy trade-offs and opportunities for collaboration.

Previous and Continuing Funding Activities

Active support and collaboration in working with the Administration and the Legislature is not new for the Blueprint Sponsors. Individual participating foundations have previously provided and are continuing to provide technical assistance, analytical support and consulting resources to state agencies for grant writing, program development and program implementation. The Archstone Foundation, the California Endownment , The SCAN Foundation and California HealthCare Foundation provided resources to support the background work, development and pending implementation of California's Section 1115 Medicaid waiver. Several of the Blueprint Sponsors have also supported or sponsored statewide policy summits and convened stakeholder and expert forums on key ALTC issues. In addition,

some of the Blueprint Sponsors have supported community organizations to conduct research, analysis and development for state and local policy change proposals, including several legislative proposals that were introduced. Blueprint Sponsors have funded development of state-specific data resources, such as the California Health Information Survey (CHIS) through the UCLA Center for Health Policy Research and State Alzheimer's Disease Plan.

VI. Conclusion

This Blueprint highlights many of the challenges and opportunities facing California's ALTC system. The state's fiscal challenges and the demographic imperatives of the aging population compel new approaches and innovations, inclusive and imaginative planning, and coordinated strategies between the public and private sector. Foundation resources cannot solve the fiscal crises facing state government. However, strategic investment of philanthropic resources can serve as a catalyst for change and quality improvement and provide leverage to secure federal funds or other sources of funding. The foundations who participated in the development of this Blueprint are willing to make their respective expertise and resources available to state policymakers, as makes sense by funder, issue and state agency. The Blueprint Sponsors welcome a dialogue with state policymakers to explore partnership opportunities that will advance the shared goal of improving California's ALTC system.

Endnotes

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[6] Ibid.

[7] Oliver, Thomas and Jason Gerson. The Role of Foundations in Shaping Health Policy: Lessons from Efforts to Expand and Preserve Health Insurance Coverage. The Center on Philanthropy and Public Policy, August 2003, accessed online at http://cppp.usc.edu/ January 26, 2011.

Appendix A
Highlights: Foundation Investments in ALTC in California

The seven Blueprint Sponsors have a track record of creative and strategic grantmaking to support, promote and improve ALTC services in California. In addition, these foundations have already had many opportunities to work with and actively collaborate with state leaders and staff. This section provides just a few program highlights for each participating foundation.

Archstone Foundation

➢ Fault Lines in the Shifting Landscape: The Future of Growing Older In California. In November 1999, the Archstone Foundation released this report conducted by the Institute for the Future as a tool for policymakers, funders, planners, and members of the aging network to examine the long-term care needs and opportunities presented by California's aging population. The document has been used to inform statewide and local planning efforts. The report provided context and strategies on how to positively influence the array of aging services in California with the goal to strive for vital elder-friendly communities where residents can maximize their health and well-being, lead engaged lives, and live independently for as long as possible in the community.

➢ Initiative-Based Efforts. In 2005, the Archstone Foundation launched three multi-year initiatives, an investment of over $30 million, to address fall prevention, prevention of elder abuse and neglect, and improve the quality of end-of-life care. Each of the three Initiatives promoted statewide collaborations and partnership with state and local providers. Within each of the Initiatives support was provided to create, test, and evaluate and promote sustainable new models of care, intervention and support.

The Fall Prevention Initiative's Fall Prevention Center of Excellence was an effective partnership of private and public entities that included the State's Health and Human Services' Departments of Injury Control and Prevention and Epidemiology. The collaboration leveraged state and federal resources to provide expanded support to community-based coalitions seeking to prevent falls among older adults, and provide technical assistance to communities to track and report the rate of falls.

The Elder Abuse and Neglect Initiative funded a demonstration project with Los Angeles County's Long Term Care Ombudsman Program to address the unfunded mandate to investigate complaints in over 500 unlicensed facilities. Using a collaborative approach, the project trained discharge planners on appropriate referrals based on the patient's level of care needs, as well as worked in partnership with public agencies to investigate complaints and ensure the safety of residents.

The End-of-Life Initiative supported a demonstration project to educate and mentor long-term care nursing staff in palliative care skills. The program seeks to optimize residents' quality of life, relieve physical and emotional suffering through pain management, provide comfort care, and spiritual support. The demonstration period is scheduled to end in December 2011.

➢ Responsive Grantmaking - Senior Oral Health Training in Long-Term Care Facilities. In 2010, the Foundation co-supported an expanded demonstration project that seeks to improve the quality of oral health care in Los Angeles County nursing homes. The California Dental Association Foundation in partnership with WISE and Healthy Aging

Long Term Care Ombudsman Program, the Los Angeles Association of Health Facilities, and the Los Angeles Dental Hygienist's Society is targeting nursing homes with a high percentage of Medicaid patients to provide education and training to long-term care nursing staff on how to provide oral health care. The project builds on the findings and successes of a nationally recognized oral health curriculum for caregivers, a pilot project in five nursing homes in San Mateo County, and the California Dental Association Foundation's Geriatric Oral Health Access Program. The pilot project demonstrated improvements in oral health in the five long-term care facilities in San Mateo County.

California Community Foundation

➢ Best Care Initiative. CCF recently completed a two-year CCF-initiated project that will enable adult day service providers to participate in an integrated online outcome tracking system known as Tracking Outcomes for Program Success (TOPS). CCF believes that this system will benefit providers in four ways: 1) quality improvement, 2) advocacy, 3) fundraising and 4) marketing. During the development of TOPS, there were a set of seven adult day service providers representing three service models (adult day care, adult day health care, and Alzheimer's day care resource centers). Therefore, TOPS is considered a viable approach in representing the diversity of the adult day services field. The system is now being managed by the California Association for Adult Day Services. TOPS is viewed as a landmark effort to help adult day service providers substantiate service effectiveness and positive client outcomes, both of which are critical in the ongoing movement to preserve adult day services as a viable alternative to institutionalized settings.

➢ Support for Aging Adults. Under its discretionary Human Development grantmaking program, CCF awards grants that help aging adults avoid social isolation and institutionalization while becoming meaningfully engaged in community life. The four primary strategies support the following: (1) effective community-based services (such as adult day care, intergenerational programs, meaningful volunteerism, etc.), (2) vocal constituencies that advocate for legislative or regulatory change, (3) nonpartisan policy research and analysis, and (4) increasing organizational effectiveness (such as improved outcome tracking systems).

The California Endowment (TCE)

➢ Healthy Aging Initiative. Prior to re-focusing on its Place-Based Initiative in 14 California communities, TCE funded a three-year initiative focused on healthy aging for vulnerable populations. TCE commissioned research from Dr. Carol Estes at the University of California, San Francisco (UCSF) Institute for Health and Aging including a scan of activities and policy issues. Base on the research, TCE focused on aging older women of color who have the lowest incomes

among the elderly and often do not access long-term care services because of the lack of targeted outreach and information. TCE partnered with the California Commission on the Status of Women and the Insight Center for Community Economic Development to make adjustments to the poverty measure developed more than 50 years ago. TCE worked with a coalition of funders and community-based organizations and commissioned Dr. Steven Wallace at the University of California Los Angeles to develop a new index which more accurately measures the regional cost of basic needs for seniors in California. The Coalition promoted state legislation to adopt the Elder Economic Security Standard Initiative (AB 324 (Beall) of 2009 and AB 2114 (Beall) in 2010). AB 324 reached the Governor's desk with bipartisan support and the support of over 100 organizations statewide but was vetoed by Governor Schwarzenegger. AB 2114 was held on the Senate Appropriations Suspense File.

➢ Elder Women's Initiative. In 2008, TCE partnered with the Insight Center for Community Economic Development, New America Media, the UCSF Institute for Health and Aging and the Women's Foundation of California to launch the Elder Women's Initiative: During the two-year initiative, the collaboration convened diverse and courageous elder women and their allies to advocate for policies that allow all Californians to age with well-being, dignity and economic and health security. The final initiative report, Agenda for Action, Building a Movement for Elder Woman's Advocacy, developed by the Women's Foundation of California, provided a roadmap and urgent call to advocacy action by elder women and their allies across California. The report can be found at http://www.womensfoundca.org

➢ Cultural Competency in Long-Term Care. TCE hosted two statewide convenings on cultural competence in long-term care, one with academics and researchers and one with service providers and practitioners. TCE also supported development of a cultural competency training program for providers at Laguna Honda Hospital and Rehabilitation Center in San Francisco.

The California HealthCare Foundation

➢ Physicians Orders for Life Sustaining Treatment (POLST). POLST is a standardized medical order form printed on brightly colored paper that indicates which types of life-sustaining treatment a seriously ill patient wants or doesn't want if his or her condition worsens. Through a state task force, community coalitions and an extensive provider education effort, CHCF invested over $3 million to spread POLST in California. Over 400 professionals have been trained, and there is evidence of widespread use of the POLST tool.

➢ California Quality Care. CalQualityCare is a consumer-focused web site that displays information about quality of long-term care services – nursing homes, home health agencies, hospices, and

assisted living. The free online service, (www.CalQualityCare.org), rates the care provided by nursing homes, hospice programs, and home health agencies, where data is available to evaluate performance. The site also provides information on many other kinds of long term care, including assisted living, retirement communities, and adult day care options. CalQualityCare.org features an easy-to-use "Long Term Care Assistant" tool that helps consumers choose among long-term care options by posing ten simple questions.

➢ Spreading Palliative Care in Public Hospitals. As part of its commitment to promote appropriate end-of-life care, CHCF has embarked on a project to develop new, sustainable palliative care programs in public hospitals and to support expansion and enhancement of existing public hospital programs. The goal of the $2.5 million, 3.5-year project is to establish palliative care programs in two-thirds of California public hospitals by 2011. CHCF is in the process of establishing eight new palliative care consulting services in public hospitals, serving a diverse population of individuals with an average age of 60, dealing with serious chronic illness. Over 1,000 patients were served in the new programs between January and June 2010.

Gary and Mary West Foundation

➢ Community Wellness Centers.   Senior Community Centers of San Diego is one of the largest providers of senior nutrition services to low-income seniors in San Diego County. The Gary and Mary West Foundation supported Senior Community Centers purchasing and renovating a centrally located facility, named the Gary and Mary West Senior Wellness Center. The Center has ample room for holistic care and case management, connecting seniors to social services, health services, recreation, and technology classes. Additionally, the Center offers San Diego State University students the opportunity to fulfill their clinical requirements by providing services to Center seniors. T he staff and seniors of Center benefit from cost-effective health care services and the SDSU students benefit from hands-on experience and preparation to enter the health care workforce with knowledge on aging.

➢ Program of All-inclusive Care for the Elderly. St. Paul's Senior Homes and Services operate an interdisciplinary care PACE program in the San Diego region. PACE provides all inclusive care through an interdisciplinary team of health providers who efficiently capture detailed healthcare information and disseminate it immediately via PACECare, an electronic medical records system. The Gary and Mary West Foundation funded critical technological gaps that previously hindered the information sharing including: a wireless network, an additional workstation for immediate data entry during intake and assessment meetings, laptops for in-home health care staff to input data regarding patients from the site, and digital cameras that allow for photos of patient's wounds to receive immediate, real time recommendations from the healthcare

professionals located off site.

- ➢ <u>Rural Health Care</u>. Mountain Health and Community Services (MHCS) is a community health clinic located in the most rural, eastern portion of San Diego County. Four years ago, MHCS began the use of telemedicine, in its primary care sites, and with other rural health providers. Today, primary care and mental health providers provide consultations through telemedicine, saving time, money and providing a higher level of care. The Gary and Mary West Foundation has funded MHCS clinical sites which have allowed telemedicine sessions to be expanded, as well as long distance health education sessions. Rural portions of California face unique challenges in accessing health care and the utilization of technology to combat that barrier is exemplified by MHCS.

The Health Trust

- ➢ <u>Healthy Aging Initiative</u>. In 2008, the Health Trust launched its Healthy Aging Initiative that seeks to ensure older adults spend more years in good health and are engaged as vital members of their community. Five targeted strategies comprise the Initiative and they address critical issues for older adults using a multi-faceted approach including grantmaking, policy and advocacy, partnership building and service provision. Three of the five strategies are:

  - o *Leadership and Coordination*. The Health Trust makes a significant commitment of leadership and staff resources to support a countywide Aging Services Collaborative focused on improving the lives of older adults and their caregivers in Santa Clara County. The ASC engages in advocacy, professional development, promotes resources and opportunities for caregivers and acts as a catalyst for community partnerships to work together to find innovative solutions that will benefit older adults.
  - o *Nutrition and Social Connection*. The Health Trust operates a <u>Meals on Wheels</u> program in Santa Clara County bringing a daily hot meal and a wellness check-in to 700 older homebound and/or disabled adults annually. In addition, a <u>Food Basket</u> program delivers nutritious groceries and food staples to those living on their own. This year, The Health Trust also provided leadership and advocacy and coordinated a planning effort to build a financially sustainable senior nutrition program in this county including making a grant to support a countywide Senior Nutrition Task Force.
  - o *Caregiver Support and Education*. The Health Trust provides leadership and grantmaking to promote the role and value of caregivers as the foundation of home and community-based care and to increase their access to and utilization of existing services, Staff support is provided to the Aging Services Collaborative Caregiver Team engaged in caregiver education and advocacy. Grantmaking has supported programs that expand

and enhance caregiver resources, awareness and education programs/conferences and further assessment of caregiver needs in Santa Clara County.

The SCAN Foundation

➤ Comprehensive Analysis of Home and Community-Based Services (HCBS) in California. The SCAN Foundation is co-funding with the California Health and Human Services Agency a grant to compilation the California Medicaid Research Institute (CaMRI) to conduct the first comprehensive review of all HCBS data in California. The project started in 2009 and will be completed in 2012. The project includes three research tasks: (1) a review and summary of the published research on the cost-effectiveness of HCBS, (2) a comprehensive analysis of utilization and cost information for Medi-Cal beneficiaries receiving HCBS in California, and (3) an analysis of the costs and utility of HCBS benefits incorporated into waivers and in managed care.

➤ Poll of California Voters on Long-term Care. The SCAN Foundation funded a web-based poll conducted by Lake Research Partners and American Viewpoint, to better understand the knowledge and attitudes of Californians on long-term care. The target audience was 1,200 registered voters in California aged 40 and above, with at least 400 respondents aged 65 and above. Questions included knowledge and attitudes on engagement with the long-term care system, preparedness for long-term care, importance of various policy options, and caregiving issues. The survey, conducted in both English and Spanish, further questioned respondents on the importance of long-term care as an issue for elected officials and candidates to discuss. The SCAN Foundation developed a new partnership in this effort by co-branding this poll with the UCLA Center for Health Policy Research. The survey revealed that a majority of Californians are concerned about their ability to pay for future long term care needs, worried about losing their savings in order to pay for it, and look to elected officials to improve the affordability of services. The results of this poll can be found at: http://www.thescanfoundation.org/commissioned-supported-work/poll-scan-foundation-ucla-center-health-policy-research-finds-most-calif

➤ Direct Care Workforce Themed Request for Proposal (RFP): Investing in California's Direct Care Workforce by Increasing Geriatric Training Opportunities. The SCAN Foundation, through this RFP, awarded five grants in 2009 dedicated to the development of continuing education curricula for the direct care workforce in California specifically targeted to the care of seniors. Continuing education provides an opportunity to enhance skills and gain insight into specific topics related to patient care. By developing geriatric focused continuing education curricula, which are based on adult learning principles, the ALTC workforce will be better equipped to provide the best care possible to California seniors.