SECOND PROGRESS REPORT TO THE STATE LEGISLATURE ON THE STRATEGIC PLAN FOR AN AGING CALIFORNIA POPULATION

Prepared to fulfill California Commission on Aging's Monitoring Role on the SB 910 Strategic Plan

December 2007

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I. Introductory Comments

On December 6, 2007 the California Commission on Aging (CCoA) approved the Second Progress Report to the State Legislature on the *Strategic Plan for an Aging California Population* and authorized its distribution to members of the State Legislature and other interested parties. The distributed document will consist of the Executive Summary. The Second Progress Report in its entirety will be posted on the CCoA website no later than February 1, 2008.

The CCoA's task was to monitor and report on the progress being made throughout the state toward preparing for California's baby boomer population. This was a broad responsibility and to make the project manageable and relevant, the Progress Report focuses only the Strategic Plan's original top 15 priorities.

The Progress Report reflects our work in compiling a range of data sources that describe current planning efforts, program initiatives and legislative activities. However, the Report can best be described as a "sampling" of state-wide endeavors.

II. Executive Summary

California's over age 60 population is expected to double by the year 2020 as the post-WWII baby boom generation reaches retirement age. It is essential that the State prepare for the burgeoning population of "baby boomer" senior citizens. Senate Bill 910 (Vasconcellos, Ch. 94/99) mandated the California Health and Human Services Agency (CHHS) to develop a statewide strategic plan on aging to help ready the State for the increased program demands and service needs this population shift will create.

To support the plan's development, SB 910 appropriated funding for the University of California (UC) to survey existing state government programs and create a composite profile of California's elder population. Based on the work of the UC's Policy Research Center, the **Strategic Plan for an Aging California Population** was released in October, 2003. The plan provided a comprehensive overview of programs and policies affecting older adults and included 589 recommendations for accommodating the growing senior demographic group. Fifteen of those recommendations were identified as "top priorities."

As the principal advocate for older Californians under State law, the California Commission on Aging (CCoA) agreed to monitor and periodically report to the Legislature on the State's progress toward meeting the goals outlined in the Strategic Plan. Over the past four years the CCoA has convened stakeholders, facilitated the formation of Task Teams, held meetings and public hearings, compiled lists of state-wide initiatives and reviewed legislative activities. The first Progress Report, representing accomplishments made from 2003 through 2005, was released in May, 2005. This report continues that review, and includes progress achieved during the 2005-2007 reporting period.

Development of both Progress Reports was accomplished with the assistance of a diligent CCoA Committee that met six times a year to review aspects of the Strategic Plan. For historical perspective, several Commissioners served on both the 2003-05 and 2005-07 Committees. One Commissioner was involved in preparation of the initial University of California study from which the Plan was developed.

Due to the considerable number of recommendations contained in the Strategic Plan, the CCoA has focused its monitoring efforts on the top 15 priority recommendations. For this report, CCoA has categorized those priorities into the following six topic areas: health care, mental health, workforce, transportation, housing and community care. In preparing this second Progress Report, the CCoA's approach to monitoring encompassed (1) holding field hearings, (2) soliciting progress reports from the stakeholder task teams, (3) cataloging statewide efforts related to the Strategic Plan's implementation, and (4) compiling a list of legislative accomplishments. Each of the topic areas includes a description of the relevant monitoring activities and concluding recommendations.

Throughout its monitoring activities, the CCoA utilized a traditional public hearing format to focus on several of the Plan's top priorities. By assembling panels comprised of state program officials, providers and consumers, the CCoA was able to gather detailed information from which a series of program and policy recommendations was developed.

While the first report was organized by the methodology used to write the report and the second report was organized by topic, it is clear that the second Progress Report is reflective of a greater number of activities and achievements in the aging program arena. There is also proof that a greater number of state and private/publicly funded projects have been initiated since publication of the first report.

For the past four years, the Strategic Plan has served to chronicle the varied needs of an aging California population. Some have called it the "encyclopedia" of senior service needs. The document has served the Commission and a host of state, public and nonprofit entities with information used to pursue grant funding, build collaboratives, launch pilot projects and host convenings. Other state departments have incorporated or referenced the Strategic Plan in their planning documents. Perhaps the greatest contribution of the Plan is how it has helped to build awareness across all sectors.

Despite a concerted effort at the Plan's release to mobilize a broad number of stakeholders, this report points to a loss of momentum. The Strategic Plan's initial charge spoke of moving the Plan forward "one step at a time." This Progress Report documents that overall state efforts toward planning for and responding to the "baby boomers" have been, and continue to be, incremental. In some instances the progress is not necessarily tied directly back to the Strategic Plan.

For example, a 2004 Governor's Executive Order charged the CHHS with convening the Olmstead Advisory Committee to make recommendations to improve California's long-term care system and create opportunities to support new and expanded activities to help older adults and persons with disabilities avoid unnecessary institutionalization. This type of comprehensive service coordination is echoed in the Strategic Plan's top 15 priorities. Many of the state-wide initiatives identified in this Progress Report (particularly in the community care section) have resulted from grants sought under the auspices of the State's Olmstead effort. Where the Olmstead effort and the Strategic Plan intersect, as they have in human services transportation coordination, progress is of note.

The second Progress Report provided the opportunity to re-connect with the eleven original stakeholder task teams that were meeting in 2003-2005. Six of the original tasks teams met at least once during the 2005-2007 reporting period. Of these, five will no longer meet or face potential reductions in resources or staffing that could curtail their activities during the coming year.

Overall, the production of the second Progress Report showed an increase in state level initiatives that bolster recommendations contained in the Strategic Plan as well as an increase in the number of legislative bills introduced that affected older Californians.

There has been a legislative effort to update and re-prioritize SB 910. In the past two years, Assembly Member Patty Berg has produced and released a Master Plan on Aging for the State of California. Assembly Member Berg, following a rigorous meeting schedule, and utilizing national and state aging experts, refined the work of SB 910 into a policy blueprint to guide state legislators. The Master Plan on Aging incorporates the benchmarks of flexibility, independence and choice so that Legislators and others could use these benchmarks in the consideration of aging legislation.

The release of the Strategic Plan, along with the subsequent Progress Reports, has occurred in tight budget times. The assumption that state leadership would spearhead the effort to plan for baby boomers has been repeatedly tempered by the lack of discretionary state funds. This report concurs with the finding from the first report that a synergistic combination of grass roots and state department efforts will be needed to realize broad progress in any aging policy area.

During the writing of the first Progress Report, there was excitement that Proposition 63, passed in 2004, would offer specific budget direction for providing mental health services to aging and disabled Californians. To date, aging advocates are less than satisfied with the way Prop. 63 funding has been allocated. While ballot initiatives can offer direction, aging advocates must be diligent to ensure that a “fair share” of new revenue is directed for their constituents. In another example of securing a “fair share” of initiative funding, the CCoA applauds the Governor’s decision to sign AB 927 and increase funding for affordable senior housing from 2006’s Proposition 1C Housing Bond.

State willingness to continue to plan for the baby boomers will be tempered by very real fiscal constraints, however. A $10 billion projected state budget deficit for state fiscal year 2008-09 will halt the State’s implementation of the Strategic Plan’s priorities that require general fund dollars, and any progress sought in the immediate future will require creativity and flexibility from all stakeholders.

The first Progress Report highlighted the strong work of the eleven volunteer stakeholder task teams. This report indicates that the task teams are less robust. While the majority of the task teams did not meet regularly over the past two years, several of them continue to meet monthly and are diligent in their commitment to the original goals of the Strategic Plan. Of note are the efforts of the Transportation Task Team, which has made progress on a Mobility Action Plan in coordination with the Department of Transportation, and the Oral Health Task Team, which has recently developed several proposals to improve dental care for older adults and persons with disabilities through its work with the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry.

In summarizing the State's progress toward the priorities of the Strategic Plan, the CCoA offers a number of recommendations to advance the goals within each topic area, as well as broad recommendations based on an analysis of both Progress Reports. The recommendations are presented as necessary and critical steps to solving the current and expanding shortfall in services for older adults, and particularly for those in lower-income brackets.

The concluding recommendations for each topic area are summarized below.

Health Care Recommendations

Wellness & Prevention:

- Expand health promotion programs designed to reduce risk factors for heart disease, stroke, diabetes, cancer, and asthma.

- Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program.

Rural Health:

- Increase funding for health and community services, including telemedicine.

- Eliminate disparity in Medicare reimbursement for rural areas.

- Provide incentives for medical students to work in rural areas (e.g., loan forgiveness programs).

- Provide incentives for schools to expand nursing programs.

- Amend the State Corporations Code to allow rural hospitals to employ physicians.

Oral Health:

- Assure that dental providers have education and experience in working with older adults and other special needs patients.

- Fund greater research into successful models for serving older adults and other special needs populations.

Health Insurance:

- Expand health coverage for those without insurance.

- Explore alternative models of health care delivery to make health care more affordable for those without traditional insurance plans.

Mental Health Recommendations

- Ensure that the needs of older adults are adequately represented within policy frameworks being created to implement the Mental Health Services Act.

- Include older adults as a target area for MHSA early intervention and prevention dollars.

- Encourage collaboration between primary care and mental health services so the continuity of care is maintained.

- Establish systems that can meet the needs of all age groups, reduce the competition for funding and promoting collaboration.

Economic Security and Provider Workforce Recommendations

- Encourage employers to develop flexible work option plans.

- Eliminate age discrimination in employment.

- Provide job training and supportive employment for older job seekers.

Transportation Recommendations

- Make streets safer for older drivers.

- Make streets and sidewalks safer for older and disabled pedestrians, considering functional limitations when planning timed crosswalks and curb heights to promote a more active and healthy lifestyle.

- Provide a full continuum of transit services for seniors and persons with disabilities, ensuring full integration and coordination of transportation systems.

- Improve driver testing and assessments.

Housing Recommendations

- Promote universal design principles in new construction.

- Expand Smart Growth models of land use that incorporate livable, walkable, mixed-use, intergenerational components.

- Strengthen support for repairs and home modifications by community-based organizations in every county.

Community Care Recommendations

- Create Aging and Disability Resource Centers (ADRC) throughout the state of California.

- Improve transitions from hospitals and residential settings by strengthening discharge planning and improving coordination with home- and community-based services.

- Improve consumer access to home and community-based long-term care services, so as to prevent unnecessary institutionalization.

In light of the continuing challenges the State faces in achieving progress toward meeting the needs of a growing older adult population, the CCoA offers the following recommendations based on the findings of both Progress Reports:

Streamline duplicative services at the state level, maximize federal funding for older adult programs, and encourage no-cost solutions to recommendations identified jointly by both the State's Strategic Plan and Olmstead effort.

Promote the continuation and replication of successful local initiatives.

Encourage legislative solutions that make positive changes in the aging and disabled service systems, reflecting the policy and program recommendations of the Strategic Plan and the Master Plan on Aging.

III. Purpose of Report

The legislation that called for the development of the *Strategic Plan for an Aging California Population – Getting California Ready for the "Baby Boomers"* also called for periodic updates. The California Commission on Aging (CCoA) agreed to assume responsibility for these updates, and agreed to submit a report to the Legislature on the progress of the Plan's implementation on a biennial basis. This document is the second such update and covers the period from May 2005 – December 2007. It not only contains recommendations for state action, but also summarizes implementation activities that the Commission is aware of that have taken place since the first Progress Report was completed in May 2005. This report, like the one submitted in 2005, focuses on the Plan's top priorities. Appendix A identifies the Plan's original top 15 priorities.

IV. Background

A. Who is the California Commission on Aging?

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act. It was confirmed in the original Older Californians Act of 1980 and reconfirmed in the Mello-Granlund Older Californians Act of 1996.

In state statute, the Commission is to serve as "*the principal advocate in the state on behalf of older individuals, including, but not limited to, advisory participation in the consideration of all legislation and regulations made by state and federal departments and agencies relating to programs and services that affect older individuals.*" As such, the CCoA is the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older Californians.

The twenty-five members of the CCoA are volunteers appointed by the Governor, Speaker of the Assembly and Senate Rules Committee.

B. SB 910 – Aging Planning Legislation

With nearly four million people over age 65, California is home to the largest older adult population in the nation. This number is expected to more than double over the next several decades. On January 1, 2006 the first of the baby boomers began to reach age 60. Senator John Vasconcellos authored Senate Bill 910 (Ch. 948/99) to address this impending reality. The bill mandated the California Health and Human Services Agency to develop a statewide strategic plan on aging for long term planning purposes.

In November 2003, Governor Davis approved the *Strategic Plan for an Aging California Population—Getting California Ready for the "Baby Boomers."* (The 2003 Strategic Plan can be viewed at www.ccoa.ca.gov. Click on the publications tab.)

C. CCoA'S Monitoring Role of the Strategic Plan

SB 910 called for biennial updates so that the Plan could be continuously improved and reflect new circumstances, new opportunities and the changing socio-political environment. The CCoA agreed to assume responsibility for monitoring and updating the Strategic Plan. This report represents the CCoA's second effort at documenting the activities related to the Plan's implementation.

The CCoA's approach to monitoring the Strategic Plan's implementation during 2005-2007 included the following activities:

- Holding field hearings on topics included in the Strategic Plan or of general interest to older Californians
- Requesting progress reports from the stakeholder task teams that continue to meet
- Cataloging statewide efforts on initiatives or efforts related to the Strategic Plan implementation
- Compiling a list of legislative action from the 2006 and 2007 cycles.

Based on limited resources the CCoA narrowed the scope of its monitoring role to the Plan's original top 15 priorities. The Commission was successful in receiving some level of reporting on all of the top 15 priorities, though reports on some priorities are much more substantial than others.

D. Descriptions of the Activities

1. Field Hearings: The CCoA held seven field hearings during the 2005-2007 reporting period consistent with their mandate to schedule meetings around the state to hear directly from older Californians or those individuals/organizations that provide services to older Californians. Appendix B lists the CCoA field hearings held during the 2006-07 reporting period. In most instances, the CCoA broadens the definition of the target population to include individuals with disabilities. The hearings provided a way for Commissioners to learn about successful models or interventions and to identify policy implications and recommendations.

Four of the hearings have direct relevance to the Strategic Plan priorities and a summary will be included in appropriate sections of this Progress Report.

CCoA field hearings have a consistent format that includes prepared remarks by invited experts, Commissioner reactions to the panel presentations and an opportunity for public comment. Six of the field hearings were topic specific and included disaster preparedness for residents of long-term care faculties; implementation of the Mental Health Services Act; wellness and prevention; meeting the challenges of providing health care in a rural setting; caring for aging veterans; and affordable housing.

Two of the hearings were on topics not specifically included in the Strategic Plan. In February 2007 the CCoA held a hearing at the Veterans Home of California in Yountville to discuss the Veterans Administration system of healthcare delivery and long-term care services for aging veterans. Appendix J contains the summary of this field hearing.

In February 2006 the CCoA held a hearing in San Francisco to discuss disaster preparedness for residents of California's long-term care facilities. The topic of emergency preparedness was not included in the Strategic Plan. However, due to

the impact Hurricane Katrina had on older adults and persons with disabilities the CCoA elected to hold a hearing on the topic. Appendix K contains the summary of this field hearing.

A seventh field hearing was held in conjunction with the California Department of Rehabilitation and the California Sate independent Living Council. This hearing focused on the development of the *2008-2010 State Plan for Independent Living* and therefore a summary is not included in the Progress Report. [The 2008- 2010 State Plan will be available at www.calsilc.org after January 15, 2008.]

At the conclusion of each hearing, a summary statement of the hearing was developed that included policy and practice recommendations. Specific hearing summaries can be found in relevant topic sections of the Progress Report. Appendix C contains a Summary of Field Hearings and listing of the identified policy and practice recommendations for each field hearing.

2. Task Team Progress Reports: After the adoption of the 2003 Strategic Plan, eleven stakeholder Task Teams formed. A volunteer Chairperson was selected for each Task Team. The Task Teams were charged with three responsibilities: reviewing the initial Plan's recommendations, identifying a topic-specific priority and developing an action plan to support or achieve implementation of the designated priority. A statement of each Task Team's progress through December 2004 is included in the 2005 Strategic Plan's Progress Report to the Legislature which can be found at www.ccoa.ca.gov under Publications.

In an effort to prepare a status report of the Task Teams' activity from July 2005 – June 2007 the CCoA distributed a questionnaire to the Chairs. Six of the original eleven Task Teams met at least once during the 2005-2007 reporting period. Six of the Task Teams submitted a response to the questionnaires. A summary of specific Task Team activities can be found in the relevant topic section of the Progress Report. Appendix D (1-7) contains the Chairs' unedited responses to the questionnaire. The activities undertaken by the individual Task Teams are determined solely by the Task Team and do not necessarily represent the position(s) of the CCoA.

3. Cataloging State-wide Efforts: The Commission used a variety of methods to identify state-wide initiatives or efforts that support or implement the priorities found in the Strategic Plan. The CCoA wanted to document incremental efforts such as legislation, policy briefs, planning documents, committee work, conference or summit outcomes, grant-funded pilot projects, and bond measure enactments. Identified state-wide efforts have been cataloged by topic and included in the relevant section of the Progress Report.

4. Legislation Review: The Commission conducted a review of state legislative activities during the 2005-06 and 2007-08 legislative cycles, highlighting bills that related to the top 15 priorities of the Strategic Plan.

Specific bill information can be found in the relevant topic sections of the Progress Report. Appendix E contains a listing of all bill activity for each of the 15 priority areas. The Progress Report reflects legislative activity through October 14, 2007.

V. Report of Commission Monitoring Efforts by Topic

For purposes of this report, the Commission has taken the 15 top priority recommendations from the *Strategic Plan for an Aging California Population* and divided them into the following six topic areas:

- Health Care
- Mental Health
- Workforce
- Transportation
- Housing
- Community Care

For this section of the Progress Report, each of the above topic areas is developed in a consistent format that includes an introduction, a statement of the applicable plan priorities, identified monitoring activities and recommendations.

Health Care

The topic area of health care includes the following four categories: Wellness and Prevention; Rural Health Care; Oral Health; and Health Insurance.

Wellness and Prevention

Introduction: The SB 910 Strategic Plan for an Aging California looked in depth at the health care needs of older Californians and how they will change as the Baby Boomers age. The potential for longer and healthier life spans among this demographic group is tempered by the fact that such longevity often comes with prolonged functional limitations and diminished financial resources. The Plan directed the State to examine the implications of these changes on older adults' access to preventive and acute health care, as well as our system of long-term and community-based care.

In the 2005 Progress Report to the Legislature, the Wellness and Prevention Task Team identified three implementation priorities, representing goals Task Team members felt could be reasonably accomplished in the current political and economic environment. The priorities were based on four overarching themes that became a guide for action. Those themes include focusing on collaborative efforts to create a seamless, life-long support for health and wellness; directing intergenerational and family programming toward health promotion for older adults, caregivers, working adults and ethnic communities; and promoting and developing activities to enlist Baby Boomers in volunteer opportunities that help them to remain productive and engaged through all stages of aging.

Applicable Plan Priorities:

(#9) *Expand the Preventive Health Care for the Aging (PHCA) program as an investment that avoids even more costly acute, primary care and long term support expenditures.*

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs, partnership approaches to resolving issues, and/or local efforts that address the topic of wellness and prevention. These activities were initiated during the two-year reporting period.

- In 2007 Preventive Health Care for the Aging became Preventive Healthcare for Adults, expanding the program's reach to a wider range of high-risk and underserved older adults. The program operates collaboratively with 11 counties, providing individual health assessments, counseling and referrals to medical providers and community services.

- In September 2006, the California Department of Aging (CDA) was awarded a three year $750,000 grant to implement evidence based health promotion programs in five California counties (Fresno, Los Angeles, Madera, San Diego and Sonoma). Two programs, the "Chronic Disease Self Management Program" and "A Matter of Balance," which focuses on fall reduction and strength building strategies, are being implemented in these counties. The programs are targeted to older adults with chronic health conditions who are able to attend the sessions in the community. Classes are being provided in English and Spanish. Expansion into new counties was envisioned in years 2 and 3. However, San Francisco and Orange Counties have already joined the initiative in the first year. Two in-home programs are being offered to frail older adults unable to go out to the other classes: "Medications Management" and "Healthy Moves," which encourages these seniors to do simple exercises that improve their strength, mobility and stamina. CDA's goal is to have 6,000 older adults complete these programs over the three year period.

- In December 2007 the Fall Prevention Center of Excellence in collaboration with the California Geriatric Education Center will present the California Fall Prevention Summit. The Summit is a follow-up to the highly successful conference, The California Blueprint for Fall Prevention, held in 2003. The 2007 Summit will craft policy recommendations and strategies that will accelerate the building of a fall prevention infrastructure in California.

- The California Conference of Local Health Officers dedicated its May 2007 statewide meeting to the prevention and management of chronic diseases.

(2) Field Hearing Report

The CCoA held a hearing in Ventura in August 2006 to discuss the California Preventive Health Care for the Aging (PHCA) program.

Expert testifiers included representation from the California Department of Health Services (now known as the California Department of Health Care Services) and the Wellness and Prevention Task Team. Appendix F contains the summary for the PHCA Field Hearing.

The following policy recommendations were identified during the course of the hearing:

Policy Recommendations

- Support Proposition 86 on November 2006 ballot to raise the tobacco tax $2.60 a pack. These funds will go to programs addressed to reduce risk factors for heart disease, stroke, diabetes, cancer, and asthma.

- Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program.

(3) Wellness and Prevention Task Team Report

The Wellness and Prevention Task Team met eight times between June 2005 and June 2006. Future meetings will be dependent upon availability of time and resources.

During the 2005-06 Task Team meetings the Task Team pursued the twelve action items identified in the CCoA 2005 Progress Report on the Strategic Plan for An Aging California Population. The Task Team heard presentations regarding current activities in each of the topic areas. At the end of the presentation series, the Task Team prioritized the one initiative that would have the greatest impact to improve wellness among seniors and the greatest potential for statewide replication. The priority initiative was to promote the augmentation and expansion of the PHCA program. Three Task Team members testified at a CCoA field hearing focusing on the PHCA in August 2006. See Appendix D (3) for the complete Wellness and Prevention Task Team report.

(4) Legislation Review

During the 2005-06 and the first half of the 2007-08 legislative sessions, no legislation has been introduced pertaining to the expansion of PHCA.

Concluding Recommendations for Wellness and Prevention

1. **Expand health promotion programs designed to reduce risk factors for heart disease, stroke, cancer, and asthma.**

2. **Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program.**

Rural Health Care

Introduction: The 2005 Progress Report carried little news on advances toward improving rural health care in the state. Among the obstacles to increased rural health care access is the high cost of medical practice, making it virtually impossible for recent medical school graduates to repay educational loans and purchase malpractice insurance while serving a rural patient base. Low Medi-Cal reimbursement rates are the heart of the problem, with reimbursements falling far short of the costs of physician services. Access to rural health care is also hampered by transportation issues, with limited or no public transportation to serve the wide geographic areas that comprise most rural communities. Older adults with more complicated health conditions require the services of health specialists, yet rural clinics rarely offer specialty services, requiring patients to travel long distances to receive care.

Addressing these challenges will not be simple or quick, but incremental change is taking place. The last decade has seen improvements in telecommunications and advances in telemedicine to carry specialty and improved diagnostics into some rural areas. The Legislature has had some success in provider recruitment, expanding the state's educational loan reimbursement programs for physicians and nurses working in underserved areas.

Applicable Plan Priorities:
(#10) *Greatly expand heath care access in rural areas.*

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of rural health care. These activities were initiated during the two-year reporting period.

- As the result of AB 354 (Cogdill), Medi-Cal now reimburses for ophthalmology or dermatology services provided through telemedicine, enabling exam information to be transmitted electronically from a rural medical office to an appropriate diagnosing physician at a distant location.

(2) Field Hearing Report

The CCoA held a hearing in Jackson in November 2006 discuss the challenges of providing community-based long term care, health and support services in a rural setting.

Expert testifiers included representation from Sonora Regional Medical Center, California Telemedicine and eHealth Center, Del Oro Caregiver Resource Center, UC Berkeley, Amador Senior Center and a home delivered health care provider. Appendix G contains the summary for the rural health care field hearing.

The following policy and program recommendations were identified during the course of the hearing:

Policy Recommendations

- Increase funding and access to community services, including telemedicine.
- Eliminate disparity in Medicare reimbursement for rural areas to help with physician recruitment.
- Offer other incentives besides student loan reimbursement to attract physicians
- Reduce excessive regulations by Medicaid/Medicare
- Convert medical reimbursement to a medical savings account model.
- Enact tort reform to reduce burden of malpractice insurance.
- Amend California Corporations law to allow rural hospitals to employ physicians, providing them with the administrative and other supports to allow them to work in rural areas*

Practice Recommendations

- Encourage medical students to come work in rural areas as part of their training.
- Work to recruit people into nursing; encourage schools to expand nursing programs.

*Because the speaker was unable to present comments during the public hearing, this recommendation was made during the subsequent Commission meeting.

(3) Task Team Report

No SB 910 designated Task Team has been assembled to focus on issues related to rural health care in California.

(4) Legislation Review

Two bills pertaining specifically to rural health care were introduced in 2005-06, one of which failed passage and the other was signed into law.

o **AB 354** Cogdill - (Chapter 449/2005)
Provides that, from July 1, 2006 through December 31, 2008, face-to-face contact between a health care provider and a patient shall not be required by the Medi-Cal program for store and forward teleophthalmology and teledermatology.

During the 2007-08 Legislative session, eight rural health bills were introduced. Four of the bills have been enacted.

o **AB 1174** Keene - (Chapter 20/2007)
This bill extends the authority of the Eastern Plumas Health Care District to obtain and be issued a consolidated license to operate a skilled nursing facility or intermediate care facility that is located on the campus of the Sierra Valley District Hospital.

o **AB 1224** Hernandez - (Chapter 507/2007)
This bill adds optometrists to the list of health professionals authorized to practice telemedicine.

o **AB 1226** Hayashi - (Chapter 693/2007)
Permits a Medi-Cal physician provider in good standing in the Medi-Cal program to change locations within the same county to continue enrollment at the new location by filing a change of location form to be developed by the Department of Health Service (DHS). Requires the form to comply with all minimum federal requirements related to Medicaid provider enrollment.

o **SB 238** Aanestad – (Chapter 638/2007)
Includes in the definition of a federally qualified health center (FQHC) and rural health center (RHC) "visit" a face-to-face encounter between an FQHC or RHC patient and a dental hygienist or a dental hygienist in alternative practice. Extends from March 30, 2004 to March 30, 2008, the date by which DHS must seek all necessary federal waiver approvals to reimburse FQHCs and RHCs on a per-visit basis.

Concluding Recommendations for Rural Health Care

1. **Increase funding for health and community services.**
2. **Eliminate disparity in Medicare reimbursement for rural areas.**
3. **Provide incentives for medical students to work in rural areas (e.g., loan forgiveness programs).**
4. **Provide incentives for schools to expand nursing programs.**
5. **Amend California Corporations Code to allow hospitals to employ physicians.**

Oral Health

Introduction: The Strategic Plan for an Aging California Population cited high rates of oral health problems among older adults, with access to oral health services remaining a principal problem. The majority of older adults (70%) are able to get to the dentist, yet the majority of older adults with chronic conditions have no access to dental care. In one study of older adults receiving home health services, nearly 80% reported a perceived dental need. Twenty-six percent reported having been to the dentist within the past two years, and 40% reported not having been to the dentist in more than 10 years. The lack of adequate dental care in nursing homes adds to this problem.

The 2005 Progress Report outlined the work of the SB 910 Oral Health Task Team in collaborating with other task teams devoted to improving oral health for older Californians. The outcome of these collaborations was the identification of priorities and follow-up actions to reverse the lack of oral health care. Those priorities included the development of a new model for delivering oral health services, improving DentiCal reimbursement rates, establishment of oral health standards for residential care facilities and improved compliance, improving data collection and coordination to track and verify oral health needs, and to identify and strategize on improving dental health services to underserved communities. The Task Team also focused on providers, prioritizing the need for dental providers to have education and experience in working with special needs patients and greater research into successful models for serving special needs populations.

While legislation addressing oral health access and provider recruitment has won approval over the past two years, little progress has been made toward improving dental access to the homebound or residents of long-term care facilities.

Applicable Plan Priorities: The topic of oral health is not included in the Strategic Plan for an Aging California Population top 15 priorities.

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of oral health for aging Californians. These activities were initiated during the two-year reporting period.

- In the last eighteen months the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (The Pacific Center) has convened two major conferences to identify barriers that limit older adults and persons with a variety of special needs from obtaining oral health services.

The first conference resulted in the dedication of two issues of the California Dental Association Journal to the publication of a consensus statement and background articles from the conference. The second conference identified targets for policy reform. A third conference was held in October 2007.

(2) Field Hearing Report

The CCoA did not hold a field hearing on oral health during the reporting period.

(3) Oral Health Task Team Report

In the 2005 Progress Report it was noted that The Pacific Center was designated as the lead agency to form the Dental Task Team. The Task Team effort would be absorbed into the Statewide Task Force on Oral Health and Aging. The efforts of the Statewide Task Force have been identified in the Statewide Initiatives Report section above. See Appendix D (1) for the complete report of the Statewide Task Force.

(4) Legislation Review

Three bills to increase the pool of dentists in the state were signed into law during the 2005-06 session.

o **AB 1143** Emmerson – (Chapter 534/2005)
This bill revises the provision for a dentist licensed in another state to receive a special permit to practice dentistry at a California dental college. The bill clarifies that the Dental Board is authorized to make a decision to issue a special permit to an applicant under specified circumstances if the applicant meets specific requirements. The amendments also make clarifying, technical and conforming changes.

o **SB 299** Chesbro – (Chapter 4/2006)
SB 299 makes modifications to the California Dental Board's licensure by credential program, providing that the five-year clinical practice requirement is met by the applicant contracting to practice dentistry full time for two years in a specified licensed primary care clinic or teach in an accredited dental education program.

o **SB 683** Aanestad – (Chapter 805/2006)
Authorizes the Dental Board to grant a license to an applicant who completes a one year clinically based postdoctoral program in general practice or specialty dental residency program and who passes an examination in California law and ethics.

Two bills introduced in 2007 would expand oral health care into underserved communities. One bill was chaptered; one bill was vetoed.

o **SB 238** Aanestad - (Chapter 638/2007)
Includes in the definition of a federally qualified health center (FQHC) and rural health center (RHC) "visit" a face-to-face encounter between an FQHC or RHC patient and a dental hygienist or a dental hygienist in alternative practice.

Extends from March 30, 2004 to March 30, 2008, the date by which DHS must seek all necessary federal waiver approvals to reimburse FQHCs and RHCs on a per-visit basis.

Concluding Recommendations for Oral Health

1. **Assure that dental providers have education and experience in working with older adults and other special needs patients.**
2. **Fund greater research into successful models for serving older adults and other special needs populations.**

Health Insurance

Introduction: The 2005 Progress Report identified the availability of affordable health insurance as a primary factor in older adults being able to access to health care. Access to health insurance was additionally linked to economic security for older adults, with many retirees finding themselves without coverage between retirement age and reaching Medicare eligibility. Low enrollment in private long-term care also places older adults at risk.

The first Progress Report suggests that discussions regarding universal health coverage could lead to a better definition of what constitutes a basic and acceptable level of coverage that is affordable for all. The report proposed that health insurance coverage should include extended preventative services as well as specified reimbursement for chronic care management.

The discussion of health insurance for all reached a peak in the Legislature after 2005, with the introduction of numerous bills aimed at solving the problem. These bills ranged from a single-payer, universal coverage plan to proposals extending subsidized coverage to all children of the working poor, and as of the writing of this report, none of the legislative solutions have been successful. Governor Schwarzenegger has called for a special session of the Legislature in hopes of reaching a compromise.

Applicable Plan Priorities:
(# 1) *Greatly expand health insurance coverage*

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of health insurance. These activities were initiated during the two-year reporting period.

- In March 2007 Governor Schwarzenegger allocated $540 million to increase low income health coverage in ten counties. The allocation of $540 million was the result of SB 1448 (Kuehl), signed in 2006 by the Governor. Approximately 180,000 additional low-income, uninsured individuals will be served through enrollment in health coverage programs in these selected counties.

(2) Field Hearing Report

The CCoA did not hold a field hearing on the topic of health insurance during the reporting period.

(3) Task Team Report

No SB 910 designated Task Team has been assembled to focus on issues related to health insurance.

(4) Legislation Review

Numerous bills to improve and expand health care coverage in California were introduced in the 05-06 Legislative session; only one locally-focused measure was enacted.

- **AB 2470 Ridley-Thomas -** (Chapter 515/2006)
  Authorizes the Los Angeles County Board of Supervisors, by ordinance, to develop a master plan for health care in LA County, assemble a task force to develop a long-range planning and policy analysis, and report the plan to the Board, as specified.

Health care reform was a major focus of the Legislature in the first half of the 2007-08 legislative session; however, the only major reform bill approved by the Legislature was vetoed. A special legislative session was called to reach a compromise on health care reform.

Concluding Recommendations for Heath Insurance

Expand health coverage for those without insurance.

Mental Health

Introduction: Older adults – particularly men over the age of 75 – have the highest suicide rates of any demographic group in the nation, yet mental health services targeting older adults remain scarce. In 2005, the Progress Report pointed to the continued stigmatization of the mentally ill and the lack of a trained workforce as obstacles to improving mental health services for older adults. The report identified a need for a public information campaign to combat prejudice against the mentally ill, outlining the necessary steps to develop a successful public education effort.

The Progress Report also focused on depression and suicide prevention, outlining the need for medical professionals to be trained in suicide prevention and intervention in the older adult population. Funding for preventive efforts targeting older adults has historically been limited, but the 2005 report placed hopes in the new funding made available through the Mental Health Services Act (MHSA). Development of a State Plan for Suicide Prevention and Intervention was also recommended.

As the MHSA funds are disbursed, advocates for seniors have observed a low level of commitment for funding older adult mental health services. Generally, legislative efforts have not specifically focused on the older adult population, although legislation targeting military veterans' mental health needs and a proposed Office of Suicide Prevention could address some older adult needs.

Applicable Plan Priorities:

(#11) ***In every county expand community-based mental health promotion, recovery, education and outreach for adults; identify and incorporate mental health prevention best practices***.

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of mental health. These activities were initiated during the two-year reporting period.

- The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004 provided an opportunity for the California Department of Mental Health to provide increased funding, personnel and other resources to support county mental health programs and monitor progress towards statewide goals for children, transition age youth, adult, older adults and families. Allocations of MHSA funding include: $40 million for an External Influence Campaign; $10 million for addressing internalized stigma; and $14 million/year for 4 years for state-administered suicide prevention projects.

- The 2007-08 State Budget created a Mental Health analyst position within the Department of Aging to coordinate efforts related to the Mental Health Services Act. The Geriatric Mental Health specialist will assist CDA and the aging network in addressing the mental health needs of older adults and adults with disabilities who currently are underserved by the existing mental health system.

(2) Field Hearing Report

The CCoA held a hearing in Pasadena in December 2006 to discuss California's implementation of the Mental Health Services Act (MHSA). Expert testifiers included representation from the California Mental Health Planning Council, California Mental Health Director's Association, California Mental Health Oversight and Accountability Commission and Los Angles City Area Agency on Aging. Appendix H contains the summary for the MHSA Field Hearing.

The following policy and program recommendations were identified during the course of the hearing:

Policy Recommendations

- Ensure that the needs of older adults are defined and represented within policy frameworks being created to implement Mental Health Services Act.
- State and county entities should not overlook older adults as target area for MHSA early intervention and prevention dollars.
- Increase funding for affordable housing programs
- The Olmstead Decision needs to be followed up on to make sure it is fully implemented.
- Commission should conduct separate analysis of MHSA and the availability of funds for older adults and make some recommendations.

Practice Recommendations

- Develop infrastructure for service delivery before implementing programs.
- Encourage collaboration between primary care and mental health services.
- Increase services for co-occurring disorders, such as alcohol and drug abuse.
- Recommend having LCSWs working with primary care providers to handle majority of acute mental health issues to reduce wait time for psychiatrist.
- Recommend that every emergency room be equipped with someone who has been trained to handle mental health issues.
- Develop a better system for responding to patients with different forms of dementia.

(3) Mental Health Task Team Report

In the 2005 Progress Report, the Mental Health Task Team identified that the Task Team functions would be absorbed into the California Mental Health Planning Council, Older Adult Sub-Committee. The 2007 Progress Report

reflects the Planning Council's description of how Mental Health Services Act (MHSA) funding is being used to address the mental health priorities included in the Strategic Plan. As such, these comments have been included in the state-wide Initiatives Report section above. See Appendix D (2) for the complete Task Team Report.

(4) Legislation Review

During the 2005-06 Legislative Session, four bills were introduced into the State Legislature related mental health promotion, recovery, education and outreach. Two of these were enacted:

o **AB 599** Gordon - (Chapter 221/2005)
This bill specifies that veterans in need of mental health services who are not eligible for care by the United States Department of Veterans Affairs (USDVA) or other federal health care are prioritized as "targeted populations" and should be provided services to the extent resources are available. This bill requires counties to refer a veteran to the county Veterans Service Officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by USDVA or other federal health care provider.

o **AB 2357** Karnette - (Chapter 774/2006)
This bill makes permanent the Assisted Outpatient Treatment Demonstration Project Act of 2002, which creates an assisted outpatient treatment program (AOT) for any person who is suffering from a mental disorder. This bill requires the California Department of Mental Health (DMH) to submit a report and evaluation of all counties implementing any component of AB 1421, to the Governor and Legislature by July 31, 2011.

During the 2006-07 Legislative Session, three bills were sent to the Governor. One was withdrawn from enrollment and two were vetoed.

Concluding Recommendations for Mental Health

1. **Ensure that the needs of older adults are adequately represented within policy frameworks being created to implement the Mental Health Services Act.**
2. **Include older adults as a target area for MHSA early intervention and prevention dollars.**
3. **Encourage collaboration between primary care and mental health services.**

Workforce
(Economic Security and Provider Workforce Education Training)

Introduction: The issues around workforce can generally be placed into two categories. One category, Economic Security, refers to the recruitment, education and training of older workers to remain in or re-enter the workplace. The second category, Provider Workforce, refers to an ample supply of seasoned geriatric professionals.

The 2005 Progress Report spoke of efforts representing the two categories mentioned above.

The Economic Security Task Team previously studied the issues preventing older adults from remaining in the workplace. With the uncertainty of today's retirement benefits and rising health care costs, many baby boomers will find continued employment a necessity. By coordinating the State's job service-related programs, the Task Team initially hoped to improve coordination and the effectiveness of employment programs for older adults.

The Provider Workforce Task Team previously studied the predictable shortages in health care and social work professionals and recognized the role higher education should play in implementing solutions. Changing demographics have prompted concerns regarding the adequacy of existing health, human and social resources for meeting the increasing demands of an older population. The Task Team also will explore incentives, cultural diversity and raising the profile of geriatric work.

A number of new initiatives to improve conditions for older workers and expansion of the provider workforce have begun in the state.

Applicable Plan Priorities:

(#2) Provide education/training to develop or enhance skills so older adults can move into second careers options; and

(#4) Address California's health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals.

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs, partnership approaches to resolving issues, and/or local efforts that address the topic of workforce education and training. These activities were initiated during the two-year reporting period.

- In 2006 the Governor's Committee on Employment of Persons with Disabilities was assigned to coordinate the implementation of AB 925. The Committee released its strategic plan to engage the business community in developing an inclusive workforce system that supports opportunities for employment and advancement of older workers and persons with disabilities, promotes worker preparation and services to help older workers and people with disabilities succeed in their jobs, and to improve resources for workers and private sector employers. For further information, see website http://www.edd.ca.gov/gcepd-compstrategy.doc.

- In 2006, the Governor's Committee convened a forum of statewide boards and commissions that addressed overlapping issues. Sixteen organizations were represented, including senior advocates and providers. Many older workers also have disabilities and this meeting provided a forum for participants to continue the discussion of how they could most effectively serve common customers.

- The 2006-07 State Budget included an additional $199 million for the State's Supported Employment Program and the Work Activity Program to enhance job services for persons with disabilities. That amount included an increase in the Senior Community Employment funding from $10.3 million to $11.1 million from 2006-07 to 2007-08.

- In August 2007, Governor Arnold Schwarzenegger awarded nearly $2.5 million to 26 family practice residency training programs. The awards are administered through the Office of Statewide Health Planning and Development's (OSHPD) Song-Brown program. Since Governor Schwarzenegger took office in 2003, more than $12 million in Song-Brown funds have been awarded to family practice residency training programs.

- In 2007 OSHPD announced the Health Professions Education Foundation's (HPEF) inaugural award cycle for the Vocational Nurse Education Program (VNEP). The program will disburse approximately $195,000 in scholarships and loan repayment grants to Licensed Vocational Nurses (LVNs) and Vocational Nurse (VN) students who agree to practice in medically underserved areas throughout California.

- In February 2007, the Schwarzenegger Administration awarded $3 million in grants to 16 different California nursing schools. The funds, allocated under the Song-Brown Act, are intended to help nursing schools attract and educate additional nursing students across the state.

- The 2006-07 State Budget expanded Community Based Nursing Services with an additional $335,000, adding 400 additional slots for older adults and persons with disabilities to receive services at home, rather than be institutionalized.

- The UCLA Division of Geriatrics has partnered with the California Council on Geriatrics and Gerontology (CCGG) on a grant titled, “A Systems Response to Improving Education on Aging.” This project will create and assess competency-based gerontology curricula for courses in gerontology, nursing, and social work that represent education and career ladder principles and national disciplinary standards, and trains faculty to implement the curricula at two-year and four-year campuses throughout the California system.

- Coastline Community College and CCGG have partnered on a Civic Ventures Community College Encore Career grant funded by MetLife, designed to create new to ways for adults age 50 plus to transition to "encore careers" in education, healthcare and social services—all sectors facing critical labor shortages.

- Workforce development was in the top ten priority list for the California delegation to the 2005 White House Conference on Aging (WHCoA). In November 2006 a post-WHCoA event was held in California to further discuss workforce issues. A workforce workgroup was formed. The workgroup met in July 2007 at CSU Fullerton to discuss both private sector and healthcare workforce needs.

- In September, 2007 Governor Schwarzenegger proclaimed September 23-29 as “Employ Older Workers Week” in California to highlight the importance of recognizing the talents of this population in keeping California competitive in a rapidly changing global market. The proclamation acknowledged the public and private organizations that actively recruit and employ older workers, and encouraged others to take advantage of the resources and talents contained in the ranks of older workers.

(2) Field Hearing Report

The CCoA did not hold a field hearing on workforce issues during the reporting period.

(3a) Provider Workforce Development Task Team Report

In the 2005 Progress Report, it was indicated that the leadership of the Provider Workforce Development Task Team would be assumed by the CCGG. The Task Team would not meet; rather the CCGG would work to implement previously identified recommendations.

The Task Team Report reflects that the 2006 CCGG Annual Meeting included a discussion on California Aging Policies and a report from the 2005 White House Conference on Aging.

In July 2007 CCGG held a strategic planning focus group meeting charged with looking at the future direction of the CCGG. As a result CCGG will formally change its mission statement to include workforce development and continue to focus on this topic at upcoming meetings. CCGG will review existing legislative mandates and recommendations in efforts to identify possible partners, funding sources, and actionable items so that CCGG, along with its partners, can continue to help prepare for an aging California.

CCGG's attempts to hold legislative hearings for the past two years have not been successful. See Appendix D (4) for the complete Task Team Report.

(3b) Economic Security Task Team Report

The Economic Security Task Team did not meet since submitting its report to the CCoA for the 2005 Progress Report. The California Employment Development Department (EDD) had originally assigned an employee from the Senior Worker Advocate Office to staff the Economic Security Task Team. EDD reports that due to reductions in the Contingency Fund, there are insufficient funds to support a separate Senior Worker Advocate Office. The work of the office has been shifted to another area of EDD to continue supporting to the fullest possible the range of events and activities that were previously undertaken by the Senior Worker Advocate Office.

See Appendix D (5) for the complete Task Team Report as submitted by EDD.

(4) Legislation Review

During the 2005-06 Legislative Session, seven bills were introduced and four enacted related to workforce recommendations:

o **AB 124** Dymally - (Chapter 644/2005)
This bill clarifies current equal employment opportunity (EEO) requirements and clearly expresses the state's equal employment opportunity and non-discrimination policy in statute, thereby reinforcing the importance of this policy. The bill added "gender" and "disability" to the list of factors governing equal employment opportunity.

o **AB 702** Koretz - (Chapter 611/2005)
This bill provides authority to the Health Professions Education Foundation to expand the criteria for scholarship and loan repayment programs in the Registered Nurse Education Program to include persons who commit to teaching in California nursing schools.

o **AB 920** Aghazarian - (Chapter 317/2005)
This bill transfers the Steven M. Thompson Physician Corps Loan Repayment Program to the California Physician Corps Program within the Health Professions Education Foundation effective July 1, 2006.

o **AB 2609** Evans - (Chapter 615/2006)
This bill Increases required training for staff at Residential Care Facilities for the Elderly (RCFEs) who assist residents with self-administration of medication.

During the 2007-08 Legislative Session, three bills were introduced related to workforce recommendations. None of the three bills were approved.

Concluding Recommendations for Workforce Education Training

1. **Encourage employers to develop flexible work option plans.**
2. **Eliminate age discrimination in employment.**
3. **Provide job training and supportive employment for older job seekers.**

Transportation

Introduction: As outlined in the 2005 Progress Report, a concerted effort has gone into the work of identifying and developing recommendations regarding the issues surrounding older adult transportation. The Transportation Task Team initially identified four implementation priorities that could be reasonably accomplished in the current environment. The priority areas include making streets and sidewalks safer, promoting a more active and healthy lifestyle, planning for integrated and coordinated transportation systems, and strengthening Consolidated Transportation Service Agencies.

Since that time, yearly Mobility Summits have been held to continue the work toward transportation integration and coordination as recommended in the Strategic Plan. The transportation coordination work is furthered through the efforts of the Department of Transportation's Mobility Action Plan Project Advisory Committee and CalACT's focus on policy reform to allow MediCal funding to be used for human service transportation, and adequate reimbursement of transportation costs for non-emergency medical trips. The Beverly Foundation, in conjunction with the Community Transportation Association of America, has recently published "Innovations for Seniors" as a guide to community transportation alternatives. The California Foundation of Independent Living Centers is researching methods to increase the availability of accessible taxis.

The State's focus on transportation safety and human service transportation coordination continues today on a number of fronts. The work is reflected in the areas of transportation planning, bond funding, and the ongoing collaboration of transportation organizations.

Applicable Plan Priorities:

(#5) ***Provide a full continuum of transit services for seniors and persons with disabilities.***

(#6) ***Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs is rural areas that are reasonable to meet are adequately identified and addressed.***

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state-sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of transportation and mobility. These activities were initiated during the two-year reporting period.

- The *2006 State Transportation Plan* acknowledged the impending senior population increase and the life-long dependence of this demographic group on their cars (http://www.dot.ca.gov/hq/tpp/offices/osp/ctp.htm). The Plan cites the shortage of public transportation as a reason older adults continue to drive, and incorporates research and action steps toward the improvement of traffic safety for older drivers.

- In November 2006 California voters passed Proposition 1B, which allocated $4 billion to make capital improvements to local transit services and the state's intercity rail service, including purchasing buses and rail cars, as well as making safety enhancements to existing transit facilities.

- A State of California Mobility Action Plan for Improving Human Services Transportation Through Effective Statewide Coordination (Mobility Action Plan) was developed by the Long Range Strategic Plan on Aging Transportation Task Team, under the direction of CalTrans' Division of Mass Transportation. A subsequent United We Ride grant was secured, and a Request for Proposal to implement the Mobility Action Plan will be released in 2007.

- CalACT's 2006 report, Keeping Communities Connected New Challenges for California's Rural Transportation, (http://www.calact.org/_pdf/CalACT-Keeping-Communities-Connected.pdf) addresses the unique transportation challenges faced by California's rural communities. The report identifies key findings and recommendations to move the state toward the goals of promoting livable communities and preparing rural areas for the burgeoning older adult population.

- In September 2006, California Business, Transportation and Housing Agency released the Strategic Highway Safety Implementation Plan for reducing accidents within the older driver population. Specific actions outlined in the plan include improved driver testing and assessments, promotion of wellness and improved behavioral strategies for older persons, educational efforts to help families understand age-related impacts on driving, and encouragement for driver self-assessments to help older drivers appropriately evaluate their driving abilities. The Plan also targets cooperation and coordination of public transportation, highway safety improvements, and better education of law enforcement regarding older driver issues.

- In 2006 the California Department of Transportation awarded a contract to the UC Berkeley Traffic Safety Center and the California Partners for Advanced Transit and Highways to conduct a study on removing barriers for seniors at transit stops and stations, with the potential for transit ridership growth. The study results are expected in April, 2008.

In October 2007 the second annual Senior Safe Mobility Summit was hosted by the Older Californian Traffic Safety Task Force.

(2) Field Hearing Report

The CCoA did not hold a field hearing on transportation issues during the reporting period.

(3) Transportation Task Team Report

The Transportation Task Team (TTT) met monthly through March 2007. The TTT will continue to meet in the near term. Approximately sixty agencies are represented on the TTT with an average participation of 25-30 members per meeting

Consistent with the 2005 Progress Report, the TTT's emphasis areas include service coordination and transportation alternatives. The TTT has formed eleven workgroups that meet monthly to develop and implement strategies and projects to address specific issues. Sample outcomes include: Identified funding and developed workshops for 2007 CalACT conference; developed the Mobility Action Plan pursuant to the 2005 Mobility Summit recommendations; assisted California Health and Human Services Agency in the development of a Real Choice systems grant application; and worked in conjunction with others to develop and implement an older driver training program. In addition, the TTT has forged many new partnerships among federal, state, regional and local coalitions.

See Appendix D (6) for the complete Transportation Task Team Report.

On October 9, 2007, the CCoA received a letter from the California Department of Transportation (Caltrans) related to the TTT Report submitted to the CCoA. Caltrans requested that its response be included as an addendum in the 2007 Strategic Plan for an Aging California Population Progress Report to the State Legislature. See addendum to Appendix D (6) for Caltrans' response.

(4) Legislation Review

Transit-friendly development and transit access were promoted through the passage of two bills in the 2005-06 session.

- **AB 462** Tran - (Chapter 299/2005)
  Authorizes the Department of Transportation to certify projects to ensure access and use by persons with disabilities.

- **AB 691** Hancock - (Chapter 309/2005)
  This bill allows a city or county to declare a specific plan or redevelopment plan adopted prior to January 1, 2006, to be its Transit Village Plan if it elects to do so and makes findings showing that the specific plan or redevelopment plan

conforms to the requirements for a TVP. The bill will make it easier for jurisdictions that have already done good transit-oriented planning to make use of TVDPA if and when the state creates the financial incentive for the creation of transit villages.

Concluding Recommendations for Transportation

1. **Make streets safer for older drivers.**
2. **Make streets and sidewalks safer for older and disabled pedestrians, promoting a more active and healthy lifestyle.**
3. **Provide a full continuum of transit services for seniors and persons with disabilities.**
4. **Plan more integrated and coordinated transportation systems.**
5. **Improve driver testing and assessments.**

Housing

Introduction: Finding an affordable home is a problem for all low-income Californians, but is especially difficult for older adults. The average income for an elderly person in California is approximately $2,000 per month, while the average rent in California is $900. With fixed incomes, reduced ability to work and changing health needs, older adults must have affordable, safe, and accessible homes where they will be able to age in place. The Strategic Plan priorities of promoting livable, walkable, mixed-use communities and enhanced support for home rehabilitation and repairs focus on these needs.

As reported in 2005, the Housing Task Team identified four implementation priorities. The priorities focus on ways to expand and increase the availability of affordable housing for older adults through preservation of existing homes, establishment of a sustainable funding stream to support development of affordable housing, promote development of affordable assisted living facilities, and support the funding of accessible homes and communities.

Progress has been made toward the identified priorities. The passage of a 2006 housing bond, the release of funding for home rehabilitation and first-time homebuyers, and new Multifamily Housing Program rules focused on equitable funding of affordable senior housing represent the State of California's awareness of the need for more homes. This is reinforced by a new effort by the Schwarzenegger Administration to study possible sources of permanent funding for critical housing programs.

Housing Implementation Priorities and Action Plan

Applicable Plan Priorities:

(#7) *Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed-use, intergenerational components.*

(#8) *Strengthen support for repairs and home modifications by community-based organizations in every county*.

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs; partnership approaches to resolving issues, and/or local efforts that address the topic of housing. These activities were initiated during the two-year reporting period.

- The Housing and Emergency Shelter Trust Fund Act of 2006 (Proposition 1C), funded the Department of Housing and Community Development's Transit Oriented Development Housing Program. Its primary objectives are to increase the overall supply of housing, increase the supply of affordable housing, reduce motor vehicle trips, and increase public transit ridership. The program seeks to accomplish these objectives by providing financial assistance for the development of housing and related infrastructure near public transit stations. A total of $285 million will be allocated by the program over approximately three years.

- In February, 2007 the California Department of Housing and Community Development made available $50 million through the CalHome program, to provide funding to local public agencies or nonprofit corporations for first-time homebuyer mortgage assistance and owner-occupied home rehabilitation, which includes home modification.

- In October, 2007 the Department of Housing and Community Development announced the initiation of an effort to identify and establish a permanent funding stream for affordable housing.

(2) Field Hearing Report

The CCoA held a hearing in Rancho Cucamonga in August 2007 to discuss affordable senior housing. Expert testifiers included representation from the 50+ Housing Council of Southern California Building Industry Association, San Bernardino County Housing Authority, TELACU Residential Management, and a senior housing advocate/service coordinator. Appendix I contains the summary for the Affordable Housing Field Hearing.

The following policy and program recommendations were identified during the course of the hearing:

Policy Recommendations

- Increase public funding for affordable senior housing.
- Reduce fees, regulations, and other costs to housing developers.

Practice Recommendations

- Promote mixed-use, service-oriented housing development for seniors.
- Incorporate Universal Design principals in new senior housing construction.

(3) Housing Task Team Report

The SB 910 designated Housing Task Team did not meet during this reporting period.

(4) Legislation Review

Two bills expanding housing for older adults and low-income families were sent to the Governor in 2007.

o **AB 927** Saldaña - (Chapter 618/2007)
This bill would require that the proportion of Multifamily Housing Program funds expended for senior housing units be proportional to the percentage of low-income seniors in the low-income renter population. (CCoA co-sponsored legislation).

o **SB 707** Ducheny - (Chapter 658/2007)
This bill, beginning July 1, 2008, allows the Department of Housing and Community Development (HCD) as well as the California Housing Finance Agency (CalHFA) when requested by a borrower, to extend and alter the terms of existing loans made under specified older financial assistance programs. Specifically, the bill allows HCD, when requested by a borrower, to extend the terms of existing loans made under the Rental Housing Construction Program, Special User Housing Rehabilitation Program, and Deferred Payment Rehabilitation Loan Program programs.

Concluding Recommendations for Housing

1. **Promote universal design principles in new construction.**
2. **Expand Smart Growth models of land use that incorporate livable, walkable, mixed-use, intergenerational components.**
3. **Strengthen support for repairs and home modifications by community-based organizations in every county.**

Community Care

Introduction: The goal of achieving fully accessible community-based care was divided into a number of components in the Strategic Plan. All of the elements were focused on enhancement and better integration of the various aspects of the state's system of long-term care. Integration of data, easier access to and more availability of community-based services, expansion of integrated care models and collaboration to achieve integration were all addressed in the 2005 Progress Report. As of the 2005 Report, a range of steps had been taken toward implementation of the priorities.

Progress toward these goals has continued beyond 2005. Support for community-based care has been enhanced in the state through a series of grants, a new Medi-Cal pilot project, and through program budget augmentations. Efforts are underway to establish pilot projects that implement "one-stop" information systems for older adults and persons with disabilities. Research into long-term care needs and improvements continues, although there is limited progress on development of a comprehensive user database.

Applicable Plan Priorities:

(# 3) ***Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation.***

(#12) ***Build and implement a "no wrong door" care navigation system.***

(#13) ***Build capacity into community-based long term support services to prevent unnecessary institutionalization*****.**

(#14) ***Develop and expand comprehensive, integrated care models.***

(#15) ***Develop a collaborative process to eliminate fragmentation, integrate funding, and create customer-centered, seamless system of long term support.***

CCoA Monitoring Activities:

(1) State-wide Initiatives Report

In this section of the report the CCoA has identified a sampling of state sponsored projects or grant programs partnership approaches to resolving issues, and/or local efforts that address the topic of how the community cares for aging Californians. These activities were initiated during the two-year reporting period.

- The Assisted Living Waiver Pilot Project is a Medi-Cal program that pays for assisted living, care coordination and other specified benefits provided to eligible seniors and persons with disabilities in one of three pilot counties. The project focus is on low-income, Medi-Cal eligible individuals who would otherwise require placement in a skilled nursing facility.

- California's Money Follows the Person Demonstration project focuses on support of community-level infrastructure to help older adults and persons with disabilities transition from institutions to the community through the use of existing home and community-based systems.

- In 2006 CHHS was awarded a $5 million Real Choices grant to implement the California Community Choices project, a five-year pilot project dedicated to increasing consumer access to home and community-based long-term care services and diverting persons with disabilities and older adults from unnecessary institutionalization through development of California's long-term care infrastructure.

- The 2006-07 State Budget raised to $2.2 million the state's funding of the Program for All Inclusive Care for the Elderly (PACE), providing an integrated package of acute and long-term care services for frail older adults at risk of institutionalization.

- Multipurpose Senior Service Program (MSSP) funding increased by $3 million in 2006-07, providing further services for frail and disabled persons who choose to remain at home rather than be institutionalized.

- The 2006-07 State Budget included a $2 million increase for Alzheimer's research and treatment, enhancing the Alzheimer's Disease Research Centers of California to improve diagnostic and treatment services, caregiver training, and to better evaluate complex dementia disorders.

- In 2006 the California Health Care Foundation convened a group of state and private sector experts to assess the State's progress toward meeting the goals of a 1996 Little Hoover Commission report on long-term care needs. The forum identified three focus areas, including: creation of a State Long-Term Care Commission to assess the impact of future long term care spending on health coverage; requiring residential care facilities to report annually to the Department of Social Services (DSS) on facility characteristics, staffing levels, and costs, and requiring DSS to provide information on complaints and deficiencies in residential care facilities; and improving transitions from home- and community-based services by strengthening discharge planning.

- UC Berkeley's Health Research for Action division reported its findings on transitional care in 2006, citing a high rate of re-hospitalization and declining health among older adults under current discharge practices. The report, *From Hospital to Home: Improving Transitional Care for Older Adults,* recommends improved training for discharge planners, medical professionals and others serving older adults; coordination of services, patient information and funding sources in order to provide integrated health and social services as well as support services for caregivers.

- In 2005, the California Department of Aging (CDA) received an $800,000 grant to be spent over three years to create “one stop” resource centers in the community to assist older adults and adults with disabilities in finding information on the full range of supportive services and in accessing those services. These resource centers are known as the Aging and Disability Resource Centers (ADRC).

  The Area Agencies on Aging (AAAs) in two very different counties that reflect California’s great diversity were selected to participate. Area I Agency on Aging developed a “bricks and mortar” resource center that opened in September, 2007 in Crescent City (Del Norte County). Aging and Independence Services, the Area Agency on Aging serving San Diego County focused on developing enhancements to the Network of Care website to create a virtual ADRC; improving the referral process for their highly regarded centralized Information and Assistance call center; and forged a strong working relationship with Access to Independence, the Independent Living Center serving that county. Supplemental federal funds have extended the grant in San Diego through September, 2008.

  Based on the lessons learned during the State’s first ADRC grant, CDA has proposed that in moving forward, California’s Aging and Disability Resource Connection would involve a local partnership between the local AAA and the Independent Living Center (ILC) in addressing the program goals. In addition, regional ADRCs will include activities aimed at assisting nursing facility residents to transition to more independent living settings. In June, 2007 CDA submitted a new ADRC grant proposal to the Administration on Aging (AoA) for funding consideration.

- Over the past two decades, California has pioneered efforts to create and provide culturally competent services to individuals and families dealing with Alzheimer’s Disease. With funding from the Administration on Aging, the CDA focused on developing a Dementia Care Network East Los Angeles to serve the Latino community. It was then adapted to serve the African American community in South Central Los Angeles; the Japanese community in Los Angeles; and most recently the Chinese, Vietnamese and Korean communities in Los Angeles and the San Francisco Bay Area. In each of these communities, where there were no culturally competent dementia services before the grant, they continue even years after the grant funds have ended. The dementia educational materials created for non-English speaking families were often the first of their kind and are now used throughout the United States.

  In May 2007, CDA in collaboration with the Alzheimer’s Association, which has been a key partner with the State in implementing these programs, submitted and received a one year $325,000 grant to develop dementia care networks to serve Latino families in the San Fernando Valley and Vietnamese families in Orange County.

(2) Field Hearing Report

No field hearing was held that directly addressed the broad topic of community care. The CCoA did hold a hearing in Yountville in February 2007 to discuss the Veterans Administration (VA) system of health care delivery and long term care services for aging veterans. Appendix J contains the summary for this field hearing.

(3) Task Team Report

No SB 910 designated Task Team has been assembled to focus specifically on the topic of community care.

(4) Legislation Review

A number of bills affecting the quality of community care were introduced during 2005/2006 Legislative session and in 2007.

- **SB 244** Romero (Chapter 454/2005)

This bill establishes additional rights for residents of continuing care retirement communities and creates new procedures governing transfer of a resident from one level of care to another. Gives residents the right to manage their own affairs, participate freely in independent resident organizations, make voluntary contributions and purchase financial products which are not conditions of entry or services and establishes a process for resolution of disputes.

- **SB 643** Chesbro (Chapter 552/2005)

This bill requires that a skilled nursing facility resident's plan of care include services to assist the resident in maintaining, regaining, and acquiring the skills and level of functioning to assist in a return to the community. Reduces the time for Medi-Cal to approve independent nurse provider applicants from 180 to 30 days. Requires professional assessments for conservatees. Creates a targeted case management system. Authorizes expansion of home and community-based waivers.

- **AB 949** Krekorian (Chapter 686/2007)

Establishes procedures to be followed by a residential care facility for the elderly (RCFE) prior to transferring a resident to another facility or living arrangement as a result of forfeiture of a license or change in the use of the facility, and provides remedies for noncompliance.

- **SB 633** Alquist (Chapter 472/2007)

This bill authorizes a private hospital to post its hospital discharge planning policy and to provide specified patients with information relating to community-based long-term care options.

Concluding Recommendations for Community Care

1. **Create Aging and Disability Resource Centers (ADRC) throughout the state of California.**
2. **Improve transitions from hospitals and residential settings by strengthening discharge planning and improving coordination with home and community-based services.**
3. **Improve consumer access to home and community-based long-term care services, so as to prevent unnecessary institutionalization.**

V. Conclusion

A. Background

When Senate Bill 910 (Ch. 94/99, Vasconcellos) was signed in 1999, it mandated the California Health and Human Services Agency (CHHS) to develop a statewide strategic plan on aging for long term planning purposes. To support the plan's development, SB 910 appropriated funding for the University of California to survey existing state government programs and create a composite profile of California's elder population. Using the research generated from the University of California's Policy Research Center, the CHHS began the plan development process in 2002. In October 2003, Governor Davis approved the ***Strategic Plan for an Aging California Population, Getting California Ready for the "Baby Boomers***." The Strategic Plan contained 589 policy and action recommendations, including fifteen (15) that were labeled "top priorities."

The California Commission on Aging (CCoA) agreed to assume responsibility for the monitoring and updating of the Strategic Plan. Over the past four years the CCoA has convened stakeholders, facilitated the formation of Task Teams, held meetings and public hearings, compiled lists of state-wide initiatives and reviewed legislative activities in an effort to monitor the State's progress in meeting Strategic Plan goals. In order to report to the Legislature, two Progress Reports have been produced – one representing progress achieved for 2003-2005 and one representing progress achieved for 2005-2007.

CCoA completed the first Progress Report to the Legislature in May 2005. The first report was presented to the Assembly Committee on Aging and Long Term Care during an informational hearing held June 21, 2005. This report is the second Progress Report and will be shared with the Legislature and other interested stakeholders in 2008.

B. What was observed in producing the second Progress Report?

With no additional resources to monitor the Plan and given the number of recommendations contained in the Strategic Plan, the CCoA limited the scope of their monitoring efforts to the top15 priorities. For purposes of this report, the CCoA has taken the top priority recommendations and categorized them into six topic areas: health care, mental health, workforce, transportation, housing and community care.

For this report the CCoA's approach to monitoring focused on (1) holding field hearings, (2) soliciting progress reports from the stakeholder task teams, (3) cataloging statewide efforts related to the Strategic Plan's implementation, and (4) compiling a list of legislative action. Each of the topic areas includes a description of the relevant monitoring activities and concluding recommendations.

The concluding recommendations for each topic area are summarized below.

Health Care Recommendations

Wellness & Prevention:

- Expand health promotion programs designed to reduce risk factors for heart disease, stroke, diabetes, cancer, and asthma.
- Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program.

Rural Health:

- Increase funding for health and community services, including telemedicine.
- Eliminate disparity in Medicare reimbursement for rural areas.
- Provide incentives for medical students to work in rural areas (e.g., loan forgiveness programs).
- Provide incentives for schools to expand nursing programs.
- Amend the State Corporations Code to allow rural hospitals to employ physicians.

Oral Health:

- Assure that dental providers have education and experience in working with older adults and other special needs patients.
- Fund greater research into successful models for serving older adults and other special needs populations.

Health Insurance:

- Expand health coverage for those without insurance.
- Explore alternative models of health care delivery to make health care more affordable for those without traditional insurance plans.

Mental Health Recommendations

- Ensure that the needs of older adults are adequately represented within policy frameworks being created to implement the Mental Health Services Act.

- Include older adults as a target area for MHSA early intervention and prevention dollars.

- Encourage collaboration between primary care and mental health services so the continuity of care is maintained.

- Establish systems that can meet the needs of all age groups, reduce the competition for funding and promote collaboration.

Economic Security and Provider Workforce Recommendations

- Encourage employers to develop flexible work option plans.

- Eliminate age discrimination in employment.

- Provide job training and supportive employment for older job seekers.

Transportation Recommendations

- Make streets safer for older drivers.

- Make streets and sidewalks safer for older and disabled pedestrians, considering functional limitations when planning timed crosswalks and curb heights to promote a more active and healthy lifestyle.

- Provide a full continuum of transit services for seniors and persons with disabilities, ensuring full integration and coordination of transportation systems.

- Improve driver testing and assessments.

Housing Recommendations

- Promote universal design principles in new construction.

- Expand Smart Growth models of land use that incorporate livable, walkable, mixed-use, intergenerational components.

- Strengthen support for repairs and home modifications by community-based organizations in every county.

Community Care Recommendations

- Create Aging and Disability Resource Centers (ADRC) throughout the state of California.

- Improve transitions from hospitals and residential settings by strengthening discharge planning and improving coordination with home- and community-based services.

- Improve consumer access to home and community-based long-term care services, so as to prevent unnecessary institutionalization.

The Strategic Plan's initial charge spoke of moving the Plan forward "one step at a time." This Progress Report documents that overall state efforts toward planning for and responding to the "baby boomers" have been, and continue to be, incremental. In some instances the progress is not necessarily tied directly back to the Strategic Plan.

For example, a 2004 Governor's Executive Order charged the CHHS with convening the Olmstead Advisory Committee to make recommendations to improve California's long-term care system and create opportunities to support new and expanded activities to help older adults and persons with disabilities avoid unnecessary institutionalization. This type of comprehensive service coordination is echoed in the Strategic Plan's top 15 priorities. Many of the state-wide initiatives identified in this Progress Report (particularly in the community care section) have resulted from grants sought under the auspices of the State's Olmstead effort. Where the Olmstead effort and the Strategic Plan intersect, as they have in human services transportation coordination, progress is of note.

The second Progress Report provided the opportunity to re-connect with the eleven original stakeholder task teams that were meeting in 2003-2005. Six of the original tasks teams met at least once during the 2005-2007 reporting period. Of these, five will not meet, or could potentially have their activities curtailed due to reduced resources/staffing during the coming year.

Throughout its monitoring activities, the CCoA utilized a traditional public hearing format to focus on several of the Plan's top priorities. By assembling panels comprised of state program officials, providers and consumers, the CCoA was able to gather detailed information from which a series of program and policy recommendations was developed.

Overall, the production of the second Progress Report showed an increase in state level initiatives that bolster recommendations contained in the Strategic Plan as well as an increase in the number of legislative bills introduced that affected older Californians. State willingness to continue to plan for the baby boomers will be tempered by very real

fiscal constraints. A $10 billion projected state budget deficit for state fiscal year 2008-09 will halt the State's implementation of the Strategic Plan's priorities that require general fund dollars, and any progress sought in the immediate future will require creativity and flexibility from all stakeholders.

C. How do the results of the two Progress Reports compare?

The two Progress Reports were prepared by the CCoA without additional funding or staff resources. Therefore both limited their scope to the Plan's top 15 priorities.

Both Progress Reports were developed with the assistance of a diligent CCoA Committee that met six times a year to review aspects of the Strategic Plan. For historical perspective, several Commissioners served on both the 2003-05 and 2005-07 Committees. One Commissioner was involved in drafting the initial University of California study from which the plan was developed.

While the first report was organized by the methodology used to write the report and the second report was organized by topic, it is clear that the second Progress Report is reflective of a greater number of activities and achievements in the aging program arena. There is also proof that a greater number of state and private/publicly funded projects have been initiated since publication of the first report.

For the past four years, the Strategic Plan has served to chronicle the varied needs of an aging California population. Some have called it the "encyclopedia" of senior service needs. The document has served the Commission and a host of state, public and nonprofit entities with information used to pursue grant funding, build collaboratives, launch pilot projects and host convenings. Other state departments have incorporated or referenced the Strategic Plan in their planning documents. Perhaps the greatest contribution of the Plan is how it has helped to build awareness across all sectors.

There has been a legislative effort to update and re-prioritize SB 910. In the past two years, Assembly Member Patty Berg has produced and released a Master Plan on Aging for the State of California. Assembly Member Berg, following a rigorous meeting schedule, and utilizing national and state aging experts, refined the work of SB 910 into a policy blueprint to guide state legislators. The Master Plan on Aging incorporates the benchmarks of flexibility, independence and choice so that Legislators and others could use these benchmarks in the consideration of aging legislation.

The release of the Strategic Plan, along with the subsequent Progress Reports, has occurred in tight budget times. The assumption that state leadership would spearhead the effort to plan for baby boomers has been repeatedly tempered by the lack of discretionary state funds. This report concurs with the finding from the first report that a synergistic combination of grass roots and state department efforts will be needed to realize broad progress in any aging policy area.

During the writing of the first Progress Report, there was excitement that Proposition 63, passed in 2004, would offer specific budget direction for providing mental health services to aging and disabled Californians. To date, aging advocates are less than satisfied with the way Prop. 63 funding has been allocated. While ballot initiatives can offer direction, aging advocates must be diligent to ensure that a "fair share" of new revenue is directed for their constituents. In another example of securing a "fair share" of initiative funding, the CCoA applauds the Governor's decision to sign AB 927 and increase funding for affordable senior housing from 2006's Proposition 1C Housing Bond.

The first Progress Report highlighted the strong work of the eleven volunteer stakeholder task teams. This report indicates that the task teams are less robust. While the majority of the task teams did not meet regularly over the past two years, several of them continue to meet monthly and are diligent in their commitment to the original goals identified in the Strategic Plan. Of note are the efforts of the Transportation Task Team, which has made progress on a Mobility Action Plan in coordination with the Department of Transportation, and the Oral Health Task Team, which has recently developed several proposals to improve dental care for older adults and persons with disabilities through its work with the Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry.

D. Second Progress Report Recommendations

The CCoA offers the following recommendations based on the review of the first two Progress Reports:

Streamline duplicative services at the state level, maximize federal funding for older adult programs, and encourage no-cost solutions to recommendations identified jointly by the State's Strategic Plan and Olmstead effort.

Promote the continuation and replication of successful local initiatives.

Encourage legislative solutions that make positive changes in the aging and disabled service systems, reflecting the policy and program recommendations of the Strategic Plan and the Master Plan on Aging.

The future work of the CCoA will continue to highlight the achievements and gaps in the State's efforts to prepare for the aging baby boomer population. Whenever possible, the CCoA intends to continue its SB 910 monitoring efforts by focusing on a limited number of topics in order to develop more specific policy and program recommendations.

VII. Appendices

Appendix A

Strategic Plan for an Aging California
Top 15 Priorities

This Plan attempts to encompass person-centered ideals. To this end, and with substantial input from consumers and other stakeholders, this plan has embraced these values:

Individual Dignity	Mobility
Security, Protection	Enrichment
Inclusivity, Diversity and Equity	Education
Choice	Prevention
Accessible Information	Adequate Service Capacity
Accessible, Visitable Housing	Collaboration, Integration

HIGHEST PRIORITIES

The Plan Development Task Team suggests, that of the many high priority recommendations set forth in this Plan, the following are most urgent. The urgency is due to their impact on older adults, the long lead-time required to complete implementation, and the critical path some of these recommendations play in the course of achieving other goals.

1. Greatly expand health insurance coverage.

2. Provide education/training to develop or enhance skills so older adults can move into second career options.

3. Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation.

4. Address California's health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals.

5. Provide a full continuum of transit services for seniors and persons with disabilities.

6. Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs in rural areas that are reasonable to meet are adequately identified and addressed.

7. Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed-use, intergenerational components.

8. Strengthen support for repairs and home modifications by community-based organizations in every county.

9. Expand the Preventive Health Care for the Aging (PHCA) program as an investment that avoids even more costly acute, primary care and long term support expenditures.

10. Greatly expand health care access in rural areas.

11. In every county expand community-based mental health promotion, recovery, education and outreach for older adults; identify and incorporate mental health prevention best practices.

12. Build and implement a “no wrong door” care navigation system.

13. Build capacity into community-based long term support services to prevent unnecessary institutionalization.

14. Develop and expand comprehensive, integrated care models.

15. Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support.

Appendix B

CCoA Field Hearings

February 2006 – August 2007

Date	Location	Topic
February 2, 2006	San Francisco, CA	Disaster Preparedness for residents of long-term care facilities
April 25, 2006	Concord, CA	Developing the 2008-2010 State Plan for Independent Living
August 3, 2006	Ventura, CA	Preventive Heathcare for the Aging Program (Now known as Preventive Healthcare for Adults)
November 1, 2006	Jackson, CA	Meeting the challenges of providing healthcare in a rural setting
December 7, 2006	Pasadena, CA	Implementation of the Mental Health Services Act
February 7, 2007	Napa, CA	Caring for Aging Veterans
August 13, 2007	Rancho Cucamonga, CA	Affordable Senior Housing

Appendix C

California Commission on Aging: Public Hearings

CCoA held a series of public hearings throughout the state as part of their mandate to monitor the long range strategic plan for aging for California. The CCoA serves as the primary advocate for aging issues and for older adults throughout the state and we receive information not only from the general public but also from the various agencies that provide services to older adults.

Hearings were held in seven locations across California, representing a range of topics:

- Ventura, Wellness and Prevention
- Jackson, Health Care Needs and Service Delivery in Rural Areas
- Pasadena, Mental Health and Aging Adults
- Rancho Cucamonga, Affordable Housing
- Yountville, Veterans and the VA
- San Francisco, Emergency Preparedness

* The seventh field hearing will be held in conjunction with the California Department of Rehabilitation and the California State Independent Living Council.

Testimony was provided to the Commission from a range of presenters, including county mental health departments, the Department of Health and Human Services Agency, nursing homes and long term care facilities, the California Mental Health Planning Council, local Departments on Aging, the Red Cross, and veterans' groups. The goal of the testimonies was to identify policy issues and recommendations that CCoA could take back to the state Legislature for consideration. The following is a summary of the policy recommendations for each hearing.

Wellness and Prevention

Policy Recommendations

- Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program

- Support Prop 86 on the ballot in November 2006 to raise the tobacco tax $2.60 a pack. These funds will go to programs addressed to reduce risk factors for heart disease, stroke, cancer, and asthma.

Health Care Needs and Service Delivery in Rural Areas

Policy Recommendations

- Increase funding and access to community services
- Eliminate disparity in Medicare reimbursement for rural areas to help with physician recruitment
- Offer other incentives besides student loan reimbursement to attract physicians
- Reduce excessive regulations by Medicaid/Medicare
- Convert medical reimbursement to medical savings account model
- Tort reform to reduce burden of malpractice insurance
- Amend California Corporations Code to allow rural hospitals to employ physicians

Practice Recommendations

- Encourage medical students to come work in rural areas as part of their training
- Work to recruit people into nursing, encourage schools to expand nursing programs

Mental Health and Aging Adults

Policy Recommendations

- Ensure that the needs of older adults are defined and represented within policy frameworks being created to implement Mental Health Services Act
- State and county entities should not overlook older adults as target area for MHSA early intervention and prevention dollars
- Increased funding needs to be available for affordable housing programs
- The Olmstead decision needs to be followed up on to make sure it is implemented
- Commission should do separate analysis of MHSA and the availability of funds for older adults and provide subsequent recommendations

Practice Recommendations

- Develop infrastructure for service delivery before implementing programs
- Encourage collaboration between primary care and mental health services
- Increase services for co-occurring disorders, such as alcohol and drug abuse
- Recommend having LCSWs working with primary care offices to handle majority of acute mental health issues to help reduce wait time for psychiatrists
- Recommend that every emergency room be equipped with someone who can handle mental health issues
- Develop a better system for handling patients with different forms of dementia

Affordable Housing

Policy Recommendations

- Increase public funding for affordable senior housing
- Reduce fees, regulations, and other costs to housing developers
- Promote mixed-use, service-oriented housing development for seniors
- Incorporate Universal Design principals in new seniors housing construction

Veterans and VA

Policy Recommendation

- Allocate a portion of Proposition 63 funds for veterans services
- Revamp the bond money restrictions in terms of the Fair Housing Act and the use of bond for a veterans-specific housing program

Practice Recommendations

- Explore connecting in-patient hospice care with out-patient hospice care in VA settings
- Provide care for veterans in residential treatment centers
- VA and non-VA systems should work more coherently together instead of triaging veterans off to VA
- Need social service and health care agencies need to identify veterans during client/patient intake
- The Commission should be working more closely with the California Department of Veterans' Affairs

Emergency Preparedness

Policy Recommendations

- Modify restrictions on funding and grants in terms of day-to-day operations and disaster operations
- Support the State Public Utilities Commission in their efforts to pass the consumer bill of rights on telephones and cell phones

Practice Recommendations

- Provide tools, resources, training to facilities to develop good emergency plans
- Conduct city, region, and statewide disaster training exercises that are inclusive of all representatives
- Increase acute care facility capabilities
- Educate the general population about being prepared to be self-sufficient for 72 hours after a major disaster
- Utilize Ombudsman Program to train relevant individuals and agencies
- Area Agencies on Aging should have language in their contracts with funded agencies requiring them to have emergency preparedness plans and disaster standards

Appendix D (1)

SB 910 Oral Health Task Team Report **November 7, 2007**

Submitted by: Paul Glassman, DDS, MA, MBA
Professor of Dental Practice
University of the Pacific School of Dentistry

The Oral Health Task Team

The Pacific Center for Special Care at the University of the Pacific School of Dentistry (Pacific) has organized the activities of the Oral Health Task team since its inception. These activities have been integrated with Pacific's Statewide Taskforce on Oral Health for People with Special Needs and Aging Californians. The Taskforce consists of a coalition of around 100 agencies, organizations, and individuals concerned with oral health for people with special needs. This Taskforce was instrumental in developing the oral health recommendations that became part of the 2003 *Strategic Plan for an Aging California Population*.

Current and Past Activities

Pacific has continued to organize meetings of the Statewide Taskforce on Oral Health for People with Special Needs and Aging Californians on an annual basis. The annual meeting in 2004 resulted in a series of papers and a consensus statement published in the California Dental Association Journal. Among these articles was a consensus statement on the implications of providing oral health for special needs populations including aging Californians. In its 2005 meeting the Statewide Taskforce focused on implementation strategies to address the issues identified in the Task Force's previous work. The Taskforce identified 6 priority areas and a series of strategies for each of these areas. The areas addressed in this process were:

- Incentive Systems for Oral Health Professionals
- Incentive Systems for Professional Caregivers
- Oral Health Prevention Integrated with Community Health and Social Service Systems
- Data Collection
- Professional Training
- Differentiated Workforce

In 2006, Pacific received funding from the San Francisco Foundation to develop policy to improve oral health for people with special needs including aging Californians. This funding allowed Pacific to organize a series of workgroups to address the strategies identified in the 2005 meeting. There were 5 workgroups initially formed, dedicated to the 5 of the 6 topic areas listed above. It was decided that addressing professionals

training, defined here as influencing the education process in the pre-licensure training of professionals, was beyond the scope of what the Taskforce could address at this time.

The Taskforce workgroups have met numerous times in 2006 and 2007. There have been several in-person meetings and a series of phone conferences. In addition there has been input on draft documents and sharing of information by email. Also, to facilitate communication Pacific has created a workgroup web site where background, draft, and final documents are posted. At the 2006 meeting of the Statewide Taskforce the workgroups presented their preliminary findings and activities. There was opportunity for audience input to inform the future work of the groups. Between the 2006 and 2007 meetings of the Statewide Taskforce there was intensive work by the workgroups. Several of these groups produced products consisting of a Policy Brief, concept papers, and problems statements for new areas of work. At the 2007 meeting of the Taskforce, the following documents were distributed and discussed: These documents are included as an appendix to this document.

- Policy Brief: Creating Adequate Sources of Oral Health Care for Low Income Persons with Disabilities on Medi-Cal.
- Concept Paper: Improving Access to Oral Health Services Through Distance Collaboration Systems
- Draft Concept Paper: Oral Health and Long-term Care Facilities
- Problem Description: Hospital Dentistry, General Anesthesia and Sedation Services for Low Income People with Disabilities

At the 2007 meeting there was also instruction to the Taskforce members on methods to use to communicate the Taskforce policies and concepts. Members reviewed a dissemination and advocacy plan and met with members of the legislature and legislative aids to inform them about these ideas. The Taskforce also presented a resolution with over 100 signatures to Senator Daryl Steinberg calling for the legislature and governor to include oral health provisions for people with disabilities and older Californians in any health reform proposals.

Future Activities

Pacific will continue to organize meetings of its workgroups. Dissemination activities will continue for the completed policy brief and concept papers. The concept paper on Oral Health and Long Term Care Facilities will continue to be developed. In addition, a new work group has been developed to address the issues outlined in the problem statement on the availability of hospital dental services.

Dr. Paul Glassman, Director of the Oral Health Task Team has met with staff from the California Association of Health Facilities and will be developing joint advocacy plans with that organization on the issues outlined in the draft concept paper on Oral Health and Long Term Care Facilities.

Opportunities and Challenges

Oral health remains as one the most pressing problems for people with disabilities including aging Californians. Many older adults continue to have great difficulty accessing oral health services, particularly those who are semi or fully dependent. Many older adults have untreated dental disease and some have chronic infections and oral pain. A recently publicized death in a nursing home from dental infection is but the tip of the iceberg of this problem. One hopeful sign is that the oral health problems faced by people with disabilities are receiving greater attention. This is partly a result of the activities of the Statewide Taskforce on Oral Health for People with Special Needs and Aging Californians and its members. A number of legislators have expressed interest in doing something about this situation. One challenge at this time is the attention being paid to general health reform. None of the major health reform proposals being debated at this time contain any specific recommendations for addressing the issue of oral health disparities for people with disabilities. In fact the proposals receiving the greatest attention do not contain any oral health provisions at all.

The Statewide Taskforce on Oral Health for People with Special Needs and Aging Californians and its individual members will continue to advocate for inclusion of provisions to improve the oral health of people with disabilities including older Californians in any health reform proposals.

Statewide Task Force
on Oral Health
for People with Special Needs
& Aging Californians

Concept Paper

Oral Health and Long-term Care Facilities

Draft October 14, 2007
For Limited Distribution Only

Oral Health and Long-term Care

The recent death from a dental abscess of a Petaluma, California nursing home resident highlighted the serious consequences of untreated dental disease in residents of long-term care facilities.[i] This tragedy barely begins to bring to light the pain, suffering, loss of self-esteem, and general health deterioration caused by untreated oral disease in residents of long-term care facilities. The Surgeon General's Report on Oral Health in America indicated that:

- Nursing homes and other long-term care institutions have limited capacity to deliver needed oral health services to their residents, most of whom are at increased risk for oral diseases.[ii]
- Most older Americans take both prescription and over-the-counter drugs. In all probability, at least one of the medications used will have an oral side effect - usually dry mouth which greatly increases the risk of dental disease.
- At any given time, 5 percent of Americans aged 65 and older are living in a long-term care facility where dental care is problematic. This translates to 1.75 million Californians.
- One study reviewed in the Surgeon General's report found that 17 percent of residents in long-term care facilities required immediate or emergency dental care. By any standards in the United States, a high degree of dental disease and dental care needs was recognized in all the studies reviewed.
- Many elderly individuals lose their dental insurance when they retire. The situation may be worse for older women, who generally have lower incomes and may never have had dental insurance. Medicaid funds dental care for the low-income and disabled elderly in some states, but reimbursements are low. Medicare is not designed to reimburse for routine dental care.

The Statewide Task Force on Oral Health for People with Special Needs & Aging Californians

The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry (Pacific) has created a Statewide Task Force on Oral Health for People with Special Needs & Aging Californians. This Task Force now includes representation from over 60 agencies and organizations interested in oral health and people with special needs.[iii] In 2006, Pacific received a policy development grant from the San Francisco Foundation which resulted in the formation of several work groups

devoted to oral health of policy for people with special needs.[iv] This concept paper was prepared with input from a work group investigating oral health and long-term care facilities.

The Long-term Care System in California

Addressing oral health in long-term care facilities in California is complicated. In part this is due to the complicated system of designating, licensing, and managing long-term care. There are multiple poorly coordinated systems, agencies, and people in California involved with long-term care. Some of the agencies, and systems, and people involved are:

- Department of Developmental Services
- Department of Health Care Services - Office of Long Tern Care
- Department of Public Health
- Department of Social Services
- Home and Community-Based Services
- Commission on Aging
- Department of Aging
- Area Agencies on Aging
- In Home Support Services
- Adult-day health care and day care centers
- Long-term Care Ombudsman

Insufficient Data

The Surgeon General's Report on Oral Health in America indicated that there was little data about oral health of special populations including people in long-term care facilities.[ii] In federally regulated long-term care facilities it is required that people admitted to the facility are evaluated by a nurse and a Minimum Data Set (MDS) questionnaire filled out within 14 days of admission.[v] Some people have felt that the oral health questions on the MDS are vague and when combined with inadequate training of nurse surveyors has led to underreporting of oral health problems. The MDS is being revised and there is currently a national evaluation being conducted by the RAND Corporation of revised MDS questions.[vi] The new MDS questions include oral health questions that are clearer and may elicit more accurate responses if there is adequate training of the nurse surveyors who completes the MDS instrument.

It has been suggested that it would be useful to have oral health professionals conduct screening examinations of residents' oral health at long-term care facilities, then compare these to and verify the accuracy with the MDS data. There are pilot projects in California planned for this purpose.

Insufficient Sources of Oral Health Care

Along with insufficient data, there are also insufficient sources of oral health care for people who have been identified as having dental problems. Licensed community care facilities are required to provide dental care "appropriate to the conditions and needs of

residents".[vii] Similar regulations exist for other facilities. However, people who administer these facilities note that they often have great difficult finding sources of oral health care once an individual has been identified as needing these services.

There are a number of reasons why dentists are reluctant to provide services to people in long-term care facilities. These include the cost of travel time to facilities and the difficulty in providing a full range of oral health services outside of a dental office; inadequate training for providing oral heath services to people with complex medical, physical, and social conditions; and difficulty coordinating care between dental offices and long-term care facilities. The Denti-Cal system currently only reimburses dentists for one initial examination per patient. There is no reimbursement for an annual examination performed by an oral health professional in a long-term care facility.

A work group of the Statewide Task Force on Oral Health for People with Special Needs & Aging Californians has developed a Policy Brief with recommendations for providing incentives for oral health professionals to treat people with disabilities under the Denti-Cal system. If enacted, this proposal could increase oral health services in long-term care facilities.

Workforce Issues

There are a number of new or proposed work force models that are designed to address access to oral health services for underserved populations including those people in long-term care. In 1998, the California Legislature enacted AB 560 (Chapter 753, Statutes of 1998), which created the Registered Dental Hygienist in Alternative Practice (RDHAP) license category. RDHAPs can perform hygiene procedures unsupervised in a number of settings including nursing homes, dental health professional shortage areas, and schools. Another law, SB 2022 (Chapter 810, Statutes of 2002) also allows dental hygienists who work in public health settings to perform dental hygiene preventive services unsupervised.

There are now about 150 RDHAPs licensed in California with many of them providing oral health services in long-term care facilities. This number is small compared to the need but is expected to grow over time.

The Pacific Center for Special Care at the University of the Pacific, Arthur A. Dugoni School of Dentistry conducted a study of a dental coordinator model in conjunction with Regional Center Agencies in eight communities across California. The project used a case management approach in which dental hygienists and assistants, designated as "dental coordinators," acted as a liaison between the social service agency and the community oral health professionals. Dental Coordinators were able to demonstrate a significant improvement in oral health of the people with developmental disabilities on their case load.[viii] A similar program could work in long-term care facilities.

In addition to the current community oral health license categories, several groups have proposed additional models. These include the American Dental Association (ADA) and the American Dental Hygienists Association (ADHA). A work group of the Statewide Task Force on Oral Health for People with Special Needs & Aging Californians has

developed and will be testing a proposal for using electronic communications to increase collaboration between dentists and community-based oral health professionals.

Another issue related to workforce is the fact that residents of long-term care facilities do not currently have the right to choose their own oral health professional. This has lead to situations where providers that are willing to see people in a facility have been denied access to the facility and the people living there have been denied access to that provider.

Incentives and Education for Facility Staff

Direct care staff in some long-term care facilities does not provide adequate care for the oral health of residents of these facilities. They may not be well trained in oral health prevention and may not have adequate incentives to carry out the needed procedures. While there are a lot of training materials that address these issues, it is not always clear how to incorporate them in staff training programs and how to monitor the subsequent application of the information.

Recommendations

The problems with providing and maintaining good oral health for residents of long-term care facilities are complex. While there is no single answer that will easily solve these problems, a number of ideas have been proposed that can have a positive effect. Some of these will require legislative or regulatory reform. Some will also require funding for evaluation or pilot programs.

1. Develop systems to increase the accuracy of intake and annual assessment information for residents of long-term care facilities. This could include:
    a. Surveillance systems to systematically collect full or sampled data on oral health.
    b. Funding of annual examinations for people in long-term care facilities by an oral health professional.
    c. Studies comparing examinations by oral health professionals with MDS findings.

2. Fund annual examinations of residents of long-term care facilities by oral health professionals. The Statewide Task Force on Oral Health for People with Special Needs & Aging Californians has developed a Policy Brief that describes a funding mechanism to aid in this process.

3. Fund the development of pilot projects to improve oral health of residents of long-term care facilities. The pilot projects could include
    a. initial and annual examinations by oral health professionals
    b. training of oral health professionals and professional and direct care staff in the facilities

c. use of care coordination and electronic communications systems to foster collaboration between professionals working in long-term care facilities and dental offices and clinics
d. treatment of oral disease in these facilities and in dental offices an clinics
e. evaluation of the improvement in health and cost-effectiveness of these systems

4. Require long-term care facilities to have a dental director. In order to do this it will be necessary to:
    a. Ensure that facilities will be able to locate and contract with a dental professional to act in this role.
    b. Ensure that funding is available for the cost of this position so there is no undue burden placed on the facility or its residents.

5. Adopt regulations to allow residents of long-term care facilities to choose their own provider.

Prepared by Paul Glassman DDS, MA, MBA, on behalf of:
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Due to incompatible formatting, the Commission was unable to include a policy brief submitted by the Oral Health Task Force in this appendix. The document, entitled ***Creating Adequate Sources of Oral Health Care for Low Income Persons with Disabilities on Medi-Cal***, can be found at the following website: http://www.pacificspecialcare.org/task_force.htm.

Appendix D (2)

SB 910 Mental Health Task Team Report **July 30, 2007**

Submitted by: Ann M. Collentine
Staff Mental Health Specialist

Adult and Older Adult Program Policy

1. Are you aware of any efforts to pursue activities identified in the 2005 Progress Report, i.e. Public Information Campaign to combat prejudice; Depression and Suicide Prevention; Staffing of behavioral health professionals in primary care/outpatient settings; and Training for First Responders? If so, are there outcomes you would like us to know about?

[The 2005 Progress Report can be found at www.ccoa.ca.gov, click on publications, the Mental Health section starts on page 37.]

The passage of Proposition 63 (now known as the Mental Health Services Act or MHSA) in November 2004, provides the first opportunity in many years for the Department of Mental Health (DMH) to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. Numerous components address the needs identified in the 2005 Progress Report and will be addressed in several responses to the questions.

- Public Info Campaign to Combat Prejudice
    - $40 Million approved and allocated in June 2007 by the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) under MHSA for External Influence Campaign – timeline being developed
    - $10 Million approved and allocated in June 2007 by the MHSOAC under MHSA for addressing internalized stigma – timeline being developed.
- Depression and Suicide Prevention
    - Suicide Prevention Plan Advisory Committee convened June 2007 to develop multifaceted plan to address Suicide Prevention. To be completed by May 2008.

- $14 Million per year for 4 years - MHSA Prevention and Early Intervention (PEI) established fund for state-administered suicide prevention projects. Additionally, $500,000 per year for two years to complete and disseminate strategic plan.

- Staffing of behavioral health professionals in primary care/outpatient setting:

The California Mental Health Planning Council has recognized the importance of integrating primary care with mental health services. People with serious mental illness do not routinely receive adequate physical health care, are vulnerable to physical problems, and as a result have much shorter life spans that the general population. In addition, a significant group who may require mental health treatment, especially from ethnic communities, receive mental health treatment in primary care, some of which is appropriate, and some of which is not. Many people can be well served in primary care, but specialty care consultation is needed to improve the care provided, such as screening, referral process to services, and development of linkages to services for individuals who are stabilized in their recovery and may no longer require specialty care but would benefit from primary care follow-up.

In August of 2004, with passing of the Mental Health Services Act, the CMHPC recommended to the Department of Mental Health (DMH) that a statewide advisory group be formed to review and assess the education, training, and workforce needs of public mental health workforce. CMHPC stressed the importance of training mental health workers at all levels of service on the importance of providing integrated services to people with serious mental illness. In addition, CMHPC recommended the development of internship and psychiatry residency programs or rotations that included training and direct service experiences for primary care and mental health direct service providers on the skills and abilities required to ensure that quality specialty care is offered in primary care settings and linked behavioral health services.

- Training for First Responders

    - With MHSA funds, several counties are funding Crisis Intervention Training for law enforcement and mental health staff functioning as first responders.

2. Has the Planning Council identified new directions or new partnerships? If so, please tell us how these came about. Are there outcomes from these new activities? [Note, you might want to mention Prop 63 impact.

In Fiscal Year 2005-06 and 2006-07, the CMHPC participated in statewide stakeholder meetings, technical advisory workgroups, and key informant meetings conducted by the DMH to support the use of MHSA Education and Training trust fund dollars in statewide and local initiatives that enhance or establish psychiatry residency programs, internships, and other training opportunities that integrate primary care and behavioral health.

In Fiscal Year 2007-08, the CMHPC will be sponsoring a Behavioral Health Specialist Developing a Curriculum (DACUM) task analysis. The task analysis developed by the DACUM will be utilized by instructors, curricular designers, and trainers to focus on integrated training programs, residencies, and internships. In addition, primary care and mental health employers can utilize the DACUM in designing their own occupational models, determining the skills, abilities, and duties performed by a behavioral health specialists, both in a primary care setting or as a specialty care referral.

Are there any statistics that would quantify how the funds are being allocated to senior-related efforts?]

As of June 2007, fifty-five out of fifty-eight counties submitted Three Year Program and Expenditure Plans to the DMH for the Community Services & Support component of the MHSA. Programs proposed for serving Older Adults made up 15% of the proposed expenditures at the local level. The proposed plans encumber approximately, $116 million (from the initial submission of the Three Year Program & Expenditure Plan, prior to State review) . Local plans serving older adults include Full-Service Partnerships, which provide comprehensive services and supports, peer support programs, in-home services, mobile crisis teams, specialized housing and wellness centers.

3. What would you like the State Legislature to know about Planning Council efforts or accomplishments?

Don't have a response.

4. What would you like the State Legislature to know about obstacles or impediments that limit the ability to make progress in this area?

Staff resources continue to be limited but MHSA & CMHPC efforts toward workforce development should address this problem over time.

5. Is there anything else you would like us to know about efforts around expanding or improving geriatric mental health services.

MHSA programs being developed for older adults are designed around best-practice service models for this population and frequently include specialty geriatric service providers and administrators.

Appendix D (3)

SB 910 Wellness and Prevention Task Team Report July 31, 2007

Submitted by: Mariann Cosby, RN
Chief, Preventive Health Care for Adults

1. How many times has the Wellness and Prevention Task Team met between July 2005 and June 2007?

The Wellness and Prevention task team, which consists of 28 members with approximately 10 actively participating members, met 8 times between June 2005 and June 2006. In April 2006, Laurie Vazquez resigned as chair and Mariann Cosby assumed the Task Force chair position. Due to a lack of time and resources, the Task Team has not met since the field hearing in August 2006.

2. Is the task team pursuing activities identified in the 2005 Progress Report, i.e. Optimize senior community involvement by promoting volunteerism; Promote health and wellness among other adults through health screens, education and referrals to services and resources; and Promote and expand worksite wellness programs in California. [The 2005 Progress Report can be found at www.ccoaa.gov, click on publications, the Wellness and Prevention section starts on page 28.] If so, are there outcomes you would like us to know about?

The Task Team pursued the twelve action items identified in the Commission's 2005 progress report during 2005-2006. In order for the task team to better understand the key issues, presentations were made to the group regarding current activities in each of the topic areas. The idea was to gather information through presentations of model programs which had been proven successful either locally or statewide. The task team developed overarching themes. The overarching themes were wellness, prevention, volunteerism, chronic disease, and ethnic populations, clearing house models, and information dissemination about health and wellness to the community.

At the end of the presentation series and in preparation for the field hearing in August, in early 2006 the task team identified priorities and the task team's key initiatives: 1) Promote the augmentation and expansion efforts of Preventive Health Care for the Aging (PHCA – renamed July 2007: "Preventive Health Care for Adults – Wellness for Californians 50+") 2) Expand CA INFO line; 3) Include 50 and above in obesity initiatives; 4) Promote community gerontology programs through local neighborhoods, local park and recreation centers etc. geared at fall prevention, chronic disease self-management, and physical activity programs. In order to narrow these initiatives down, the team agreed to select an initiative that would have the greatest impact to improve wellness among seniors and the greatest potential for statewide replication.

The first initiative: promote the augmentation and expansion of PHCA. This was selected to be the focal point for two reasons. 1) Expansion of PHCA was listed as one of the top fifteen priorities in the Strategic Plan; 2) The PHCA program activities embrace the other potential initiatives. PHCA was identified as having key elements for success including expertise, infrastructure, and sustainability.

In August 2006, three members of the Task Force testified at the Commission on Aging field hearing in Ventura: Martha Geraty, Mariann Cosby regarding the PHCA program, and Pam Ford-Keach regarding the importance of chronic disease self-management programs. Please refer to the hearing transcript for specifics.

3. Has the Task Team identified new directions or new partnerships? If so, please tell us how these came about. Are there outcomes from these new activities?

As an outcome of the meetings and field hearing, the task team identified that the PHCA program provides the option for other health department programs to move out of individual silos and foster cross fertilization and integration. For example, the arthritis program has partnerships with PHCA in three counties that do the evidence based arthritis self-management program. By leveraging the public health nurses affiliated with PHCA, California can develop a sustainable infrastructure as leaders and trainers to provide self-management programs in the health department or in cooperation with community-based organizations. Self-management programs inspire us to be health conscious and PHCA provides a sustainable structure with which we can focus on prevention.

The California Conference of Local Health Officers, dedicated its May 2007 statewide meeting to the prevention and management of chronic diseases. Local Health Officers want to provide more adult health promotion activities, but without funding, the county health departments are not able to make chronic care and wellness prevention a priority. The recommendation to expand PHCA to assure access to self-management programs fits with the leadership roles of the local health departments, the role they play in ensuring the health and wellness of our communities.

4. What would you like the State Legislature to know about Task Team or Department accomplishments in the areas of wellness and prevention?

An effort to break down silo walls and integrate PHCA with other programs is ongoing. PHCA continually seeks out opportunities to leverage services in an effort to expand existing capacity within the PHCA program. Similar to the chronic disease self-management and self-help programs, the PHCA program has partnered with the California Department of Public Health Fall Prevention program over a number of years and recently made efforts to further integrate the two programs. Together the programs designed an initiative to build local capacity around chronic disease, expand the PHCA program, and provide chronic disease self-management. If funding becomes available, the initiative is ready to go.

5. What would you like the State Legislature to know about obstacles or impediments that limit the ability to make progress in this area?

The PHCA program has been flat funded for approximately 25 years. Without additional general fund resources, the program cannot expand its services to other counties within the state. As per the 2005 action plan and Commission on Aging priority, the Preventive Health Care for Adults (PHCA) program should be promoted through an augmentation of the state general fund so that it can reach seniors in every county of the state. The PHCA is an established program with experience that spans over a quarter of a century and has proven outcomes demonstrating its effectiveness in supporting wellness among seniors.

6. Will the Wellness and Prevention Task Team continue to meet in the future?

Future meetings will be dependent upon the availability of time and resources.

SB 910 Provider Workforce Development Task Team Report **July 31, 2007**

Submitted by: Jolene Fassbinder, MSG, MACM
CCGG Executive Director
California Council on Gerontology & Geriatrics

1. Are you aware of any efforts to pursue activities identified in the 2005 Progress Report? If so, are there outcomes you would like us to know about?

The 2006 CCGG Annual Meeting, “Breaking Barriers and Building Bridges: 25 Years of CCGG Leadership” invited California State Senator Elaine K. Alquist and Assemblywoman Patty Berg to speak on California Aging Policies: Past, Present and Future. A panel also spoke on “The National Scene: Report from the 2005 White Conference on Aging.”

2. Are you aware of any new directions, state programs or partnerships related to workforce development? If so, please tell us how these came about. Are there outcomes from these new activities?

The UCLA, Division of Geriatrics has partnered with the CCGG on a grant titled, “A Systems Response to Improving Education on Aging.” This project will create and assess competency-based gerontology curricula for courses in gerontology, nursing, and social work that represent education and career ladder principles and national disciplinary standards, and trains faculty to implement the curricula at two-year and four-year campuses throughout the California system. This project was funded January 1, 2007.

Coastline Community College and CCGG have partnered on a Civic Ventures Community College Encore Career grant funded by MetLife, designed to create new to ways for adults 50 plus to transition to "encore careers" in education, healthcare and social services—all sectors facing critical labor shortages. This project was very recently funded.

Workforce development was in the top ten-priority list for the WHCoA and the California delegation has held follow-up meetings on the topic, including one scheduled for July 2007 at CSU Fullerton looking at both private sector and healthcare workforce needs.

3. Are there other things you like the State Legislature to know about the provider workforce in California?

On July 23, 2007 CCGG held it's second strategic planning focus group meeting charged with looking at the future direction of the CCGG. Some of the important outcomes from this meeting were as follows:

CCGG is planning to formally change its mission statement to include workforce development. In the past workforce development was assumed or inherent in our mission. As an organization, we now feel this is important, not only to CCGG, but also that it is important for capacity building, and to the "Strategic Plan For An Aging California."

CCGG has also used their annual meeting as a vehicle to bring workforce development to the forefront of California. At their 2007 Annual Meeting, "Making A Difference in Aging Policy, Higher Education, And The Workforce," CCGG had panel discussions on: Revisiting Aging Policy in Higher Education; Practical and Political Implications of a Diverse and Aging California; and What Employers Want Graduates of Gerontology Programs to Know. A continued focus on workforce development will be part of our planning for our upcoming annual meetings.

CCGG will review existing legislative mandates and recommendations in efforts to identify possible partners, funding sources, and actionable items so that CCGG, along with its partners, can continue to help prepare for an aging California.

4. What would you like the State Legislature to know about obstacles or impediments that limit the ability to make progress in this area?

A lack of funding is a huge impediment. There is no limit to the good that can be done in the state of CA, only a limit to the funds available.

CCGG's attempts to hold legislative hearings for the past 2 years have not been successful. This is quite challenging for us given that CCGG is the only statewide leadership organization that links academic institutions (faculty and administration) from across all systems {4-year (CSU's, UC's and private institutions) and 2-year community colleges}, students, aging policy and education, organizations that hire gerontology graduates, and older adults.

Appendix D (5)

SB 910 Economic Security Task Team Report **October 2007**

Submitted by: Michael Evashenk, Deputy Chief
Workforce Services Division
Employment Development Department

1. Has the Economic Security Task Team met between July 2005 and June 2007? If so, how many meetings were held in the two year period?

The Economic Security Task Team (Task Team) wrapped up its meetings in 2005. The Task Team developed and submitted its report to the Commission on Aging in March 2005. Their commitment was to make a continuing effort to improve public access to resources through shared knowledge and collaboration.

2. Is the Task Team or Employment Development Department (EDD) pursuing activities identified in the 2005 Progress Report (see above or pages 12-18 of the above mentioned 2005 Progress Report)? If so, are there outcomes you would like the Legislature to know about.

The goal of the Task Team was to support programs that aid older workers to continue in the labor force for as long as they need or want to work. To meet this goal, the Task Team committed to improved coordination between organizations that provide job related supportive services for older workers including job placement, job skills training, and financial planning. The EDD is working on the following activities that support the priorities identified by the Task Team.

The Task Team identified three priorities: (1) encouraging employers to develop flexible work option plans; (2) taking action to eliminate age discrimination; and (3) providing job training and support for job seekers.

Priority One – Encouraging employers to develop flexible work option plans

The EDD promotes many employment strategies to employers for retaining older workers, including offering flexible schedules. Much information is provided on the department's website, which includes web pages dedicated to assisting senior workers and employers. To learn more, view the Senior Worker Employment Assistance Resources web page at www.edd.ca.gov/eddsw.asp#SeniorWorkerEmploymentAssistanceResources.

The EDD also has brochures and fact sheets for employers on the benefits of hiring senior workers.

Priority Two – Taking action to eliminate age discrimination

The EDD provides advocacy resources to seniors and refers those who feel they have been discriminated against to external organizations. Referrals are made to the Department of Fair Employment and Housing (DFEH) and the U.S. Equal Employment Opportunity Commission (EEOC). The DFEH covers California legislation, employment laws and other facts of interest to the senior worker community. The EEOC coordinates all federal equal employment opportunity regulations, practices, and policies. The Commission interprets employment discrimination laws, monitors the federal sector employment discrimination program, provides funding and support to state and local Fair Employment Practices Agencies, and sponsors outreach and technical assistance programs.

Priority Three – Providing job training and support for job seekers

The EDD's Job Services are mandated to be provided through California's One-Stop Career Center system. Career centers are required to provide 'universal access' to services, meaning they must be physically and programmatically accessible to all populations, including senior workers.

Examples of services include
- Job search assistance
- Job listings
- Access to phones, Internet, printers, fax machines, copy machines
- Workshops
- Information on wages and trends
- Community resources
- Referrals to other services

Additionally, the EDD, whose representative served as the Task Team leader, is committed to ensuring older workers have the same opportunities as other job seekers and engages providers in building capacity to provide quality services to seniors.

The EDD developed training curriculum called "Busting the Myths of Older Workers." This training is provided throughout the state to Workforce Investment Act practitioners and their agency staff who work in California's One-Stop Career Centers. This one-day workshop is designed for frontline staff, including case managers and job developers, and provides innovative business strategies to improve local performance while fully integrating older workers into the mainstream of employment opportunities.

The course objectives include: finding solutions to dispel myths of older workers; explaining the benefits of hiring an older worker; engaging the older worker in order to enhance local performance; and becoming aware of available resources for older workers.

Under the Workforce Investment Act administered by the EDD, the One-Stops are required to have co-located services, and 113 California One-Stops reported having a Senior Community Service Employment Program (SCSEP) representative on site. The SCSEP provides part-time subsidized employment for low-income persons over age 55.

A 2006 survey of One-Stop Career Centers revealed that 183 (out of 273 respondents) centers are targeting seniors for marketing and outreach purposes, and that more plan to outreach to this target group in the future.

The EDD has special workforce recruitment and related services that can be provided to employers in response to their unique recruitment needs, consistent with available local Job Service resources. Special services are provided to employers on an individual, as-needed basis.

CalJOBS is EDD's no-fee automated system, available via the Internet, which can help facilitate the match between the employer and potential employee. Senior workers can post their resumes along with other potential candidates.

The EDD also sponsors Experience Unlimited (EU) Job Clubs. There are 19 EU Job Clubs in the State. Provided at no fee, the program provides a place where job seekers can meet regularly with other career professionals to share job leads, provide support, and update their job search skills. While the program is not limited to older workers, the EU Job Clubs have reported that as many as 90 percent of their members are in the 40+ age group.

Professionals from a wide variety of fields can take advantage of these sponsored, employment focused, networking associations. The EU Job Clubs provide office space, personal computers, access to the Internet, use of fax machines, publications, and more.

Employers can take advantage of this pool of skilled, talented workers who are ready to work. There are no fees to either the employer or the job seeker.

3. Has the Task Team or EDD identified new directions or new partnerships? If so, briefly tell us how these came about. What outcomes have been achieved? [Note, you might wish to mention the Governor's Committee on Employment of People with Disabilities]

In terms of new directions or partnerships, the Governor's Committee on Employment of People with Disabilities, which is staffed by the EDD, has been assigned to coordinate the implementation of Assembly Bill 925. This statute required the California Health and Human Services Agency and the Labor and Workforce Development Agency to develop a Comprehensive Strategy to accomplish various goals aimed at bringing more people with disabilities into employment. The increased partnering of these two agencies has brought together the majority of government programs that provide employment and support services for people seeking employment, including programs specific to people with disabilities, and those serving seniors.

In 2006, the Governor's Committee convened a forum of statewide boards and commissions that addressed overlapping issues. Sixteen organizations were represented, including the California Commission on Aging, and the Social Security Administration. Many older workers also have disabilities and this meeting provided a forum for participants to continue the discussion of how they could most effectively serve common customers.

The EDD tracks external funding and technical assistance opportunities to further develop partnerships to increase the quality of information and services provided to seniors. For example, in 2007, the National Governor's Association Center for Best Practices released an application for states to apply to participate in a Policy Academy. This Academy focused on helping states to improve the health and lives of older adults by developing strategies for increasing the proportion of seniors employed or engaged in meaningful volunteer activities.

The EDD convened a meeting with members of other organizations that provide employment and related services to seniors to determine whether or not to pursue this opportunity. While the participants ultimately decided not to apply for the Academy, they did concur that they would like to continue an ongoing dialogue to ensure that consistent, quality information and services are being provided to California's seniors.

4. What would you like the State Legislature to know about the Task Team or EDD accomplishments in the area of economic security for older Californians?

In terms of economic security, older workers who meet specified criteria are eligible to collect Unemployment Insurance (UI) benefits. This is a nationwide program, administered by the EDD in California, and created to provide partial wage replacement to unemployed workers while they conduct an active search for new work. The UI program is financed through employer tax contributions.

Payments made directly to the individual ensure that at least some of life's necessities such as food, shelter and clothing can be met while looking for work. For the most part, UI benefits are spent in the local community, which helps sustain the economic well being of local businesses.

Some claimants who meet specific criteria may qualify for extended UI benefits – up to 52 weeks under the California Training Benefit (CTB) program – to allow them to participate in qualified training or education programs to develop skill sets that are in high demand in the workforce.

The CTB program allows eligible UI claimants who lack competitive job skills to receive their UI benefits while attending an approved training/retraining program. Under this program, the traditional role of UI changes, from that of temporary financial support while the claimant looks for work, to one of assisting the claimant in training/retraining in a demand occupation to enable a return to full employment.

California State Disability Insurance (SDI) is a partial wage-replacement insurance plan for California workers. The SDI program is State-mandated, and funded through employee payroll deductions. SDI provides affordable, short-term benefits to eligible workers who suffer a loss of wages when they are unable to work due to a non-work related illness or injury, or a medically disabling condition from pregnancy or childbirth.

The majority of California employees re covered by the SDI program, although some workers are exempt. Other states and one Commonwealth offer a disability insurance program. They are Rhode Island, New Jersey, New York and Hawaii, and the Commonwealth of Puerto Rico.

Senate Bill 1661 established the Paid Family Leave insurance program, which extends disability compensation to individuals who take time off work to care for a seriously ill child, spouse, parent, domestic partner, or to bond with a new minor child. The Paid Family Leave insurance program is administered by EDD's Disability Insurance Branch. An estimated 13 million California workers who are covered by the SDI program have also been covered for Paid Family Leave insurance benefits as of July 1, 2004.

5. What would you like the State Legislature to know about obstacles or impediments that limit the ability to make progress in this area?

Funding constraints continue to be the greatest obstacle to providing the level of services to all populations that the department hoped to continue. Over the past several years, the EDD has experienced a budget reduction in excess of 40 percent in federal Workforce Investment Act funding. Additionally, for the State Fiscal Year 2007-08, the EDD experienced a significant reduction to its Contingent Fund support for the Job Services program. As a result of continued reductions, there are insufficient funds to support a separate Senior Worker Advocate Office. The work of the office has been shifted to another area of EDD to continue supporting to the fullest degree possible the range of events and activities that were previously undertaken by the Senior Worker Advocate Office.

Appendix D (6)

SB 910 Transportation Task Team Report (TTT) July 2007
Biennial Status Report

Submitted by: Linda Deavens
Paratransit, Inc.

1. How many times has the Transportation Task Team met between July 2005 and June 2007?

The Transportation Task Team (TTT) has continued to meet monthly since its inception in June 2004, until March 2007. No meetings were held in April or May 2007. A total of 22 regular meetings were held from July 2005 through June 2007. Approximately 60 agencies are represented on the TTT, with an average participation of 25 to 30 members per meeting.

In addition, monthly meetings were usually held by the TTT Workgroups. Approximately 5 TTT Workgroups were active at a given time, holding a total of about 100 meetings from July 2005 through June 2007.

2. Is the TTT pursuing activities identified in the 2005 Progress Report? If so, are there outcomes you would like us to know about?

The TTT continues to develop and implement strategies and projects to further the transportation goals contained in the LRSPA. As stated in the 2005 Progress Report, two main areas of emphasis are Service Coordination and Transportation Alternatives, which continue to guide the TTT's efforts.

Workgroups have been formed to develop and implement strategies and projects to address specific issues. Following is a listing of the TTT Workgroups and their outcomes:

- Mobility Action Plan (MAP) Development – Developed the MAP pursuant to the March 2005 Mobility Summit recommendations, and secured funding for implementation
- MAP Implementation RFP Development – Developed a MAP implementation plan leading to the advertisement of a MAP Implementation Request for Proposal (RFP) in February 2007 (NOTE: This RFP has recently been revised and readvertised by Caltrans.)
- MAP Implementation Workshop Planning – Developed and secured United We Ride federal funding to develop and host 6 MAP workshops for the California Association for Coordinated Transportation (CalACT) Conference in April 2007, and several follow-up regional workshops.

- Workforce Investment – Developed and presented the Workforce Investment workshop at the April 2007 CalACT Conference
- Mobility Management - Developed a Mobility Management Position Paper and subsequent Mobility Management Workshop at the April 2007 CalACT Conference
- MediCal NEMT – Developed and presented a MediCal Non-emergency Medical Transportation workshop at the April 2007 CalACT Conference
- CTSA eBook Development – Developed an on-line guidebook for those interested in starting or enhancing Consolidated Transportation Services Agencies
- ITS Tools for Coordination – Developed and presented an ITS Tools for Coordination workshop at the April 2007 CalACT Conference
- Real Choice Grant Application Development – Assisted HHS Agency in the development of a Real Choice Systems grant application
- Driver & Pedestrian Safety – Worked in conjunction with the Department of Health Services, the California Highway Patrol, and the California Department of Motor Vehicles, to develop and implement an older driver training program, and an older driver and pedestrian sensitivity training program
- Mobility Summit Follow-up – Prepared formal Mobility Summit Proceedings and an accompanying Technical Appendices pursuant to the March 2005 Mobility Summit held in Sacramento

3. Has the TTT identified new directions or new partnerships? If so, please tell us how these came about. Are there outcomes from these new activities?

The TTT has been instrumental in forging many new partnerships among federal, state, regional, and local coalitions. Many of the TTT meetings were held at TTT member facilities including: AARP/Sacramento, Transportation Management Association/San Francisco, CHP/Sacramento, Access Services/Los Angeles, Department of Health Services/Sacramento, Paratransit, Inc/Sacramento, CA Department of Aging/Sacramento, Caltrans/Sacramento, Health & Human Services Agency/Sacramento, and State Independent Living Center/Sacramento. Numerous public presentations have been made by the TTT Chair, and several of the more active TTT members, to solicit TTT participants, report on the status of TTT progress, and to garner support for the implementation of the TTT strategies to implement the LRSPA transportation recommendations. The subject areas of these presentations have included:

- LRSPA Transportation Element
- TTT Activities
- Senior Mobility Summit of 3/2005
- Mobility Action Plan (MAP) Development
- MAP Implementation
- Senior Transportation
- Senior Workforce Investment

- Mobility Management
- Non-emergency Medical Transportation
- Transportation Service Coordination
- Senior Driver & Pedestrian Safety
- SAFETEA-LU Human Service Transportation Grants

Approximately 30 presentations have been made in the above areas at conferences, advisory committee meetings, summits, and forums throughout the State, to include the following venues:

- CalACT Conference – Monterey, 10/2005
- Mobility=Independence Conference – Concord, 10/2005
- CHP Senior Safe Mobility Day, Sacramento – 10/2005
- CHP Mobility Matters Summit - Oakland, 1/2006
- Older Californians Transportation Safety Advisory Committee – Sacramento, 2/2006
- CA Department of Aging Planner Network Academy – Sacramento, 2/2006
- CalACT Conference – Napa, 3/2006
- Senior Summit – Napa, 4/2006
- Coordinated Leadership Conference – Concord, 4/2006
- Olmstead Advisory Committee – Sacramento, 6/2006
- Caltrans Rural Counties Task Force – Sacramento, 7/2006
- Institute for Transportation Coordination – Washington, D.C., 8/2006
- CalACT Conference – Burbank, 9/2006
- State Independent Living Council – Sacramento, 9/2006
- CHP Senior Safe Mobility Day – Newport Beach, 10/2006
- FTA SAFETEA-LU Workshop – Los Angeles, 11/2006
- FTA SAFETEA-LU Workshop – Monterey, 11/2006
- CA Commission on Aging White House Conference on Aging Follow Up Workshop – Sacramento, 11/2006
- AARP – Sacramento, 3/2007
- CalACT Conference – Yosemite, 4/2007

Outcomes from these presentations and interactions have included the forging of strong working partnerships between the following member agencies:

- Caltrans, Sacramento
- RouteMatch Software, Inc., Raleigh, North Carolina
- Access Services, Los Angeles
- DMV, Sacramento
- Contra Costa County Adult & Aging Services, Concord
- Sacramento County Department of Human Assistance
- CA Department of Rehabilitation, Sacramento
- Asian Community Center, Sacramento
- Sacramento Area Council on Governments

- Modoc County Transportation Commission, Alturas
- United We Ride, Washington, D.C.
- Community Transportation Association of America, Washington, D.C.
- Paratransit, Inc., Sacramento
- CA Department of Social Services, Sacramento
- CA Senior Legislature, Sacramento
- San Diego Area Agency on Aging
- City of Costa Mesa
- Transportation Management Association of San Francisco
- Nonprofits United Vehicle Insurance Pool, Oakland
- San Luis Obispo Council of Governments
- Sacramento Regional Transit
- South Coast Area Transit, Oxnard
- Californians for Disability Rights, Sacramento
- Monterey Salinas Transit, Monterey
- CA Department of Health Services
- Ventura County Area Agency on Aging
- Seniors Council of Santa Cruz & San Benito Counties, Santa Cruz
- The Beverly Foundation, Pasadena
- CA Health & Human Services Agency, Sacramento
- California Highway Patrol, Sacramento
- Triple A Advisory Council of California, Palo Alto
- Yuba Sutter Transit, Marysville
- CA Foundation for Independent Living Centers, Sacramento
- United Cerebral Palsy, Sacramento
- California Association for Coordinated Transportation, Sacramento
- Governor's Committee on Employment for People with Disabilities, Sacramento
- South County Senior Services, Laguna Woods
- Community Bridges Lift Line, Aptos
- Butte County Association of Governments, Chico
- City of Brisbane
- Napa and Solano Area Agency on Aging
- Medical Transportation Management, Inc., Lake St. Louis, Missouri
- Santa Maria Area Transit
- Ride-On Transportation, San Luis Obispo
- CA Transit Association, Sacramento
- Partnership to Preserve Independent Living for Seniors and persons with Disabilities, Riverside
- Odyssey, Sacramento
- Family Service Agency of San Mateo County, San Mateo
- LogistiCare Solutions, Sacramento
- Shasta Senior Nutrition Programs, Redding
- AARP, Sacramento

- Laguna Hills/Leisure World, Laguna Woods
- Orange County transportation Authority, Orange
- CA Department of Aging
- San Bernardino County Department of Adult & Aging Services, Mentone
- Santa Clara Council on Aging, San Jose

4. What would you like the State Legislature to know about the TTT accomplishments in the area of transportation and mobility?

The primary TTT accomplishment during this reporting period has been the development of the MAP Project, which is expected to be implemented by Caltrans this summer. The development and implementation of the MAP was the primary recommendation from the March 2005 Mobility Summit. The major planned deliverable of the MAP Project that the State Legislature should be aware of is the issuance of a Governor's Executive Order establishing a California Mobility Council (CMC), and a Mobility Task Force (MTF), as recommended in the LRSPA. Per the LRSPA, the CMC is to be the "organization responsible for removing barriers between programs, monitoring performance, ensuring communication and cooperation among Mobility Management Centers, and adapting state policy as needed". Mobility Management Centers are to be designed "to connect people to a continuum of accessible transit services". Also per the LRSPA, the MTF is "to monitor implementation and ongoing compliance with policies, standards and expected outcomes including creating local mobility management centers with the ability and responsibility to promote and/or provide coordinated services, policies, planning, and funding among human service and transportation agencies", and "serve to identify needs, connect riders with appropriate transit services, provide accessible service information in alternative formats, provide one-on-one and/or group mobility training services, develop and implement a variety of service delivery options and broker inter-jurisdictional trips."

5. What would you like the State Legislature to know about obstacles or impediments that limit the ability to make progress in this area?

A potential impediment to the implementation of the MAP Project is the recent revision and readvertisement of the MAP Request for Proposal (RFP) by Caltrans. The revisions made by Caltrans are considered by the TTT to be inconsistent with the original LRSPA recommendations, and will reduce the likelihood of the establishment of the CMC and MTF. These revisions were not done in consultation with, nor approved by the TTT. (NOTE: See attached summary of the more significant Caltrans changes contained in the recently readvertised version, as compared to the original February 28, 2007 version)

6. Will the TTT continue to meet in the future?

The TTT plans to continue to meet in the near term. However, Caltrans has recently indicated they will be unable to provide future staff support due to higher priority work activities. This lack of resource support, along with the recent revision of the MAP Project RFP without any input from the TTT is likely to result in the disillusionment of a number of the TTT members. This may impact future meeting preparation, administration, and participation.

7. Is there anything else you would like us to know about the TTT?

The 70-plus TTT members have been working diligently, donating thousands of hours, developing and implementing projects and programs designed to improve transportation options for older persons, individuals with disabilities, and those on low incomes.

The recent withdrawal of Caltrans staff support, and the reworking of the MAP Project RFP without any solicitation of input from the TTT, sends the message that the TTT efforts are unwanted and irrelevant.

The TTT must have strong leadership and support from the appropriate state agencies and departments to be able to continue our efforts to achieve the transportation and mobility goals set out in the LRSPA.

MAP RFP CHANGES

Following is a summary of the more significant changes made to the Mobility Action Plan (MAP) Implementation Request for Proposal (RFP) first advertised on February 28, 2007, and then readvertised in mid-2007.

BACKGROUND/INTRODUCTION

The reference to the Long Range Strategic Plan on Aging (LRSPA) Transportation Task Team (TTT) and their role in developing the MAP Implementation RFP was deleted.

The TTT was the primary author of the MAP Implementation RFP and has been the driving force behind securing the commitment from all the associated partners, and funding for the project, since its inception in mid-2004. It is inappropriate to ignore their role.

The reference to the "range of $100,000 to $130,000 to hire a consultant to implement the MAP" was deleted.

This will probably result in bids way under and way over the funded level, resulting in fewer, or no, qualified responsive bidders.

GOAL 1

The purpose was changed from requiring the Health & Human Services Agency (HHS) and the Business & Transportation Agency (BTH) and other state leaders to "make improved coordination of human services transportation a priority through the execution of interagency MOUs, and subsequent MOUs and cooperative agreements with their respective departments …" to "make human service transportation coordination improvement a priority, through the establishment of an interagency body …".

This is redundant with the purpose of GOAL 4, and is inconsistent with the "Action Steps" (changed from "Work Tasks") associated with this Goal.

The previous Work Task 1 for the consultant to revise the draft HHS/BTH Memorandum of Understanding (MOU) was deleted and replaced with Action Step 1 - "Caltrans shall draft an MOU …".

The original purpose of this task was to have a consultant rework the draft MOU document which had been prepared two years previously to improve the likelihood of the MOU being approved through the HHS and BTH agencies.

The previous DELIVERABLE 1 specified the revised BTH & HHS MOU be "modeled after best-case examples from other states' MOUs, which have proved successful in achieving interagency coordination". This language was deleted from the new

DELIVERABLE 1. Additional language has been added specifying the content of the MOU. The previous DELIVERABLE 2 has been deleted and some of its content has been rolled into the new DELIVERABLE 1.

It would have been prudent to have the consultant research the successful approaches other states have utilized, to replicate those successes in California.

The previous DELIVERABLES 3 & 4 have been combined into the new DELIVERABLE 2.

The previous Work Task 3 language reading "Existing reports, studies, and budgets documents shall be researched to create a comprehensive funding matrix outlining each program in each agency that supports some aspect of human services transportation … for those agencies lacking a line item in their budgets for human services transportation, the individual current annual budget for each of the human services transportation funding programs shall be totaled" was deleted. The requirement for the consultant to "recommend a mechanism for each State agency to annually review and revise the Matrix" was also deleted.

This increases the likelihood of some departments not supplying relevant information in a consistent format, as was the case in the ineffective funding matrix development process that took place in the early 1980's pursuant to AB 120 (Statutes of 1979).

GOAL 2

The requirement in the previous DELIVERABLE 1 for the Strategic Implementation Plan (SIP) to "be designed to function as a work plan for the California Mobility Council's future activities (see GOAL 4)" was deleted.

This results in an unclear purpose for the SIP, and a potentially less effective role for the California Mobility Council (CMC).

The requirement in the previous DELIVERABLE 2, Work Task 2 for the consultant to develop "a completed application/proposal to establish a non-emergency medical transportation (NEMT) demonstration pilot program, and associated MediCal waiver, to allow for the utilization of transit/paratransit pass programs (or other fare media) for transporting MediCal-eligible riders to and from non-emergency medical appointments", has been replaced with "application/proposal to the FTA for waiver-demonstration pilot program that implements innovative strategies that remove identified funding barriers and gaps". The requirement in the previous Work Task 3 for the "identification of potential agencies willing to participate in the NEMT pilot program" has been deleted.

This change removes the focus of this effort on addressing the critical NEMT issue relating to the inability of many MediCal recipients to get to necessary medical appointments, and the high costs paid by the State resulting in MediCal recipients having to use more costly forms of transportation rather than using transit.

GOAL 3

The requirement for the consultant to "work in conjunction with the FTA's national database architecture effort to standardize data collection methods, identify a data set, develop a survey instrument, and collect needed and directly relevant data from 10 selected Consolidated Transportation Services Agencies (CTSAs) on the benefits of coordination" has been deleted. The listing of the reference document "*White Paper on Overcoming Coordination Barriers*, National Consortium on the Coordination of Human Services Transportation (TransSystems Corporation – January 2005)" has been deleted.

This may result in the data collection and database-related deliverables form the MAP Implementation project being inconsistent with the federal data collection and database standardization program currently underway across the nation, and the continued collection of unnecessary data and information.

The original 4 Work Tasks have been replaced with 13 Action Steps, which specify in greater detail the work products expected of the consultant under GOAL 3

A new activity has been added specifying "the state shall take actions to establish and support mobility management at the community level" and "working through state universities, colleges, and transportation networks, the state shall provide training and technical assistance for mobility management initiatives such as transportation brokerage or programs to teach targeted consumer groups such as older persons and those with disabilities how to access or ride various human services transportation modes."

While mobility management is not directly related to the other data collection and data management Action Steps in GOAL 3, it is an important concept for the State to support to connect people to a continuum of accessible transit services. It was recommended in the October 2003 Long Range Strategic Plan on Aging (LRSPA) that Mobility Management Centers be created and attached when possible to existing CTSAs. Since the LRSPA Transportation Task Team (TTT) has been working to develop and implement this concept for the last several years, it would have been prudent to require the consultant work with the TTT in the promotion of these mobility management initiatives.

The previous DELIVERABLE 1 requiring a" Feasibility Study Report (FSR)" on information technologies (IT), data systems, and tools to manage human services transportation coordination of ridership data, funding, automated billing, and performance reporting, has been deleted.

Without an FSR, it will be difficult to secure further state resource commitment for these IT-related projects.

The previous DELIVERABLE 2 requiring a “needs assessment and recommendations” for a system-wide infrastructure to support IT data systems and tools, including linkages between the various existing IT systems, has been deleted.

The previous DELIVERABLE 3 requiring a “report on findings and recommendations of GOAL 3 – Work Tasks 1, 2, and 3”, has been deleted.

With the deletion of these specific deliverables, it is unclear what the consultant is really going to produce under GOAL 3.

GOAL 4

The previous DELIVERABLE 1 requiring the consultant to “Revise the draft Governor’s Office Action Request (GOAR), and accompanying revised draft Executive Order, submitted to BTH and HHS for the establishment of a California Mobility Council (CMC) and Mobility Task Force (MTF)”, has been replaced with “BTH and HHS shall collaborate in obtaining a Governor’s Executive Order for the establishment of the CMC and the MTF.”

The associated Work Tasks for the consultant to achieve previous DELIVERABLE 1 have also been deleted, as follows: Work Task 1 - ”Revise draft GOAR, and accompanying draft Executive Order, for the establishment of a CMC and MTF. The revisions shall focus on making a business case for the need for these entities. Functions for the CMC and MTF are to be specified pursuant to the LRSPA …”. Work Task 2 – “Submit GOAR to BTH and HHS Secretaries, and take the lead in working with BTH,HHS, and the respective partner department and agency staff to expedite the review and approval of the GOAR for submittal to the Governor’s Office. Co-present the GOAR, along with Caltrans management, to BTH and HHS Agency staff”. Work Task 3 – “Present a monthly written report to the Executive Committee on the status of the GOAR review and approval process.”

The previous DELIVERABLE 2 requiring the consultant’s “Facilitation of GOAR approval by BTH and HHS and submittal to the Governor’s Office. (Incentive bonus for GOAR approval by BTH & HHS)”, has been deleted.

The previous DELIVERABLE 3 requiring the consultant’s “Facilitation of Governor’s issuance of Executive Order for the establishment of the CMC and MTF. (Incentive bonus for issuance of Governor’s Executive Order)”, has been deleted.

These changes make it unclear what role, if any, the consultant will have in the GOAR and Executive Order revision processes; and the CMC and MTF establishment processes. This reduces the likelihood of the CMC and MTF becoming established.

The new Action Step 2 specifies “Once established, the CMC shall maintain an active communications strategy on the benefits of transportation coordination. Key components of the strategy shall be speeches and presentations made by senior

officials that highlight the economic and mobility benefits gained through transportation". This new language, along with the deletion of the language cited above from previous Work Task 1 – "Functions for the CMC and MTF are to be specified pursuant to the LRPSA…", appears to dilute the purpose of the CMC from an "organization responsible for removing barriers between programs, monitoring performance, ensuring communication and cooperation among Mobility management centers, and adapting state policy as needed" (see LRSPA, page 28 & 29), to more of an information dissemination role.

New Action Step 3 specifies "the CMC shall use the ongoing assessment process to guide the development of a strategic plan with tangible goals and objectives, timelines, and methods for measuring performance and evaluating outcomes. Priorities and strategies embodied in this plan shall be cross-referenced and supported by the State Transportation Improvement Program and other relevant plans and programs."

It is unclear whether the "ongoing assessment process" is in reference to an un-named existing process, or a new future assessment process, and whether the "strategic plan" to be developed is the SIP referenced in GOAL 2, or some other new plan. The TTT in their development of the MAP Implementation Project considered the LRSPA as the approved and accepted strategic plan for human service transportation coordination and improvement, and intended the MAP project to implement the main strategies contained in that Plan.

The previous DELIVERABLE 4 requiring a "Final Report itemizing the work accomplished in this project and containing recommendations for future policy, law or regulation changes necessary to result in a fully coordinated more effective transportation system. The model for the report to be utilized is the *Framework for Action for Building the Fully Coordinated Transportation System Self-Assessment Tool*, United We Ride (Federal Transit Administration 2004)", has been deleted.

The only deliverable for the consultant now in GOAL 4 is for "An Issue Memo (Governor's Action Request) to BTH and HHS Secretaries requesting support for a Governor's Executive Order for the establishment of the CMC and MTF.

Again, the lack of a specified consultant role reduces the likelihood of CMC and MTF establishment, which was to be the primary goal of this project.

Addendum to Appendix D (6)

On October 9, 2007, the CCoA received a letter from the California Department of Transportation (Caltrans) related to the TTT Report submitted to the CCoA. Caltrans requested that its response be included as an addendum in the 2007 Strategic Plan for an Aging California Population Progress Report to the State Legislature.

SB 910 California Department of Transportation Response July 2007
To Task Team Report (Biennial Status Report)

Submitted by: Kimberly A. Gayle, Office Chief
Federal Transit Grants Programs
Division of Mass Transportation
California Department of Transportation (Caltrans)

5. What would you like the State legislature to know about obstacles or impediments that limit the ability to make progress in this area?

A potential impediment to the implementation of the MAP Project is the recent revision and readvertisement of the MAP Request for Proposal (RFP) by Caltrans. The revisions made by Caltrans are considered by the TTT to be inconsistent with the original LRSPA recommendations and will reduce the likelihood of the establishment of the CMC and MTF. These revisions were not done in consultation with, nor approved by the TTT. (NOTE: See enclosed summary of the more significant Caltrans changes contained in the recently readvertised version, as compared to the original February 28, 2007, version.)

Caltrans Response:

The February 28, 2007 RFP was advertised, bid, and a consultant was selected by an RFP Selection Panel, which included Sandra Fitzpatrick, Executive Director, California Commission on Aging. At no time before or during the consultant selection process did Caltrans receive notification of any concerns from the TTT regarding the RFP, bidding process or consultant.

At their June 7, 2007, meeting, Kimberly Gayle, Caltrans MAP Project Manager, informed the TTT of a letter from Director Will Kempton to CHHS Secretary S. Kimberly Belshé citing “complications in the contracting process” and that the “contract must be rebid.”

A new RFP is currently being developed and will be re-advertised by Caltrans in accordance with department policy, as Caltrans is the lead agency and recipient of the grant funds for this project. Caltrans will continue to partner with all stakeholders, including the TTT, in the implementation of the MAP Project.

6. Will the TTT continue to meet in the future?

The TTT plans to continue to meet in the near term. However, Caltrans has recently indicated they will be unable to provide future staff support due to higher priority work activities. This lack of resource support, along with the recent revision of the MAP Project RFP without any input from the TTT is likely to result in the disillusionment of a number of the TTT members. This may impact future meeting preparation, administration, and participation.

Caltrans Response:

At their June 7, 2007, meeting, Kimberly Gayle, Caltrans MAP Project Manager, informed the TTT that Caltrans would make the MAP Project a priority by providing staffing and resources to the newly formed MAP Project Advisory Committee. (TTT members are also members of the MAP Project Advisory Committee.) In addition, Caltrans will continue to participate in the TTT meetings as well.

7. Is there anything else you would like us to know about the TTT?

The 70-plus TTT members have been working diligently, donating thousands of hours, developing and implementing projects and programs designed to improve transportation options for older persons, individuals with disabilities, and those on low incomes.

The recent withdrawal of Caltrans staff support and the reworking of the MAP Project RFP without any solicitation of input from the TTT, sends the message that the TTT efforts are unwanted and irrelevant.

The TTT must have strong leadership and support from the appropriate State agencies and departments to be able to continue our efforts to achieve the transportation and mobility goals set out in the LRSPA.

Caltrans Response:

In a letter dated July 26, 2007, R. Gregg Albright, Caltrans Deputy Director for Planning and Modal Programs, acknowledged the TTT's efforts on the MAP Project and expressed appreciation for the TTT members joining the newly formed MAP Project Advisory Committee.

As stated above, the RFP is currently being revised and will be re-advertised. Caltrans has dedicated staffing and resources to the implementation of the MAP Project.

Caltrans will continue as the lead in the funding and implementation the MAP Project in partnership with the California Commission on Aging, TTT, CHHS Agency, and other stakeholders for improved human services transportation coordination.

Appendix E

SB 910 Priorities

Legislative activities around the Plan's priorities.

Note: The Legislative Session 2005-06 ran January 2005 through October 2006; the Legislative Session 2007-08 runs January 2007 through October 2008.

1. Greatly expand health insurance coverage.

'05-'06

AB 73 Frommer (vetoed) -- Would have established the California Rx Prescription Drug Web Site Program, administered by DHS, to provide information to California residents and health care providers about options for obtaining prescription drugs at affordable prices.

AB 1930 – Berg (held on suspense) This bill requires the Department of Health Services (DHS) to provide Medi-Cal drug benefit coverage, including retroactive coverage, during any period in which drugs are provided to a resident of a long-term health care facility if that resident is Medicare eligible at the time of admission to the facility and the resident applies for and is determined eligible for full benefits under the Medi-Cal program for the period in which the drugs are provided.

AB 2470 -- Ridley-Thomas (enacted) Authorizes the Los Angeles County (County) Board of Supervisors (Board), by ordinance, to develop a master plan for health care in the County, assemble a task force to develop a long-range planning and policy analysis, and report the plan to the Board, as specified. This bill requires specific issues to be addressed by the task force in the plan.

AB 2607 – De La Torre (suspense) AB 2607 sought to advance the debate and establish standards for mandatory enrollment of vulnerable patients in managed care organizations. The goal was to create a medical program which meets the often very specialized medical needs of elderly and disabled individuals while at the same time taking advantage of the efficiencies of managed care.

SB 19 – Ortiz (failed passage) California Rx Program. Establishes the California State Pharmacy Assistance Program, a state pharmacy assistance program under the authority of the Department of Health Services, to provide prescription drug discounts for California residents with income up to 300% of the federal poverty level.

SB 840 Kuehl (vetoed) This bill creates the California Health Insurance System (CHIS), a single payer health care system, administered by the California Health Insurance Agency, to provide health insurance coverage to all California residents. States that California Health Insurance System will become operative

when the Secretary of Health and Human Services determines the Health Insurance Fund has sufficient revenues to implement this bill..

'07-'08

AB 2 Dymally (pending Senate) Extends until June 30, 2008, the Guaranteed Issue Pilot program administered by the Managed Risk Medical Insurance Board (MRMIB), to provide health insurance coverage to medically uninsurable individuals who have exhausted their 36 months of eligibility for the MRMIP, and, effective July 1, 2008, reforms and restructures the MRMIP.

AB 8 Nuñez and Perata (vetoed) This bill proposes major health care reforms, including an expansion of the Medi-Cal and the Healthy Families Program (HFP), creation of a statewide purchasing pool (the California Health Insurance Purchasing Pool or Cal-CHIPP), significant changes in the individual and group insurance markets, and imposition of a medical loss ratio. This bill imposes a minimum spending requirement on specified employers equal to at least 7.5% of Social Security payroll.

SB 840 Kuehl (7/6/07 – pending Asm.) Creates the California Healthcare System (CHS), a single payer health care system, administered by the California Healthcare Agency, to provide health insurance coverage to all California residents. States that CHS would become operative when the Secretary of Health and Human Services determines the Healthcare Fund has sufficient revenues to implement this bill.

2. Provide education /training to develop or enhance skills so older adults can move into second career options.

'05-'06

AB 124 Dymally (enacted) Clarifies current equal employment opportunity (EEO) requirements and clearly expresses the state's equal employment opportunity and non-discrimination policy in statute, thereby reinforcing the importance of this policy. The bill added "gender" and "disability" to the list of factors governing equal employment opportunity.

'07-'08

AB 806 -- De La Torre (pending Senate) authorizes adult schools to participate in consortia that receive career technical education program funds established by SB 70 -- Scott, (Chapter 352, Statues of 2005).

3. Build a comprehensive, integrated data base on aging and disabled Californians for longitudinal studies and care navigation.

'05-'06

AB 3019 -- Daucher (died in Senate) This bill would have required the Health and Human Services Agency to develop and test the Community Options and Assessment Protocol uniform assessment tool to minimize duplication and redundancy of multiple assessments for home- and community-based services, and to connect consumers with the appropriate program services, as specified.

'07-08

AB 1 -- Laird (in Sen) Among other things, this bill requires the Department of Healthcare Services, in coordination with Managed Risk Medical Insurance Board, counties, consumer advocates, and other stakeholders, to make technological improvements to the existing eligibility determination and enrollment systems for the Medi-Cal program such as the Medi-Cal Eligibility Data System, and HFP, based on specified guidelines and objectives, including, for example: allowing families to apply to multiple programs from more than one location; improving access and avoiding duplication, using electronic and digital signatures; eliminating all documentation requirements except those required by federal law and verifying data through other data bases and procedures, as specified.

AB 1057 -- Beall (in Senate) Requires the California Health and Human Services Agency (HHSA), to establish an advisory committee on electronic personal health records to assist HHSA in providing, by January 1, 2009, a strategic plan to the Legislature to enhance the development and implementation of electronic personal health records to improve health care quality, safety, and efficiency, and reduce health care costs.

SB 491 -- Alquist (held in Senate) SB 491 would enact the New Older Californians Act which would establish new programs or capacity within the Department of Aging for advocacy, housing, volunteer services, transportation, mental health, professional training and data integration.

4. Address California's health and social services workforce deficit. Ensure the recruitment and retention of health care professionals, allied health, mental health and paraprofessionals.

'05-'06

AB 704 – Dymally (introduced) This bill would provide for the licensing and regulation of geriatric health care assistants by the Board of Vocational Nursing and Psychiatric Technicians, and would set forth related provisions.

AB 232 - Arambula - (enacted) This bill requires specified designees of the Chancellor of the California Community Colleges (CCCs) and the Chancellor of the California State University (CSU) to adopt prerequisites for registered nurse training programs that would be accepted by both the CCCs and the CSU for admission to their nursing programs.

AB 702 – Koretz (enacted) This bill provides authority to the Health Professions Education Foundation to expand the criteria for scholarship and loan repayment programs in the Registered Nurse Education Program to include persons who commit to teaching in California nursing schools.

AB 920 – Aghazarian (enacted) Transferred the Steven M. Thompson Physician Corps Loan Repayment Program (Thompson Program) to the California Physician Corps Program within the Health Professions Education Foundation (Foundation), effective July 1, 2006. The program makes available $105,000 in student loan repayments for physicians opting to practice in medically underserved areas. As a 501(c)(3) non-profit entity, the Foundation is specifically set up to raise money and to operate these types of programs.

AB 2193 Hancock (failed) This bill would have required the Department of Developmental Services to establish, by March 1, 2007, a Bay Area Regional center Workforce Enhancement Pilot Program to grant incentives for agencies providing certain services to persons with developmental disabilities o participate in arrangements meeting prescribed criteria. The bill would provide for specified increases in regional center reimbursement rates for services and supports provided under the pilot program.

AB 2609 Evans (enacted) Increases required training for staff at Residential Care Facilities for the Elderly (RCFEs) who assist residents with self-administration of medication.

'07-'08

AB 317 Berg (in Sen) This bill requires the Department of Aging to provide onsite technical assistance to Alzheimer's Day Care Resource Centers related to specialized dementia services.

AB 782 Berg (in Assembly) strengthens the oversight measures for skilled nursing facilities by adding training and technical assistance for providers as well as the staff responsible for facility oversight.

5. Provide a full continuum of transit services for seniors and persons with disabilities.

'05-'06

AB 462 Tran (enacted) Authorizes the Department of Transportation to certify projects to ensure access and use by persons with disabilities.

AB 691 Hancock (enacted) Permits a city, county, or city and county to any specific plan or redevelopment plan adopted prior to January 1, 2006, that conforms to the requirements set forth in the Transit Village Development Planning Act of 1994 (TVDPA).

'07-'08

AB 1221 Ma (pending in Senate) allows local officials to divert property tax increment revenues to pay for new bonds to pay for infrastructure within transit village development districts, which allows cities and counties to plan more intense development near transit stations; rail or light-rail stations, ferry terminals, bus hubs, or bus transfer stations.

AB 1637 DeSaulnier (in Assembly) This bill would authorize a transit operator to use TDA and STA funds specifically to provide discount fares for qualifying low-income riders. The bill would also authorize operators to file claims for TDA funds for special transit services for low-income persons, such as shuttles. The bill would enact other related provisions.

6. Amend the State Transportation Development Act and related regulations to ensure that all unmet transit needs in rural areas that are reasonable to meet are adequately identified and addressed.

'05-'06

'07-'08

AB 1358 Leno (In Senate) The "Complete Streets Act of 2007" requires by Jan. 1, 2009 the Governor's Office of Planning and Research (OPR) to amend its guidelines for the general plan circulation element to specify how local governments will routinely accommodate the circulation on streets, roads, and highways. In modifying the guidelines, OPR must consider how the meaning of appropriate accommodation varies depending on transportation and land use contexts, such as rural, suburban, and urban environments.

7. Expand Smart Growth models of housing and land use that incorporate livable, walkable, mixed-use, intergenerational components.

'05-'06

'07-'08

AB 927 Saldaña (pending Senate) to require the Department of Housing and Community Development to disburse MHP dollars for qualified senior housing projects in the same proportion that seniors are represented in the low-income renter population.

8. Strengthen support for repairs and home modifications by community-based organizations in every county.

'**05-'06**

AB 63 Strickland (introduced) This bill would establish within the Department of Housing and Community Development the Elderly and Disabled Persons' Revolving Home Improvement Loan Program to provide grants to local public agencies or nonprofit corporations, or to provide no-interest home improvement loans to qualified low- and moderate-income elderly and disabled individuals to assist them with daily activities and prevent injury and to allow them to remain safely in their own homes. The bill would establish the Elderly and Disabled Persons' Revolving Home Improvement Loan Fund in the State Treasury.

AB 1904 Tran (died in Assembly) This bill requires that all unclaimed moneys escheated to the state from the estates of deceased persons be used to construct or rehabilitate multifamily housing for senior citizens under the Multifamily Housing Program.

AB 2749 Strickland (died in Assembly) This bill requires the Department of Housing and Community Development to establish a pilot program to provide revolving home improvement loans to qualified low and moderate income elderly and disabled persons in two counties.

'07-'08

AB 927 Saldaña (in Sen) This bill would require that the proportion of Multifamily Housing Program (MHP) funds expended on senior citizen housing units be proportional to the percentage of lower income renter households in the state that are lower income elderly renter households. (CCoA co-sponsored legislation).

SB 707 Ducheny (in Assem) This bill, beginning July 1, 2008, allows the Department of Housing and Community Development (HCD) as well as the California Housing Finance Agency (CalHFA) when requested by a borrower, to extend and alter the terms of existing loans made under specified older financial assistance programs. Specifically, the bill allows HCD, when requested by a borrower, to extend the terms of existing loans made under the Rental Housing Construction Program, Special User Housing Rehabilitation Program, and Deferred Payment Rehabilitation Loan Program programs.

9. Expand the Preventive Health Care for the Aging program as an investment that avoids even more costly acute, primary care and long term support expenditures.

'05-'06 –

AB 847 Berg (enacted) authorizes the Department of Health Services (DHS), in conjunction with the Department of Social Services and the California Department of Aging to grant licensing exemptions to certain Program of All-Inclusive Care for the Elderly (PA CE) sites. AB 847 establishes the procedures for granting exemptions and requires DHS to approve or deny a request for an exemption within 60 days.

'07-'08

10. Greatly expand health care access in rural areas.

'05-'06

AB 354 Cogdill (enacted) Provides that, from July 1, 2006 through December 31,2008, face-to-face contact between a health care provider and a patient shall not be required for the Medi-Cal program for store and forward teleophthalmology and teledermatology.

SB 1338 Alquist (died in Asm) This bill would require the Health and Human Services Agency Agency) to establish and operate the California Health Care Infrastructure Program (Program) to improve the quality of health care in California and to reduce the cost of health care through the advancement of health information technology.

'07-'08

AB 363 Berg (pending in Senate) This bill will allow a Federally Qualified Health Center and rural or community based clinic, for specialty services delivered at locations other than the clinic under a personal services agreement for professional services. The bill would limit reimbursement for these services provided by MDs or other professionals already authorized under law to bill for face-to-face services. The bill would require prior approval for these specialty services by the director of the department, require a written agreement for such services, and limit maximum reimbursement to the amount the clinic would otherwise be reimbursed for the service

AB 661 Berg (died in Asm) This bill requires that Critical Access Hospitals (CAH) are reimbursed on a cost basis for Medi-Cal outpatient services instead of according to the Medi-Cal fee schedule.

AB 1174 Keene (enacted) This bill modifies the current sunset on the authority of the Eastern Plumas Health Care District to obtain and be issued a consolidated license to operate a skilled nursing facility or intermediate care facility that is located on the campus of the Sierra Valley District Hospital.

AB 1224 Hernandez (pending in Senate) This bill adds optometrists to the list of health professionals authorized to practice telemedicine.

AB 1226 Hayashi (pending in Senate). Permits a Medi-Cal physician provider (provider) in good standing in the Medi-Cal program to change locations within the same county to continue enrollment at the new location by filing a change of location form to be developed by the Department of Health Services (DHS). Requires the form to comply with all federal minimum federal requirements related to Medicaid provider enrollment.

AB 1354 Berg (introduced) This bill would facilitate rural access to healthcare by promoting coordinated planning and policy development among state departments and between the -state and local public and private providers.

AB 1666 Price (introduced) Makes legislative findings about the importance of rural hospitals to the Medi-Cal system.

SB 238 Aanestad (in Asm) Includes in the definition of a federally qualified health center (FQHC) and rural health center (RHC) "visit" a face-to-face encounter between an FQHC or RHC patient and a dental hygienist or a dental hygienist in alternative practice. Extends from March 30, 2004 to March 30, 2008, the date by which DHS must seek all necessary federal waiver approvals to reimburse FQHCs and RHCs on a per-visit basis.

11. In every county expand community-based mental health promotion, recovery, education and outreach for older adults; identify and incorporate mental health prevention best practices.

'05-'06

AB 321 Maze (died in Asm) Requires the State Department of Health Services, in consultation with the State Department of Mental Health, to seek approval of all applicable federal Medicaid waivers to maximize the availability of federal funds and eligibility of participating children, adults and seniors for medically necessary care.

AB 599 Gordon (enacted) This bill specifies that veterans in need of mental health services who are not eligible for care by the United States Department of Veterans Affairs (USDVA) or other federal health care are prioritized as "targeted

populations" and should be provided services to the extent resources are available. This bill requires counties to refer a veteran to the county Veterans Service Officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by USDVA or other federal health care provider.

AB 2357 Karnette (enacted) Makes permanent the Assisted Outpatient Treatment Demonstration Project Act of 2002, which creates an assisted outpatient

treatment program (AOT) for any person who is suffering from a mental disorder. Requires the California Department of Mental Health (DMH) to submit a report and evaluation of all counties implementing any component of AB 1421, to the Governor and Legislature by July 31, 2011.

SB 582 Perata (died in Senate) This bill would require that a health care service plan and a health insurer provide coverage for the diagnosis and medically necessary treatment of mental illness. The bill would define that term to include mental disorders defined in a specified Diagnostic and Statistical Manual, excluding substance abuse disorders.

'07-'08

AB 423 Beall (pending Senate) AB 423 requires health plans and health insurers to provide mental health and substance abuse coverage under the same terms and restrictions as other medical conditions.

AB 509 Hayashi (A Concurrence) AB 509 requires the Department of Mental Health to establish an Office of Suicide Prevention for the purpose of providing information on best prevention practices, suicide data, and prevention training standards.

SB 260 – Steinberg (Vetoed) Authorizes reimbursement to federally qualified health centers and rural health centers for multiple visits for a single patient in the same day under specified conditions, specifically authorizing separate payments for visits to a physician and a mental health provider or dentist.

12. Build and implement a "no wrong door" care navigation system.

'05-'06

AB 2014 Berg (held in Senate) would have established a new, single Department of Aging and Adult Services whose mission it is to coordinate and promote programs that enable older adults and adults with disabilities to remain in their own homes and communities for as long as practicably possible.

'07-'08

13. Build capacity into community-based long-term support services to prevent unnecessary institutionalization.

’05-‘06

AB 10 Daucher (died in Asm.) This measure would establish several pilot programs to determine the value of a "navigation" or assessment tool to assign services to prevent institutionalization of frail elderly or disabled persons. Three geographically diverse and representative programs are to be selected which will employ alternative methods of gauging the medical, social, support and personal services necessary to minimize nursing home placements of participants. The navigation tool and application are specified, and are to assist the individual in

remaining in the community, to promote independence, health and growth. The intent of this proposal is to provide the most appropriate and cost effective services to the elderly and to improve compliance with the Olmstead Decision.

SB 643 Chesbro (enacted) Requires that a skilled nursing facility resident’s plan of care include services to assist the resident in maintaining, regaining, and acquiring the skills and level of functioning to assist in a return to the community. Reduces the time for Medi-Cal to approve independent nurse provider applicants from 180 to 30 days. Requires professional assessments for conservatees. Creates a targeted case management system. Authorizes expansion of home- and community-based waivers

’07-’08

AB 1022 Saldaña (died in Asm.) Establishes a category of continuing care home programs in which services are provided to elderly persons in their own residences by continuing care retirement communities (CCRC), and exempts the residences from licensing provisions applicable to residential care facilities.

AB 1526 Lieber (in Senate) This bill adds two more types of housing to the list exempt from community care licensing: residences covered by the low income housing tax credit and Section 8 subsidized housing.

14. Develop and expand comprehensive, integrated care models.

’05-‘06

AB 2014 Berg (held in Senate) would have established a new, single Department of Aging and Adult Services whose mission it is to coordinate and promote programs that enable older adults and adults with disabilities to remain in their own homes and communities for as long as practicably possible.

’07-’08

15. Develop a collaborative process to eliminate fragmentation, integrate funding, and create a customer-centered, seamless system of long term support.

’05-‘06

AB 2014 Berg (held in Sen) would have established a new, single department whose mission it is to coordinate and promote programs that enable older adults and

adults with disabilities to remain in their own homes and communities for as long as practicably possible.

SB 244 Romero (Chapter 454/2005) establishes additional rights for residents of continuing care retirement communities and creates new procedures governing transfer of a resident from one level of care to another. Gives residents the right to manage their own affairs, participate freely in independent resident organizations, make voluntary contributions and purchase financial products

which are not conditions of entry or services and establishes a process for resolution of disputes.

SB 481 Chesbro (held in Asm.) Expands and recasts the Self Determination Program which allows certain regional center clients to become self-directed, more specifically enabled to make decisions regarding which services and at what level services are needed/desired by an individual client within defined parameters. Enactment was dependent upon appropriation of funds in the annual State Budget.

SB 643 Chesbro (Chapter 552/2005) requires that a skilled nursing facility resident's plan of care include services to assist the resident in maintaining, regaining, and acquiring the skills and level of functioning to assist in a return to the community. Reduces the time for Medi-Cal to approve independent nurse provider applicants from 180 to 30 days. Requires professional assessments for conservatees. Creates a targeted case management system. Authorizes expansion of home- and community-based waivers

'07-'08

AB 315 Berg (in Senate) This bill makes permanent the integrated health and human services program operating Humboldt and Mendocino counties.

AB 949 Krekorian (Chapter 686/2007) establishes procedures to be followed by a residential care facility for the elderly (RCFE) prior to transferring a resident to another facility or living arrangement as a result of forfeiture of a license or change in the use of the facility, and provides remedies for noncompliance.

SB 633 Alquist (Chapter 472/2007) authorizes a private hospital to post its hospital discharge planning policy and to provide specified patients with information relating to community-based long-term care options.

Appendix F

California Commission on Aging
Field Hearing Summary
August 3, 2006
Crowne Plaza Ventura Beach Hotel
Ventura, CA

Topic: California Preventive Health Care for the Aging (PHCA)

Statement of Purpose: Provide wellness and Prevention for older Californians by the Department of Health Services.

Commissioners Present: Chuck Ayala, Connie Chang, Jim Davis, Celia Esquivel, Erica Goode, Karen Josephson, Joanna Kim-Selby, Hank Lacayo, Jorge Lambrinos, Richard Lundin, Jon Pynoos, Brenda Ross, Tom Rowe, Marvin Schachter, Leah Wyman, Benny Yee

Name/Titles of Presenters
Mariann Cosby, Chair of the Wellness and Prevention Task Force and Chief of the Preventive Health Care for the Aging program[1,3] California Department of Health Services[2],
Pam Ford-Keach, Chief of the California Arthritis Partnership Program,[3] California Department of Health Services [2]
Martha Geraty, citizen representative of Wellness and Prevention Task Force
Donald Lyman, Chief of the Division of Chronic Disease and Injury Control,[3] California Department of Health Services[2,]

Number of Non-Commissioner Sign-In Attendees: 36

Opening remarks
(Lyman) Discussed the shift in the causes of death from infectious diseases to chronic disease with heart disease, cancer and stroke as the current leading causes. The Preventive Health Care for the Aging program addresses the three shared risk factors of these diseases to assure that seniors can prevent onset or have early diagnosis, treatment, and referral. The program started over 30 years ago but has not received a funding increase in over two decades. It is time to expand PHCA.

(Geraty) Provided update on work of the Wellness and Prevention Task Team. Task team formed in response to SB 910 and the resulting S*trategic Plan for an Aging*

[1] Now known as Preventive Health Care for Adults
[2] Now known as the California Department of Health Care Services
[3] Now part of California Department of Public Health
[4] Now provides services to adults 50 and older.

California Population. The Task Force recommended statewide replication of the Preventive Health Care for the Aging program (PHCA) and Chronic Disease Self-Management Program.

(Cosby) PHCA is recognized as a model senior health promotion program by the U.S. Administration on Aging. This preventive health program is delivered by public health nurses in the community to non-frail adults 55 [4] and older. Public health nurses provide comprehensive health assessments and develop individualized health care plans with client input, and make referrals which result in new diagnoses or treatment. The program also provides community-based health promotion including chronic disease self-management programs, and participation in collaborative networks.. Established by the California Legislature in 1973, the program has been flat funded since 1990 and currently is only able to fund 11 counties.

(Ford-Keach) Discussed self-management programs taught by trained lay leaders that increase individuals' self-reliance in dealing with chronic conditions. They reduce health care costs of physician visits and length of hospital stays, and significantly improve health outcomes. Incorporation into PHCA would leverage these cost-effective approaches.

(General discussion) Discussed funding as issue as well as priorities. Discussion around how fall prevention can be incorporated into PHCA model. Pointed out that PHCA is primary care intervention that needs to be transferred into the clinical setting universally in order to have it reimbursable by HMOs.

Public comments

Heard testimony from representatives, patients, and partners of PHCA in Ventura and Orange Counties stating their support of the program.

Heard from former coordinator of PHCA in Santa Barbara who urged Commission to support expanded funding for PHCA.

Representative from Brokenrope Foundation expressed importance of recognizing needs of Native American population.

Representative from SCAN Health Plan in Ventura stated that this Medicare Advantage HMO has been partnering with PHCA and working toward preventive model of health.

Policy recommendations

- Expand the Preventive Health Care for the Aging Program and the Chronic Disease Management Program
- Support Proposition 86 on November 2006 ballot to raise the tobacco tax $2.60 a pack. These funds will go to programs addressed to reduce risk factors for heart disease, stroke, cancer, and asthma.

Addendum to Appendix F
Excerpts of remarks from three presenters at the PHCA Field Hearing
August 3, 2006

Dr. Lyman's remarks:

There has been a shift in the leading causes of death, diseases, and disability in recent times from infectious diseases such as tuberculosis and polio, to heart disease, cancer and stroke. These three leading causes of disability and death share the same risk factors of tobacco use, poor nutrition and physical inactivity. Tied to these risk factors is the aging baby boomer population. In order to maintain quality of life for as long as possible, one of the public health objectives is to compress morbidity (i.e., the time from the onset of terminal disease to death). Since the population is living longer, the challenge is to move out that timeframe and improve the quality of life of our aging population.

The Preventive Health Care for the Aging program addresses these risk factors and morbidity to assure that seniors can prevent the onset of these diseases or have early diagnosis, treatment and referral to the proper resources. PHCA started over 30 years ago, but despite the exponential need for services to an aging population, has not received a funding increase in over two decades. More than ever, it is time to expand PHCA.

Mariann Cosby remarks:

PHCA is recognized as a model senior health promotion program by the U.S. Administration on Aging. To reach the target population (adults 50 years and older), PHCA establishes clinics in places where seniors gather in the community. Public health nurses provide comprehensive health assessments and develop individualized health care plans, with client input, that reflect the client's intent to change specific health risk behaviors and undertake prevention activities such as healthy eating habits or increased physical activity. Analysis of the PHCA database suggests that PHCA helps clients to improve their health status according to the U.S. Health and Human Services *Healthy People 2010* health status indicators.

Nurses also make referrals to appropriate providers and track client outcomes. In 2004-05, 73% of the referrals resulted in new diagnoses or treatment, contributing to professionally guided health promotion and monitoring of health status for clients.

The program also provides community-based health promotion through blood pressure, blood glucose and cholesterol testing, and bone density screening. Community collaborations are important to reaching the diverse California population, establishing effective referral systems, and leveraging resources. PHCA requires each county to

network with the local Area Agency on Aging; most counties have established broad collaborative networks. Because of these strong community linkages, PHCA is well positioned to incorporate chronic disease self-management programs.

The California Legislature established the state General Fund program in 1973. In 1983, the program funded 28 counties—its highest number ever. Because the $1.25 million state General Fund annual allocation has remained flat since 1990, inflation and other financial factors have impacted program reach so that now PHCA can only fund 11 counties.

Pam Ford-Keach remarks:

Chronic disease self-management programs are taught by trained lay leaders over a six-week period to empower individuals with the skills they need on a daily basis to manage their chronic conditions for life. The courses are typically community-based, so they are accessible to the people they need to reach. Developed about 20 years ago, these programs are based on the best public health science and have been rigorously evaluated to establish them as evidence-based programs. At one- and two-year follow-up, they are proven to reduce participants' health care costs by reducing the number of physician visits and length of hospital stays, and significantly improve individuals' health outcomes.

The first self-management program was developed for arthritis, and has since been licensed by all four Arthritis Foundation chapters in California. Later, the same health promotion theories were used to develop a similar course for people with various chronic diseases. The arthritis self-help course has a specific module on pain management, which, at this time, is not included in the chronic disease course. The cornerstone of both programs is self-efficacy, which is confidence or belief that one can achieve specific behaviors that improve his or her health and quality of life.

Chronic disease self-management programs are cost-effective, and leverage limited funding through community-based interventions. These programs, recommended by the California Commission on Aging, have great potential for expansion through PHCA. Local health department leadership and oversight would develop a sustainable infrastructure, and can expand statewide when funding becomes available.

Appendix G

California Commission on Aging
Field Hearing Summary
November 1, 2006
Amador County Senior Center
Jackson, CA

Topic: Meeting the Challenges of Providing Health Care in a Rural Setting

Statement of Purpose: Preventing unnecessary Institutionalization: a discussion of community-based long term care, health and support services in a rural setting.

Commissioners Present: Chuck Ayala, Ruth Braswell, Jim Davis, Celia Esquivel, Shannon Glavaz, Erica Goode, Joanna Kim-Selby, Hank Lacayo, Jorge Lambrinos, Richard Lundin, Sharon Monck, Cheryl Phillips, Andy Scharlach, Hav Staggs, Benny Yee

Name/Titles of Presenters
Pauline Campbell, Vice President, Sonora Regional Medical Center
Steve Fowler, Technical Program Manager, California Telemedicine and eHealth Center
Michelle Nevins, Executive Director, Del Oro Caregiver Resource Center
Andrew Scharlach, School of Social Welfare, UC Berkeley
Nancy Slenger, home delivered health care services
Laurie Webb, Director, Amador Senior Center

Number of Non-Commissioner Sign-In Attendees: 37

Opening Remarks
(Webb) Transportation, availability of physicians, understanding continuum of long term care are all issues important to access the rural health care.

(Slenger) Most seniors want to be able to stay in their home for as long as possible, thus a need for home-based services exists. Home-based services can be very expensive to provide in rural settings.

(Nevins) Family members provide much of the care for older adults. Isolation is an issue because of how much time is spent on caregiving. Transportation and seasonal access are major issues in rural areas. There is lack of in-home care providers in rural areas.

(Campbell) The high percentage of Medicare and Medi-Cal patients and low reimbursement rates make it impractical for physicians to open a profitable practice in rural area, contributing to difficulty in recruiting physicians.

(Scharlach) Discussed results of study with caregivers and service providers, including need for more training for service providers around discharge planning, care management for most vulnerable, and better integration of different service systems.

(Fowler) Discussed use of telemedicine and technological tools to help bridge access gaps in rural areas.

(General discussion among panelists) One panelist discussed in-home physical education program for seniors which is inexpensive to implement and seems to be effective. Another talked of an on-line support group for caregivers. A third panelist described a program that provides computers for seniors to help with isolation.

Public Comments

A physician discussed difficulty of practicing under increasing regulations of Medicare and Medicaid. Stated that insurance companies dictate care that patients can and cannot receive and the reimbursement is often inadequate. Malpractice fears results in the practice of defensive medicine. Malpractice premiums are extremely high.

Policy Recommendations

- Increase funding and access to community services
- Eliminate disparity in Medicare reimbursement for rural areas to help with physician recruitment
- Offer other incentives besides student loan reimbursement to attract physicians
- Reduce excessive regulations by Medicaid/Medicare
- Convert medical reimbursement to a medical savings account model.
- Tort reform to reduce burden of malpractice insurance.

Practice Recommendations

- Encourage medical students to come work in rural areas as part of their training
- Work to recruit people into nursing; encourage schools to expand nursing programs.

Appendix H

California Commission on Aging
Field Hearing Summary
December 7, 2006
Pasadena Senior Center
Pasadena, CA

Topic: Mental Health Services Act (MHSA)

Statement of Purpose: Discuss California's implementation of the Mental Health Services Act

Commissioners Present: Chuck Ayala, Ruth Braswell, Connie Chang, Lily Chen, Jim Davis, Celia Esquivel, Shannon Glavaz, Karen Josephson, Joanna Kim-Selby, Hank Lacayo, Jorge Lambrinos, Sharon Monck, Cheryl Phillips, Jon Pynoos, Carlos Rodriguez, Tom Rowe, Andrew Scharlach, Leah Wyman

Name/titles of Presenters
Adrienne Cedro-Hament, Chair, Older Adult Sub-Committee, California Mental Health Planning Council
Denise Hunt, Co-Chair, California Mental Health Directors Association
Robin Kay, Deputy Director, Older Adult Mental Health Programs, Los Angeles County Department of Mental Health
Darlene Prettyman, Commissioner, California Mental Health Oversight and Accountability Commission
Laura Trejo, General Manager, Los Angeles City Department of Aging

Number of Non-Commissioner Sign-In Attendees: 43

Opening remarks
(Trejo) Reported working with Aging Network on collaboration and funding opportunities available through Mental Health Services Act (Prop 63). Testified before Mental Health Oversight and Accountability Commission to make sure older adults were included in prevention and early intervention efforts and received commensurate funding. Raised two concerns about MHSA: 1) how state departments and local mental health departments establish priorities based on data, and 2) that the Mental Health Oversight and Accountability Commission does not include anyone with expertise in older adult issues.

(Kay) Discussed approach for MHSA planning process for LA County, with its population, size, and geographic, linguistic, and ethnic diversity.

(Hunt) Suggested development of the service system infrastructure before good service delivery can be implemented. Effort must be community-based. Discussed importance

of transition services and localized, organized planning of service systems. Highlighted LA, Humboldt, Riverside, Sacramento, San Joaquin, Shasta, San Diego, Stanislaus, San Francisco, and Tuolumne as counties doing a good job.

(Prettyman) Raised point that Mental Health Oversight & Accountability Commission is dedicated to serving all age groups. Commission must balance service needs of entire population in California.

(Cedro-Hament) There is a need for expanded mental health services to seniors. Need for counties to develop a system of care for seniors and increase the number of services that are evidence-based. Need to collaborate with clergy for mental health referrals.

Commissioner Comments

Brief discussion on needs of veterans and homeless, and how MHSA does not have those groups as a specific target.

Discussed how information can be provided to Mental Health Oversight & Accountability Commission. It was suggested that hearing findings be presented in front of the Commission.

A physician brought up barriers to making referrals to mental health services from primary care. Another person gave an example of a one-stop clinic where primary care and mental health services were all together, and that it greatly reduced the stigma of receiving care.

Discussed a program that trains police and first responders to use a rapid screening tool to be able to quickly assess for mental health issues.

Public Comments

Raised issue of homeless older adults and the shortage of affordable housing.

Discussed importance of building community support for services for seniors and mobilizing community members.

Policy Recommendations

- Ensure that the needs of older adults are defined and represented within policy frameworks being created to implement Mental Health Services Act.
- State and county entities should not overlook older adults as target area for MHSA early intervention and prevention dollars.
- Increase funding for affordable housing programs
- The Olmstead Decision needs to be followed up on to make sure it is fully implemented.
- Commission should conduct separate analysis of MHSA and the availability of funds for older adults and make some recommendations.

Practice Recommendations

- Develop infrastructure for service delivery before implementing programs.
- Encourage collaboration between primary care and mental health services.
- Increase services for co-occurring disorders, such as alcohol and drug abuse.
- Recommend having LCSWs working with primary care providers to handle majority of acute mental health issues to reduce wait time for psychiatrist.
- Recommend that every emergency room be equipped with someone who has been trained to handle mental health issues.
- Develop a better system for responding to patients with different forms of dementia.

Appendix I

California Commission on Aging
Field Hearing Summary
August 13, 2007
James Brulte Senior Center
Rancho Cucamonga, CA

Topic: Affordable Housing and the Older Adult; Assuring Access and Suitability of Housing for California's Seniors

Statement of Purpose: Identifying barriers to the development of affordable senior housing: a review of policy recommendations to meet the current and future housing needs of low-income older adults.

Commissioners Present: Chuck Ayala, Ruth Braswell, Connie Chang, Lily Chen, Jim Davis, Celia Esquivel, Shannon Glavaz, Erica Goode, Karen Josephson, Hank Lacayo, Richard Lundin, Sharon Monck, Cheryl Phillips, Jon Pynoos, Carlos Rodriquez, Andy Scharlach, Hav Staggs, Donna Ueland, Leah Wyman

Name/Titles of Presenters
Mitch Brown, First Vice President, BIA of Southern California's 50+ Housing Council
Dan Nackerman, Executive Director, San Bernardino County Housing Authority
Kathleen "Kitty" Mesler, Affordable Housing Advocate/Service Coordinator
Jasmine Borrego, President, TELACU Residential Management

Number of Non-Commissioner Sign-In Attendees: 20

Opening Remarks
(Brown) The demand for and development of service-oriented, mixed use senior units is increasing; affordable housing is not a building industry focus. Regulations and fees present major impediments, as do local development plans.

(Nackerman) Current low-income and senior housing programs cannot keep pace with need. More affordable rental housing will be key as the senior population grows. Additional state and federal programs for low-income housing development, creative financing options, and reduced taxes, fees, and regulation will help increase development.

(Mesler) Many seniors don't qualify for affordable housing, yet can't afford non-subsidized rents. Seniors today may outlive their financial resources. Service coordinators help seniors access a range of important services; should be included in all senior development plans.

(Borrego) TELACU manages affordable, mixed-use housing for low-income seniors and families. Combined federal and local housing programs facilitate financing. Local fees are redundant and excessive. Providers serving residents must be regulated. (General discussion among panelists) Mobile home parks need protection and regulation to remain viable sources of affordable housing. Mixed-use housing developments need to incorporate intergenerational, medical and other senior-focused services. Lower developer costs could increase stock of affordable housing, as could additional state and local mandates.

Public Comments

Senior housing design must consider medical needs and incorporate Universal Design principals. Housing affordability, transit orientation, and rent stability are essential for seniors. Must also address phenomenon of grandparents raising grandchildren.

Policy Recommendations

- Increase public funding for affordable senior housing.
- Reduce fees, regulations, and other costs to housing developers.
- Promote mixed-use, service-oriented housing development for seniors.
- Incorporate Universal Design principals in new senior housing construction.

Appendix J

California Commission on Aging
Field Hearing Summary
February 7, 2007
Veterans Home of California
Yountville, CA

Topic: Caring for California's Aging Veterans

Statement of Purpose: To learn about the Veterans Administration (VA) system of health care delivery and long term care services for aging veterans.

Commissioners Present: Chuck Ayala, Ruth Braswell, Connie Chang, Lily Chen, Jim Davis, Mike DeNunzio, Celia Esquivel, Shannon Glavaz, Erica Goode, Karen Josephson, Hank Lacayo, Richard Lundin, Sharon Monck, Cheryl Phillips, Carlos Rodriguez, Andrew Scharlach, Hav Staggs, Donna Ueland, Benny Yee

Name/titles of Presenters
Michael Blecker, Executive Director, Swords to Plowshares
Cheryl Diehm, Napa District Office of Congressman Mike Thompson
Denver Mills, Director and Team Leader of Concord Vet Center
Dwight Wilson, Chair of VISN 21 Extended Care

Number of Non-Commissioner Sign-In Attendees: 20

Opening remarks
(Wilson) VA serves 700,000 veterans in California. Offers a range of services including home-based health care, geriatric clinics, nursing homes, in-patient hospice, in-patient post-hospital rehabilitation. VA is exploring how to support community residential care.

(Diehm) Problem with federal budget underestimating VA's needs. Points out that 2008 federal budget results in cuts to VA funding. Long term care will be a major issue for VA in coming years.

(Blecker) Points out that homeless veterans are often too young for Medicare, but have serious chronic illnesses in addition to mental health and substance abuse issues. As a result, health care access is limited.

(Mills) Discussed complexity and seriousness of Post Traumatic Stress Disorder and how it will affect anyone who has been in combat.

(Wilson) VA moving away from one-size-fits-all approach to a more individualized model that incorporates age, demographics, and specific needs.

(Wilson) Post Traumatic Stress Disorder is a serious issue for many aging Vietnam veterans.
(Blecker) VA recognizing the need to reach out to the families of vets, including providing family counseling as a way of preventing future problems with Post Traumatic Stress Disorder, alcoholism, etc.

(Mills) Described the Stand Down program for homeless veterans. The program consolidates health care, social services, etc. in one local.

(Wilson) Talked about extent to which VA outsources care. Brought up issue of electronic health records and the challenge of transferring medical information in a way that protects people's privacy.

(Blecker) Provided update on San Francisco's 10 year plan to get homeless veterans into supported housing.

(Blecker) In response to a Commissioner's question, discussed whether Project Homeless Connect, an acclaimed program started in 2004 in San Francisco, would continue.

Public comments
Need to support new ways of collaborating and sharing information. Raised the importance of bringing veterans services into the community.

Policy recommendations
- Allocate a portion of Proposition 63 funds for veterans services.
- Revamp the bond money restrictions in terms of the Fair Housing Act and whether bond money can be used for a veterans-specific housing program.

Practice Recommendations
- Explore connecting in-patient hospice care with out-patient hospice care in VA settings
- Provide care for veterans in residential treatment centers.
- VA and non-VA systems should work more coherently together instead of triaging veterans off to VA.
- Need social service and health care agencies to identify veterans during client/patient intake.
- The Commission should be working more closely with the California Department of Veterans' Affairs.

Appendix K

California Commission on Aging
Field Hearing Summary
February 2, 2006
Cathedral Hill Hotel
San Francisco, CA

Topic: Disaster Preparedness

Statement of Purpose: Meeting the Challenge: Disaster Preparedness for Residents of Long Term Care Facilities

Commissioners Present: Chuck Ayala, Connie Chang, Lily Chen, Shannon Glavaz, Erica Goode, Karen Josephson, Helen Karr, Joanne Kim-Selby, Henry Lacayo, Jorge Lambrinos, Charles Latimer, Richard Lundin, Brenda Ross, Marvin Schachter, Andrew Scharlach, Leah Wyman, Benny Yee

Name/titles of Presenters
Marta Bortner, Public Information Officer, California Department of Rehabilitation
John Brown, Director, Emergency Medical Services, San Francisco Public Health Department
Mary Jann, Director of Developmental Services and Regulatory Affairs, California Association of Health Facilities
Michael Paravagna, Chief, Disability Access Section, California Department of Rehabilitation
John Reese, Red Cross Representative
Rob Stengel, Planner, San Francisco Office of Emergency Services on Homeland Security

Number of Non-Commissioner Sign-In Attendees: 13

Opening remarks
(Stengel) Discussed importance of long-term care facilities to be self-sufficient for 72 hours after a major disaster. Facilities need to think about evacuation plans, equipment and supplies, staffing to ensure continuity of care. Must have a plan for resident relocation in case that is necessary.

(Paravagna) Stated that training for first responders on issues related to older adults is still evolving. There have been some trainings to the American Red Cross, but there is still a need to assess what works and to provide specific training around long term care response.

(Reese) Gave perspective from Red Cross in terms of types of training their staff and volunteers receive. Raised importance of facilities' staff to have personal emergency plan so that they know their own families are okay so that they can keep working. Also, disaster preparedness training is available for seniors and people with disabilities.

(Brown) Representative from Emergency Medical Services summed up role they would play in a disaster. Indicated Emergency Medical Services mantains a cache of supplies, medications, and equipment in case of an emergency. Have a data registry for elderly or those with disabilities to list needs or impairments so that rescuers are prepared. Discussed need for linguistic and cultural competency for emergency service workers.

(Jann) Discussed federal and state requirements for skilled nursing facilities related to emergency preparedness. Must work with local responders, police, transportation agencies to ensure plan has the resources needed in case of disaster.

(Brown) Reiterated the transportation issue—ambulance system will be overwhelmed in an emergency. Need to think about accessing other types of transportation resources.

(Bortner) Discussed emergency alert systems and how they have failed in some circumstances. Need system that is accurate, timely, and targeted to the specific geographic areas in need of evacuation, etc. Brought up 211 system, which provides information in case of emergency, but currently it's being implemented on a county by county basis.

(Brown) Emergency Medical Services has the capability for web-based paging that could notify agencies, facilities, individuals, etc. in the event of a disaster.

(Paravagna) In order to have an effective system, there needs to be continuous improvement and revision. Cannot just plan for "typical individual" but also those with disabilities, the aging, etc.

(Stengel) Employees at long term care facilities may need assistance developing their emergency plan—tools, resources, training, assistance.

Public comments

San Francisco Area Agency on Aging staff about emergency preparedness requirements for board and care homes and assisted living facilities. She mentioned that the Department of Aging and Adult Services has a requirement for grantees to have an emergency preparedness plan in order to receive funding.

The state LTC Ombudsman described the responsibilities of the State Long Term Care Ombudsman Program and the role ombudsman can play in helping to train and disperse this information.

A community volunteer suggested that local organizations create MOUs with local Red Cross chapter for disaster planning. Coordination with PG&E and public utilities important, i.e., if there are broken gas lines people need to know how to shut off their gas lines.

Policy recommendations

- Modify restrictions on funding and grants in terms of day-to-day operations and disaster operations.[3]
- Support the State Public Utilities Commission in their efforts to pass the bill on consumer bills of rights on telephones and cell phones.

Practice Recommendations

- Provide tools, resources, training to facilities to help them develop good emergency plans.
- Conduct city, region, and statewide disaster training exercises that are inclusive of all representatives.
- Increase acute care facility capabilities
- Educate the general population about being prepared to be self-sufficient for 72 hours after a major disaster.
- Utilize Ombudsman Program volunteers to train relevant individuals and agencies.
- Area Agencies on Aging should have language in their contracts with funded agencies requiring them to have emergency preparedness plans and to meet disaster standards.

[3] This is an issue of supplanting funds. If there is a day-to-day use, then it can't be funded as disaster operation funds.

i. NBC11.Com. North Bay Nursing Home Blamed For Woman's Death. July 6, 2007. http://www.nbc11.com/print/13633023/detail.html. Accessed July 8, 2007.

ii. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

iii. Pacific Center for Special Care. http://www.pacificspecialcare.org/task_force.htm. Accessed April 3, 2007.

iv. Pacific Center for Special Care: Task Force Policy Development Project. http://www.pacificspecialcare.org/task_force_PolicyDevelopment.htm. Accessed April 3, 2007.

v. Centers for Medicare and Medicaid Services. MDS 2.0 for Nursing Homes. http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp Accessed October 1, 2007.

vi. Centers for Medicare and Medicaid Services. MDS 2.0 for Nursing Homes. http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS30.asp Accessed October 1, 2007.

vii. California Code of Regulations. Section 87575(a)(1). http://weblinks.westlaw.com/Find/Default.wl?DB=CA%2DADC%2DTOC%3BRVADCCATOC&DocName=22CAADCS87575&FindType=W&AP=&fn=_top&rs=WEBL7.10&vr=2.0&spa=CCR-1000&trailtype=26. Accessed October 14, 2007.

viii. Pacific Center for Special Care. The Community-based System of Oral Health for People with Special Needs. http://www.pacificspecialcare.org/community_based_system.htm. Accessed Sunday, October 1, 2007.