

**Restructuring Long-term Care  
In  
Humboldt County**

**Final Report**

**June 2012**

**Prepared by: Patty Berg, Consultant**

**For the North Coast Long-Term Services and Supports Coalition**

**On behalf of the Area I Agency on Aging**

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## **I. OVERVIEW OF HUMBOLDT COUNTY AND ITS LONG TERM CARE CONSUMER POPULATION**

### **Physical Description of Humboldt County**

Humboldt County, located in Northern California is comprised of rural (<250 people per square mile) and frontier (<11 people per square mile) areas. The county covers approximately 3,567 square miles with a total population of 134,623. It is bordered by Del Norte County to the north, the Pacific Ocean to the west, Trinity County to the east and Mendocino County to the south. The majority of land mass is forest lands, protected parks and recreational areas in coastal mountain ranges. Only one-third of the land mass is coastal and alluvial plain. Temperatures in the mountain areas range from freezing to above 100 degrees. In the coastal plain, the average temperature ranges from 41-61 degrees year round. Rainfall is heavy in winter months, ranging from 30 to over 100 inches. Weather during the winter months frequently leads to road closures due to mudslides and snow accumulation.

### **Demographic Characteristics**

The majority of the population lives along the coastal plain and inland river valleys, while the mountain areas are sparsely populated. There are approximately 37.7 persons per square mile in Humboldt County. All of Humboldt County is considered rural, except for the Eureka Census Division. There are seven incorporated cities in the county, including Arcata, Blue Lake, Eureka, Ferndale, Fortuna, Rio Dell and Trinidad.

### **Racial and Ethnic Diversity in Humboldt County**

Humboldt County is less culturally diverse than California as a whole, as only 18.3% of the population identify as people of color. The 2010 Census for the racial/ethnic composition of Humboldt County is 81.7% White, 9.8% Hispanic, 5.7% American Indian/Alaskan Native, 2.2% Asian/Pacific Islander, 1.1% Black and 5.3% two or more racial groups.

Humboldt County has a large population of American Indians. Federally recognized tribes in the County include: The Karuk (the largest tribe in California with nearly 5,000 enrolled members), The Yurok (over 3,500 enrolled members), The Hoopa (over 2,000 enrolled members), The Wiyot (550 enrolled members), The Trinidad Rancheria (approximately 154 enrolled members), The Bear River Band of the Rohnerville Rancheria (approximately 96 enrolled members), Blue Lake (approximately 78 enrolled members) and Big Lagoon (approximately 24 enrolled members). Members of many other tribes also live in Humboldt County. United Indian Health Services (UIHS) provides medical, dental, mental health, outreach, and health and wellness services for the American Indian populations of Humboldt and Del Norte Counties, excluding the Hoopa Reservation in Humboldt County. K'imaw Medical Center provides health care to the Native American people in the Hoopa Indian Reservation and surrounding area, located in the northern part of the county.

## **Economic Description**

### **Employment**

Historically, manufacturing, including lumber and wood products, represented 28% of the workforce ranking as the number one employment category in Humboldt County. By the 1990's, manufacturing ranked four, representing only 15% of the workforce and falling behind government, service industries, and retail trade.<sup>1</sup> This coincided with an increase in the production and manufacturing of illegal substances, such as marijuana and methamphetamines.

Economically, Humboldt has been depressed since the 1980's. The most significant economic sectors in the area, historically fishing and the timber industry are both in decline. Closures of local mills, fishing restrictions, and a decline in timber-related industries, have contributed to a high jobless rate.

Unemployment rates for Humboldt County are traditionally higher than the rest of the State. In January 2012, the state unemployment rate reached 10.9%, while Humboldt County's rate was 11.2%. Over the past thirty years Humboldt County has averaged 3% above the state average. The median household income for 2012 in Humboldt was \$37,281 compared to the State median income of \$78,666.<sup>2</sup>

### **Poverty**

Poverty Status - Humboldt County (Source: 2010 American Community Survey 1- Year Estimates)		
Subject	Total	Percent below poverty level
Population for whom poverty status is determined	131,312	17.7%
<b>Age</b>		
18-64 Years	89,428	19.3%
65 Years and older	17,194	9.2%
<b>Sex</b>		
Male	66,972	16.2%
Female	67,015	19.1%
<b>Race or Ethnicity</b>		
White	110,172	14.4%
American Indian or Alaska Native	7,717	22.0%
Hispanic or Latino	12,241	33.8%
Two or more races	6,254	25.5%

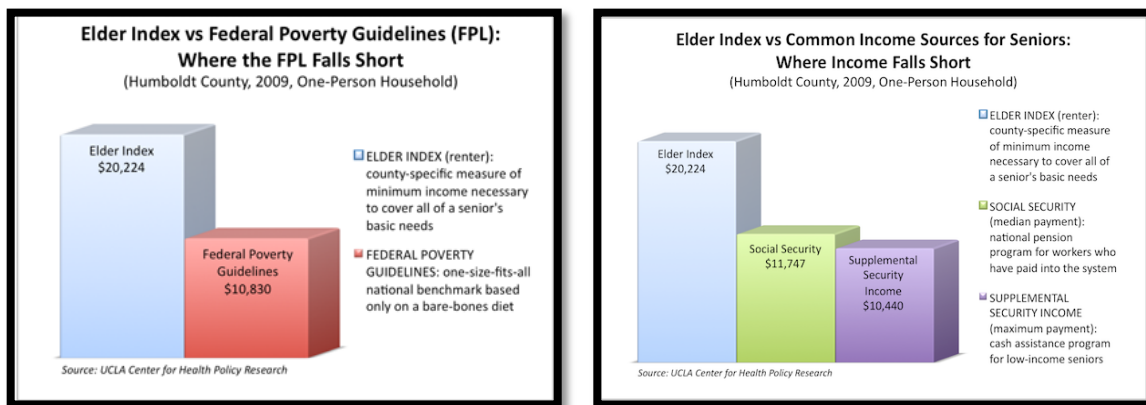
Table 1

The County has a high poverty rate. According to the *2010 American Community Survey 1-Year Estimate* the poverty rate in Humboldt County is 17.7%, significantly higher than the 14.5% poverty rate for the entire state of California (US Census Bureau, American Community

<sup>1</sup> Humboldt County General Plan Housing Element 2009.

<sup>2</sup> [www.labormarketinfo.edd.ca.gov](http://www.labormarketinfo.edd.ca.gov).

Survey 2010.) According to the Elder Economic Security Standard Index<sup>3</sup> the minimal basic annual expenses for a single, elder individual living in Humboldt County is between \$16,957-\$27,346, depending on whether they rent or own (with or without a mortgage) their housing. For an elderly couple, the range is \$26,827- \$37,216. In Humboldt County, 35.6% of seniors 65 and older are “economically insecure”, of which 9.2%<sup>4</sup> are living on income below the Federal Poverty Level (FPL).



## **Housing**

Lack of affordable housing is an ongoing problem and often ranks at the top in unmet needs for seniors and low-income individuals. Subsidized housing is not available for 90% of those who seek this assistance. Currently over 2,000 low/very-low income affordable homes are needed to meet the requests of individuals; however, over half of the land in Eureka with the potential for development has physical constraints which prevent its improvement<sup>5</sup>. The median rent payment in 2011, including utilities, was \$685 in Humboldt County, over 30% less than the median payment of \$984 in California.<sup>6</sup>

Based on information from the Humboldt Association of Realtors, housing prices increased significantly between January 1, 2000 and 2006, but decreased by 20% between December 2006 and December 2008. The median value of housing in Humboldt County increased from \$57,000 in 1980 to \$133,500 in 2000. In December 2008, the median value was \$281,000, down from \$350,000 in December 2006.<sup>7</sup> The North Coast experienced the same housing price boom (relative to local prices) as much of California. In 2001, 45% of the population could afford to buy a home; in June 2007 only 11% of the population could afford to buy a home.<sup>8</sup>

<sup>3</sup> Elder Economic Security Standard Index is the basic income needed to adequately make ends meet for persons age 65 and older without public or private assistance.

<sup>4</sup> 2010 American Community Survey, 1-Year Estimate, Poverty Status in Past 12 Months

<sup>5</sup> St. Joseph Health System- Humboldt County, Community Benefit Annual Report, Fiscal Year 2008.

<sup>6</sup> [http://www.city-data.com/county/Del\\_Norte\\_County-CA.html](http://www.city-data.com/county/Del_Norte_County-CA.html).

<sup>7</sup> Humboldt Economic Index.

<sup>8</sup> Humboldt Association of Realtors.

## **Transportation**

Accessing services is made more difficult by insufficient transportation. Public transportation is nonexistent in many areas and insufficient in those it serves. A few private transportation services exist, but have service range or cost prohibitions. Portal-to-portal services are rare. Getting to and from services is a major concern for not just older adults in the county, but those with functional disabilities or those without cars.

Services are concentrated in the larger populated and more urban areas because “taking services to people” can be cost prohibitive. The difficulty lies in that transportation is available in most of areas where social services are congregated, but many people needing to access those services live outside the transit lines and so may rely on private transportation. Rising energy costs have also had a significant negative impact on older adults, many of whom are living on fixed incomes. Humboldt County has the highest automobile fuel costs in the nation<sup>9</sup>, reaching almost \$5 a gallon during 2011. For those who rely on automobiles, the high cost of fossil fuels compromise the ability of many to access necessary services.

## **Health Professional Shortage Area**

Humboldt County is designated as a Health Professional Shortage Area for primary care, mental health and dental health and large portions of the county are designated as medically underserved (Office of Statewide Health Planning and Development, 2007).

## **Population Description**

Aging Characteristics - Humboldt County (Sources: American Community Survey, 2010 1- Year Estimates and 2006-2010 5- Year Estimates)			
Subject	Total	Male	Female
Total Population over 65 Years	17,388	7,563 (43.4%)	9,825 (56.6%)
Ages 65-74	9,570		
Ages 75-84	4,852		
Ages 85+	2,966		
Living Arrangement (65+)			
Lives Alone	8,299		
Lives with more than one person	11,105		
Race or Ethnicity			
White Alone	91.2%	Black or African American	0.9%
Hispanic or Latino	2.8%	Pacific Islander	0.1%
American Indian or Alaska Native	2.2%	Some other race	0.9%
Asian	0.9%	Two or more races	2.7%

Table 2

<sup>9</sup> [http://www.times-standard.com/localnews/ci\\_19994407%22](http://www.times-standard.com/localnews/ci_19994407%22)

## SPECIAL NEEDS OF SENIORS AND ADULTS WITH DISABILITIES

As individuals age, their likelihood of developing a disability increases. Disabilities may include sensory, physical, mental and/or self-care limitations or difficulties. Of those over age 65 in Humboldt County, 40.2% are disabled. Table 3, below, provides a breakdown of the types and percentages of disabilities that affect those 18-64 years old and the 65 and older populations in Humboldt.

Disability Characteristics - Humboldt County (Source: 2008-2010 American Community Survey 3- Year Estimates)			
Subject	Total	With a disability	Percent with a disability
<b>Total Population</b> (non-institutionalized)	132,493	19,853	15.0%
<b>Population 18-64 years</b>	88,464	11,898	13.4%
Ambulatory difficulty		5,820	6.6%
Cognitive difficulty		5,669	6.4%
Independent living difficulty		4,276	4.8%
Hearing difficulty		2,838	3.2%
Vision difficulty		1,766	2.0%
Self-care difficulty		1,627	1.8%
<b>Population 65 years and over</b>	16,961	6,813	40.2%
Ambulatory difficulty		4,539	26.8%
Independent living difficulty		3,053	18.0%
Hearing difficulty		3,274	19.3%
Self-care difficulty		1,928	11.4%
Vision difficulty		1,204	7.1%
Cognitive difficulty		1,223	7.2%
<b>Sex</b>			
Male	66,074	9,863	14.9%
Female	66,419	9,990	15.0%
<b>Dual-Eligible (Medi-Cal/ Medicare)</b>			
18-64 years	3,278		
65 years and over	1,923		

Table 3

Of the total population in Humboldt County, it is estimated that 19,853 (15.0%) are living with at least one disability. For people aged 18-64 years, 13.4% identify as living with a disability. The four most commonly reported disabilities in this age group are ambulatory (6.6%), cognitive (6.4%), independent living difficulty (4.8%), and hearing difficulty (3.2%) (Figure 1).

Of the total population in Humboldt County, there is no significant difference in the prevalence of disability in males (14.9%) and females (15.0%).



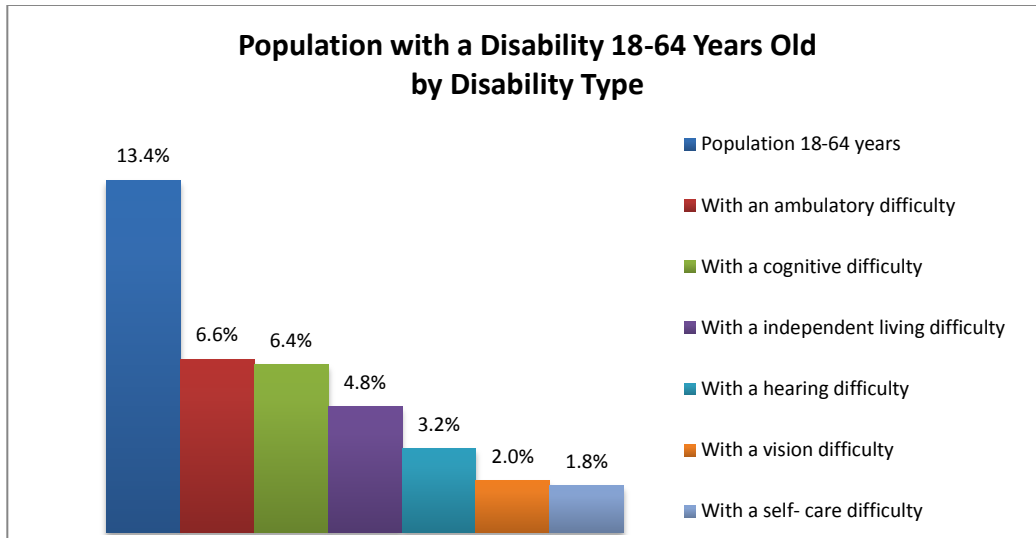


Figure 1 (Source: US Census, ACS 2008-2010, 3- Yr. Est.)

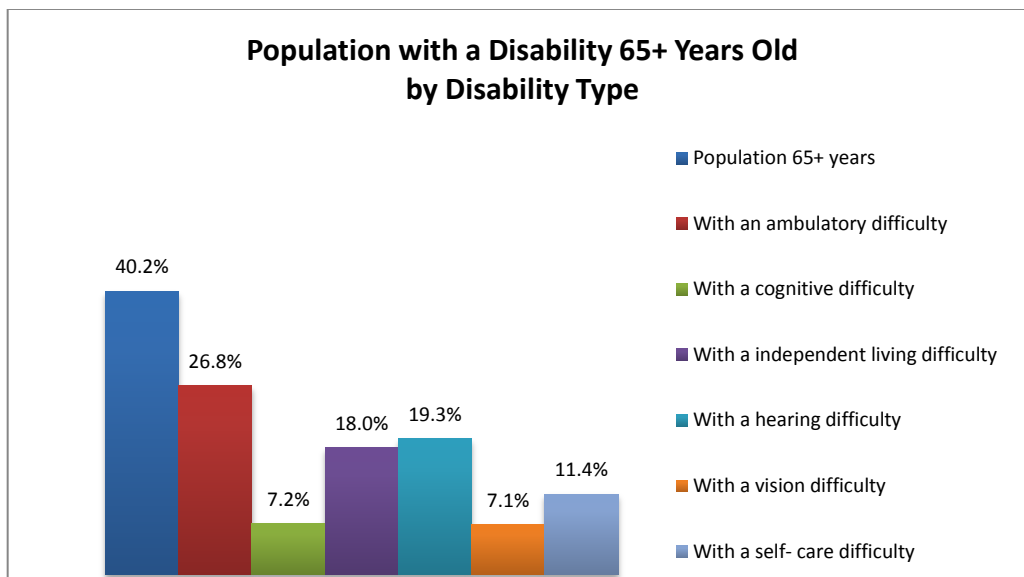
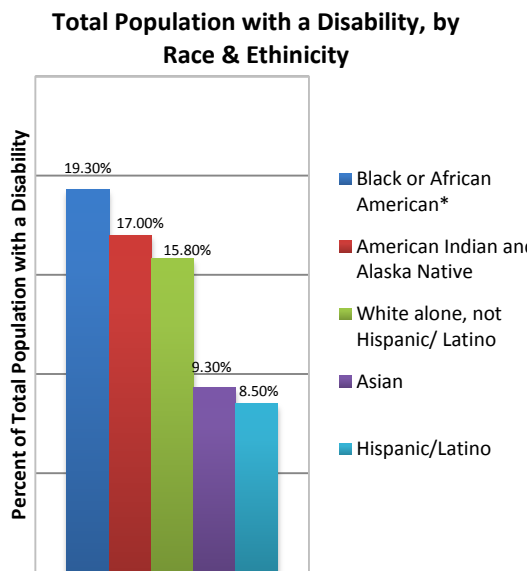


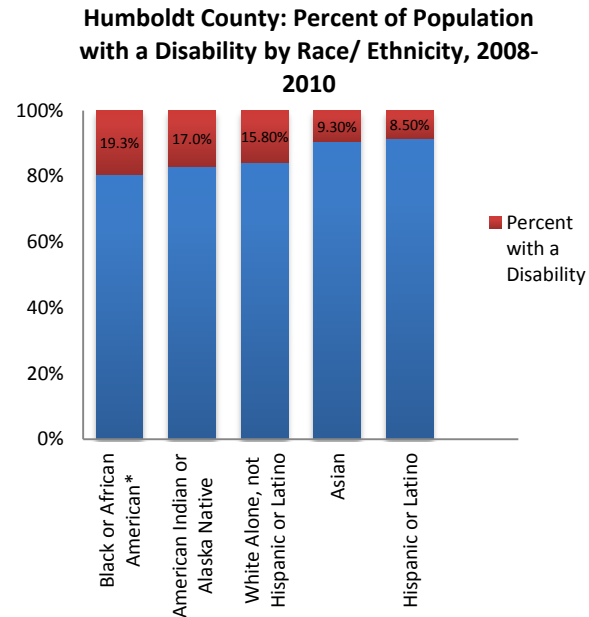
Figure 2 (Source: US Census, ACS 2008-2010, 3-Yr. Est.)

As seen in Figures 3 and 4, Native Americans have a higher percentage of people living with disability than the county as a whole, with 17% of the population reporting at least one disability. The percentage of residents who identified as white-alone, not Hispanic or Latino and as living with a disability is proportionate to the total county average of 15.3%. However, the groups of Asian (9.3%) and Hispanic or Latino (8.5%) both have lower percentages of people who report a disability than the county as a whole. The Black or African American population appears to have the highest percentage of people living with a disability, but this group also has a high margin-of-error due to the small number in the total population. For this reason, the estimate of 19.3% is less reliable.



**Figure 3 (Source: US Census, ACS 2008,2010)**

\*Note: the Margin of Error for this group is +/- 10.2%



**Figure 4 (Source: US Census, ACS 2008,2010)**

\*Note: the Margin of Error for this group is +/- 10.2%

### **Isolated, abused, neglected and/or exploited older persons**

The Adult Protective Services agencies in Humboldt County alone received 659 elder abuse and 470 dependent adult abuse reports that were referred in 2011. There were 304 reports of elder abuse investigated and verified in long-term care facilities by the Ombudsman Program during 2010-2011.

### **Frail older persons**

Individuals who are considered frail are at a higher risk for institutionalization due to physical or mental impairments. Those who are considered frail, according to the Older Americans Act definition, are unable to perform at least two Activities of Daily Living (ADLs) such as eating, dressing, bathing, toileting, transferring or walking without assistance. Frailty can increase with age due to increase in disabilities (whether sensory, physical or mental). In the most recent needs assessment completed by AIAA in 2009, a total of 277 respondents completed the question related to level of difficulty in performing ADLs. Of those 277, 82.6% stated they had serious difficulty with two or more activities of daily living.

### **Older persons with neurological disorders**

According to the Alzheimer's Association, an estimated one of eight, or 6,292<sup>10</sup> of those age 44-62 in Humboldt County will develop dementia and 4,684 will develop Alzheimer's disease. Currently there are 1,956 individuals 65 and older in Humboldt County with Alzheimer's disease.

<sup>10</sup> <http://www.cdph.ca.gov/programs/alzheimers/Documents/CADDataReport-full-corrected3-2.pdf>

## **Caregivers**

It is estimated that family caregivers comprise almost 10% of California's population. Therefore, in 2012 the number of caregivers in Humboldt County is approximately 14,000, many of whom provide round- the- clock care. Statewide, caregivers are predominately female (75%), of whom 37% are daughters and 25% are wives. The majority of caregivers are married (70%), the average age is 59 years old and 12% are over the age of 80.<sup>11</sup> These numbers may explain the reported concerns of accidents in the home and having the energy or ability to complete household chores that are reflected in needs assessment surveys. There are 1,418 In Home Supportive Services caregivers in Humboldt County, 758 of whom are independent caregivers and 660 are family members.

<b>Total In Home Supportive Service (IHSS) Providers – Relationship to Recipient</b> (Source: DHSS, County of Humboldt, May 2012)	
<b>Total</b>	<b>660</b>
<b>Spouse</b>	50
<b>Parent of a Minor</b>	68
<b>Parent of an Adult</b>	151
<b>Minor Child</b>	6
<b>Adult Child</b>	226
<b>Other Relative</b>	159

*Table 4*

## **Skilled Nursing Facility Information – Humboldt County**

There are currently five (5) facilities in the County, all operated by Redwood Health Care. They range in bed size from 60-104. Total beds: 449. Bed occupancy currently ranges from 63% to 95%, averaging 78%. Average length of stay per resident is 36 days. Current monthly cost for a semi-private room is \$7,400-\$7,600. Medi-Cal daily reimbursement rates range from \$160.74-\$188.22.

## **Residential Care (Assisted Living / Board and Care)**

There are currently 25 licensed Residential Care Facilities for the Elderly (RCFE) in Humboldt and Del Norte Counties (Table 5) with bed capacities ranging from six beds to 108 beds. Of those 25 facilities, two are vacant, and a third is currently planning to close within 90 days. Additionally, there are 15 Adult Residential Facilities (ARF) with bed capacities ranging from four beds to 24 beds. Of these 15 facilities, two are planning to close within 90 days according to unconfirmed reports. As census is significantly fluctuating in the residential care setting, it is difficult to obtain an accurate count. The approximate census range, however, is from 65% to 93%. Primary reasons for both a fluctuating and lower census cited is inadequate public funding for this service and the absence of intermittent professional nursing care by residential care staff requiring transfer to higher and more restrictive levels of care, e.g., skilled nursing facilities.

These facilities are also known by various names including Board and Care, Supported Living, Personal Care Homes, Group Homes, Congregate Living Facilities, and Assisted Living.

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<sup>11</sup> California Caregivers: A Profile. Family Caregiver Alliance.

However, states are beginning to implement legislation to uniformly identify such continuum of care facilities as Assisted Living Facilities (Washington Substitute House Bill).

Humboldt County- Facility Details			
Type	Number of Facilities	Bed Capacity	Range of Fees Per Month
RCFE	25	670	\$1,600- \$4,400
ARF	15	114	\$961- \$5,159
<b>Total</b>	<b>35</b>	<b>784</b>	

*Table 5*

## THE UNIQUE CHALLENGES AND CONSTRAINTS CALIFORNIA RURAL COUNTIES SHARE

The population in rural counties tends to be older, poorer and less healthy than the population in urban areas. Rural Californians tend to have higher poverty rates and unemployment, and are less likely to have health insurance. Simultaneously, rural areas have fewer traditional providers of health care – hospitals, home health agencies, long-term care facilities, hospice organizations, and primary care clinics – and less of the human infrastructure that accompanies these institutions.

Because of their remoteness, rural communities are particularly challenged in addressing access to care. Though many challenges faced by rural communities are similar to those in urban areas, the range of possible solutions is different because of the rural context.<sup>12</sup>

### **Rural counties face particular challenges<sup>13</sup> in terms of:**

- A. *Transportation.* Some rural areas do not have taxi cabs, wheelchair-accessible transportation or paratransit. Areas may be connected to main population centers by only a few roads that can require snow removal or flood control during winter months.
- B. *Isolation.* In addition to isolation issues that cut across urban and rural communities, outlying areas can be removed from highways and other populated areas, sometimes hours away from emergency services.
- C. *Funding.* The state distributes money to counties based on the size of its population, leaving rural and even less populous “frontier” communities, with few resources. Also, because the state’s In-Home Supportive Services program requires counties to pay a share of the cost, some counties with limited resources favor the more expensive, but state-subsidized nursing home care because it does not require a share of cost. There has been a massive shift in funding with local grants, which used to be used for special projects but are now augmenting core operations.
- D. *Service fragmentation.* Rural counties tend to invest limited resources in acute care and skilled nursing facilities, which are partly subsidized by state support, rather than social,

<sup>12</sup> Little Hoover Commission, 2011.

<sup>13</sup> Little Hoover Commission Advisory Committee on Long Term Care, 11/3/10.

non-medical support. As a result, in some rural communities, a patient may be treated in a skilled nursing facility because there are no resources available to support that patient at home.

- E. *Need for case management and hospital-to-home transitions.* With a lack of case workers and transitional programs, patients in rural communities may have a harder time transitioning from a hospital or skilled nursing facility to their home. Many rural agency providers will not transition patients home unless they live in stable environments, but that can be challenging in rural settings, especially in isolated communities where some people live in sub-standard housing. Nursing facilities are expensive, but case managers and transition programs could help patients by enabling them to be treated at home.
- F. *Lack of Family Support.* Because rural communities tend to have fewer job opportunities, younger generations often must move away from home, and their parents, to build a career. As a result, many families are scattered over several communities making it more difficult for an adult child to provide intensive in-home care for his or her senior parent. Also, even when families live in the same community, some adult children who are seniors themselves may not be able caregivers.

Other challenges identified by members of the North Coast Long-term Services and Supports (NCLTSS) Coalition include:

- G. Funding uncertainties due to realignment.
- H. Reduced hours and reimbursement in In Home Supportive Services.
- I. Increase in acuity levels among clients and services to support them are nonexistent.
- J. A shrinking family caregiver pool and challenges with qualified staff, or paid caregiver, recruitment remains a challenge.

### **Constraints:**

#### *A. Funding and geographical limits of services*

Limited funding for senior programs forces the A1AA and other funders to target resources where population is greater to achieve “economies of scale” while attempting to reach those who need the services the most.<sup>14</sup> Publicity, outreach efforts, collaboration, technical assistance, and capacity building to other communities have been emphasized as an alternative to actual service provision.

#### *B. Geography and the rural factor*

The physical nature of Humboldt County produces certain limiting factors for service delivery. Unstable soils and intense rainfall cause rockslides, fires, mudslides, or frequent flooding. Earthquake activity in the area is frequent with much of the coastal area being designated as a Tsunami zone.

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<sup>14</sup> Defined by the OAA as “target populations”.

Humboldt County is sparsely populated and rural. The rural environment of the bi-county area contributes to difficulties in accessing services. There are four significant population centers in Humboldt County- Eureka, Arcata, McKinleyville, and Fortuna. More than half of the population lives in the unincorporated areas of the County.

### *C. Limited service providers*

Rural areas often have very limited service availability, including health care options, health care providers, and human/social services. Rural communities find it difficult to recruit and retain Primary Care physicians, medical personnel and other professionals, due in part to low reimbursement rates. This situation has consistently resulted in Humboldt County being designated by the Health Resources and Services Administration (HRSA) as a "medically underserved area"<sup>15</sup>. The exceptions to this are that the rural health clinics and federally qualified health centers are able to offer the opportunity for school loan forgiveness through working in an underserved area.

### *D. Demographic influence on access to services*

Most likely, the largest impact that the demographics of the senior population will have on access to services is due to the sheer increase in those sixty-five and over. It is estimated that the population of seniors in the Humboldt County will double by 2040, from 21,000 in 2000 to nearly 50,000 in 2040. As people age, independence will decrease and dependence on others for assistance will increase, whether through caregiving at home or in an institutionalized setting. What are now unmet needs (affordable and accessible housing, transportation, medical options) will become exacerbated with increases in the population.

### *E. Economic influence on access to services*

Along with the upcoming momentous swell in individuals accessing services, the aging network is experiencing the effects of the changing local and state economy and the impact of the national recession. There are few local revenue sources for senior services. Local county and city government budgets have been negatively impacted by the decline in tax revenues historically supplemented by the timber industry and the shift in resources from the county government to the state. Those same government agencies are now experiencing unprecedented fiscal challenges due to the deficit in California's budget. As a result, fewer dollars are available to

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<sup>15</sup> "A geographic area will be designated as having a shortage of primary medical care professionals if the following three criteria are met: 1. The area is a rational area for the delivery of primary medical care services; 2. One of the following conditions prevails within the area: (a) The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1. (b) The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers; and, 3. Primary medical care professionals in contiguous areas are overutilized, excessively distant, or inaccessible to the population of the area under consideration."

(Source: <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/primarycarehpsacriteria.html>)

support service delivery, compounded by increases in rising costs of energy, gasoline, workers' compensation and employee health insurance.

### **The Major Issue of Concern Related to Managed Care for the 28 Rural California Counties is the Current Fee-for-Service System.**

On March 1, 2012, the North Coast Long-Term Services & Supports Coalition (NCLTSS Coalition) sent a letter to Diana Dooley, Secretary of the California Health and Human Service Agency. The letter stated our concern related to the lack of coordinated care models and/or infrastructure that provides access to the necessary long term services and supports in the 28 fee-for-service rural counties and our concern that they will not be positioned to reduce reliance on institutional services.

We outlined our concerns, the policy question and key considerations that we believed merited evaluation by the Administration prior to implementing any managed care design in the current 28 fee-for-service counties.

What follows is what we submitted to Secretary Dooley:

### **MANAGED CARE FOR RURAL CALIFORNIANS IN THE CURRENT FEE-FOR-SERVICE COUNTIES**

#### **Background:**

In the 2012-2013 State Budget, the Governor proposes that seniors and persons with disabilities enrolled for benefits in both Medicare and Medi-Cal (defined as "dual eligible" beneficiaries) and representing 1.2 million individuals, be phased into a Medi-Cal Managed Care Plan over a three-year period beginning January 1, 2013. The plan is being called "Care Coordination Initiative for Medi-Cal Beneficiaries", or CCI.

In addition, the Governor also proposes to expand Medi-Cal managed care statewide by June 2013. This includes the 28-rural counties that are currently fee-for-service counties and without a Medi-Cal Managed Care Plan in place.

Within the Medi-Cal program, approximately 7% of beneficiaries account for 75% of program costs – primarily due to heavy usage of current institutional services. Also, statewide, 85% of In Home Supportive Services (IHSS) recipients (423,000 individuals) are dual eligible.

The expressed goal of the CCI is to promote cost savings for the State related to hospital and nursing home admissions by way of promoting coordinated care and enhanced access to home and community-based long-term services and supports.

While the overall CCI concept may have merit, cost savings will be driven in large part by what support services exist within each jurisdiction. Jurisdictions that lack coordinated care models that provide access to all of the necessary long-term services and supports will not be positioned to reduce the reliance on institutional services. This lack of capacity is the underlying impediment to implementation of both the CCI concept and expansion of managed care into rural areas in California that are now served by the fee-for-service Medi-Cal program. Furthermore, it is the lack of this capacity in the 28 fee-for-service counties that will make it challenging, if not impossible, to implement the essential beneficiary protection principles addressed in the CCI proposed Trailer Bill Language.

Therefore, as a starting point, the current capacity of all of the following components of the health care and long-term support system must be evaluated in the 28 rural jurisdictions in order to determine whether and how a workable managed care model for rural California can be structured:

- Primary care
- Specialty care
- Inpatient hospital
- Care management (nursing and/or social work)
- Home health and ancillary
- SNF/nursing home care
- Emergency and non-emergency medical transportation
- Pharmacy
- Linkage to IHSS and other long-term supports
- Behavioral health (mental health and substance abuse services)
- Other community based supports such as:
  - Adult Day Care (social model)
  - Adult Day Health Care (medical model)
  - Adult Foster Care
  - Assistive Devices
  - Assisted Living Services
  - Attendant Care
  - Caregiver Assistance/Support
  - Case/Care Management
  - Companion Services
- Congregate Meals
- Durable Medical Equipment
- Fiscal Intermediary
- Group Home/Supportive Living Services
- Handyman Services
- Health Insurance Counseling
- Home Delivered Meals
- Homemaker Services
- Home Modification Services
- Housing Services
- Hospice Services
- Independent Living Skills Training
- Information & Referral
- Visiting Nursing Services
- Nutritional Services
- Personal Care Assistant Services
- Personal Emergency Response System
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational Services
- Respite Care
- Specialized Dementia Care
- Transition Counseling (skilled nursing to community or from service to service)



## **KEY POLICY QUESTION:**

Fundamentally, the key policy question facing the State of California with respect to its proposals to expand managed care in rural counties and implement the CCI is: What is the “starting point” (existing infrastructure) in these rural areas for the delivery of medical care services and long-term support services that can serve as the foundation for a “managed” health care delivery system in rural areas?

## **FOUR KEY CONSIDERATIONS:**

1. Across the breadth of rural California, the starting point for infrastructure, or what can be called system capacity, varies widely from jurisdiction to jurisdiction.
2. In light of #1, the fiscal infrastructure supporting the health care and long-term support system varies widely from jurisdiction to jurisdiction.
3. What key service(s) within the present infrastructure is/are missing and would need to be developed?
4. Rural regions cannot be easily consolidated into a single service population because the population is dispersed across tens of thousands of square miles. The relative absence of providers and geographical remoteness make these areas particularly difficult to serve. Furthermore, it's a fact that recruiting and retaining qualified professionals employed in the field of long-term care is an ongoing challenge in rural areas.

## **II. INTRODUCTION TO PROJECT**

In July of 2011 The SCAN Foundation<sup>16</sup> selected the North Coast Senior Services Collaborative of Humboldt County as one of 12 statewide Coalitions they would fund to assist in the State of California's transformation of Long Term Services and Supports. In September 2011, the North Coast Senior Services Collaborative was revitalized, refocused and renamed the North Coast Long-Term Services and Supports Coalition.

### **Project Goal**

Develop a plan for reorganization and realignment of long-term care services in Humboldt County that will eliminate redundancy and recommend a plan for appropriate services to be provided by those organizations best equipped to do so.

### **Project Outcome**

Develop a formal report by June 30, 2012 that will include the current state of long-term care services for seniors and adults with disabilities in the County, the gaps in services and recommendations for change and realignment. In addition, develop a template for the other 27 rural fee-for-service counties to follow in a restructure design of their own LTSS system.

### **Project Intent**

The intent of the NCLTSSC was to become a strong, powerful voice for seniors and their families as it develops and promotes a useful long-term care policy for residents of Humboldt County. Twenty (20) CEO's/Executive Directors of agencies providing LTSS were invited to participate. Each representative was currently impacted by any restructuring of long term care for the targeted populations – seniors and adults with disabilities.

The Consultant instituted a research component through The California Center for Rural Policy at Humboldt State University to assist the Coalition in their analysis of LTSS from the perspective of providers and consumers in order to determine responses/recommendations to several questions:

1. Who represents the priority populations to be served?
2. What are the core and priority services needed for long term service and support?
3. What are the major gaps?
4. Are there replications in services that could be streamlined or provided by another organization?
5. What changes need to be made in the current system?

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<sup>16</sup> The SCAN Foundation is *dedicated to creating a society in which seniors receive medical treatment and human services that are integrated in the setting most appropriate to their needs. For more information, please visit [www.TheSCANFoundation.org](http://www.TheSCANFoundation.org).*

## **Four Steps Taken**

### 1. Established Coalition: The Coalition members included:

Martin Love, Executive Director, Independent Practice Association  
Cindy Denbo, former Executive Director, Area 1 Agency on Aging  
Joyce Hayes, Executive Director, Humboldt Senior Resource Center  
Julie Damron, Executive Director, Adult Day Health Care of Mad River  
Phil Crandall, CEO, County Department of Health & Human Services  
Joe Mark, CEO, St. Joseph Health System  
Larona Farnum, CEO, Timber Ridge Assisted Living  
Bill Clawson, Executive Director, Residential Care Association  
Chris Jones, Executive Director, Tri-County Independent Living Center  
Kristy Nickols, Executive Director, St. Joseph Home Care Network  
Tim Rine, Executive Director, North Coast Clinics Network  
Marylee Bytheriver, Executive Director, Hospice of Humboldt  
Joe Reiss, CEO, Redwood Health Care (representing five skilled nursing facilities)  
Brenda Goosby, Executive Director, Mad River Home Health Center  
Clay Jones, Executive Director, Redwood Coast Regional Center  
Vida Khow, Executive Director, United Indian Health Services  
Jeannie O'Neale, Executive Director, Visiting Angels Living Assistance  
Steve Engle, COO, Mad River Community Hospital  
Ross Jantz, Executive Director, Humboldt Community Action & Resource Center  
Connie Stewart, Executive Director, California Center for Rural Policy, Humboldt State University

### Additional attendees included:

Kathy Hayes, St. Joseph Hospital; Nancy Starck, Department of Health and Human Services; Sharon Hunter and Jamie Jensen, MSW, Area 1 Agency on Aging; Leigh Pierre-Oetker, McLean Foundation; Dawn Elsbree, Headwaters Fund.

Allan Katz, former Executive Director, Community Health Alliance	Designated Facilitator
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Patty Berg, former State Assemblywoman and Founding Executive Director Area 1 Agency on Aging	Consultant to Project
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Yvonne Doble, MSW Project for Senior Action Area 1 Agency on Aging	Staff Support to the Project
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The Coalition met quarterly beginning October 2011<sup>17</sup>.

2. The Consultant partnered with the California Center for Rural Policy (CCRP) at Humboldt State University for the research component described above and worked with Melissa Jones, J.D. , Health Policy Analyst (on provider input) and Jessica Osborne-Stafsnes, Consumer Engagement Specialist (on consumer input). CCRP's Executive Director, Connie Stewart assisted in research design and oversight.
3. At the Coalition's January 20, 2012 meeting, the following mission statement was adopted:

*The North Coast Long-Term Services and Support Coalition works toward a community in which older people and adults with disabilities are given meaningful choices, have access to affordable, coordinated services, a high quality of life and care, and support for their family caregivers.*

4. As the project committed to developing a template for the northern rural California fee-for-service counties to follow, two letters were sent: (the first on November 4, 2011 and the second on March 1, 2012) to the CAO's, Chairs of the Boards of Supervisors and Area Agency on Aging Directors in the 28 impacted counties. The first letter describes the project and our intent to develop a template for their future use; the second letter advised the CAO's and Area Agency on Aging Directors of the policy concerns and considerations stipulated in our March 1 letter to Secretary Diana Dooley, described previously.

The template<sup>18</sup>, replicating Humboldt County's model, has been developed by the Consultant and will be electronically sent after June 30, 2012 to the six (6) Area Agency on Aging Directors representing the current rural fee-for-service counties - the agencies being those that are responsible for LTSS planning and advocacy for the target population.

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<sup>17</sup> Refer to Appendix D for the October 2011, January 2012, April 2012 and June 2012 meeting agendas.

<sup>18</sup> Appendix E: Template for restructuring LTSS at the local level.

### III. METHODOLOGY

#### **Provider Survey**

A 12-page online survey was designed by the California Center for Rural Policy staff<sup>19</sup> and former Assembly Member and Coalition consultant Patty Berg, with input from experts in California policy and agencies. The survey instrument was based on a provider survey developed by the University of Connecticut's Center on Aging for a statewide Long-Term Care Needs Assessment policy framework within California. The survey link was emailed to Coalition members in December of 2011 and specific follow-ups were conducted in January 2012.

Qualitative results were analyzed through Atlas.ti, a computer software program used in qualitative data analysis to identify common themes.<sup>20</sup>

All Coalition-representatives submitted their response except Redwood Health Care (representing the five skilled nursing facilities in Humboldt County). To secure necessary information from skilled nursing, the Consultant developed a separate questionnaire that was then used by the Area 1 Agency on Aging Planner, Jamie Jensen, in a one-on-one interview with CEO, Joe Reiss. Responses are included under Findings in the next section of this report.

Also at the January 20<sup>th</sup> meeting, Coalition members voted on their top two priorities on four value dimensions: Affordability and Access; Choice of Setting and Provider; Quality of Life and Quality of Care; and Support for Family Caregivers, repeating the exercise developed at the 2011 LTSS Summit in Sacramento and based on the LTSS Scorecard<sup>21</sup>.

#### **Consumer Survey / Focus Groups**

Criteria for selection of two consumer groups were developed; one for functionally disabled adults and one for seniors. The Consultant conducted recruitment of consumers with the assistance of NCLSSC stakeholders.

The identical values exercise on the four dimensions cited above was administered to each of the consumer groups. The results of the values exercise targeted the focus group questions which had been developed by the Coalition at their January meeting. Two focus groups were held on March 14, 2012.<sup>22</sup>

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<sup>19</sup> This Provider Survey was produced by the University of Connecticut Center on Aging - modified by NCLTSS Coalition for local distribution.

<sup>20</sup> Appendix A: Long-term Care Services and Supports Survey Results, Final Report

<sup>21</sup> [www.longtermscorecard.org](http://www.longtermscorecard.org), <http://thescanfoundationsummit.intuitwebsites.com/>, <http://www.thescanfoundation.org/foundation-publications/proceedings-report-inaugural-summit-transforming-california%E2%80%99s-long-term-serv>

<sup>22</sup> Appendix B: North Coast Long-Term Care Coalition: Focus Group Findings

#### IV. FINDINGS

##### Value Exercise Results / Differentiated in Priority Order (Coalition and Consumers)

Four Dimensions	Providers	Consumers
<b>Access &amp; Affordability</b>	<ol style="list-style-type: none"> <li>1. Safety net for those who can't afford services.</li> <li>2. System should adopt simplified access to LTSS program, including quick and easy eligibility processes; tied with priority value 3 below,</li> <li>3. All individuals and their families should have readily available, clear and timely information to make decisions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Safety net for those who can't afford services.</li> <li>2. System should adopt simplified access to LTSS program, including quick and easy eligibility processes.</li> </ol>
<b>Choice of Setting &amp; Provider</b>	<ol style="list-style-type: none"> <li>1. Housing and transportation choices should be available to support consumers with maintaining vital connections.</li> <li>2. System should take a person-centered approach to allow people to receive services in the setting of their choice from providers they choose.</li> </ol>	<ol style="list-style-type: none"> <li>1. Consumers should be involved in making decisions about the arrangements for their own care.</li> <li>2. Having choice of setting &amp; providers should not be based on ability to pay.</li> </ol>
<b>Quality of Life/Quality of Care</b>	<ol style="list-style-type: none"> <li>1. Payment rates to providers should be sufficient to support high quality care.</li> <li>2. Providers should adopt evidence-based best practices for delivering care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Payment rates to providers should be sufficient to support high quality care.</li> <li>2. Regulatory standards should be consistent with high quality care and adequately reinforced.</li> </ol>
<b>Support for Family Caregivers</b>	<ol style="list-style-type: none"> <li>1. Family caregivers should have accessible and affordable support to assist them with caregiving rate and help them maintain their own well being.</li> <li>2. Family caregivers should be included in decision-making and care planning with consumers</li> </ol>	<ol style="list-style-type: none"> <li>1. Family caregivers should have accessible and affordable support to assist them with caregiving rate and help them maintain their own well being.</li> <li>2. Delivery of long term services and supports should be coordinated with family caregiver needs</li> </ol>

## COALITION MEMBER RESPONSES

The work plan initially addressed seven questions for Coalition responses to better understand the needs and system changes that should occur to best use resources and improve care.

1. What are the core and priority services needed for Long-Term Services & Support (LTSS)?
2. What are the current major gaps?
3. Are there replications in service(s) that could be streamlined or provided by another organization?
4. What changes need to be made to the current system?
5. Who represents the priority population(s) to be served?
6. What is the best use of current available resources to address the core?
7. How do we maximize state and federal funds?

The Provider survey results were sorted according to five questions and are explained below. The survey did not gather information on questions 6 or 7.

### **1. What are the core and priority services needed for LTSS?**

Respondents were most consistent voicing the need for in home care, In Home Supportive Services (IHSS), Adult Day Health Care (ADHC), food/nutrition, and transportation.

IHSS and ADHC were specifically mentioned, while the others were themed in groups. A wide variety of in home services were identified: Caregivers, home health, supported living, residential home care, self-assisted care, and daily living skills. Food/nutrition covered access, home delivered meals, meals on wheels and congregate nutrition programs. Transportation included dial-a-ride and para-transit specifically.

There were few programs that had waiting lists, which can be an indicator of need. Home Health, Behavioral Health Counseling, Multipurpose Senior Services Program, one bedroom housing and primary care by location were a few of these services.

### **2. What are the current major gaps?**

There is some overlap between the priority services needed and the current gaps in the system. Transportation, caregivers, in home services, housing issues, mental health counseling, care/case management and provider supply were services that were seen lacking in the current system.

Transportation was identified as a missing service. Respondents said transportation issues presented challenges for clients – 28% of the surveyed providers said it was a problem once a week and 38% said it was a problem once a month.

When asked about unmet needs and missing services, home based services, such as caregiving, were identified. Caregiver issues that arose frequently were: sufficient training, availability, affordability and enough hours. In home services such as home maintenance, home delivered meals and home health were also mentioned.

Housing gaps were in affordability, housing for substance abusers, skilled nursing and housing generally.

Having enough providers for clients presented a challenge for many of the respondents – specific primary care professions identified were: physical therapist, visiting nurse support, nurse practitioner and physician. These issues were further explored in the section related to workforce concerns. When asked about recruiting and retaining staff, 78% of respondents indicated that they had difficulty recruiting staff, but 44% indicated that retention presented problems. When recruiting staff many different positions were identified, with physical therapists the most frequently mentioned. A majority of respondents encounter staff challenges (i.e.; calling in sick, difficulties with transportation, client complaints) less than once a month or never. However, 25% of respondents indicated that they use temporary or pool employees almost every day because of staff shortages.

**3. Are there replications in service(s) that could be streamlined or provided by another organization?**

Replications in services are not immediately apparent from survey results. Many of the most frequently provided/made available services: Information & Referral, Nutrition Services, Respite Care, Case/Care Management, Physical, Speech, Respiratory, or Occupational Therapy and Skilled Nursing Care were offered by ten or more respondents, but several of them had eligibility restrictions. Eligibility may limit the clientele that a respondent provides services to. Respondents most frequently limited their services by geography (65%), age (47%), behavioral diagnosis (35%) and payment source (25%).

**4. What changes need to be made in the current system?**

When asked to prioritize the most important changes for Humboldt County, respondents ranked seven options from “not important” to “very important.” Respondents were in the most agreement regarding the provision of a continuum of residential options for varying degrees of client independence and transitional care and counseling for moving between service types. Respondents gave more varied responses for single point of entry, establishing a central database for all clients and quality management (achieving desired goals and improvement).

The survey also examined the effect that state level policies have on local providers. 61% of respondents said that the state regulatory environment affects the respondents’ ability to provide services. Comments include payment issues, hour limits for services, and conflicting regulations implemented by multiple agencies. Respondents also



indicated that they need more flexibility around funding sources, rate issues and regulations to adequately administer services to clients.

Appropriate wages for qualified staff were a common theme that occurred in several different sections of the survey. Wages were mentioned when respondents discussed challenges at the state level, and were also discussed by respondents when asked about difficulties with recruiting and retaining qualified staff.

## **5. Who represents the priority population(s) to be served?**

The survey was designed to gather data about the population currently served to help gauge the priority population in the county. It was difficult to obtain solid demographic information from a number of respondents. This could be due to the various ways that respondents house demographic data or the lack of a centralized database. Of those that were able to answer demographic questions, results were so varied among many different services and populations that accurate conclusions could not be drawn.

Many respondents did not know some information that would be relevant for the long-term care community, such as whether there were other members in the client's household or whether the client was married or had a partner.

The survey captured extensive demographic data as well as much more detailed information beyond the summary of responses cited above, including in part:

- What is the greatest unmet long-term-care service(s) or need(s) for older adults or adults with disabilities in Humboldt County to maintain a level of independence?
- What ways should the County and/or State address these unmet needs?
- What services are missing for your clients that you cannot directly provide, refer to another provider or subcontract for?
- Eligibility criteria.
- How the State's regulatory environment affects your ability to provide services to your clients.
- Issues/difficulties you have experienced working with specific State agencies or departments in the past year.
- Workforce related concerns.
- Community partners.
- Future plans.

## **CONSUMER FOCUS GROUPS**

Seven questions were selected by the Consultant and the Coalition for focus group discussion and were categorized under one of the four values dimensions. In addition, three open-ended questions were selected for comparison purposes with coalition members<sup>23</sup>.

The seven questions were:

### **1. Access and Affordability**

**Question 1: What services do you need to remain independent? Are these services currently accessible to you? Why or why not?**

**Question 2: What service have you needed that has been difficult to access? What were the barriers?**

### **2. Choice of Setting and Provider**

**Question 3: How do you find out currently what services are available to assist you in the community to be independent?**

**Question 4: Who do you call for help if you need it? What is it about that organization that makes you go to them for help? What characteristics?**

**Question 5: Are you included in the decision-making around your care, or are those decisions made by someone else? By whom?**

### **3. Support for Caregivers**

**Question 6: What sort of support do caregivers need to help provide you quality care and maintain their own well-being?**

### **4. Quality of Care and Quality of Life**

**Question 7: Do you feel the environment that you are in is culturally sensitive to your values, practices, and beliefs?**

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<sup>23</sup> Refer to Appendix B.

## CONSUMER RESPONSES

Question: What services do you need to remain independent? Senior Response; Adult Response	
Activities of Daily Living	Transportation
<ul style="list-style-type: none"> <li>- Help with house and daily cooking</li> <li>- Meal prep</li> <li>- Domestic services</li> <li>- House cleaning</li> <li>- Laundry</li> <li>- Errands</li> <li>- Meals</li> <li>- Bathing</li> <li>- Personal care</li> </ul>	<ul style="list-style-type: none"> <li>- Transportation</li> <li>- Transportation in rural areas</li> <li>- Transportation</li> <li>- Transportation outlets that can take wheel chairs, walkers, mobility devices</li> </ul>
Social Connectivity	Medical Care
<ul style="list-style-type: none"> <li>- Loving family</li> <li>- Getting out into the community (even if it is just running errands to stay connected)</li> <li>- Senior Center</li> <li>- Support groups</li> <li>- Having a network outside of immediate family to turn to for support</li> <li>- Adult day care</li> <li>- Being involved in the community</li> <li>- Maintaining social connectivity</li> </ul>	<ul style="list-style-type: none"> <li>- Medication management</li> <li>- Coordination of appointments and care</li> <li>- Paramedical needs</li> <li>- Wound care</li> </ul>
Other: Allotment for additional caregiver time when client is sick and may need extra help; counseling or an evaluator who can come assess a client's situation on a regular basis and make recommendations, Someone (a point person) who can be reached on the phone and give answers and insights in a timely way.	

### 1. Are these services currently available to you? YES, but...

Identified barriers to services:

- Services that support activities of daily living (affordability, financial eligibility, identifying qualified caregivers, caregiver wages and training).
- Outlets/resources for social connectivity (accessibility, transportation to activities).
- Transportation services (cost, reliability, wheelchair access, limited geographic service area).
- Medical care/ Care coordination (Awareness of services available, qualifications, affordability).

<b>2. What service have you needed that has been difficult to access?</b>	<b>Barriers</b>
Transportation services	Cost, accessibility, geographic spread
Respite services	Awareness of available services, cost, availability of respite workers
Coordination and planning services	Awareness of available services
Financial assistance or insurance coverage	Falling in coverage gaps, financial hardships or lack of coverage leading to challenges purchasing essential medical equipment

<b>3. How do you find out currently what services are available to assist you in the community to be independent?</b>	
<i>Participant Response</i>	
<i>Seniors</i>	<i>Adults</i>
<ul style="list-style-type: none"> <li>- Senior Center</li> <li>- County</li> <li>- Area 1 Agency on Aging</li> <li>- Area 1 Agency on Aging publication</li> <li><i>Senior Information Guide</i></li> <li>- Yellow pages</li> <li>- Call my doctor</li> <li>- Call hospital or social services</li> <li>- Use the hospital social worker</li> <li>- Champion Advocates</li> </ul>	<ul style="list-style-type: none"> <li>- Area 1 Agency on Aging</li> <li>- Mental Health</li> <li>- Service coordinator (Silvercrest)</li> <li>- Hoopa Tribe</li> <li>- Public Health</li> <li>- Eureka Adult Day Health Center</li> <li>- Support Groups</li> </ul>

<b>4A. Who do you call for help when you need it?</b>	
<i>Participant Response</i>	
<i>Seniors</i>	<i>Adults</i>
<ul style="list-style-type: none"> <li>- 911</li> <li>- Fire Department</li> <li>- My caregivers</li> <li>- A good friend</li> <li>- Family</li> <li>- Family friend</li> <li>- Good friends</li> <li>- My daughter</li> <li>- It might depend on the client</li> <li>- Caregiver</li> <li>- Social worker</li> </ul>	<ul style="list-style-type: none"> <li>- 911</li> <li>- My IHSS care worker</li> <li>- I don't know who to call</li> <li>- Senior Center</li> <li>- Adult Day Health Center</li> </ul>

**4B. What is it about that organization that makes you go to them for help? What are the characteristics of that organization that encourages you to reach out to them?**

The primary reason that focus group participants turned to the identified individuals and organizations was trust. This sense of familiarity (“they know me”) and comfort in approaching an individual or organization with which a relationship was already built was an important theme in participant reflections.

Other characteristics or reasons to approach an organization for help included:

- Word of mouth
- Credentials
- Non-profit status: “I would just probably trust a non-profit organization over a for-profit organization, in my mind.”
- Someone who listens
- Knowing someone personally in an organization
- Responsiveness
- Comfort
- Empathy
- Communication

Many individuals identified a person, rather than an organization, that they would approach for help. When asked what discouraged them from approaching an organization for help, the following insights were shared:

- They don’t know me
- They don’t understand me
- They’re not personal
- They may not be fast in responding
- Paperwork
- Money

**5. Are you included in the decision-making around your care, or are those decisions made by someone else? By whom?**

Seniors felt ownership over care decisions and said sometimes decisions were made in tandem with family member or care provider. Adults with disabilities said decisions are made at the organizational level regarding services they received (IHSS decides the hours per month of services.)

**6. What sort of support do caregivers need to help provide you with quality care and maintain their own well- being?**

**Senior Responses:**

- Time out
- Training
- Quality training
- Reasonable compensation
- Time off
- Support to avoid burnout
- Support from other family caregivers

**Adults w/ disabilities Responses:**

- A networking group that could lead to a registry of other trainee caregivers that could be called when I'm unable to care for my client
- A support group
- A forum
- An online support group

**7. Do you feel the environment you are in is culturally sensitive to your values, practices, and beliefs?**

The resounding response to the question from both focus groups was "Yes!" All participants attending the focus group are currently living independently (no one identified themselves as living in an assisted living community or skilled nursing facility). The question was then rephrased to ask, "Is it important for an environment to be culturally sensitive to client values, practices, and beliefs?" Both senior and adult participants said that caregivers and institutions should be sensitive to client cultural beliefs and values, and as accommodating of personal preferences as possible.

**Consumers were asked three supplemental questions:**

**1. What are the core services (most essential services) needed for long term service and support?**

Participant responses:

- Transportation; Help to and from doctor's visits
- Comfort, help with activities of daily living
- Physical and mental care. Lots of personal caring to alleviate loneliness.
- Families of the people who need care to be well informed of services
- Clean, affordable living situation providing opportunity for social contract. Caring, qualified people who can be called upon when needed.
- Housekeeping, personal care, doctor appointments
- Managed care for home securities to keep folks home as long as possible if disabled
- Cooking, domestic chores, medical/para-medical care, personal care/assistance
- Individuals that care about helping with long term service and support, so that services [can] all coordinate together
- Streamlined access to support services (IHSS and other social services), coordination and training of homecare workers
- Access to physicians, in home visitation, chronic disease drugs (affordability)

## **2. Where are the current major gaps (in the long term service and support system)?**

Participant responses:

- Visitations
- Multiple costs of repeated or redundant assessments or evaluations
- Family caregivers need to be paid and treated like family
- Wages and transportation
- Lack of affordable facilities and help for care givers
- Not enough hours for providers to do the needed services
- Not enough hours
- Support for non-seniors with disabilities
- Trained providers, low wages, transportation needs in rural areas, reliability
- One central location to receive information
- Homecare worker availability, a caregiver registry that is updated and current

## **3. What changes in the current system need to be made?**

Participant responses:

- Easier to stay in our own home
- General access to already gathered data on clients
- All need to be on the same page – coordination
- Better monitoring of current cases. Better coordination with medical providers (doctors, nurses, etc.)
- Door to do transportation.
- Knowing the costs and needed hours of services. How much income can I have before I have a share of cost? Time for coordinating care phone calls.
- Better pay, health, and paper work
- Fill in the gaps for the non-seniors
- Wages, payment for travel, timeliness for approval leaving one program to another such as nursing care to home or hospital to house. Consolidation of all agencies providing services.
- What is available needs to be made *known*. Where to find what you need.
- Expand services to provide improved quality of life for recipients, eliminate age and income requirements for access to services.
- Central computer for medical record (CMR), Care Coordination

## **Seven System Changes Being Discussed Statewide and Nationally**

Of seven of the system changes currently under discussion at the State and National level we asked both Coalition and consumers to prioritize the importance each system change would be for Humboldt County to address immediately.

The seven system changes are:

1. Single point of entry / access point for eligibility determination and service coordination.
2. Uniform assessment tool – single tool to assess needs and create a plan for qualifying services.
3. Consumer directed – consumers have primary decision-making authority over direct care workers and delivery of services.
4. Quality management – whether the system achieves desired goals and continues to improve.
5. Central database – technology to streamline access to client records.
6. Transitional care / counseling mechanisms for client integration into community; leaving nursing home; hospital services; or transferring from one service to another.
7. Provide a continuum of residential options for varying degrees of client independence or services. *(HOWEVER, NUMBER 7, RESIDENTIAL OPTIONS, WAS INADVERTENTLY AND UNINTENTIONALLY NOT INCLUDED IN THE CONSUMER SURVEY.)*

## **System Changes Comparison: Coalition/Consumers**

**Question:** The following are system changes that have been discussed on a Statewide and National level. Prioritize how important you feel each change is for Humboldt County to address immediately.

<b>Coalition</b>	<b>Consumers</b>
<b>Seven system changes in ranking order</b>	<b>Six of seven system changes in ranking order</b>
1. Provide a continuum of residential options 2. Transitional Care / Counseling 3. Uniform Assessment tool 4. Consumer directed services 5. Central database 6. Quality management 7. Single point of entry	1. Consumer directed services 2. Single point of entry 3. Transitional Care / Counseling 4. Uniform Assessment tool 5. Quality Management 6. Central database <i>(Continuum of residential inadvertently left off survey.)</i>



## V. CONCLUSION

Twenty-five years ago, Humboldt County was recognized by the Administration on Aging as having the best service system for seniors in the State of California. Much has changed in Humboldt County and within the service network over the course of the past twenty-five years. Mainly, those changes have been due to funding inadequacies at both the state and federal level, service elimination or funding reductions at the state level, negative economic influences with the state, and a shifting demographic of baby boomers that has yet to be addressed at the legislative level.

While areas such as San Francisco, Los Angeles, and San Diego are considered “service rich,” rural counties such as ours experience multiple challenges and constraints described earlier in this report that urban centers do not have to contend with.

It is within the framework of those challenges and constraints that what follows is a listing of the core and priority services that must be in place for the client population to maintain independence and the major service gaps that currently exist locally in the LTSS system. These core/priority services and gaps in services were identified by both coalition members/providers and consumers in focus groups and will be distinguished as such in what follows. Interesting to note is that while some of the priority/core services are in place, others are not and/or they are not adequate to serve the entire client population within the county.

It may also be the case that they are not sufficient to avoid the more costly institutional placement or high usage of emergency rooms. That easily translates to the population we are targeting: low income seniors 65+ with chronic functional limitations and Medi-Cal eligible adults with disabilities.

**In three of the four values assessed, coalition members and consumers were in agreement as to their number one priority:**

1. Access and affordability: Provide a safety net for those who cannot afford services.
2. Quality of Life/Quality of Care: Payment rates to providers should be sufficient to support high quality care.
3. Support for Family Caregivers: Family Caregivers should have accessible and affordable support to assist them with caregiving role and help them maintain their own well-being.

**Priority/Core Services That Must Be In Place (Coalition identified):**

1. In-Home Caregiving including Home Health (negatively impacted by lack of family support and limited service providers).
2. In-Home Supportive Services/Caregivers (negatively impacted by funding inadequacies and reduced hours and reimbursement in IHSS state budget).
3. Residential Housing Options (negatively impacted by funding inadequacies and lack of family support and state organization).
4. Adult Day Health Care (negatively impacted by funding inadequacies and economic influences on access to services).
5. Food and Nutrition (negatively impacted by transportation, geographic limits to service).
6. Transportation (negatively impacted by geographic limits to service and funding inadequacies).

**Priority/Core Services That Must Be In Place (Consumer identified):**

1. Transportation for Medical Services (negatively impacted by geographic limits to service and funding inadequacies).
2. Help with Activities of Daily Living (negatively impacted by lack of family support, reduced hours and reimbursement in IHSS and demographic and economic influence in access to services).
3. Personal Caring to Alleviate Loneliness (negatively influenced by service fragmentation, lack of family support, and shrinking of family caregiver pool).
4. Families Are Well-Informed of Services (negatively impacted by service fragmentation).
5. Residential Options (negatively impacted by funding inadequacies and lack of family support and state organization).
6. Case/Care management (negatively impacted by funding inadequacies and need for hospital-to-home transitions and lack of service providers).
7. Streamlined Access to Support Services (negatively impacted by service fragmentation).
8. Access to Physicians/Medical Support (negatively impacted by lack of work force).
9. Affordable Chronic Disease Drugs (negatively impacted by funding inadequacies).

**Funding inadequacies and lack of family support are clearly the front-runners among the challenges in Humboldt County as in other rural areas.**

### **Gaps in Service**

<i><b>Coalition Identified</b></i>	<i><b>Consumer Identified</b></i>
1. Caregivers / IHSS Workers	1. Visitation
2. Increase IHSS hours	2. Multiple costs of repeated / redundant assessments and evaluations
3. Skilled / trained caregivers	3. Increase caregiver wages
4. Affordable services: - Housing - Transportation - In home caregivers	4. Transportation (rural)
5. Medical professional workforce	5. Lack of hours and support for caregivers
6. Transportation	6. Better trained providers
7. Inadequate funding to manage programs, discouraging people from remaining at home.	7. One location to receive information
8. Care / care management	8. Updated / current caregiver registry
9. Mental health counseling	

**Funding inadequacies, reduced hours and reimbursement in IHSS, service fragmentation and lack of medical professional and service provider workforce are clearly the major challenges rural areas will grapple with in trying to resolve gaps in services.**

**When Coalition members were asked what ways the county and/or state should address these unmet needs, their responses fell into four broad categories:**

1. Increase funding to identified services/programs/prioritize funding:
  - a. community-based programs such as IHSS, meal programs, case/care management, Adult Day Health Care
  - b. access federal funding for LTC programs
  - c. prioritize spending away from acute to chronic services
2. Evaluate and strengthen community services
  - a. intra – inter transportation
  - b. strengthen community services and make them affordable
  - c. create a vision and plan for community based programs to address the aging population
  - d. develop a county-wide referral program

3. Training
  - a. need better and more training for caregivers
  - b. provide training support for qualified support service workers
4. Incentives for caregivers and physicians
  - a. increase salaries
  - b. incentives for physicians
  - c. stipends for caregivers

**When Coalition members were asked a series of questions related to what changes need to be made in the current LTSS system, several issues were raised:**

1. Thirty-five percent (35%) of the providers said they had to decline services to a client because they did not meet their eligibility requirements and 29% said they declined services due to not having enough available staff or there was no source of payment.
2. Sixty-one percent (61%) said that the state regulatory environment affected their ability to provide services.

Due to:

- a. over regulation compared to federal requirements requires extra staff to meet requirements.
  - b. 20-hour limit for clinical services at outlying sites under satellite facility license inhibits ability to serve clients who are unable to travel or live in rural areas.
  - c. wage orders and Worker's Compensation requirements severely limit ability to pay qualified staff higher salaries.
  - d. constant regulatory reviews with different standards between reviewing organizations.
  - e. multiple regulatory agencies with conflicting regulations, lack of flexibility in labor law/work arrangements for non-union employees.
3. 50% of providers said they had experienced difficulties working with state agencies in the past year. Mainly problems related to receiving state funds in a timely manner, reimbursements lagging several months behind which strains operation cash-flow and the ever- changing rules between surveyors, making it difficult to meet all requirements.

**When Coalition members were asked what flexibility they needed to provide services adequately, responses include:**

- a. adequate funding with flexibility, better base funding.
  - b. less time spent with assessments and auditors.
  - c. rate issues such as reinstating the ability to revise rates based on the cost of doing business; elimination of arbitrary cap on rates and regulatory changes in wage orders and labor code.
  - d. flexible work force; providing internships and clinical trainings.

- e. regulatory consolidations/changes such as merging long term care statute and regulation to reduce administrative duplication and the need to review and consolidate regulations.

**From the Consumers perspective, they would like to see the following changes made within the current system:**

1. Make it easier for seniors to stay in their own homes.
2. Better care coordination.
3. Better pay to caregiver.
4. Consolidate all agencies providing care.
5. Better coordination of agencies.

**Throughout the course of the Consumer Focus Groups several themes continually re-emerged through participant discussion:**

*Awareness and Access to Services:* Focus group participants continually reiterated the challenge of operating in a “matrix-like” system. Participants indicated that better knowledge of LTSS services available in Humboldt County should be prioritized by professionals and organizations working in the LTSS setting, and that this information should be made available to the public in an understandable way. Many participants felt that coordination between services could be improved and that a single point of entry would be useful when determining eligibility for services.

*Better Pay and Support for Caregivers:* The need to increase caregiver wages was articulated throughout both focus groups. Participants perceived that increased wages would improve the quality of care given by care providers. Additionally, participants in the adult’s with disabilities focus group articulated the need for established support networks for care providers and systems that would assist with caregiver recruitment and respite.

*Patient Centered Services:* From service eligibility guidelines to accessibility issues, participants shared that the current LTSS system is not patient-centered. Participants recommended consumer involvement in planning and policy work as a way to develop systems that meet the needs of the end user.

## VI. RECOMMENDATIONS

### **1. Priority Populations to be Served:**

Deliver services based on functional need, not simply age. The structure needs to shift the service-delivery paradigm from service-delivery based on age to service-delivery based on need. In the present system, individuals receive services for which they are eligible based upon their age, or a specific program's funding stream requirements, regardless of their need for long-term care services. The structure needs to deliver services based on an individual's functional need, regardless of program eligibility.

#### **RECOMMENDATION 1:**

**The North Coast Long Term Services and Supports Coalition recommends that, unless restricted by federal or state law or any granting authority, the priority population to be served with LTSS by Humboldt County providers should be low-income seniors with chronic functional limitations and Medi-Cal eligible adults with disabilities.**

### **2. Core Services Needed:**

As described in the Conclusion section, the Core Services Needed for LTSS as defined by Coalition members and Consumers are:

#### ***Coalition:***

- In Home Caregiver / Home Health
- In Home Supportive Services / Caregivers
- Residential Housing Options
- Adult Day Health Care
- Food and Nutrition
- Transportation

#### ***Consumers:***

- Transportation to medical appointments
- Help with activities of daily living
- Personal caring / alleviate loneliness
- Families well informed of services
- Residential options
- Case/Care management
- Streamlined access to support services
- Access to physicians / medical support
- Affordable chronic disease drugs

Four of the six core services identified by the Coalition (In-Home Caregiving, In-Home Support Services, Residential Service Options, and Transportation) are negatively impacted due to multiple factors:

- Lack of family support
- Limited service providers
- Reduced hours and reimbursement in IHSS state budget
- Funding inadequacies
- Geographic limits to service provision

Seven of the eight core services identified by Consumers (Transportation; Help with activities of daily living; Families be well informed of services; Residential options; Care/case management; Streamline access to support services; Access to physicians/medical support, affordable chronic disease drugs) are negatively impacted due to the same five factors listed above.

In addition to those five factors, three additional factors would include:

- Service fragmentation
- Need for hospital to home transitions
- Lack of work force

## **RECOMMENDATION 2:**

**The Area 1 Agency on Aging, as part of their Area Plan process and in cooperation with the appropriate local, state and federal agencies, should develop program and advocacy objectives to respond to (and eradicate where possible), the multiple factors negatively impacting the core services described above. These objectives will be sent to the California Department of Aging as an Area Plan amendment to the plan submitted in May 1, 2012 by September 30, 2012<sup>24</sup>.**

## **3. Major Gaps**

On page 34, under Conclusions, Coalition members addressed nine service gaps and Consumers addressed eight.

While some gaps in service identified by the Coalition may be difficult to address in the short-term, i.e., increase in IHSS hours (due to the State budget); affordable housing; medical professional work force; transportation; inadequate funding; others are viable to solutions such as: recruitment and training of caregivers; mental health counselors; and care/case management.

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<sup>24</sup> Area 1 Agency on Aging, Plan on Aging, 2012-2016. The California Department of Aging (CDA) and the statewide network of 33 Area Agencies on Aging (AAA) share responsibility for planning for California's present and future aging and long-term care needs. The AAAs' Area Plans (AP) and the California State Plan on Aging together establish the framework for how the AAAs and the CDA will deliver services to California's diverse population.

Three gaps in service identified by Consumers also are amenable to system-related changes: the multiple costs of repeated/redundant assessments/evaluations; one location to receive information and an updated/current caregiver registry.

### **RECOMMENDATION 3:**

**A committee of current Coalition members and other relevant stakeholders be established representing the priority population to be served, chaired by the Area 1 Agency on Aging to develop a work plan including objectives to address the stipulated gaps in service which are amenable to solutions:**

- **Recruitment and training of caregivers**
- **Mental health counselors**
- **Care/case management**
- **Repeated/redundant assessments/evaluation**
- **One location to receive information**
- **Updated/current caregiver registry**
- **Inter/intra transportation**
- **County-wide referral system**

## **4. Replications in Service**

The Coalition survey attempted to capture replications in services that could be streamlined and/or offered by another organization. However, replications were not immediately apparent from the survey results. The most frequently provided services: Information and Referral, Nutritional Services, Respite Care, Physical, Speech, Respiratory or Occupational Therapy, Skilled Nursing Care, and Care/Case management were offered by ten or more respondents. However, several of them had eligibility restrictions such as geography (65%), age (47%), behavioral diagnosis (35%), and payment source (25%), limiting the clientele that the respondent provides services to.

### **RECOMMENDATION 4:**

**At this point in time, no major replications of service exist in Humboldt County that could either be streamlined or offered by another organization unless major system changes were to occur at the state level.**

## **5. System Changes that Need to be Made**

System changes put forth by the North Coast Long-Term Services and Supports Coalition in recommendations 5 and 6 take into account past work that was done by the California State Legislature (2004), the Assembly on Aging and Long-term Care Committee (2004), and The Little Hoover Commission (2011).



### Historical Background:

For decades now, California has dealt with the question of how to reorganize/restructure services to older adults and adults with disabilities. To name a few: In 2004, while serving in the California State Legislature, the Project Consultant convened an Expert Panel to develop pan organizational structure for serving California's older population and adults with disabilities.<sup>25</sup> Four outside states participated: Washington, Oregon, Pennsylvania, and Florida.

The Committee was guided by twelve key questions in developing an organizational structure to meet the needs of the defined population:

1. How do we implement change and/or improvements to the system in such a geographically, ethnically, and culturally diverse state as California?
2. How can we best integrate service systems for the elderly and adults with disabilities while, at the same time, acknowledging and responding to difference between these two population groups?
3. Who are the key stakeholders whose commitment and partnership are essential?
4. How do we ensure that revenue resources are commensurate with population growth?
5. What should the criteria be for the distribution of resources?
6. How can the arrangement of services be delivered to the consumer in a seamless, coordinated manner, regardless of program administration and jurisdiction?
7. How can programs effectively eliminate individual data and eligibility silos and become consumer rather than provider-centric? In other words, how can the state move from individual eligibility and data collection to accountability in data collection, focusing more on outcomes for the consumer and cost-effectiveness of the programs and services?
8. What administrative hurdles and barriers need to be overcome at both the state and county/local level?
9. How can we ensure that adequate checks and balances are built into any service delivery system without overburdening the system with regulations, in order to achieve accountability and quality control?
10. How do we balance the need for consumer choice and the need for local flexibility with necessary state oversight and accountability standards?
11. How do we develop service system standards that are uniform and not dependent upon income? In other words, how do we avoid having separate (and unequal) systems of care for low, moderate, and upper-income persons?
12. How do we ensure quality standards are maintained or developed across services regardless of the funding source and/or the service provider?

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<sup>25</sup> Restructuring the California Department of Aging and Long Term Care Service in California, 2004.

After considering other states' organizational structures and options for California, the *Expert Panel* concluded that whatever California design, the state structure shall:

1. *Foster gatekeeper/care navigator services*: In order to minimize system fragmentation, and help consumers access the home and community based long-term care system, the structure needs to develop into its framework "care navigation" services that provide *all* consumers or caregivers with access to information and referral services, short-term assistance for the consumer or caregiver, or long-term ongoing care coordination, services coordination, or case management services. Care navigation and gatekeeping may be performed within existing programs and at multiple points of entry, with the ultimate goal being to keep an individual at home, or in the least restrictive environment.
2. *Deliver services based on functional need, not eligibility*: The structure needs to shift the service-delivery paradigm from service-delivery based on *age* to service delivery based on need. In the present system, individuals receive services for which they are eligible based upon their age, or a specific program's funding stream requirements, regardless of their need for long-term care services. The structure needs to deliver services based on an individual's *functional need*, regardless of program eligibility.
3. *Maximize administrative efficiency through data system collection/tracking*: The structure needs to maximize administrative efficiency by developing data and technology systems for both consumers and providers. Various entities have developed a web-based database that specifies programs available to the consumer, with information that the consumer can easily access about benefits, services, and purchase of service. In the new state structure, consumers and providers should have the capability to access a databank web site that provides specific inventory of services for each county, with eligibility, application information on line, as well as shared provider client-tracking abilities. Similar database web sites already exist, but have not yet been developed on a statewide basis. These data systems help to reduce administrative inefficiencies and duplication in services.
4. *Access waivers*: The structure needs to maximize opportunities for receipt of federal Medicare and Medicaid waivers, with the greatest efficiency and without duplication between departments in waiver design and implementation. A statewide policy is preferable to regional pilot programs.
5. *Enhance private pay options*: The structure needs to include options for individuals who could pay privately for services and may not meet eligibility criteria for state-run programs. These individuals are often forgotten or ignored by the system, and have difficulty accessing necessary home and community based programs.

Then again, in October 2004, a White Paper<sup>26</sup> was developed and published as part of the California Performance Review and State-level Organization of Home, Community and Institutional Programs serving disabled and older adults. The proposal was intended to improve the effectiveness of state government through restructuring.

Six questions addressed the State's current organizational structure for delivery of services to the disabled and older adult populations that still ring true in 2012. Specifically, related to barriers

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<sup>26</sup> White Paper by CHHSA Aging and Long-Term Care Workgroup, October 5, 2004. Retrieved from: A Long-Term Strategy for Long-Term Care, Appendix D, The Little Hoover Commission, April 2011

to improving client service delivery and outcome; barriers to coordination and integration of policy and programs; where duplications exist; opportunities to better use resources and impacts the current organization of services have on other levels of government.

Then in April 2011, the Little Hoover Commission released its Comprehensive Strategy to Meet the Needs of Low Income Elders and Disabled Californians<sup>27</sup>.

**THE LITTLE HOOVER COMMISSION (LHC) OUTLINED THREE MAJOR RECOMMENDATIONS, EACH WITH SUBSETS:**

**LHC Recommendation 1: California needs a streamlined and consolidated organizational structure at the state.**

- The Governor and Legislature should consolidate all long-term care programs and funding into a single long-term care entity within the Health and Human Services Agency, led by a long-term care leader reporting directly to the Agency Secretary.
- The long-term care department should retain state-level global budget authority for all long-term care programs and services.
- The long-term care department should serve as the single point of state-level contact to provide leadership to local jurisdictions in sharing and encouraging best practices and to ensure oversight of locally-delivered long-term care services.

**LHC Recommendation 2: California must develop a strategy for how to create a seamless continuum of long-term care services.**

- The long-term care leader should lead the creation of a vision and strategy for the future of long-term care in California.
- The strategy should incorporate information gathered in the California Community Choices project data warehouse study, the California Medicaid Research Institute/The SCAN Foundation study, and other data as it becomes available in order to understand the State's current long-term care programs, determine how to move forward and measure the results of future actions.
- The visioning and strategy-building process must include stakeholders.
- The vision should design a continuum of care that wraps around the individual senior or person with disabilities, gives local jurisdictions the flexibility needed to provide the right care in the right place at the right time, holds these jurisdictions accountable for results and fosters a culture that regards seniors and people with disabilities as community assets.

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<sup>27</sup> A Long-Term Strategy for Long-Term Care, The Little Hoover Commission, April 2011  
<http://www.lhc.ca.gov/studies/205/Report205.pd>

- The strategy should list specific actions that will be taken to achieve the vision.

**LHC Recommendation 3: California needs a champion to lead development of a coordinated continuum of long-term care services for seniors and people with disabilities.**

- The long-term care leader must have the authority and expertise to pull-together long-term care data and programs from multiple state departments, initiate better coordination, create the conditions for greater innovation and facilitate integration of long-term care programs at the local level.
- The long-term care leader should annually report to the legislative policy committees about the current status of long-term care in California, the level of state spending across long-term care programs, the progress of improving the continuum of services, and the next steps that must be taken to continue to enhance the coordination and delivery of services.
- The state Health and Human Services Agency should develop the following tools to create a seamless and coordinated continuum of long-term care services.
  - A single and uniform assessment tool to better manage a client's long-term care needs across programs over time.
  - Information technology that enables the integration of services virtually, facilitates consumer case management, collects data and provides information to the county and the state to allow for effective management of the system.
- Local jurisdictions must become the single point-of-entry for long-term care services and should have the flexibility to assess needs, coordinate care, connect clients to the services they need and for which they qualify, and be able to help clients transition from program to program as needed.
- The state should provide local jurisdictions the right incentives, flexible funding and program support needed to ensure that local jurisdictions have the framework and resources needed to meet client needs.

**RECOMMENDATION 5:**

**The North Coast Long Term Services and Supports Coalition supports The Little Hoover Commission's recommendations and will forward that recommendation to Secretary Diana Dooley and request the California Collaborative advocate for the states adoption of the report and it's subsets, including the three additional components listed below.**

- Provide a continuum of residential options.**
- Implement transitional care counseling programs statewide.**
- Ensure services are consumer-centered and consumer-directed.**

## **6. Pre-Admission Screening System (PAS)**

A cost-saving measure to include in the state's restructuring design would be a pre-admission screening system prior to discharge from acute hospital to a skilled nursing facility.

Oregon has developed such a PAS system for individuals requesting or referred for nursing facility placement<sup>28</sup>. Highlights of their system include:

1. Screenings for Medicaid clients are done by the local AAA or state office.
2. PAS determines if the patient is appropriate for a lesser level of community-based care is required before a patient is discharged from a hospital to a nursing home.
3. Substantial fines are imposed on nursing facilities that admit patients prior to pre-admission screening conducted by the AAA.
4. Screenings includes private pay individuals as well as Medicaid. The assessment fee is charged to the individual – approximately \$200 – certified by the state.

### **RECOMMENDATION 6:**

**The North Coast Long Term Services and Supports Coalition supports the need to integrate a statewide pre-admission screening system and will forward that recommendation to Secretary Diana Dooley and request the California Collaborative advocate for a policy change at the State-level to Adopt a pre-admission screening system in the states restructuring design.**

## **7. Family Caregiver Assessment Tool**

Our survey results, both with Coalition members and consumer target in-home care and help with Activities in Daily Living as the number one priority to avoid unnecessary institutionalization.

Approximately 75% of community-dwelling disabled elderly are cared for at home or in the community by family members or other informal caregivers. Many of these family members are not paid, and in fact, bear close to 40% of long term care costs. It behooves us as a State to increase caregiver support.

The way to change this is to institute a Uniform Assessment Tool for Caregivers to assist in evaluating the needs of caregivers.<sup>29</sup>

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<sup>28</sup> Restructuring the California Department of Aging and Long Term Care Service in California, Appendix 5, 2004.

<sup>29</sup> Appendix C: California Caregiver Resource Center Uniform Assessment Tool

Additionally, according to “Raising Expectations, A State Scorecard on LTSS for Older Adults, People with Physical Disabilities, and Family Caregivers,” California ranks 32 out of 50 states in support of family caregivers.

#### **RECOMMENDATION 7:**

**The North Coast Long Term Services and Supports Coalition encourages all agencies which support family caregivers adopt for use a Caregiver Assessment tool. The Coalition will forward the recommendation to Secretary Diana Dooley and request The California Collaborative advocate for such a statewide policy change.**

### **8. Health Maintenance Tasks**

Currently of the 17 health-related health maintenance tasks, CNA’s are only allowed to administer glucometer tests and administer enemas.

#### **RECOMMENDATION 8:**

**The North Coast Long Term Services and Supports Coalition supports the need to increase the number of health-related tasks currently allowed be administered by paid or formal caregivers in California. The Coalition will request Secretary Diana Dooley amend all California caregiver training curriculum to increase the number of health maintenance tasks paid or formal caregivers can provide. The Coalition will also request the California Collaborative advocate for such a statewide policy change.**

### **9. Residential Care Homes**

Restrictive California statute and regulations limit services to strictly non-medical care. California facilities are licensed under the Department of Social Services, which is unable to promulgate health care regulations. This also limits California funded rates for residential care and assisted living to \$982.00 per month, contrasting starkly to that of \$3,513.30 in Washington state. In both Washington and Oregon regulations and statute provide for professional nursing services and allows resident to remain in the least restrictive environment.

#### **RECOMMENDATION 9:**

**The California Collaborative explore, with the California Health and Human Services Agency, the feasibility of (1) transferring the Community Care Licensing Division from the Department of Social Services to the Department of Public Health, and (2) amend California’s statute and regulation for residential care/ assisted living to align more closely with that of states such as Oregon, and Washington.**

## **10. Measuring Success**

Any changes in legislative and policy direction should include a benchmark or tool to determine what constitutes sound and effective policy. The North Coast Long Term Services and Supports Coalition supports such policy change should meet the following three criteria:

### **Independence**

- Does the legislative or policy change allow for the maximum amount of independence?
- Does it allow for older adults to remain in their own homes as long as possible?

### **Flexibility**

- Is the legislative or policy change flexible enough to meet the needs of a diverse range of older adults and people with disabilities?
- Can the change be implemented regardless of geographic location?
- Does the change avoid restrictive definitions of eligibility that inhibit access to a given program or service?

### **Choice**

- Does the legislative or policy change allow for the maximum level of choice?
- Can older adults or people with disabilities choose the types of services that they would like to receive?
- Does the change allow for self-direction of services or care?

## **RECOMMENDATION 10:**

**The California Collaborative advocate for the adoption of the three criteria outlined above in measuring success in all policies related to restructuring LTSS for the targeted population.**

## **Appendices**

- A. Long –Term Care Services and Supports Survey Results, Final Report**
- B. North Coast Long-Term Care Coalition: Focus Group Findings**
- C. California Caregiver Resource Center Uniform Assessment Tool**
- D. NCLTSSC Quarterly Meeting Agendas**
- E. Template for Restructuring Long-Term Services and Supports at the Local Level**



Appendix A:  
Long –Term Care Services and Supports Survey Results, Final  
Report



# **Long-Term Care Services and Supports Survey Results Final Report**

May 2012

Prepared by the California Center for Rural Policy  
Melissa Jones, Alissa Leigh, Connie Stewart

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## **Appendix**

### **Appendix A Survey**

## **Executive Summary**

In July of 2011 The SCAN Foundation<sup>16</sup> selected the North Coast Senior Services Collaborative of Humboldt County as one of 12 statewide Coalitions they would fund to assist in the State of California's transformation of Long Term Services and Supports. In September 2011, the North Coast Senior Services Collaborative was revitalized, refocused and renamed the North Coast Long-Term Services and Supports Coalition to discuss and plan for the future of Humboldt County's seniors and adults with functional disabilities. As part of that revitalization, seven questions arose:

1. What are the core and priority services needed for Long-Term Services & Supports (LTSS)?
2. What are the current major gaps?
3. Are there replications in service(s) that could be streamlined or provided by another organization?
4. What changes need to be made in the current system?
5. Who represents the priority population(s) to be served?
6. What is the best use of current available resources to address the core?
7. How do we maximize state and federal funds?

The survey results were sorted according five questions of these questions and are explained below. The survey did not gather information on the last two questions.

### **1. What are the core and priority services needed for LTSS?**

Respondents were most consistent voicing the need for in home care, In Home Supportive Services (IHSS), Adult Day Health Care (ADHC), food/nutrition and transportation.

IHSS and ADHC were specifically mentioned, while the others were themed groups. A wide variety of in home services were identified: caregivers, home health, supported living, residential home care, self-assisted care and daily living skills. Food/nutrition covered access, home delivered meals, meals on wheels and congregate nutrition programs. Transportation included dial-a-ride and paratransit specifically.

There were few programs that had waiting lists, which can be an indicator of need. Home health, behavioral health counseling, Multipurpose Senior Services Program, one bedroom housing and primary care by location were a few of these services.

### **2. What are the current major gaps?**

There is some overlap between the priority services needed and the current gaps in the system. Transportation, caregivers, in home services, housing issues, mental health counseling, care/case management and provider supply were services that were seen lacking in the current system.

Transportation was identified as a missing service. Respondents said transportation issues presented challenges for clients - 28% of the surveyed providers said it was a problem once a week and 38% said it was a problem once a month.

When asked about unmet needs and missing services home based services, like caregiving, were identified. Caregiver issues that arose frequently were: sufficient training, availability, affordability and enough hours. In home services such as home maintenance, home delivered meals, and home health were also mentioned.

Housing gaps were in affordability, housing for substance abusers, skilled nursing and housing generally.

Having enough providers for clients presented a challenge for many of the respondents – specific professions were: primary care, physical therapist, visiting nurse support, nurse practitioner and physician. These issues were further explored in the section related to workforce concerns. When asked about recruiting and retaining staff, 78% of respondents indicated that they had difficulty recruiting staff, but 44% indicated that retention presented problems. When recruiting staff many different positions were identified, with physical therapists the most frequently mentioned. A majority of respondents encounter staff challenges (ie: calling out sick, difficulties with transportation, client complaints) less than once a month or never. However, 25% of respondents indicated that they use temporary or pool employees almost every day because of staff shortages.

### **3. Are there replications in service(s) that could be streamlined or provided by another organization?**

Replications in services are not immediately apparent from survey results. Many of the most frequently provided services: Information & Referral, Nutritional Services, Respite Care, Case/Care Management, Physical, Speech, Respiratory, or Occupational Therapy and Skilled Nursing Care were provided by 10 or more respondents, but several of them had eligibility restrictions. Eligibility may limit the clientele that a respondent provides services to. Respondents most frequently limited their services by geography (65%), age (47%), behavioral diagnosis (35%) and payment source (25%).

### **4. What changes need to be made in the current system?**

When asked to prioritize the most important changes were for Humboldt County, respondents ranked seven options from “not important” to “very important.” Respondents were in the most agreement regarding the provision of a continuum of residential options for varying degrees of client independence and transitional care and counseling for moving between service types. Respondents gave more varied responses for single point of entry, establishing a central database for all clients and quality management (achieving desired goals and improvement).

The survey examined the effect that state level policies have on local providers. Of those that answered the question, 61% of respondents said that the state regulatory environment affects the respondents’ ability to provide services. Comments include payment issues, hour limits for services, and conflicting regulations implemented by multiple agencies. Respondents also indicated that they need more flexibility around funding sources, rate issues and regulations to adequately administer services to clients.

Appropriate wages for qualified staff were a common theme that occurred in several different sections of the survey. Wages were mentioned when respondents discussed challenges at the state level, and were also discussed by respondents when asked about difficulties with recruiting and retaining qualified staff.

### **5. Who represents the priority population(s) to be served?**

The survey was designed to gather data about the population currently served to help gauge the priority population in the county. It was difficult to obtain solid demographic information from a number of respondents. This could be due to the various ways that respondents house demographic data or lack of a centralized database. Of those that were able to answer demographic questions, results were so varied among many different services and populations that accurate conclusions could not be drawn.

Many respondents did not know some information that could be relevant for the long-term care community, such as whether there were other members in the client’s household or whether the client was married or had a partner.

## **Community Partnerships**

Respondents were asked to identify local community partners as one of the final survey questions. Perhaps due to the length of the survey or the difficulty in identifying partners in a complex system, the data for this question was not sufficient to draw conclusions regarding how the network of long-term care providers works together. Many respondents identified programs instead of organizations, generalized answers without naming specific organizations, or identified organizations outside of the local community. In the future, this question would be further refined to gather more precise data to help understand the local long-term care network and the complex relationships within it.

## **Background**

In July of 2011 The SCAN Foundation<sup>16</sup> selected the North Coast Senior Services Collaborative of Humboldt County as one of 12 statewide Coalitions they would fund to assist in the State of California's transformation of Long Term Services and Supports. In September 2011, the North Coast Senior Services Collaborative was revitalized, refocused and renamed the North Coast Long-Term Services and Supports Coalition to discuss and plan for the future of Humboldt County's seniors and adults with functional disabilities. To inform the Coalition and target policy solutions, a provider survey was conducted to better understand the needs and system changes that should occur to best use resources and improve care.

## **Methods**

### **Study Design and Sample**

A 12 page online survey was designed by the California Center for Rural Policy staff and Former Assembly Member and Coalition leader Patty Berg, with input from experts in California policy and agencies. The survey instrument was based on a provider survey developed by the University of Connecticut's Center on Aging for a statewide Long-Term Care Needs Assessment and new questions were developed to specifically address the interests of the Coalition and fit the policy framework within California. The survey link was emailed to Coalition members in December of 2011 and specific follow-ups were conducted in January 2012.

In April 2012, respondents were asked to answer a modified version of Question 1 from the Coalition Survey regarding the services an organization "directly provides." The question was resubmitted due to initial ambivalent wording that may have skewed the results because of its lack of clarity. Results for this question were gathered and analyzed in May 2012.

## **Analysis**

To obtain a provider perspective this survey was submitted to Coalition members in December 2011 through an online service. A total of 19 respondents completed the survey. Qualitative results were analyzed through Atlas.ti, a computer software program used in qualitative data analysis to identify common themes.



# Who represents the priority populations to be LTSS?

## **SR 2: Number of Clients Being Served by Each Organization**

Table 1: Organizations and the Number of Clients they serve

<b>Organization</b>	<b>Clients Served</b>
Tri- County Independent Living	30-40 per month
Mad River Community Hospital	Data not provided
Adult Day Health Care at Mad River Hospital	Data not provided
United Indian Health Services	10,000 total-Unable to determine specific number receiving above services
Hospice of Humboldt	107
North Coast Association of Residential Care Administrators	Over 1000 elderly and dependent adults
Mad River Community Hospital Home Health Services	Approx. 200 each month
Humboldt Del Norte IPA and Foundation	8,000
Area 1 Agency on Aging	HICAP served 8,640 in 2010-11, all other programs avg 130/ month
North Coast Clinics Network	6500 seniors receiving primary care health services
St. Joseph Health System-Humboldt County	Fluctuates by patient bed days
Humboldt Community Access & Resource Center (HCAR)	300
Humboldt Senior Resource Center	MSSP 124, ADHC 126, Congregate 140, HDM 190, Handiman 75, ? for recreational services
Visiting Angel	110
St Joseph Home Care	150
Humboldt County Department of Health & Human Services	1600 IHSS recipients
Timber Ridge	175 residents
Redwood Coast Regional Center	Currently we provide services to 3.073 people in Del Norte, Humboldt, Lake and Mendocino

## **SR 2: How Many Clients do You Serve & SR 49: Name of Organization**

### **List of Organizations and the Number of Clients They Serve**

- 1. Tri- County Independent Living**
  - 30-40 per month
- 2. Mad River Community Hospital**
  - Data not provided
- 3. Adult Day Health Care at Mad River Hospital**
  - Data not provided
- 4. United Indian Health Services**
  - 10,000 total-Unable to determine specific number receiving above services
- 5. Hospice of Humboldt**
  - 107
- 6. North Coast Association of Residential Care Administrators**
  - Over 1000 elderly and dependent adults
- 7. Mad River Community Hospital Home Health Services**
  - Approx. 200 each month
- 8. Humboldt Del Norte IPA and Foundation**
  - 8,000
- 9. Area 1 Agency on Aging**
  - HICAP served 8,640 in 2010-11, all other programs avg 130/ month
- 10. North Coast Clinics Network**
  - 6500 seniors receiving primary care health services
- 11. St. Joseph Health System-Humboldt County**
  - Fluctuates by patient bed days
- 12. Humboldt Community Access & Resource Center (HCAR)**
  - 300
- 13. Humboldt Senior Resource Center**
  - MSSP 124, ADHC 126, Congregate 140, HDM 190, Handiman 75, for recreational services
- 14. Visiting Angel**
  - 110
- 15. St Joseph Home Care**
  - 150
- 16. Humboldt County Department of Health & Human Services**
  - 1600 IHSS recipients
- 17. Timber Ridge**
  - 175 residents
- 18. Redwood Coast Regional Center**
  - Currently we provide services to 3,073 people in Del Norte, Humboldt, Lake and Mendocino Counties

### **SR 3: Services Being Provided to Each Age Range.**

Table 2. Organizations providing the Most Services per Age Range

<b>Age Range</b>	<b>Organization that provides the most services for each age group</b>	<b>Percent served</b>
<b>≤ 18</b>	North Coast Clinics Network	31-40%
<b>19-59</b>	Tri County and Humboldt Del Norte IPA and Foundation	71-80%
<b>60-64</b>	Area 1 Agency on Aging	31-40%
<b>65-84</b>	Humboldt Senior Resource Center	61-70%
<b>85-99</b>	Hospice of Humboldt	41-50%
<b>100 or older</b>	--	--

\* Note: For the age range 100 or older, 10 of the 15 organizations indicated that the percent of their clients in this particular age group, that they provide services to is 0-10%.

#### **1. Age Range: ≤ 18**

##### 0-10%

- Tri County 0-10%
- Humboldt County Department of Health and Human Services 0-10%
- Mad River Community Hospital 0-10%
- Hospice of Humboldt 0-10%
- Humboldt Del Norte IPA and Foundation 0-10%
- St. Joseph Home Care 0-10%
- Humboldt County Department of Health & Human Services 0-10%

##### 11-20%

- Mad River Community Hospital 11-20%
- Humboldt Community Access & Resources Center 11-20%

##### 21-30%

- United Indian Health Services 21-30%

##### 31-40%

- North Coast Clinics Network 31-40%

##### Don't Know

- North Coast Association of Residential Care Administrators- Don't Know
- St. Joseph Health System- Humboldt County -Don't Know

##### Not Applicable

- Humboldt Senior Resource Center –N/A
- Visiting Angel- N/A

##### No Data was Provided

- Timber Ridge- No data provided
- Redwood Coast –No data provided

- Mad River Community Hospital Home Health-No data provided
- Area 1 Agency on Aging- No data provided

## **2. Age Range: 19-59**

### 0-10%

- Hospice of Humboldt 0-10%
- Mad River Community Hospital Home Health 0-10%
- Visiting Angel 0-10%

### 11-20%

- Mad River Community Hospital 11-20%
- Mad River Community Hospital 11-20%
- Humboldt Senior Resource Center 11-20%

### 21-30%

- Area 1 Agency on Aging 21-30%

### 41-50%

- Humboldt County Department of Health and Human Services 41-50%
- Humboldt County Department of Health & Human Services 41-50%
- North Coast Association of Residential Care Administrators 41-50%

### 51-60%

- United Indian Health Services 51-60%
- North Coast Clinics Network 51-60%
- St. Joseph Home Care 51-60%

### 61-70%

- Humboldt Community Access & Resources Center 61-70%

### 71-80%

- Tri County 71-80%
- Humboldt Del Norte IPA and Foundation 71-80%

### Don't Know

- St. Joseph Health System- Humboldt County

### No data available

- Timber Ridge
- Redwood Coast

## **3. Age Range: 60-64**

### 0-10%

- United Indian Health Services 0-10%
- Hospice of Humboldt 0-10%

- North Coast Association of Residential Care Administrators 0-10%
- Humboldt Del Norte IPA and Foundation 0-10%
- North Coast Clinics Network 0-10%
- Humboldt Community Access & Resources Center 0-10%
- Visiting Angel 0-10%

#### 11-20%

- Tri County 11-20%
- Mad River Community Hospital Home Health Services 11-20%
- Mad River Community Hospital 11-20%
- Humboldt Senior Resource Center 11-20%
- Humboldt County Department of Health & Human Services 11-20%

#### 21-30%

- Mad River Community Hospital 21-30%
- St. Joseph Home Care 21-30%

#### 31-40%

- Area 1 Agency on Aging 31-40%

#### Don't Know

- St. Joseph Health System- Humboldt County Don't Know

#### No data available

- Timber Ridge
- Redwood Coast

### **4. Age Range: 65-84**

#### 0-10%

- United Indian Health Services 0-10%
- Humboldt Del Norte IPA and Foundation 0-10%
- North Coast Clinics Network 0-10%
- Humboldt Community Access & Resources Center 0-10%

#### 11-20%

- Tri County 11-20%
- Mad River Community Hospital 11-20%
- Hospice of Humboldt 11-20%
- Area 1 Agency on Aging 11-20%

#### 21-30%

- Humboldt County Department of Health and Human Services 21-30%
- Visiting Angel 21-30%
- Humboldt County Department of Health & Human Services 21-30%

#### 31-40%

- Mad River Community Hospital 31-40%
- Mad River Community Hospital Home Health 31-40%

#### 41-50%

- Timber Ridge- 41-50%

#### 51-60%

- St. Joseph Home Care 51-60%

#### 61-70%

- Humboldt Senior Resource Center 61-70%

#### Don't Know

- North Coast Association of Residential Care Administrators Don't Know
- St. Joseph Health System- Humboldt County-Don't Know

#### No Data

- Redwood Coast – Data not available

### **5. Age Range: 85-99**

#### 0-10%

- Tri County 0-10%
- Humboldt County Department of Health and Human Services 0-10%
- United Indian Health Services 0-10%
- Area 1 Agency on Aging- 0-10%
- North Coast Clinics Network 0-10%
- Humboldt Community Access & Resources Center 0-10%

#### 11-20%

- Mad River Community Hospital Home Health 11-20%
- Humboldt Senior Resource Center 11-20%
- St. Joseph Home Care 11-20%

#### 31-40%

- Mad River Community Hospital 31-40%
- North Coast Association of Residential Care Administrators 31-40%
- Visiting Angel 31-40%
- Timber Ridge 31-40%

#### 41-50%

- Hospice of Humboldt 41-50%

#### Don't Know

- St. Joseph Health System- Humboldt County

#### No Data

- Mad River Community Hospital
- Humboldt Del Norte IPA and Foundation
- Redwood Coast Regional Center

#### **6. Age 100 or older**

##### 0-10%

- Timber Ridge 0-10%
- Humboldt County Department of Health & Human Services 0-10%
- Humboldt Senior Resource Center 0-10%
- Humboldt Community Access & Resources Center 0-10%
- United Indian Health Services 0-10%
- Hospice of Humboldt 0-10%
- Mad River Community Hospital 0-10%
- Tri County 0-10%
- Humboldt County Department of Health and Human Services 0-10%
- Visiting Angel 0-10%

##### Don't Know

- North Coast Association of Residential Care Administrators
- St. Joseph Health System- Humboldt County

##### Left Blank

- Mad River Community Hospital Home Health- Blank
- Humboldt Del Norte IPA and Foundation - Blank
- Area 1 Agency on Aging - Blank
- North Coast Clinics Network- Blank
- St. Joseph Home Care- Blank
- Redwood Coast Regional Center – Blank
- Mad River Community Hospital –Blank

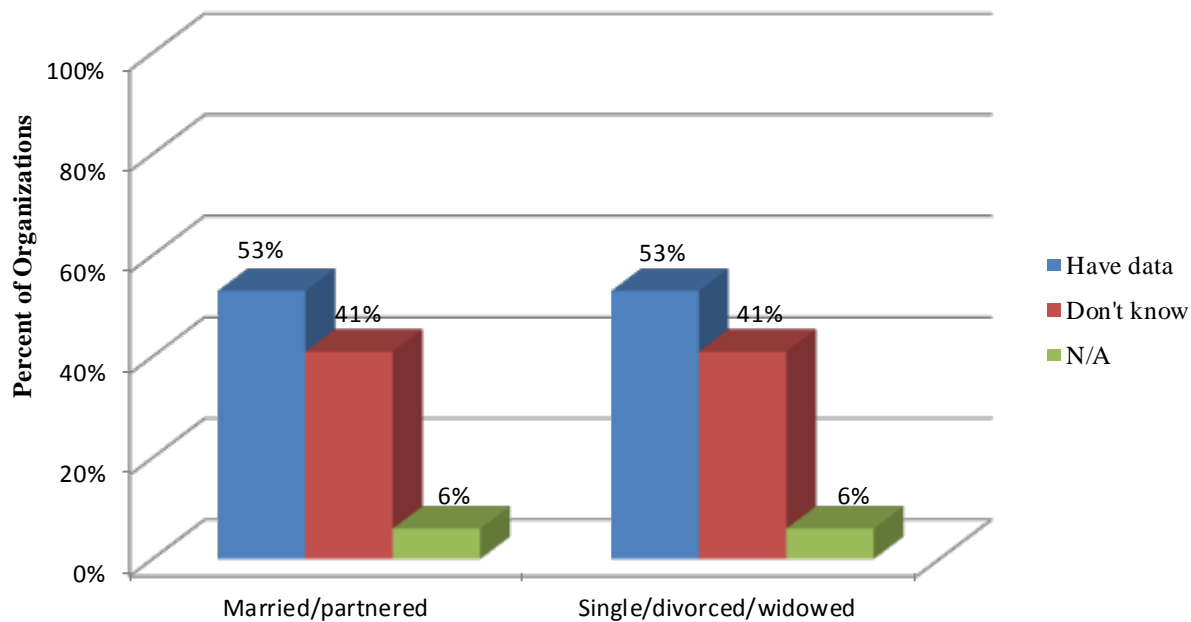
#### **SR 4: What Percentage of Your Current Clients are Male or Female?**

Table 3. Gender

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't Know	N/A
Male	1	1	0	5	6	2	0	0	0	0	2	0
Female	0	0	0	0	6	5	2	1	1	0	2	0

#### **SR 5: What Percent of Your Current Clients are Married/Partnered or Single/Divorced/Widowed?**

Figure 1. Clients who are married/partnered or single/divorced/widowed (n=17)

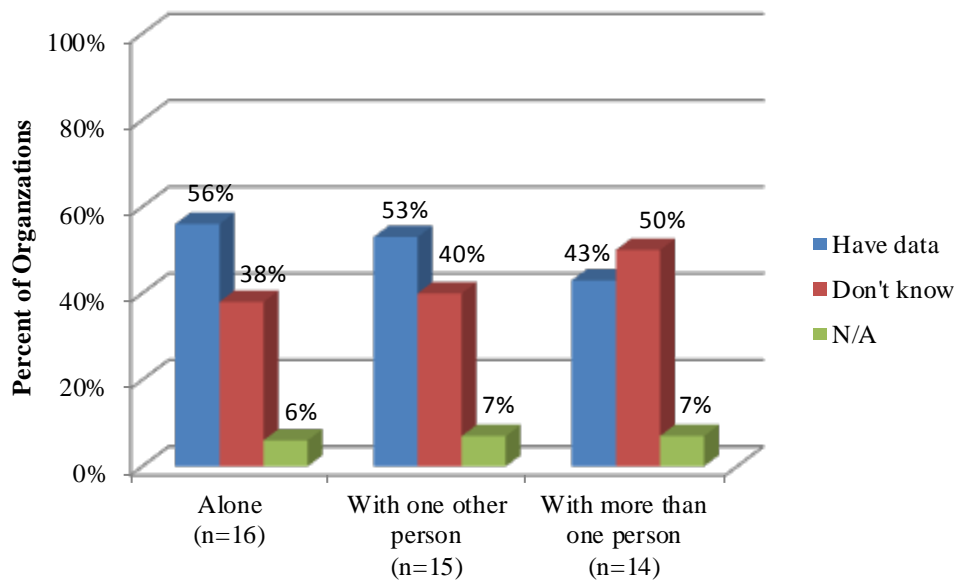


\* Organizations aren't keeping track of this type of data. 7 organizations or 41%, didn't have any data regarding whether or not their current clients are married/partnered or single/divorced/widowed clients.



## **SR6: What Percent of Your Current Clients Live Alone, With One Other Person, or With More Than One Person?**

Figure 2. Clients living alone (n=16), with one other person (n=15), or with more than one person (n=14).



\* Organizations aren't keeping track of this type of data.

## **SR 7: Ethnicity**

14 of the 17 organizations indicated that the majority, 61-100%, of their clients are white or Caucasian. One organization indicated that they didn't have this particular type of data on their clients. The majority of organizations (11-14 of them) indicated that the percentage of their clients who are Black, African American, or Caribbean Black, American Indian or Alaska Native, Asian, including Asian Indian, Chinese, Filipino, Japanese, Vietnamese, or other Asian, Native Hawaiian, Samoan and other Pacific Islander ranged from 0-10%.

## **SR 8: If you selected "other" for the previous question. Please describe:**

- Mixed races
- 3% unknown on intake
- Unknown or refuse to disclose

## **SR 9: Percent of Current Clients that are of Spanish, Latino, or Hispanic Origin.**

The majority of the organizations (14, 82%) indicated that only 0-10% of their current clients are of Spanish, Latino or Hispanic origin, while the remaining three organizations (18%) indicated that 11-20% of their clients are of Spanish, Latino, or Hispanic origin.

**SR 10: What Percentage of Your Clients Use the Following Methods of Payment at This Time? If a Client Uses Two or More Forms of Payment, Please Include Them All.**

Table 4: Methods of Payment Used.

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't Know	N/A
<b>Medi-Cal (n=15)</b>	3 20%	1 7%	2 13%	3 20%	1 7%	1 7%	1 7%	1 7%	0 0%	2 13%	0 0%	0 0%
<b>Medicare (n=15)</b>	4 27%	2 13%	0 0%	2 13%	1 7%	0 0%	0 0%	1 7%	3 20%	1 7%	1 7%	0 0%
<b>Private health insurance (includes Medigap) (n=15)</b>	8 53%	2 13%	2 13%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 7%	2 13%	0 0%
<b>Private long-term care insurance (n=11)</b>	5 45%	1 9%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	4 36%	1 9%
<b>Veteran's Administration (n=12)</b>	7 58%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	4 33%	0 0%
<b>Out of pocket (self-pay) (n=14)</b>	5 36%	2 14%	1 7%	0 0%	1 7%	0 0%	0 0%	1 7%	1 7%	0 0%	3 21%	0 0%
<b>Other (n=5)</b>	0 0%	1 20%	1 20%	0 0%	1 20%	0 0%	0 0%	0 0%	0 0%	0 0%	2 40%	0 0%

\* Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.

\* Organizations aren't keeping track of this type of data.

**SR 11: If You Selected "Other" For The Previous Question. Please Describe:**

- Indian beneficiary
- 27% of health center patients are uninsured
- Charity Care are for those patients that have no insurance and no ability to pay. For first q of FY 12, 5,138 patients qualified

**SR 12: Current Clients Using Medicare and Medi-Cal.**

Table 5. Dual eligible clients

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't Know	N/A
<b>Dual Eligible</b>	6 35%	1 6%	1 6%	3 18%	2 12%	0 0%	1 6%	0 0%	0 0%	0 0%	2 12%	1 6%

0-10%

- Mad River Community Hospital Home Health Services
- Humboldt Del Norte IPA and Foundation
- Humboldt Community Access & Resource Center (HCAR)

- Humboldt Senior Resource Center
- Visiting Angel
- Timber Ridge

11-20%

- St. Joseph Health System -Humboldt County

21-30%

- Hospice of Humboldt

31-40%

- Tri-County Independent Living
- Area 1 Agency on Aging
- St. Joseph Home Care

41-50%

- Adult Day Health Care at Mad River Hospital
- Humboldt Senior Resource Center

61-70%

- Mad River Community Hospital

Don't Know

- North Coast Association of Residential Care Administrators
- Humboldt County Department of Health & Human Services

N/A

- North Coast Clinics Network

### **SR 19: What Percentages of Your Current Clients Have a Substance Abuse Diagnosis, Mental Illness Diagnosis, or Developmental Disability?**

Figure 3. Current clients with a substance abuse diagnosis, mental illness diagnosis, or developmental disability

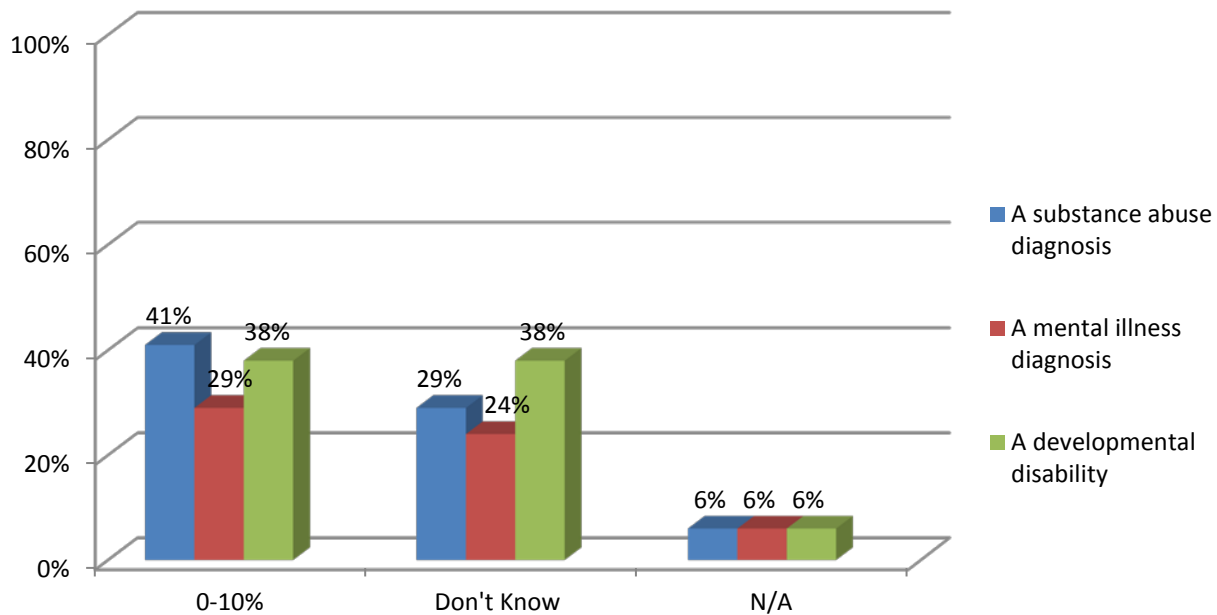


Table 6. Percentage of Clients who have a substance abuse diagnosis, a mental health diagnosis or developmental disability.

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't know	N/A
A substance abuse diagnosis	41%	18%	6%	0%	0%	0%	0%	0%	0%	0%	29%	6%
A mental illness diagnosis (excluding diagnosis of Alzheimer's disease or other dementia)	29%	6%	29%	6%	0%	0%	0%	0%	0%	0%	24%	6%
A developmental disability	38%	0%	6%	0%	6%	0%	0%	0%	0%	6%	38%	6%

**SR 22: Describe Any Problematic Behaviors That Your Clients Have Exhibited Which Require Discharge or Staff Training (n=12)**

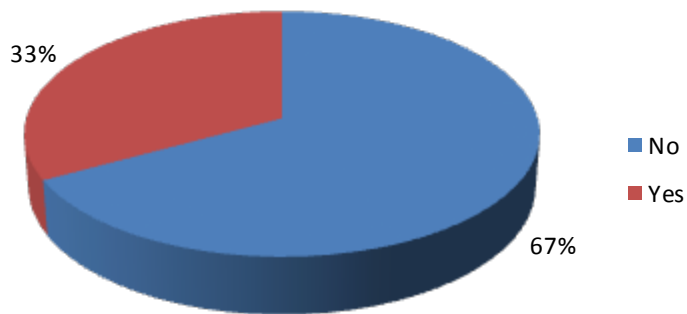
- Threatening behavior to staff and or participants loud noises that are made by participants. participants needing emotional support on a one to one basis most of their day at the center
- Threatening behaviors
- Mental health (not dementia) and substance abuse issues -- often both in the same person.
- Dual-diagnosis of a mental disorder in combination with a dementia syndrome diagnosis. Inadequate local geripsych support. Occasional difficulties with hospice care in the residential care settings
- Patients refusing to put up a firearm or dog creates an environment we consider dangerous. We are training staff in motivational interviewing and safety. We use patient contracts to spell out our care plan. The plan is signed by the doctor, patient and nurse. This often helps us be successful with patients who sabotage their own care
- Clients coming in and feeling desperate for services. Agitated and escalated.
- Combative, drug 'needs', overly demanding in ER to be seen immediately
- self-injurious behavior, sexual assault, refusal to take prescribed medications
- Clients who have been physically or verbally abusive to staff Unable to or unwilling to follow a care plan or work with a care manager Person lives in a place that is unsafe for staff to enter.
- Dementia requires training.
- We have done staff training on clients with personality disorders, alcohol/drug use, field safety, elder and dependent adult abuse including self-neglect and verbal de-escalation skills.
- Aggressive behavior due to dementia

# What are the core and priority services needed for LTSS?

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## **SR 14: Percent of Organizations With a Waiting List for Their Services**

Figure 4. Organizations with a waiting list



### **Organizations with Waiting Lists**

- United Indian Health Services
- Mad River Community Hospital Home Health Services
- North Coast Clinics Network
- Humboldt Community Access & Resource Center (HCAR)
- Humboldt Senior Resource Center
- Timber Ridge

**SR 15/16: Organizations and The Service/s That They Have Waiting Lists For.**

Table 7. Organizations and the services that they have waiting lists for

<b>Organization</b>	<b>Service</b>	<b># of Clients on List</b>	<b>Avg. Length of Time on Wait List</b>
United Indian Health Services	Behavioral Health counseling (although we continue to get referrals that we don't place on the list & but give them community resources).	No data	More than 60 days
Mad River Community Hospital Home Health Services	Each week we have more referrals than we can serve. They are rolled into the following week.	No data	0-30 days
North Coast Clinics Network	Depending on the 13 clinic sites. Waiting list for primary care services in Redway, some open door clinics have waiting lists for primary care/dental. Based on severity, some cases will be seen asap.	No data	0-30 days
Humboldt Senior Resource Center	MSSP	7	31-60 days
St. Joseph Health System -Humboldt County	Cal Kids Insurance	4 (Families)	0-30 days
Timber Ridge	One Bedroom-Studios	No data	More than 60 days

\*Of the six organizations that have waiting lists only 2 of the organizations know how many clients are on those waiting lists.

**SR 17. If More Than 60 Days, How Long, on Average are People on the Wait List?**

- Six to nine months (United Indian Health Services)
- 3-6 months (Timber Ridge)

**SR 38: Of All the Long-Term Care Services Available, What Core Services Do You Believe Must Survive To Meet The Needs of Adults With Functional Disabilities?(n=17)**

**In Home Care (12)**

In home caregiving (3)  
In home services (1)  
Home Health (1)  
Assisted living homes (1)  
Housing: Institution and In Home (1)  
Supported living (1)  
Caregivers (1)  
RCFE (Residential Home Care for the Elderly) (1)  
HH (Home Health) (1)  
Self-assisted care-daily living skills (1)

**Adult Day Health Care (6)**

Adult Day Health Care (4)  
Adult Day Health (2)

**Food/Nutrition (6)**

Meals on Wheels (1)  
Nutrition Programs/ Congregate Nutrition (2)  
Access to food (1)  
HDM (1)  
CalFRESH (1)

**IHSS (5)**

**Transportation (5)**

Dial a ride services (2)  
Para Transit (1)  
Transportation (2)

**Care Management (4)**

Care management/MSSP (3)  
Care management/system navigation services (1)

**Support (2)**

Long term care in home support services (1)  
Caregiver support (1)

**Adult Protective Services (2)**

**Unknown/not knowledgeable/Miscellaneous (3)**

Unknown (1)



Not knowledgeable (1)  
Misc. Comment (1)

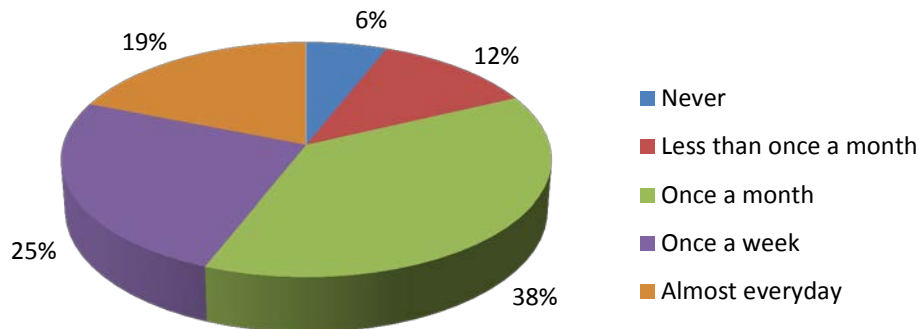
**Miscellaneous Types of Assistance/ Programs (13)**

Emergency access devices (1)  
Medical (1)  
Visiting nurses (1)  
Employment assistance (1)  
Nursing homes (1)  
Day care out of home (1)  
Acute Care (1)  
Public Guardian (1)  
Money Management (1)  
Public Health (1)  
Mental Health (1)  
Health care access (1)  
Adult Day care (1)

## What are the current major gaps?

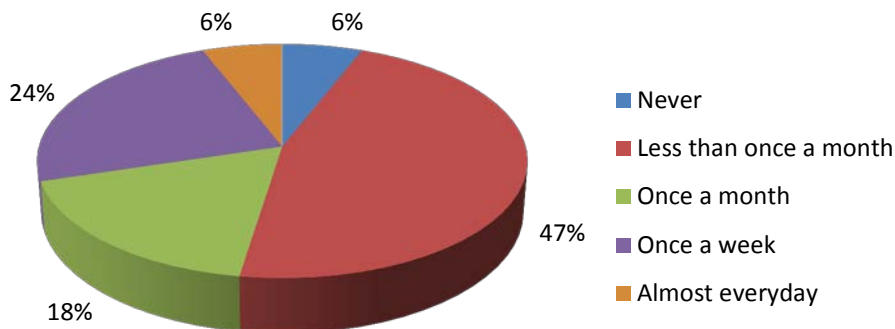
### **SR 20: How Often Have You Experienced the Following Situations in the Past Year? Please Check One Box For Each Statement.**

Figure 5. Problems with transportation for your clients (n=16)



Never	Less than once a month	Once a month	Once a week	Almost everyday
<ul style="list-style-type: none"> <li>Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>Tri-County Independent Living</li> <li>Humboldt Del Norte IPA and Foundation</li> </ul>	<ul style="list-style-type: none"> <li>Mad River Community Hospital</li> <li>North Coast Association of Residential Care Administrators</li> <li>Area 1 Agency on Aging</li> <li>North Coast Clinics Network</li> <li>Humboldt Senior Resource Center</li> <li>Visiting Angel</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Health Care at Mad River Hospital</li> <li>Hospice of Humboldt</li> <li>Mad River Community Hospital Home Health Services</li> <li>St. Joseph Home Care</li> </ul>	<ul style="list-style-type: none"> <li>United Indian Health Services</li> <li>St. Joseph Health System - Humboldt County</li> <li>Humboldt Community Access &amp; Resource Center (HCAR)</li> </ul>

Figure 6. Difficulty finding health care services or providers for your clients (n=17)



Never	Less than once a month	Once a month	Once a week	Almost everyday
<ul style="list-style-type: none"> <li>Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>Tri-County Independent Living</li> <li>Adult Day Health Care at Mad River Hospital</li> <li>North Coast Association of Residential Care Administrators</li> <li>Mad River Community Hospital Home Health Services</li> <li>Humboldt Del Norte IPA and Foundation</li> <li>Area 1 Agency on Aging</li> <li>North Coast Clinics Network</li> <li>Visiting Angel</li> </ul>	<ul style="list-style-type: none"> <li>Mad River Community Hospital</li> <li>Humboldt Senior Resource Center</li> <li>St. Joseph Home Care</li> </ul>	<ul style="list-style-type: none"> <li>Hospice of Humboldt</li> <li>St. Joseph Health System -Humboldt County</li> <li>Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>United Indian Health Services</li> </ul>

Figure 7. Transferring a client to another provider or ending services because of problematic behaviors (n=17)

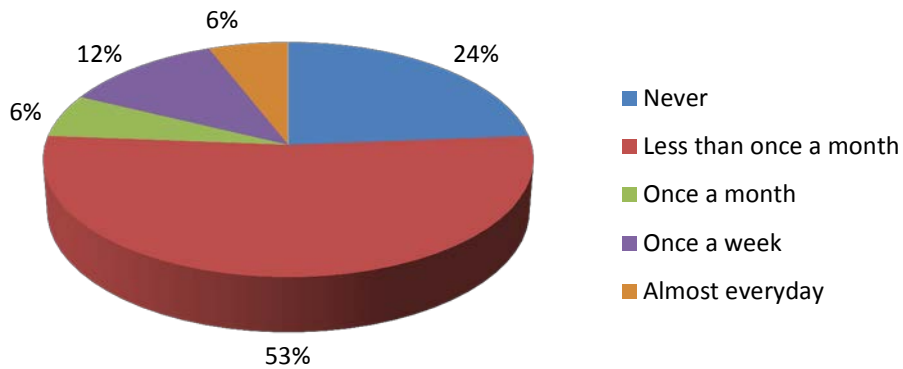


Figure 8. Transferring a client to another provider or ending services because of issues related to a mental illness (n=17)

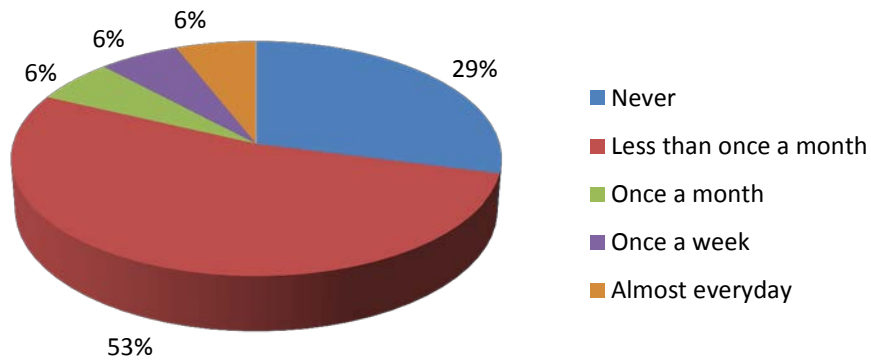
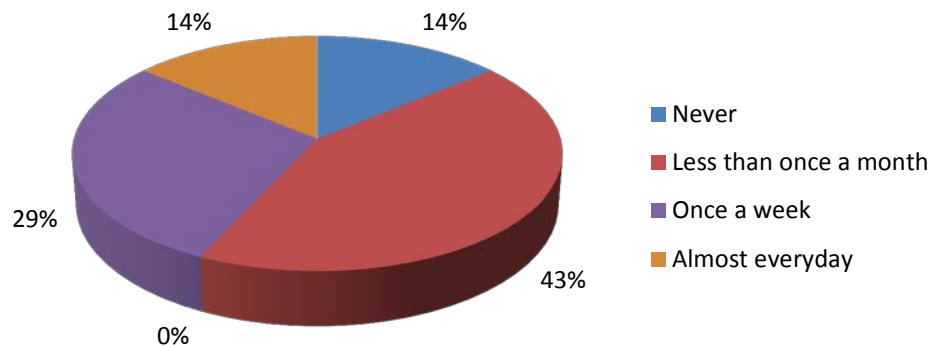


Figure 9. Any other issues with employees or clients (n=17)



\* No organizations identified this situation happening "once a month."

**SR 42: In your opinion, what is the greatest unmet long-term care service(s) or need(s) for older adults or people with disabilities in Humboldt County to maintain a level of independence? (n=17)**

*\*Some organizations provided more than one comment for the following question.*

**Caregivers/IHSS workers (6)**

Caregivers (2)

Availability of in home support services/caregivers (1)

More IHSS workers/Hours (1)

Large, Efficiently Administered and Trained IHSS workers (1)

Willing, Reliable, skilled (affordable) caregivers (1)

**Affordable services (4)**

Affordable in home caregiving services (2)

Affordable transportation (1)

Affordability of Services (1)

**Funding (4)**

Adequate Funding (1)

Budget Cuts (1)

Inadequate funding to adequately manage programs (1)

Social Security (not enough) (1)

**Home Based Services (3)**

Home based services (1)

Home Health (1)

Home Caregivers (1)

**Medical Professionals Needed (2)**

Doctor shortage (1)

Visiting nurses (1)

**Miscellaneous Services Needed (6)**

Coordination of services (1)

Patients, who visit ER time and time again, don't meeting admissions criteria get sent away (1)

Access/Awareness of available programs and services (1)

Housing (1)

Social Supports (1)

Support for services targeted at supporting independence and aging in place (1)

**Unknown (1)****Transportation (2)**

Affordable Transportation (1)

Transportation

**SR 43: What ways should county and/or state address these unmet needs?  
(n=13)**

*\*Some organizations provided more than one comment for the following question.*

**Increase in funding to identified services/programs/Prioritize spending (8)**

Increase funding for services (1)

Increase funding for meal program (1)

Increase funding for IHSS (1)

Access to federal funding for LTC programs (1)

Funding for care management and caregiver services (1)

Prioritize spending away from acute services to chronic (1)

Community Based (1)

Keep Adult Day Care open (1)

**Evaluate and Strengthen Community Services (5)**

Transportation Inter/Intra city (1)

Strengthen Community Services and make affordable (1)

Re-evaluate duplicated services (1)

Vision and plan for Community based programs to address the aging population (1)

County Wide Referral Program and Coordination (1)

**Trainings (4)**

Better Training for workers (1)

Increase training for caregivers-programs (1)

Training support for qualified support services workers (1)

Create Training Program for IHSS workers (1)

**Incentives for caregivers and doctors (3)**

Better Pay (1)

Incentives for Doctors (1)

Stipends for caregivers (1)

**Not sure/Unknown (2)**

Table 8. Greatest unmet long-term care service(s) and need(s) for older adults or people with disabilities and ways to address these unmet needs in Humboldt County. (SR 42&43)

Organization	Greatest unmet long-term care service(s) or need(s)	Ways to address these unmet needs
<b>Tri-County Independent Living</b>	A large, efficiently administered and competently trained force of IHSS workers.	Better training and pay for workers. If there is a high rate of unemployment in our community, why not create a training program through the community college to train IHSS workers. Once trained these people would be eligible for a living wage and some health benefits. I think an IHSS care provider should become viewed as a respectable job - it is certainly not considered that now. Fast food workers make better money and more pay than care providers. I do not believe that the state should turn the entire IHSS program over to the counties. Counties are too strapped now to either adequately fund or administer the program and I do not believe county administrators see the critical importance of care provision in this or any other community.
<b>Mad River Community Hospital</b>	Coordination of services after acute hospital discharge	County wide referral program and coordination
<b>Adult Day Health Care at Mad River Hospital</b>	Doctor shortage, many cannot find a doctor or the wait to get in to see their doctor is much too long. social security not always enough money for rent, food, meds, etc.	We need some kind of perks that will attract doctors and keep them here once they arrive.
<b>United Indian Health Services</b>	Visiting nurses, Home Health, and availability of in-home support services/caregivers.	Increase funding for services, and increase training for caregivers-programs.
<b>Hospice of Humboldt</b>	Affordable in home caregiving services	I wish I knew
<b>North Coast Association of Residential Care Administrators</b>	Affordable transportation	Comprehensive inter- and intra-city transportation
<b>Mad River</b>	We often get the patient	Help strengthen community resources so patients



<b>Community Hospital Home Health Services</b>	<p>who does not qualify for Medical, can't afford caregivers, can't afford the price of board and care, and can't live alone.</p> <p>Also patients need more IHSS workers/hours.</p> <p>Also patient who comes back to emergency room time and time again because they have no other place to go. They do not meet admission criteria, yet hospital is challenged to send them away.</p>	<p>can remain in their homes for as long as they can.</p> <p>Help make care affordable.</p>
<b>Humboldt Del Norte IPA and Foundation</b>	All home based services	Prioritize spending away from acute services to chronic, community based services
<b>Area 1 Agency on Aging</b>	<p>Access to and awareness of available programs and services (Single point of entry)</p> <p>Adequate funding and support for services targeted at supporting independence and aging in place.</p>	Re-evaluate duplication of services by creating a more cohesive and integrated system of care.
<b>North Coast Clinics Network</b>	Housing and Care Givers, Social Supports	Stipends for those willing to care for our community.
<b>St. Joseph Health System - Humboldt County</b>	in home services they can afford	Training support for qualified support services workers
<b>Humboldt Community Access &amp; Resource Center</b>	availability of housing with support options	Unknown
<b>Humboldt Senior Resource Center</b>	<p>Inadequate funding to adequately manage programs.</p> <p>Difficulty finding willing, reliable, skilled, affordable</p>	<p>Access federal funding for LTC programs.</p> <p>Provide vision and plan to promote community based programs to address the aging population.</p> <p>Provide funding for care management and caregiver services</p>

	caregivers Difficulty providing transportation outside DAR service area.	
<b>Visiting Angel</b>	All budget cuts seem to discourage people for remaining in their homes, which raises the expense for the state and increased hospitalizations. This also increases how many people are put into facilities too.	We must keep Adult Day Cares open. We need to increase funding for the meal program and IHSS for the poor.
<b>St. Joseph Home Care</b>	More in home caregivers	No data provided
<b>Humboldt County Department of Health &amp; Human Services</b>	No data provided	No data provided
<b>Timber Ridge</b>	Unknown	No data provided
<b>Redwood Coast Regional Center</b>	No data provided	No data provided

**SR 37: What Services Are Missing For Your Clients That You Cannot Directly Provide, Refer to Another Provider, or Subcontract For? (n=17)**

**In Home Services/Help (9)**

Subsidized in home caregiving (1)  
Home Delivered Meals (2)  
Home Health or Hospice (1)  
Home Maintenance/Repairs (1)  
Caregiving hours (1)  
IHSS (1)  
Respite care for non Medi-Cal(1)  
Caregiver services (1)

**Housing/Housing Assistance (8)**

Housing (2)  
Affordable Housing (3)  
Housing for substance abusers (1)  
Long Term Care facilities for middle-class clients (1)  
Skilled Nursing Facility (1)

**Care/Case Management(7)**

Linkages (2)  
Long term care linkage for patients with behavioral issues (1)  
Aging and Disability Resource Connection (1)  
Case Management/Care Management (1)  
Affordable and Accessible care management people under 65 or not on medi-cal (1)  
Care placement for young adults (1)

**Transportation (6)**

**Mental Health Counseling/Services (6)**

Mental Health Counseling/Services (4)  
Personality Disorders (1)  
Geri Psyc Services (1)

**Professionals Needed/Medical Professionals (5)**

Primary Care Providers (1)  
Physical Therapists (1)  
Visiting nurse support (1)  
Nurse practitioner (1)  
Physician (1)

**Medical & Dental Coverage (2)**

Adequate Coverage for Dental & behavioral health services (1)

Medical/Dental services (1)

**Specialty Care (4)**

Technology and adaptive communication equipment and service (1)

Substance Abuse (1)

Deaf Counseling (1)

Services for people with traumatic brain injury (1)

**Miscellaneous (5)**

Family Supports (1)

Adult Day Health (1)

Prevention services (1)

24 hour care low income (1)

Congregate Meals McKinleyville (1)

**Unknown / None (2)**

Are there replications in service(s) that could be streamlined and or provided by another organization?

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**SR 1: Which of the Following Long Term Care Services do You Provide or Make Available? & SR 49: Name of Organization (listed by services)**

**List of Services and the Organizations that provide them**

1. **Adult Day Care (social model) (2)**
  - Mad River Community Hospital
  - Humboldt Community Access & Resource Center (HCAR)
2. **Adult Day Health Care (medical model) (2)**
  - Adult Day Health Care at Mad River Hospital
  - Humboldt Senior Resource Center
3. **Adult Foster Care** (*no organization provides this service*)
4. **Assistive Devices (3)**
  - Tri- County Independent Living
  - Hospice of Humboldt

- Mad River Community Hospital
- 5. Assisted Living Services (2)**
  - North Coast Association of Residential Care Administrators
  - Timber Ridge
- 6. Attendant Care (3)**
  - North Coast Association of Residential Care Administrators
  - Hospice of Humboldt
  - Visiting Angel
- 7. Caregiver Assistance/Support (7)**
  - Adult Day Health Care of Mad River
  - Hospice of Humboldt
  - North Coast Association of Residential Care Administrators
  - Area 1 Agency on Aging
  - Humboldt Senior Resource Center
  - Visiting Angels
  - Humboldt County Department of Health & Human Services
- 8. Case/Care Management (12)**
  - Hospice of Humboldt
  - Humboldt Del Norte IPA and Foundation
  - North Coast Clinics Network
  - St. Joseph Health System-Humboldt County
  - Humboldt Senior Resource Center
  - Humboldt County Department of Health & Human Services
  - Adult Day Health Care of Mad River
  - Mad River Community Hospital
  - Redwood Coast Regional Center
  - Visiting Angels
  - United Indian Health Services
  - St. Joseph Home Care
- 9. Companion Services (1)**
  - Visiting Angels
- 10. Congregate Meals (3)**
  - United Indian Health Services
  - North Coast Association of Residential Care
  - Humboldt Senior Resource Center
- 11. Durable Medical Equipment (4)**
  - Tri- County Independent Living

- United Indian Health Services
- Hospice of Humboldt
- Mad River Community Hospital

**12. Fiscal Intermediary***(no organization provides this service)*

**13. Group Home/ Supportive Living Services (2)**

- North Coast Association of Residential Care Administrators
- Humboldt Community Access & Resource Center

**14. Handyman Services (1)**

- Humboldt Senior Resource Center

**15. Health Insurance Counseling (5)**

- Tri- County Independent Living
- Mad River Community Hospital
- United Indian Health Services
- Area 1 Agency on Aging
- St. Joseph Health System-Humboldt County

**16. Home Delivered Meals (2)**

- United Indian Health Services
- Humboldt Senior Resource Center

**17. Home Health Services (3)**

- Mad River Community Hospital
- Mad River Community Hospital Home Health Services
- St. Joseph Home Care

**18. Homemaker Services (1)**

- Visiting Angel

**19. Home Modification Services (1)**

- Humboldt Senior Resource Center

**20. Housing Services (3)**

- North Coast Association of Residential Care Administrators
- St. Joseph Health System-Humboldt County
- Granada Rehabilitation & Wellness Center

**21. Hospice Services (6)**

- Hospice of Humboldt
- St. Joseph Health System-Humboldt County
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center

- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center

## **22. Independent Living Skills Training (2)**

- Tri- County Independent Living
- Humboldt Community Access & Resource Center (HCAR)

## **23. Information & Referral (18)**

- United Indian Health Services
- North Coast Clinics Network
- Adult Day Health Care of Mad River
- North Coast Association of Residential Care
- Mad River Community Hospital
- Area 1 Agency on Aging
- Redwood Coast Regional Center
- Humboldt Senior Resource Center
- Visiting Angels
- Tri- County Independent Living
- Hospice of Humboldt
- Humboldt County Department of Health & Human Services
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center

## **24. Mental Health Counseling (7)**

- United Indian Health Services
- North Coast Clinics Network
- Adult Day Health Care of Mad River
- St. Joseph Health System-Humboldt County
- Humboldt Senior Resource Center
- Hospice of Humboldt
- Humboldt County Department of Health & Human Services

## **25. Visiting Nursing Services (6)**

- United Indian Health Services
- Mad River Community Hospital Home Health Services
- St. Joseph Hospital
- Hospice of Humboldt
- Humboldt County Department of Health & Human Services
- St. Joseph Home Care

**26. Skilled Nursing Care (10)**

- Adult Day Health Care of Mad River
- Mad River Community Hospital Home Health Services
- St Joseph Hospital
- Hospice of Humboldt
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center
- St. Joseph Home Care

**27. Other Nursing Services (7)**

- United Indian Health Services
- North Coast Clinics Network
- Adult Day Health Care of Mad River
- St. Joseph Hospital
- Humboldt Del Norte IPA and Foundation
- Hospice of Humboldt
- Humboldt County Department of Health & Human Services

**28. Nutritional Services (13)**

- United Indian Health Services
- North Coast Clinics Network
- Adult Day Health Care of Mad River
- Mad River Community Hospital
- St. Joseph Hospital
- Humboldt Senior Resource Center
- Visiting Angels
- Humboldt County Department of Health & Human Services
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center

**29. Personal Care Assistant Services (6)**

- Humboldt Community Access & Resource Center
- North Coast Association of Residential Care Administrators
- Hospice of Humboldt
- Adult Day Health Care of Mad River
- Visiting Angel



- St Joseph Hospital

### **30. Personal Emergency Response System (1)**

- Hospice of Humboldt

### **31. Physical, Speech, Respiratory, or Occupational Therapy (11)**

- Adult Day Health Care of Mad River
- Mad River Community Hospital Home Health Services
- St Joseph Hospital
- Humboldt Senior Resource Center
- Hospice of Humboldt
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center
- St. Joseph Home Care

### **32. Prescription Drug Assistance (6)**

- United Indian Health Services
- North Coast Clinics Network
- Mad River Community Hospital Home Health Services
- Hospice of Humboldt
- St. Joseph Hospital
- Humboldt Senior Resource Center

### **33. Recreational Services (9)**

- United Indian Health Services
- North Coast Association of Residential Care
- Humboldt Senior Resource Center
- Visiting Angels
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center

### **34. Respite Care (12)**

- Humboldt Community Access & Resource Center
- Adult Day Health Care of Mad River
- North Coast Association of Residential Care Administrators
- St. Joseph Hospital

- Humboldt Senior Resource Center
- Visiting Angel
- Hospice of Humboldt
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center

**35. Specialized Dementia Care (5)**

- Adult Day Health Care of Mad River
- North Coast Association of Residential Care Administrators
- Humboldt Senior Resource Center
- Visiting Angel
- Hospice of Humboldt

**36. Transition Counseling (skilled nursing to community or from service to service) (8)**

- North Coast Association of Residential Care Administrators
- Mad River Community Hospital
- St. Joseph Hospital
- Redwood Coast Regional Center
- Tri- County Independent Living
- Hospice of Humboldt
- Humboldt County Department of Health & Human Services

**37. Transportation (medical, shopping, etc) (14)**

- Humboldt Community Access & Resource Center (HCAR)
- Adult Day Health Care of Mad River
- North Coast Association of Residential Care Administrators
- Mad River Community Hospital
- St. Joseph Hospital
- Area 1 Agency on Aging
- Humboldt Senior Resource Center
- Visiting Angels
- Hospice of Humboldt
- Eureka Rehabilitation & Wellness Center
- Fortuna Rehabilitation & Wellness Center
- Granada Rehabilitation & Wellness Center
- Pacific Rehabilitation & Wellness Center
- Seaview Rehabilitation & Wellness Center
- United Indian Health Services

**38. Other: End –of-life care for patients (1)**

- Mad River Community Hospital Home Health Services

**39. Other: Assessment/evaluation, specialty clinics (typically quarterly) development of new resources. (1)**

- Redwood Coast Regional Center

**40. Other: Spiritual counseling and services, end of life planning and documentation assistance (1)**

- Hospice of Humboldt

**41. Other: Personal Care Assistant Services (1)-** IHSS authorizes hours, but does not directly provide the service. Transportation;IHSS staff authorize hours for transportation but does not directly provide the service; APS provides very limited transportation, Prescription Drug assistance-IHSS/APS staff review recipients' prescription drugs. OTHER- in addition to IHSS and APS, our Adult services division offers mental health services and links clients to social services such as Cal FRESH (food stamps)

- Humboldt County Department of Health & Human Services

**42. Other: Social Workers**

- St. Joseph Home Care

**SR 1: Which of the Following Long Term Care Services do You Provide or Make Available? & SR 49: Name of Organization (listed by organization)**

**List Of Organizations And The Services That They Provide Or Make Available**

**1. Tri- County Independent Living (6)**

- Assistive Devices
- Durable Medical Equipment
- Health Insurance Counseling
- Independent Living Skills Training
- Information & Referral
- Transition Counseling (skilled nursing to community or from service to service)

**2. Mad River Community Hospital (11)**

- Adult Day Health Care (social model)
- Assistive Devices
- Case/Care Management
- Durable Medical Equipment
- Health Insurance Counseling
- Home Health Services

- Information & Referral
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Transition Counseling (skilled nursing to community or from service to service)
- Transportation (medical, shopping, etc.)

### **3. Adult Day Health Care at Mad River Hospital (13)**

- Adult Day Health Care (medical model)
- Caregiver Assistance/Support
- Case/Care Management
- Information & Referral
- Mental Health Counseling
- Skilled Nursing Care
- Other Nursing Services
- Personal Care Assistant Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Respite Care
- Specialized Dementia Care
- Transportation (medical, shopping, etc.)

### **4. United Indian Health Services (13)**

- Case/Care Management
- Congregate Meals
- Durable Medical Equipment
- Health Insurance Counseling
- Home Delivered Meals
- Information & Referral
- Mental Health Counseling
- Visiting Nursing Services
- Other Nursing Services
- Nutritional Services
- Prescription Drug Assistance
- Recreational Services
- Transportation (medical, shopping, etc.)

### **5. Hospice of Humboldt (20)**

- Assistive Devices
- Attendant Care
- Caregiver Assistance/Support
- Case/Care Management
- Durable Medical Equipment
- Hospice Services

- Information & Referral
- Mental Health Counseling
- Visiting Nursing Services
- Skilled Nursing Care
- Other Nursing Services
- Personal Care Assistant Services
- Personal Emergency Response System
- Physical, Speech, Respiratory, or Occupational Therapy
- Prescription Drug Assistance
- Respite Care
- Specialized Dementia Care
- Transition Counseling (skilled nursing to community or from service to service)
- Transportation
- Other: Spiritual counseling and services, end of life planning and documentation assistance.

**6. North Coast Association of Residential Care (13)**

- Assisted Living Services
- Attendant Care
- Caregiver Assistance/Support
- Congregate Meals
- Group Home/ Supportive Living Services
- Housing Services
- Information & Referral
- Personal Care Assistant Services
- Recreational Services
- Respite Care
- Specialized Dementia Care
- Transition Counseling (skilled nursing to community or from service to service)
- Transportation

**7. Mad River Community Hospital Home Health Services (5)**

- Home Health Services
- Visiting Nursing Services
- Skilled Nursing Care
- Physical, Speech, Respiratory, or Occupational Therapy
- Prescription Drug Assistance

**8. Humboldt Del Norte IPA and Foundation (2)**

- Case/Care Management
- Other Nursing Services

**9. Area 1 Agency on Aging (4)**

- Caregiver Assistance/Support
- Health Insurance Counseling
- Information & Referral
- Transportation (medical, shopping, etc.)

**10. North Coast Clinics Network (6)**

- Case/Care Management
- Information & Referral
- Mental Health Counseling
- Other Nursing Services
- Nutritional Services
- Prescription Drug Assistance

**11. St. Joseph Health Hospital (16)**

- Case/Care Management
- Health Insurance Counseling
- Housing Services
- Hospice Services
- Information & Referral
- Mental Health Counseling
- Visiting Nursing Services
- Skilled Nursing Care
- Other nursing Services
- Nutritional Services
- Personal Care Assistant Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Prescription Drug Assistance
- Respite Care
- Transition Counseling (skilled nursing to community or from service to service)
- Transportation (medical, shopping, etc.)

**12. Humboldt Community Access & Resource Center (HCAR) (6)**

- Adult Day Care (social model)
- Group Home/Supportive Living Services
- Independent Living Skills Training
- Personal Care Assistant Services
- Respite Care
- Transportation (medical, shopping, etc.)

**13. Humboldt Senior Resource Center (16)**

- Adult Day Health Care (medical model)
- Caregiver Assistance/Support
- Case/Care Management
- Congregate Meals
- Handyman Services
- Home Delivered Meals
- Home Modification Services
- Information & Referral
- Mental Health Counseling
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Prescription Drug Assistance
- Recreational Services
- Respite Care
- Specialized Dementia Care
- Transportation (medical, shopping, etc.)

**14. Visiting Angels (12)**

- Attendant Care
- Caregiver Assistance/Support
- Case/Care Management
- Companion Services
- Homemaker Services
- Information & Referral
- Nutritional Services
- Personal Care Assistant Services
- Recreational Services
- Respite Care
- Specialized Dementia Care
- Transportation (medical, shopping, etc.)

**15. St. Joseph Home Care (6)**

- Case/Care Management
- Home Health Services
- Visiting Nursing Services
- Skilled Nursing Care
- Physical, Speech, Respiratory, or Occupational Therapy

- Other: Social Workers

#### **16. Humboldt County Department of Health & Human Services (9)**

- Caregiver Assistance/Support
- Case/Care Management
- Information & Referral
- Mental Health Counseling
- Visiting Nursing Services
- Other Nursing Services
- Nutritional Services
- Transition Counseling (skilled nursing to community or from service to service)
- Other: Personal Care Assistant Services- IHSS authorizes hours, but does not directly provide the service. Transportation; IHSS staff authorize hours for transportation but does not directly provide the service; APS provides very limited transportation, Prescription Drug assistance- IHSS/APS staff review recipients' prescription drugs. OTHER- in addition to IHSS and APS, our Adult services division offers mental health services and links clients to social services such as CalFRESH (food stamps)

#### **17. Timber Ridge (1)**

- Assisted Living Services

#### **18. Redwood Coast Regional Center (4)**

- Case/Care Management
- Information & Referral
- Transition Counseling (skilled nursing to community or from service to service)
- Other: Assessment/evaluation, specialty clinics (typically quarterly), development of new resources.

#### **19. Eureka Rehabilitation & Wellness Center (8)**

- Hospice Services
- Information & Referral
- Skilled Nursing Care
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational services
- Respite Care
- Transportation (medical, shopping, etc.)

#### **20. Fortuna Rehabilitation & Wellness Center (8)**



- Hospice Services
- Information & Referral
- Skilled Nursing Care
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational Services
- Respite Care
- Transportation (medical, shopping, etc.)

**21. Granada Rehabilitation & Wellness Center (8)**

- Housing Services
- Information & Referral
- Skilled Nursing Care
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational Services
- Respite Care
- Transportation (medical, shopping, etc.)

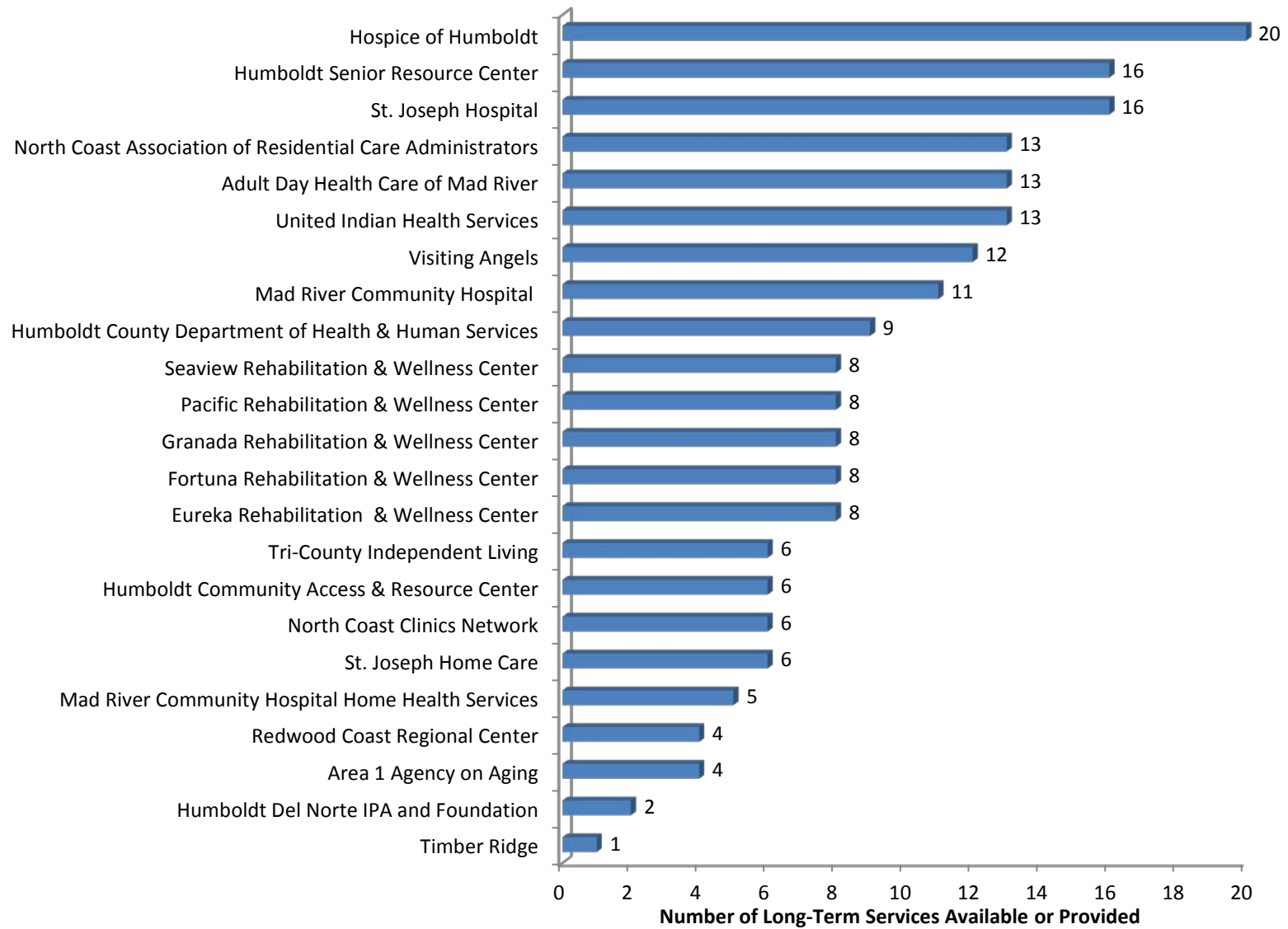
**22. Pacific Rehabilitation & Wellness Center (8)**

- Hospice Services
- Information & Referral
- Skilled Nursing Care
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational Services
- Respite Care
- Transportation (medical, shopping, etc.)

**23. Seaview Rehabilitation & Wellness Center (8)**

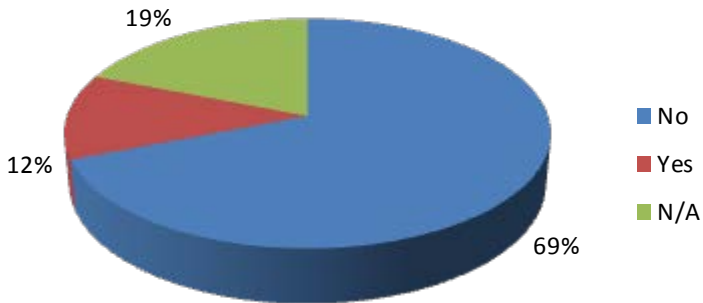
- Hospice Services
- Information & Referral
- Skilled Nursing Care
- Nutritional Services
- Physical, Speech, Respiratory, or Occupational Therapy
- Recreational Services
- Respite Care
- Transportation (medical, shopping, etc.)

Figure 10. Organizations and the Number Or Services They Provide Or Make Available



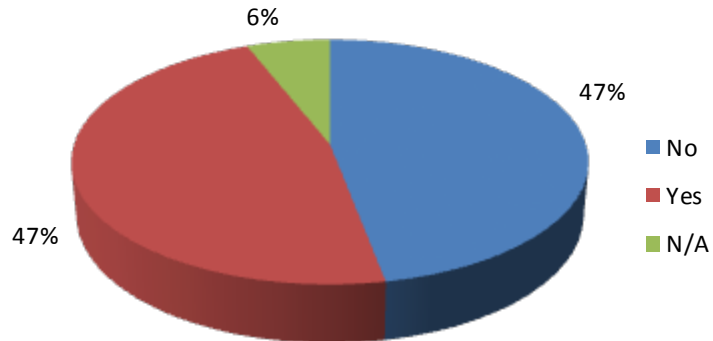
### **SR 13: Current Eligibility Requirements for Services.**

Figure 11. Only Certain Diagnoses Accepted (n=16)



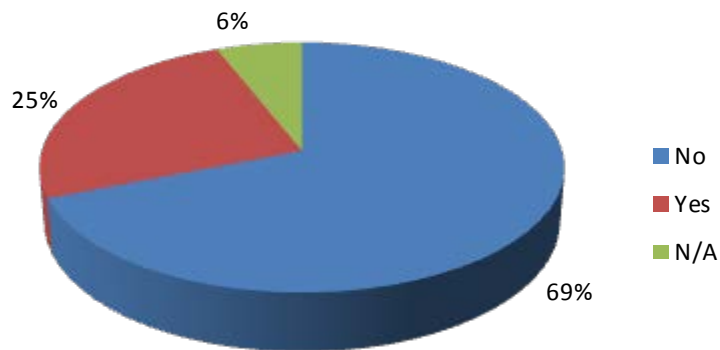
No	Yes	N/A
<ul style="list-style-type: none"> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• North Coast Clinics Network</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Area 1 Agency on Aging</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• Timber Ridge</li> </ul>

Figure 12. Only Certain Ages Accepted (n=17)



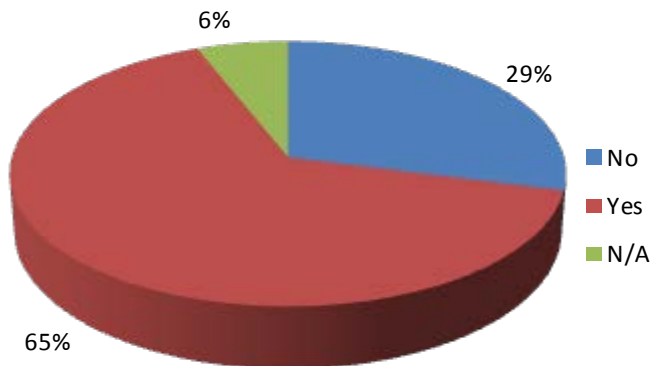
No	Yes	N/A
<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Mad River Community Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• North Coast Clinics Network</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• St. Joseph Home Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Area 1 Agency on Aging</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• Humboldt County Department of Health &amp; Human Services</li> <li>• Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Del Norte IPA and Foundation</li> </ul>

Figure 13. Only Certain Payment Sources Accepted (n=16)



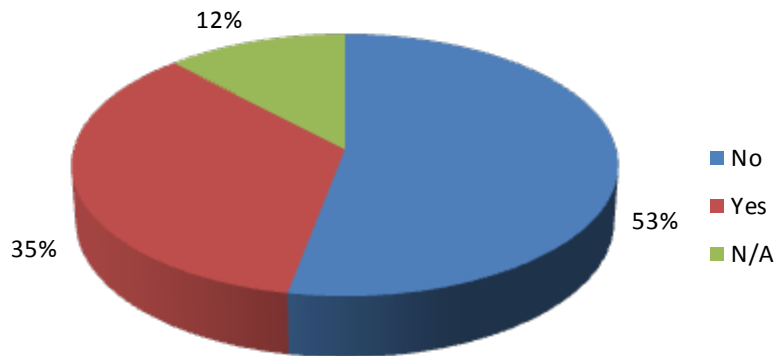
No	Yes	N/A
<ul style="list-style-type: none"> <li>• Mad River Community Hospital</li> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• North Coast Clinics Network</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• North Coast Association of Residential Care Administrators</li> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• Humboldt Senior Resource Center</li> <li>• Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>• Area 1 Agency on Aging</li> </ul>

Figure 14. Only Certain Geographic Areas Accepted (n=17)



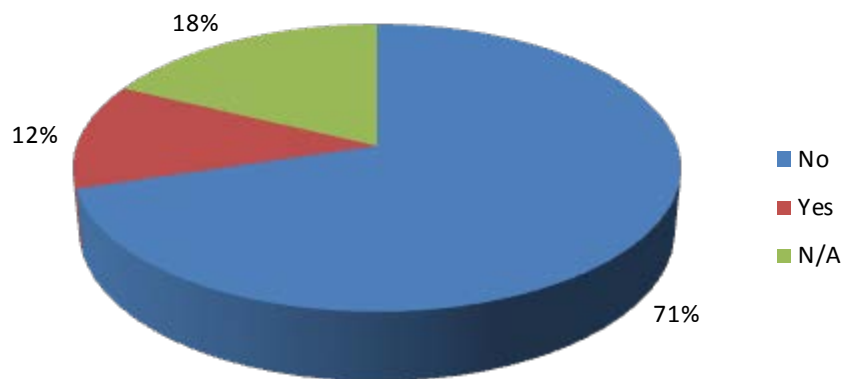
No	Yes	N/A
<ul style="list-style-type: none"> <li>• Mad River Community Hospital</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• North Coast Clinics Network</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• Area 1 Agency on Aging</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> </ul>	<ul style="list-style-type: none"> <li>• Timber Ridge</li> </ul>

Figure 15. Certain Behavioral or Psychiatric Diagnoses Not Accepted (n=17)



No	Yes	N/A
<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• Area 1 Agency on Aging</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Mad River Community Hospital</li> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• North Coast Clinics Network</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>• Mad River Community Hospital Home Health Services</li> <li>• Humboldt Del Norte IPA and Foundation</li> </ul>

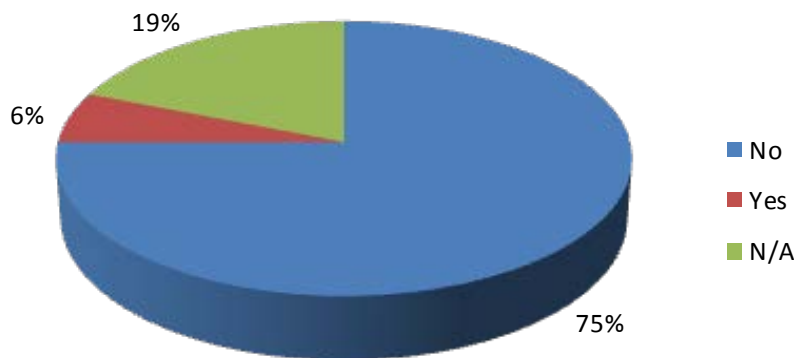
Figure 16. Must Have a Certain Number of Impairments (n=17)



No	Yes	N/A
<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Mad River Community Hospital</li> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Area 1 Agency on Aging</li> <li>• Humboldt Senior Resource Center</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• North Coast Clinics Network</li> <li>• Timber Ridge</li> </ul>

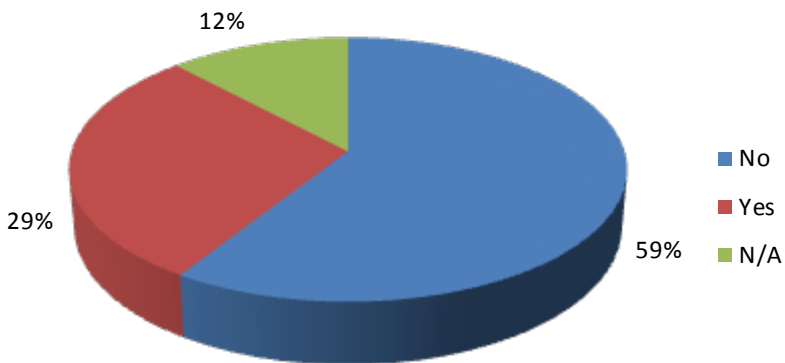


Figure 17. Must Have Certain Functional or Cognitive Abilities (n=16)



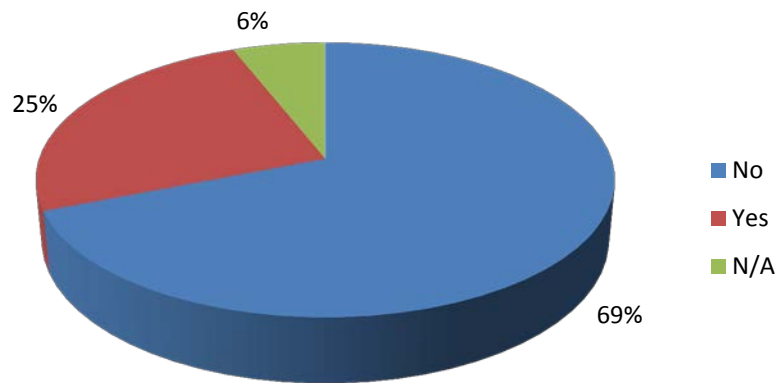
No	Yes	N/A
<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Mad River Community Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Area 1 Agency on Aging</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Health Care at Mad River Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• North Coast Clinics Network</li> <li>• Timber Ridge</li> </ul>

Figure 18. Must Have Certain Income Level (n=17)



No	Yes	N/A
<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Mad River Community Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• North Coast Clinics Network</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> <li>• St. Joseph Home Care</li> </ul>	<ul style="list-style-type: none"> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• Area 1 Agency on Aging</li> <li>• Humboldt Senior Resource Center</li> <li>• Visiting Angel</li> <li>• Humboldt County Department of Health &amp; Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• Timber Ridge</li> </ul>

Figure 19. No Eligibility Requirements (n=16)

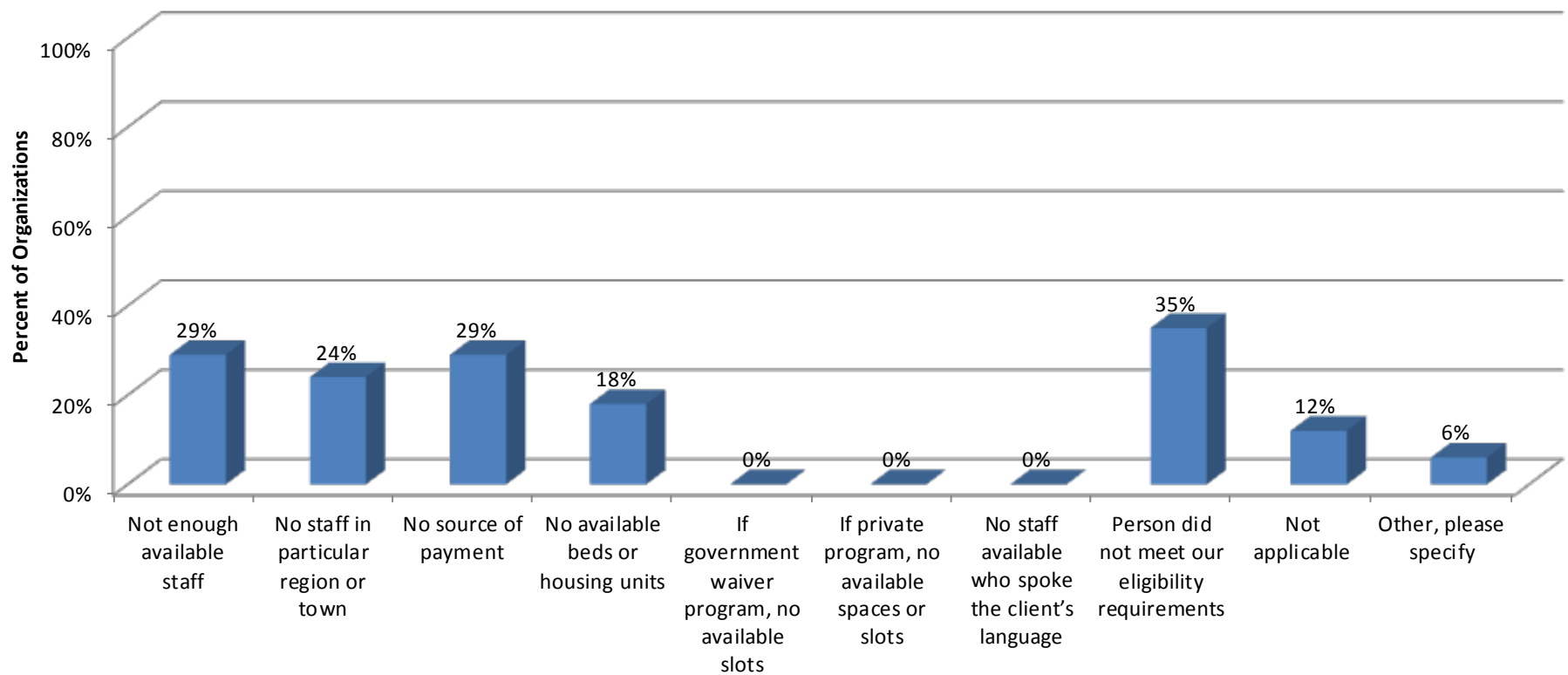


No	Yes	N/A
<ul style="list-style-type: none"> <li>• Mad River Community Hospital</li> <li>• Adult Day Health Care at Mad River Hospital</li> <li>• United Indian Health Services</li> <li>• Hospice of Humboldt</li> <li>• North Coast Association of Residential Care Administrators</li> <li>• Mad River Community Hospital Home Health Services</li> <li>• Area 1 Agency on Aging</li> <li>• St. Joseph Health System - Humboldt County</li> <li>• St. Joseph Home Care</li> <li>• Humboldt County Department of Health &amp; Human Services</li> <li>• Timber Ridge</li> </ul>	<ul style="list-style-type: none"> <li>• Tri-County Independent Living</li> <li>• Humboldt Del Norte IPA and Foundation</li> <li>• North Coast Clinics Network</li> <li>• Visiting Angel</li> </ul>	<ul style="list-style-type: none"> <li>• Humboldt Community Access &amp; Resource Center (HCAR)</li> </ul>

## What changes need to be made in the current system?

### **SR 18: In The Past Year, Did Your Organizations Decline Services To Anyone, Or Place Anyone On A Waiting List, For Any Of The Following Reasons?**

Figure 20. Reasons for organizations declining services or for placing clients on a waiting list



**Not enough available staff**

- Mad River Community Hospital
- Hospice of Humboldt
- Mad River Community Hospital Home Health Services
- Area 1 Agency on Aging
- St. Joseph Home Care

**No staff in particular region or town**

- Tri- County Independent Living
- Mad River Community Hospital Home Health Services
- Humboldt Community Access & Resource Center (HCAR)

**No source of payment**

- Adult Day Health Care at Mad River Hospital
- North Coast Association of Residential Care Administrators
- Humboldt Senior Resource Center
- Visiting Angel
- Timber Ridge

**No available beds or housing units**

- Tri- County Independent Living
- Mad River Community Hospital

**If government waiver program, no available slots**

- *No organizations encountered this problem*

**If private program, no available spaces or slots**

- *No organizations encountered this problem*

**No staff available who spoke the client's language**

- *No organizations encountered this problem*

**Person did not meet our eligibility requirements**

- Humboldt County Department of Health & Human Services
- Hospice of Humboldt
- North Coast Associations of Residential Care Administrators
- Area 1 Agency on Aging
- Humboldt Community Access & Resource Center (HCAR)
- St. Joseph Home Care

**Not applicable**

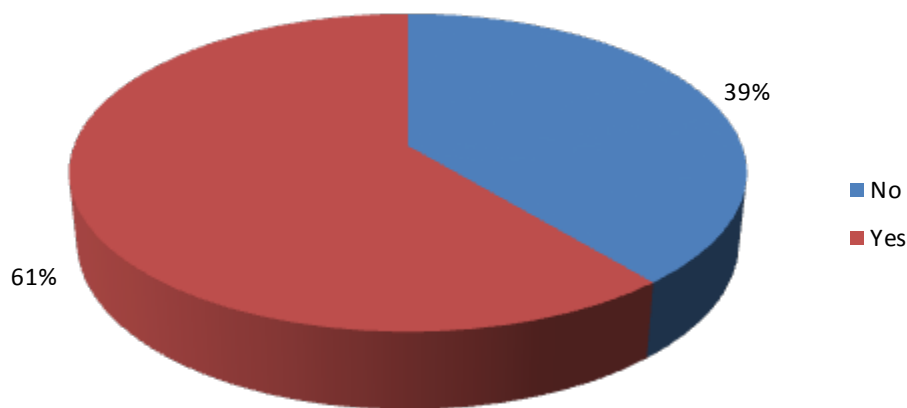
- Humboldt Del Norte IPA and Foundation
- St. Joseph Health System- Humboldt County

**Other: Adult Denti-Cal eliminated by state, not able to provide services**

- North Coast Clinics Network

**SR 31: Does The State Regulatory Environment Affect Your Ability to Provide Services to Your Clients?**

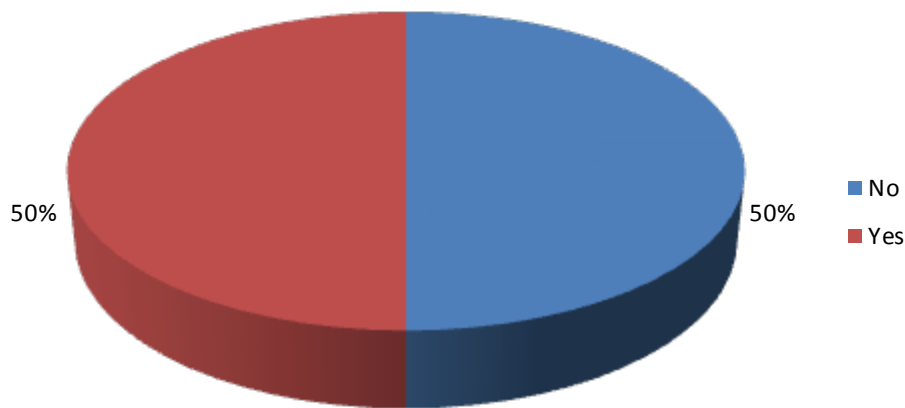
Figure 21. State's effect on organizations ability to provide services due to the regulatory environment. (n=18)

**SR 32: Please Describe Your Experience. (n=9)**

- Over regulation compared to federal requirements requires extra staff to meet requirements. Unfunded mandates require extra staff
- Not wanting to pay for medi-cal participants. If that is under regulatory
- 20 hour limit for clinical services at outlying sites under satellite facility license inhibits our ability to service clients who are unable to travel or live in rural areas.
- Wage orders and Workers compensation requirements severely limit ability to pay qualified staff higher payscales.
- HMO regulations Fiscal/Claims regulations
- Health Centers provide fee for service care and are dramatically impacted when reimbursement is severed or lessened.
- Constant regulatory reviews, with different standards between reviewing organizations.
- Multiple regulatory agencies (CCL, DDS, DOR, etc.) with conflicting regulations, lack of flexibility in labor law/work arrangements for non-union employees
- Conditions of Participation to follow.

**SR 33: Have You Experienced Any Issues or Difficulties Working With Any Specific State Agencies or Departments in the Past Year?**

Figure 22. Issues or Difficulties when working with State agencies or departments this past year. (n=18)

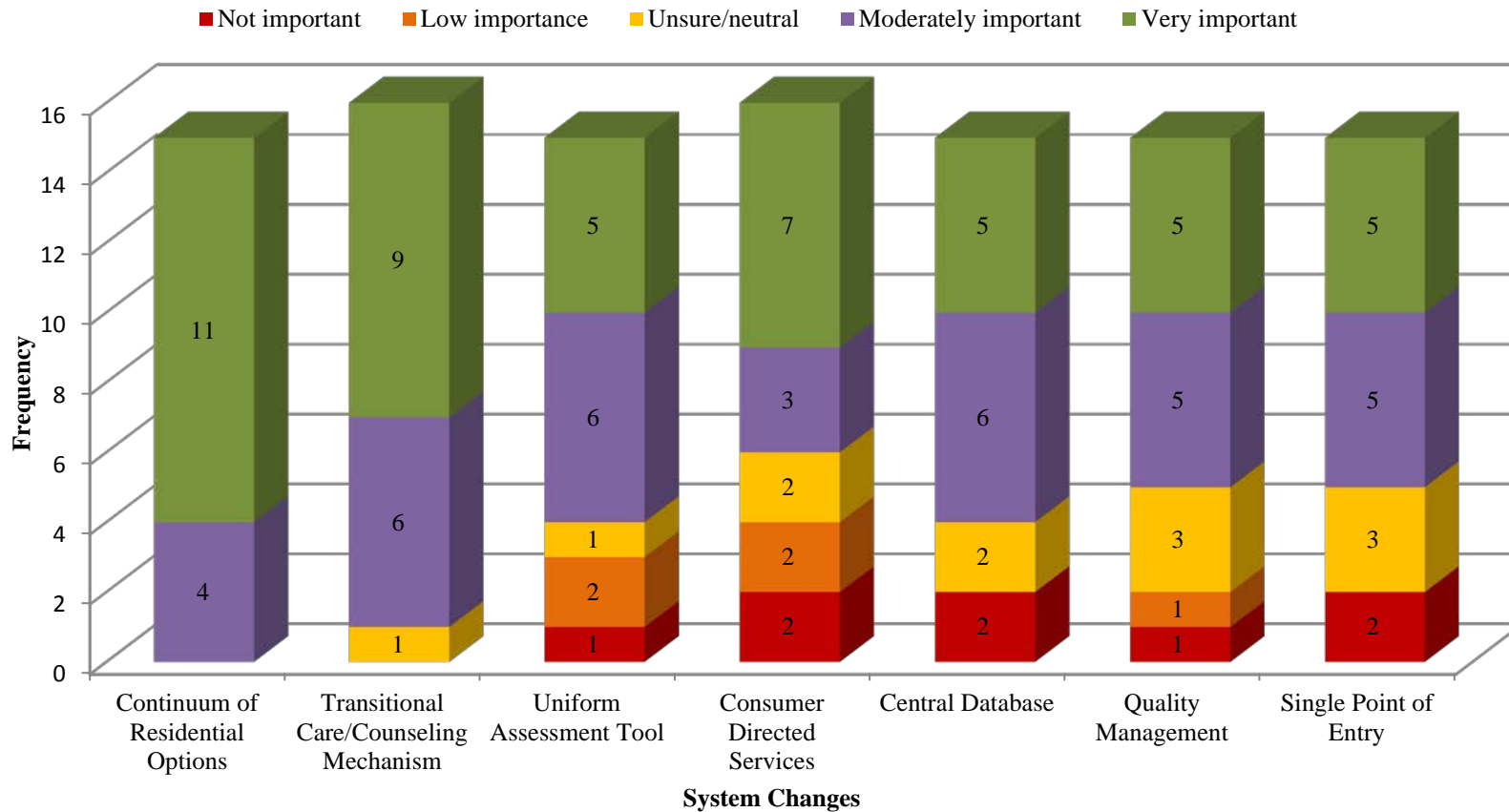


**SR 34: Please Describe Your Experience. (n=7)**

- Problems receiving state funds in a timely manner.
- DHCS requesting us to do something then changing how it's to be done. sending out nurse from APS health care to do assessments on our medi-cal participants the nurse nor the department were organized at all, did not know much .
- Office of the long term care ombudsman exceeding their scope. Labor commissioner findings and enforcement are inconsistent. Public health department findings and enforcement are inconsistent. Community Care Licensing analysts are extremely inexperienced, resulting in findings and enforcement actions that are inappropriate or inconsistent.
- We are transitioning to e-TARs and the process has been stressful, time consuming, frustrating, etc..
- Re-imbursement from the state lags several months and makes cash-flow for operations strained.
- Changing rules between surveyors making it difficult to meet all requirements
- Citation from CCL that conflicts with DDS regulations

**SR 44: The Following Are System Changes That Have Been Discussed on a Statewide and National Level. Please Prioritize How Important You Feel Each Change is for Humboldt County to Address Immediately**

Figure 23. Level of importance for system changes in Humboldt County





**SR 36: What Flexibility do you Need to Provide Services Adequately (Funding, Program, Regulatory Change Etc.)? Be Specific. (n=14)**

**Funding Sources (7)**

Adequate funding with flexibility. Less time spent with assessments and auditors (1)  
Better Base funding (1)  
Additional funding (1)  
Funding (1)  
Increased funding (1)  
Community members do not have funds to pay for home care (1)  
Adequate funding (1)

**Rate Issues (4)**

Lifting of rate cut (1)  
Reinstatement of ability to revise rates based on costs of doing business (1)  
Elimination of arbitrary cap on rates (1)  
Regulatory changes in wage orders and labor code (1)

**Workforce and Place (3)**

Flexible workforce (1)  
More office space to recruit and have a place for them to work (1)  
Provide internships and clinical trainings (1)

**Regulatory Consolidation/Change (3)**

Merge longer term care statute and regulation to reduce administrative duplication (1)  
General review and consolidation of regulations (1)  
Waiver program expanded (1)

**Misc. Comments(3)**

All of the above (1)  
None (1)  
Political Climate where providing human services is a cultural value (1)

## Workforce Related Concerns

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### **SR 20: How Often Have You Experienced the Following Situations in the Past Year? Please Check One Box For Each Statement.**

Figure 24. Employees not showing up or calling out sick at the last minute (n=17)

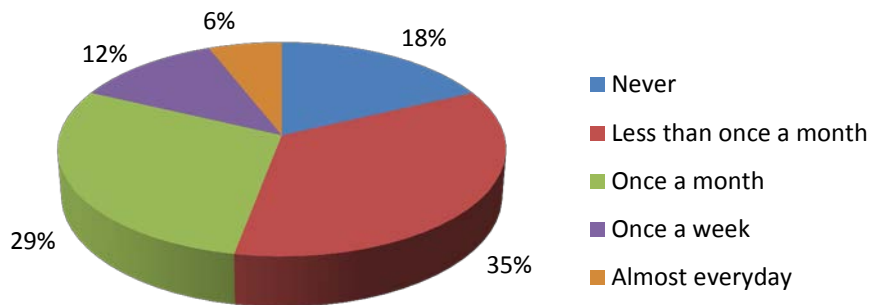
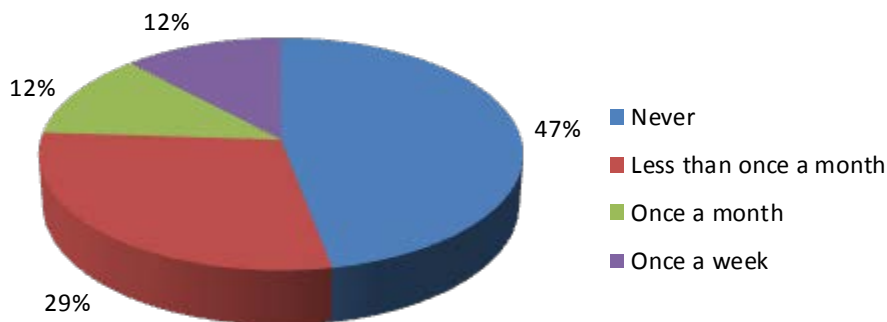
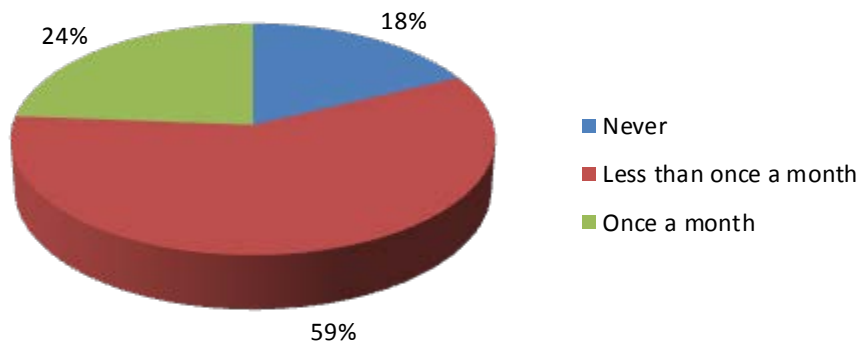


Figure 25. Employees having difficulties with transportation to or from work (n=17)



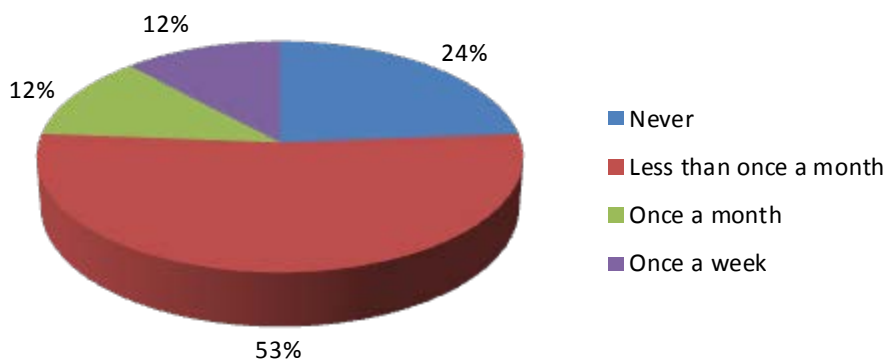
\* No organizations identified this situation happening “almost every day.”

Figure 26. Clients complaining about employees (n=17)



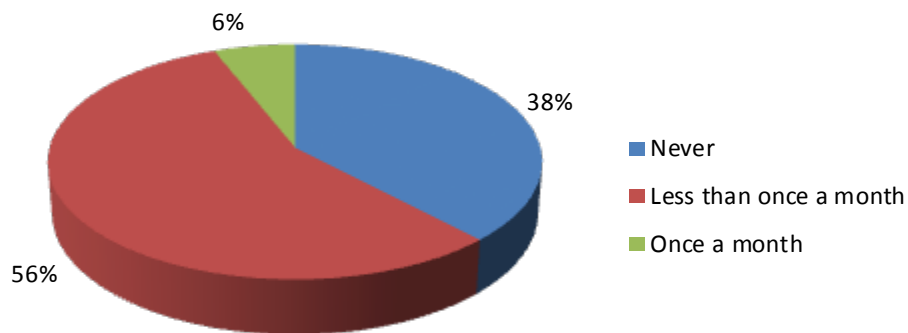
*\* No organizations identified this situation happening “once a week or almost every day.”*

Figure 27. Language differences between clients and employees (n=17)



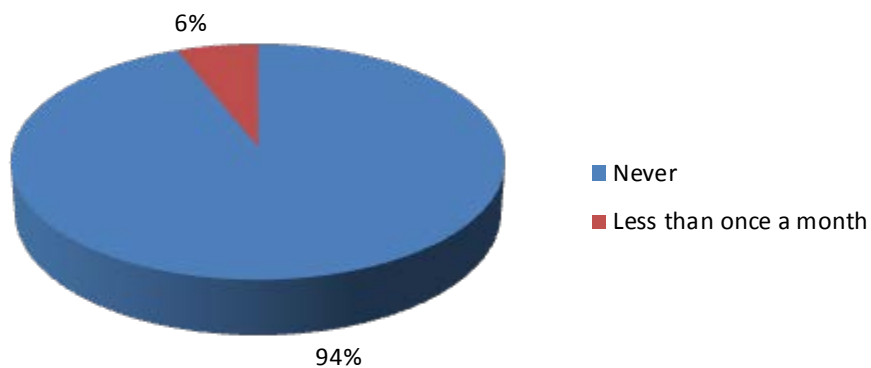
*\* No organizations identified this situation happening “Almost every day.”*

Figure 28. Problems or issues related to cultural, ethnic or racial differences between clients and employees (n=16)



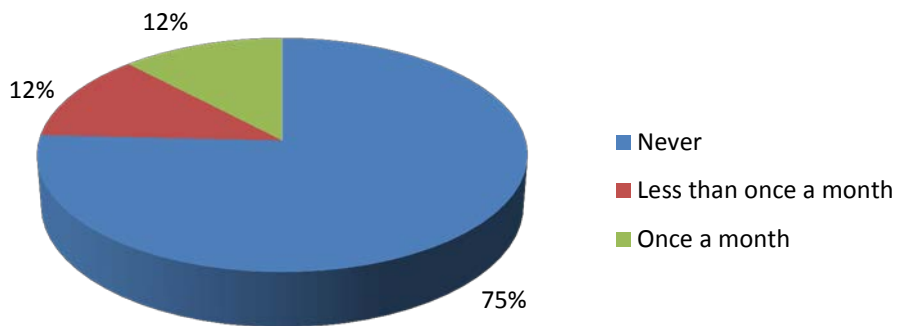
*\* No organizations identified this situation happening “once a week or almost every day.”*

Figure 29. Issues or difficulties with employee unions (n=16)



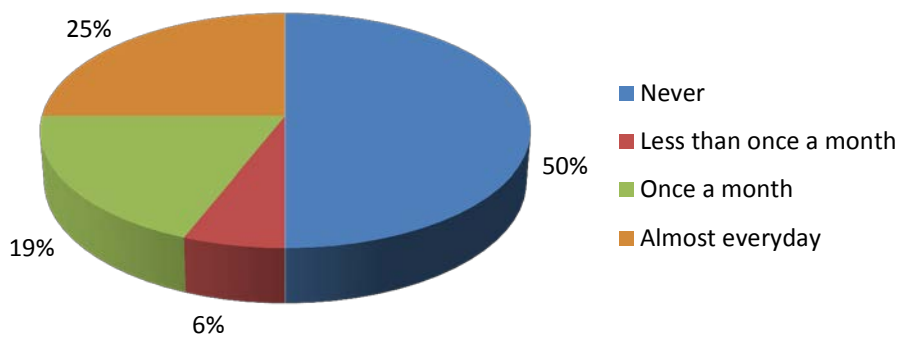
*\* No organizations identified this situation happening “once a month, once a week or almost every day.”*

Figure 30. Using temporary or pool employees because it makes sense financially (n=16)



\* No organizations identified this situation happening “once a week or almost every day.”

Figure 31. Using temporary or pool employees because you do not have enough staff for the day (n=16)



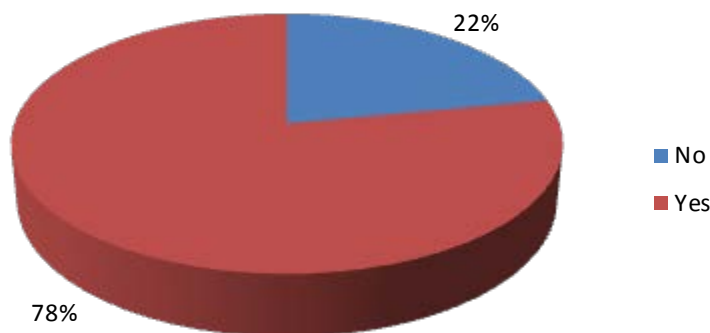
\* No organizations identified this situation happening “once a week.”

**SR 21: Please Elaborate On Any Issues Or Concerns From Question 20 (n=9)**

- Employees frequently gone due to FMLA/Disability
- Lack of local skilled employees with current license or certifications.
- We have 55 staff so sick calls are not unusual. When patients make dangerous decisions for themselves we are forced to terminate our care to them. This happens maybe once a month.
- Housing for patients that need in home follow up and have no home to go to.
- Transportation very limited Dental very limited Accessible housing for low income
- We sometimes staff with temporary caregiver for illness of regular caregiver.
- Language differences -we employ a Spanish speaking staff member and use the ATT translator line for other language interpreters Other issues-difficulty finding care providers and health services for clients with traumatic brain injury (TBI). SNF/board and care placements for non-elderly clients, and services for adults with alcohol-induced dementia and clients with personality disorders
- NA

**SR 23: Do You Provide Specialized Training for Your Employees on How to Work With Clients Who Have Problematic Behaviors?**

Figure 32. Provided training for employees on how to work with clients who have problematic behaviors. (n=18)



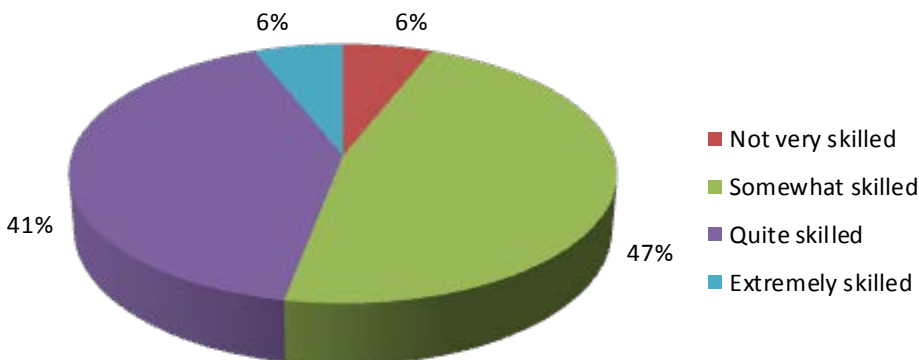
**SR 24: Please Describe The Specialized Training For Your Employees on How to Work With Clients Who Have Problematic Behaviors (n=13)**

- Annual competency training in mental health management in the ER
- Inservice programs to address the problematic behaviors
- In-services to clinical staff and to administrative staff on how to deal with clients with mental health issues. Safety measures (panic button, etc.) training for entire staff.
- Nonviolent intervention techniques; mitigating acute psychotic events in clients with mental disorders or dementia-related disorders

- Last year we trained staff in caring for patients with problematic behaviors. Laura Holmes LCSW covered a wide range of personality issues to depression.
- "How to effectively deal with disorderly patients" In-service seminar and trainings for site supervisors and new employees
- HR provides training, we have a psych nurse who also does staff training
- College of Direct Support online training, Institute for Applied Behavior Analysis training materials
- Mental health professional training on medication or behavior management Dementia care training
- We have specialized training for our dementia and Alzheimer's clients.
- age related competency. Competencies on psych diagnosis
- We have done staff training on clients with personality disorder, alcohol/drug use, field safety, elder and dependent adult abuse including self-neglect and verbal de-escalation.
- Specialized dementia training-8 units annually

**SR 25: Please Rate Your Employees' Overall Level Of Skill Working With Clients Who Have Problematic Behaviors by Clicking One Number on the Following Scale:**

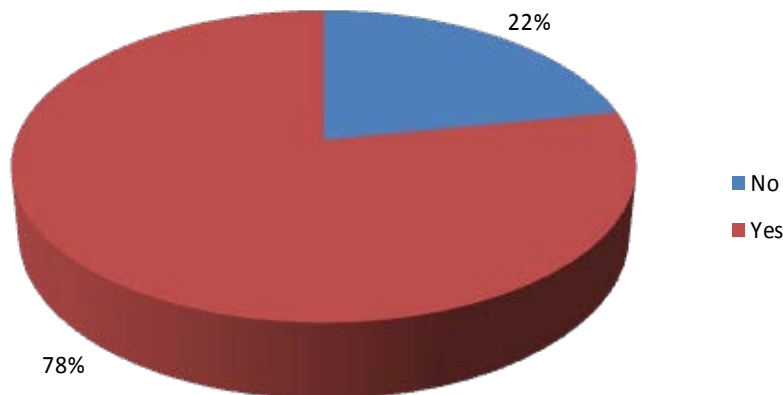
Figure 33. Employees' overall level of skill when working with clients who have problematic behaviors. (n=17)



*\*No organizations rated their employees' overall level of skill as "not at all skilled."*

### **SR 26: Do You Have Difficulty Recruiting Qualified Staff?**

Figure 34. Difficulty recruiting qualified staff. (n=18)



### **SR 27: Please Describe Your Experiences Recruiting Staff (Specific Positions And Reasons) (n=14)**

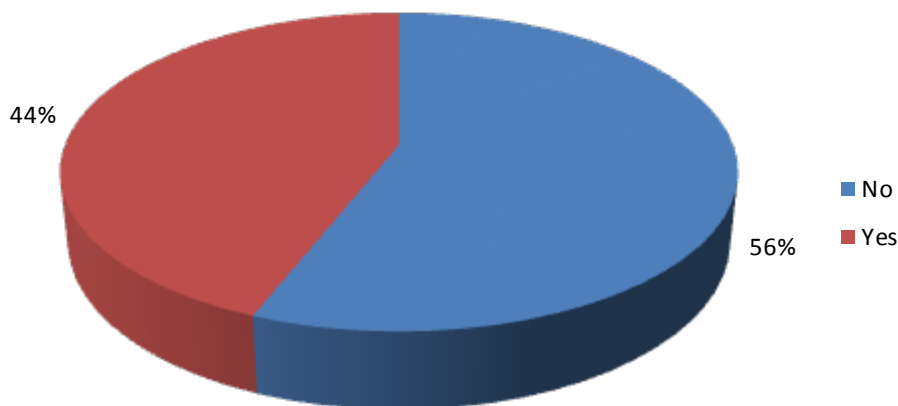
- The position for which I recruit are fairly unique - so while candidates might have skills that will generalize - they don't have the exact qualifications I am looking for. Best example - transition coordinator working to transition people from nursing homes. No one locally has really done this specific job. I need someone with a combination of social work, nursing, and independent living qualifications. I have similar experiences with positions such as Systems Change.
- Nursing staff- Lower salaries than urban areas
- program aide positions are the hardest. The position requires doing the same thing day after day, which is mostly bathroom and shower duties.
- Licensed providers: Social Workers, Medical & Dental providers. We seem to have very few qualified applicants. Our Del Norte location has very long-term vacancies. Comments for decline in offers are generally salary/fringe being too low.
- Home Health Aides -- shortage of local applicants with required certification RNs -- not enough applicants who want to work nights and weekends Director of Nursing -- no local applicants with BSN and experience in management
- Very limited pool of qualified staff at current payscale. Very limited pool of qualified staff who do not have drug use history or criminal background.
- We are currently using contracted physical therapy travelers as we can not find adequate number to fill our openings.
- Small local pool of potential employees for our technical positions.



- MDs, PAs, FNP, Mid-levels, Front Desk, Executive Directors are all in demand and are difficult to attract from out of the area.
- Physical, occupational, speech therapists Nursing Physicians X-ray
- All positions - mostly due to low wages, minimal benefits and lack of ability to give regular raises
- Occupational, Physical Therapists are unavailable in our community.
- The caregiver pool is often uneducated and traditionally they have been under paid. I offer higher pay to get a better selection of caregivers.
- Physical therapy and Occupational therapy. Low numbers in area

### **SR 28: Do You Have Difficult Retaining Qualified Staff?**

Figure 35. Difficulty retaining qualified staff. (n=18)



### **SR 29: Please Describe Your Experiences (Specific Positions And Reasons)** **(n=8)**

- Lower salaries than urban areas
- Currently, have high turn-over rate in many areas/disciplines. Medical Records, billing, coders, as well as professional staff, mixed with with very long term employees (20+ years). We are currently in the process of re-designing a compensation plan-but the process will take a few months.
- Payscale and poor decision-making resulting in criminal acts.
- Low benefits/pay
- Several staff come to our area to practice for the loan repayment benefit of being a HPSA. As a result, after the repayment term is complete, we lose several folks out of our health centers
- All positions - low wages/benefits, high stress level/responsibility

- PT and OT due to availability and low compensation. Drivers - low end of salary schedule and hard work Substitute workers
- Industry standards are about 400%. I experience about 100% with many caregivers that have worked for my agency between 3 and 4 years.

**SR 30: Which Staff Positions Experience the Highest Turnover in Your Organization? (n=16)**

- Administrative Assistant - so I quit hiring a person for this position - we now do our own work.
- Nursing
- program aide
- Billing staff, Medical Assistants, and Dental Assistants
- Director of Nursing
- Direct patient/resident care providers.
- We have very low turnover. Most staff leave us to retire.
- Clerical
- NP, MD, MA, Admin
- Low turnover rates
- direct care staff
- Drivers, program aides, HDM drivers, substitutes
- The staff positions that experience the highest turnover in our organization are caregivers.
- Therapy
- Caregiver
- Service Coordination-which is also the most numerous type of position.

**SR 35: The workforce shortage in Humboldt County is expected to increase in the future. How could the community address the workforce shortage? (n=16)**

*\*Some organizations provided more than one comment for the following question.*

- **Increase wage/Reasonable wage (7)**
- Financial support (1)
- Loan Forgiveness Programs (1)
- **Training Programs** (ex. IHSS, Home Health Aids, nurses, physical, occupational and speech therapy) (6)
- **Increase career counseling & Development in Educational system (2)**
- HSU Nursing program (1)

- **Outreach/Recruitment (2)**
- Increase Outreach (1)
- Community Recruitment (1)
  
- **Unknown/Misc. Comments (3)**
- Assistance from Work Programs (1)
- Positive work environment (1)
- Unknown (1)

## Community Partners

### **SR 40: What Local Community Partners Do You Work With Most Closely?**

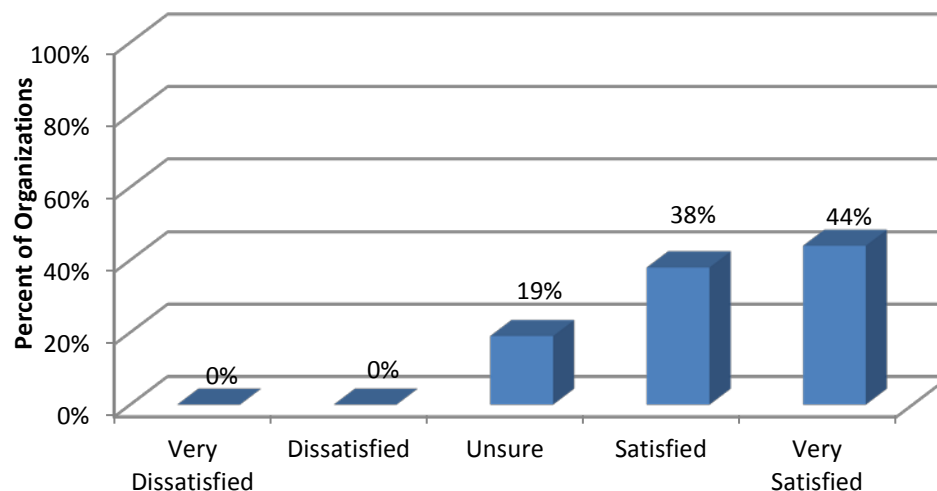
Table 9. Community Partners (n=17)

<b>Organization</b>	<b>Community Partner</b>
<b>Tri-County Independent Living</b>	Mostly with the senior groups, also with Making Headway, and other disability organizations.
<b>Mad River Community Hospital</b>	All healthcare providers
<b>Adult Day Health Care at Mad River Hospital</b>	Home health, hospitals, ADHC, assisted living facilities, transportation agencies
<b>United Indian Health Services</b>	Tribal programs, Northern California Indian Development Council, Public Health of Humboldt and Del Norte, Tribal TANF, Tribal schools, local Independent Practitioners Assoc., Humboldt State University, AmeriCorps, Tribal Civilian Community Corps
<b>Hospice of Humboldt</b>	RCFE administrators; SNF DONs and Administrators; home delivered meals; private caregiving services like Visiting Angels; APS; Public Guardian; adult day health
<b>North Coast Association of Residential Care Administrators</b>	All long term care services
<b>Mad River Community Hospital Home Health Services</b>	Hospitals, clinics, all physicians, ADHC, Wound Center at Mad River, APS, Vets Admin, and other hospitals out of the area.
<b>Humboldt Del Norte IPA and Foundation</b>	Physician Practices, Hospitals, ODCHC, CHA, NCCN, CCRP
<b>Area 1 Agency on Aging</b>	Adult Protective Services, Senior Centers, Legal Services of the Northcoast, Housing Authority, Hospice, HAF (Union Labor), Food for People, Switchboard, RCAA, Lighthouse, Ameri-Corp, Dial-a-ride, TILI, FRCs, Home Health agencies, IHSS, Co Mental Health, DHHS, Social Security, pharmacies
<b>North Coast Clinics Network</b>	<b>No data provided</b>
<b>St. Joseph Health System -Humboldt County</b>	Community organizations addressing the needs of the patient - from NCCN, to Open Door, to local funders and Food for People. Whatever resources are available to address patient needs
<b>Humboldt Community Access &amp; Resource Center (HCAR)</b>	Redwood Coast Regional Center
<b>Humboldt Senior Resource Center</b>	APS, IHSS, Public Guardian, RCRC, MSSP, HH, Food Bank,

	Mental Health, Area Agency on Aging, City of Eureka, Hum. Transit Authority, Private caregiver agencies
<b>Visiting Angel</b>	We work most closely with North Coast Associations of Residential Care Administrators, Champion Advocates, Eureka Chamber of Commerce
<b>St. Joseph Home Care</b>	IHSS, APS,
<b>Humboldt County Department of Health &amp; Human Services</b>	A1AA, Regional Center, law enforcement, home health agencies, hospitals
<b>Timber Ridge</b>	Home health & hospice
<b>Redwood Coast Regional Center</b>	Education, California Children's Services, mental health, law enforcement, medical first responders, and broad variety of health, professionals; department of social services, department of Health Care Services, Public Health

**SR 41: Generally, How Would You Describe Your Working Relationship With Those Organizations?**

Figure 36. Satisfaction Level with Community Partners. (n=16)



## Future Plans & Comments

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### **SR 39: What future plan(s), if any, does your organization have on the drawing board? (Expansion, fundraising, mergers) (n=13)**

#### **Tri-County Independent Living**

Developing Aging and Disability Resource Connection

- a1. Outreach Campaign

#### **Mad River Community Hospital**

- a. None

#### **United Indian Health Services**

- a. Expansion of Primary care

- a1. Behavioral Health

- a2. Dental

#### **Hospice of Humboldt**

- a. Opening Hospice inpatient facility 2015

- b. Eventual expansion of grief support services

#### **North Coast Association of Residential Care Administrators**

- a. Mergers

- b. Acquisitions

#### **Mad River Community Hospital Home Health Services**

- a. Development of Community Life Wellness Campus

#### **Humboldt Del Norte IPA and Foundation**

- a. Building Care Coordination for patients with complex needs

- b. Expand to include Medicare Lives

#### **Area 1 Agency on Aging**

- a. Expansion of volunteer driver program to outlying areas

#### **St. Joseph Health System- Humboldt County**

- a. Opening new patient tower

#### **Humboldt Community Access & Resource Center (HCAR)**

- a. New Programs

- a1. Mobility management

- a2. Mobility training

- a3. Looking for fundraising opportunities

#### **Humboldt Senior Resource Center**

- a. Develop and implement PACE

**Visiting Angel**

- a. We are continuing to grow

**Timber Ridge**

- a. Assisted living in Cloverdale (52 beds in late spring)

**SR 45: Please provide any additional comments or thoughts that you think should be considered:**

- I am a member of a statewide committee who worked to develop the California standards for options counseling for the ADRCs. I have been in contact with the Carol Swartzlander at the CA Health and Human Services dept. regarding establishing an ADRC in Humboldt County. I learned that several ADRC's are run by the local Independent Living Centers in California (and something like 36% of ADRCs nationwide are housed in ILCs) CHHS is very willing to help me get one established in Humboldt County. The options counseling trainer at CHHS is a friend who is going to train my IL staff to do options counseling (which is almost what we are doing now at the ILC) at the beginning of next year. I know that there must be collaboration with A1AA but given the instability of the organization at the present time, I believe we at the ILC are in a better position to get the program up and running. Once there is a new ED in place there, we can work to collaborate on the program. However, I believe it is imperative that this program begin to be developed soon so that it can be in place and running well as we see increases in those that utilize it.
- The proposed bills SB411 and AB889 will cause a large increase in rates. This will prohibit more clients from being able to afford home care.

## Appendix



## Long-Term Care Services & Supports Survey

Created: December 06 2011, 6:31 AM

Last Modified: March 02 2012, 2:32 PM

Design Theme: Tablet

Language: English

Button Options: Custom: Start Survey: "Start Survey!" Submit: "Submit"

Disable Browser "Back" Button: False

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### Long-Term Services & Support Survey

Page 1 - Question 1 - Choice - Multiple Answers (Bullets)

Which of the following long-term care services do you provide or make available? Check all that apply

- ☐ Adult Day Care (social model)
- ☐ Adult Day Health Care (medical model)
- ☐ Adult Foster Care
- ☐ Assistive Devices
- ☐ Assisted Living Services
- ☐ Attendant Care
- ☐ Caregiver Assistance/Support
- ☐ Case/Care Management
- ☐ Companion Services
- ☐ Congregate Meals
- ☐ Durable Medical Equipment
- ☐ Fiscal Intermediary
- ☐ Group Home/ Supportive Living Services
- ☐ Handyman Services
- ☐ Health Insurance Counseling
- ☐ Home Delivered Meals
- ☐ Home Health Services
- ☐ Homemaker Services
- ☐ Home Modification Services
- ☐ Housing Services
- ☐ Hospice Services
- ☐ Independent Living Skills Training
- ☐ Information & Referral
- ☐ Mental Health Counseling
- ☐ Visiting Nursing Services
- ☐ Skilled Nursing Care
- ☐ Other Nursing Services
- ☐ Nutritional Services
- ☐ Personal Care Assistant Services
- ☐ Personal Emergency Response System
- ☐ Physical, Speech, Respiratory, or Occupational Therapy
- ☐ Prescription Drug Assistance
- ☐ Recreational Services
- ☐ Respite Care
- ☐ Specialized Dementia Care
- ☐ Transition Counseling (skilled nursing to community or from service to service)

How many clients are you currently serving?

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What age ranges do you currently provide services to? Please indicate the percent of your current clients in each age range.

[illegible]

What percentage of your current clients are:

[illegible]

What percentage of your current clients are:

[illegible]

What percentage of your current clients live:

[illegible]

[illegible][illegible][illegible]

If you selected "other" for the previous question. Please describe:

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What percentage of your clients use Medicare and Medi-Cal?

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%	Don't know	N/A
Dual Eligibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the eligibility requirements for services from your organization? Briefly describe the requirement for each.

	No	Yes	N/A
Only certain diagnoses accepted: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only certain ages accepted: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only certain payment sources accepted: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only certain geographic areas accepted: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certain behavioral or psychiatric diagnoses not accepted: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have a certain number of impairments: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have certain functional or cognitive abilities: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Must have certain income level: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No eligibility requirements: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: ✎ Please describe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are interested in your organization's current capacity to provide services at this time.

Description

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- ☐ No [Skip to 7]
- ☐ Yes [Skip to 5]

Please list the service/s which have a waiting list and the total number of people on the waiting list for each service:

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[Mandatory]

On average, what is the length of time that people are on the waiting list?

- ☐ 0-30 days [Skip to 7]
- ☐ 31-60 days [Skip to 7]
- ☐ More than 60 days [Skip to 6]

If more than 60 days, how long, on average are people on the wait list?

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[Up To 2 Answers]

In the past year, did your organization decline services to anyone, or place anyone on a waiting list, for any of the following reasons? Check all that apply.

- ☐ Not enough available staff
- ☐ No staff in particular region or town
- ☐ No source of payment
- ☐ No available beds or housing units
- ☐ If government waiver program, no available slots
- ☐ If private program, no available spaces or slots
- ☐ No staff available who spoke the client's language
- ☐ Person did not meet our eligibility requirements
- ☐ Not applicable
- ☐ Other, please specify

What percentage of your current clients have:

[illegible]

## Appendix-Survey

A mental illness diagnosis (excluding diagnosis of Alzheimer's disease or other dementia):

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

A developmental disability:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Page 8 - Question 20 - Rating Scale - Matrix

How often have you experienced the following situations in the past year? Please check one box for each statement.

	Never	Less than once a month	Once a month	Once a week	Almost everyday
Employees not showing up or calling out sick at the last minute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees having difficulties with transportation to or from work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients complaining about employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language differences between clients and employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems or issues related to cultural, ethnic or racial differences between clients and employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues or difficulties with employee unions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using temporary or pool employees because it makes sense financially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using temporary or pool employees because you do not have enough staff for the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems with transportation for your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty finding health care services or providers for your clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring a client to another provider or ending services because of problematic behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transferring a client to another provider or ending services because of issues related to a mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other issues with employees or clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page 8 - Question 21 - Open Ended - Comments Box

Please elaborate on any issues or concerns from question 23.

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Page 8 - Question 22 - Open Ended - Comments Box

Describe any problematic behaviors that your clients have exhibited which require discharge or staff training:

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Page 9 - Heading

We would like to ask you some questions regarding your workforce.

Description

Page 9 - Question 23 - Choice - One Answer (Bullets)

[Mandatory]

Do you provide specialized training for your employees on how to work with clients who have problematic behaviors?

- ☐ No [Skip to 11]
- ☐ Yes [Skip to 10]

Page 10 - Question 24 - Open Ended - Comments Box

Please describe the specialized training for your employees on how to work with clients who have problematic behaviors:

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Page 11 - Question 25 - Rating Scale - Matrix

Please rate your employees' overall level of skill working with clients who have problematic behaviors by clicking one number on the following scale:

Not at all skilled	Not very skilled	Somewhat skilled	Quite skilled	Extremely skilled
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Page 12 - Question 26 - Choice - One Answer (Bullets)

[Mandatory]

Do you have difficulty recruiting qualified staff?

- ☐ No [Skip to 14]
- ☐ Yes [Skip to 13]

Page 13 - Question 27 - Open Ended - Comments Box

Please describe your experiences recruiting staff (specific positions and reasons):

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Page 14 - Question 28 - Choice - One Answer (Bullets)

[Mandatory]

Do you have difficulty retaining qualified staff?

- ☐ No [Skip to 16]
- ☐ Yes [Skip to 15]

Page 15 - Question 29 - Open Ended - Comments Box

Please describe your experiences (specific positions and reasons):

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Page 16 - Question 30 - Open Ended - Comments Box

Which staff positions experience the highest turnover in your organization?

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Page 17 - Heading

We'd also like to ask you about your interactions with state agencies.

Description

Page 17 - Question 31 - Choice - One Answer (Bullets)

[Mandatory]

Does the State regulatory environment affect your ability to provide services to your clients?

- ☐ No [Skip to 19]
- ☐ Yes [Skip to 18]

Page 18 - Question 32 - Open Ended - Comments Box

Please describe your experiences:

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Page 19 - Question 33 - Choice - One Answer (Bullets)

[Mandatory]

Have you experienced any issues or difficulties working with any specific State agencies or departments in the past year?

- ☐ No [Skip to 21]
- ☐ Yes [Skip to 20]

Page 20 - Question 34 - Open Ended - Comments Box

Please describe your experiences:

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Page 21 - Heading

Finally, we would like to ask you about the future need for long-term care in Humboldt County.

Description

Page 21 - Question 35 - Open Ended - Comments Box

The workforce shortage in Humboldt County is expected to increase in the future. How could the community address the workforce shortage?

Page 21 - Question 36 - Open Ended - Comments Box

What flexibility do you need to provide services adequately (funding, program, regulatory change etc)? Be specific.

Page 21 - Question 37 - Open Ended - Comments Box

What services are missing for your clients that you cannot directly provide, refer to another provider, or subcontract for?

Page 21 - Question 38 - Open Ended - Comments Box

Of all the long term care services available, what core services do you believe must survive to meet the needs of adults with functional disabilities?

Page 21 - Question 39 - Open Ended - Comments Box

What future plan(s), if any, does your organization have on the drawing board? (i.e. expansion, fundraising,mergers)

Page 21 - Question 40 - Open Ended - Comments Box

What local community partners do you work with most closely?

Page 21 - Question 41 - Choice - One Answer (Bullets)

Generally, how would you describe your working relationship with those organizations?

- ☐ Very Dissatisfied  
☐ Dissatisfied  
☐ Unsure  
☐ Satisfied  
☐ Very Satisfied

Page 22 - Heading

The North Coast Long Term Services & Supports Coalition is looking for your input and creative ideas.

Description

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Page 22 - Question 42 - Open Ended - Comments Box

In your opinion, what is the greatest unmet long-term care service(s) or need(s) for older adults or people with disabilities in Humboldt County to maintain a level of independence?

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Page 22 - Question 43 - Open Ended - Comments Box

What ways should county and/or state address these unmet needs?

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Page 22 - Question 44 - Rating Scale - Matrix

The following are system changes that have been discussed on a statewide and national level. Please prioritize how important you feel each change is for Humboldt County to address immediately:

	Not important	Low importance	Unsure/neutral	Moderately important	Very important
Single point of entry/access point for eligibility determination & service coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uniform Assessment Tool – Single tool to assess needs & create plan for qualifying services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer Directed – consumers have primary decision-making authority over direct care workers and delivery of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Management – whether system achieves desired goals and continues to improve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Central database – technology to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

streamline access to client records

Transitional care/counseling  
mechanism for client integration into  
community; leaving nursing homes,  
hospital services or transferring from  
one service to another

☐☐☐☐☐

Provide a continuum of residential  
options for varying degrees of client  
independence or service

☐☐☐☐☐

Page 22 - Question 45 - Open Ended - Comments Box

Please provide any additional comments or thoughts that you think should be considered:

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Page 22 - Question 46 - Choice - One Answer (Bullets)

Your answers to this survey are confidential, but may we contact you for further information if necessary?

- ☐ No  
☐ Yes

Page 23 - Question 47 - Open Ended - Comments Box

Name of organization:

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Page 23 - Question 48 - Open Ended - Comments Box

Respondent name:

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Page 23 - Question 49 - Open Ended - Comments Box

Respondent phone number:

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Page 23 - Question 50 - Open Ended - Comments Box

Respondent e-mail:

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Thank You Page

Standard

Screen Out Page

Standard

Over Quota Page

Standard

Survey Closed Page

Standard

Appendix B:  
North Coast Long-Term Care Coalition: Focus Group Findings

# North Coast Long Term Services and Supports Coalition

## Focus Group Findings

March 2012

Report Produced by:

Jessica Osborne-Stafsnes, *Project Manager*

Aligning Forces Humboldt

**Aligning Forces  
for Quality** | Improving Health & Health Care in  
Communities Across Humboldt County

An initiative of the California Center for Rural Policy and the Robert Wood Johnson Foundation.

1125 16<sup>th</sup> Street, Suite 204

Arcata, California 95521

## North Coast Long Term Services and Supports Coalition Focus Group Findings

### **Introduction:**

In July of 2011 The SCAN Foundation<sup>16</sup> selected the North Coast Senior Services Coalition to represent rural California as one of 12 statewide Coalitions they would fund to assist in the State of California's transformation of Long Term Services and Supports. In September 2011, the North Coast Senior Services Collaboration was revitalized refocused and renamed the North Coast Long-Term Services and Supports Coalition (NCLTSSC). Twenty (20) CEO's/Executive Directors of agencies providing LTSS were invited to participate. Each representative was currently impacted by any restructuring of long term care for the targeted populations – seniors and adults with disabilities.

NCLTSSC aim was to develop a plan for reorganization and realignment of long-term care services in Humboldt County that will eliminate redundancy and recommend a plan for appropriate services to be provided by those organizations best equipped to do so.

The Consultant instituted a research component through The California Center for Rural Policy at Humboldt State University to assist the Coalition in their analysis of LTSS from the perspective of providers and consumers in order to determine responses/recommendations to several questions:

1. Who represents the priority populations to be served?
2. What are the core and priority services needed for long term service and support?
3. What are the major gaps?
4. Are there replications in services that could be streamlined or provided by another organization?
5. What changes need to be made in the current system?

To ensure that recommendations made and systems proposed are reflective of consumer needs, the NCLTSSC held two consumer focus groups to garner feedback about the current state of the system from local client and caregiver perspectives. These focus groups were held on March 14, 2012.

### **Methodology:**

#### *Recruitment Process and Participant Details:*

Focus group participants were identified by the organizational stakeholders of the NCLTSSC based on criteria developed by focus group coordinator Jessica Osborne-Stafsnes (see participant criteria in

Appendix A). Participants identified were recipients of long term care, care providers for clients with long term care needs, or family caregivers. Of the thirty-five individuals initially identified as focus group candidates, thirteen became participants in the NCLTSSC focus groups (factors limiting involvement included: availability during focus group meeting time, recruiter's ability to get in contact with individuals, and illness). Once recruited, participants were placed into focus groups based on their age and encounters with the long-term service and support (LTSS) system. One focus group was held for seniors with long term care needs and their caregivers; the second focus group was composed of adults with functional impairments and their caregivers.

The senior focus group was composed of three recipients of LTSS, three family caregivers, and one paid care provider, totaling seven participants. The majority of participants in the senior focus group were female (five out of seven participants). The adult focus group was composed of three recipients of LTSS, two paid care providers, and one family care giver, totaling six participants. The majority of participants in the adult focus group were female (four out of six participants). Demographic information was also collected for participant household income, marital status, ethnicity, language, and race. This information is available in Appendix F.

Focus group participants were volunteers who signed consent forms to voluntarily participate in this project. Participants received a \$25 stipend, a catered meal, and mileage reimbursement.

#### *Key Questions Asked and Topics Explored:*

Once recruited, focus group participants participated in a face to face or phone survey to assess their values regarding long term care in Humboldt County (see survey in Appendix B; results in Appendix C). Findings from the value assessment, along with a list of questions generated by the NCLTSSC, were the basis for seven primary focus group questions.

Questions were stratified by four domains<sup>1</sup>:

#### **1. Access and Affordability**

*Question 1: What services do you need to remain independent? Are these services currently accessible to you? Why or why not?*

*Question 2: What service have you needed that has been difficult to access? What were the barriers?*

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<sup>1</sup> Domains derived from the LTSS Scorecard: [www.longtermcorecard.org](http://www.longtermcorecard.org)



## 2. Choice of Setting and Provider

*Question 3: How do you find out currently what services are available to assist you in the community to be independent?*

*Question 4: Who do you call for help if you need it? What is it about that organization that makes you go to them for help? What characteristics?*

*Question 5: Are you included in the decision-making around your care, or are those decisions made by someone else? By whom?*

## 3. Support for Caregivers

*Question 6: What sort of support do caregivers need to help provide you quality care and maintain their own well-being?*

## 4. Quality of Care and Quality of Life

*Question 7: Do you feel the environment that you are in is culturally sensitive to your values, practices, and beliefs?*

In addition to the questions identified here, participants filled out a six question pre-focus group survey intended to capture the value they place on issues like single point of entry, uniform assessment tools, and a central database. This survey and the results can be found in Appendix D & E.

### Findings:

#### Access and Affordability:

##### Question 1: What services do you need to remain independent?

Prior to answering this question, focus group participants brainstormed about the meaning of access and affordability, and listened to a short description of access and affordability authored by The SCAN foundation.

Participant response:

Question: What services do you need to remain independent? <i>Senior Response: Adult Response</i>	
Activities of Daily Living	Transportation
-Help with house and daily cooking - Meal Prep -Domestic Services -House Cleaning -Laundry -Errands -Meals -Bathing -Personal Care	-Transportation -Transportation in rural areas -Transportation -Transportation outlets that can wheel chairs, walkers, mobility devices
Social Connectivity	Medical Care
-Loving family -Getting out into the community (even if it is just running errands to stay connected) -Senior Center -Support Groups -Having a Network outside of immediate family to turn to for support. -Adult Day Care -Being involved in the community -Maintaining Social connectivity	-Medication management -Coordination of appointments and care -Paramedical needs -Wound Care
Other: Allotment for additional caregiver time when client is sick and may need extra help, counseling or an evaluator who can come assess a client's situation on a regular basis and make recommendations, someone (a point person) who can be reached on the phone and give answers and insights in a timely way.	

As seen above, having support with activities of daily living was a major theme among focus group participants in maintaining independence, particularly with the adult focus group. An avenue through which individuals could maintain social connection and relationships was also identified as an important factor in maintaining independence. Some participants recommended having an organization come evaluate their needs several times per year, to ensure that interventions to support independence are occurring in a timely manner. Members of both the senior and adult focus groups identified adult day care a crucial service in maintaining the independence of their loved ones.

- Participant quote: *“My mom started going to ADHC. It changed her life. She goes four days a week. It is a massive improvement in her life, in her health, everything. It is important for her to be independent and healthy.”*

Other focus group members identified that having a service or an organization outside of the family structure is important in allowing clients space to find support for issues they may feel unwilling to discuss with immediate family.

- Participant quote: *“It’s good if they belong to Mad River Day Care or something like that. They can have a group discussion when they can’t talk to the family. They may have a problem where they don’t want to hurt family feelings. So it is confidential place to have conversations just with in this group. They need a place to share where they feel that their information is being kept close.”*

Transportation and coordination of medical needs were also common areas identified in maintaining independence. Members of the adult focus group signified the need for a point person (social worker, care manager, etc.) that could be contacted on the phone regarding questions and concerns in a timely and efficient way. Increasing flexibility around IHSS caregiver hours to provide additional assistance when clients are ill was another area identified as important in helping clients maintain independence.

Additionally, the issues of affordable and appropriate housing and public accessibility for adults with functional impairments was an apparent theme related to maintaining independence, though these issues were not initially discussed in response to question 1.

Participant comments:

- *“Why do we have to put everyone in Silver Crest or a nursing facility? Why shouldn’t there be a community near shopping malls where they can walk? Why couldn’t there be a place where there’s a little bit of assistance? This is an important issue in our lives.”*
- *“The housing for the disabled isn’t suited for the disabled.”*
- *“People don’t get out because of the lack of access... Many of us stay in the background because of the accessibility problems.”*

Question 1, Part B: Are these services currently available and accessible to you? Why or why not?

Once participants identified the crucial services listed above, they were asked to identify if the services were accessible and available in the community.

*Activities of Daily Living and Personal Care:*

Group consensus was that these services are available in the community.

- Organizations identified: Visiting Angels, IHSS, Family Caregivers
- Barriers or limitations: Ability to afford private care giving services was identified as a barrier, as were financial limitations specifically regarding qualifying for public services such as IHSS. Finding a care provider with the skills and abilities needed to meet client needs was also identified as a barrier. Participants sensed that training and wages were not adequate for care givers to support personal care work.

*Transportation*

Participants were able to identify that transportation services were available in the community, though there was a clear acknowledgement that there are limited services available in more rural areas of the county.

- Organizations identified: Dial-a-ride (DAR), Public Transit (city buses), and taxi services. Some organizations like ADHC provide transportation to their specific programs.
- Barriers/Limitations: Cost and reliability were major concerns expressed with DAR services, wheel chair accessibility on city buses and taxis, limited geographic service area for most transportation services
- Participant Quote: *“Adult day health care has a bus, but I can’t ride my wheelchair on it, so I have to take dial-a ride.”*

*Social Connectivity*

- Organizations identified: Eureka ADHC, Mad River ADHC, Support Groups, Senior Center, Church
- Barriers/Limitations: Accessibility due to physical limitations and transportation were the biggest barriers to accessing social and support groups.
- Participant quote: *“Being involved in the community is very important. I get invited to be involved, but actually, going to events is challenging because of limitations with the wheelchair.”*

*Care Coordination and Planning*

Participants articulated medical care and coordination of care are important factors in keeping them independent. While there was little discussion specifically related to medical services, it was evident that most senior focus group participants were unsure where to access care coordination or planning services. Adult focus group participants could more readily point to agencies where they could access care coordination and planning help. Additionally, focus group participants who were receiving assistance through IHSS or other county services had a better sense of avenues to get help, as opposed to participants receiving or giving care in a family setting.

- Organizations/Services Identified: Caregivers, Home Health, Social Service Programs (MSSP at HSRC), social work through the VA, social workers through IHSS, on-site service coordinator (at Silvercrest), Champion Advocates
- Barriers: Awareness of services available, meeting financial qualifications for services, affording private services

**Question 2: What service have you needed that has been difficult to access? What were the barriers?**

Participants in both the adult and senior focus groups identified the following services that have been difficult to access:

- Transportation services
- Respite services
- Coordination and planning services
- Financial assistance or insurance coverage

During focus group discussion, the following barriers were articulated:

- Transportation services: Cost, Accessibility (with wheelchairs), geographic spread
- Respite services: Awareness of available services, cost, availability of respite workers
- Coordination and planning services: Awareness of available services
- Financial assistance or insurance coverage: Participants identified the financial challenges of falling in the gaps between MediCal and Medicare coverage. Some participants discussed how financial limitations or inadequate insurance coverage equated to inability to purchase necessary medical items.

Participants commented on current major gaps in the long term service and support system in the focus group survey. See table below:

<b>Question: Where are the current major gaps in the LTSS system?</b>	
Seniors	Adults
<ul style="list-style-type: none"> <li>• Visitations</li> <li>• Not sure. Multiple cost of repeated or redundant assessments or evaluations.</li> <li>• Family care giving needs to be paid as well, and treated like family</li> <li>• Wages and transportation</li> <li>• Lack of affordable facilities and help for</li> </ul>	<ul style="list-style-type: none"> <li>• Support for non-seniors with disability</li> <li>• Trained providers, low wages, transportation needs in rural areas, reliability</li> <li>• One central location to receive information</li> <li>• Homecare worker availability, registry</li> </ul>

caregivers <ul style="list-style-type: none"> <li>• Not enough hours for providers to do the needed services</li> <li>• Not enough needed hours</li> </ul>	updated and current
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### **Choice of Setting and Provider**

Question 3: How do you find out currently what services are available to assist you in the community to be independent?

<b>Question: How do you find out currently what services are available to assist you in the community to be independent?</b>	
Participant Response	
Seniors	Adults
<ul style="list-style-type: none"> <li>• Senior Center</li> <li>• County</li> <li>• Area 1 Agency on Aging</li> <li>• Area 1 Agency on Aging resource book</li> <li>• Yellow Pages</li> <li>• Call my doctor</li> <li>• Call hospital or social services</li> <li>• Use the hospital social worker</li> <li>• Champion Advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Area 1 Agency on Aging</li> <li>• Mental Health</li> <li>• Service coordinator (Silvercrest)</li> <li>• Hoopa Tribe</li> <li>• Public Health</li> <li>• Eureka Adult Day Health Center</li> <li>• Support Groups</li> </ul>

This question generated extensive conversation from both focus groups. Participants regularly discussed the fragmentation of the current system and the lack of a clear point of entry to receive information about the availability of different services. Participants discussed that individual agencies have specialized knowledge, but very few, if any, have a sense of the local LTSS at a macro level.

Participant reflections included:

- *“I go to A1AA, my service coordinator, mental health and each of them can tell me a piece of what’s going on, but nobody seems to know about all of the pieces.”*
- *“My son was in for surgery and was debilitated after. He required 24 hour nursing care. We had no clue. So we went to the social worker at Mad River Hospital. She called and found out there was an opening for us [at a skilled nursing facility]. Had it not been for her, we wouldn’t have known where to start to look.”*

- *“One of the things that I am hearing is that we have a very fragmented system that all boils down to little kinds of cubby holes. You go here for this... If you have this income you go here. We have this matrix of things, and I think what I’m hearing and what I would experience if I went looking for it myself, is that the matrix is so big, nobody knows where the starting point is. So, everyone is fishing around in these pools and asks individual questions. Maybe they get good answers and maybe they don’t.”*
- *“I can just see that we’ve created this hodge-podge, which is how health care in America really is. And, it’s reflected more so when you’re disabled. You really fall into these odd buckets and stuff. And, if you envision the magic wand and the universal health care system there would be none of this. You would just call whatever the number was and they would come and make all the arrangements that are available. It’s the systemic thing.”*
- *“Service providers/conduits need to be savvy about information and programs available.”*
- *“Raise public awareness about the problem, because a whole lot of people don’t know what they’re coming into, and when they do, they crash against the wall.”*
- *“It is very important as a community to know what is in our community.”*

In addition to focus group discussion, group survey results indicated that 62 % of respondents felt that a single point of entry/access for eligibility determination and service coordination was “very important.” 38 % felt that it was moderately important (for more survey results, please see Appendix E).

Question 4: Who do you call for help when you need it?

Question 4: Who do you call for help when you need it?	
Participant Response:	
Seniors	Adults
<ul style="list-style-type: none"> <li>• 911</li> <li>• Fire Department</li> <li>• My caregivers</li> <li>• A good friend</li> <li>• Family</li> <li>• Family friend</li> <li>• Good friends</li> <li>• My daughter</li> <li>• It might depend on the client</li> <li>• Caregiver</li> <li>• Social worker</li> </ul>	<ul style="list-style-type: none"> <li>• 911</li> <li>• My IHSS care worker</li> <li>• I don’t know who to call</li> <li>• Senior Center</li> <li>• Adult Day Health Center</li> </ul>

Question 4B: What is it about that organization that makes you go to them for help? What are the characteristics of that organization that encourages you to reach out to them?

The primary reason that focus group participants turned to the identified individuals and organizations was trust. The sense of familiarity (“they know me”) and comfort in approaching an individual or organization with which a relationship was already built was an important theme in participant reflections.

Other characteristics or reasons to approach an organization for help included:

- Word of mouth
- Credentials
- Non-profit status: *“I would just probably trust a non-profit organization over a for-profit organization in my mind.”*
- Someone who listens
- Knowing someone personally in an organization
- Responsiveness
- Comfort
- Empathy
- Communication

Many individuals identified a person, rather than an organization, that they would approach for help.

When asked what discouraged them from approaching an organization for help, the following insights were shared:

- They don’t know me
- They don’t understand me
- They’re not personal
- They may not be fast in responding
- Paperwork
- Money

Based on these responses, participants were asked what sort of values a single-point of entry organization should convey in order to engage consumers. The following thoughts were shared:

- *“Trust. You convey that by having people who care for others visibly present in their organization. They should go out of their way doing little things that they didn’t have to do.”*
- *An organization should “understand the services that are needed by clients or services provided by care providers.”*
- *“Dedication.”*

Question 5: Are you included in decision-making around your care, or are those decisions made by someone else? By whom?

Senior focus groups participants felt that they, or their clients, were very involved in the decisions made about their care. Some participants reflected that they made care decisions in tandem with caregivers or family members. No participants indicated that they were not involved in care decisions.

Adult focus group participants reflected that decisions made at the organizational level limited their participation in making decisions about their own care. In particular, discussion occurred about the allocation of hours for IHSS services. One participant stated that they were very involved in decision making because of their outspoken nature. Additional participant comments:

- *“For me, IHSS makes the decision of what they will take care of, no matter what I think I need.”*
- *“I get what I need through IHSS. I am very involved in the decision making process. I am a little more outspoken. It is personalities. IHSS is limited. The services they offer do not meet our needs. You can’t blame that on the IHSS worker. They’re limited and the limitations do not serve the client.”*

When asked if the locus of control needed to be shifted to the client so that they could help determine how hours were best allotted to meet their needs, participants responded positively.

Participant comment: *“I was thinking that I like that idea. As a caregiver I would love that.”*

Asked on the focus group survey how important it is that consumers should have the primary decision making authority over direct care workers and delivery of services, 85 % of respondents felt this was very important (see additional survey findings in Appendix E).

**Support for Caregivers**

Question 6: What sort of support do caregivers need to help provide you quality care and maintain their own well being?

Question 6: What sort of support do caregivers need to help provide you quality care and maintain their own well being?	
Participant Response:	
Seniors	Adults



<ul style="list-style-type: none"> <li>• Time out</li> <li>• Training</li> <li>• Quality training</li> <li>• Reasonable compensation</li> <li>• Time off</li> <li>• Support to avoid burnout</li> <li>• Support from other family caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• A networking group that could lead to a registry of other trained caregivers that could be called when I'm unable to care for my client</li> <li>• A support group</li> <li>• A forum</li> <li>• An online support group</li> </ul>
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When asked about what caregivers need to maintain their own well-being and provide quality services, caregiver support was a common theme across both focus groups. Participants also identified the need for respite services, although the adult focus group articulated this need at various times throughout the meeting and not in direct response to the question. The need for increased wages and better insurance benefits for paid caregivers was also frequently articulated by both groups, although the adult focus group did not discuss wages directly in response to question 6.

Participant comments:

- *"I'm a care provider, and as a care provider I would say that networking and coordination between workers is important, and having a registry that is updated."*
- *"Living wages, benefits, and quality training [need to be improved] for care providers."*
- *"The California United Healthcare Workers are on the edge of organizing a support group. One of the problems we come up against is that our schedules are so varied. Any time that we plan a meeting, people can't come because that is when they're working. Getting care givers together is really a challenge."*

Two participants who identified themselves as family caregivers for a dependant son articulated the need for assistance and support making future plans for his care, once they are unable to provide care themselves:

*"We're facing a situation in our life. We've looked after [our son] for 33 years now, and it is getting harder, even with help from other agencies. We have reason to believe that a couple of years from now we will not be able to do this anymore. We will not be able to provide the 24-7 care the way we do now. The question is, "Where do we go from here?" What sort of range of options do we have? Or do we have any? You can't just walk away from that situation after all of that time... We are worrying about what is ahead."*

### **Quality of Life and Quality of Care**

**Question 7: Do you feel the environment you are in is culturally sensitive to your values, practices, and beliefs?**

The resounding response to the question from all focus group participants was “Yes!” All participants attending the focus group are currently living independently (no one identified themselves as living in an assisted living community or skilled nursing facility). The question was then rephrased to ask “Is it important for an environment to be culturally sensitive to client values, practices, and beliefs?” Both senior and adult participants identified that caregivers and institutions should be sensitive to client cultural beliefs and values, and as accommodating of personal preferences as possible.

- Participant Comment: *“[It is important to] respond to the client as an individual. My client insists on having her vegetables washed under running water. I don’t do that at home. I could say “you don’t need your vegetables washed under running water.” But, because I respect her, I am going to do it the way she wants me to. So that’s the respect and individuality that weighs heavily on the quality of care.”*

Though not entirely articulated, there was a sense among focus group participants that caregivers providing care in the home can be and are more responsive to client beliefs, values, and preferences than institutions. When the adult focus group was asked if organizations in Humboldt County were sensitive to values, practices, and beliefs, much of the group perceived that they were not.

- Participant Comment: *“I think if you are in a home, it is a client’s home. In a skilled nursing facility, you don’t get a choice. It is very difficult. I had a client in a skilled nursing facility who was not a morning person. She didn’t want to get up at a certain time in the morning, and she communicated her preferences and it didn’t matter. She had a program that she loved dearly and wanted to watch it with her earphones so that she wouldn’t bother anyone else, but someone came in at 9pm and unplugged the TV and said, “You have to go to bed.” At times, she need bathroom assistance, and if that was during meal time, well that was just too bad.”*

Still, other focus group participants recognized the limitations of an organization’s ability to be responsive to individuals needs.

- Participant comment: *“Everyone has to be reasonable. [If I had] to go to the hospital, I have to accommodate for group living.”*
- Participant comment: *“If you are in a skilled nursing facility and you are sharing a room with someone else, and the TV is turned on at 3am in the morning and you can’t sleep, they make accommodations for that. They are still an institutionalized situation, but they do try to accommodate.”*

#### **Additional Insights Shared:**

As an icebreaker, participants were asked to participate in the “Magic Wand” activity. Participants were prompted to share with the group to identify one experience they’ve had with the long term service and support system that they would change.

Question: If you could change one thing about your experience with the long term care system, what would that be?	
Seniors	Adults
<ul style="list-style-type: none"> <li>• Better pay</li> </ul>	<ul style="list-style-type: none"> <li>• Networking and coordination between</li> </ul>

<ul style="list-style-type: none"> <li>• Better pay and cover [transportation costs]</li> <li>• Increased public awareness of problem and services available</li> <li>• Living wages, benefits, and quality training for providers</li> <li>• Living wages, benefits, and training</li> <li>• Loneliness and abuse; address isolation and physical and mental abuse</li> <li>• Loneliness</li> </ul>	<p>care providers needs to be increased; having an updated caregiver registry; higher wagers</p> <ul style="list-style-type: none"> <li>• Better wages and insurance for care providers</li> <li>• Wages and allow for travel</li> <li>• Adequate insurance coverage, more services for non-senior, functionally impaired adults</li> <li>• Implement socialized medicine</li> <li>• Increase wages, expand services</li> </ul>
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### **Conclusion**

Focus group participants were happy to be engaged in a process that captured their reflections and experiences of the current state of Humboldt County’s long term service and support system. Questions that related to their day to day experience and interface with the system generated the most robust responses (specifically-questions about access and choice of setting and provider).

Throughout the course of the focus groups several themes continually re-emerged through participant discussion:

*Awareness and Access to Services-* Focus group participants continually reiterated the challenge of operating in a “matrix-like” system. Participants indicated that better knowledge of LTSS services available in Humboldt County should be prioritized by professionals and organizations working in the LTSS setting, and that this information should be made available to the public in an understandable way. Many participants felt that coordination between services could be improved and that a single point of access would be useful when determining eligibility for services.

*Better Pay and Support for Caregivers-* The need to increase caregiver wages was articulated throughout both focus groups. Participants perceived that increased wages would improve the quality of care given by care providers. Additionally, participants in the adult focus group articulated the need for established support networks for care providers and systems that would assist with caregiver recruitment and respite.

*Patient Centered Services-* From service eligibility guidelines to accessibility issues, participants shared that the current LTSS system is not patient-centered. Participants recommended consumer involvement in planning and policy work as a way to develop systems that meet the needs of the end user.

### **Recommendations and Topics for Further Exploration**

While the focus groups had adequate representation from individuals who were living independently and utilizing services from the local LTSS system, very little discussion centered on the experience of individuals living in skilled nursing or assisted living communities. Because this population was difficult to recruit to participate in a focus group, future efforts may focus on a specific attempt to hold interviews with individuals receiving care in an institutional setting and their family caregivers.

Participants in both the adult and senior focus groups articulated the challenges of knowing what LTSS services are available in Humboldt County and how to access them. This feedback must be considered in the context of focus group participant's "experience" with the local LTSS system. All participants involved in the focus group have been receiving services (or caring for a recipient of services) for at least two years and can be considered adequately experienced users of local LTSS care. To truly understand the public perspective of how and where to access LTSS services, a quick survey of the general public maybe warranted.

## Appendix A:

### Focus Group Recruitment Criteria

Focus group participants should be carefully recruited with the following criteria in mind:

Participants should:

- Be able to give focused feedback on the topic areas discussed in the focus groups, rather than broad perspectives about experience of long term care.
- Have the cognitive ability to articulate responses to group questions in a group setting.
- Feel comfortable participating in diverse groups where differing insights and opinions may be shared.
- Be physically comfortable sitting in a meeting that will be up to two hours in length.
- Feel comfortable raising ideas, asking questions, and volunteering their insights.
- Be recipients of long term care services in Humboldt County (or a family or a care giver of a recipient of long term care services) for at least 1 year
- Be available to participate in a 30 minute pre-focus group interview (where a values assessment will be conducted by the focus group facilitator) and a two hour focus group
- Have transportation to and from focus group and pre-meeting

Additional considerations:

- Geographic location (we should try and field participants from different areas of the county)
- Income or Service Eligibility (I think we want to have a strong representation from individuals who meet qualifications for safety net long term care services)
- Gender (as much as possible, we should try to have a balance representation of male and female perspectives)

Appendix B:  
Values Assessment<sup>2</sup>

**1. What are the most critical values pertaining to access and affordability?**

- ☐ All individuals and their families should have readily available, timely, and clear information to make decisions about long term services and support.
- ☐ Services should be affordable with those with moderate incomes.
- ☐ A safety net should be available for those who cannot afford services.
- ☐ The system should adopt simplified access to long term services and support programs including quick and easy eligibility processes.
- ☐ Needed long term services and support should be broadly available across geographic locations.

**2. What are the most critical values pertaining to choice of setting and provider?**

- ☐ The system should take a person-centered approach to allow people with Long Term Service and Support needs to receive services in the setting of their choice from providers they choose
- ☐ Having choice of setting and providers should not be based on ability to pay
- ☐ Housing and transportation choices should be available to support consumers with maintaining vital connections to their community.
- ☐ Consumers should be involved in making decisions about the arrangements for their own care.

**3. What are the most critical values pertaining to support for family caregivers?**

- ☐ Physical, emotional, and financial needs of family caregivers should be recognized in care planning for consumers
- ☐ Delivery of Long Term Services and Support should be coordinated with family care giving needs
- ☐ Family caregivers should have accessible and affordable support to assist them with care-giving role and help them maintain their own well-being.
- ☐ Supports should be tailored the caregiver's specific needs, values, and preferences
- ☐ Family caregivers should be included in decision-making and care planning with consumers

**4. What are the most critical values pertaining to quality of care and quality of life?**

- ☐ Regulatory standards should be consistent with high-quality care and adequately reinforced
- ☐ Providers should adopt evidence-based best practices for delivering care
- ☐ LTSS workforce should be adequately trained and supported
- ☐ Payment rates to provider should be sufficient enough to support high quality care
- ☐ Providers should use effective and innovative technologies in delivering care

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<sup>2</sup> (This values assessment is based on the LTSS Scorecard, as presented at the 2011 LTSS Summit.  
[www.longtermcorecard.org](http://www.longtermcorecard.org))

Appendix C  
Participant Value Assessment Results  
N= 10

<b>Question: What are the most critical values pertaining to access and affordability?</b>	
Response:	Answer:
<b>1</b>	All individuals and their families should have readily available, timely, and clear information to make decisions about long term services and support.
<b>0</b>	Services should be affordable with those with moderate incomes.
<b>5</b>	A safety net should be available for those who cannot afford services
<b>1</b>	The system should adopt simplified access to long term services and support programs including quick and easy eligibility processes.
<b>3</b>	The system should adopt simplified access to long term services and support programs including quick and easy eligibility processes.
<b>Question: What are the most critical values pertaining to choice of setting and provider?</b>	
Response:	Answer:
<b>2</b>	The system should take a person-centered approach to allow people with Long Term Service and Support needs to receive services in the setting of their choice from providers they choose.
<b>3</b>	Having choice of setting and providers should not be based on ability to pay.
<b>1</b>	Housing and transportation choices should be available to support consumers with maintaining vital connections to their community.
<b>4</b>	Consumers should be involved in making decisions about the arrangements for their own care.
<b>Question: What are the most critical values pertaining to support for family caregivers?</b>	
Response:	Answer:
<b>1</b>	Physical, emotional, and financial needs of family caregivers should be recognized in care planning for consumers.
<b>2</b>	Delivery of Long Term Services and Support should be coordinated with family care giving needs.
<b>5</b>	Family caregivers should have accessible and affordable support to assist them with care-giving role and help them maintain their own well-being.
<b>1</b>	Supports should be tailored the caregiver's specific needs, values, and preferences.
<b>1</b>	Family caregivers should be included in decision-making and care planning with consumers.
<b>Question: What are the most critical values pertaining to quality of care and quality of life?</b>	
Response:	Answer:
<b>2</b>	Regulatory standards should be consistent with high-quality care and adequately reinforced
<b>0</b>	Providers should adopt evidence-based best practices for delivering care
<b>1</b>	LTSS workforce should be adequately trained and supported
<b>7</b>	Payment rates to provider should be sufficient enough to support high quality care
<b>0</b>	Providers should use effective and innovative technologies in delivering care

## Appendix D:

### North Coast Long Term Services and Supports Coalition Focus Group Survey:

*Please mark the answer that most closely identifies with your opinions.*

**1. Single point of entry/access point for eligibility determination & service coordination.**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Uniform Assessment Tool – Single tool to assess needs & create plan for qualifying services**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Consumer Directed – consumers have primary decision-making authority over direct care workers and delivery of services**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Quality Management – whether system achieves desired goals and continues to improve**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. Central database – technology to streamline access to client records**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Transitional care/counseling mechanism for client integration into community; leaving nursing homes, hospital services or transferring from one service to another**

Not important	Low importance	Unsure/neutral	Moderately important	Very important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Appendix D (Continued):

North Coast Long Term Services and Supports Coalition Focus Group Survey

Please share your comments:

**What are the core services (most essential services) needed for long term service and support?**

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**Where are the current major gaps (in the long term service and support system)?**

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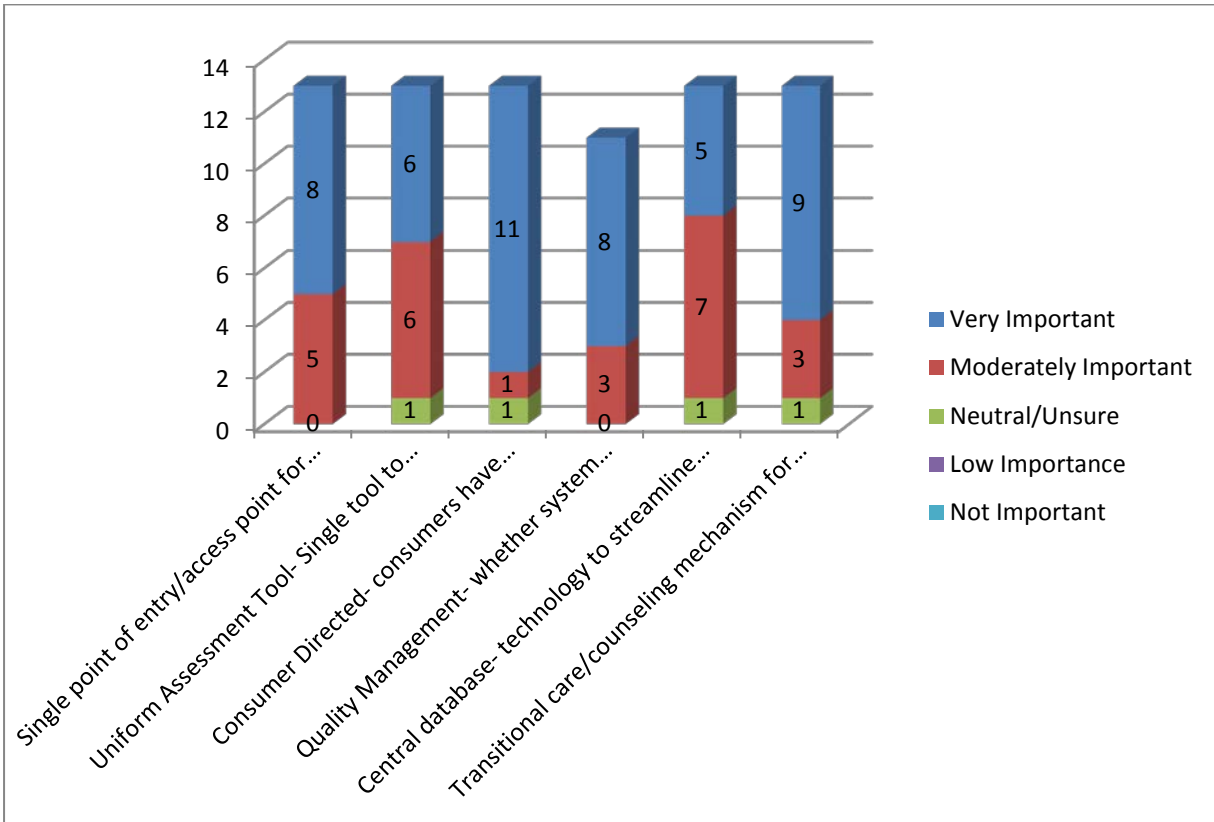
**What changes in the current system need to be made?**

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Appendix E:  
NCLTSSC Focus Group Survey Results



Participant Response to Survey Questions:

**What are the core services (most essential services) needed for long term service and support?**

Participant Responses:

- *Transportation; Help to and from doctor's visits*
- *Comfort, help with activities of daily living*
- *Physical and mental care. Lots of personal caring to alleviate loneliness.*
- *Families of the people who need care to be well informed of services*
- *Clean, affordable living situation providing opportunity for social contract. Caring, qualified people who can be called upon when needed*
- *Housekeeping, personal care, getting to and from appointments, cooking, time for errands, and shopping*
- *Housekeeping, personal care, doctor appointments*
- *Managed care for home securities to keep folks home as long as possible if disabled*
- *Cooking, domestic chores, medical/para-medical care, personal care/assistance*
- *Individuals that care about helping with long term service and support, so that services [can] all coordinate together*
- *Streamlined access to support services (IHSS & other social services), coordination and training of homecare workers*
- *Access to physicians, in home visitation, chronic disease drugs (affordability)*

Appendix E (continued):

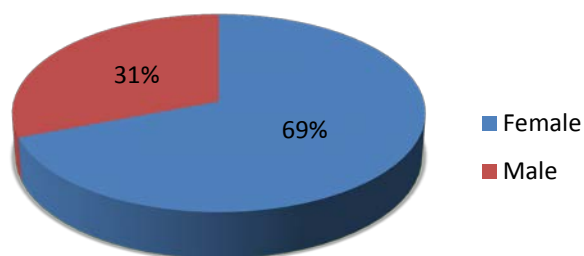
Where are the current major gaps (in the long term service and support system)?
<p>Participant Responses:</p> <ul style="list-style-type: none"> <li>• <i>Visitations</i></li> <li>• <i>Not sure. Multiple costs of repeated or redundant assessments or evaluations.</i></li> <li>• <i>Family caregivers need to be paid and treated like family.</i></li> <li>• <i>Wages and Transportation</i></li> <li>• <i>Lack of affordable facilities and help for care givers</i></li> <li>• <i>Not enough hours for providers to do the needed services</i></li> <li>• <i>Not enough hours</i></li> <li>• <i>Support for non-seniors with disabilities</i></li> <li>• <i>Trained providers, low wages, transportation needs in rural areas, reliability</i></li> <li>• <i>One central location to receive information</i></li> <li>• <i>Homecare worker availability, a caregiver registry that is updated and current</i></li> </ul>
What changes in the current system need to be made?
<p>Participant Responses:</p> <ul style="list-style-type: none"> <li>• <i>Easier to stay in our own home</i></li> <li>• <i>General access to already gathered data on clients</i></li> <li>• <i>All need to be on the same page. Coordination.</i></li> <li>• <i>Better monitoring of current cases. Better coordination with medical providers (Docs, Nurses, Etc). Door to Door transportation.</i></li> <li>• <i>Knowing the costs and needed hours of services. How much income can I have before I have a share of cost. Time for coordinating care phone calls</i></li> <li>• <i>Better pay, health, and paper work</i></li> <li>• <i>Fill in the gaped for the non seniors</i></li> <li>• <i>Wages, payment for travel, timeliness of approval leaving one program to another such as nursing care to home or hospital to house. Consolidation of all agencies providing services</i></li> <li>• <i>What is available needs to be made <u>known</u>, Where to find what you need</i></li> <li>• <i>Expand services to provide improved quality of life for recipients, eliminate age and income requirements for access to services</i></li> <li>• <i>Central computer for medical record (CMR), Care Coordination</i></li> </ul>

Appendix F:  
LTCC Focus Group Participant Demographic Information

*Note: Thirteen individuals participated in the Long Term Care Coalition's focus groups (seven participants in the senior focus group and six participants in the adults with disabilities focus group). Collective demographic information for participants is presented below.*

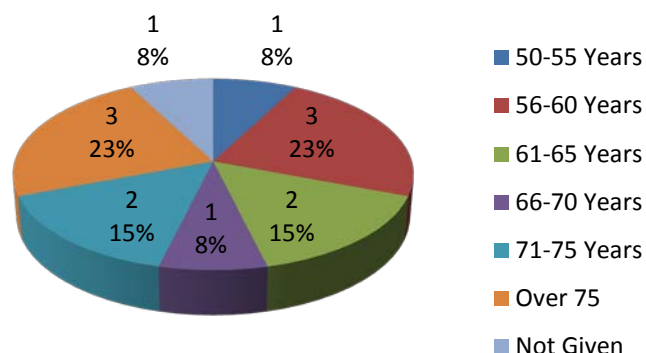
Gender:

**Participant Gender**



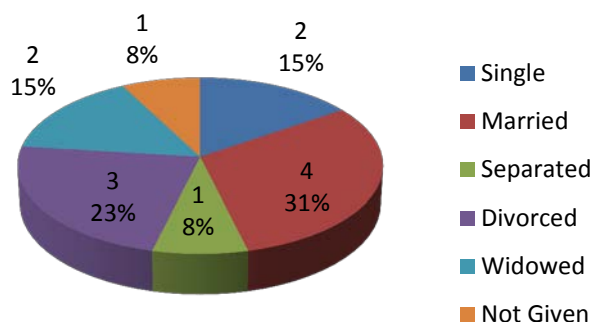
Age:

**Participant Age**



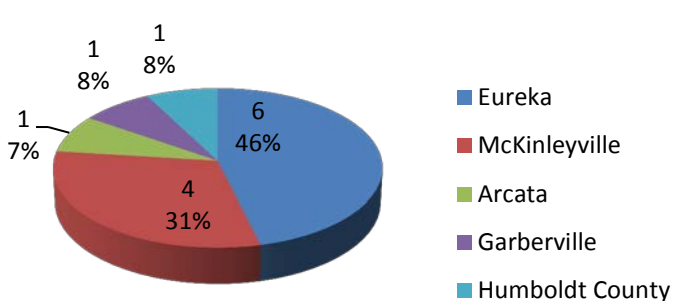
Marital Status:

**Participant Marital Status**



Location of Residence

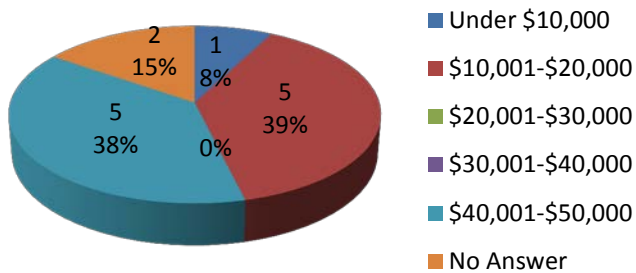
**Residence Location**



Appendix F (continued):  
Participant Demographic Information

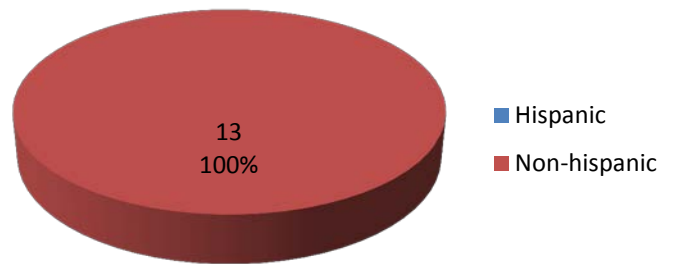
Estimated Household Income

**Estimated Yearly  
Household Income before  
Taxes**



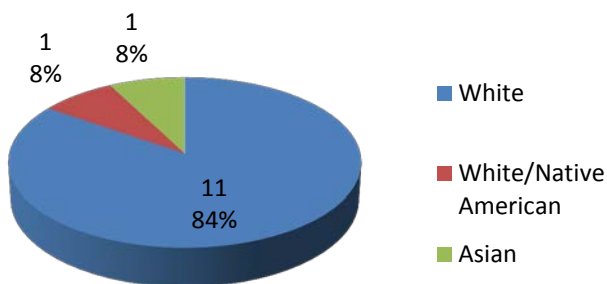
Ethnicity:

**How would you describe  
your ethnicity? Hispanic or  
Non-hispanic?**



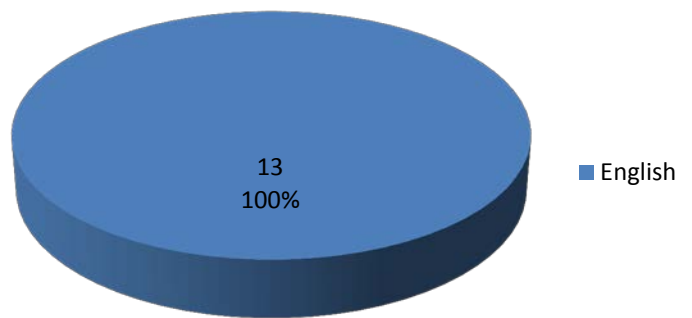
Racial Background

**Please describe your racial  
background:**



Language:

**What language(s) do you  
speak at home?**



Appendix C:  
California Caregiver Resource Center Uniform Assessment Tool



# CALIFORNIA CAREGIVER RESOURCE CENTERS

## UNIFORM ASSESSMENT TOOL

Directions: Substitute the care receiver's name for [CR].

### I. PROCEDURAL DATA

- A. CRC Site Code #: \_\_\_\_\_ Client Code# : \_\_\_\_\_
- B. CRC Staff Name: \_\_\_\_\_ Staff Code #: \_\_\_\_\_
- C. Date of Assessment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y

### II. INTRODUCTORY QUESTION TO THE CAREGIVER

Please briefly describe your current caregiving situation.

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### III. SUPPORT/LIVING SITUATION

- A. Are other family members or friends involved in the care of [CR]?  
(If yes, check all that apply.) If family or friends are involved, how are they working together to provide care for [CR]?

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(A) Check all that apply.

Friends \_\_\_\_\_  
Neighbors \_\_\_\_\_  
Spouse/partner \_\_\_\_\_  
Children \_\_\_\_\_  
Parents \_\_\_\_\_  
Siblings \_\_\_\_\_  
Other \_\_\_\_\_

- B. Who provides you with emotional support? (Check all that apply.)

---

---

(B) Check all that apply.

Friends \_\_\_\_\_  
Coworkers \_\_\_\_\_  
Spouse/partner \_\_\_\_\_  
Children \_\_\_\_\_  
Parents \_\_\_\_\_  
Siblings \_\_\_\_\_  
Religious/Spiritual \_\_\_\_\_  
Support Group \_\_\_\_\_  
Counseling \_\_\_\_\_  
Other \_\_\_\_\_

- C. How many HOURS PER WEEK do YOU provide care, assistance, supervision or companionship to [CR]? (Not to exceed 168 hours) \_\_\_\_\_ HOURS/WEEK
- D. On average, how many HOURS PER WEEK of PAID help do you receive? (Excluding residential care; including adult day care, home attendant care, etc.) \_\_\_\_\_ HOURS/WEEK
- E. On average, how many HOURS PER WEEK of UNPAID help do you receive from family, friends, or volunteers? \_\_\_\_\_ HOURS/WEEK

- F. Think of the help you get from all your family and friends in looking after [CR]. Please identify the one response that most closely identifies your help situation: *(Circle only one.)*
1. I receive no help
  2. I receive far less help than I need
  3. I receive somewhat less help than I need
  4. I receive about what I need in terms of help
  5. I don't need any help

**IV. FUNCTIONAL LEVEL OF THE CARE RECEIVER:** *Ask regardless of placement status.*

Does [CR] currently have problems with the following activities?	NO	YES	DON'T KNOW N/A	COMMENTS
A. Eating	0	1	9	
B. Bathing/showering	0	1	9	
C. Dressing (choosing/putting on appropriate clothing)	0	1	9	
D. Grooming (brushing hair, teeth)	0	1	9	
E. Using the toilet	0	1	9	
F. Incontinence	0	1	9	
G. Transferring from bed/chair/car	0	1	9	
H. Preparing meals	0	1	9	
I. Staying alone, must be supervised	0	1	9	
J. Taking medications	0	1	9	
K. Managing money or finances	0	1	9	
L. Performing household chores	0	1	9	
M. Using the telephone	0	1	9	
N. Mobility	0	1	9	
O. Wandering, or the potential to wander	0	1	9	

- P. Which functional problems cause you the most concern in caring for [CR]?

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- Q. Does [CR] still drive?    No    Yes

a. If YES, do you have concerns? What are they? \_\_\_\_\_

b. If YES, do you know the Department of Motor Vehicles (DMV) and medical reporting guidelines?    No    Yes



**V. MEMORY AND BEHAVIORAL PROBLEMS**

*Family Consultant: Please hand the Revised Memory and Behavior Problems Checklist to the caregiver for him/her to complete (located on pages 9-11). If the caregiver is unable to complete unassisted, please read the checklist and responses to the caregiver and record his/her responses. After the caregiver has completed the RMBPC, review the form and select the problems that cause the caregiver the most upset to discuss in the following question.*

- A. You have indicated that \_\_\_\_\_ cause(s) you concern.  
Please tell me more about [CR's] difficulties and your individual concerns.

---

**VI. HEALTH**

- A. Does [CR] have health insurance? 0. No 1. Yes If yes, what type? \_\_\_\_\_
- B. Does [CR] have prescription drug coverage? ..... 0. No 1. Yes
- C. What is the annual out-of-pocket expense for prescription drugs for [CR]? \$\_\_\_\_\_
- D. Does [CR] have California Advance Health Care Directive? ..... 0. No 1. Yes
- E. Do you have health insurance? 0. No 1. Yes If yes, what type? \_\_\_\_\_
- F. Do you have prescription drug coverage? ..... 0. No 1. Yes
- G. What is the annual out-of-pocket expense for prescription drugs for you? \$\_\_\_\_\_
- H. Do you have California Advance Health Care Directive? ..... 0. No 1. Yes
- I. How would you rate your overall health at this time?
1. Excellent                      2. Good                      3. Fair                      4. Poor
- J. Is your health now better, about the same, or worse than it was 6 months ago?
1. Better                      2. About the same                      3. Worse
- K. How often in the past 6 months have you had a medical examination or received treatment for physical health problems from a health care practitioner? \_\_\_\_\_ times
- L. Please indicate which of the following health problems you have experienced in the past 12 months. (*Circle all that apply.*)
- |                       |                        |                          |  |
|-----------------------|------------------------|--------------------------|--|
| 1) Allergies          | 7) High cholesterol    | 12) Blood pressure level | 17) Broken bone/osteoporosis                 |
| 2) Arthritis          | 8) Dental              | 13) Respiratory/asthma   | 18) Cardiovascular disease/<br>heart trouble |
| 3) Back/neck          | 9) Diabetes            | 14) Stomach              | 19) Gynecological/menopausal                 |
| 4) Blood/liver/kidney | 10) Eyes/ears/nose     | 15) Sleep disturbance    | 20) Thyroid/endocrinology                    |
| 5) Bowel              | 11) Infectious disease | 16) Weight               | 21) Headaches/migraines                      |
| 6) Cancer             | 22) Other _____        | 23) None                 |  |

M. Have you experienced anxiety or depression in the past 12 months? ..... 0.No 1.Yes

a. If YES, please describe your experience. \_\_\_\_\_

\_\_\_\_\_

b. If YES, have you received help? What type? Was the intervention helpful?

\_\_\_\_\_

\_\_\_\_\_

c. If YES, do you currently have thoughts about suicide? If YES, do you have a plan?

\_\_\_\_\_

*If YES, then follow the Suicide Protocol contained in the Operations Manual.*

N. How much does your health stand in the way of your doing the things you want to do?

0. Not at all

1. A little

2. Moderately

3. Very much

O. When under stress, caregivers sometimes find that their drinking and/or drug use increases. Is that a concern for you? Has someone you know expressed that concern for you?

\_\_\_\_\_

\_\_\_\_\_

P. If you are currently taking prescription medication, are you experiencing difficulties managing your medications (overuse, under-use, adverse effects, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Q. In addition to caregiving, have you recently had a major stress in your life such as a death, job loss, or divorce?

\_\_\_\_\_

\_\_\_\_\_

**VII. ADAPTED ZARIT INTERVIEW** (Bédard et al. 2001)

*Family Consultant: Please read the Adapted Zarit Interview exactly as it is written in order to maintain the validity of the scale. Do not hand the paper to the caregiver to complete. See the Instruction Manual for further directions.*

<b><u>DO YOU FEEL...</u></b>	<b>NEVER</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>QUITE FREQUENTLY</b>	<b>NEARLY ALWAYS</b>
A. ...that because of the time you spend with [CR] that you don't have enough time for yourself?	0	1	2	3	4
B. ...stressed between caring for [CR] and trying to meet other responsibilities (work/family)?	0	1	2	3	4
C. ...angry when you are around the care receiver?	0	1	2	3	4
D. ...that [CR] currently affects your relationship with family members or friends in a negative way?	0	1	2	3	4
E. ...strained when you are around [CR]?	0	1	2	3	4
F. ...that your health has suffered because of your involvement with [CR]?	0	1	2	3	4
G. ...that you don't have as much privacy as you would like because of [CR]?	0	1	2	3	4
H. ...that your social life has suffered because you are caring for [CR]?	0	1	2	3	4
I. ...that you have lost control of your life since [CR]'s illness?	0	1	2	3	4
J. ...uncertain about what to do about [CR]?	0	1	2	3	4
K. ...you should be doing more for [CR]?	0	1	2	3	4
L. ...you could do a better job in caring for [CR]?	0	1	2	3	4
					____/

**VIII. OTHER CAREGIVING ISSUES AND PLACEMENT**

- A. (*Optional*) Sometimes a person who is caregiving experiences changes in his/her personal or intimate relationships, as a result of caregiving. Are there relationship issues you would like to discuss?

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- B. Would you consider moving [CR] to a facility? What issues might cause you to seriously consider placement? (*e.g. incontinence, aggression, wandering, falls, your physical health or exhaustion, financial or emotional strain*)

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**IX. CAREGIVER AND CARE RECEIVER DEMOGRAPHICS**

- A. In what year did you begin caregiving? \_\_\_\_\_
- B. Are you currently employed?
- |  |                     |            |
|--|---------------------|------------|
| 1. Full-time (35 hours/week or more)   | 3. Leave of absence | 5. Retired |
| 2. Part-time (less than 35 hours/week) | 4. Not Employed     |            |
- C. Has your employment status changed because of caregiving duties? (*Circle all that apply.*)
- |                         |                     |              |
|-------------------------|---------------------|--------------|
| 1. No change            | 5. Increased hours  | 9. Quit job  |
| 2. Changed jobs         | 6. Decreased hours  | 10. Laid off |
| 3. Family/medical leave | 7. Early retirement | 11. Other    |
| 4. Leave of absence     | 8. Began working    |              |
- D. What is your highest level of education?
- |                          |                            |                      |
|--------------------------|----------------------------|----------------------|
| 1. Less than high school | 4. Some college coursework | 7. Declined to state |
| 2. Some high school      | 5. College graduate        |                      |
| 3. High school graduate  | 6. Post-graduate degree    |                      |
- E. What is your current marital status?
- |              |                                      |
|--------------|--------------------------------------|
| 1. Married   | 4. Widowed                           |
| 2. Separated | 5. Living together/domestic partners |
| 3. Divorced  | 6. Single                            |
- F. What is your annual household income level? (*Include income of all persons in the household who share expenses.*)
- |                        |                        |                                |
|------------------------|------------------------|--------------------------------|
| 1. Under \$9,000       | 4. \$20,000 – \$39,999 | 7. \$80,000 – \$99,999         |
| 2. \$9,000 – \$11,999  | 5. \$40,000 – \$59,999 | 8. \$100,000 or above          |
| 3. \$12,000 – \$19,999 | 6. \$60,000 – \$79,999 | 9. Caregiver declined to state |
- G. What is [CR's] and spouse's (when applicable) annual income level? (*Not household income: exclude the income of other individuals even if they live in the same household. DO NOT LEAVE BLANK: if the same as the previous question, please circle again.*)
- |                        |                        |                                |
|------------------------|------------------------|--------------------------------|
| 1. Under \$9,000       | 4. \$20,000 – \$39,999 | 7. \$80,000 – \$99,999         |
| 2. \$9,000 – \$11,999  | 5. \$40,000 – \$59,999 | 8. \$100,000 or above          |
| 3. \$12,000 – \$19,999 | 6. \$60,000 – \$79,999 | 9. Caregiver declined to state |
- H. Does someone hold durable power of attorney for finances for [CR]? 0.No 1.Yes  
If YES, what is his/her relationship with [CR]? \_\_\_\_\_
- I. Please identify any additional caregiving responsibilities for other people that may apply.
- |  |  |
|--|--|
| 1. Dependent minor(s) without disability | 3. Adult(s) without disability ( <i>e.g. frail elder</i> ) |
| 2. Dependent minor(s) with disability    | 4. Adult(s) with disability                                |

**X. INFORMATION NEEDS**

- A. How knowledgeable do you feel about [CR's] disease/disorder?  
 0. Not at all      1. A little      2. Moderately      3. Very

- B. How familiar are you with programs/resources available to help you?  
 0. Not at all      1. A little      2. Moderately      3. Very

Do you need information about:

NO	YES
----	-----

- |   |   |   |
|---|---|---|
| C. ...education or training classes on how to care for yourself as a caregiver?   | 0 | 1 |
| D. ...education or training classes on how to care for [CR]?  | 0 | 1 |
| E. ...community resources, such as a meal-delivery service or a transportation service?   | 0 | 1 |
| F. ...finding someone to help to take care of [CR] during the day in his/her home or about short-term respite in a facility?                      | 0 | 1 |
| G. ...about a camp for [CR] or a retreat for you?   | 0 | 1 |
| H. ...adult day programs that [CR] could attend?  | 0 | 1 |
| I. ...legal and financial issues related to caregiving (e.g. durable power of attorney, living will, trusts, legal guardian/conservator, etc.)?   | 0 | 1 |
| J. ...helping you plan for the care of [CR], such as financial benefits and long term care planning (e.g. Medi-Cal, Social Security, IHSS, etc.)? | 0 | 1 |
| K. ...placing [CR] in an assisted living or skilled nursing facility?   | 0 | 1 |
| L. ...the opportunity to talk with a group of people who are in a similar situation, such as a support group?                                     | 0 | 1 |
| M. ...professional counseling options?  | 0 | 1 |
| N. ...online caregiving information sites and support groups?   | 0 | 1 |

**XI. CARE PLAN: PLAN OF ACTION BY CRC STAFF**

*For each type of service, write the number of the service code or codes that apply to the caregiver's plan of action. More than one service code may apply for a type of service. If the type of service is not listed, use rows 22-24 and write the type of service in the Comments column.*

**SERVICE CODES**

1. CRC provided service (1658 funds)
2. CRC provided service (non-1658 funds)
3. Waitlist
4. External referral
5. Referral refused
6. Service needed but not available
7. Already receiving service

TYPE OF SERVICE	SERVICE CODE(S)	COMMENTS
1. Follow-Up Info & Referral		
2. Family Consultation		
3. Counseling: Individual		
4. Support Group		
5. Psychoeducational Group		
6. Education/Training		
7. Geriatric/Medical Evaluation		
8. Neuropsychological Consultation		
9. Legal/Financial Consultation		
10. Respite: Adult Day Care		
11. Respite: In-home		
12. Respite: Out-of-home		
13. Caregiver Retreat		
14. Respite: Camp for care receiver		
15. Transportation		
16. Link2Care		
17. Case Management		
18. Home Health Services		
19. Hospice		
20. Home Maker/Chore Worker		
21. Help with Placement		
22. Other (Specify under Comments)		
23. Other (Specify under Comments)		
24. Other (Specify under Comments)		

V. MEMORY AND BEHAVIORAL PROBLEMS (Teri et al. 1992)

The following is a list of problems care receivers sometimes have. Please indicate if any of these problems have occurred during the past week. If so, how much has this bothered or upset you when it happened? Use the following scales for the frequency of the problem and your reaction to it. Please read the description of the ratings carefully.

FREQUENCY

Indicate if any of these problems occurred during the past week.

If your response is one of the three shaded responses below, please report your reaction.

REACTION

If the problem has occurred in the past week, how much has this bothered or upset you when it happened?

	Don't Know N/A	Never occurred	Not in the past week	1 to 2 times	3 to 6 times	Daily or more often
1. Asking the same question over and over.						
2. Trouble remembering recent events (e.g., items in the newspaper or on TV).						
3. Trouble remembering significant past events.						
4. Losing or misplacing things.						
5. Forgetting what day it is.						
6. Starting but not finishing things.						
7. Difficulty concentrating on a task.						
8. Destroying property.						

Don't Know N/A	Not at all	A little	Moderately	Very Much	Extremely

**FREQUENCY**

Indicate if any of these problems occurred during the past week.

If your response is one of the three shaded responses below, please report your reaction.

**REACTION**

If the problem has occurred in the past week, how much has this bothered or upset you when it happened?

	Don't Know N/A	Never occurred	Not in the past week	1 to 2 times	3 to 6 times	Daily or more often
9. Doing things that embarrass you.						
10. Waking you or other family members up at night.						
11. Talking loudly and rapidly.						
12. Appears anxious or worried.						
13. Engaging in behavior that is potentially dangerous to self or others.						
14. Threats to hurt oneself.						
15. Threats to hurt others.						
16. Aggressive to others verbally.						
17. Appears sad or depressed.						

Don't Know N/A	Not at all	A little	Moderately	Very Much	Extremely



**FREQUENCY**

Indicate if any of these problems occurred during the past week.

If your response is one of the three shaded responses below, please report your reaction.

**REACTION**

If the problem has occurred in the past week, how much has this bothered or upset you when it happened?

	Don't Know N/A	Never occurred	Not in the past week	1 to 2 times	3 to 6 times	Daily or more often
18. Expressing feelings of hopelessness or sadness about the future (e.g., "Nothing worthwhile ever happens," "I never do anything right").						
19. Crying and tearfulness.						
20. Commenting about death of self or others (e.g., "Life isn't worth living," "I'd be better off dead").						
21. Talking about feeling lonely.						
22. Comments about feeling worthless or being a burden to others.						
23. Comments about feeling like a failure or about not having any worthwhile accomplishments in life.						
24. Arguing, irritability, and/or complaining.						

Don't Know N/A	Not at all	A little	Moderately	Very Much	Extremely

**XII. CAREGIVER QUESTIONNAIRE** (*Radloff 1977*)

Below is a list of the ways you (the caregiver) may have felt or behaved recently. For each statement, check the box that best describes how often you have felt this way during the past week.

	Rarely or None of the Time (Less than 1 day)	Some of the Time (1-2 days)	Occasionally (3-4 days)	Most of the Time (5-7 days)
<b>DURING THE PAST WEEK:</b>				
A. I was bothered by things that don't usually bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I felt that I could not shake the blues even with help from my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I felt that I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Appendix D:  
NCLTSSC Quarterly Meeting Agendas

**Allan Katz**

**Area 1 Agency on  
Aging**

**California Center for  
Rural Policy / HSU**

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**Patty Berg**

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**United Indian Health  
Services**

## **North Coast Long-Term Services & Supports Coalition**

October 21, 2011      10:00 AM – Noon  
Department of Health & Human Services  
507 F Street, Eureka

### **AGENDA**

- I.      Introductions
- II.     Where the State of California is to date
  - A.    Current organizational chart
  - B.    How and why it will change
    - 1.    Little Hoover Commission
    - 2.    Legislation: 2006 (Berg); 2011 (Yamada)
    - 3.    Affordable Health Care Act
- III.    The SCAN Foundation's Call to Action
  - A.    California Collaborative for Long-Term Services & Supports
  - B.    Regional Coalitions
  - C.    Defining Long-Term Services & Supports
  - D.    Summit, September 27: How California's LTSS system compares with other states
- IV.    The plight and special challenges of rural counties
  - A.    Fee for Service counties vs. Medi-Cal Managed Care Plans - handout
  - B.    Other challenges, issues, obstacles identified by participants
  - C.    Humboldt County's project goals

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- VII. Key questions to be discussed at our January meeting.
- A. Who represents the priority population(s) to be served?
  - B. What are the core and priority services needed for LTSS?
  - C. What are the current major gaps?
  - D. Are there replications in service(s) that could be streamlined and/or offered by another organization?
  - E. What is the best use of current available resources to address the core?
  - F. How do we maximize state and federal funds?
  - G. What changes need to be made in the current system?
  - H. What is the best way to get consumer input?
- VIII. Who have we forgotten at the table that needs to be invited to participate?
- IX. Humboldt County's next steps and closing remarks

Allan Katz

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## North Coast Long-Term Services & Supports Coalition

January 20, 2012                      10:00 AM – Noon  
Humboldt County Library (Conference Room)  
1313 3<sup>rd</sup> Street, Eureka

### AGENDA

- I. Welcome (Allan Katz)
- II. Introduction of New Members (Allan Katz)
- III. Minutes of October 21, 2011 meeting (**action**)
- IV. Mission Statement (Allan Katz): Revise (if necessary) and **Adopt**  
“The North Coast Long-Term Services & Supports Coalition works toward a community in which older people and those with disabilities are given meaningful choices, have access to affordable, coordinated services, a high quality of life and care and support for their family caregivers.”
- V. Presentation of Survey Findings (Melissa Jones, CCRP)  
  
Phase I: What we’ve learned so far
  - A. Services Currently in place
  - B. Core/priority services needed
  - C. Where are the current gaps in service
  - D. Replications that could be streamlined and/or offered by another organization
  - E. Changes that need to be made in the current system**Questions/Discussion**
- VI. Values Exercise (Patty Berg)  
  
Affordability and Access; Choice of Setting and Provider; Quality of Life and Quality of Care and Support for Family Caregivers
  - A. Rationale for exercise and how we will use the results
  - B. Instruction for casting votes
  - C. **Results**

**Allan Katz**

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VIII. Consumer Input (Jessica Osborn, Consumer Engagement Specialist, CHA)

A. What we propose: input from consumers related to priority services/major gaps in service.

B. When we plan to conduct group interviews and how we plan to do it.

**Group discussion: What do we want to know from consumers?**

IX. What to expect at the April meeting (Patty Berg)

Policy and System Discussion

X. Adjournment

Allan Katz

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## North Coast Long-Term Services & Supports Coalition

April 20, 2012                      10:00 AM – Noon  
Humboldt County Library (Conference Room)  
1313 3<sup>rd</sup> Street, Eureka

### AGENDA

- I. Welcome (Allan Katz)
- II. Minutes of January 20, 2012 meeting (emailed to all members January 31, 2012) **ACTION**
- III. Correspondence (Katz)
  - A. Incoming: HCAR Request for support for transportation grants. (2 pg. email attachment) **ACTION**
  - B. Outgoing: 3/1/12 Secretary Diana Dooley Brief re:policy concerns. 3/13/12 Memo to CAO's and AAA's in 28 counties. (handout)
- IV. Coalition Survey Results (Melissa Jones, CCRP)
  - A. Power Point Presentation
  - B. Need to resubmit Question #1
- V. Consumer Results (Jessica Osborne-Stafsnes, CCRP)
- VI. System Results (Patty Berg)
- VII. Value Differentials: Coalition/Consumers (Berg)



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**VIII. Comparing Consumer Responses regarding core services and major gaps with those of the Coalition. (Berg)**

Discussion: (Katz)

A. Reactions/Questions re: above presentations

B. Systems questions

- Which system change could we realistically tackle and provide the “biggest bang for the buck?”
- What would be required and how would we go about it?
- What would it cost?
- Where do we start?

C. Values questions

- What do these value distinctions tell us?
- Where do we focus our efforts under each

**IX. Plan for June meeting will include Coalitions recommendations concerning: (Katz)**

A. Who are the priority populations to be served?

B. What changes in the current system need to be made? (services; gaps; systems)

C. Where should we be focusing our efforts? (gaps; system)

D. What is now and in the future the best use of current available resources?

**X. Next Meeting: June 15, 2012, 10am -12 noon. Humboldt County Library, Conference Room, Eureka**

**XI. Adjournment**

Allan Katz  
 Area 1 Agency on  
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## North Coast Long-Term Services & Supports Coalition

June 15, 2012                      10:00 AM – Noon  
 Humboldt County Library (Conference Room)  
 1313 3<sup>rd</sup> Street, Eureka

### AGENDA

- I. Welcome (Allan Katz)
  
- II. Minutes of April 20, 2012 (emailed to all members April 26, 2012) Action
  
- III. Correspondence: (Katz)
  - A. Incoming: Toby Douglas, Director DHCS, 4/27/12 re participation as stakeholder (information/handout)
  
- IV. Coalition Input on Conclusions/Recommendations of Draft Report (attached) Patty Berg
 

(Not included, but will be given to all members electronically when we finalize Part V Conclusions and Part VI Recommendations is the full report which includes: Part I. Overview of Humboldt County and its Long Term Care Consumer Population; Part II Introduction to Project; Part III Methodology; Part IV Findings plus Appendix Section)

  - A. Conclusions  
Comments/Suggested Changes
  - B. Recommendations  
Comments/Revisions/Action
  - C. Next Steps

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V. Update on Medi-Cal Managed Care: What is known to date from the June 14 Rural Managed Care Forum, Tim Rine, Executive Director North Coast Clinic Network

A. Four questions for discussion (Allan Katz)

1. What steps can long-term care providers in rural counties take to prepare for managed care?
2. How can they assure that managed care does not damage the safety-net services in place for our most vulnerable residents?
3. Could local health and social service providers develop a collaborative strategy to address the needs of their most complex – and expensive – patients?
4. What pilot program might we propose, that Medi-Cal or others could fund, to create incentives for providers to enable these patients to remain as independent as possible for as long as possible?

VI. The Future

- A. Distribution/presentations of report to appropriate governmental organizations.
- B. Other opportunities
- C. Future role of the Coalition?

VII. Adjournment

Appendix E:  
Template for Restructuring Long-Term Services and Supports at  
the Local Level

## **Template for Restructuring Long-Term Services and Supports at the Local Level How Humboldt County Approached the Challenge through the North Coast Long-Term Services and Supports Coalition**

1. Goal: Assess from the perspective of long-term services and supports (ltss) providers and consumers of ltss the current state of long-term care services for seniors and adults with disabilities in the county; the gaps in services and recommendations for change and realignment. Specifically, we wanted to focus on five key questions:
  - a. who represents the priority population to be served?
  - b. What are the core and priority services needed for ltss?
  - c. What are the major gaps?
  - d. Are there replications in services that could be streamlined or provided by another organization?
  - e. What changes need to be made in the current system?

Our timeline from start to finish was September 2011 – June 2012.

2. The Consultant met with the Health and Human Services Director to establish a comprehensive list of potential CEO's/Executive Directors representing providers that should be part of a Coalition to address the goal. The 20 organizations/agencies included: Independent Practice Association (representing primary care physicians); Multipurpose Senior Center (offers Adult Day Health Care, MSSP, Alzheimer's Program, and a potential PACE program (application in process); Area I Agency on Aging; Department of Health and Human Services; Adult Day Health Care Providers; acute hospitals; Assisted Living/Residential Care; Rural Health Clinics; Hospice; Home Health agencies; skilled nursing facilities; Regional Center; Indian Health Services; private caregiver agency; agencies serving the developmentally disabled; the California Center for Rural Policy (CCRP) at Humboldt State University and private local foundations who fund programs for the targeted population.
3. The Consultant secured a partnership and funding for the California Center for Rural Policy at HSU to develop assessment tools and conduct the necessary research needed to respond to the questions outlined above under Number 1.
4. The Consultant secured the assistance of a pro-bono facilitator who had broad-based experience in the health care field and a reputation of excellence as a facilitator.
5. The Consultant contacted by phone the list generated, inviting them to attend the first meeting set in October. A follow-up letter was then sent to each person including the project description, intended outcome and overall goals.

6. The agenda for the first meeting in October was sent electronically two weeks prior to the meeting.
7. The Consultant, with research staff from CCRP, designed an assessment tool for data gathering around the five questions as well as additional information pertaining to staffing/workforce issues; community partner relationships; interactions with State agencies; flexibilities needed to provide adequate services and future plans.
8. The assessment tool was electronically distributed to Coalition members in November with follow-up as necessary after two weeks.
9. The data from returned surveys was analyzed through Atlas.ti, a computer software program used in qualitative data analysis to identify common themes.
10. CCRP provided a power-point presentation of preliminary data to Coalition members at the January meeting.
11. Also, at the January meeting, the Coalition adopted a mission statement and selected by vote their two top priorities within four value dimensions, each dimension having five value statements from which to select. The five dimensions were: Affordability and Access; Choice of Setting and Provider; Quality of Life and Quality of Care and Support for Family Caregivers.
12. The Consultant and CCRP developed criteria for selection of consumer focus groups; recruited through providers participants that met the criteria and scheduled focus group meetings in mid-March.
13. At the January meeting, Coalition members also raised additional questions they wanted consumers to respond to beyond core/priority services needed; major gaps in services and system changes.
14. Two consumer focus groups met separately on the same day each for two hours. One representing elders and their caregivers and one representing adults with disabilities and their caregivers. The value exercise mentioned in number 11 above was also administered to consumers and their caregivers. A \$25 stipend was given to each participant and refreshments were served.
15. At the April meeting, CCRP provided a power-point presentation of their respective findings for both providers and consumers. Also reviewed were the system results; a comparison of the value priorities between the Coalition and

consumers; a comparison of the core services needed and major gaps between the Coalition and consumers.

16. CCRP developed their final reports, submitting them to the Consultant. The Consultant then wrote the draft report to present to the Coalition. It has six sections plus an Appendix. The six sections to the report are:

- I. Overview of Humboldt County and its Long-Term care Consumer Population
- II. Introduction to the Project
- III. Methodology
- IV. Findings
- V. Conclusions
- VI. Recommendations

17. The last two sections of the report (Conclusions and Recommendations) were sent to the Coalition for action at their June meeting. Following action on those sections, the Coalition members discussed their responses to four key questions related to managed care:

- a. what steps can long-term care providers in rural counties take to prepare for managed care?
- b. how can they assure that managed care does not damage the safety-net services in place for our most vulnerable residents?
- c. could local health and social service providers develop a collaborative strategy to address the needs of their most complex – and expensive – patients?
- d. what pilot program might we propose, that Medi-Cal or others could fund, to create incentives for providers to enable these patients to remain as independent as possible for as long as possible?

18. The Coalition also discussed the future re: distribution/presentations of the report to appropriate agencies/organizations and other opportunities.

19. The Consultant finalized the report based on the action of the Coalition at the June meeting and distributed the full report at the end on June to Coalition members, the Secretary of DHSS, Diana Dooley, and The SCAN Foundation.