



Governor's Master Plan for Aging
Long-Term Services & Supports Subcommittee Meeting #6

Topic in Focus:

Workforce, Family Caregivers, & Assistive Technology

January 6, 2020 | 1:00 p.m. – 5:00 p.m.



Welcome & Overview

Kim McCoy Wade

California Department of Aging



Meeting Logistics

- [The meeting materials are posted online here.](#)
- Attend in-person or by computer, tablet, or smart phone:
Click the link below to join the webinar:
<https://zoom.us/j/147854797>
Or join by phone: 888-788-0099 Webinar ID: 147-854-797
- For public comment and meeting feedback, go to:
<https://www.surveymonkey.com/r/MPAComment>
- To submit detailed recommendations for MPA, go to:
<https://www.surveymonkey.com/r/MasterPlanRecommendations>
- Accommodations:
 - Simultaneous captioning is available in the room
 - Live telephone access with two-way communication for public comment

Meeting Agenda

1. Welcome & Overview
2. Voices of Caregivers
3. Data Trends: Growth of Demand & Shortfall of Labor in Caregiving
4. Topics in Focus:
 - LTSS Workforce
 - Family Caregivers
 - LTSS-Related Technology
5. LTSS Stakeholder Report: Process Update and Discussion
6. Public Comment
7. Summary of Recommendations and Action Steps

LTSS Subcommittee Meetings

- #1 October 28, 2019: Information & Assistance Systems
- #2 November 12, 2019: State LTSS Benefit
- #3 December 5, 2019: Home- and Community-Based Services (HCBS): Medi-Cal, Older Americans Act, Private Pay
- #4 December 17, 2019: Home- and Community-Based Services (HCBS): In-Home Supportive Services (IHSS) – Part 1, plus LTSS Stakeholder Report Discussion
- #5 January 6, 2019: LTSS Workforce, Family Caregivers & Technology
- #6 January 13, 2020: Group Living: Including Residential Care & Skilled Nursing Facilities
- #7 January 14, 2020: LTSS Financing and Integration
- #8 January 27, 2020: IHSS – Part 2, plus LTSS Stakeholder Report Discussion
- #9 February 20, 2020: Webinar: Discuss/Review LTSS Stakeholder Report for March 2 SAC
- March 2020: Review SAC Feedback and Finalize and Submit LTSS Stakeholder Report for Secretary/Governor
- April to June 2020: Inform and advise State Plan, Local Blueprint, Toolkit, Dashboard and all Master Plan Components/Deliverables related to LTSS

AARP CALIFORNIA

Meeting Guidelines

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

Voices of Caregivers

- <https://www.thescanfoundation.org/caregiving-aging/>
- https://drive.google.com/open?id=1594_QvBPJlQKTpjG8u9-qChRt6N3GW9w



Data Trends: Growth of Demand & Shortfall of Labor in Caregiving

Stewart Knox

California Labor & Workforce Development Agency

Tim Rainey

California Labor & Workforce Development Agency



Labor & Workforce Development Agency



Agricultural Labor
Relations Board "La ley laboral"



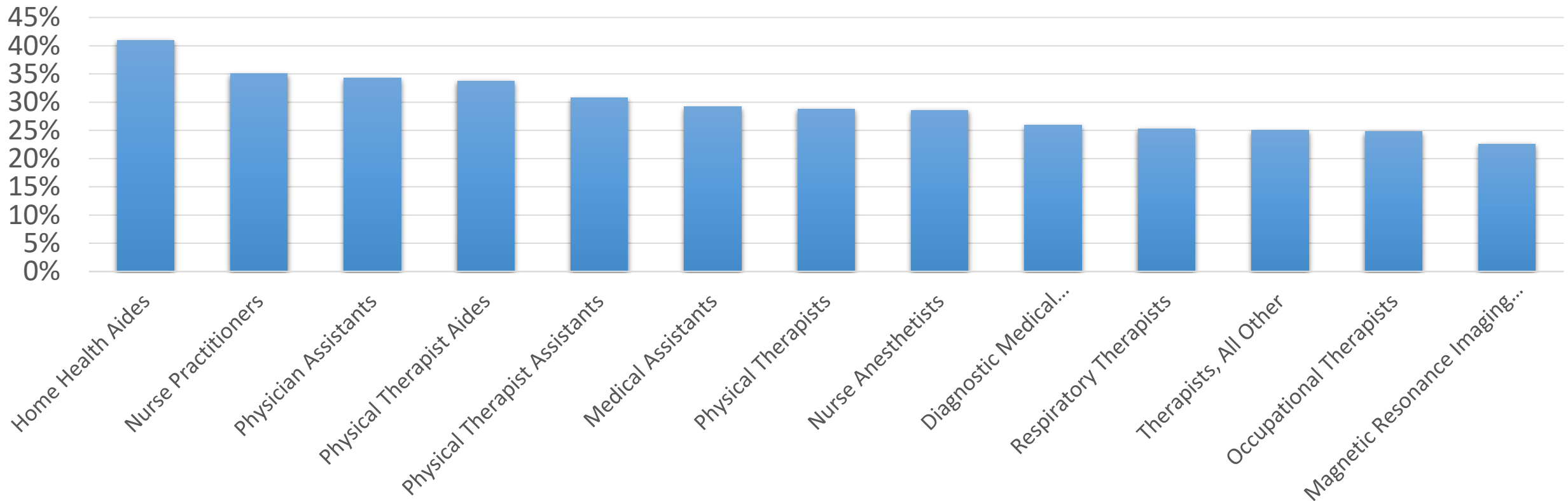
State of California
Unemployment Insurance Appeals Board



Public Employment Relations Board
PERB

Health Care Occupations within Hospitals

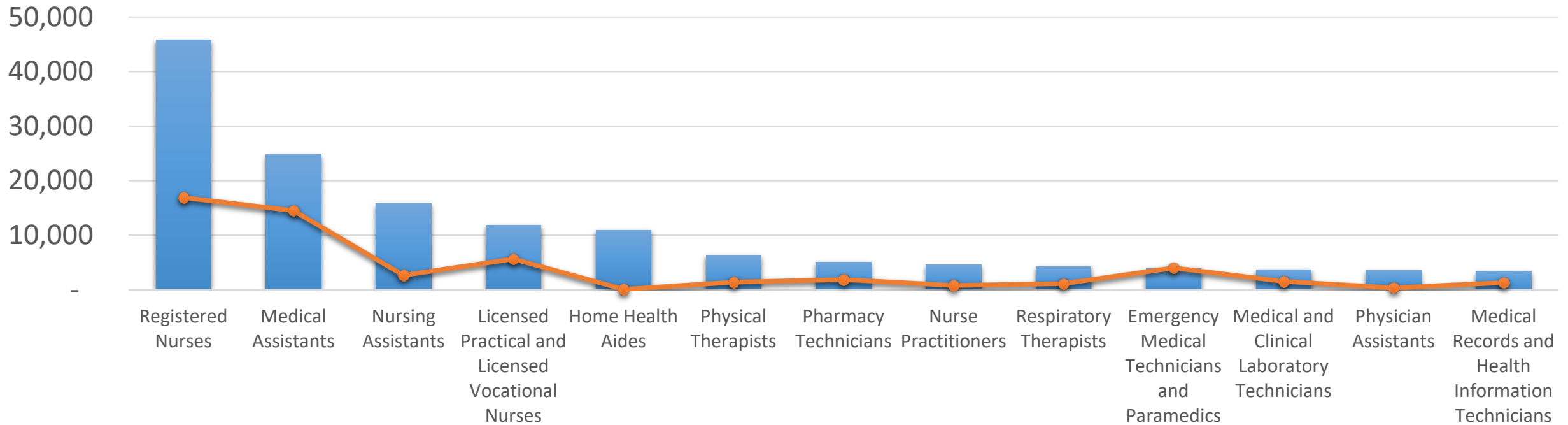
2016-2026 Fastest Growing Occupations (Percent Change) 1



1. California Employment Development Department, Projections of Employment 2016-2026. Total projected job openings are the sum of new jobs, exits, and transfers.

Health Care Occupations within Hospitals

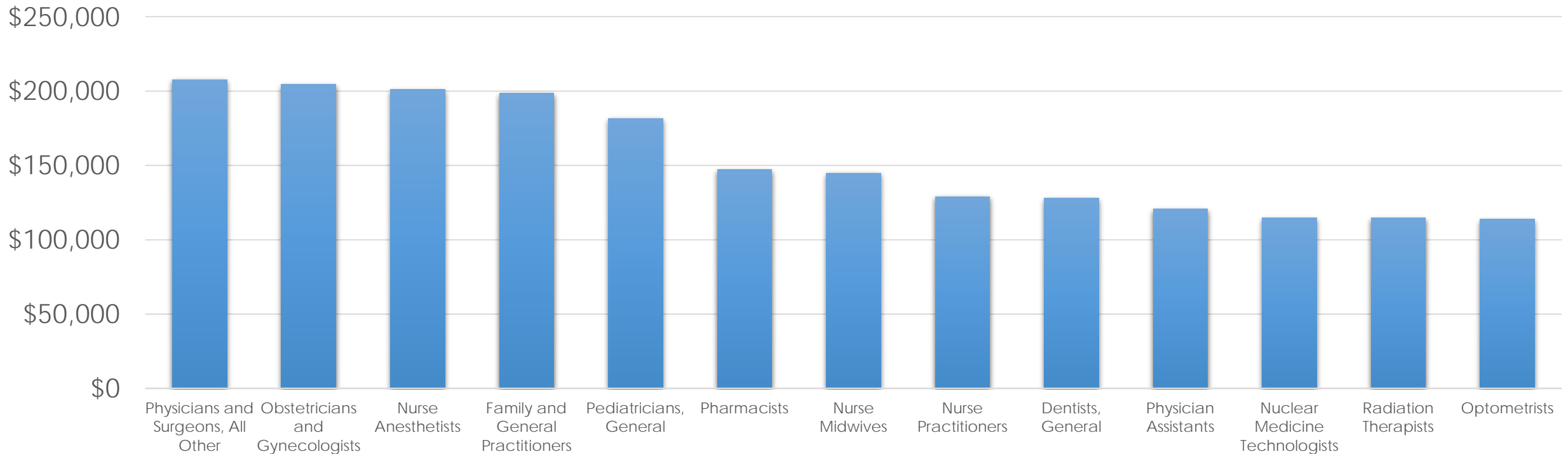
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Health Care Occupations within Hospitals

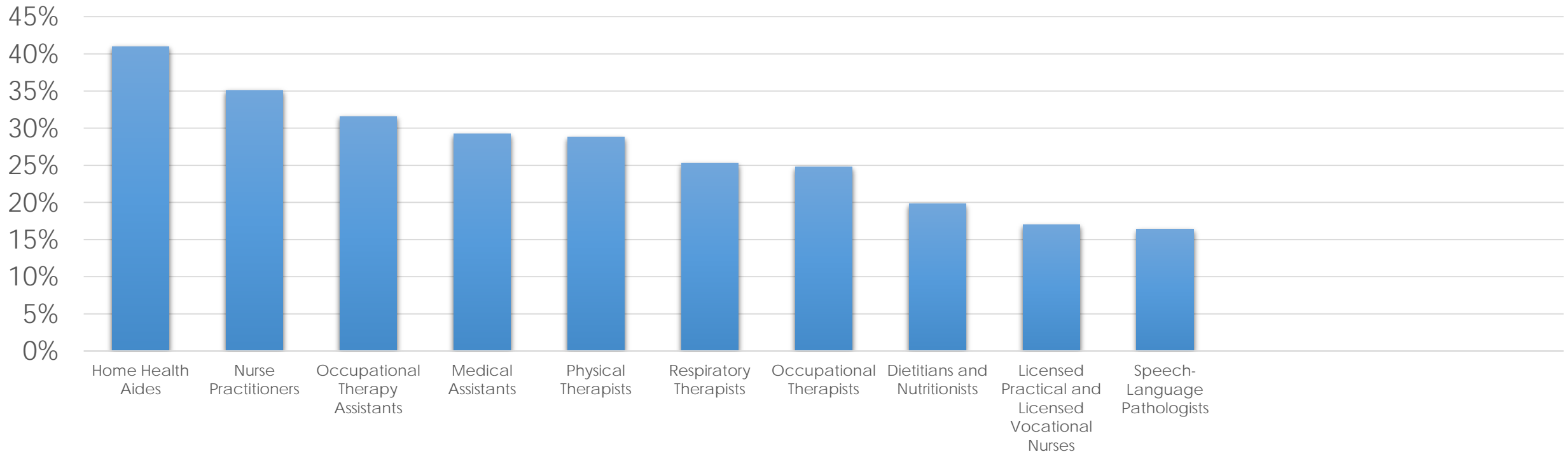
Median Annual Wage (50th Percentile) ²



2. Occupational Employment Statistics Wage Survey, updated to 1st Q. 2019.

Health Care Occupations within Nursing and Residential Care Facilities

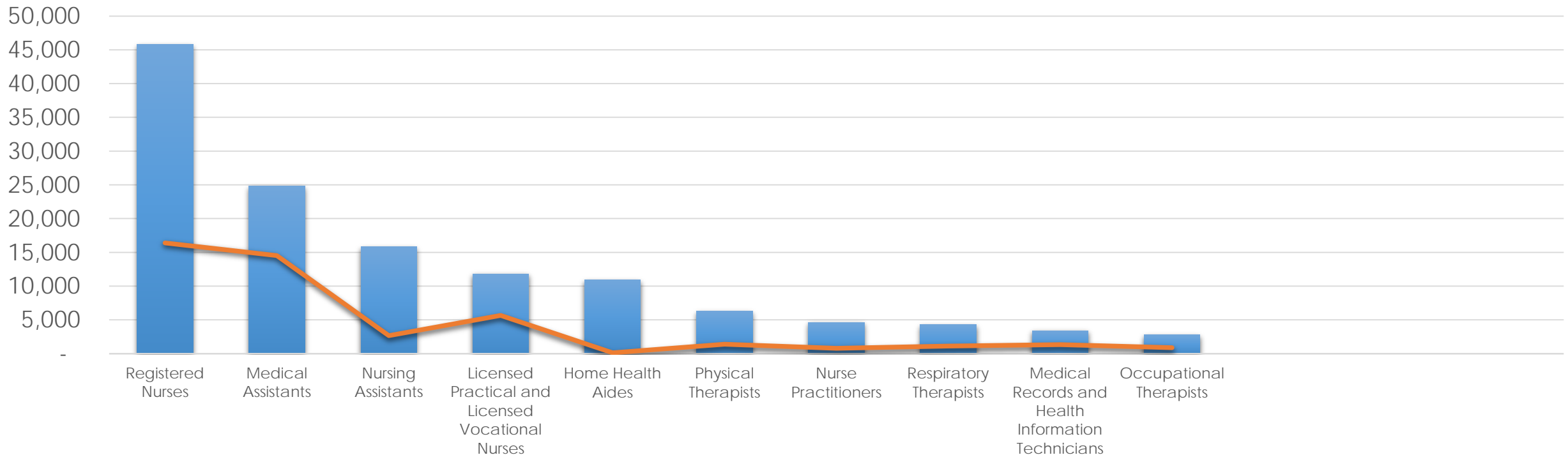
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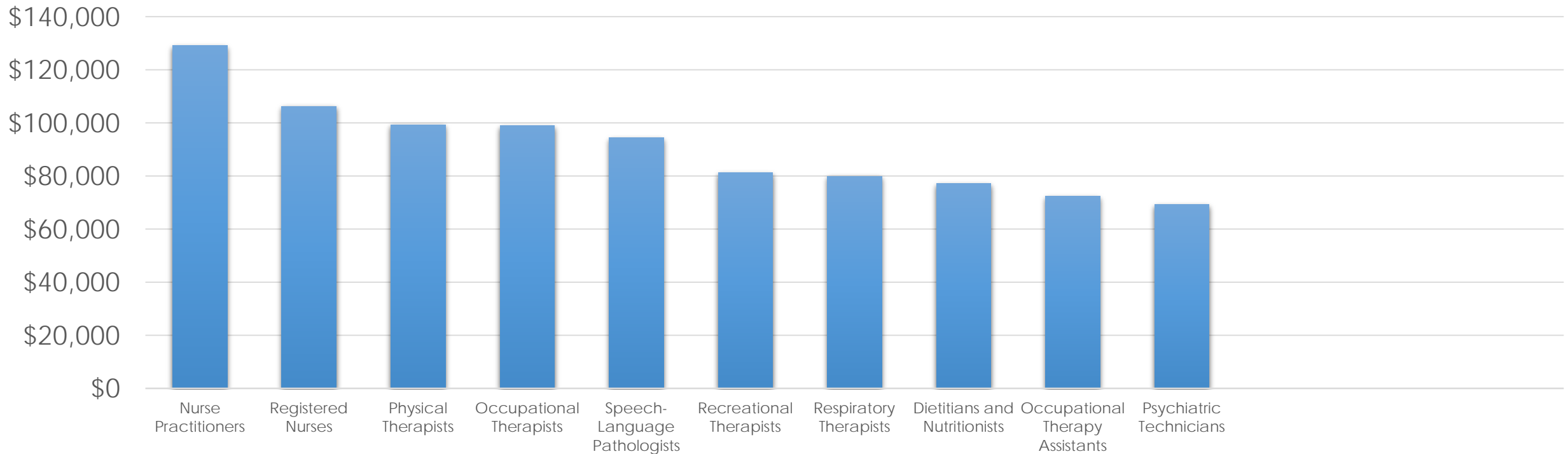
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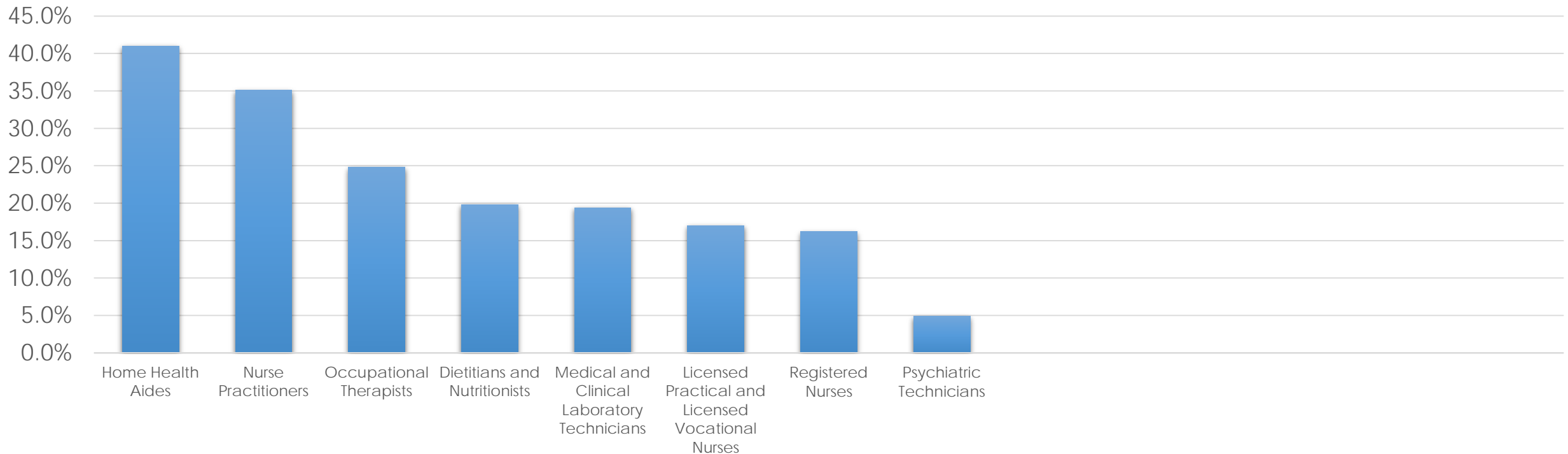
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Health Care Occupations within Individual and Family Services

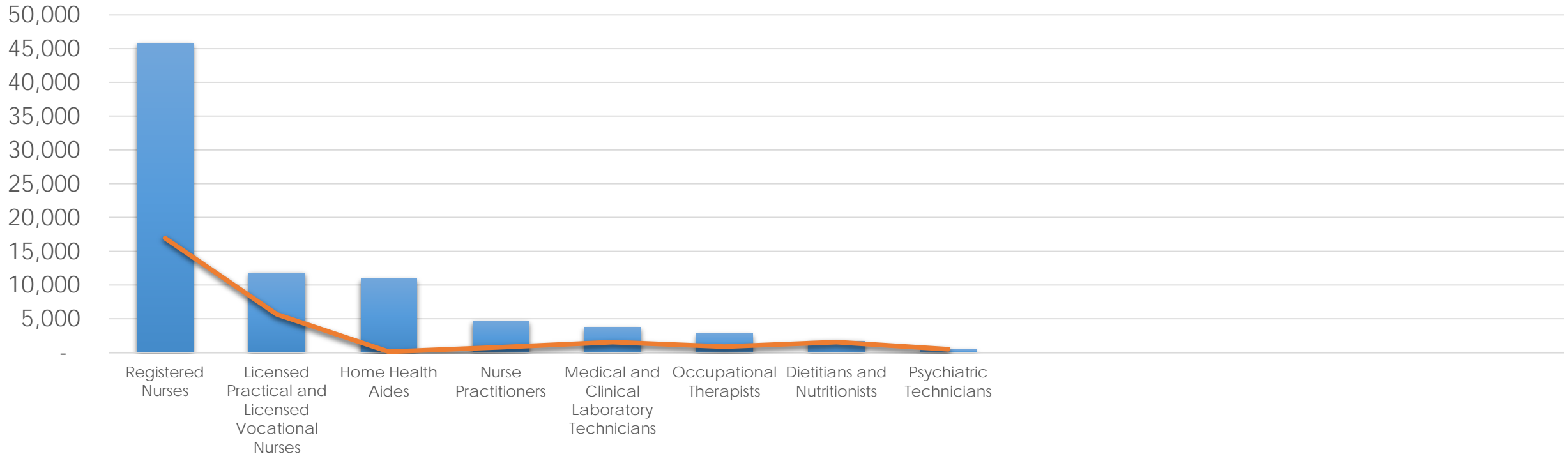
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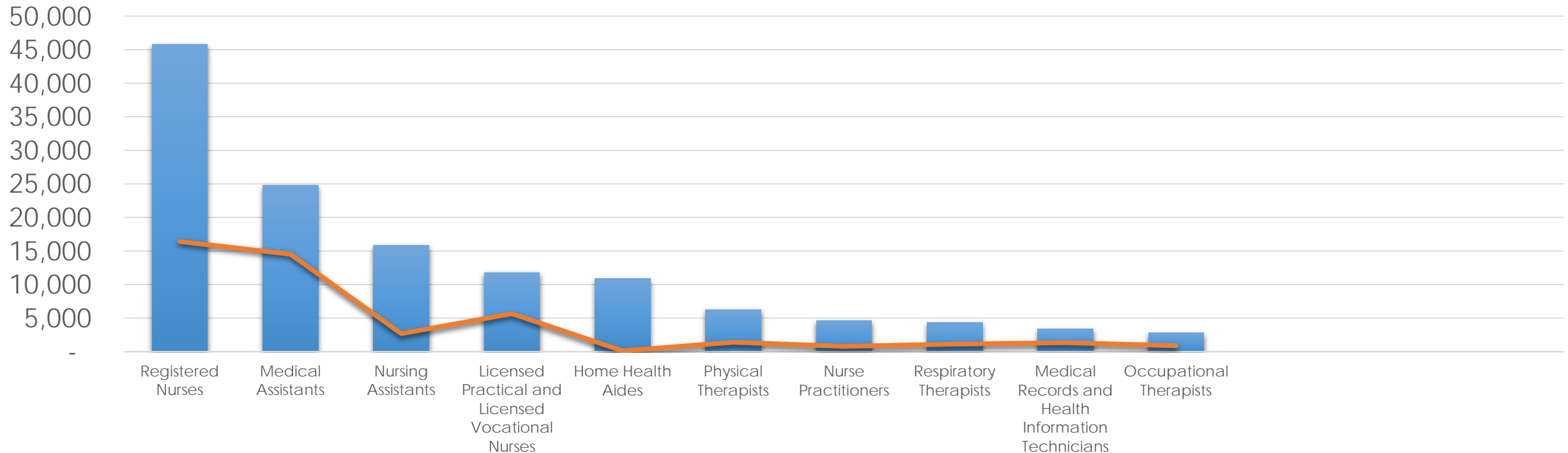
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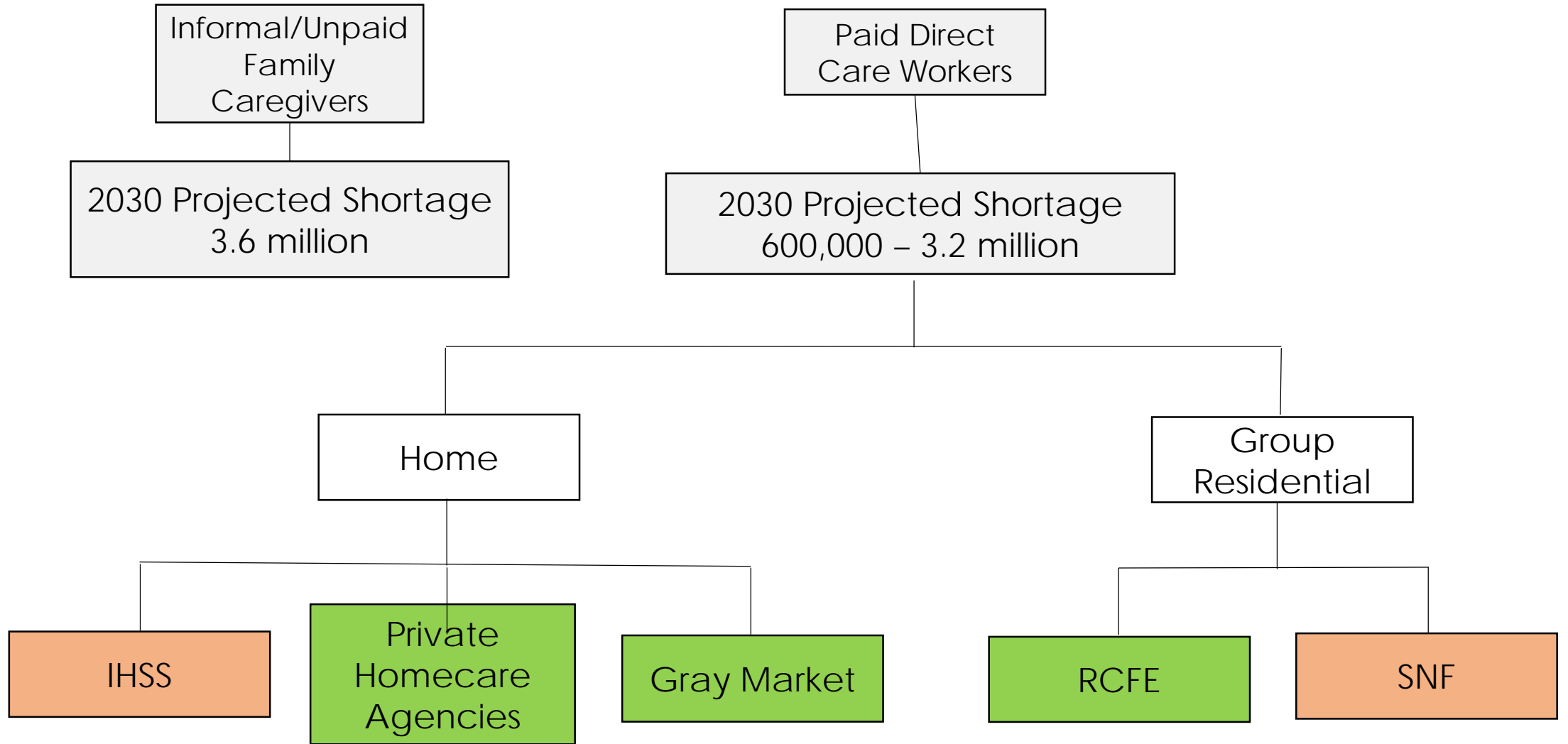
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Topic 1: LTSS Workforce Overview

Direct Care Workforce Issues

- Julia Figueira-McDonough, 2020 Soros Leadership in Government Fellow
- Kristina Bas-Hamilton, Legislative Director, UDW/AFSCME Local 3930
- Amanda Ream, Strategic Campaigns Director, UDW/AFSCME Local 3930

Direct Care Workforce Map



Paid Direct Care Workforce Demographics & Working Conditions

- Homecare workers are:
 - Undercounted: 558,000 (EDD 2014)
 - Personal care aides, home health aides, unlicensed
 - 79.2% female
 - 70.3% people of color (38.3% Latinx, 21.3% Asian, 10.7% Black)
 - IHSS: 78% women, 40% Latinx, 16% Asian, 7.5 % Black
 - 48.5% foreign born
 - Paid median wage of \$10.05/hr and an annual salary of \$14,000 (less than half the median for all California workers)
 - More than 2x likely to live in a low-income household, with 1 in 4 falling below federal poverty line

Paid Direct Care Workforce Demographics & Working Conditions

- regulated by DSS/CCL, inspected once every five years
- 79% of RCFEs have 6 or fewer beds (Board & Care)
- 78% of residents are women, 40% have ADRDs, 40% have cardiac disease
- No licensing requirements for staff; no meaningful minimum staffing ratios*
- RCFE workers are:
 - Undercounted
 - Overwhelming immigrant and African-American women
 - Frequently housed on-site in shared quarters
 - Often on call 24/7
 - Commonly paid a fixed sum per week or month, amounting to less than \$4/hr

Paid Direct Care Workforce Barriers to Meeting Demand

- **Low wages, lack of benefits, poor working conditions** impede identifying, recruiting, training & retaining workers
- Immigration issues
- Nurse delegation
- IHSS: CBA negotiations by county hinder raising pay and benefits
- Private pay
 - Limited, uncoordinated regulation & enforcement
 - Limited union representation
 - Bad actor employers
 - Lack of incentives for high road employers

Paid Direct Care Workforce Resources & Initiatives

- California Workforce Development Board
 - High Road Training Partnerships
 - Workplace Accelerator Fund
- Shirley Ware Education Center
- UCLA Geriatric Workforce Enhancement Program
- California Long Term Care Education Center
- Future Health Workforce Commission: Universal Home Care Worker Proposal

Recommendation – IHSS: Transition Collective Bargaining from Counties to the State level

- Establish a state level entity authorized to negotiate with IHSS provider unions.
- Will allow state to implement policies to recruit and retain the necessary IHSS provider workforce.
- Of the 58 counties, 27 IHSS contracts are open or at impasse. The average length of contract negotiations is 44 months.
- The average wage for IHSS providers statewide is \$12.44, only a small percentage of workers receive county funded health benefits, no retirement benefit, no vacation/holiday pay.

Recommendation – Private Pay: Establish Working Group

- Stakeholders: state certifying & regulatory agencies; providers; consumer & worker advocates; educational institutions; foundations
- Spearhead research to fill in data gaps, specifically regarding RCFE and gray market workforce
- Identify and facilitate opportunities for coordinated enforcement
- Assess how to adapt and scale successful IHSS training and workforce development programs
- Explore public/private partnerships
- Design policy incentives for high-road private employers

LTSS Workforce/Issues

Heather M. Young, PhD, FAAN, University of California Davis
Commissioner, CA Future Health Workforce Commission
Co-chair, Aging Sub-committee

#CAFutureWorkforce

MASTER PLAN FOR AGING
LTSS WORKFORCE, FAMILY CAREGIVERS, AND ASSISTIVE TECHNOLOGY
JANUARY 6, 2020



Aging sub-committee members

Heather M. Young, co-chair

Christine Cassel, co-chair

Bruce Chernof

Jennie Chin Hansen

Diana Dooley

Alma Hernandez

Terry Hill

David Lindeman

Marty Lynch

Arnie Milstein

Laura Mosqueda

Eloy Ortiz Oakley

Rigo Saborio

Robyn Stone

Laura Trejo

Jon Warner

Heather Wasielewski

Holly Yang

"Burning Platform"

Aging Population

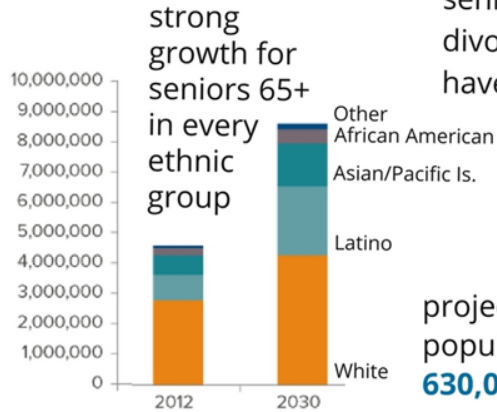
By 2030:

Senior population age 65+ will double to **9 million**

Youngest baby boomers will hit retirement age

75+

will be fastest growing age group beginning 2020



50%

seniors will be widowed, divorced/ separated, or have never married

33%

projected increase of age 65+ population with Alzheimer's, from **630,000 in 2017** to **840,000 in 2025**

CA senior population age 65-75 facing difficulties with self-care will be living at home and double by 2030 to **~1 million**



100,000

limited self-care population age 65-75 in nursing homes by 2030



33%

of CA counties have highest concentration of residents age 65+ living below FPL

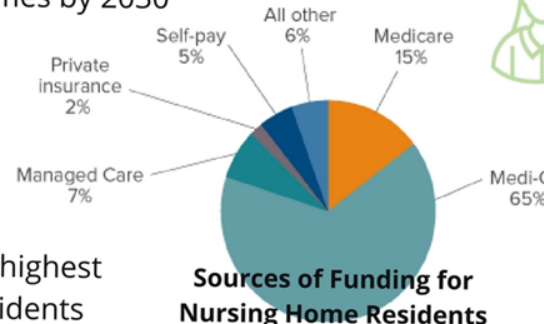
Workforce

200,000

additional homecare workers needed in CA by 2024

33%

annual turnover of IHSS workers in CA



< 5%

of the health professions workforce has expertise in geriatrics

\$97K annual cost of nursing homes

\$57K annual cost (average) of homecare*

*cost varies based on number of hours needed

Major Issues

- Adequate **numbers** to meet demand
- Work and team **design** – right person for the right thing at the right time
- **Preparation** with competencies for the future: aging, technology, integrated physical and mental health care, team-based care

Strategies Discussed

Universal Home Care Worker

- Meet the demand for 200,000 new home care workers by 2030 and provide meaningful work, improved employment, enhanced quality of life and health profession opportunities
-

Overlooked Workers

- View the aging population as a viable and vibrant resource who could contribute to care for older adults. Develop a value proposition and attract workers from other industries whose positions have been phased out and older adults seeking post-retirement careers
-

Team-based Care

- To contribute to achieving the Quadruple Aim by enabling new models of evidence-based technology enabled and team-based care through an integrated and skilled workforce across the continuum

Current State Example

Direct Care Worker: In Scope or Not?



FAMILY MEMBER	HOME CARE WORKER (employed by home care agency)	HOME CARE WORKER (independent & consumer directed)	IHSS WORKER (consumer directed)	HOME HEALTH AIDE (employed by home health agency)	CNA (employed by home health agency)
Yes	No	Yes	Yes	No	No

2019-20 Legislative and Budget Actions

- **2019-20 CA Budget:** \$300 million+ to expand California's health workforce (most one-time, some ongoing)
- **2019-20 Legislative Session:** A dozen remaining bills on health workforce needs (1/2 are 2-year bills)
- **Governor's State of the State Address:** declares new Master Plan on Aging & Commission on the Future of Work

Recommendations

1. Adopt the Future Health Workforce Commission recommendations to a) create a pilot that will allow increased delegation of medical and nursing tasks to non-IHSS health and home care workers, and b) adopt its recommendation to provide full practice authority to nurse practitioners
2. Convene conversations with target payers, regulators, state certifying bodies, foundations, educational institutions, consumer advocacy groups to obtain broad stakeholder engagement and alignment for role redesign and regulatory change to support new models (such as universal workers)
3. Expand training to prepare workforce to deliver high quality, technology enabled, person-centered and cost-effective care to meet demand in all communities



California Future Health Workforce Commission Releases Final Report

The California Future Health Workforce Commission has announced bold recommendations to eliminate the projected shortfall of primary care health providers, nearly eliminate a severe psychiatry shortage, and bolster the pipeline of students and health workers to deliver care in underserved communities — all by the year 2030.

- Read the [Executive Summary](#) or [Full Report](#) of the Commission's Recommendations.
- Learn about [California's health workforce shortages](#).
- See who [served on the Commission](#).
- Watch brief [video testimonials from Commissioners](#).

www.futurehealthworkforce.org

LTSS Workforce: IHSS Caregiver Training

Corinne Eldridge

California Long-Term Care Education Center



THE VALUE OF TRAINED CAREGIVERS



CORINNE ELDRIDGE

Executive Director
California Long-Term Care
Education Center





WHO WE ARE

We are a nonprofit organization dedicated to providing educational opportunities to long-term care workers so they can build better lives and provide high-quality care.

The benefits of training caregivers extend beyond the individual worker or consumer to the broader systems of care.

A TIMELINE

2012-2016

2012: Began with **6 health plans across 3 counties in California** as part of the Health Care Innovations Awards grant through the Center for Medicare and Medicaid Innovation. Trained 6,375 students

2016: Added partnership with **Health Net**. Trained 200 students



2017

Began partnership with **L.A. Care**. Trained 2,469 graduates to date.

Developed curriculum for UCLA's **Geriatric Workforce Employment Program** on IHSS+ Alzheimer's training program.



2019

Began partnership with **Blue Shield of California Promise Health Plan**. Trained 152 students.

Continued work with **L.A. Care**

Received **CDPH grant for IHSS+ Alzheimer's training** in Alameda County. Will train 120 a year through 2023.



CMMPROJECT

CARE TEAM INTEGRATION OF THE HOME-BASED WORKFORCE

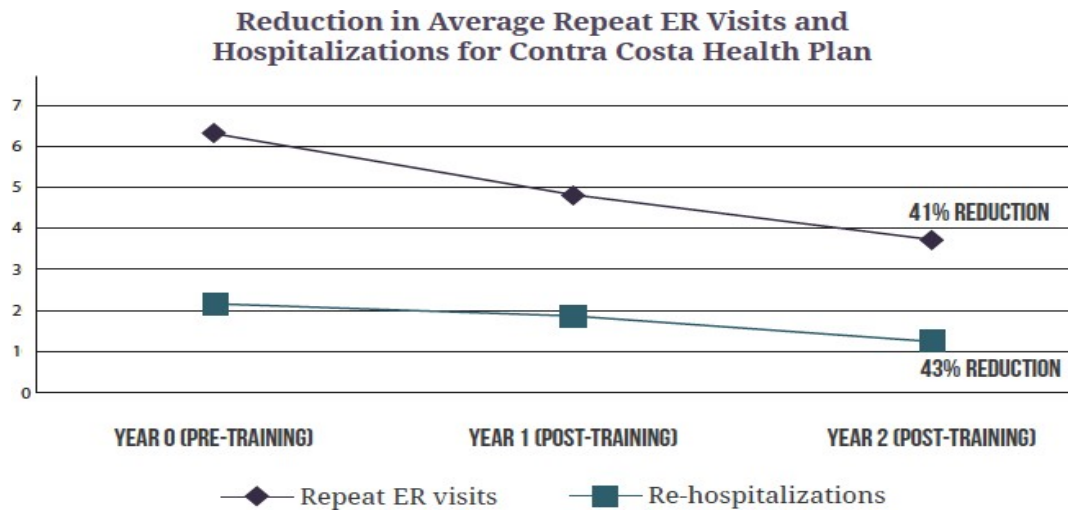
CMS Health Care Innovation Award: \$11.8M (2012-2016)

First study to show that training home care workers provides better care, improves health and lowers costs

PROVEN IMPACT

Training home care workers is associated with:

- Better care
- Stronger health outcomes
- Lower costs through reductions in consumer's use of the emergency room and hospitalizations.



Source: Care Team Integration and Training of Home Care Workers Impact Study

- > 6,375 IHSS Consumer and Provider pairs trained
- > Customized, evidence-informed curriculum



BASIC TENETS

OF THE IHSS TRAINING PROGRAM



Voluntary Participation

Honors Consumer-Directed Model of Care

IHSS Provider Learns New Skills

Competency-Based Education

Economic Enhancement

L.A. CARE and CLTCEC PARTNERSHIP

IHSS+ Training Program



CLTCEC has trained more than

2,469

IHSS providers through the L.A. Care program

Training is offered in six languages:

English, Spanish, Mandarin, Cantonese, Armenian, and Korean

Training is proven to be associated with **lower health**

reductions in caregiver isolation, stress, loneliness, and depression.

PROVEN IMPACT AFTER YEAR 2

95%

of IHSS providers strongly agree/agree that they have more confidence in ability to talk to consumer's care team

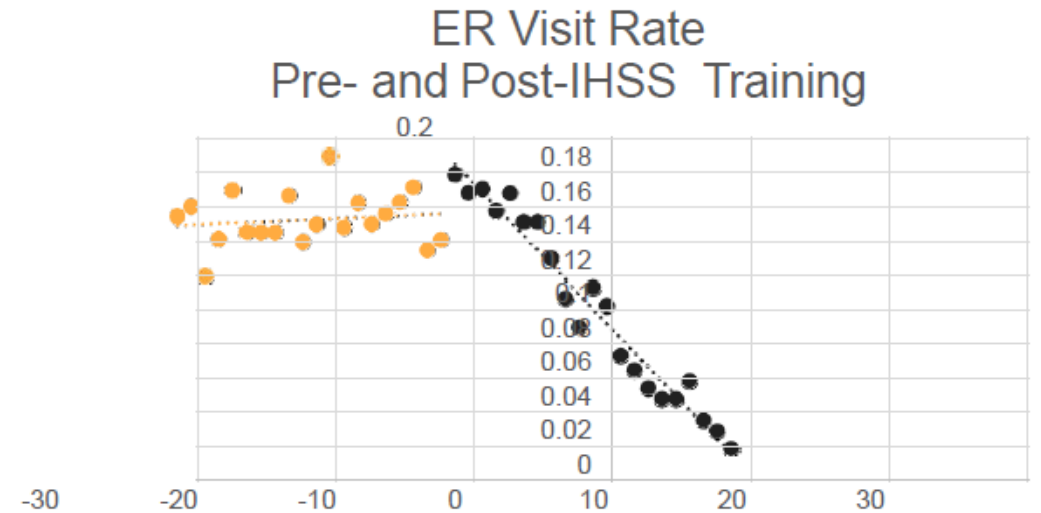
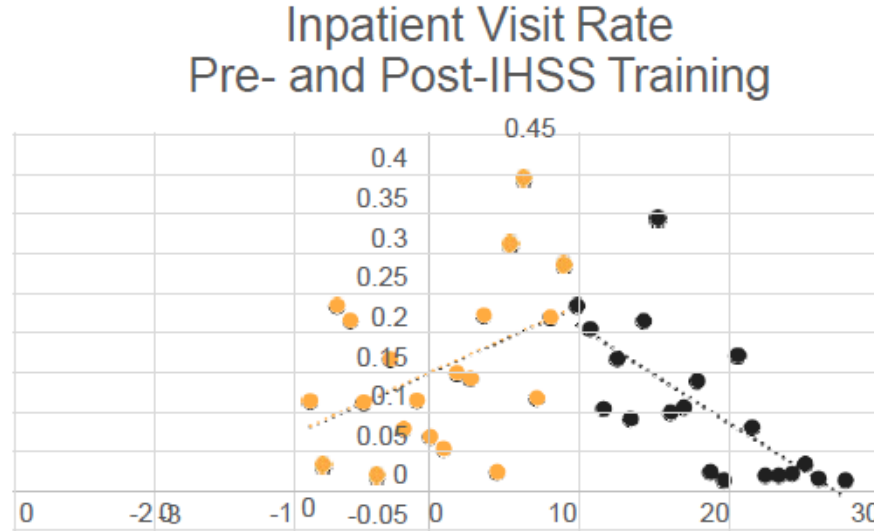
68% less stressed

More than half of IHSS providers who responded to the survey reported **feeling less stressed, depressed, and/or lonely** following training.

– Results from post-training surveys

Replicated program outcomes with L.A. Care

2019 LA CARE ANALYSIS OF OUR TRAINING PROGRAM



“EVALUATION OF IHSS TRAINING ON HEALTH CARE OUTCOMES” FINDINGS:

Independent variables included were the overall time (from 20 months prior to graduation to 19 months post- graduation)

There was a significant decrease in ER and inpatient utilization after the training:

- ... the relationship was significantly negative indicating that ER utilization decreased after the training ($t(18) = -2.7$, $p < .05$)
- ... the relationship was significantly negative indicating that inpatient utilization decreased after the training ($t(18) = -3.01$, $p < .01$)

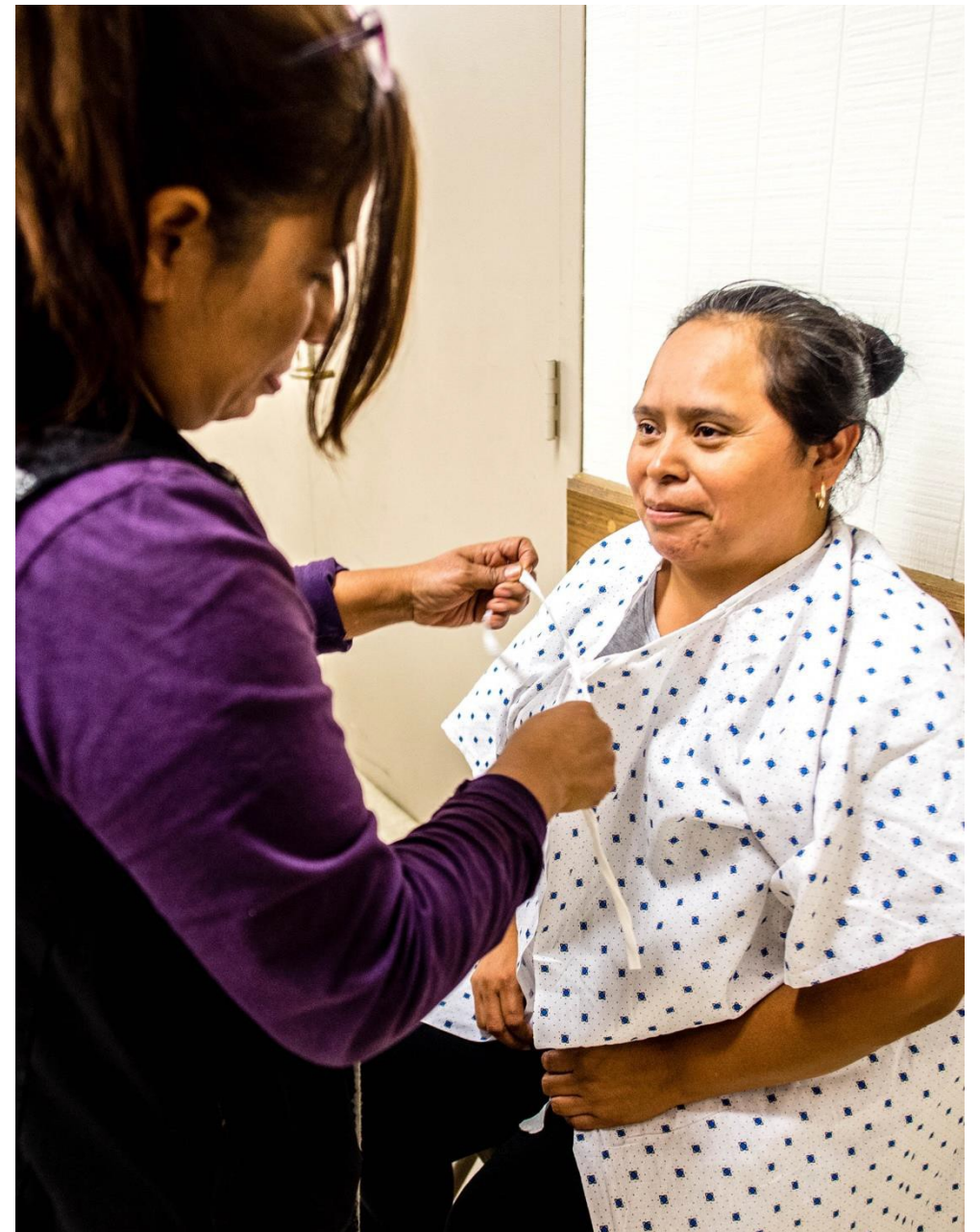
Authors: Matthew Pirritano, PhD, MPH, and Nancy Fang

KEY ROLES & SKILLS

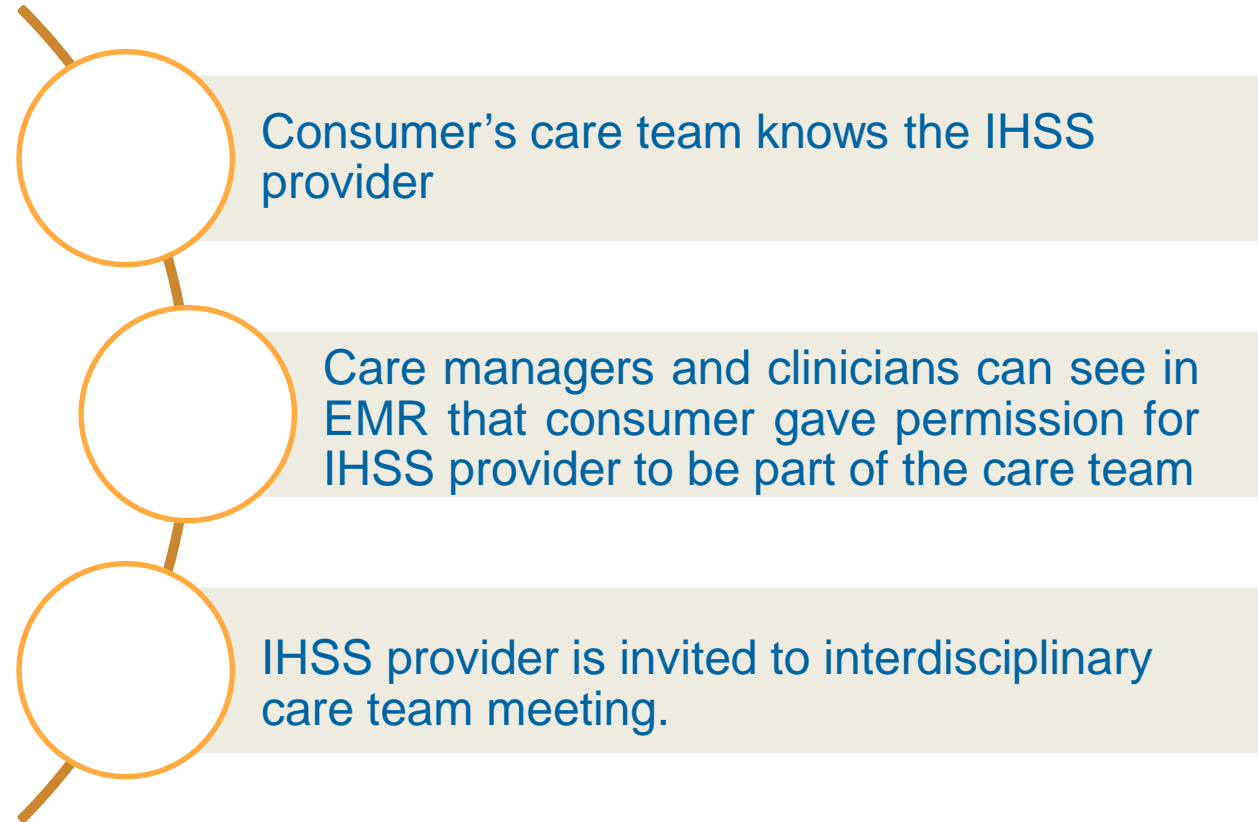


IHSS PROVIDERS PLAY VALUABLE ROLES ON CARE TEAM

- IHSS providers can act as an **extra set of eyes and ears.**
- The provider sees the consumer regularly and **has valuable insight.**
- The **consumer and the provider are a team** and work together with the rest of the care team to obtain the best possible care for the consumer.



SUCCESSFUL CARE TEAM INTEGRATION



IHSS TRAINING PROGRAM

Training length: Courses last 10 to 17 weeks.

Opportunity for consumers and providers to learn about benefits of training and develop a sense of shared purpose

Identifies rights, roles, and responsibilities of consumers and IHSS providers

IHSS provider attends all classes, consumer attends specific relevant classes, if possible

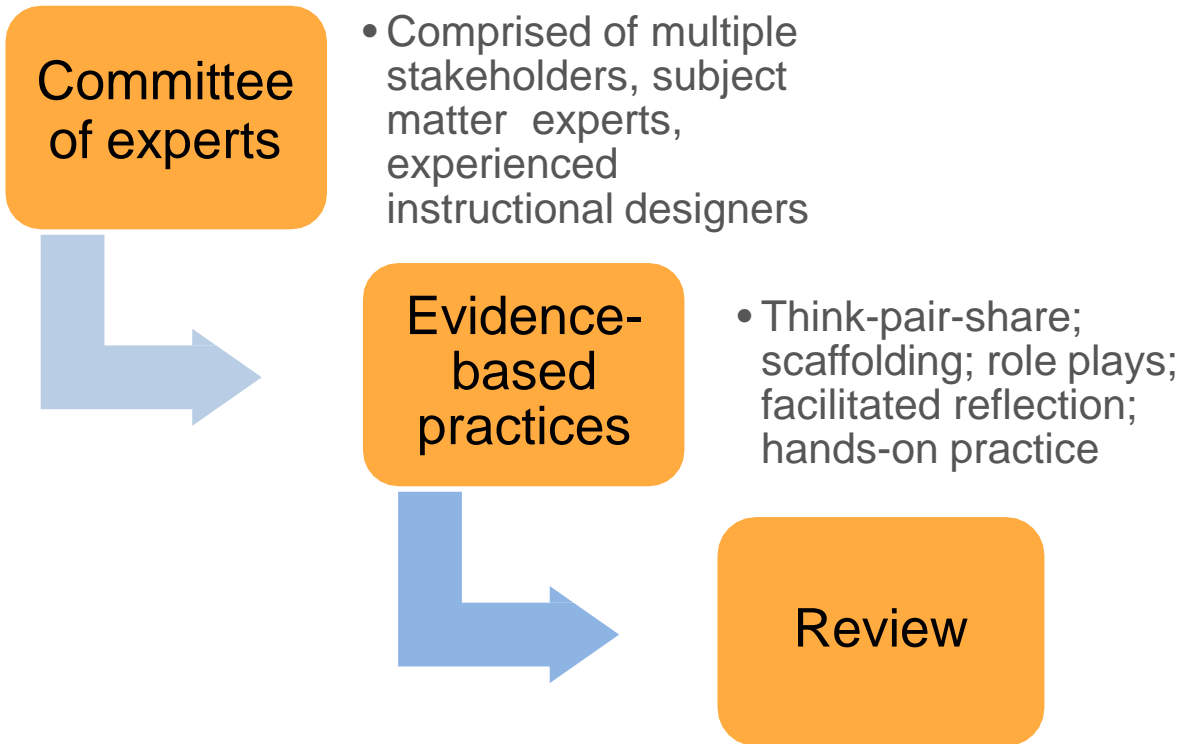
17-week course includes additional modules on body systems and disease-specific care

The role of the IHSS provider and integration into the consumer's care team

Person-centered care: Emphasize that provider roles and extent of care team integration are choices that the consumer makes.

Take-home assignments **encourage conversations** between provider and consumer about lessons.

IHSS CURRICULUM DEVELOPMENT



CURRICULUM STRUCTURE

- **Competency-based** for adult learners
 - Each module is **3.5 hours**
 - Each module follows a similar **flow**: Welcome, anchoring exercise, core activity, learning circle, at-home assignment
 - **Competency checks** at middle and end of program
-

IHSS TRAINING PROGRAM MODULES

CORE TRAINING

(10 modules)

MODULE 1 Roles and Responsibilities of the Care Provider

MODULE 2 Communication and Teamwork

MODULE 3 Introduction to Activities of Daily Living (ADLs) and Body Mechanics

MODULE 4 Personal Care

MODULE 5 Infection Control and Standard Precautions

MODULE 6 Medication Adherence and Competency Checks

MODULE 7 CPR/AED/First Aid

MODULE 8 Nutrition, Diet and Physical Activity

MODULE 9 Introduction to Vitals and Home Safety

MODULE 10 Health Plan Model of Care and Competency Checks

ENHANCED

(7 additional modules)

•Focuses on body systems and disease-specific care:

- Heart and Lung Diseases
- Diabetes
- Behavioral Health
- Developmental Disabilities
- Alzheimer's & Dementia
- Care team integration

ADVANCED

(10 additional modules)

•Delves deeper into:

- Physical Disabilities
- Mental Disabilities
- Cancer/Oncology
- Advanced Diabetes Care
- Body Mechanics and Exercise
- Care Team Integration

ALZHEIMER'S & DEMENTIA

(10 core modules with ADRD lens)

•Focuses on Alzheimer's and related dementia:

- Recognizing Normal Aging versus Cognitive Decline
- Communication: Repetitive Behavior and Refusals
- Body Mechanics, Home Safety & Wandering
- Hallucinations & Sundowning
- Calming Aggressive Behaviors and Activities to Encourage Sleep
- Urgent Care versus ER and Reducing Caregiver Burnout

IMPROVED RETENTION OF IHSS CAREGIVERS



Internal analysis shows that trained IHSS caregivers compared to untrained caregivers improves retention by between

5 to 12%

Source: CLTCEC analysis from 2013 to present

IN THEIR OWN WORDS

PROVIDER STORY



“(After training), I began to look at the consumer differently. Now if I’m helping them eat or use the bathroom, I try to be respectful and do everything in my power to preserve their dignity. **The value of this is more than something you feel in your heart. It also builds trust and allows for better communication among the team... What I learned with CLTCEC training and on the job is to find ways to take initiative.** I don’t show up at my shift like a robot and go through the same motions. I’ll ask my stepmother if there’s something she’d like to do differently today. Do more than what’s on paper, you might say. Like we’ll sit on the porch or go outside a few steps if she’s feeling up to it. It might not sound like much, getting some sun and fresh air. But you should see the light in her eyes.”

Okesha Reese, IHSS+ Graduate



LTSS Workforce: Workforce-Related Recommendations

Kristina Bas Hamilton (Moderator)

United Domestic Workers Union/AFSCME

Julia Figueira-McDonough

Heather Young



Recommendations Summary

- Transition IHSS Collective Bargaining from Counties to State
- Establish Private Pay Working Group
- Adopt the Future Health Workforce Commission recommendations
- Convene conversations to support new models (such as universal worker)
- Expand training

Topic 2: Family Caregiving Overview

Kathleen Kelly

Family Caregiver Alliance



Overview: Unpaid Family Caregivers in CA

Kathleen Kelly, MPA

Executive Director

Family Caregiver Alliance

Bay Area Caregiver Resource Center

kkelly@caregiver.org www.caregiver.org

It is all about the family



Families of choice or birth, communities of faith, friends, neighbors, healers in healthcare or social services, those near and far, are knitted together to care for others

5 Takeaways on Family Caregivers

There are an estimated 4.7M unpaid family caregivers in CA – *half of which are estimated to be doing medical and other tasks for adults with complex care needs with little to no training*

80% of older adults (65+) needing assistance are NOT eligible for MediCal; less than 10% of Californians have long term care insurance

Up to 60% of unpaid family caregivers are in the workforce with caregiving as a “second job”; fewer than 10% take CA paid family leave

37% of family caregivers over 50 quit or reduced their hours at work; estimated financial losses for those that leave the workforce are \$300,000+

Unpaid family caregivers are getting younger, more diverse and technologically savvy than ever before

What are the policy implications for unpaid family caregivers?

Rebalancing comes with a social and financial cost to unpaid family caregivers who provide the majority (up to Re80%) of the long-term assistance to older adults:

Middle income families are at risk for financial insecurity – particularly women's retirement security as they average \$5000-\$7000/year in paying for services and supplies for older adults and may lose income, healthcare benefits, social security credits and other pension issues through job changes (reduction of hours; job change; leaving the workforce)

Most unpaid family caregivers are at risk for their own health, finances and care/planning and need tailored services to cover planning and support *over the trajectory of care needs of the older adult*

There has been little investment or incentives for changing system practices/culture to recognize and support unpaid family caregivers into social/health services or in the workplace

There has been little investment/incentives in professionalizing and equipping community social services to coordinate local services or interact/coordinate with health care systems

Family Caregiving: Statewide California Caregiver Resource Centers

Kathleen Kelly

Family Caregiver Alliance



CA System of Caregiver Resource Centers

Kathleen Kelly, MPA

Executive Director

Family Caregiver Alliance

Bay Area Caregiver Resource Center

kkelly@caregiver.org www.caregiver.org

CA System of Caregiver Resource Centers

Who: Client is the unpaid family caregiver (primary); adult needing assistance (secondary); adult onset (18+) cognitive impairment* as key eligibility criteria; 60-70% dementia diagnosis, stroke, Parkinson's, head injury are typical diagnosis usually with physical limitations; no income restrictions resulting in majority middle-income families

* (excludes behavioral health or developmental disabilities)

CA System of Caregiver Resource Centers

What: Specific services:

- Uniform Intake and Caregiver Assessment (including care recipient assessment)
- Action (Care) Plans with follow up coaching from professional staff
- Tailored information from vetted consumer information sources
- Training on planning/navigation for care, direct care skills and self-care for caregivers
- Evidence-based and best practices interventions for stress reduction, competency skills
- Consumer-directed respite vouchers
- Short term therapeutic counseling
- Support Groups
- Legal/Financial Consultation

CA System of Caregiver Resource Centers

- **When:** Support across the care continuum with periods of more intensive interventions as care needs or emergent situations arise. Typical period of intensive level of services is 6 months from intake/assessment with follow up on care plan with tailored information and interventions. Caregivers are connected by monthly e-newsletters, mailings and are encouraged to call back if needs change over time. Connections with families are typically measured in years with 30% + of total encounters per year coming from “returning clients”.
- **Where:** Eleven regionally-based nonprofit organizations covering all CA counties; multiple formats used to reach and deliver services: in-person, telephone, interactive client record, telehealth, online classes and information, conferences.
- **Why:** To improve the quality of life for family caregivers and for whom they care, through access to a trusted source of information and support in the community that can assess and address the changing needs across the care continuum.

CA System of Caregiver Resource Centers

Legislative Action CRCs, in partnership with members of the CA Task Force on Family Caregiving, AARP, service provider and consumer coalitions, family caregivers, statewide provider associations and organizations, advocated for a significant increase in funding for the CRCs in the FY 2019-20 budget process. This three-year award of \$30M (\$10M/year over 3 years) increases the total annual appropriation for support for caregiving families to \$15M/year. The CRCs are under the CA Department of Health Care Services. The three years are: FY 2019-20 to FY 2021-22.

Expansion Goals:

- Increase the numbers of family caregivers served annually to 30,000 individuals receiving one or more information or training services and to 8,000+ family caregivers who receive a more intensive level of services that require a full caregiver assessment, care plan and package of services.

CA System of Caregiver Resource Centers

- ***Expansion Goals (Cont.):***

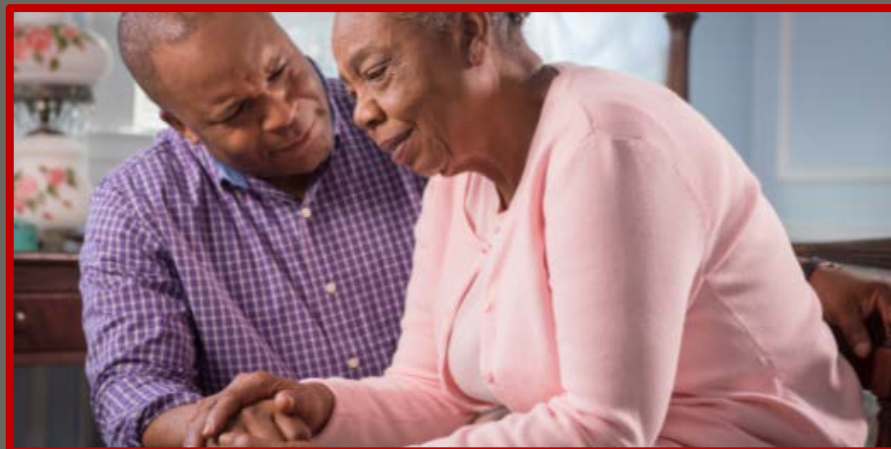
- Deploy statewide interactive client record that captures demographic information and direct care needs of care recipient(s), provide financial, legal and health care planning and address self-care needs of the family caregiver (social, health and mental health); combine data with CRC service usage and analyze for quality of life, competence and reduced stress/burden on the primary family caregiver. The record is available to the caregiver via a dashboard incorporating consumer content, CRC service authorizations, care/action plan, CRC staff identification and HIPPA secure messaging. Parts of the intake and assessment process may be self-administered by the caregiver.
- Increase use of technologies by the CRCs to scale services, to provide options for families to receive services most convenient for their schedules and to test service options that utilize technologies for caregivers.
- Provide quality practice and adherence to the service model to provide consistent services across the state and assure that CRC staff have the skill sets required for implementation and expansion.
- Three statewide projects are: Implementation of Training and Technologies; System Evaluation; Statewide Marketing

Family Caregiving: Paid Family Leave Expansion

Nina Weiler-Harwell

AARP California





Paid Family Leave Expansion: A Proposal

AARP[®]

Real Possibilities

Working family caregivers

- **4.7 million family caregivers in CA**
- **20% of female and 16% of male workers in the United States are family caregivers.**
- **Of 40 million family caregivers in the country, 60% worked at some point during their caregiving experience.**

Working family caregivers

- **Lost** income estimated at \$324,000 for female caregivers; nearly \$284,000 for male caregivers, for an average of **\$304,000**.
- Average out-of-pocket spending on older loved ones is \$6,954; over \$10,000 for Alzheimer's and related dementias.

What is Paid Family Leave (PFL)?

California's PFL program:

An earned benefit

Provides up to six weeks of partial pay to eligible workers who take time off work to care for a new child or seriously ill family member. Increases to 8 weeks in July, 2020.

- Administered by the Employment Development Department (EDD).

Benefits of Paid Family Leave

Reduced nursing home utilization in California.
Positive employee retention impacts; no negative impacts on employers (early adopter states)

Job Protections

- ✓ For workers taking bonding leave, job protections available if employed in a firm with 20 or more employers
- ✓ Job protections available for workers in larger firms (50 or more employees) – FMLA, state law
- ✓ There are NO job protections for family caregivers of adult loved ones for those working in firms with less than 50 employees, including families of deploying military (eff. 1/1/21).

Qualified Caregivers

- ✓ Qualifying family members include a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ✓ Effective January 1, 2021, family members of immediately-deploying military can take PFL as well.
- ✓ Family-of-choice NOT included.

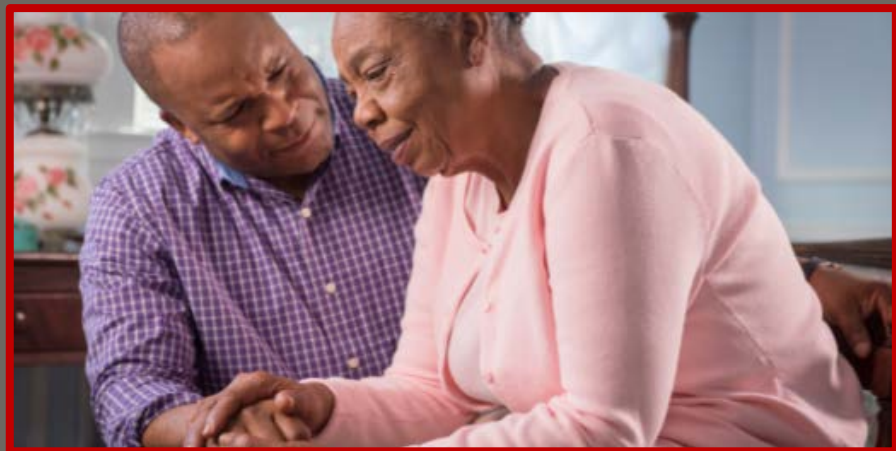
PFL Enhancements

- ✓ Expand PFL job protections to cover *all* caregivers (including military family members) working for companies of 5 or more.
- ✓ Include family-of-choice as a qualified caregivers.

- ✓ 2020-21 budget includes \$8 million for enhanced outreach.
- ✓ Due to low uptake, especially in communities of color, funding should be continuous.
- ✓ Focus on in-culture, in-language outreach using community-based organizations.



Thank You!



AARP[®]
Real Possibilities

Family Caregiving: Caregiver-Related Recommendations

Donna Benton

USC Leonard Davis School of Gerontology



Topic in Focus: CA Family Caregiving Recommendations

Californians of all ages will be prepared for the challenges and rewards of caring for an aging loved-one, with access to the resources and support we need

- Stabilize funding for 11 Caregiver Resource Centers (CRCs) to increase and sustain awareness of family caregiver needs, and to ensure access to comprehensive evidence-based caregiver assessment, education, trainings and services statewide.
- Expand PFL job protections to cover all privately-employed caregivers (including military family members).
- Include family of choice as a qualified caregiver
- Continued funding for PFL outreach, with a focus on in-culture, in-language outreach using trusted community partners

Topic 3: LTSS-Related Technology

Principal Issues & Initiatives

David Lindeman

CITRIS & The Banatao Institute, UC Berkeley

Heather Young



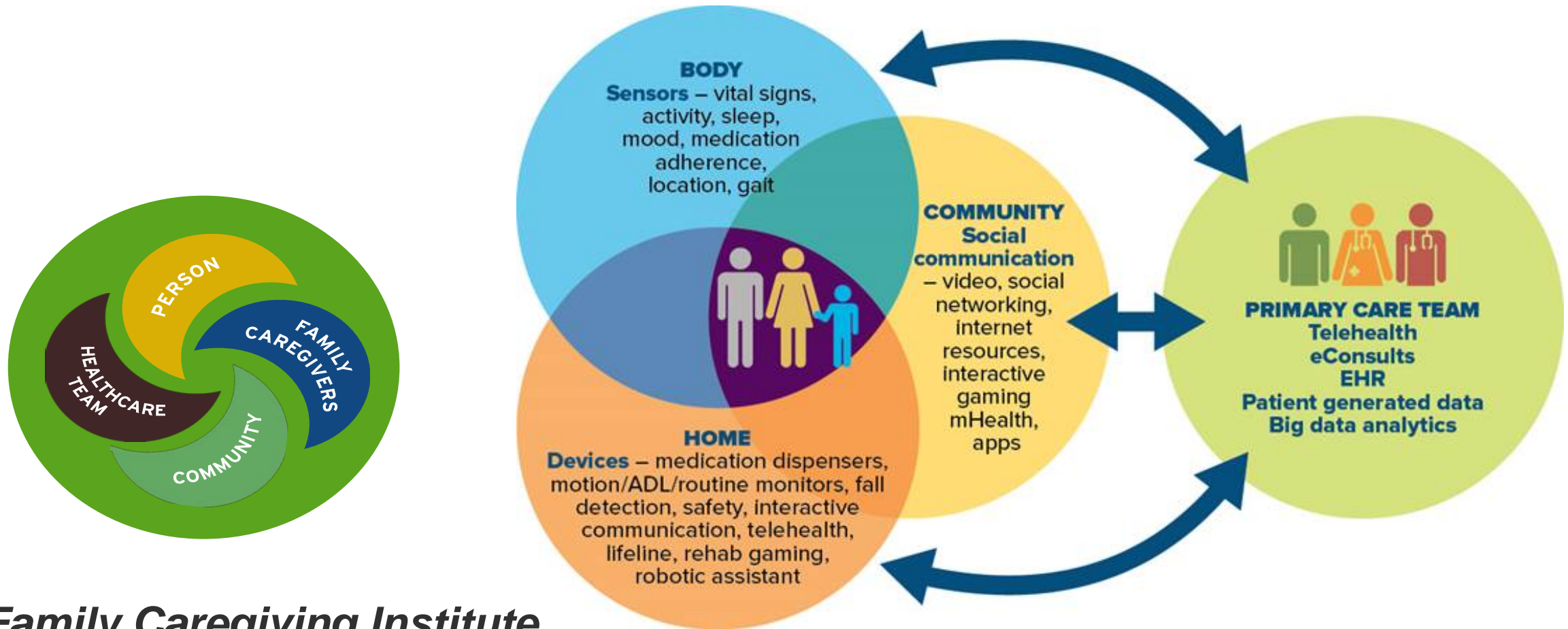


Long Term Service & Supports Technology: Family Caregiving & Workforce

David Lindeman, PhD and Heather Young, PhD, RN

January 6, 2020

HEALTHY AGING IN A DIGITAL WORLD



Family Caregiving Institute
Betty Irene Moore School of Nursing
UC Davis

Young, HM and Nesbitt, TS (2017). *J Gen Int Med*, 32(4): 398-403.

Family Caregiving & Tech Landscape

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

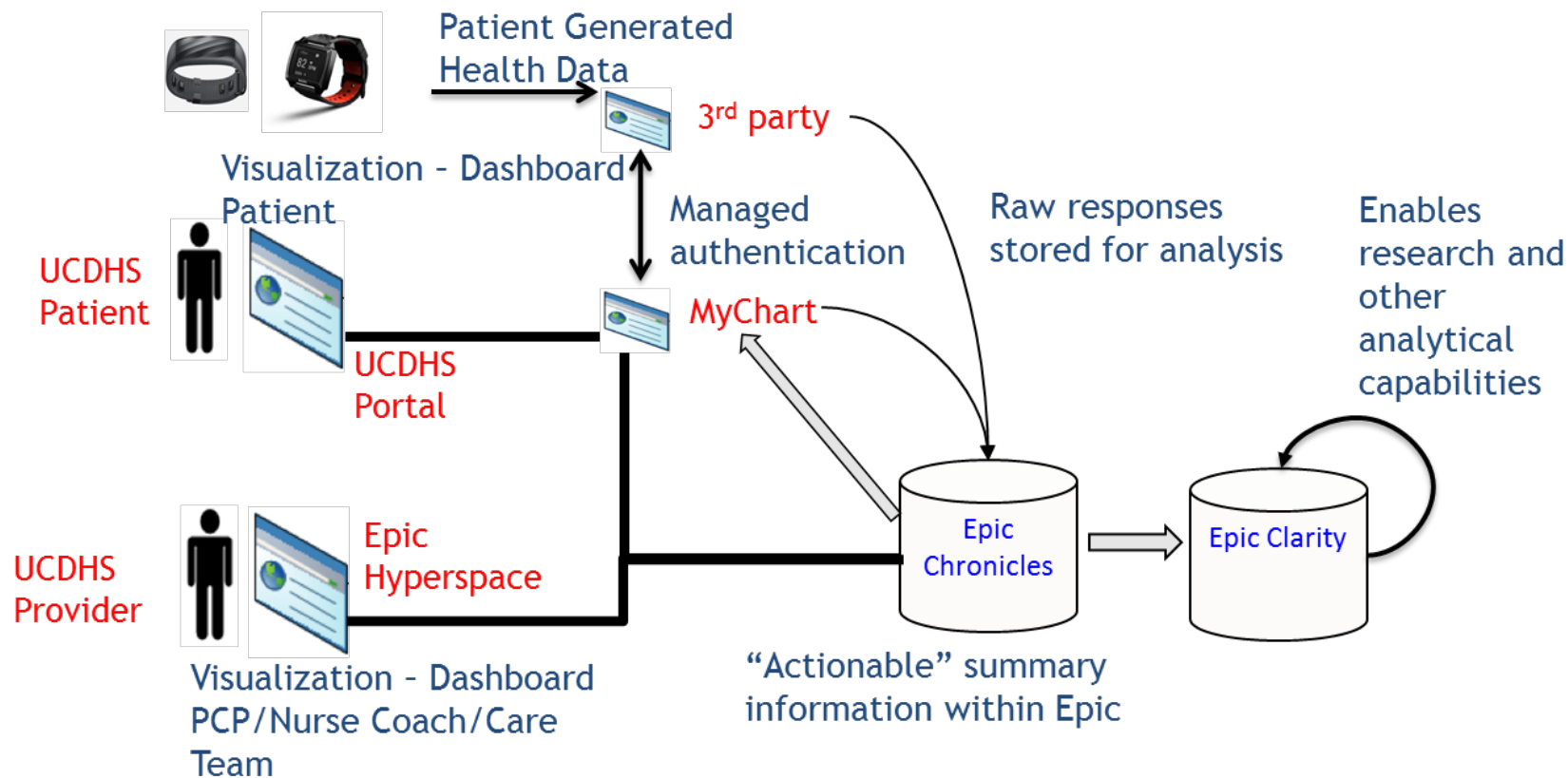


Current and Emerging Family Caregiving Technology



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

Connecting Caregivers to Patient Data (EHRs) and Providers



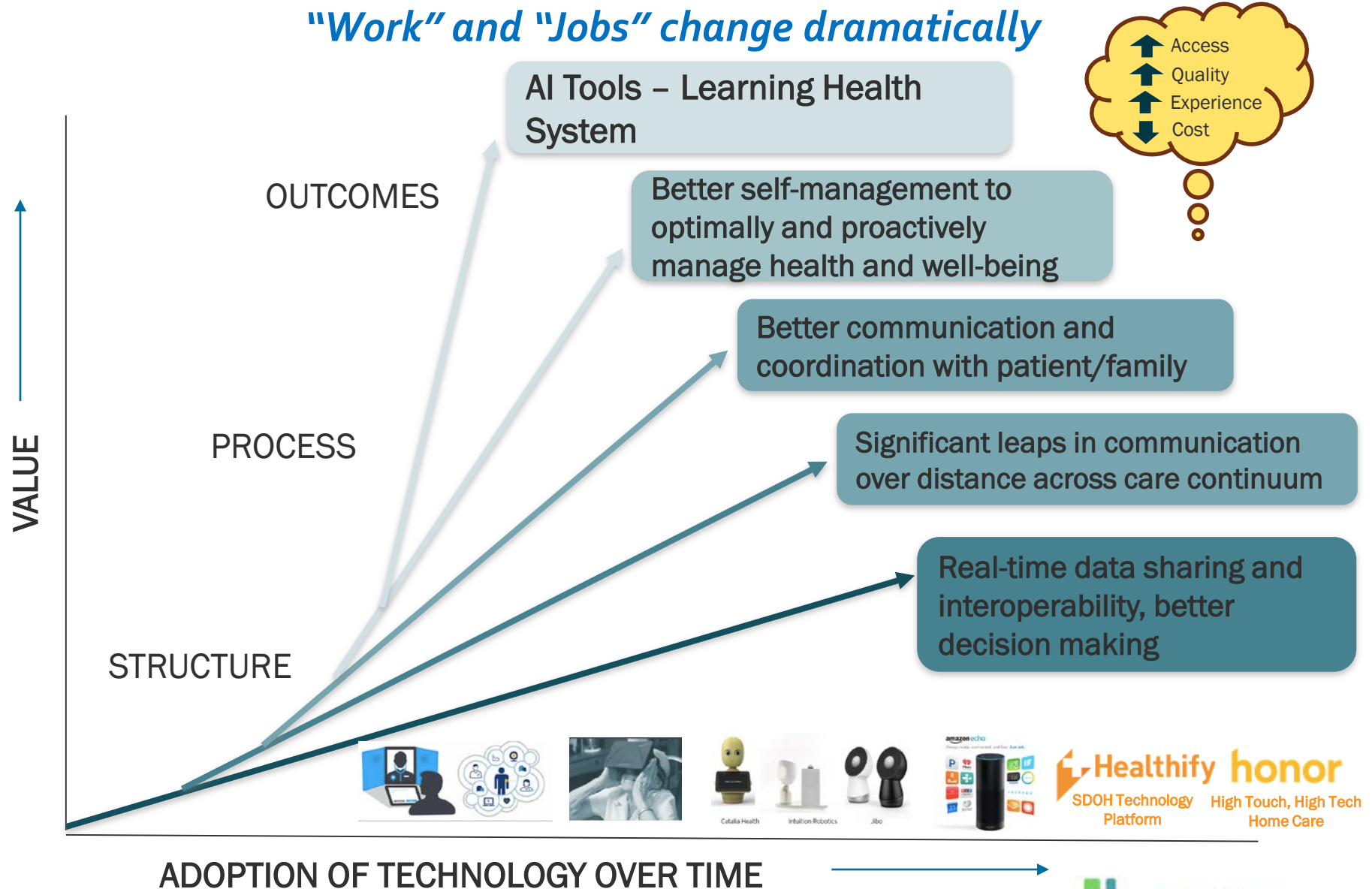
TECHNOLOGY INNOVATION FOR THE WORKFORCE

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



Technology Integration Drives Value

"Work" and "Jobs" change dramatically



Emerging Technology Solutions

- Assistive Technologies (Hearing, Vision, etc.)
- Voice Technology
- Autonomous Vehicles
- 5G
- Data Analytics (AI and ML)



Potential Challenges of Technology

- **Cost** of technology
- **Access** – inclusion and equity
- **Security** and **privacy** concerns
- **Interoperability** and lack of standards
- **Regulatory** and policy environment



LTSS-Related Technology: Tech-Related Recommendations

David Lindeman

Heather Young



Technology Recommendations: Family Caregiving & Workforce

- 1) Integrate and deploy technology to support family caregivers to advance the **health and safety of family members**
- 2) Implement technology-enabled tools to support **access to information** and improved **social connectedness** for family caregivers
- 3) Develop and deploy technology that supports **workforce recruitment, training and retention**
- 4) Optimize the use of **evidence** for and **integration** of technology-enabled solutions



LTSS Stakeholder Report: Process Update & Discussion

Sarah Steenhausen

The SCAN Foundation

Susan DeMarois

Alzheimer's Association



Public Comment

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

Summary of Recommendations And Action Steps



THANK YOU!

Send questions to EngAGE@aging.ca.gov

Learn more about the Master Plan for Aging here*:

