

Long Term Care Coordinating Council (LTCCC)

Housing and Services Workgroup

April 17, 2007

Present: Bill Hirsh, Ken Stein, Abby Kovalsky, Marie Jobling, Norma Satten, Meg Cooch, Jennifer Walsh, Luis Calderon

Guests: Marie Swanson, Larry Funk, Tony Nicco

Absent: Beverly Aabjerg

DAAS: Bill Haskell

1. Follow Up on Affordable Housing Pipeline

At the prior meeting in March, the Workgroup got a sense of projects in the housing pipeline – new construction that will be many of which will be accessible and adaptable 2,086 of 3,446 units projected. This is a five-year production schedule. Joel Lipski and Marc Trotz had also talked about how developments will be funded – for operating subsidies & services.

Marketing was discussed so that housing could get to the people who need it. The Workgroup pushed for a better tracking of what units are being developed and which people are going into those units.

It did seem like there is coordinated work between city departments to be sure people who need the housing would be able to get into that housing. Developments are being undertaken by Mayor's Office of Housing, the San Francisco Redevelopment Agency and the Mayor's Office of Community Development.

- There seems to be a commitment to fund services and make them available.
- The primary focus has been on homelessness in the past.
- There are many people who are not homeless who need accessible, affordable housing.
- Now, we are looking at other consumers who are long term care consumers.
- There are not many funding streams that target people with disabilities.
- Marc Trotz said that a number of people who are being housed who are adults with disabilities including people with HIV/AIDS.
- The city will be adding funding to pay for the operating subsidies so that people will only pay a third of their income for housing. Also, they will be providing funding for services.
- There are a variety of constituencies who need this housing. Frail people who might otherwise go into LHH, and adults with disabilities who need accessible, affordable housing.
- There is an ineffective strategy to get people onto housing lists.

How To Track Success

1. Outreach has to be done to a variety of groups. A tear off form could be added to identify which groups each person is a part of.
2. Could there be a disability housing czar, who could focus on these issues in one central place.
3. Define what is accessible and what is adaptable.
4. Define what is accessible and visitable.

2. Overview Of Long Term Care Target Groups

Marie Jobling reviewed a hand-out that identifies all of the target groups that need housing and services.

3. LHH Assisted Living Project

Larry Funk reviewed the LHH Assisted Living feasibility study. This study is conceptual in nature – looking at four options. He said that the Anshen and Allen architectural team is on schedule in May with preliminary findings. He mentioned considerable discussion among the neighborhoods surrounding LHH. They have had one community meeting. Their concern is about supportive housing. They refer back to the 1999 LHH bond measure and its language. They are concerned about housing “tenements” at LHH. This means, from their perspective, housing problems for the homeless, substance abuse, and mental health clients. Sean Elsbarn, Mitch Katz, DPH medical director, and John Kaneally have been in discussion about this matter. Now DPH is talking about a medical model of assisted living. This could mean assistance with ADLs, and for people with mild to moderate dementia.

Responses

- The LHH assisted living was fought for by many people. It was not ever considered a medical model. This would be similar to a nursing home.
- The Health Department needs to take leadership in bringing together groups representing the disability community, the union, the older adults community, to resolve the programmatic purposes and target populations for this LHH assisted living.
- The Health Department needs to bring together its own staff to develop a programmatic description and proposed target populations for this LHH assisted living.

What is the next opportunity to weigh in on this issue?

This group needs to work with DPH to define the LHH assisted living and programmatic components. Programs like homecare are not medical. People with disabilities are not sick and do not need a medical model. In Home Supportive Services cannot be provided in a licensed facility – not even an RCFE.

The Anshen and Allen architectural team has been advised of the neighborhood discussions. This may have programmatic implications. It may have implications on capital and operating costs. Now DPH needs to engage all participants and City decision makers in the process of defining the LHH assisted living project.

DPH will explore what has been presented today. The Workgroup will develop principles that will guide this group. A meeting should be arranged with Mitch to discuss this matter.

How can this Workgroup help the process and move it along?

- Draft annual goals- including assisted living at LHH

May Agenda

1. Discuss reactions to this meeting, next steps and strategies.
2. Draft annual goals- including assisted living at LHH.
3. Identify priorities for new housing construction.
4. Work on organizing next meetings with city on meeting these goals.

Questions:

1. Is this to be a licensed facility or not?
2. A non-licensed facility would be housing – with space for supportive services.

For Workgroup Announcement:

ADD: VICTORIA TEDDER AT ILRC
ADD: TOOLWORKS