Long-Term Care Coordinating Council
All Budget Proposals
2017-2018

Workgroups.

HIV & AGING WORK GROUP PROPOSAL FINAL
Golden Compass: Where HIV & Geriatric Medicine Intersect
Long-Term Care Coordinating Council
Budget Proposal

Proposal Name	Golden Compass: Where HIV & Geriatric Medicine Intersect
Workgroup	HIV & Aging Work Group
Workgroup Contact	Vincent Crisostomo
Priority (#1 or #2)	#1

Budget Proposal

1. **Describe the problem this proposal seeks to address.**

BACKGROUND: The transformation of a diagnosis of HIV infection from a death sentence to a chronic disease is one of the greatest accomplishments in medicine in the past thirty years. As a result, where people living with HIV (PLWH) have access to treatment, they are living longer and aging. Currently, adults **over age 50 represent 60% of all people living with HIV in San Francisco and by the year 2020, that percentage is estimated to be 70%.**

However, challenges come with this great success. Adults over 50 living with HIV are at increased risk for other conditions such as cardiovascular disease, cerebrovascular disease, liver disease, kidney disease, and osteoporosis; in addition they may experience similar rates of certain geriatric conditions such as falls, difficulty with daily tasks (functional impairment), and frailty as HIV negative persons age 65 and older. Many older adults living with HIV are also dealing with unique psychosocial issues such as stigma and social isolation. To meet some of these challenges faced by older adults living with HIV, **incorporating aspects of geriatric care principles into HIV care can be transformative**.

Since opening its doors in 1983, Zuckerberg San Francisco General Hospital's "Ward 86" has a tradition of leading and innovating in HIV care. Ward 86 offers a comprehensive range of medical and psychosocial services to approximately 2,800 publicly insured (Medicare, Medical) and uninsured HIV-positive patients throughout San Francisco. The clinic already has in place a structure of multidisciplinary provision of care (e.g. MD providers, NP providers, RNs, social workers, case managers, specialty MD providers, nutrition, Psychiatry) which gives an ideal foundation for incorporating geriatric approaches to care and addressing the complex needs of older adults. Within this setting an integrated geriatric HIV clinical program

has been developed to help meet the needs of the aging population in our city-beginning with the most vulnerable served in our county's safety net system -with plans to expand to privately-insured patients over time. **The Golden Compass** clinic is a long needed addition to Ward 86, where a February 2017 SF Chronicle article reported that 1,600 of its 2,500 patients are 50 years or older, and where many have lived with HIV for at least two decades. ***The Golden Compass will be even more crucial if the Affordable Care Act is repealed under the current federal administration***.

2. Please provide evidence documenting this problem.

Ward 86 verified the need for this program through an initial needs assessment and demonstration project where a series of geriatric assessments, including functional status, mental health and cognitive status, were completed on a subset of older adults living with HIV.

The assessment found that, among 197 HIV-positive adults age 50 or older, high frequencies of geriatric conditions such as falls (40%), possible cognitive impairment (34%), and loneliness (58%) were seen. In addition to the assessment, a monthly half day Geriatric Consult Clinic was piloted last year. The consult clinic was highly sought-out not only by Ward 86 providers but by other providers within the SF Health Network for their aging patients, therefore verifying the need both for the clinic and for expansion in its capacity.

After the initial demonstration project was completed, patients and providers at the clinic were surveyed about their experiences with the pilot and which assessments were most useful. Focus groups of different subgroups of PLWH over age 50 (e.g. women, men who have sex with men (MSM), injection drug users) were conducted to understand more in depth about aging concerns and services desired. Focus groups were also conducted with providers at Ward 86 to understand their perspectives on the aging needs of their patients as well as educational needs on aging issues. (See attachment for more data on needs assessment).

3. Describe the proposed program/service to address this problem.

GOLDEN COMPASS: Helping People Living with HIV Navigate Their Golden Years

Through the focus groups, it became clear that, in addition to medical services, older adults living with HIV desired additional services including social support and services that facilitate a sense of community. Common themes emerged around the need to manage other chronic conditions, medications, as well as the provision of support to navigate the healthcare system and other HIV services. Given the increased stigma from HIV as well as ageism, focus group participants desired a program name that would not contain HIV or anything about aging or geriatrics. The term "golden years" was the common theme that emerged from all focus groups as an acceptable way of describing getting older. As a result, the name **"Golden Compass"** emerged as the title for this novel HIV and Aging program at Ward 86.

Incorporating ideas from the needs assessment and focus groups, Ward 86 launched the Golden Compass program in January 2017 with the generous support of a donation from AIDS Walk San Francisco. The program focuses on 4 "points" (related to compass directions) that serve both the medical and psychosocial needs of people over 50 living with HIV. The program will provide multidisciplinary medical care on-site along with other comprehensive services, some of which are outlined below. Dr. Meredith Greene, a geriatrician with expertise in HIV medicine runs the program along with Dr. Monica Gandhi, the medical director of Ward 86. A multidisciplinary team (central to both geriatrics and HIV medicine) helps administer services and address the complex medical needs of this population.

4 Points of the Golden Compass Program:

NORTH — Heart and Mind: A cardiologist with expertise in HIV will join Ward 86 in March 2017; memory concerns will be evaluated in the Geriatrics consult clinic; a class to learn practical tips on how to improve brain function and memory starts in February.
EAST — Bones and Strength: Exercise classes for PLWH age 50 or older are offered and the geriatric consult clinic includes a focus on preventing falls and supporting bone health.
WEST — Dental, Hearing and Vision: Ward 86 will help link people to the appropriate screenings and coordinate access to services.
SOUTH — Network and Navigation: A monthly support group led by trained HIV specialty social workers will provide an opportunity to come together and share experiences.

4. **What is the projected cost of this proposal? $250K**

FUNDING SOUGHT: Current funding: The program is currently supported through a one-time donation from AIDS Walk San Francisco. The money from AIDS Walk is supporting staffing- specifically administrative support, operations including the fitness and brain health classes, and general supplies. Dr. Greene's clinical time spent providing geriatric consultation along with Dr. Priscilla Hsue's cardiology consultation support is also covered with AIDS Walk funds. A proposal was submitted to the San Francisco Department of Public Health for 2017-2018 to request ongoing support for these clinical team members as well as other members of the multidisciplinary team currently staffing Golden Compass. Unfortunately, we recently learned that SFDPH will not be able to support the request at this time.
Role of proposed funds: The budget requested in this proposal would go towards supporting the staff of the Golden Compass program for clinical effort, administrative time and evaluation. The proposed budget would provide formal support to nursing, pharmacy and social work staff to allow them to devote dedicated time to the program. Funds would also be used to ensure increased administrative support for the Golden Compass program (currently being funded by AIDS Walk SF), and dedicated effort for Dr. Greene to oversee the program. The budget would also newly allow for a dedicated research associate to help with program evaluation and to establish a

cohort of older HIV+ adults. Funds would also support operations, including ongoing classes offered through the program (e.g. support groups and exercise classes), trainings for HIV staff on aging and provision of other novel services for older adults. With additional funds from this proposal, current course and training offering could be expanded to additional weeks and allow for the participation of more patients. Funds would also allow us to expand efforts to outreach to vulnerable elders across the San Francisco Health Network and across the city, including efforts to provide similar services for those with private insurance.

At the time of this writing, the San Francisco AIDS Walk recently announced that they would be providing an additional $75,000 to **Golden Compass for 2017-2018. The HIV & Aging Work Group is seeking $250K for general operating expenses and ongoing evaluation, research and expansion of the program. A draft budget is attached for review.**

5. **Who else wants/is advocating for this proposal?**

This proposal was one of ten recommendations presented by the HIV & Aging Work Group, composed of DAAS and DPH staff, service providers and consumers to the Long Term Care Coordinating Council (LTCCC) back in December 2015. LTCCC members voted to support all recommendations.

RECOMMENDATION: Older patients with HIV have more than triple the number of comorbidities as their HIV negative counterparts. As a result, older patients with HIV are more likely to have difficulty managing complicated medication regimens and issues with polypharmacy. This can also create intolerable side effects making it difficult to adhere to medications. Additionally, it can be very challenging for older patients to navigate a complicated healthcare system when there is a lack of coordination between healthcare providers. Medical and non-medical providers need to be better equipped to address the needs of older adults with HIV. We recommend mandatory training for providers on cultural humility around HIV & Aging issues. Aging providers need to be knowledgeable about the challenges associated with managing HIV as an older adult while HIV providers need to be knowledgeable about the challenges of aging while managing HIV. All providers need to be trained to ask the right questions, provide proper risk assessments and promote health and increased quality of life for adults aging with HIV.

The HIV & Aging Work Group recommends that the LTCCC provide targeted support for UCSF'S initiatives exploring intersections of gerontology and HIV care and their collaborative efforts with San Francisco General Hospital's Ward 86 to weave together both specialties in a clinical setting. ***This is the Golden Compass Clinic which is one of the first clinics of its kind in the U.S.***

As the SF Chronicle reported "The new clinic, called Golden Compass, started in January and is growing, with classes, consultations and support groups for people with HIV age 50 and older. It opened with a $100,000 donation made last year by AIDS

Walk, which recently committed another $75,000." This funding request could help secure long-term sustainability of the program.

As stated earlier currently 1600 of Ward 86's 2500 patients are 50 years or older and would be the initial beneficiaries of the **Golden Compass** services, although the remaining and new clients would all benefit for generations to come.

Recently appointed San Francisco Supervisor Jeff Sheehy (district 8) spoke at the recent public launch of the program praising its development and acknowledging Ward 86's legacy as a leader in the field of HIV Care.

Long-Term Care Coordinating Council
Budget Proposal

Proposal Name	Housing subsidies for seniors & people with disabilities
Workgroup	Housing
Workgroup Contact	Jessica Lehman
Priority (#1 or #2)	1

Budget Proposal

6. **Describe the problem this proposal seeks to address.**

San Francisco's seniors and people with disabilities are being displaced in huge numbers due to fake "nuisance" evictions, harassment, and buyouts of amounts far less than actual relocation costs. Real estate speculators target seniors and people with disabilities, largely because of their long-term tenancy and low rents (due to rent control). Seniors and people with disabilities face a number of additional vulnerabilities: they may live alone and not have a strong support network; they generally cannot take on additional work to pay for a rent increase; and poor health may prevent them from taking action to fight an eviction or look for housing.

Senior/disabled claims extend an eviction for one year, but a year is still not enough time to find housing, as waiting lists for below market rate housing are long and often closed completely. Seniors and people with disabilities living on SSI or Social Security cannot begin to afford the average market rent for a 1-bedroom apartment in San Francisco (DAAS Needs Assessment 2015), and more heavily subsidized housing or public housing is even harder to access. Recognizing that it is so difficult for seniors and people with disabilities to secure housing, it is critical that they stay in their homes whenever possible.

7. Please provide evidence documenting this problem.

As documented in the 2016 DAAS *Assessment of the Needs of San Francisco Seniors and Adults with Disabilities*, there is an acute need for affordable and accessible housing for seniors and people with disabilities which is seen in the City's housing and homeless crisis.

Seniors - the population above 60 is growing and approximately half have incomes below 50% AMI (very low income) who cannot afford housing at market rates.

- 20% of the City's population is 60 or older (161,777 individuals), and seniors have grown by 18% since 2000 (compared to 4% city growth overall). This growth is anticipated as baby boomer generation ages
- 16% have income below the federal poverty line, $11,770 for single household in 2015 (below 20% AMI)
- Approximately half have income below $36,000, or below 50% AMI
- Homelessness hastens aging, chronic health problems, mental health issues and mortality

Adults with Disabilities – Adults with disabilities are very likely to have low incomes and are impacted by the housing crisis.

- One third of SF adults with disabilities between 18 and 59, or 11,482 individuals, have income below the federal poverty line ($11,770 in 2015).
- 58% of adults with disabilities living in the community, 18,040 persons, have income below 50% AMI (below $37,700).

The 2015 Point in Time Homeless Count found that about 30% of homeless persons were 50 or over AND 9% were 60 or over (around 600 homeless seniors (60+), out of a total of 6,686 homeless people).

In addition, a huge 71% of people being evicted under the Ellis Act are seniors and people with disabilities (www.TenantsTogether.org/ellisreport, page 5).

8. **Describe the proposed program/service to address this problem.**

Expand housing subsidies to reduce and prevent homelessness for 100 currently housed and 100 currently homeless people.

We propose a local subsidy program analogous to a City funded community-based Section 8 program that would allow for deeper subsidies and greater flexibility than the federal program currently allows. The program would allow seniors and adults with disabilities to escape homelessness by providing a subsidy so that they could afford housing, and will prevent seniors and adults with disabilities from becoming homeless by subsidizing their current housing and letting them remain in their rent controlled or otherwise affordable unit.

Currently the Tenderloin based Q Foundation (QF) has acted as a clearinghouse where providers can refer clients to access available subsidies and/or help with move-in costs. The Q Foundation Financial Advisory Board (QFAB) is a portal that providers can use to connect their clients to the agency's services. According to the QF, the subsidy saves housing. The average QF participant's rent exceeds their income by 112%. The subsidy can prevent displacement at a rate of $23 per night.

Housing subsidies are currently administered through the Department of Aging and Adult Services and various nonprofits. This proposal could go through DAAS or the Mayor's Office of Housing and Community Development.

Those eligible for subsidies will be seniors as well as people with disabilities and/or chronic medical conditions. 100 people will be currently homeless, including people who have been living on the street or who are being discharged from a hospital or licensed care facility. An additional 100 people will be at risk of homelessness or eviction due to not being able to pay rent. A total of 200 people will get subsidies and benefit from stabilized housing.

Subsidies will be evaluated based on:
1. Number of formerly homeless people who are now housed due to subsidies.
2. Number of people who were at risk of displacement and homelessness who are currently still housed due to subsidies.

9. **What is the projected cost of this proposal?**
   Please provide the basis for this estimate/how this funding will be used.

House 100 homeless people:
$1500 per month x 12 months x 100 people = $1,800,000.

Prevent homelessness for 100 people:
$1000 per month x 12 months x 100 people = $1,200,000

10.Who else wants/is advocating for this proposal?

A $3 million proposal for housing subsidies for seniors and people with disabilities was in fact included in the 2016-17 city budget, but the Mayor withdrew funding. The proposal received widespread support from the community and the Board of Supervisors.

Homeless Emergency Services Provider Association (HESPA)
HIV/AIDS Workgroup of LTCCC
HIV/AIDS Provider Network (HAPN)
Budget Justice Coalition
Getting to Zero Consortium
Q Foundation

Long-Term Care Coordinating Council
Budget Proposal

Proposal Name	IHSS Retention Pilot
Workgroup	Housing
Workgroup Contact	Jessica Lehman
Priority (#1 or #2)	2

Budget Proposal

1. **Describe the problem this proposal seeks to address.**

More than 2,450 IHSS beneficiaries in San Francisco depend upon either the IHSS Public Authority Registry or Homebridge (formerly the IHSS Consortium) to receive supportive services that help them stay successfully living in their community of choice rather than risk becoming prematurely institutionalized. Many of these beneficiaries have functional impairments in association with some form of behavioral condition, including dementia and active substance abuse; they predominantly live alone without meaningful family-unit support. IHSS workers currently receive minimum wage and both agencies compete with other minimum wage employers for a rapidly dwindling pool of potential employees. IHSS work requires skills training, which is provided by the City, but there is currently no path for wage or career advancement beyond the minimum wage. Over the past 24 months, this model of a single tier, minimum wage workforce has led to a dramatic and rapidly growing shortage of workers, resulting in significant challenges to meeting service needs for this IHSS recipient population. Finally, the IHSS Public Authority and Homebridge represent critical components of the healthcare continuum; their work contributes significantly to eviction prevention for existing recipients, to the successful rehousing of multiply-diagnosed homeless people, and to a reduction in impact on the City's overall healthcare system through stabilizing and monitoring services that are key aspects of these service providers.

Not developing a successful solution to the current workforce crisis will have significant negative impact on the ability of seniors and people with disabilities to receive home care services necessary to help them live successfully in the community, including continued reductions in service access for both existing and new clients.

2. **Please provide evidence documenting this problem.**

In April 2015, upon the enactment of the City's Minimum Wage Ordinance (MWO), the IHSS worker wage became equal to the minimum wage. Prior to this time, the IHSS wage had historically been as much as 10-30%+ higher than minimum wage. Despite extraordinary efforts to both recruit and retain, worker turnover has increased significantly in the past 24 months. At Homebridge, this has resulted in a 17% (and growing) reduction of the total home care workforce needed to manage the targeted caseload and a forced attrition in total caseload size; this despite the County receiving more than 400 new IHSS applications every month. Homebridge's client base is complexly-diagnosed and the lack of the agency's ability to offer consistent worker assignments is causing a higher than normal level of rejection of new workers by existing clients, making service delivery and therefore client stability an even greater risk to client success. In the past 24 months, overall agency service delivery has decreased by approximately 10% despite significant efforts to advance performance through scheduling and other operational efficiencies. This reduction is attributed directly to the difficulty in recruiting and retaining quality workers. As a temporary

solution to triaging caseloads at Homebridge, the County and the Public Authority created a "supported mode" of independent IHSS called "IP Plus," which uses peer mentors to assist recipients in identifying and managing providers. However, this fledgling stopgap program is also struggling with a similar worker shortage in the Registry Program brought about by the same competition for minimum wage workers.

The IHSS worker shortage is a nationwide phenomenon. Earlier this month, the Paraprofessional Healthcare Institute (PHI), a nationwide organization devoted to eldercare and disability services, produced an issue brief and video discussing the shortage of paid caregivers. (https://60caregiverissues.org/the-future-of-long-term-care.html) In the Bay Area, this problem is exacerbated by the extremely high cost of living. It is widely-known that IHSS workers are the lowest paid tier of home care work. Private agency work in the Bay Area currently pays $19/hour+.

3. **Describe the proposed program/service to address this problem.**

This proposal seeks to address the growing IHSS worker shortage crisis by piloting a robust multi-tier, multi-track career lattice as a replacement for the existing single, minimum wage tier in order to increase recruitment and retention by creating multiple pathways to a sustaining wage and career. The wage tiers, tied to skill training, performance and experience, would be piloted with both the Homebridge and the Public Authority Registry Program workforces, but are intended to be a learning model for both the larger County and State IHSS programs.

Efficacy of Career Lattices

There is significant evidence supporting the positive impact of such a paradigm shift throughout the workforce development industry at large and the home care industry specifically.

Among numerous studies, the federal government's Institute on Medicine published a chapter on direct-care workforces as part of a book entitled, "Retooling for an Aging America: Building the Health Care Workforce" in which they discuss how career ladders are linked to employee satisfaction and employee retention. https://www.ncbi.nlm.nih.gov/books/NBK215393/

The Center for Labor Research and Education at UC Berkeley recently published a chapter (part of a larger research project) that describes "Lattices to a Better Life" for home care workers and describes home care as an important point of entry into the field of health care. http://laborcenter.berkeley.edu/homecare/pdf/north.pdf

Lastly, Jobs for the Futures produced a report entitled, "Employer-Led Organizations and Career Ladders: Linking Worker Advancement with the Skill Needs of Employers" that demonstrates how career ladders can help solve recruitment problems, reduce turnover, and increase productivity. http://www.jff.org/sites/default/files/publications/WINscarladd.pdf

Target Population
The current pilot proposal envisions compensation tiers which increase with client complexity, and the parsing and advancement of skills training to accompany these acuity tiers, the core concept remains to create a lattice by which home care providers can grow both wages and skills through progressive performance and training. The first few months of the pilot will include the development of the initial pilot tiers to be tested as well as a shared vision of a more full blown career lattice (since it is likely that a full career lattice will not be supported by the funds available in the pilot period).

Measuring and Evaluating Success
The program will utilize long-standing measures for both recruitment and retention, with a combination of % remaining in position after 30/90/120 days and wages at 6 and 12 months as typical measures. For Homebridge, for example, 90 day retention historically at 25% has now dropped to 60% since the introduction of the Minimum Wage Ordinance. In addition, being able to recruit and retain a workforce sufficient to meet current caseloads is a key goal of the evaluation criteria. Prior to this pilot, all IHSS workers in the Registry and at Homebridge received a basic training encompassing 100% of the skills considered necessary to deal with 100% of the client population. This pilot introduces the concept of training basic skills to a lower acuity level and then introducing wage enhancements coupled with upskill trainings to prepare workers for higher tiers of client acuity. Additionally, the pilot targets a pathway to healthcare through upskill training beyond acuity-specific skills, these being communication and observational skills necessary to interact directly with managed care coordination staff in a medical (certified) environment, thereby creating a further career path beyond the IHSS program.

4. **What is the projected cost of this proposal?**
   Please provide the basis for this estimate/how this funding will be used.

The budget ask for fiscal year 17-18 is $411,453 ($187,069 General Fund) and growing to $722,906 ($324,138 General Fund) in FY 17-18. These amounts cover both the Homebridge and Public Authority components of the program, which will provide wage increases to upwards of 150 workers serving hundreds of IHSS recipients. In addition, Homebridge is seeking funding through OEWD's workforce development grants, and the Public Authority is requesting funding through outside sources (healthcare foundations) to further support the development and implementation of the Retention Pilot.

5. **Who else wants/is advocating for this proposal?**

HSA/DAAS is submitting a budget request for this program to the Mayor's Office. To date, Homebridge, the IHSS Public Authority and the IHSS Task Force are advocating for this program. The proposal is supported by the Community Alliance of Disability

Advocates (CADA), Budget Justice Coalition, LTCCC HIV/AIDS Workgroup, and Bay Area Care Council.