

Dementia Care Excellence Oversight Committee

Overseeing Implementing of San Francisco's Strategy for Excellence in Dementia Care

Department of Aging and Adult Services
1650 Mission Street, 5th Floor, Golden Gate Room
Monday, May 8th 10-11:30am

Present: Ruth Gay (chair), Jennifer Shannon, Stephanie Bonigut, Adrienne Bousian, Jason Flatt, Melissa McGee, Linda Edelstein, Cindy Kauffman, Edie Yau, Marcy Adelman, Cathy Spensley, Benson Nadell

(phone) Michelle Tapia, Austin Ord, Victoria Tyryshlin, Amie Haltman-Carson, Michelle Venegas

DAAS Staff: Valerie Coleman

AGENDA

Welcome.

Discussion & Next Steps: Mobile Unit/Transitional Care

Ruth gave a recap of the motivation behind trying to create an effort that explores this possibility as well as next steps – recapped that this idea really came up from an emergency room doctor that asked for outside help that would triage the client, provide best practices and possibly someplace to send them temporarily (or to address non-ER situation), not necessarily transitioning people home.

Opened the discussion to members about thoughts and next steps, including:

- Could potentially include a significant educational component;
- Composition of mobile unit should be multi-disciplinary, engaging social workers, etc.;
- If each response is patient specific, will there be a home assessment to determine if that is the best place, while also making it quick, considering the MD's timelines;
- Reminder that an SFSU intern had done extensive research and report on the possibility of doing a mobile transitional care unit (resent out and posted on work group website);
- Also, would be interesting to review the survey previously sent out (originally shared with ED directors) – wondering if it would be helpful to reach out to actual floor doctors or social workers? To get their perspective;
- Consider sending out a mobile unit that could be sent to the home first, instead of the ambulance;
- Might be helpful to bring in and hear from the current mental health mobile unit – their model has changed a lot, and the lessons learned may be useful;
- Important to consider how the group wants this framed, i.e. not solely crisis focused, but also considering interventions and placement;
- A piece could be training the social worker in dementia care practices and having them refer to clients to the mobile unit;
- Can some of the most basic lab tests or checking vitals be done in the home? As opposed to sending them to the ER, such as a urinary tract infection;
- Maybe staffing could include a nurse practitioner so that they could prescribe medication;

- Is there a way to incorporate palliative care best practices or information at that point of contact;
- Reminder that when emergency rooms (ER) admit, there is a temporary suspension of consent, which would be an important consideration for the mobile unit;

Suggest: a workgroup to talk specifically about this topic, in a larger summit type format. A smaller group of the dementia work group should brainstorm about who should be at this meeting, for example: mental health staff, Ombudsman, ER doctors, etc. This smaller group would be coordinating a number of meetings. Current members include: Benson Nadell, Cathy Spensley, Melissa McGee, Andrea Korsinsky, and Mivic Hirose.

Additional members that would also like to be involved include: Cindy Kauffman, Jason Flatt, Austin Ord (at least the initial planning session), Marcy Adelman.

Next Steps: Ruth will send out a doodle poll to set that next meeting.

Updates:

Aging and Disability Friendly workgroup update.

Edie Yau, from the Alzheimer's Association, gave an update of the Age & Disability Friendly task force – looking at 8 domains, have currently covered 3. Meet once a month, reviewing in-depth research and reports and from there, developing draft recommendations. Next meeting is Wed, May 10th and the domain will be Information, Communication, and Technology.

Edie is also sitting on the California State level caregiver research, with the goal of establishing best practices and priorities, such as providing funding to the Caregiver Resource Centers.

ADI-SSS Grant – DAAS - Chinese Community and ARC partnership.

Jennifer Shannon, Alzheimer's Association, new federally funded grant for the ADI-SSS grant, with three branches. Targeting the Chinese community, which has been identified as a community that would greatly benefit from additional support and outreach with regards to family caregivers focused on dementia. In particular, this training is to reduce the stigma within this population and even the language around this disease and will be presented in both English and Cantonese.

Also partnering with the Arc to provide support for caregivers (often siblings) of adults with developmental disabilities that have dementia and the Arc has currently identified 40 families. Initial program includes a support group model for this community, as well as developing possible online support. They are incorporating and modifying the savvy caregiving program. Benson mentioned that sometimes with Regional Center participants, it is the parents that are developing dementia which has a significant impact on the son/daughter.

Live Alone Grant (ADSSP)

Stefanie Bonigut, Alzheimer's Association, are now moving into Rental Assistance Demonstration (RAD) housing sites, which has involved a lot of outreach and training for RAD housing development staff, residents, and caregivers. Recently discovered that there is great need within the Chinese and Russian community, specifically language support and to have materials within those languages. (see flyers attached to email and posted on work group website)

Discussion

- **New CDPH Guidelines for AD Management & New Medicare Code (GO 505):** (see handout) discuss ways to distribute these documents to practitioners within the county and SF Department of Public Health. May be helpful to reach out to Alicia Neumann with the GWEP program as they're already reaching out to the medical practitioners.
- **CA Facts & Figures report** (get link): has California specific data, may be beneficial for grant writing and reporting. For Example, San Francisco's dementia population specifically is expected to increase by 39%, which doesn't include HIV aging population or Parkinson's', etc.

Update: LTCCC budget priorities

Valerie gave an update on the LTCCC budget priorities.

Announcements.

- Ruth will be out at the August meeting.

Next Steps:

Resend intern's mobile/transitional care unit report and research to small group (posted on work group's website) <http://www.ltcccsf.org/dementia-care-excellence>

Next Meeting: Monday, August 14th 10-11:30am