Cognitive Impairment Task Force Proposal: A Background Paper

Contacts:

- Mike McConnell, Division Director, Adult and Long-Term Care Services, Santa Cruz
  Mike.McConnell@santacruzcounty.us; 831-454-4401

- Diana Boyer, Senior Policy Analyst, CWDA
  dboyer@cwda.org; 916-443-1749

STATEMENT OF PROBLEM: At-risk adults with *cognitive impairment* including dementia, traumatic brain injury (TBI), or a substantial developmental disability diagnosed after age 18 (Post -18 DD) lack fair and just treatment or access to services provided to other at-risk adults through existing safety net programs.

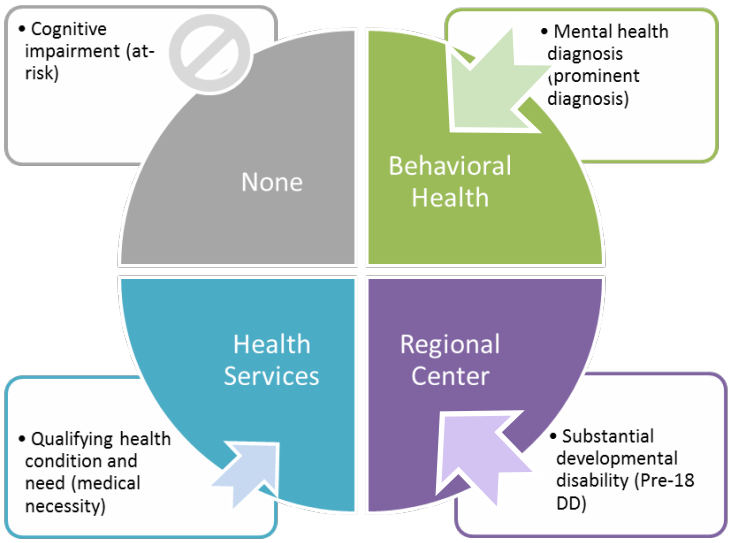
The number of adults suffering from cognitive impairment is growing exponentially in conjunction with our aging demographics. "The number of Americans ages 65 and older is projected to more than double…by 2060…from 15% to 24%." **PRB Fact Sheet.* Alzheimer's disease accounts for approximately 30% of all cognitive impairment in America and is expected to reach 16.2 million nationwide by 2050. However, cognitive impairment is not one specific disease or condition, nor it is limited to a specific age group. Conditions such as Alzheimer's disease and other dementias, and conditions such as stroke, traumatic brain injury, and poor diet/lifestyle can lead to dementia. "People with cognitive impairment report more than three times as many hospital stays as individuals who are hospitalized for some other condition." ***Centers for Disease Control.* I California 11% of adults 50 years of age and older, and 8% of adults age 18-49, live with perceived cognitive impairment (2009 data). Left unaddressed, the direct costs of caring for individuals with cognitive impairments will continue to dramatically increase. ***

Currently, adults with a dominant mental health or substance abuse diagnosis receive supportive services through behavioral health agencies and health plans with funding through Medi-Cal and the Mental Health Services Act (MHSA); adults with a qualifying health condition may receive supportive and long-term care (LTC) services through Medicare, Medi-Cal or health plans with coverage for placement costs; and adults diagnosed with a significant developmental disability prior to age 18 (Pre-18 DD) receive an array of services through Regional Centers with funding through the California Department of Developmental Services (CDDS).

At-risk adults with cognitive impairment who do not have a qualifying health condition, dominant mental health or substance abuse diagnosis, nor a Pre-18 DD diagnosis have no direct access to supportive services or placement subsidies.

* https://www.prb.org/aging-unitedstates-fact-sheet/
** https://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_poilicy_final.pdf
*** https://www.cdc.gov/aging/pdf/cognitive_impairment/cogimp_poilicy_final.pdf

CURRENT ADULT SAFETY NET SERVICES



ANALYSIS: Because adults with cognitive impairment do not have a primary "home" within the social services structure, other parts of the existing system strain – and fail – to adequately serve these adults, with significant consequences:

Guardianship Restrictive and Insufficient. Currently, if an adult cannot safely care for themselves and does not have a support network to care for them, they may be eligible for a probate conservatorship through Public Guardian. However, this is an extreme option that should not be the default for meeting the needs of adults with cognitive impairment who do not fit into the existing safety net. Conservatorship is an extreme option that should only be used when all other options are exhausted. However, demand for probate conservatorships is currently so high – a result of inadequate services for the cognitively impaired – that Public Guardian does not have sufficient resources to meet the demand and cannot subsidize supportive placement options.

Abuse and Neglect. Adult Protective Services (APS) experiences increasing recidivism due to lack of supportive services or long-term case management for cognitively impaired clients.

Unsafe Discharges. Hospitals, health plans and LTC facilities are unable to develop sufficient safety plans since cognitive impairment isn't a qualifying health condition, leading to unsafe discharges.

Growing Cognitively Impaired Homeless Population. Homeless programs deal with a growing population

of cognitively impaired adults. Placement in non-supportive housing is unsuccessful when unsafe behaviors lead to eviction. HUD vouchers are insufficient for supportive housing placements.

Increased Assessments for Adults Who Do Not Qualify for Services. Behavioral health agencies receive requests to assess and serve adults with cognitive impairment who do not qualify for their services. Regional Centers receive an increasing number of requests to assess adults with TBI and significant developmental disability, but are unable to help Post-18 DD adults.

Increased Calls to First Responders. First responders respond to an increasing number calls regarding cognitively impaired adults who wander, and who call because they are disoriented, paranoid and afraid.

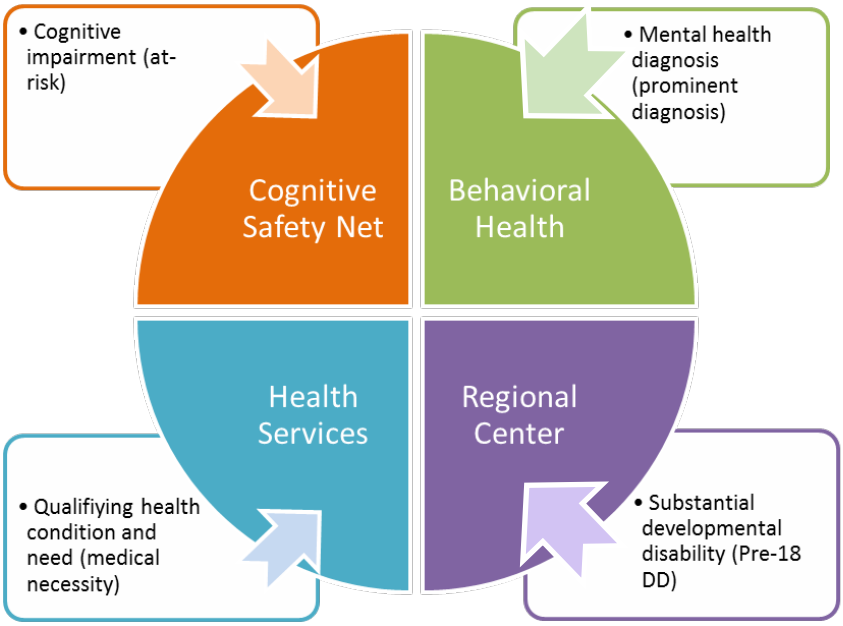
In 2009, the US Department of Health and Human Services, Centers for Disease Control and Prevention, issued a call to action for states to begin to address the needs of this increasing population and to avert higher direct costs to state and federal governments, through development of a comprehensive and coordinated approach for serving the population. Specifically, the federal agency recommends the establishment of "comprehensive action plan to respond to the needs of people with cognitive impairment, involving different agencies, as well as private and public organizations."

PROPOSED SOLUTION: The cross-system nature of this problem requires intensive collaboration across state and local agencies to develop a solution. As a first step toward this larger goal, this legislation should task the Secretary of Health and Human Services to convene a taskforce or commission to study and assess the need for a cognitive impairment safety net system to serve at-risk adults with *cognitive impairment* including dementia, traumatic brain injury, and those diagnosed with a developmental disability after age 18. The taskforce should compile its findings in a report with recommendations and present it to both legislative bodies and the Administration. The taskforce should further consider flexibility for existing safety net systems to expand eligibility for adults who have needs crossing multiple systems (for example, dementia and mental health needs).. It should also consider creation of new supportive services including, but not limited to:

- Long-term case management
- Social work case management
- Public health nurse case management for high-risk clients
- Supportive housing
- Emergency housing subsidies
- Supportive placement subsidies
- Enhance caregiver support
- Increased probate conservatorship funding
- Monthly case management for IHSS recipients

- Adult foster care (e.g. for IHSS recipients, simultaneous payments to one provider for multiple recipients in a single family-home setting)
- Simultaneous payments to one Provider for multiple recipients in a single family-home setting.
- Training service providers in multiple systems about the unique needs of clients with cognitive impairment

PROPOSED COGNITIVE SAFETY NET



POSSIBLE FISCAL EFFECTS: One-time, minimal cost to convening the task force.

LIKELY SUPPORT OR OPPOSITION: Advocates for older adults, people with developmental disabilities, homeless services, public guardian, and health services are likely to support. Systems implicated in this analysis – hospitals, developmental disability services, behavioral health – may require more convincing to sign on but should eventually support. However, wide support in Santa Cruz (where this proposal was developed) across all systems bodes well for cross-system support. Administration likely to oppose at first due to workload, but opposition should not be insurmountable.