

STAFF REPORT

DATE: May 31, 2011
TO: City Council
FROM: Elvia Garcia-Ayala, Community Development Director
Danielle Foster, Housing and Human Services Superintendent
SUBJECT: Resolution of Support for Yolo Adult Day Health Center (YADHC)

Recommendation

Staff recommends that the City Council:

1. Approve resolution (According to City Council policy, this resolution appeared on a previous Agenda for review and is now appearing a second time for actual approval);
2. Direct staff to distribute the resolution to relevant State representatives; and
3. Provide resolution to YADHC for use in the protection and reinstatement of its programs.

Summary

At the Social Services Commission meeting on March 21, 2011, the Commission discussed a desire to consider a resolution of support for the Yolo Adult Day Health Center (YADHC) given the current state budget cuts to the program and based on the quality of services provided by YADHC. A draft City Council resolution was then reviewed and supported by the Social Services Commission on April 11, 2011. As part of that discussion, staff provided additional information from YADHC (Attachments 2 and 3) regarding the services it provides and the clients it assists in Yolo County. At the April meeting, the Social Services Commission made some adjustments and then voted 6-1 to support the resolution. The dissenting vote was based on a concern that the commission was focusing too much on a single area of cuts, given the breadth of cuts occurring in the State budget. Subsequently the Senior Citizen Commission discussed the resolution on May 12, 2011 and unanimously recommended approval of the resolution by the City Council.

The City Council's policy is to take one meeting for the reading and review of position resolutions and one meeting for action on the resolution, in order to ensure adequate noticing of the public. This is the second meeting for the review of this resolution. No changes were recommended by the City Council with the resolution's first reading on May 24, 2011. If approved by Council, the resolution would then be forwarded to the Legislature and YADHC for use in the protection and reinstatement of YADHC programs.

Attachments

1. Resolution in Support of YADHC
2. Top Six Reasons to Protect Medi-Cal Funding for ADHC
3. Yolo County Data from YADHC

RESOLUTION NO. 11-XXX, SERIES 2011

**RESOLUTION OF SUPPORT FOR THE YOLO ADULT DAY HEALTH CENTER
AND THE CRITICAL SERVICES IT PROVIDES TO YOLO COUNTY
AND THE CITIZENS OF DAVIS**

WHEREAS, the Yolo Adult Day Health Center (YADHC) has been providing services to low-income vulnerable elderly and adults with disabilities in Yolo County since 1984; and

WHEREAS, the 310 Adult Day Health Centers (ADHC) within the State provide services for 37,000 low-income elderly and adults with disabilities, in response to a community need that is not otherwise addressed, aside from institutionalization in a skilled nursing facility; and

WHEREAS, all ADHCs have been regularly monitored, principally by the California Department of Aging, to evaluate each of the centers' service to the community; and those publicly available monitoring reports show a wide spectrum of adherence to program intent and regulations amongst the 310 ADHCs in California; and

WHEREAS, years of State agency evaluations confirm program quality and high community regard for our Yolo Center, including the Woodland Healthcare's YADHC being consistently ranked as one of the best in the State; and

WHEREAS, pending reductions in State funding could force YADHC to close and eliminate its services, displacing up to 80 persons, including putting an estimated 50 people into nursing homes within 30 days and resulting in an estimated 6 individuals having some sort of serious psychiatric crisis within 30 days; and

WHEREAS, the costs for long-term health care benefits are not covered by Medicare and typical health insurance plans; and

WHEREAS, 25 patients and 25 caregivers from Davis are served annually by the YADHC and 100 patients and 100 caregivers are served by YADHC countywide; and

WHEREAS, the City of Davis has regularly assisted YADHC with CDBG grant funds through 23 different grants since the center's inception, focusing funding on local access to YADHC services by ensuring adequate transportation of Davis residents to YADHC in Woodland; and

WHEREAS, YADHC cuts is but one area of many in which low-income persons, seniors, and persons with disabilities have been affected by reductions in State funding; and

WHEREAS, studies project that State budget cuts to Adult Day Health Centers (ADHC) will result in greater costs to the State rather than the estimated cost savings due to the projected expenses related to increased emergency room care of former ADHC patients, the loss of tax revenue from the 310 small businesses that are adult day health centers, and the reduction in average worker productivity due to the unassisted stress put on caregiver family members without ADHC support; and

WHEREAS, State and County cuts to health services, including mental health services, have already harmed low-income seniors and persons with disabilities in our community, putting these populations at greater risk of homelessness, in conflict with the Yolo County 10 Year Plan to End Homelessness.

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Davis states its support for Adult Day Health Centers, specifically Yolo Adult Day Health Center, and the integral services they provide to the most vulnerable populations, who might otherwise be homeless, homebound, institutionalized, and/or dependent on expensive emergency room care; and

BE IT FURTHER RESOLVED that the City Council of the City of Davis asks that the Legislature and the Governor recognize the value of preventative services, including ADHC, that avoid larger costs to other budget items and long-term challenges associated with removing the social safety net; and

BE IT FURTHER RESOLVED that the City Council of the City of Davis asks that the Legislature and the Governor acknowledge that prioritizing prevention means that in addition to budget reductions, revenue options must be considered as part of any comprehensive and reasonable budget solution; and

BE IT FURTHER RESOLVED, if funding reductions are required, that the City Council of the City of Davis asks that the Legislature and the Governor acknowledge that any comprehensive and equitable funding solutions for ADHC include ranking service providers based on performance in accordance with established industry criteria.

PASSED AND ADOPTED by the City Council of the City of Davis on this 31st day of May, 2011 by the following vote:

AYES:

NOES:

Joseph F. Krovoza
Mayor

ATTEST:

Zoe S. Mirabile, CMC
City Clerk



Top Six Reasons to Protect Medi-Cal Funding for ADHC

1. The ADHC model of multi-disciplinary team care is widely touted as the **solution to management of chronic conditions and rising health care costs**. ADHC serves 37,000 low-income vulnerable elderly or disabled adults in California. In Yolo County 334 will be displaced. Of those, 50 will be in nursing homes in 30 days and an estimate of 6 will have a serious psychiatric crisis within 30 days. Medicare and health insurance do not pay for long-term care benefits such as ADHC.

2. According to a May 2010 report by The Lewin Group, elimination of ADHC would cost the state \$51 million more than it saves because of cost-shifting to other more expensive settings; loss of tax revenue resulting from the closure of 310 small businesses (two in Yolo County); and loss of employment (51 current ADHC employees) and worker productivity due to caregivers having to quit their jobs or reduce their work hours to care for their family members (estimate 18 caregivers will have to quit jobs). This loss would continue into future budget years.

3. A federal court ruled in 2010 that the state is responsible for the care of these ADHC patients and also for the provision of alternative services to institutional care. In court briefs, the state has claimed it does not bear responsibility for assisting displaced frail elders, mentally ill or disabled adults with finding other services, even though it has approved their level of need for ADHC. The same public interest senior law groups that won a temporary injunction for ADHC patients in 2010 would most likely litigate to protect the health and well-being of these patients should the benefit be eliminated, under the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead v. L.C.* decision, which requires that states make reasonable program and policy modifications to prevent unnecessary institutionalization.

4. The state would forfeit \$177 million annually in federal matching funds. As an alternative, the California Association of Adult Day Services has submitted a proposal that includes streamlining State oversight, reducing billable days and enforcing eligibility requirements with an estimated savings of \$24 million. This is in addition to the \$65 million in savings already realized with ADHC reforms between 2008 and present.

5. Restarting these programs, should funding be restored at a future date, would be prohibitive because of significant bureaucratic and regulatory barriers and unreimbursed costly start-up expenses estimated to be \$1 million per site. The Legislature invested \$3.4 million in "start-up" grants to encourage the opening of ADHC centers for this reason. With the implementation of the upcoming 1115 Waiver for Seniors and Persons with Disabilities and the Dual Eligibles, managed care providers such as Partnership will be incentivized to adult day health care to cost-effectively address the complicated needs of chronically ill patients.

6. There is no comparable medically-based long term care service to Adult Day Health Care except for a nursing home. In Home Support Services (IHSS) does not provide medical care or therapy services. And with the onslot of baby boomers, the need is only going to grow.

For more information contact Dawn Myers Purkey, WHC, Adult Day Health Center 530.666.8828; dawn.purkey@chw.edu

Yolo Adult Day Health Center Data January 14, 2011

Number of Participants enrolled:	76
Medi-Cal Eligible:	55 (72%)
Average Age:	75 (67% over 70)
Gender:	58% female
Medically complex Chronic disease diagnoses:	
% with 3+ chronic diagnoses:	100%
Average # Chronic diagnoses:	6
% with 6 or more chronic dx:	77%
Cardiovascular:	72%
Dementia:	54%
Diabetes:	31%
Mental Illness:	38%
% need assistance with ADL:	67%
% assistance with med management:	97%
	55% med management provided at Center
% with 6 or more meds:	84% 6 or more prescriptions – average 10 meds
	25% 15 or more prescriptions