

alzheimer's association™

the compassion to care, the leadership to conquer

ASK 1: We urge you not to further reduce funding for the ten Alzheimer's Disease Centers

- The Centers are an economic stimulus for California – the state's investment over 23 years has brought California **more than six times this amount in private and public monies**
- The Centers are the State's **only strategy for preparing California's workforce** to care for a rapidly aging population
- The Centers support primary care doctors to provide diagnosis and treatment of complex cases of dementia.

Background

- There are ten Alzheimer's Disease Centers providing diagnostic, treatment and educational services to families, particularly those in minority communities and veterans.
- The Centers are located at medical schools and are the primary provider of dementia training for medical, nursing, and social worker students as well as for licensed health professionals. **The Centers are the only strategy California has to prepare our workforce to deliver care to an aging population.**
- The Centers are **geographically dispersed and serve all 58 counties.**
- **In the 2009-2010 budget, the Legislature reduced funding for the Centers by 50%** – from \$6.2 million to \$3.1 million. The reduction eliminated all funding for Alzheimer's research grants -- \$409,700 – and reduced each Center's grant from \$526,500 to \$281,800.
- **As a result, the State-funded Centers no longer do research and longitudinal data activities but focus exclusively on patient-referral assessments and workforce and family caregiver training.**

The California Alzheimer's Disease Centers stimulate California's economy in multiple ways—they should not be regarded as a cost center in the state budget.

- The Centers have drawn down millions of dollars in federal research dollars from the public and private sector. Over the 22 years the Centers have been funded by the state, the **state's investment has resulted in a return more than six-fold to California's economy.**
- State funding **does not replicate or supplant NIH dollars—they make them possible.**
- Federal and state funding translates into jobs and infrastructure within the seven universities and ten communities where these Centers are housed.
- The Centers strengthen the health care workforce by providing dementia training to medical, nursing, and social worker students and to licensed health professionals. **The Centers are an investment in California's future—they are enabling health care workers to meet the needs of an aging, ethnically-diverse population.**
- California Centers compete with centers all over the country to be designated a federal Alzheimer's Disease Research Center. As state funding has been reduced, California Centers are losing their competitive edge and several have already lost their federal funding.
- For the five Centers that currently do not have this federal funding, further reduction in state funding will close the Centers, resulting in an additional economic impact to those communities and a **loss of critical resources—not replicated by primary care physicians—for families living with Alzheimer's.**

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ASK 2: Please support AB 2555 (Feuer and Nielson), which will provide one year of temporary funding (\$1.6 million) from the State Health Facilities Citation Penalties Account to continue the local Long-Term Care Ombudsman Program and please consider being a co-author.

Background

- The Long-Term Care Ombudsman Program was established in 1973 to investigate and resolve complaints of elder abuse and neglect involving residents in nursing homes and assisted living facilities.
- There are 35 local ombudsman programs throughout the state. They are overseen by a State Ombudsman located at the California Department of Aging.
- Volunteers make up the bulk of staff who routinely visit 1300 nursing homes and more than 8000 assisted living facilities, home to over 250,000 frail and dependent elderly residents. The ombudsmen investigate thousands of reports of suspected abuse and neglect every year.
- Without the frequent, unannounced visits of local ombudsmen, nursing homes would only be reviewed once a year and assisted living facilities once every five years by the State.
- The Ombudsman program is funded with \$3.8 million in federal funds, \$1.6 million from the Federal Health Facilities Citation Penalties Account, and, until 2008, by \$3.8 million in state general fund money. **In 2008 the Governor vetoed the entire state funding in the 2008-2009 budget – \$3.8 million.**

The local ombudsman is an informed advocate on behalf of the frailest and most vulnerable of nursing home and assisted living residents, and California simply cannot abandon these residents because we have a fiscal crisis.

- More than 70% of these residents have Alzheimer's or another dementia. Most are in the late stage of dementia. Many have little or no verbal skills and have lost the ability to understand what is going on around them or what is being done to them.
- Families are dispersed geographically so more than 60% of nursing home and assisted living residents do not have family members to look in on them.
- Where there are family, they are often reluctant to report concerns to staff or don't get a satisfactory answer when they do.
- The local ombudsman's phone number is posted in every facility, and they are an advocate resource for families.

What will AB 2555 do? – It will provide one-year of non-general fund money while we continue to pursue a permanent funding source.

- It will appropriate \$1.6 million for one year from the State Health Facilities Citation Penalties Account. Funds from this account come from penalties assessed on facilities that the State Department of Public Health finds have violated state requirements.
- The State has projected a fund balance of \$4.5 million by June 30, 2010.
- **State law authorizes funds from this account to be used for the protection of the health or property of residents, and the local ombudsman is considered an appropriate use.**
- In 2009 the Legislature passed and the Governor signed AB 392 (Feuer) to provide one year of funding for the Ombudsman Program from the Federal Citation Penalties Account.
- Both AB 2555 and AB 392 have had broad bi-partisan support.

The California Health and Human Services Agency's Alzheimer's Advisory Committee and the Alzheimer's Association are developing an Alzheimer's Disease State Plan to enable California to prepare for the expected doubling of Californians living with Alzheimer's by 2030.

- The plan is being developed pursuant to enactment of SB 491 (Alquist) in 2008.
- Aging and health leaders, family caregivers, Alzheimer's researchers, and service providers are involved in plan development.
- The Plan will be completed in early 2011.

There are more than 1.1 million family caregivers in California caring for a loved one with Alzheimer's disease or another dementia.

- In order to consider their needs in developing the Alzheimer's Disease State Plan, we must hear from as many family caregivers as possible.
- We have developed a brief survey that will be posted online April 15 – May 31 and can be linked through the California Health and Human Services Agency.

ASK 3: We need your help to reach family caregivers in your legislative district. Will you post this link on your website and include information on the survey and link in your newsletter?

<http://www.chhs.ca.gov/initiatives/Pages/Alzheimer'sStatePlanDevelopmentTaskForce.aspx>

This link will only be live until May 31st.

Thank you for your support in development of an Alzheimer's Disease Plan for California.



Patrick Fox, Ph.D., Chair of the Alzheimer's Advisory Committee, California Health and Human Services Agency



Jackie McGrath, Executive Director, California Council of the Alzheimer's Association