Alameda Long Term Care Integration -- Problems & Issues

Draft V.7.1

This map was developed by the Alameda County Task Force on Long Term Care Integration. It portrays the way public health services for the aging and disabled are delivered and the major factors that contribute to the problems faced by the different agencies and their customers.

KEY

Read the arrows on this page as "causes" or "influences".

Example: Case load increase due to lack of case workers —— Case workers can't keep up. Case load increase due to lack of case workers "causes" Case workers can't keep up

The different colors for the arrows (→ → → →) aid tracing of long causal connections. They do not have any other significance.

Summary

This map summarizes the impact of having 70 funding streams providing 400 agencies in Alameda county with their funds.

- Fragmented system administration
- Lack of information about available services
- System complexity prevents easy navigation through system.
- Severe lack of case management
- More clients eligible for more treatments
- More diverse customers than the rest of the state
- More seriously ill clients
- Less money to serve them
- Poor and incomplete data
- Accountability diffused

Unknowns

- Mental Health Parity Act may significantly redirect distribution of services and funds
- Tobacco settlement money may be available for health services

Trends

These trends will make future delivery of LTC services as important a part of government services as health care.

- Elderly population is growing faster than any other segment of population, particularly those over 100
- Olmstead Act decision will require an unknown number of nursing home residents to be placed in home and community-based services in order to avoid premature institutionalization
- Health Insurance Portability and Privacy Act (HIPPA) may change the way health services are organized and delivered
- Grandparents are increasingly becoming parents of their grandchildren

Opportunities

Following are opportunities noted by the task force:

- National Family Caregivers Resource Act will provide approximately $1/2 million for Alameda county
- Large group of elders emerging who could represent a large community resource for helping other elderly

Federal Sector

CONGRESS RELUCTANT TO SPEND MORE FUNDS ON LONG TERM CARE

Dept. of Health and Human Services

Health Care Financing Administration (HCFA)

MEDICAID (also called MEDICAL)
- State controlled program
- Pays for acute care of poor people only
- Does not pay for custodial care

MEDICARE
- Biggest funding stream for Alameda.
- Pays for medical care for people over 65

Because Medicaid is an insurance program HCFA needs billing data for cost control

Requires a new, uniform "encounter" data system for all Medicaid services. (An encounter is a one-time visit of a customer to a mental health agency.)

- No flexibility for care coordination (not incentivised for care coordination)
- No coordination between Medicaid and Medicare

Administration on Aging

OLDER AMERICANS ACT provides $3.5 million to Alameda crosses over several departments

Health Insurance Portability Accountability Act (HIPAA)

Confidentiality requirement will be as big an effort for all hospital and health data systems as Y2K

Social Security Administration

Primary income for many elderly and disabled.

Dept. of Housing and Urban Development

Provides money to cities that are sometimes used for LTC and senior services. through Community Development Block Grants (CDBG) and Housing Grants

Does not provide sufficient Section 8 housing vouchers (certain customers have to pay only 1//3rd of income for rental housing

Civil Rights Commission

CIVIL RIGHTS ACT requires access for minorities to all Federally funded programs

Veterans Administration

Dept. of Labor

Agriculture Department

Administers and provides funds for Meals on Wheels Program (primarily for disabled and seniors)

U. S. Supreme Court

States will be required to comply with Olmstead Act and provide alternatives to nursing home placements. Upshot: Unknown number of nursing home residents may be affected.

California State Legislature

Lack of continuity of members results in lack of knowledge about LTC

Political reluctance to spend money

Categorical funding prevents appropriate use.

THREE MAJOR INITIATIVES REQUIRED:
- Increase tax incentives for seniors and disabled services
- Increase spending on In Home Support Services (IHSS)
- Increase spending on case management.

Department of Health Services

- Pays for Skilled Nursing Facilities
- Pays for Adult Day Health Care
- Pays for prescription drugs
- Copays for seniors without Medicare (non-citizens)
- Pays for some case management in Targeted Case Management (TCM)
- Pays for Multipurpose Senior Services Program (MSSP) (case management for seniors who are SNF eligible)
- Pays for Program of All Inclusive Care for Elderly (PACE) which serves same population as MSSP
- Pays for Treatment Authorization Requests (TARS) used when doctor prescribes medicine not usually prescribed.
- Pays for In-Home Support Services (IHSS)
- Pays for Durable Medical Equipment (DME)
- Pays for mental health services for the chronically mentally impaired.

Aged, blind, and disabled get over $300 million/year in Alameda. Est. 40,000 customers pays for housing, personal care, medical bills

(Title 22) Survey process is punitive (fines for citations frequently wrongly dished out.)
- Billing activity for IHSS
- Administrate medical programs
- Regulate nursing homes

Share of cost difficult to determine because it is dependent on customer's income and is different for many of the programs making case management and paperwork extremely difficult.

No apparent criteria for what gets approved for TARS

TARS delays in authorizing treatment and access to services

Medicare and Medi-Cal does not pay for home modifications which would enable many elderly to stay in their homes and avoid costly payments after transfer to Skilled Nursing Facilities reflecting lack of coordination

Lack of provider knowledge of medical eligibility for skilled nursing facilities

Dept. of Developmental Disabilities (Title 17)

UNCOORDINATED, COMPLEX, CONFUSING REGULATIONS DEFEAT ACCESS AND COST-EFFECTIVE TREATMENT
- State pays for outreach to attract beneficiaries for LTC at same time as exhibiting an apparent non-intent to pay for services through confusing regulations.
- Customers and providers have to deal with multiple agencies and regulations
- Share of cost regulations limit access to services in major way

California State Executive Sector

Role: (1) reimburse service providers (2) regulate (3) information gathering.

Recently set up Long Term Care Advisory Council to help coordinate administration and regulation at state level.

LACK OF INFORMATION SHARING AND COORDINATION
- No common information
- The agencies who license and regulate are not the ones which contract and monitor the system
- Lack of data integration. No single record of a customer (no single identifier of a customer).
- Regulations prevent flexibility at local level.
- Needs increased leadership for seniors and disabled issues

Fragmentation here. No long term care agency that would address most or all of the needs of customers.

Department of Mental Health

Some cross over into dementia and Alzheimers programs

Department of Social Services

Funding and regulatory supervision of group homes, day care centers, eta. Require enormous paperwork by service providers

Office of State-Wide Health Planning and Development

Keepers of information and data, some of it for specific department, some provider specific

Department of Veterans Affairs

Funds veterans homes

Department of Rehabilitation

Variety of services for the disabled

Department of Aging

Fund a variety of programs and the Area Agencies on Aging

Department of Developmental Services

Funding and regulatory responsibility for programs for the developmentally disabled including case management services.

Alameda County Sector

County gives grants to cities for senior and disabled programs

Alameda County had a population of 1,356,100 in 1996.
- 55+ seniors in Alameda in 2000 est. 282,128 (est. 19.4 % of population)
- In 2020 est. 533,945 (32.1%)

Medical eligibility. People are technically eligible but don't get signed up

Has leadership position on all service delivery & information

Difficult paperwork

Political resistance to spending more money

TARS require too much paperwork to justify unusual medicines and equipment (e.g. one program pays for wheelchair but another pays for batteries)

LACK OF COORDINATION AND CROSS-DEPARTMENT INTEGRATION
- Lack of sharing of best practices
- Insufficient needs assessment for knowing how much service is needed
- Vicious circle of lack of funds because of lack of participation because of lack of funds
- Lack of, but seeks, better communication with cities and other departments and agencies
- Lack of working mechanism for coordination and communication

County Data System Sector

IHSS has Case Management Program System (CMIPS). It is a single application program and can't interact with other systems.

Adult and Aging Services Department has SAMS which can't interact with other systems.

CALWIN can't interact with other systems.

Linkages and long term care have different computer platforms that can't communicate with each other

Fragmented and antiquated data systems

Too much "turfism" as each agency wants its own data system.

No leadership for integration of data systems in in the county

Understaffed

DATA NOT AVAILABLE
Required data not obtainable on a timely basis to caseworkers, customers, and administrators.

Alameda County Health Dept.

Deals with
- Behavioral health
- Mental health
- Community clinics and public health

Alameda County Developmental Disability Council provides advice, referral, and monitoring of issues for DD population

LACK OF INTEGRATION OF DATA SYSTEMS

INADEQUATE FUNDING
For housing, case management, and social support services.

College and University Sector

Not enough social workers and nurses being graduated by state colleges and universities

Private for Profit and Non-Profit Home Health Services

For consumers with health insurance or higher income families, able to access and provide for private in home care

Union Sector

The union interacts with the county, family, non-profit community based services, consumer, and housing sector.

There are a variety of unions for different service providers. Example: social workers, nurses, homecare workers.

Regional Centers

Characteristics of developmentally disabled individuals. Disability:
- occurs before age 18
- is expected to continue indefinitely
- is a substantial handicap
- includes conditions related to mental retardation
- conditions which are solely physical in nature
- is a substantial handicap
- includes conditions related to mental retardation

Responsible for developmentally disabled citizens. Requires coordination of services from many state departments and community agencies to insure that no gaps occur in communication or provision of services.

Regional centers responsibilities:
- Casefinding activities
- Intake and Assessment
- Development of an Individual Program Plan
- Purchase of needed services
- Advocacy
- Program development activities

PACE (Program of All-inclusive Care for the Elderly)

PACE health plan providers receive a fixed dollar amount for each member enrolled per month just like any other HMO, only PACE serves the sickest, oldest and poorest seniors in the market.

- Full risk health plan, that pays for everything that is deemed needed by our interdisciplinary teams.
- PACE does not require prior authorization to implement services it deems needed.
- Only nursing home level seniors, living in the service area are eligible.
- Pays for more than 65% of all services offered in the day center, clinic, home, hospitals, and nursing homes.
- Has over 250 employees and over 400 subcontracts with various medical specialists and consultants and institutions.
- PACE services range from fishing trips to major surgery, from socialization to hospice services, from substance abuse prevention and treatment to nursing home stays.

Housing Sector

Rentals to LTC population require case management

Not enough institutional beds to house the customers who need them

Customers leave home because of environmental barriers (e.g., lack of steps/elevators).

Lack of affordable housing because of high rental costs in Bay area

No medical dollars for board and care

Lack of homeless shelters for elderly

Lack of security in housing complexes or in the neighborhood

Illegal activity in senior housing complexes (i.e. selling drugs)

HOUSING INADEQUATE
Lack of accessible, affordable, and appropriate housing (including assisted living and transitional housing) for long term care customers at various levels of service need

Subsidized housing is difficult to obtain due to limited government housing subsidies.

Leaving private home and going directly to nursing institution before using other assisted living facilities

Lack of subsidized assisted living for the poor

Board and Care Facilities

- Questions about medical-social overlap
- Questions about eligibility
- Typically 6-75 people live there (group homes & apartment homes)
- Often are a dormitory and cafeteria
- Medi-Cal does not pay

Est. no of facilities 182
Ave. no of beds 6
Est. number of customers 1092

STATE REQUIREMENTS HIGH; REIMBURSEMENT FROM STATE IS LOW
- Expensive
- Lack of recreation
- Lack of sufficient facilities
- Lack of financial incentives to open new board and care facilities
- Lack of language capabilities
- Underpaid & undertrained workers leads to high turnover

Skilled Nursing Facilities (SNF) (Nursing Homes)

SNF is no the most appropriate care setting for some people. but they end up there because of lack of accessible board & care facilities.
- Approx. 7% of aging population are in these institutions
- Public has very poor perception of SNF
- 70% of all patients paid for Medi-Cal
- $56/patient paid by Medi-Cal

Est. number of SNF facilities 87
Est. number of customers
Est. annual budget
Est. staff

As of this point, data has not been gathered

Workers are are underpaid

Lack of skilled workers

NURSING HOME VIABILITY THREATENED
- Quality of care under stress
- Overregulated by state
- Underfunded.
- Not well distributed around county for easy of access for family

Social Services Agency

Alameda Department of Adult and Aging Services

Organized into these agencies:
- In Home Support Services (IHSS)
- Veterans Services
- Long Term Care Unit
- Qualified Medicare Beneficiary Unit (QMB)

and these adult protection agencies:
- Public Guardian provides conservatorship for elderly
- Adult Protective Services

Est. number of customers 30,000
Est. annual budget $12million
Est. staff 230

Clients discharged from intensive services with no outpatient follow-up.

In-Home Support Services
- Serve 8,500 customers in Alameda County
- Growing at 6 % per year
- Only 50 social workers available to do assessment

HOUSING, CASE MANAGEMENT, AND SOCIAL SUPPORT SERVICES INADEQUATE.
- Increased demands on aging and disabilities services due to fast changing demographics.
- Lack of information about services
- Lack of transportation services
- Lack of mental health services for LTC population
- Lack of centralized intake/screening for all adult services

Adult Protective Services

- Protection against physical abuse
- Protect against fiduciary abuse
- Do separate case management
- Provide shelter care

LACK OF COORDINATION WITH COMMUNITY SERVICES
Examples:
Shelter care, transportation, medical assessment, and financial services.
Need for increased coordiatnion with law enforcement

Est. number of customers: 8,725 active cases
5,094 referrals
Est. annual budget: $1.5 million

Community Consumer Services

This sector covers
- personal care services
- in-home services
- adult day care
- adult day health centers
- meals on wheels
- community building and advocacy

Can't recruit enough case workers (e.g. 30% vacancy in country)

Case workers for LTC salaries not competitive (e.g. child protection pays more)

Case workers can't keep up with service demand

Decreased number of visits and decreased time for each customer visit.

Complex, confusing and contradictory regulations make for service delays by providers.

Case load increase due to lack of case workers

Poor continuity of care

Minimal funding for case work (it is not part of medical or Medicare. Can't be paid for unless health-related.)

Home care workers provide out of pocket money for seniors.

Can not get needed case and care information from other agencies (especially about mental health) because such information is protected by privacy law. Hard to get written reports even with consent.

Regulations serves as barriers to creativity in developing new ways to meet consumer needs

Mental health services frequently don't want to take clients with other "disabilities" or ailments as primary diagnosis

Lack of bilingual staff

Services not geographically well dispersed

CASE COORDINATION LARGELY ABSENT
- Minimum level of care for many customers cannot be maintained because of lack of knowledge of or access to services.
- Shortage of mental health services for LTC

Difficult to determine who pays and hard to get authorization for DME and TARS

Lack of cultural sensitivity by agencies make some consumers resist services

Legal and Protective Services

Seniors are often victims of legal and financial abuse. SSI check is sometimes ripped off and used for whole family

Adult Day Health Center

Purpose: take care of health needs short of putting them in SNFs.
- These organizations using public dollars run by private non-profits
- Patient has to be SNF eligible. Customer signs Medicare benefits to the program and goes to center on daily basis to receive these services
- nutrition
- health
- therapies
- physician
- recreational

Assigned to hospital if needed

- Not enough programs
- Demand greater than capacity
- Lack of sites

Approx. 7 centers in county.
Est. number of customers 294 in adult day care and 131 in Alzheimer's day care

Lack of adult day health care for mentally ill or substance abusers

Disabled don't use the ADHCs because they don't want to mix with the elderly

Younger disabled want more control and decision making

Adult Day Care Centers

Most adult day care centers service the disabled, and/or mainly the elderly with dementia or alzheimers

Est no. of centers 6-17
Est. number of customers 300

Developmental disability est. at 500

Important Missing Factors

LACK OF COMMUNITY AND POLICY MAKER AWARENESS AND UNDERSTANDING
Outreach, public education, and marketing strategy for awareness and understanding of long term care and disability is severely lacking.

LACK OF INFORMATION
Missing is an ability for consumers and agencies to discover and utilize available services and other critical information, and universal information about consumers usable to agencies.

LACK OF CASE COORDINATION
Few mechanisms for local agencies to coordinate care and services for individuals.

Semi-Autonomous County Related Services

Alameda Hospital Authority

- Highland Hospital
- Provide services to The Alliance and Blue Cross managed care organizations
- Not run by Alameda Board of Supervisors
- Provide indigent care with State funds
- Provide health benefits for eligible IHSS homecare workers.
- Bill Medi-Cal and Medicare for services

Public Authority for In Home Support Services

Support services for IHSS consumers and homecare workers, funded by state, federal and county funds.

Public Authority is the employer of record for IHSS independent providers, and provides services to consumers and homecare workers thoughout the county.

Alameda Alliance for Health

Receives funding from state and pays for local providers, including hospital. Essentially an HMO.

DOESN'T SERVE EVERYONE
- Primary interest in children
- Need to expand services to elderly

Ombudsman, Inc.

- Elder abuse reporting and investigative agency.
- responsible for monitoring and investigating conditions in licensed care facilities.
- resident advocate for elders

LACK OF COORDINATION AND INTEGRATION WITH OTHER PUBLIC/PRIVATE SERVICES
Newness contributes to lack of coordination.

Health Care Sector

Psychiatric Centers

1. ACCES. Behavioral Health for Alameda County.
2. Fremont Hospital, Fremont. Not geriatric specific, but does admit the elderly.
3. Eden Hospital Geropsyche (where?) In and out patient services.
4. Legens Program, Livermore Hospital, Livermore. In patient psyche specific for the elderly.
5. Garfield SNF, Oakland. Gero-psyche long term care.
6. Morton Bakar Center, Hayward. Acute psych care (96 beds).
7. Crestwood Geriatric SNF, Fremont.
8. Hume Center, Fremont. Out-patient therapy
9. Family Service with TriCity Mental Health, Fremont. Sometimes assists the elderly.
10. The Over 60 Center. (Where?)

Private Hospitals

Hospitals must comply with complex Medicare regulations, legal requirements, and insurance rate of reimbursement.

Who they are:
- Alta Bates Non Profit
- Summit Hospital
- Kaiser Permanente
- Alameda Hospital Authority--County
- Alameda Hospital Non-Profit
- Eden Hospital/Laurel Grove District
- St. Rose Hospital Non-Profit
- San Leandro Hospital Non-Profit
- Washington Hospital District
- Pleasanton/Livermore Valley Hospital

Discharge planners lack information about home environment

Diverse health insurance plans complicate service delivery

Lack of geriatric service

Hospital staff not fully knowledgeable of Medicare/MediCal regulations and reimbursements

Discharge planners have large caseloads and thus lack adequate time for case planning

HMO dictates which hospital health care system

Clinics

Community-based centers for delivery of health

LITTLE COORDINATION WITH SOCIAL AND COMMUNITY-BASED SUPPORTIVE SERVICES

Physician Sector

Most funds are available only for acute care or institutional LTC

Physicians usually have minimal family interaction and knowledge

Physicians often not trained to understand relationship of total living circumstances to health

Physicians don't have time to deal with social service problems.

Some MDs only accept new patients by referral

MDs not trained in geriatrics care and dementia

MDs not educated in regulations or needs of the geriatric patient.

MEDICAL FUNDS OFTEN MISSPENT
Health providers have little knowledge, case management support, and funding to coordinate health and community based LTC.

Physicians don't have financial incentives to deal with social service problems.

A substantial number of visits to physicians are not due to physical ailments but due to loneliness, need for reassurance,

Many doctors and dentists will not take Medi-Cal patients.

No medically skilled care management or advocacy when many medical specialists are involved in care.

Doctors often don't read each other's reports

HMOs require primary care practitioners to refer to specialists

Physicians often slow to or reluctant to prescribe neuropsychological evaluation for dementia

Health Plan

1. Medicare
2. MediCal
3. Seniority Plus--Health Net
4. Secure Horizon
5. Senior Secure--Blue Cross
6. Senior Advantage--

Food Services Sector

Meals on Wheels

Funded by U.S. Dept. of Agriculture

Ethnic meals

Alameda Food Bank

Community-Based Non-Profit Food Organizations

Social Attitudes Sector

Heavy orientation toward the young in American culture and a blind spot toward the elderly and disabled.

REFOCUS ATTITUDES
Serious need to refocus community attitudes toward needs of seniors in spiritual, social and cultural realms. Service delivery needs to focus especially on needs fulfillment in four areas (1) belonging (2) membership (3) communication, and (4) hope

Cities

Cities General Fund money used for
- Senior centers
- Day care
- Transportation
- Case management

Community Development Block Grants (CDBG) often used for housing

Some cities with large senior populations don't have services.

No city has needs assessment for senior programs

Some cities have pioneered in facilities and access for disabled (e.g. Berkeley)

Taxpayers often fail to support additional taxes for paratransit

Consumers Sector
Adult in Need of Long Term Care

Total elderly population approx. 200,000
Est. number of consumers served 40,000

Difficult for consumers to find and access social services for LTC

Consumers often don't know how to advocate for themselves

Consumers often rely on doctors as first expert to consult

Seniors self prescribe medicines, treatments, herbal agents, and dietary supplements.

Consumers often don't know how to ask for services or even that services may exist

Older consumers often don't want to impose.

Social stigma of diagnosis.

Older consumers often want to save face and not admit the terrible circumstances that they are experiencing.

NEEDS UNMET
Difficult for consumers to find, access, and coordinate LTC services. This leads to unmet needs. Services needed include
- health
- legal
- housing
- transportation
- financial
- care coordination

Adult children do not always want help for parent. The current generation does not believe in public assistance.

Share of cost problems. The monthly deductible that must be paid out of pocket by consumers before Medi-Cal pays, is almost impossible to determine because it depends on which provider invoices Medi-Cal first.

Consumers frequently refuse solutions offered because they are inadequate

Ideological reasons such as "You should be ashamed to even need public programs. It's like welfare."

Consumers often wait to long to ask for assistance

Seniors consult with friends first, professionals second.

Lack of language capabilities

Mental health problems

Clients don't know they have a mental illness

Client wants independence "I don't want to do what you want. I want to do what I want."

Older customers are socially isolated without assistance

Many aged and disabled are trapped at home.
- Can't get to physician's office or other health care services
- Can't get to social services,
- Some times can't even go shopping, can't get to adult day health centers

Elderly non-citizen immigrants don't get social security or Medicare

Elderly immigrants may not know of SSI, CAPI, Medicare QMB or Medicare SLMB

Consumers requesting TARS payments often prevented from getting needed medicines and equipment by administrative delays

Consumers are paralyzed and demoralized at terror of giving up their house

Aging Adult LTC Consumers with Dementia Sector

Often deterioration in care after onset of dementia

If demented person lives alone, life support and care often rapidly deteriorate.

No funding for custodial care

Mental health services frequently don't want to take clients with other ailments as primary diagnosis.

Family often denies dementia problem

Judges reluctant to declare incompetency, often delaying the delivery of care

Over 100 causes for dementia

DEMENTIA ADDS COMPLEXITY TO SERVICE DELIVERY
Additional problems include:
- Lack of knowledge and education
- Lack of a social policy for dementia
- Lack of a legal policy to protect consumers with dementia
- Lack of coordination and support for care-giver services (eg. respite, support groups, information about nature of problems). Caregivers are often elderly themselves.
- Lack of support for family dealing with denmentia.

Transportation Sector

Can't afford a taxi.

Can no longer drive.

No nearby bus service.

Lack of master plan and area-wide coordination of transportation among levels of governmental jurisdictions

Transportation links to country services from outlying areas are weak or unavailable

Never did or can no longer drive.

Special van or bus system (paratransit) frequently not available

New public funding required to set up special services.

Paratransit underfunded

Paratransit service must have a bus line in order to be set up

American prejudice for automobiles. People don't like to take public transportation (only "losers" take public transportation.)

Taxi scripts are available from city programs.

Transportation in smaller cities is severely limited.

Regulations prevent driver assisting rider to door

Have trouble getting to bus from home because of distance or disability.

MAJOR TRANSPORTATION DEFICIT
Serious lack of flexibility on routes, time, special missions
Lack of transportation is a major problem for obtaining other services.
Unclear who is going to pay for special van or bus system even if available. New public funding required to set up special transportation services.
- Food and shopping transportation needed.

Est. number of customers
Est. staff
Est no. of vans

No available data

Near Poor Sector

People without adequate insurance but t are not qualified for Medicaid. Often end up with less service than Medicaid population.

SIGNIFICANT POPULATION OF POTENTIAL CONSUMERS
Lack of basic data on this group to identify how many, where, etc. Believed to be significant number of potential consumers.

Family Sector

Impact of cultural diversity on service delivery not understood

More women in the work force result in less time to be care givers

Often families do not live in this region and so can not participate in care giving

Often families do not know what services they might avail for themselves or for their aged or disabled family member

Children often don't know what services are available or how to advocate for parents

Dementia increases demands on family. Often families are wiped out physically, mentally, emotionally by need to care for dementia relatives

FAMILIES DON'T GET SUPPORT SERVICES
Families lack support services and are often the in-home support service care givers

Families often have great difficulty getting to visit residential care facilities because they are too far away from their homes or work

System does not value or support families as caregivers.

Families are sometimes disintegrated and dysfunctional

Families sometimes dump elder in various institutional settings.

Insufficient availability of family members to serve as caregivers.

Senior has outlived everyone or never had children so lack potential friends or family as

Family Care giving Services
- Estimated 70% of care for aged and disabled is provided by non-professionals (family, friends)
- Quality of care depends on their support systems
- Often respite systems are lacking

R. E. Horn
Visiting Scholar
Stanford University
2819 Jackson St. #101
San Francisco CA 94115
(415) 775-7377
hornbob@earthlink.net
URL: www.stanford.edu/~rhorn

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