

**HealthWatch Meeting  
November 12, 2008**

<b>TOPIC</b>	<b>DISCUSSION</b>
<b>Approval of Minutes</b>	<p>Introductions            Approval of October minutes-no changes            Announcements: none</p>
<p><b>Rene Farias, UCC Latino Geriatric Center</b>            1028 S. 9<sup>th</sup>            384-3100</p>	<p>UCC programs/services:</p> <ul style="list-style-type: none"> <li>• Elderly-geriatric center</li> <li>• Charter school (3-8<sup>th</sup> grade)</li> <li>• Neighborhood services- watch, housing, graffiti removal</li> <li>• AODA, mental health, day treatment, outpatient, residential (moving to a new building in 2 weeks, expansion to 16 beds for each gender group by Spring 2009)</li> <li>• Education to parents</li> <li>• Arts-children, families, general public</li> <li>• Youth Health &amp; Athletics: after-school program (structured, identification of academic needs, tutors from colleges)</li> </ul> <p><b>Geriatric Center</b>-began 1 year ago, focus on medical perspective/model, partnerships with Medical College and Madison School of Medicine, UWM School of Architecture designed the new building.</p> <p><u>Goals:</u> to serve Latino elderly population with Alzheimer's, address health disparities such as language and insurance barriers. Latinos have an onset of Alzheimer's symptoms on average 7 years earlier than the general population, this will grow in 6 fold/yearly. (Wisconsin Alzheimer's Institute-study that tracks adult children of elderly who have been diagnosed with Alzheimer's. 20 yr program/study to confirm assumptions and to see if there is a way to prevent or delay onset. Some drugs help but not cure.)</p> <p><u>Services/programs:</u></p> <ul style="list-style-type: none"> <li>• Memory Clinic-individual screening for memory loss, if there is a positive diagnosis then treatment begins. Trying to connect points of entry (such as bilingual physicians at 16<sup>th</sup> street health clinic or going to other health care providers for things like blood testing) An individual is eligible for screening even if they are not part of the Adult Day Care program.</li> <li>• Adult Day Care Center-allows respite for family members/caregivers. Gives caregiver the ability to be able to go to work, school and to continue to care for their parents or spouse. Bedrooms for people to rest, now used by many family members because they cannot sleep at home due to caring for spouses.</li> <li>• Caregiver Support &amp; Education-many caregivers wind up in a crisis situation, they often do not know how to manage elders. Health and quality of life issues along with safety and security around the</li> </ul>

home are part of the curriculum. As Alzheimer's progresses the dangers/safety issues around the home increase so there is education for caregivers to make their home safe. Additional issues such as financial, or legal such as wills and Power of Attorney (POA), many caregivers do not think about these additional issues. There are different topics presented monthly for caregivers. Caregiver Package-fact sheets, guide, connection/diabetes, they can use at their leisure, 28-30 caregivers are seen monthly.

- Education and Information for physicians and nurses-many do not recognize Alzheimer's as an illness. Some are not 100% convinced that any treatment will help. Now there are some drugs to assist in quality of life. There is still a lack of resources-what to do with a patient once diagnosed? There needs to be a more comprehensive way to address issues. Toolkit for offices of physicians-given to every office they go to.

Cultural Issues/challenges:

- Subcultures within the Latino population as with all communities (i.e. Mexican, Puerto Rican) all are different. There are many culture differences among generations, only homogenous part is that elderly are respected. However, this is a problem because they are ill and often cannot make sound decisions.
- Guilt-when an elder deteriorates there is often a crisis associated with this. Caregivers will tend to give up and there is often guilt over the responsibility of caring for elders. There is usually a social worker and a nurse who will work as a team to address these issues, they provide home visitation and support.
- Elderly often revert to their early years and will have little or no historical memory. They need time to adjust to new place and to make transitions. As a result, the new facility is a Spanish colonial style building to help with familiarity. The new facility is great, there are tours available and the restaurant is open to the public.

Program results so far:

- The program has already shown a great impact: 95 total memory screenings, diagnoses of 27 cases already. There have been many program modifications in the past year (i.e. engagement). The message that is sent out needs to be modified depending on who you are talking to.
- The adult day center has a 75 person capacity: 55 regular members currently, 37-40 attend daily, need 50-60 daily to make it sustainable by the end of the grants which is 1-2 years from now.
- National Association of Alzheimer's Conference-27 participants in workshop. California does not have anything like this, the largest concentration of Latinos are in Miami-Florida. We are helping other states out with duplicating our model.
- Collaborations made our model successful. The medical community needs to be a part of this. The UWM-Institute of Aging was involved with designing the environment for the facility- they are the experts. It is a complex infrastructure. Every organization involved has its own agenda for a common goal.

	<p><u>Referral process:</u></p> <ul style="list-style-type: none"> <li>• Open to everyone</li> <li>• Serve Latino food, mostly all residents speak Spanish due to memory loss. A non-Latino person may not feel comfortable. In order to be the most effective in providing services, there is a need to focus on the Latino population specifically.</li> <li>• Al Castro: Program Manager, Amy: Program Assistant, ph# 384-3100. Or call Rene and he can direct you to the correct place.</li> </ul> <p>Questions:</p> <p>1. How far do you go out for transportation services? Riverwest- currently provide for 100 elderly, 5 buses go all over Milwaukee Co. There are two care managers, managed care team will go county wide and outside of the county to do screenings. There is connection to primary care providers. Many of the program features are more appropriate for Milwaukee County residents.</p> <p>2. Does Family Care pay for adult day care? For most, yes. Individuals who have no insurance are often supported through grants. We hope there is more success to generate more interest thereby generating more money and giving the program sustainability (family care and self-pay). There is flexibility to serve people, the center will never reject anyone. There is a fee scale available.</p> <p>3. Is there a younger age of Alzheimer's onset outside of the United States? There have been studies in Spain: diet, obesity, and heart problems are part of the problem.</p> <p>4. How much are screenings? They are free, offered daily. Teams go out once a month to different clinics. December 5<sup>th</sup> &amp; 6<sup>th</sup> we will be at the 16<sup>th</sup> Street Health Center. My goal is to have a plan for a year for a clinic presence.</p>
<b>AGENCY REPORTS</b>	
<b>EDS Report</b>	No one present.
<b>DHHS Report</b>	No one present.
<b>GAMP Report</b>	<p><b>GAMP/Badger Core Plus Transition:</b> Audra Brennan, Diane Gallegos</p> <ul style="list-style-type: none"> <li>• December 31, 2008: No more GAMP</li> <li>• To minimize renewals-there will be an automatic transition on 12/31-client will not need to do anything-only need to update changeable info (i.e. income and address).</li> <li>• If a client last applied BEFORE November 1, 2006-they still need to do full application.</li> <li>• Waiver of \$50 application fee-no fee for rest of the year.</li> <li>• Increase in enrollees-all specialists go to 12<sup>th</sup> &amp; Vliet, 13 community sites are set up.</li> <li>• Clinics that are BadgerCare providers will be able to remain.</li> <li>• Accepting applications until Dec 26<sup>th</sup> at 4pm (applications need to be COMPLETE). If we do not have them, they will not be part of the conversion. Emergency rooms may enroll until the end of December but those will not rollover into the new program.</li> </ul>

	<ul style="list-style-type: none"> <li>• June 30<sup>th</sup>-no more GAMP staff, get billing in early and encourage folks to apply early.</li> <li>• Waiver request was approved, <b>HOWEVER</b>, on-hold for now due to state budget. We do not know the date when Childless Adults roll-out will be implemented for the general population.</li> <li>• Moving forward with the GAMP and GA populations, converting anyone on GAMP into Childless Adults core program. Automatically converted, no fee, on program for full year with staggering the renewals (Jan, Feb, March).</li> <li>• Health needs assessment not mandatory the first year, will need physical in first year or become ineligible.</li> <li>• HMO/Managed Care aspect-fee for service (Jan-March), need to choose by March or will be automatically assigned to HMO. We will get current HMO information from GAMP regarding current providers and will factor this in for consideration.</li> <li>• HMO's are the same ones we currently have.</li> <li>• All GAMP providers are in 2-3 HMOS, many take all 5.</li> </ul> <p>There are some continuity of care exceptions:</p> <ul style="list-style-type: none"> <li>• Rx coverage-CORE will only cover generic. There will be grandfathering, especially with mental health/psychotropic medications for a 90 day period. Specific classes grandfathered in, can switch to other brand-name drugs within that class (Alzheimer's, atypical psychotics) other classes will need to change to generic option.</li> <li>• Diabetes/asthma-some exceptions to include 5 drugs in this area</li> </ul> <p>Questions:  What do individuals coming out of the prison system do? They would be able to use free clinics after January if uninsured and free clinics could help with prescriptions.</p> <p>Other issues:</p> <ul style="list-style-type: none"> <li>• 211 Milwaukee Health Partnership-might be able to make an appointment for them in 1-2 days</li> <li>• There will eventually be a fee either 60-\$70. Waiver for homeless for a full year</li> <li>• Past 2009, individuals will continue to be insured if there is no roll-out of CORE.</li> <li>• Waiver means higher reimbursements for providers.</li> <li>• GAMP website has updates, changes</li> </ul>
<p><b>COALITION REPORTS</b></p>	<p><b>HASSR:</b> No meeting until January 21, 2009 but the group will continue to be in communication via e-mail. Issues with the undocumented signing up for Badger Care Plus, individuals are worried because they have been hearing that if they enroll in FoodShare their male children are being automatically registered for the draft. Males are all mandated to register for selective service, the Federal government simply needs to collect data when individuals are applying for other services. Individuals could get jail time if not registered. Masiel will forward information she received from Feingold's office. Isn't it only for people here illegally?  No.</p>

	<p><b>Voices Against Hunger/ Hunger Task Force:</b> See handout</p> <p><b>EPIC:</b> Shared or joint custody issues for Badger Care Plus-custodial parents who have at least 40% physical placement of the child. Some caregivers are turned away, require a letter only. Fathers need to establish paternity.</p> <p><b>Mental Health Task Force:</b> Meeting last night: discussion of county budget and no major cuts to the department of Behavioral Health. District Attorney/Public Defender working with courts to look for community resource and alternatives for the mental health community as opposed to entering into the jail system, collaboration with Justice 2000.</p> <p><b>SSI Managed Care:</b> Nothing new to report</p> <p><b>Make It Work Milwaukee!:</b> See handout</p> <p><b>Milwaukee County:</b> See handouts (JS On-line, Housing Authority Wait List Information, Adoption of 2009 County Budget, Governor Doyle press release)</p> <p><b><u>Ongoing Issues and Action:</u></b></p> <ul style="list-style-type: none"> <li>• Family Care/proposed expansion-Shirin will speak to the group next month.</li> <li>• Scott Walker will veto outsourcing of Call Center-what does this mean?</li> <li>• Health Watch will send Kari resources for underinsured/uninsured for free and low cost clinics, if individuals do not qualify for unemployment they need to provide documentation of past income (seasonal) and have taxes filed.</li> <li>• Kari will resend out free clinics (2007 health care resource guide) from Community Advocates</li> </ul>
<b>LEGISLATIVE UPDATES</b>	None to report
<b>Next Meeting:</b>	<b>Wednesday, December 10th from 9:30-11:30; at Aurora Family Services located at 3200 W. Highland Ave.</b>