



HHSC: Aging Texas Well Advisory Committee, November 4, 2020



Texas Gov. Rick Perry issued an [executive order](#) creating the Aging Texas Well Advisory Committee and Action Plan. The order, which was issued in April 2005, formalizes the Aging Texas Well Initiative and asks the department to continue its work to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for an aging Texas population.

Under the executive order, an advisory committee is to be formed to advise the Texas Health and Human Services Commission (HHSC) and to make recommendations to state leadership on implementation of the Aging Texas Well Initiative. HHSC creates and disseminates a comprehensive and effective working plan to identify and discuss aging policy issues, guides state government readiness and promotes increased community preparedness for an aging Texas.

HHSC also leads a planning effort to ensure the readiness of all Texas state agencies to serve an aging population by identifying issues, current initiatives, and future needs.

<p>Dr. Michèle J. Saunders, MD, Chairperson Academic San Antonio</p> <p>Patricia Bordie Area Agency on Aging Austin</p> <p>Andrew Crocker Academic Amarillo</p> <p>Richard Flores Aging & Aging and Disability Resource Center McAllen</p> <p>Amanda Fredriksen Advocate/Consumer Austin</p> <p>Aftab Ghesani For-profit Nursing Facility Provider Sugarland</p> <p>Anna Gray Advocate/Consumer Houston</p>	<p>Lucia Leo Advocate/Consumer Mission</p> <p>Tammy Mermelstein Provider of Community Services Houston</p> <p>Dirk Sheridan - Ex officio Department of Family and Protective Services Austin</p> <p>Tim Spong - Ex officio Texas Workforce Commission Austin</p> <p>Lynda Taylor - Ex Officio Department of State Health Services Austin</p> <p>Michael Wilson Older Adult Services Network Austin</p> <p>Carol Zernial Faith/Non-profit Organization San Antonio</p>
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Welcome and opening remarks. The meeting was convened by the Chair, Dr. Saunders. Initially, a quorum was not established.

Approve August 5, 2020, meeting minutes. The minutes could not be approved due to the lack of a quorum. After a quorum was eventually established, the minutes were approved with minor modification.

Special Topic: Williamson County Emergency Medical Services Community Health Paramedic Program—Amy Jarosek, LP (Amy Irwin Jarosek, 512-943-1227 ajarosek@wilco.org)

What do our patients need?

- Identification – High utilizers & resource assistance
- Education – Chronic disease education & medication management
- Advocacy – Advocacy and health literacy
- Safety – Home safety and education
- Care Coordination – Coordination of care between providers and community services

The solution is to Increase health literacy, reduce health disparities in vulnerable populations, and improve overall health

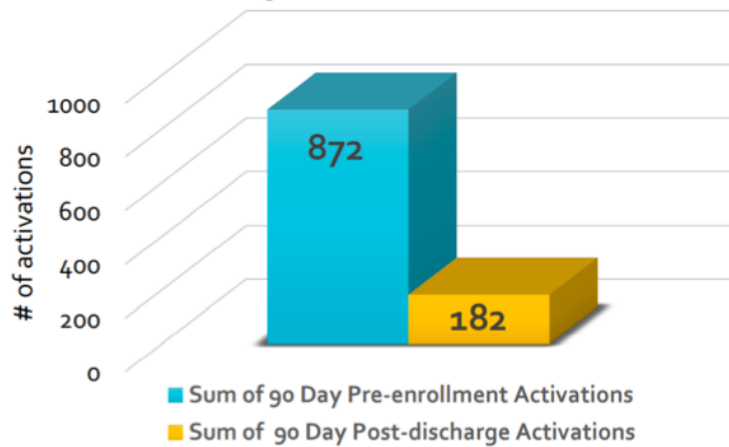
- Engage – Community partners, providers, patients and family
- Coordinate – Care and services
- Educate – Patients, caregivers and families

By providing a mobile, patient-centered outreach, we can meet the patient where they are and provide the service they need.

- Mobile – Paramedics are mobile providers that give a unique insight to other providers and meet the patient in their place of comfort.
- Patient Centered – The patient is at the center of the interventions and advocacy is a priority.
- Trusted – An established public figure who is recognized and trusted by patients and providers.
- Valuable – A valuable service to patients and providers. Increasing health literacy and reducing reliance on emergency services.

CHP Program Impact

2019 Use Reduction Data



In 2019, CHP reported on use reduction for 228 patients and showed a total use reduction of **79.1%** on emergency services

Case Study: 70-year-old male with anxiety and dementia

- History of substance use and reflux
- Family in home but overwhelmed with care
- Little compliance with medication
- Little compliance with other health care providers
- Restricted income
- Rural area
- Presentation with cardiac complaints and shortness of breath

Month	Number of Activations	Intervention
June	9	Initial CHP intervention
July	10	Patient hospitalized for medical workup
August	4	Multiple reports to outside agencies
September	3	Request to local FD for smoke detector installation
October	10	Navigation to services with WCCHD
November	0	CHP attends PCP appt with patient; Graduation from program
December	0	None
February	0	None
January	0	None; 90 days post discharge

BTCS

- Clients with complicated chronic conditions benefit from enrollment in CHP and BTCS concurrently
- CHP attends home visits with ACT case managers to address medical conditions along with mental health conditions

APS

- Clients identified as having poor ability to care for their chronic conditions
- Coordination of care between all involved providers

FROs

- Address “lift assists” for local fire departments
- Intervene with patients identified as needing resource assistance and coordination with other community providers

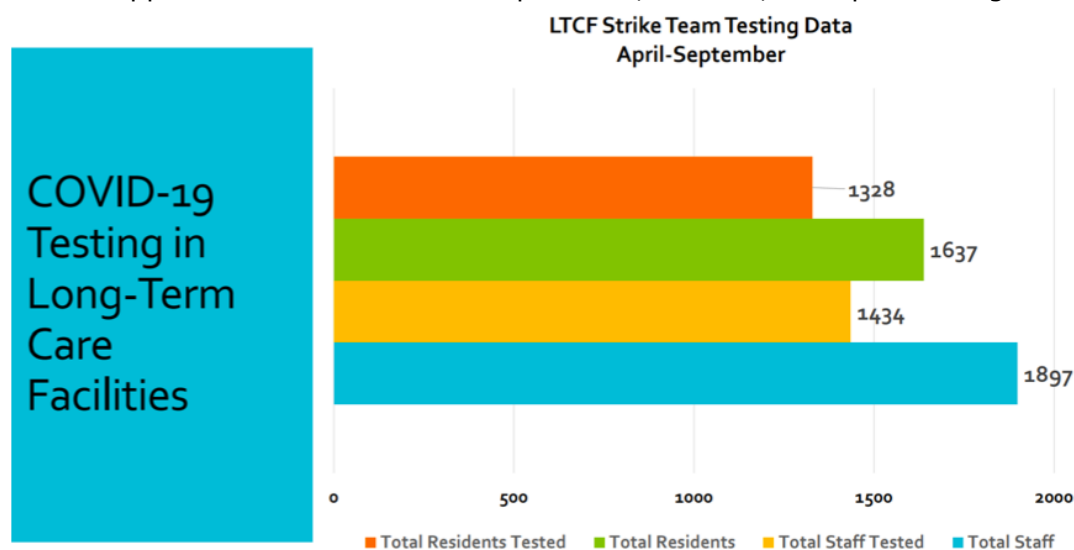
Health Authority

- Assist “navigators” in addressing medical needs identified in patients who are being navigated for government services
- COVID-19 response and infection control/testing at long-term care facilities

Long-Term Care Facility Strike Team: Team of Community Paramedics, local First Responders and Health District personnel established to respond to LTCF outbreaks and perform infection control assessments, testing, and spread mitigation.

Partnership with the local health district to address the impact of COVID-19 in long-term care facilities

- Identification – Perform ICARs and monthly surveys at all long-term care facilities
- Response – Investigate new cases and assist with mass testing
- Support –Advisements on best practices, PPE use, and spread mitigation



Going forward they envision:

- Clinics and Hospitals – Provide adjunct care to at risk populations identified in clinics and hospitals.
- Community Providers – Provide outreach with community partners and address the needs of the community.
- Payor Sources – Establish sustainable partnerships with private and public entities to support our services.

Questions/Answers/Comments

How is the program funded? The speaker stated that initially, it was funded through DSRIP which ended in 2017. Since then the Commissioner's Court has been funding, and they are looking at other funding opportunities.

Gerontological Association has been preparing a COVID-19 guide for LTC facilities regarding oral health. When that is completed, they will send a copy to the speaker.

Mr. Flores asked if the services utilize an evidence-based approach, and whether the program does COVID-19 testing in home? The speaker stated that a pilot program was started for in-home testing. A team goes out to the home using state tests. Community Health Paramedicine is an evidence-based program and a lot of the interventions are being revamped to ensure the right populations are being served.

Regarding overutilizers, what is your success with people opting into the program? The speaker stated that they enroll more than 50% of those whom they contact. They attempt to enroll people every time they reach out.

Committee Operations: Members provided updates from their respective organizations.

- The Chair announced that this was her last committee meeting.
- The Triple As have been wrapping up their year. Food insecurity is the number one issue and other income support services. They are concerned for when COVID-19 related moratoriums on evictions go away. Congregate meals have been all but eliminated in areas other than very rural areas. Classes are being done online. Reopening of services is under discussion.
- Ag Extension Services responded quickly to COVID-19 with virtual programming. They are slowly getting back into in-person programming based on county guidance.
- Everyone is gearing up for the legislative session.
- Aging and Resource Centers Coalition— all 28 centers are continuing to meet (virtually). There is no new word about when in-person meetings will be reinstated. ADRC Resources for COVID-19 services have been made available. All centers received respite funding.

- AARP stated this is Amanda Fredriksen's last meeting. AARP moved events and activities online and that is the plan through the end of the year. Two new reports:
 - LTSS Score card comparing different state services using numerous measures
 - Monthly COVID-19 Nursing Home Dashboard
- Molina stated that no face-to face meetings are happening. Face-to-face interaction is still unknown.
- University of Houston Downtown launched a collaborative and is working on pockets of vulnerable adults. They made a presentation on natural disasters and older adults at the Gerontological Association meeting.
- APS is impacted by the social isolation of clients. They are starting a new program that is a call center "Caring by Calling."
- Older Individuals who are Blind— they have a help line through OIB 512-936-3388. They are working with the challenges of virtual training. They are using "Curbside" to provide CCTVs and other support services. OIB is expanding in South Texas area for older individuals. Work is mainly through a virtual platform because of COVID-19. They have a Peer Support Group developed. They welcome input on a peer support network model.
- DSHS/Alzheimer's Disease— March of 2021, the Council will meet again.

Public comment. No comment was offered

Action/agenda items for next meeting and wrap-up: Dr. Saunders, Chair

The Chair stated that there is a need to have the division reports included in future meetings.

Adjourn. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of the organization and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless the organization grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of the organization or its management.
