Senior Services Coalition of Alameda County

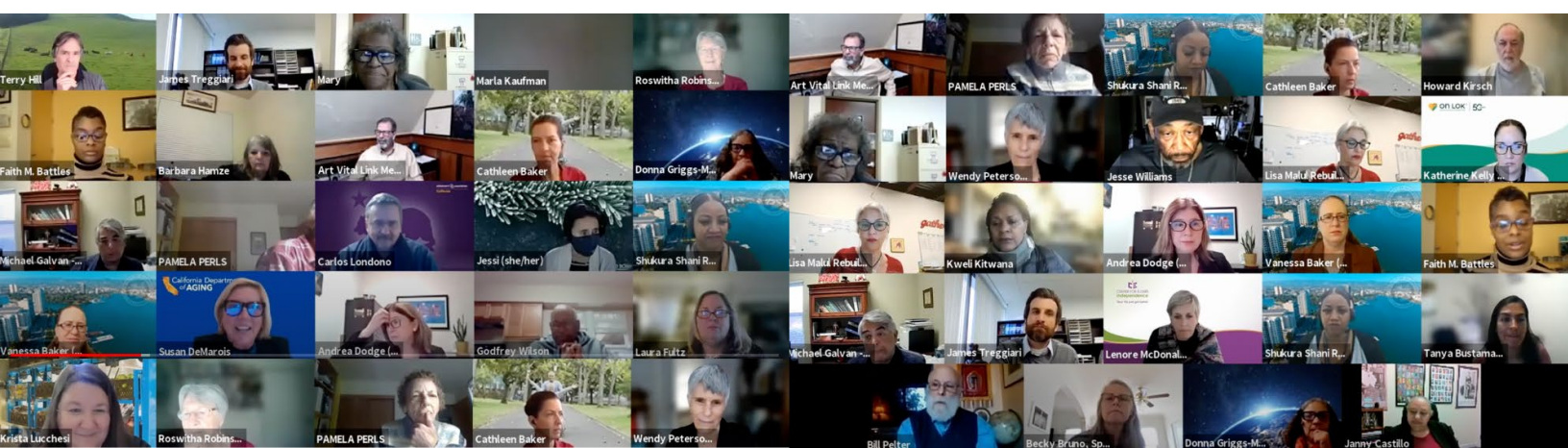AGING IS SOMETHING WE ALL HAVE IN COMMON

ALAMEDA COUNTY PERSPECTIVES - CALIFORNIA MASTER PLAN FOR AGING

01/ 2022 | REPORT TO STAKEHOLDERS

On Friday, December 3, 2021 the Senior Services Coalition of Alameda County hosted a community forum to examine the progress and local impacts of the Master Plan for Aging's first year, and share ideas to inform advocacy and implementation going forward.

This report captures the rich conversations, questions, ideas and recommendations that over 130 stakeholders contributed that morning. Senior Services Coalition took our responsibility to listen very seriously, and we hope this report accurately captures stakeholder input and summarizes with fidelity.

Sections

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ACKNOWLEDGEMENTS

It took a community to make this forum a reality, and we have many people to thank.

Thank you to Alameda County's Social Services Agency and Public Health Department, and to the members of the Alameda County Council for Age-Friendly Communities for their partnership in putting this forum together.

Many thanks to our sponsors, Kaiser Permanente, Alameda Alliance for Health, Empowered Aging, and Choice In Aging, Alameda County Social Services Agency and Alameda County Public Health Department. Without this support, the forum would not have been possible.

Thank you to the members of the community who took time out from their day to attend the forum, and who contributed their thoughts, questions, ideas and perspectives.

We want to express our enduring thanks for Supervisor Wilma Chan. She was a champion for older adults, families and people who are marginalized. She was always there for us, using her fierce intellect, compassion and humanity to address complex realities head on… always challenging us to stretch, to speak up, to ask for what we need. Wilma Chan was irreplaceable. We will keep her close as we continue to engage in the good work of shaping a community where everyone can thrive.

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A RICH VISION

We asked:

We asked Forum attendees to share their perspectives of what an age-friendly community looks like. Together, their contributions paint a rich vision of community.

Here's what we heard:

"A safe, nonjudgmental community where older adults can thrive."

"An affordable, age friendly community where Older Adults are an integral and active part of it."

"Housing is not just about four walls; it's about services and location and community."

"Families provide the majority of long-term care and need support for themselves as well as the person they're caring for."

'"No Wrong Door" is not just that everyone will have access to the same information no matter where they will go, but that everyone will get help and be connected with needed services no matter what their income level."

"Age Friendly community; affordable, body/mind/spirit health resources on site, safe community engagement encouraged; safety protocols in place, naturesque with beauty, health, community emphasized.

A livable age friendly community is one that has community spaces and services that are accessible for seniors and people with disabilities.

I envision a world where our elders are valued and folks are able to age in place.

I think access to resources and the ability to find that information is the most important thing for an age friendly community. Also, allowing seniors to have a large voice in their own care and community ie: congregate living, recruiting them as volunteers and on boards, getting as much feedback as possible.

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RECOMMENDATIONS

We've captured the recommendations that community members voiced during the plenary and in the small group listening sessions – organized roughly by summary statements.

Housing is THE Crisis

"Housing is health, they are intertwined. We are in a crisis and it is a priority to get more housing for seniors and families. We need more affordable housing for low income people!"

"Make sure to include supportive service partners when building housing so it is part of the housing."

"The rules around the housing that is built to be "affordable housing" need to be changed… There are still some giant loopholes that can make them unaffordable for so many. "

"There is an extreme need for affordable housing for middle-income seniors. Control of the market for buyers as well as rent control are two things the state should be doing."

"We need universal design to benefit all residents and allow seniors to safely age in place."

"To understand accessibility in housing, it is important to understand requirements for disabled access in California Building Code (CBC) Title 24, and you should know that there is no requirement for roll-in showers for housing like apartments, just accessible tubs, and this must change."

"Rebuilding Together [and other CBOs] has limited resources to do extensive environmental adaptations like roll-in showers, ceiling lifts, etc. There is no way to find disabled access professional through the California State License Board (for any seniors) and there are a lot of scams targeting seniors needing home renovations."

"People with disabilities need access to environmental adaptations, and community development programs like the minor home repair program must provide forgivable loans higher than $10,000 and must not discriminate against persons who have very low income below HUD guidelines which starts at about 17,000 to qualify for program assistance which is a higher income than those on SSI or other disability incomes."

"[Address the] residential placement gap for older adults who have been living with a long-term mental health diagnose and now have developed cognitive issues, dementia. Especially for a person with limited funds."

"ADUs provide an affordable, flexible and often income-generating housing option that meets the needs of older adults and young households alike."

"Accessible "tiny" homes have been designed and can meet the needs of many wheelchair users. The problem is that jurisdictions aren't considering them in their planning and procurement. We all need to demand that they do!"

"Serious consideration for multi-generational housing; it feels stimulating for young and old to exchange at meal time, play time, etc."

Alternative housing models deserve attention and investment, including the Home Match programs, co-housing, intentional inter-generational communities, and the trust ownership model for group homes (enables greater control over service quality and continuity of living situation for the residents).

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Transportation Is the Elephant In the Room – from Housing and Healthcare to Food and Socialization, Solutions Must Address Transportation

"Transportation is a critical issue for seniors. At some point we have to stop driving and our independence is lost. I know there is uber and Lyft and Go Go Grandparent, but all that is more money you have to pay or don't accommodate disabilities. Ride share rates have gone way up in the pandemic because there are fewer drivers. City boundaries are arbitrary way to organize access… I'm just a few blocks from a city where I could get transportation help."

"I do a lot with transportation, and there is very little attention to transportation. Sometimes when you build housing people have no way to get to the store because there is no connection to public transportation. New housing in Berkeley but we've lost bus stops (one that went to four senior centers, so people can't get there). You guys never focus on transportation and you need to. Talk about housing must include transportation. "

Accessing Services and Navigating Systems and Benefits Must Be Simpler!

"An over-arching "Goal" must be to allow seniors to very easily find the services they need. My personal experience is that searching for a specific service is like drinking from a firehose. It is overwhelming and not very helpful. "

"Even the best services, if difficult to find, will be under-utilized. The information needs to be easy to get to."

"Medicare options and penalties, like taxes, need to be simplified!"

"If you don't have wifi, you have to pay for expensive phone data plans or you're locked out of much needed help and support."

"Free high speed internet access for all is vitally important."

"Local priorities: More outreaching… a campaign! Recognizing that many seniors don't use technology. So reach out to seniors in our communities that are underserved, who don't have access to a phone or internet, to make sure that we are hearing everyone's voices, and so they know what services are available. This virtual communication is leaving so many people out. "

"Low-cost or free training for internet and device support!"

Realize the Promise of the Aging & Disability Resource Connection/No Wrong Door

"I heard lots of questions about how the ADRC/No Wrong Door will actually work…. The concept is promising but it sounds like there are many challenges. The implementation needs to be focused on making it useful, user-friendly, meaningful, accessible!"

"There is a need to collect better data… To identify where are the gaps and make improvements, and to understand how to make these programs more accessible, you need to have good information. This [has to be part of] the no wrong door… Starting with having a centralized data base and centralized application to streamline people's application for benefits!"

"One of the challenges of no wrong door models is the need for continual training of staff on resources and services. CBOs need support on hiring and retaining staff, and we need to consider workforce development with social workers in geriatrics too."

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Build a Data Dashboard that Assesses Reality and Tracks Progress Honestly

"I would love to see a data report based on zip code and services provided and utilized."

"As a social worker for many years, I saw so many of these programs come and go, get funded and de-funded. Data is incredibly important in convincing the public and politicians of the necessity and effectiveness of them."

"A priority is building in data collection and tracking that will help improve processes and access, and making programs successful."

Solutions Must Recognize and Address the Needs of Those Who are Invisible, Including…

"One issue in the community of people of Intellectual Disabilities this is the first generation that is going to out-live their parents in significant numbers. Approx. 2/3 live with their families. [There] is little in the way of succession planning when the primary family can no longer provide care with many requiring care themselves."

"Accessibility to clinical services and ability to discern cognitive decline and make healthy decisions for self."

"Faith, great that you are working with Legal Services for Prisoners with Children. The elderly who were formerly incarcerated are often overlooked."

"Phone calls to those who are homebound is always a great way to begin. There used to be an agency calling seniors many years ago. You find out what the needs are and how to meet them."

Ensure that Disaster Preparedness & Response Systems Walk the Walk

"Disaster planning must work to ensure that the SGIP program through the CPUC does what it was supposed to do to provide seniors and persons with disabilities backup residential batteries like the Tesla batteries would be provided to those in wildfire zones."

"I am really concerned about the lack of advance planning to address the special needs of those with mobility issues and cognitive impairs in a disaster/evacuation scenario."

Robust Support and Training for Both Paid and Informal Workforce Will Help Our Community Support Us as We Age

"What is the timeframe for expanding the 4Ms training beyond County agencies to CBOs? We've been talking about this at my agency, and it would be great to piggy-back on existing work and get some support."

"Use new state funding to bring this program [Career Pathway program launched by Nicole Howell at Empowered Aging] to Alameda County in partnership with Holy Names and other local college programs that are just hurting for students. CEI would sponsor a cohort. This is doable! Council needs to make it happen."

"There isn't enough training given to care workers so they know approaches for working with people with dementia… what to do, how to do, when to do… and if you can teach empathy, that too… care workers need to know all this. Trained, and paid respectfully."

"Caregivers are essential workers… they need to be paid and supported."

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Family Caregivers Need Support

"Hoping to hear more about ways we can better support older adults and family caregivers in the county. Families provide the majority of long-term care and need support for themselves as well as the person they're caring for."

"The Aging community is greatly supported by Family (non-formal) Caregivers. Actually, the entire Healthcare system is heavily supported by unpaid family caregivers. Goal #4 should really be a priority. Cause if family caregivers set down, stop providing support, housing and etc. Government agencies and hospitals would be overwhelmed."

"I also have a concern about family caregivers who do not qualify for IHSS. They struggle everyday to care for their loved ones and many neglecting their own help and wellbeing. They need our help."

"The title, "Caregiver" is not a familiar term in my community. Many times when I am attending outdoor community events. I spend most of the time explaining to community members what a caregiver is and what services are available. It is great to provide funding and programs, but if the community is not aware that they are the person the services are for, then they won't use the resources or take part in the programming. More education, information is needed."

Improve In-Home Supportive Services/Make Home Care an Accessible Option for More People

"For those who do not qualify for IHSS...affordable caregiving is a significant issue for family caregivers to get assistance and respite."

"There is a relatively new IHSS program that works with people who aren't able to hire and manage their care worker... So many people need this version of the program and it can make all the difference!"

"So much change is needed for the broken IHSS program in all counties. This should include: 1) Living wages for IHSS provider to attract a workforce; 2) Differential pay for IHSS/HCBS recipient-employers with severe impairments' providers; 3) Backup emergency rapid response for IHSS/HCBS provider absences for any reason; 4) Augmented higher pay for weekends, holidays because recipients are abandoned by IHSS providers every holiday."

"What is needed is meaningful access to care through an abundance of IHSS/HCBS care providers."

"There must be individual training budgets for IHSS/HCBS recipients because we train our own providers to meet our individual needs particularly for those with severe impairments."

"[Address] the need for backup emergency providers for IHSS/HCBS recipients when the county backup provider contracts do not actually provide emergency care to individuals with disabilities and when APS simply says go to the hospital if you need care."

"Backup non-relative community care providers must be able to provide care for those with paramedical needs, those without a care provider, and for those who test positive for COVID with a provider protocol."

"What the disability community wants is a readily available competent workforce that allows individuals choice in hiring of independent providers not through some managed care plan."

"HCBS must be universally available…, transferrable between states & must not be linked to managed care."

"Consider bringing together County IHSS departments to share best practices and approaches."

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The Bay Area's Affordability Crisis Must Be Addressed!

"Agreeing with Harriet about concern for low-moderate income seniors who can't afford housing. They also can't afford in-home care, case management services, etc. as they also don't qualify for IHSS, MSSP, etc. They're the ones who really slip through the cracks."

"PG&E is a big struggle for me, I go without heat 90% of the cold months because the cost is so high. My income, although low, isn't low enough to qualify for support. This is the Bay Area, it's horribly expensive to live here, those income limits should be raised."

"Responding to the earlier comment that people not on MediCal can afford to pay for their own care: if someone has an income of $2000/month, and they're paying a Bay Area rent or mortgage, they cannot afford a Medi-Cal share of cost, and they can't afford to pay for someone to help them in the home. These folks need help accessing care and other services."

"Not only is food insecurity very real, but it's increasing. We've seen tremendous expansion of our Mercy Brown Bag program at the San Leandro Senior Community Center. We distributed 55 bags pre-pandemic, that has grown to 200 since March 2020."

Messages that Policy Makers and Leadership Need to Hear

We heard a call for leadership at all levels to listen more often and deeply to the community and use the insights from lived experience to reshape services and systems.

"There must be a re-thinking of what is needed in the form of care for those with different disabilities, mobility, visual, hearing, mental disabilities. For example, a person with Alzheimer disease may not need physical assistance, but may need social engagement opportunities to do things they used to love like walking, gardening, art projects. As things change in needs those must be addressed."

"Consolidate state agency departments under one umbrella (Department of Community Living for Persons with Disabilities and Seniors"

"[R]ecruit a "committee" of constituents and have a session where [leadership] listens [to constituents]."

"I am not happy with the California HCBS Spending Plan. The voices of persons with disabilities and seniors are not being listened to."

"Policies must change to reflect local economic reality: policies that limit/restrict the level of assistance an elder can receive are based on income limits that don't reflect the cost of living in the area where they live. Income level criteria must be adjusted to reflect the reality of living in the County so that people aren't deemed ineligible when they really need the services and can't begin to afford them."

"There is a significant part of our community who are not able to access service virtually… they need to come in and in-person options are a must. Finding ways to do that safely is critical. Real human interaction will continue to be necessary and should always be an option."

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TAKEAWAYS

Below we have attempted to summarize the takeaways from extremely rich & cross-cutting conversations. We urge you to read through the complete transcript of chat & recorded comments in the Appendix.

Housing for All Ages and Stages

Participants acknowledged the magnitude of the housing crisis that is upon us, and emphasized the need for diverse solutions to address the unique and varied needs of older adults – both those who are in crisis and those at many stages of economic insecurity.

Participants confirmed that to be successful, housing solutions must consider the intersections with other social determinants of health: services, food, transportation, caregivers & social/community life. They elevated alternative housing models that deserve attention & investment, including the Home Match programs, co-housing, intentional intergenerational communities & universal design standards for new construction. In addition, participants identified the trust ownership model for group homes, which enables greater control over service quality and continuity of living situation for the residents.

Health Reimagined

Participants illuminated the connections between physical health and what are sometimes called the "social determinants of health." They highlighted the importance of transportation, housing that is both available and affordable no matter what your income, assistance in navigating complex and confusing coverage and systems, gero-skill training for all clinicians, exercise and creative activities.

They called out the importance of addressing the needs of people with modest incomes who are not eligible for Medi-Cal but who can't afford needed medical and supportive services. They identified the need to address loneliness and isolation, and recommended intergenerational solutions. They identified internet devices as solutions for telehealth, socialization and engagement, urging health systems to fund devices and internet service and to partner with community-based organizations who can provide tech training and support. But at the same time, they warned that many people will not be able to thrive using internet solutions and so in-person options must always be available.

Inclusion & Equity, Not Isolation

Participants confirmed that the definition of equity must include justice and the mandate to design systems that recognize historic and systemic injustices and that put people on an equal footing so that they all can access services and opportunities. They identified housing, digital connectivity and transportation as areas where stark disparities exist. They identified ageism and disability bias as compounding discrimination in health care, long term care and elsewhere. They emphasized how difficult it is to find resources and help.

They made several strong recommendations: 1) to develop a transportation security index for the county to identify where solutions and investments need to be made; 2) to include in all planning and design efforts the people who will use the systems and services, and do so in meaningful ways; 3) develop service capacity and capability that really addresses the needs of this diverse community; and 4) make it easy to access.

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Caregiving that Works

Participants recognized the value of both professional and informal caregivers, and called for higher pay for both the IHSS and private pay workforce. They asked that these workers be recognized as essential workers who should be included in low-cost housing opportunities so that they can live nearer to where they work.

They highlighted solutions to address the need for career pathways and more accessible and language-appropriate training, and spotlighted a need for dementia training for professional and family caregivers. They called for solutions for middle-income people who cannot afford – but desperately need – homecare. [In an Inclusion session, participants identified an urgent need for IHSS care providers and back-up providers.]

Affording Aging

Participants voiced concern that the network of community-based services lacks the capacity to serve the current need. They questioned whether MPA investments will address this gap, and highlighted the challenges to ramping up service capacity – from non-competitive wages that undermine staff recruitment and retention, to the protracted work of identifying and addressing service gaps. They called for change to policies that create eligibility barriers based on criteria that don't reflect local cost-of-living reality and the economic insecurity experienced by so many.

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QUESTIONS ANSWERED

We've captured all the questions that were asked in the chat during the course of the Forum. Please know that the answers are suggestions that reflect the perspective and knowledge base of the Senior Services Coalition staff, and are not meant to be comprehensive.

Questions about Policy and Implementation

Q - *I'm not clear on which of these [Five Bold Goals] have been implemented, are being considered, designed, etc. I know [the First Year Wins presentation] is a big picture overview, but clarifying that would be helpful.*

A – Check out the MPA In Action web page at https://mpa.aging.ca.gov/NewsAndEvents/Index, where articles documenting the progress are added periodically.

Q - *If access to data and information about the full range of services is important across all 5 goals, under which goal is it addressed in a unified, comprehensive manner?*

A – In a very real way, one could think of the MPA Data Dashboard as a sixth component of the MPA. The Master Plan for Aging outlines five bold goals and twenty-three strategies to build a California for All Ages by 2030. Beginning in 2021, the goals and strategies will be powered by over 100 action-ready initiatives that have already been adopted by state agencies for implementation, in partnership with stakeholders and the Legislature. These initiatives will be continually informed by the publicly accessible, user-friendly, and routinely updated Data Dashboard for Aging , which will track progress toward the Master Plan's targets over ten years. The Dashboard was developed in partnership with the Let's Get Healthy California team at the California Dept. of Public Health.

Q - *What is the proposed expansion for Multipurpose Senior Services Program (MSSP)? It seems that this is a cost saving program that effectively helps keep our seniors out of skilled nursing facilities.*

A – The state's 2021/22 budget increases funding for MSSP, restoring the 2,497 program slots that were eliminated in 2008. To do this, the Budget allocates $6.3 million GF in 2021/22, and $11.7 million in 2022/23 and ongoing. In addition, the budget makes the recent rate increase an ongoing allocation. (The increase, approved in 2019, was an investment long overdue and urgently needed to keep MSSP programs viable. We expect that the restoration will add between 48 and 100 program slots in Alameda County – a meaningful increase but still inadequate to meet the need. MSSP serves nearly 12,000 frail Californians in their homes, rather than institutions, and saves California millions of dollars annually. The program's case management model (including a nurse, social worker and purchase of services) is highly effective at keeping clients stable. MSSP clients are 65 years+ and are certified for skilled nursing home placement which is an indication of their fragile health

Q - *There has been discussion about increasing access to PACE programs statewide...How would that work?*

A – We've sent out a query and hope to answer this question in an updated version of this report.

Q - *Where can I locate data that monitors how many people who have utilized the services?*

A – Services are funded and administered across many different agencies and so public data and reporting are available in different places and with differing levels of detail. A good source to see state level utilization of Older Americans Act services is the ACL's Aging, Independence, and Disability Program Data Portal (AGID) at https://agid.acl.gov/Default.aspx . A good source for utilization data about California Department of Aging programs is the CDA COVID-19 Response

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Data Dashboard at https://aging.ca.gov/Data_and_Reports/COVID-19_Data_Dashboard/ . Kaiser Family Foundation's State Health Facts/Medicare tool at

https://www.kff.org/state-category/medicare/ lets you see coverage enrollment, spending, utilization and other measures by state. The UCLA Center for Health Policy Research at https://healthpolicy.ucla.edu offers many relevant publications and a portal to search the California Health Interview Survey. We'll update this as we locate additional data sources.

Q - *Has a Race & Equity tool been used in the development of the MPA?*

A – The MPA Stakeholder Advisory Committee's Equity Workgroup developed a set of recommendations that informed the development of the MPA framework, initiatives and Data Dashboard. You can see these most concretely reflected by going to https://mpa.aging.ca.gov/Goals/3 and viewing the Initiatives under Strategy A: Inclusion and Equity in Aging. To read the Workgroup's report, go to the Advisory Committee's Full Report at https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2020/10/02140614/Master-Plan-for-Aging-Stakeholder-Advisory-Committee-Full-Report-accessible.pdf

Q - *Are any statistics available on county [IHSS] backup services delivery and denials?*

A – The California State Auditor's February 2021 Report on IHSS can be found at http://bsa.ca.gov/reports/2020-109/index.html

Q - *I couldn't join until 10 — what issue briefs is Faith referring to?*

A - Link to Issue Guides: https://agefriendly.acgov.org/aging-in-ac/issue-guides

Q - *Will all these services be available to non-citizens?*

A – It's beyond the scope of our report to list the eligibility criteria for the many services that have been mentioned today. The National Immigration Law Center keeps track of major benefits and programs available to immigrants at https://www.nilc.org/issues/economic-support/programs-available-to-immigrants-in-calif/

Q - *How many older adults are in the unincorporated areas? what are the communities or is it all rural?*

A - Eden Area Livability Initiative plan documents. These include wealth of information about the County's unincorporated areas, and Shani included snippets of info in our Age-Friendly Communities Committee presentation. It is here: https://www.acgov.org/edenareavision/documents.htm

Q - *How can I find information about the relationships among the various agencies, councils, commissions, etc.?*

A - You can find information about the relationship between the various agencies and councils and commissions at the Department of Adult & Aging Services website here: https://www.alamedacountysocialservices.org/our-services/Seniors-and-Disabled/Seniors-and-Disabled

Q - *How often will progress reporting take place?*

A – The Alameda County Council for Age-Friendly Communities and its partners, Alameda County Health Care Services Agency and Social Services Agency, report progress to the Board of Supervisors periodically, usually at joint meetings of the BOS Health and Social Services Committees. To find upcoming meetings, go to https://bos.acgov.org/committee-meetings/ To watch past meetings, go to https://bos.acgov.org/broadcast/

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Q - *If "no wrong door" is important, why isn't it included as a goal in the plan? we hear much about the trees but little about the forest in the plan. Continuing the wonderful work in providing services is exciting, but what I do not hear is an attempt to coordinate and provide uniformity of access as an over-arching goal. Even in this very helpful seminar, I feel like I'm drinking from a firehose. So many organizations saying much the same thing at the "trees" level. Is there any organization in Alameda County that is universally recognized by all constituents as serving as providing overall coordination and leadership?*

> A – The intent of the ADRC is to engage as many organizations as possible in adopting a central referral platform and set of services (each organization being a "door"), thereby creating a no wrong door system. This can only happen over time, starting with the three core ADRC partners – in Alameda County those are Community Resources for Independent Living, Center for Independent Living, and the Area Agency on Aging – and training and on-boarding additional community-based organizations as quickly as possible. This is a big task all by itself, and holds great promise, but it is only a part of the transformation that is needed. Even if every community member had the navigation help they need, they would still encounter eligibility criteria, capacity and funding limitations that would keep many from being able to access the care they need when they need it. To address these barriers, public policy changes will be needed, better coordination and integration with health care is necessary, and additional service capacity must be developed. Alameda County's leadership has shown its commitment to lead, but the effort requires multiple public and private entities to maintain a commitment to collaboration for the foreseeable future.

Q - *Will age for Medicare go down to 60?*

> A – We don't know.

Questions about local service needs

Q - *What's available for seniors whose income is too high for low-income housing but too low for market rate housing? Not housing in the boonies either!*

> A – This is the most challenging question, and one we don't feel qualified to answer. Some great resources to start with: Call 211. Check out Covia/Front Porch's Home Match program at https://covia.org/programs/home-match/. Investigate Co-op housing at https://www.ebcoho.org/.

Q - *With the economic downturn, some have somehow managed to pay their rent or make arrangements with their landlord. But, they have not been able to pay their PG&E & other utility bills. What assistance is there for utility bills?*

> A: Spectrum Community Services can assist with PG&E bills. Go to www.spectrumcs.org

Q - *Are there conversations or any plans to address the health care needs and support for clients who are bed-bound or physically unable to leave there homes? Is there an option to have health care professionals conduct in home health checks which may help decrease serious medical diagnoses and illnesses?*

> A - LifeLong Medical Care has a Care at Home program for our patients who are homebound. We are in Northern Alameda County.

Q - *What is the timeframe for expanding the 4Ms training beyond County agencies to CBOs? We've been talking about this at my agency, and it would be great to piggy-back on existing work and get some support.*

> A – We will bring your feedback to the Council for Age-Friendly Communities as a recommendation. Stay tuned for opportunities to advocate and collaborate.

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RESOURCES AND INFORMATION

Calls to Action

If you or your organization work with "Older Latinx Adults" please share our Digital Inclusion Survey located here in both English https://www.surveymonkey.com/r/LatinxResourceNeeds and Spanish https://www.surveymonkey.com/r/ResourceNeedsEspanol

About the Master Plan for Aging

California's Master Plan for Aging: https://mpa.aging.ca.gov/

Data Dashboard: https://mpa.aging.ca.gov/DashBoard

Local Playbook: https://mpa.aging.ca.gov/LocalPlaybook

About the State Budget and State Investments in capacity, programs and services

The SCAN Foundation summary of California 2021/22 Budget: https://www.thescanfoundation.org/publications/summary-of-the-california-enacted-2021-22-budget-and-home-and-community-based-services-spending-plan-impact-on-older-adults-people-with-disabilities-and-their-caregivers/

Department of Finance: www.ebudget.ca.gov

Dept. of Aging: Budget/Spending Plan Overview: https://www.aging.ca.gov/download.ashx?lE0rcNUV0zamquGeyM2ETg%3d%3d

Dept. of Health Care Services: HCBS Spending Plan: https://www.dhcs.ca.gov/Documents/DHCS-HCBS-Spending-Plan-Web-Package-7-12-21.pdf

About Alameda County's Age-Friendly Community Initiative

Link to Issue Guides: https://agefriendly.acgov.org/aging-in-ac/issue-guides

Suicide Prevention Brief: https://agefriendly.acgov.org/aging-in-ac/suicideprevention.page?

Social Isolation Issue Brief: https://agefriendly.acgov.org/agefriendly-assets/docs/social-isolation/Social-Isolation-Issue-Brief.pdf

Age Friendly Efforts: https://agefriendly.acgov.org/af-efforts/af-efforts

Alameda County Older Adult Digital Needs Assessment Survey results will be posted here in 2022: https://agefriendly.acgov.org/af-efforts/internet-survey.page

Eden Area and Unincorporated Areas

Eden Area Livability Initiative plan documents. These include wealth of information about the County's unincorporated areas, and Shani included snippets of info in our Age-Friendly Communities Committee presentation. It is here: https://www.acgov.org/edenareavision/documents.htm

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Resources

Department of Adult & Aging Services in Alameda County
https://www.alamedacountysocialservices.org/our-services/Seniors-and-Disabled/Seniors-and-Disabled

Area Agency on Aging Senior Information Line **1-800-510-2020** or **510-577-3530**.

If you would like to be added to the AAA email list in order to receive updates on senior services and events throughout Alameda County, please email seniorinfo@acgov.org with your name and/or organization.

Alameda County Senior Resource Guided https://www.alamedacountysocialservices.org/our-services/Seniors-and-Disabled/Area-Agency-on-Aging/Senior-Information-and-Assistance/Senior-Information-and-Assistance#resourceguides

Spectrum Community Services can assist with PG&E bills - www.spectrumcs.org

Apply for back-up portable batteries for those who live in high PSPS zones here: https://disabilitydisasteraccess.org/power-safety-shutoff-resources-application/   [CRIL is the provider in alameda County at www.crilhayward.org]

Training on Web Accessibility: https://www.w3.org/WAI/fundamentals/foundations-course/

Housing

Alameda County Housing Portal https://housing.acgov.org/

EBALDC Housing Acquisition Fund https://ebaldc.org/housing-acquisition-fund-faq/

EBALDC low-income housing https://ebaldc.org/properties

Public Policy Information and Engagement

Who Is Caring for the Caregivers? The Financial, Physical, and Mental Health Costs of Caregiving in California https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=2252

California's caregiver shortage https://calmatters.org/commentary/2021/09/the-need-to-solve-of-californias-caregiver-shortage/

City College of San Francisco, UC San Francisco and Homebridge Launch Groundbreaking Partnership to Increase Health Care Jobs https://www.prnewswire.com/news-releases/city-college-of-san-francisco-uc-san-francisco-and-homebridge-launch-groundbreaking-partnership-to-increase-access-to-health-care-jobs-301382379.html

U.S. Department of Health and Human Services Office of Minority Health: https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=1

California Department of Technology Middle Mile Initiative: https://cdt.ca.gov/middle-mile-advisory-committee

https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html

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APPENDIX

SMALL GROUP LISTENING SESSIONS – RECORDED AND CHAT CONTENT

Groups 1 and 2: Housing for All Ages and Stages

MPA GOAL ONE: We will live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

"[There are] gaps in affordable housing and actually any appropriate housing for individuals with Down syndrome (or other intellectual disabilities) and dementia (a growing number)."

"There is MUCH interest in services and supports for the disabled community, our group discussed transportation needs for those who use wheelchairs and home modification programs which allow healthy aging in place."

"We're going to have to have all phases of housing to weather this housing crisis… It's huge, it's bigger than just us. I'm hopeful with the funding that's trickling down, and with the city's new Housing Element plans I'm hopeful that some of the buildings that will be built will house Boomers and older adults who are becoming housing insecure. It's difficult to remain in the Bay Area if you don't have affordable housing. We'll have to be creative and work with community partners to try to create a good example for how housing should be… because we can't just build our way out of the crisis."

"Acknowledging the scope of the problem and how transportation is tied to housing. Housing is not just four walls, it's about services and location and community."

"What is the funding from the federal government? Is there any permanent funding for the homes that the state is hoping to open for older adults and disabled? That's a challenge… community care license homes are closing (two just in the last month). What is the overarching plan to ensure that resources will be there?"

"Is there interest or effort to require or encourage universal design in the county? Standards that apply to supportive housing models and also in general… so construction entities can build forward with universal design standards so people are able to age in place. "

"The rules around the housing that is built to be "affordable housing" need to be changed… There are still some giant loopholes that can take them unaffordable for so many."

"Make sure to include supportive service partners when building housing so it is part of the housing."

"I need to move. I'm in an in-law apartment, and I'm absolutely shocked I had no idea what rents are out there. I can't imagine how difficult it must be for others who are living on fixed incomes or can't work. I feel for people."

"We're in a crisis of loss of community. People who have been East Bay residents for so many years and contributed so much to our community are being forced out of their communities, not by choice. We're losing so much local knowledge and experience. It's tragic for all of us. Many seniors are moving one or two hours outside the Bay and are driving in every Sunday to celebrate and be with their community - and that's not acceptable that someone has to sacrifice so much to be a member of the community that they have been a part of for so many years."

"Covia/Front Porch has a great partnership program, Home Match, that matches people who need housing with people who have a house with space and may need income."

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"Train meals on wheels drivers to notice that someone may need housing assistance, know what to look for and how to help connect people to help."

"For my developmentally disabled daughter who is 44. Our experience is that with housing it is extremely important for the caregiving staff to have training and education that they currently don't have. It is probably better to have a trust own the home and the caregiving staff is from an agency that could be changed without altering the residence for the residents (for those homes that were created for people coming out of the state institutions, the trust model has worked well). The wages for caregiving staff at DD homes are so poor. Many staff are not up to the job. The training is in incident reporting and licensing requirements, but no behavioral health or human developmental training. Last year we tried to move a bill in the California legislature to create a career path that would give some sort of certification to Community Colleges. "

"Nobody explains to older adults who hire a caregiver the responsibilities and rights of an employer… they can get into trouble without this. Training the caregiver; here are the forms; appropriate respite; etc. Much work to be done in this space, where maybe legislation is the right path, and this could benefit from the disability community and older adult community coming together as a unified voice could benefit what happens in Sacramento."

"Caregiving is such a critical part of housing. For many older adults and people with disabilities housing won't happen without services. For many, the housing with services is critical for people to be part of the community, volunteer or work, etc."

"Interconnections are what housing is about. Is there food service? Services? Social/community? Transportation?"

"Communal, family setting of housing is a model that makes so much sense. "

"Co-Housing would be a lovely model for many people… has always appealed to me. If the challenge of buying the housing in this area could be addressed (maybe through land trust), co-housing can offer community and belonging. All of us need connection with people we like and enjoy, and if they are far away or nonexistent then you end up with people who are sick and depressed. "

"It is so important to make connections with other people and not be isolated."

"Intergenerational housing holds great promise too! Especially if intentional community is a focus – for instance older residents volunteering at the child care center, etc."

Groups 3 and 4: Health Reimagined

MPA GOAL TWO: We will have access to the services we need to live at home in our communities and to optimize our health and quality of life. TARGET: Close the equity gap in – and increase – life expectancy.

"[Our] Health Reimagined group had a great discussion on the need for more outreach to the community and ensuring affordable and accessible housing. It's all connected! What we would have liked to hear more about this morning was transportation - that seemed to be missing from the conversation."

"I really like the idea of having one site that can bring together all of this information… the no wrong door… because when we are talking about addressing people's issues, often the middle income are left out, may be "house poor" and don't have access to subsidies and benefits that others get, and that's understandable, but we have issues that need to be addressed. I'm new to the East Bay and I can tell you how overwhelming it is for me to move

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form San Mateo to Alameda County and try to learn the whole network of resources and where to go for information… it's just overwhelming."

"Lots of questions about how the ADRC/No Wrong Door will actually work…. The concept is promising but it sounds like there are many challenges. The implementation needs to be focused on making it useful, user-friendly, meaningful, accessible!"

"Getting rid of the Medi-Cal asset test will have a huge positive impact! Many people can potentially qualify for Medi-Cal and maybe IHSS."

"I'm worried about the expansion of Medi-Cal to older people regardless of immigration status, because this access could disadvantage them if it counts to the Public Charge… it may jeopardize their status."

"There is a need to collect better data… because to identify where are the gaps, make improvements, and understand how to make these programs more accessible, you need to have good information. This is tied to the no wrong door… implementing this by starting with having a centralized data base and centralized application to streamline people's application for benefits is huge… A priority is building in data collection and tracking that will help improve processes and access, and making programs successful."

"Housing is health, they are intertwined. We are in a crisis and it is a priority to get more housing for seniors and families. We need more affordable housing for low income people!"

"Transportation is a critical issue for seniors. At some point we have to stop driving and our independence is lost. I know there is uber and lyft and go go grandparent, but all that is more money you have to pay or don't accommodate disabilities. Ride share rates have gone way up in the pandemic because there are fewer drivers. City boundaries are arbitrary way to organize access… I'm just a few blocks from a city where I could get transportation help."

"Health insurance programs are overly complicated (Medicare and Medi-Cal), and this makes it difficult to get what you need… understanding what are my options, what is my eligibility, how do I get a real person on the phone."

"Local priorities: More outreaching… a campaign! Recognizing that many seniors don't use technology. So reach out to seniors in our communities that are underserved, who don't have access to a phone or internet, to make sure that we are hearing everyone's voices, and so they know what services are available. This virtual communication is leaving so many people out. Food programs may be one key to connecting/communicating with older adults (drop flyers in bags and boxes, tabling and handing out flyers)."

"The pandemic complicates implementing!"

"There are older people with limited vision and they can no longer see their computer screens."

"Work to get mega corporations to fund the devices and internet service for telehealth. And to fund the organizations that provide the training and support to make telehealth easy and accessible (don't just expect the clinics to bear the responsibility for the training and support)… creating partnerships between health entities and community-based organizations to ensure that training and support are language and culturally sensitive."

"Health is body/mind/spirit as one… physical, mental, spiritual health. So there needs to be a holistic approach to Health Reimagined. To me, Health Reimagined needs to be Holistic health."

"Multi-generation interactions are stimulating for everyone who is engaged… doing it on a neighborhood level means that you know everyone in your neighborhood and you feel safer."

"Loneliness has a big impact on mental health and on physical health, and so needs to be addressed."

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"Low-cost or free training for internet and device support!"

"The whole creativity piece is missing. Creative activities stimulate the brain and the creative arts are healing – visual, music, etc. This is essential for people, and even more so for people with dementia who benefit from having different parts of their brains engaged."

"How do we get more care into the home? Expanding MSSP and adding capacity for multiple supportive services is very exciting."

"Having an Embracing Aging curriculum that will be given to a very wide variety of professions will have amazing results. Too often we are in our silos and don't think about older people."

"There isn't enough training given to care workers so they know approaches for working with people with dementia… what to do, how to do, when to do… and if you can teach empathy, that too… care workers need to know all this. Trained, and paid respectfully."

"Caregivers are essential workers… they need to be paid and supported."

"Exercise is essential! Doing Pilates or yoga or other activities is important for our health. If you can't do this anymore because you aren't computer savvy, you are left out of the community that you had at the senior center."

"Priority: Integrating intergenerational activities could be part of a solution to making communities more supportive of older people."

"For far too long older adults have been swept under a rug, and it is just astounding that we have a master plan for aging and there is meaningful investment."

"There is a significant part of our community who are not able to access service virtually… they need to come in and in-person options are a must. Finding ways to do that safely is critical. Real human interaction will continue to be necessary and should always be an option."

"Do community colleges offer opportunities for seniors? Are there learning environments that could integrate seniors?"

Groups 5 and 6: Inclusion & Equity, Not Isolation

MPA GOAL THREE: Inclusion and Equity, Not Isolation – We will have lifelong opportunities for work, volunteering, engagement and leadership and will be protected from isolation, discrimination, abuse, neglect and exploitation. TARGET: Keep increasing life satisfaction as we age."

"I had a lot of concerns around equity and the pandemic and how that has impacted the quality of care people are receiving, and there have been so many care workers who have left the job and don't want to "

"What definition of equity is being used in the Master Plan? Equity is about justice and has to be a part of the system, making sure things are in place to ensure that people have what they need to have a full quality life. The system puts people on equal footing so they all can access services and opportunities."

"These conversations apply to adults with disabilities too, not only seniors."

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"Older adults of color have systemic reasons why housing is not accessible… so the system needs to address those differences."

"I do a lot with transportation, and there is very little attention to transportation. Sometimes when you build housing people have no way to get to the store because there is no connection to public transportation. New housing in Berkeley but we've lost bus stops (one that went to four senior centers, so people can't get there). You guys never focus on transportation and you need to. Talk about housing must include transportation. "

"Transportation is missing from the MPA, and the Age-Friendly Council. People need to be making public comment at the board of supervisors about transportation issues. Transportation is an excellent example of a cross-cutting issue that has incredible impact on low income people and people of color. By not having transportation you create an unequitable environment."

"Hotlines for APS and for AAA shared."

"What's the plan to reach people who are unhoused, or are isolated? And are these people able to be part of the planning process?"

"Inequity and ageism go hand in hand, and ageism just adds to the inequity and discrimination in health care and behavioral health and elsewhere."

"Are government agencies the ones that many people will feel comfortable calling? We need to think about other ways to get information and services to people and to hear from them to inform decision making."

"Develop a transportation insecurity index, to look at not just who owns a car but also access to public transportation. This will provide data for the people making decisions about where to make investments and what gaps to fill. (Institute for Research on Poverty, google transportation insecurity index)."

"Our session focused primarily on these gaps: (1) the need to be more inclusive of consumers and bring them to the table during planning, and (2) how to access and manage available services while we are waiting for ADRC to be fully developed."

"Inclusion and equity needs to be reflected in those who are doing the planning."

"CBOS, faith community users of the system need to have involvement and be at the table."

"COVID has revealed the way we have to work together – the system as it worked before and works now includes disparities."

"Need to hear the voices of people with disabilities and seniors from the bottom up. A lot of the funding is going to go to managed care systems that don't work. Many care providers and others are not able to get services and are receiving less and less. IHSS recipients' quality of life is suffering."

"Too many excuses about meeting people's need. It comes down to wages – that need to be market rate in order to have a workforce of competent and ethical people. No one is recognizing that you can't find providers on weekends or holidays."

"People who used to attend senior centers are not able to connect in so many different ways. Isolation, digital access, more. They need someone to follow up with them, need individual attention to understand and address their needs."

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"Most people do not understand how to navigate the system. Suggest starting self-assisted navigation now and get data on it to inform the design of the ADRC system."

"Home and attendant direct service professionals also work in board and care homes, hospitals, and other facilities. They are essential workers but are the lowest paid (a problem)."

"Great to see the coordinated efforts around digital health and projects on bridging Digital Divide gap."

"I am not happy with the California HCBS Spending Plan. The voices of persons with disabilities and seniors are not being listened to."

"I am most excited about the MPA having a focus of "Communities for ages and abilities" which unifies the senior and disability community...this has dual benefit for their combine involvement and sharing of their life experiences...eg. use of assistive technology"

"Digital access for more seniors; equipment as well as training and access"

"Our voice are supplanted by "experts."'

"No real meaningful access to programs, services, and activities."

"Good to know about the 50 million funding for digital inclusion coming from state. Good to pull funding for Alameda County projects"

"We need a role through the Governor' office so that decision-making comes from the bottom up and not the top down."

"I'm an expert on IHSS and LTSS issues, and we are not listened too. All of the IHSS recipients are suffering, including even more during the holidays, as care providers are non-existent for hire. We are all sitting ducks being exposed to abuse."

"Area of concern & opportunity: How could we engage more diverse communities into the MPA and local planning and implementation initiatives, for example; calling for Hispanic, API, AA advisory subcommittees to the Age Friendly Council planning? Developing more local healthy aging promotion and innovative health programs depending on communities needs (age friendly initiatives), Aging Leadership training institutes? to empower local communities & CBO's"

"Look up Kelly v Kent case on spousal impoverishment"

"New report from UCLA Fielding School of Public Health. Here's a excerpt: "…1 in 4 adult Californians provided at least 20 hours of caregiving weekly to a chronically ill or disabled friend or family member in 2020…" Staggering."

"People with disabilities don't report abuse issues for fear of being pushed into a nursing home and losing their civil rights through guardianships being thrust onto them when the real issue is provider pay"

"Low-wages won't attract a workforce of ample providers."

"The real abuse thrust onto the IHSS community is by all public officials who are "care custodians" under the California Elder and Dependent Adult Civil Protection Act."

"It is also important to keep in mind we are in the very beginning of the demand curve for services as the aging demographic increases in California...The State that by 2030 1 in 4 Californians will be a Senior…"

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Groups 7 and 8: Caregiving that Works

MPA GOAL FOUR: Caregiving that Works – We will be prepared for and supported through the rewards and challenges of caring for aging loved ones. TARGET: One million high-quality caregiving jobs.

"Excited about Embracing the Aging workforce initiative and opportunity to build the skills of not only professional/paid people but I'm really hoping that it will be expanded to serve the informal caregiver network and to those who are paid caregivers but could use additional training."

"Call Caregivers essential workers, and provide free transportation or reimbursement, and housing near where their jobs are. So many people are willing and able to work at caregiving jobs, but it's too expensive to get to them."

"Caregiving is one of the lowest paid jobs, and there is no career pathway. Empowered Aging's career pathway program is awesome and needs to be expanded. Wages need to be brought to market rate."

"How do we make caregivers available to the "middle class" who don't qualify for IHSS but can't begin to afford to pay for a caregiver, but really need that to age in place."

"There are not people available because wages are not high enough and/or they can't find or afford transportation to the job."

"CRIL used to have a program that provided training for caregivers in their own language, asking social workers and others to find cohorts of peers to train together (offering potential of support group as well as training)."

"Issue of next decade and more, and the growing number of people who are having some level of cognitive impairment. Family members and family caregivers need education and strategies about this – identifying problems, knowing next steps, support from friendly visitors so the caregiver can take a break."

"Recommendation: [re program in CC funded by John Muir and run by Nicole Howell at Empowered Aging to lift up and train CNAs] Use new state funding to bring this program to Alameda County in partnership with Holy Names and other local college programs that are just hurting for students. CEI would sponsor a cohort. This is doable! Council needs to make it happen."

"Huge policy ask: Increasing the Medi-Cal eligibility limit or change the Share Of Cost which is such a barrier that makes it impossible to access this important health and LTSS coverage."

"Raise the IHSS wage! These people are working for peanuts, and they have families to support!"

"Inequity of health system is that how much money you have determines the level of care that you will get."

"There is a relatively new IHSS program that works with people who aren't able to hire and manage their care worker… So many people need this version of the program and it can make all the difference!"

"Intergenerational programs that allow youth to volunteer."

"[I want to highlight the] difficulty for caregivers of finding resources and help, and the difficulty for seniors in finding caregivers and other services."

"[C]ompensation for caregivers is simply not enough… "Dog walkers make more."

"Kimberly, a nurse, spoke about the importance of workforce development."

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"Bob Thompson from LA was present with a focus on IHSS to find out what Alameda County is doing around IHSS… perhaps there is an opportunity to bring county IHSS departments together to share best practices and approaches?"

Groups 9 and 10: Affording Aging

MPA GOAL FIVE: Affording Aging – we will have economic security for as long as we live. TARGET: Close the equity gap in – and increase – elder economic sufficiency.

"So many people are not low income "enough" to be eligible for programs… Others who may be eligible don't know that they are and the programs aren't offered… Others aren't able to speak for themselves or take action to intervene… "

"There are great ideas about providing services that are much needed, but there is currently a gap in capacity/person power… there aren't enough workers to fill the jobs to meet the needs. CBOs must be funded adequately so they don't have the staffing shortages and turn over… and people can actually be connected to services and not wait lists."

"We heard so much about millions and billions being available… but from a local level, is the Area Agency on Aging getting enough funding with the flexibilities needed to actually address the huge level of need… There is such a huge number of problems and the issues are huge, how can we solve these problems? Where will this input go and how will this forum solve these problems? We need the AAA and the County to hear about the gaps from people in the community…. But we're not hearing these."

"Exciting to hear there are more resources being invested and more value put on the lives of older adults. But what is available doesn't necessarily translate into real services that we can offer to our clients… I can't find these resources for my people!"

"How do we roll out services more quickly and how do we find out they are available? Announcements about so much money, but then searching for the actual program comes up short and the services aren't available! Very frustrating!"

"There are never dollars for what we do, even though we [our organization] are providing safety net services that is keeping older people stable in their homes!"

"There have been positive outcomes… even though I spend so much time chasing resources, I have been able to connect people with resources and assistance in the community. We don't have one data base or resource bank… and the time I spend chasing resources is so inefficient!"

"Policies must change to reflect local economic reality: policies that limit/restrict the level of assistance an elder can receive are based on income limits that don't reflect the cost of living in the area where they live. Income level criteria must be adjusted to reflect the reality of living in the County so that people aren't deemed ineligible when

they really need the services and can't begin to afford them. We have so many people who can't qualify for food stamps but really need assistance and are food insecure."

"When a person's home is unsafe, there are restrictions that keep workers from entering and helping."

"Are you saying you don't hear support for aging in place?"

"Thank you Pai for providing the real life situations."

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"I'm really happy that this forum has been set up for your agencies to discuss your problems in providing services for the County's lower income seniors. Please keep talking, it's important."

"I misunderstood and thought this was a forum for local seniors to discuss our individual struggles, but apparently not."

The **Senior Services Coalition of Alameda County (SSC)** represents nonprofit and public organizations who are working together to ensure that Alameda County seniors can rely on an easily accessible, coordinated system of social, medical and supportive services. SSC has been a unifying and collaborative force in Alameda County for over 20 years, bringing the aging voice to policy making and building service and system capacity to address the needs of a diverse, aging and economically insecure population.