

Older Adults & People with Disabilities



Older adults and people with disabilities share a variety of government services, including those provided by In-Home Supportive Services, Area Agency on Aging, Community-Based Adult Services, and Adult Protection.

More than 175,000 adults age 65 and over live in Alameda County. **Older adults are the fastest growing segment of the population.** About 38% speak a language other than English. More than 16,000 older adults live at or below the federal poverty level. Of particular concern, 44% of older adults live alone compared to 27% of the overall population. Isolation is a leading cause of depression.

About 141,000 people with physical or mental disabilities live in Alameda County. Forty-five percent are 65 or over and a little more than 6% are children. Almost half of disabled persons are work-aged adults. More than 60,000 adults have difficulty living independently.

Among work-aged disabled individuals, less than 20% are employed, compared to 65% of the overall population, and those who work earn less: \$22,134 compared to \$40,483. The poverty rate for this segment of the population is 19% compared to 12% of the overall work-aged population.

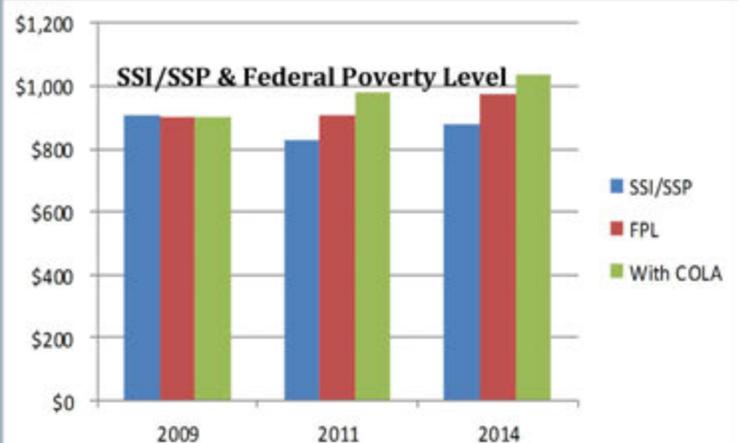
Significant State cuts to safety net services affecting older adults and people with disabilities include the elimination of Alzheimer's day care resource centers, Senior Brown Bag nutrition program, Multipurpose Senior Services Program, and Linkages comprehensive care management. While some Medi-Cal services were restored, audiology, podiatry, incontinence medications, and speech therapy are still not available. More bad news came when the CalFresh program was cut at the federal level by about \$10/month per recipient. Cuts to food programs hit people on fixed incomes hardest. Good news for older adults and people with disabilities: the new Farm Bill allows CalFresh recipients to use grocery home delivery services.

Looking Forward

While the State budget and overall economy continue to improve, the State has yet to reinvest in older adults and people with disabilities. This lack of investment will have greater impact as the affected population continues to grow.

SSI/SSP: The Primary Safety Net for Older Adults & People with Disabilities

Over 50,000 older adults and people with disabilities in Alameda County receive Federal Supplemental Security Income (SSI) augmented by State Supplementary Payment (SSP). People who receive SSI/SSP are not eligible for some other safety net services, such as CalFresh, and amounts are lowered if recipients have other income, such as retirement savings, so SSI/SSP must fund housing, food, and other basic expenses. California suspended the SSP annual cost of living adjustment (COLA) for SSI/SSP for several years before eliminating it in 2010. The maximum rate went from 100%



(2009) to 92% (2011) to what is now about 90% of the Federal Poverty Level (FPL). If the COLA had not been eliminated, the monthly payment would be \$1,038 or 107% of FPL.

One way to look at why COLAs are so important is to look at the increase in rental costs. While the **maximum** SSI/SSP grant is now \$877, the **Fair Market Rent** for a studio apartment in Alameda County is over \$1,000. This puts seniors and people with disabilities at risk of becoming homeless and leaves no money for food or other necessities.

In-Home Supportive Services



What is In-Home Supportive Services (IHSS)?

IHSS provides homemaker for the elderly and persons with disabilities to support them in their own homes and communities, rather than placing them in more restrictive and expensive institutional care settings that average more than \$55,000 per year. Demand for IHSS services has been growing in recent years. More than **19,000 Alameda County residents** receive IHSS services and the average usage is about 25 hours per week, per person.

California adopted the **Coordinated Care Initiative (CCI)** as part of its 2012-13 budget, but implementation in Alameda County has been delayed until no sooner than January 2015. CCI will transform California's health care system by integrating Medi-Care and Medi-Cal service delivery and funding so the most vulnerable residents receive more comprehensive care and avoid unnecessary institutionalization. Alameda County has been selected as one of eight pilot counties to implement CCI. The County's selection will allow for enhanced care coordination between IHSS, managed care, and community-based programs.

Funding Reductions

The IHSS program has experienced a series of budget cuts over the past few years that impact both clients and providers. Based on a court settlement, the 2013-14 budget included an 8% across the board reduction to IHSS hours effective July 1, 2013; in 2014-15 the cut will be reduced to 7%. These cuts and the Governor's new proposed overtime restrictions raise concerns about access for IHSS recipients and whether they will be able to find care that meets their needs.

Looking Forward

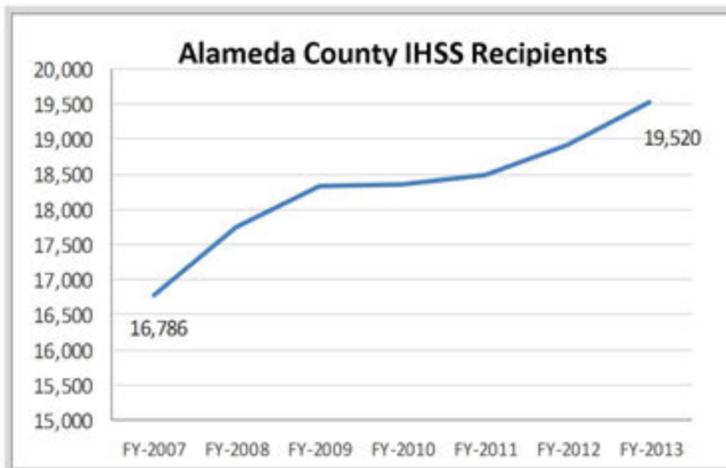
The Coordinated Care Initiative makes sweeping changes to the IHSS program. Its goal is to improve the quality of care received by elders and persons with disabilities by integrating long term care services, social services, and medical care, while at the same time saving money for the State. Over the coming months, counties and health plans will begin enrolling members into this new system of care and, over the next several years, will work to perfect the system of integrated managed care.

Ms. Y's Story

I am a single woman with severe disabilities. I am wheelchair bound and have very limited motion in my arms. The IHSS program allows me to have personal care and domestic services at home and at work. I have a full-time job that I am able to maintain because the Working Disabled Program allows my IHSS worker to come to the workplace to assist me with eating and other personal care during my day. I am grateful for the service because I am able to stay out of a nursing home and provide for myself financially in a rewarding career that I love.

Human Impacts

In addition to keeping elders and persons with disabilities in their homes, IHSS also provides jobs in local communities. This year Alameda County's IHSS program is expected to provide **\$281 million in wages** to approximately **17,800 providers** in the County. Approximately 5,200 IHSS providers also receive their health coverage by working in the program. Funding reductions and cuts to hours impact the providers as well as the recipients, as they see a corresponding cut to their hours and wages.



Area Agency on Aging

The Alameda County Area Agency on Aging

(AAA) provides services to support the independence of around **57,000 elders** (age 60 and older) in Alameda County by providing:

- ◆ **Healthy meals**—both home delivered and group service sites.
- ◆ **Caregiver support and information** services.
- ◆ Access to **health, legal, employment, and case management services**.

AAA's goal is to **prevent isolation, premature institutionalization, abuse, and negative health outcomes**. In partnership with County-based adult services programs and a wide network of community-based organizations, the AAA provides a continuum of care that is both responsive to seniors' needs and flexible in design.

Funding and Human Impacts

Federal and state financial support for AAA programs has remained flat for several years and community-based organizations are not able to meet the increased need for services. Last year's Federal Sequestration cuts reduced local Older Americans Act funding by approximately 6%. Alameda County was able to avoid most of the direct impact to local seniors by absorbing the cuts on a one-time basis with County dollars. Current estimates for 2014-15 provided by the California Department of Aging reflect a 4% increase over this year's budget. Although the increase is welcome, the overall amount is still less than the funding received two years ago. Unfortunately, the limited restoration of cuts does not address the growing demand for services.

Looking Forward

The number of low-income elders and persons with disabilities in Alameda County continues to grow and AAA funding has not been keeping pace. Each year fewer services are available, further straining the senior care network. As the senior population continues to grow, the gap is widening between the needs of vulnerable seniors and available support services. Additional State and Federal funding is needed to ensure there are adequate services to meet the local needs.

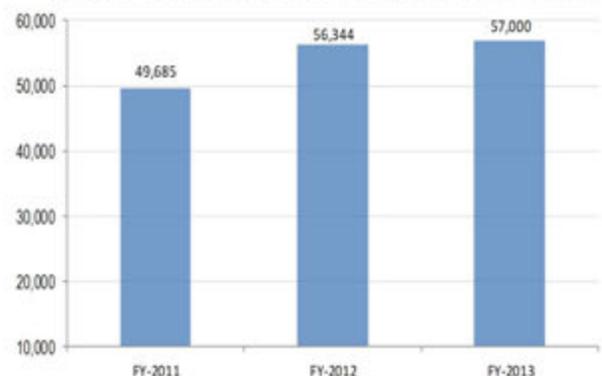


Seniors and Poverty

The number of people age 60 and older in Alameda County increased from 193,858 in 2000 to 259,192 in 2011, representing population growth of almost 34%. Current projections estimate that, by the year 2020, 396,332 seniors over age 60 will reside in the County.

While the population of older adults continues to grow dramatically, the support system for seniors has remained flat or been cut in recent years. For the roughly one in 10 seniors who fall below the Federal Poverty Level (currently set at \$11,670 annual income for an individual) service cuts are particularly painful. According to the UCLA and Insight Center *Elder Economic Security Index*, **50% of seniors in Alameda County do not have enough money to provide for basic necessities.**

Alameda County Seniors Receiving Services



Roberto's Story

Roberto was a resident of a Skilled Nursing Facility for a short time as a result of an injury. During his time at the facility, his clothes and possessions were stolen. The facility was not responsive in addressing his concerns. The Ombudsman Office responded to his complaint and connected him with a legal services provider, who helped him make a claim in Small Claims Court. He won his case, and the facility was compelled to reimburse him for the cost of his items. The Ombudsman Office has followed up with the facility to make sure that they comply with regulations regarding inventorying possessions.

Adult Day Health Care (ADHC)/ Community-Based Adult Services (CBAS)

What Is ADHC/CBAS?

ADHC/CBAS is a state-licensed program that provides integrated medical and social services for adults with multiple, chronic conditions in a daytime community setting. The goal is to assist frail seniors and adults with disabilities who are at risk of institutional care to continue living in the community, and to reduce other high cost services such as emergency visits and hospitalizations.

In 2012, CBAS replaced ADHC as the Medi-Cal benefit, and it is now administered through California's Medi-Cal managed care organizations. CBAS costs an average of \$915 per month/per person, much less than institutional care. ADHC remains the option for individuals who pay privately. ADHC/CBAS provides:

- ◆ Nursing supervision and medication monitoring
- ◆ Physical, occupational, and speech therapy
- ◆ Social work services, activities and personal care
- ◆ Hot meals and transportation to and from centers

Who Uses ADHC/CBAS?

550 frail seniors and adults with disabilities are now enrolled, up from 512 last year. This number is expected to grow.



What Changes Have Resulted from CBAS?

Stricter eligibility requirements for CBAS resulted in program discharge for some participants. Yet, most former ADHC clients as well as individuals currently applying are meeting the new eligibility thresholds. One significant change is that prospective participants must first enroll in a Medi-Cal managed care plan to take part in CBAS.

As the Coordinated Care Initiative (CCI) launches in January 2015, nearly all individuals with Medi-Cal will be required to enroll in Medi-Cal managed care. The State and local managed care plans see CBAS as a core service under CCI, and referrals and enrollments are expected to grow.

Human Impacts in Alameda County

Provider rate cuts and difficulties around the CBAS transition resulted in the closure of two local ADHC/CBAS centers in 2012, resulting in more limited access for East Oakland residents in particular. Five centers remain open, and they each reached out and welcomed participants from the closed programs. Yet, fragile health, fatigue from travel and a preference for staying close to home act as barriers when there is no local center.

The Adult Day Services Network helped preserve an ADHC/CBAS license for Alameda County to find a qualified provider to open a new center. Alzheimer's Services of the East Bay (ASEB) assumed the license and is now working to open an ADHC/CBAS center at Oakland's Embarcadero Cove. ASEB also plans to open an ADHC in Fremont. The Fremont center will not be certified to accept Medi-Cal since the state is not issuing new Medi-Cal certifications for ADHC. This restriction will impede access.

Increases in enrollment in local Programs of All-Inclusive Care of the Elderly (PACE) in Berkeley, Oakland, and Fremont, which include ADHC/CBAS services, has helped to meet service needs and geographic gaps. Yet, PACE doesn't work for everyone. Some adults do not meet the age and medical eligibility criteria; others prefer to stay with their physicians and in-home care workers and might need to make a change if they enrolled in PACE.

Family Story

"My mother is an 87-year-old monolingual Chinese woman with dementia and multiple medical problems including Renal Disease, Hypothyroidism, Depression and Anxiety. Her paranoia led to lots of conflicts in the family, but we do not want to send her to a nursing home. Our family's struggle lessened when Hong Fook ADHC/CBAS helped us understand and manage her paranoid behaviors. We have coordinated with their medical team to gain my mother's trust to comply with her renal diet, dialysis schedules and medication management. She also feels less isolated since she has made friends at the center. Our story is not unique but the services Hong Fook Center provides cannot be found anywhere."

Serious Threat to ADHC/CBAS Sustainability

A 10% Medi-Cal provider rate cut that has been in place since June 2011 is threatening the sustainability of ADHC/CBAS centers statewide and locally. 50 programs have closed statewide and two in Alameda County. A \$14 million state appropriation to restore the Medi-Cal rate for CBAS providers is essential to prevent the further loss of capacity, adverse impacts on frail participants, and permanent loss of infrastructure.

Adult Protection

Alameda County Division of Adult Protection

consists of Adult Protective Services (APS), Office of the Public Guardian-Conservator (PG), and the Public Administrator's Office (PA). Together these programs provide a continuum of services that form a safety net for **vulnerable adults**.

- APS responds to approximately **400 reports of abuse per month** about developmentally, physically, and mentally disabled adults, and the elderly who may be physically or financially abused, neglected, or exploited.
- The PG manages approximately **650 mental health and probate conservatorships** at any given time for Alameda County residents who are determined either to lack capacity to manage finances and/or health care or to be gravely disabled by mental illness or substance abuse.
- The PA administers approximately **90 decedent estates** annually for individuals who die without a will or trust, and when there are no other relatives or heirs willing to administer the estate. The PA's purpose is to protect the estate from fraud or misuse.

Who Is Eligible?

APS: Regardless of income, anyone aged 18 to 64 with a mental or physical disability or elders 65 or older that are suspected of being abused or neglected.

PG: Predominantly adults determined by the court to either lack capacity or be gravely disabled and in need of conservatorship.

PA: Decedents with estates and no next of kin or named responsible party.

Looking Forward

Given the aging of the baby boom generation, it is anticipated that demand for services will continue to rise. Additional County funding through realignment will allow for increased local capacity; however, the State maintains responsibility for training APS workers and funding has not increased in nine years, despite an increase in cases. Additional State funding is needed to build a strong training infrastructure and to work in partnership with the counties to promote an effective and responsive system to protect and serve vulnerable adults.

Elizabeth's Story

Elizabeth, an 83 year old widow with dementia, was subjected to repeated physical assaults by her daughter in the home they shared. Elizabeth, who uses a wheelchair and has difficulty communicating, would become combative at times due to her dementia and her daughter would retaliate with physical violence. APS became involved and confirmed the abuse had occurred, made a police report, and for safety, arranged for Elizabeth to go into a temporary placement. After learning that the daughter intended to sell Elizabeth's home without her consent, APS made a referral to the PG. The PG successfully petitioned for conservatorship, secured Elizabeth's assets, blocked the daughter's plan to sell the home, and is working on a plan for Elizabeth to return home with adequate care and supervision, while supporting the positive aspects of Elizabeth's relationship with her daughter.



Human Impacts

After a decade of budget cuts during a time when pressures on programs for vulnerable adults only grew, local programs have been limited in their ability to reach all vulnerable clients. With an improved economy, Alameda County is currently hiring more staff with the goal of being able to investigate all reports of abuse, and increase the capacity of our conservatorship program. These improvements will allow for less reliance on police/fire response and hospital emergency visits, and better outcomes for those that we serve.

Senior Population Growth in Alameda County





Produced by the Alameda County Administrator's Office
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Alameda County Health Care Services Agency,
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