MINUTES

PLANNING COMMITTEE: RETREAT
2017 – 2020 Alameda County Plan for Older Adults
Friday, April 10th, 2015
Eastmont Mall, Big Sur Room
10 am – 2 pm

Committee Members Present: Donna Murphy, Wendy Peterson, Karen Grimsich, Angela Ball, Phil Altman, Tighe Boyle, Maricela Foster, Marlene Petersen, Wendy Zastawney, Dana Bailey, Carol Sugimura, Scott Means, Jamie Almanza, Lara Calvert, Steve Lustig

Committee Members Absent: Lillian Schaechner, Irene Yen, Sister Ansar El-Muhammad, Sylvia Stadmire

Staff Present: Tracy Murray, Sarah Linville

Guests: Marti Roach (Consultant), Nancy Sa (Alameda County – Supervisor Valle), Eileen Ng (Alameda County – Supervisor Miley), Shawn Fong (City of Fremont), Miriam Rabinovitz (Health Care Services Agency - EMS SIPP)

I. Chairwoman Donna Murphy called the meeting to order at 10:00 am.

II. Consent Calendar
Motion to approve minutes from last meeting
(M) Wendy Peterson
(S) Dana Bailey
Carried

III. Welcome & Introductions
Marti introduced guides for group work. Karen mentioned the need to explain acronyms. Tracy noted that we will include a list of acronyms from the state LTC & Aging report in our next packet.

As an introduction, committee members shared answers the prompt, “I want to see an Alameda County where older adults (are) __________.” The themes that emerged were: Living in and supported by the community, active and engaged, respected and valued, secure (economically and environmentally), have access and resources, valuing self-empowerment and prevention.

The committee noted that while some specifics have been called out, the committee is mindful that these are not all of the specifics of the vision for older adults. These visions also do not call out workforce development and the contribution that older adults can make, under “active and engaged”. Another area of further development under “access and resources” would be medical access and resources.

Staff will be using this visioning process as a guide for planning. It will be an iterative process of staff work and committee feedback. Staff will bring specific statements back to the next meeting.

IV. Overview of Alameda County Services
Overview of Services for Older Adults

Sarah Linville presented an overview of services provided for older adults through the Alameda County Social Services Agency and Health Care Services Agency. The overview is built off of the preliminary work done by the two agencies to inventory services in preparation for this planning process.

The Alameda County Social Services serves older adults in the following ways. Protective Services, which includes APS, Public Authority & Public Guardian, serves 4,800 seniors. Supportive Services, which includes IHSS and the Area Agency on Aging, serves 20,000 and 57,000 seniors, respectively. Health-related services serve 13,000 seniors through Medi-Cal, and the 2,000 for whom SSA coordinates Long-Term Care Medi-Cal. Committee members noted that 13,000 seniors is low and asked that staff double check. Subsequently, staff confirmed that the actual number of older adults receiving Medi-Cal is 38,000. Other supportive services outside of Aging, Adult, and Medi-Cal services include CalFresh, serving 5,000 seniors, and General Assistance, serving 600.

The Alameda County Health Care Services Agency primarily serves older adults through three of its departments: Agency Administration and Indigent Health, Behavioral Health Care Services, and Public Health. Agency Administration serves 16,000 older adults through HealthPAC (Health Program of Alameda County), and 10,000 older adults through Measure A Essential health programs that contract with community based organizations. Behavioral Health Care Services serves 2,500 older adults through the Older Adult System of Care, but committee members noted that there are many older adults who are receiving behavioral health, mental health, and substance abuse services in the County who are not accounted for in the Older Adult System of Care. The Public Health department, which includes EMS, Emergency Preparedness, Health Care for the Homeless, Public Health Nursing, and more, collectively serves about 1,500 older adults.

SSA and HCSA have begun to work together to serve older adults, through programs such as Public Health Nursing working with APS and IHSS, through new EMS pilot targeting “Frequent Fliers”, with an eye to the costly frequent utilizers of emergency/hospital care.

Discussion of Other Relevant Service Areas

Marti led the committee through a discussion of what other areas of service that they might be familiar with, and asked for suggestions of other areas where the committee could benefit from greater understanding.

Areas identified included: homeless services with the Community Development Agency/Public Health/Behavioral Health, transportation, alcohol and drug prevention, Veterans’ Office, faith-based organizations, RCFE’s/SNF’s, hospital and mental clinics, dental care, non-AAA nutrition programs, private home health agencies, cultural organizations, hospice, medical care (dialysis), the Regional center, senior centers, Villages, community health clinics that serve low-income seniors, adult day care/adult day health, the federal Social Security Administration, the food bank.

Areas we need to learn more about in planning and research for seniors: EMS programs, why the Behavioral Health Care Services numbers seem low, Behavioral health care within skilled nursing facilities, senior falls (why do seniors fall?), relationship of technology to issues between service systems and for consumers, SSI/SSP and CalFresh, the impact of new regulations on RCFE’s and SNF’s, and the role of functional limitations and abilities/health.

V. Key Elements/Timeline of the Plan
**Key Elements: Purpose and Roles**

Marti and Tracy discussed roles and purpose of the planning process. Tracy clarified that we will be defining Older Adult, for the purposes of the Alameda County Plan for Older Adults, as individuals age 60 and above. This is in line with the data that we have for programs that serve older adults, but will not limit who we intend to serve.

Regarding staff roles, SSA and HCSA are committed to responding to needs and recommendations that emerge from this plan and need to partner with other agencies to ensure that supports exist for the needs identified in the plan. Staff will devise an iterative process by which we can discuss ongoing issues and prioritize. Staff will also be tasked with making presentations to the Board of Supervisors Joint Health/Social Services Committee every 2-3 months. No presentations are currently scheduled, but committee members are welcome to attend these meetings.

Regarding the purpose of the plan, aspects that were discussed were that it will be inclusive and broad nature yet realistic, include consumer voice, and the degree to which it would reflect the future demographic changes. The plan to the commission/state and the plan to the Board will not be the same, as the plan provided to the Board will not include the detail that will be provided to the commission and the state.

Dana Bailey was reminded of the EveryoneHome Plan, in which there is a common shared goal, and all agencies know to focus towards this goal. Staff will be looking at this plan as an example.

**Timeline**

Tracy noted that this committee is the result of strong provider input and interest by County staff and elected leaders.

The plan must be submitted to the state by May 1st, 2016, and will be approved by the Commission on Aging in April 2016 and Board of Supervisors.

The committee will be collecting data for the next 5 months of this planning process, following this meeting. In May 2015, the committee should be prepared to push out an English version of the consumer survey, which needs to be published into 8 languages and distributed widely. In June 2015, the committee should be thinking through content for focus groups. Last planning cycle, the AAA conducted about 20 focus groups in a broad variety of settings. These focus groups should occur along the July-August timeframe. The work of the data group will be to ask questions of “What systems do we look at? What is important, useful, or needs additional thinking? What data sources do we need to tap into?” In October, the committee will reconvene to work through key findings and key recommendations, and then take a break for the holidays while staff synthesize the results. At minimum the hope is to have vision, goals, objectives, key findings, and recommendations.

There was a preliminary discussion around the consumer survey. Scott Means emphasized the importance of analyzing the survey results as they come in, as initially a survey may elicit responses from certain demographics depending on how it was administered. Analyzing results as they come in allows flexibility to respond and target certain populations that are missing. There is a lack of outreach amongst disenfranchised voters. The City of Oakland will share its initial survey data with the survey subcommittee. The committee also noted key things to consider in survey development: wording due to stigma or different perception of need, people being trained to administer surveys in person in order to build trust, the physical limitations of some older adults’ ability to write, focus groups being used for survey completion, and looping in faith-based and cultural communities.
The data focus group is encouraged to focus and prioritize critical issues, and to be aware of and use current data from other sources such as Public Health, which recently did a set of focus groups. The data group could also, in the course of their research, uncover areas that we need to know more about, identify speakers and content experts to help provide additional information. Some initial ideas offered were senior center representatives and EMS (Elsie Kusel’s pilot project).

VI. Key Issues

Critical Issues that Older Adults Face
Marti facilitated a discussion around critical issues that older adults face. Committee members responded to “What are issues facing older adults that affect the ability to age optimally?” The critical issues and additional comments are identified are as follows: Housing, Transportation, Psychological health, Access, Finance, Individual changes affecting health, Health system, Environment, Language and cultural barriers, Access to nutritious healthy food, and Evolving roles.

The topic of “evolving roles” generated different ideas about the issue, such as the mentality of “I don’t want to be a burden,” “I’ll tough it out,” discomfort with interdependence and accepting support, stigma and not receiving services such as social workers, family supports wearing out, families not being prepared to be caregivers, changes in the family construct such as older adults moving back in or children moving in with over adults, and losing sense of previous identity (or stage-based identity).

Challenges & Assets
Marti facilitated a discussion around challenges and assets. The committee discussed challenges of key issues, and identified assets currently available to address the issue. The challenges identified by the committee are as follows:

Transportation is not affordable or available. Assets to address this challenge are volunteers and paratransit.

Housing is not built for aging in place, the housing stock is old, it becomes difficult with economic changes or maintenance requirements, can be poorly planned, can be isolating. Assets to address this challenge are minor home repair programs, universal design plans, shared housing programs, and neighborhood groups having interdependence conversations.

Isolation is an issue in that people do not self-identify, there is a lack of trust or perhaps previous negative experiences, lack of functional mobility, lack of knowledge about resources or options. Assets to address the challenge are the baby boomers themselves, EMS identification to break the cycle more quickly, neighbor groups, emergency plans, conversations and check-ins, senior companions, friendly visitors, emergency groups, and the United Seniors of Oakland’s transportation training. A similar issue is Stigma, as there is fear and lack of information about aging. Assets to address this issue are public campaigns to inform and dispel myths, and the social justice spirit of the baby boomers.

Finances face the challenge of the high cost of living/housing, a “me” society in which the mentality is one against everyone else, the inadequacy of SSI and the plight of the near poor. Assets to address this issue include geographic supplements to funding in order to acknowledge the cost of living, subsidized medications and alternatives for basic needs, case management and community resource development, and the baby boomers themselves stepping up to solve the issue.
**Cultural barriers** are reinforced by a status quo mentality in the public system that this is the way things are, the inadequacy of translation, comfort in cultural groups, and people not being empowered within the cultural group. There were no assets immediately identified.

**Hunger** is determined geographically and on an income basis. Some assets to address the issue are Meals on Wheels and other meal programs, targeting food ghettos for seniors, changing community and cultural habits.

**Barriers to access** is a challenge as systems are too complicated, cultural barriers, not enough regional services, lack of coordination and duplication of services due to multiple RFPs. An asset would be access to a one stop shop, an electric social services record across the system to record all uses, and regional RFP collaboration.

In reflection, the group noted that health was not mentioned and that this list of needs forms a vision of a complete social services record that is uniformly accessible. It also opened up the possibilities in that the solutions for the issues facing older adults in Alameda County are very broad, and that the pool of assets is deep.

**VII. Getting Started**

**Committee Workgroups**
Committee members volunteered to be a part of one of the three ad hoc workgroups.

Consumer Survey: Lara Calvert, Karen Grimsich, Tighe Boyle, Carol Sugimura
Focus groups: Marlene Petersen, Donna Murphy, Angela Ball, Phil Altman
Data: Wendy Peterson, Dana Bailey, Jamie Almanza, Maricela Narvaez-Foster, Scott Means

Staff will be in touch regarding the consumer survey group, which will happen in two weeks. Tracy will set up a time for a teleconference. Staff will be publishing minutes from this meeting on our website as well as in commission packages.

**Logistics**
For people who are unable to attend future meetings, delegates are fine if they are up to speed. Two prospective committee members are still pending, transportation and health. Sister Ansar El-Muhammad and Wendy Peterson, respectively, will be following up.

Staff comment: None
Public comment: None
The meeting adjourned at 1:45 pm.
Next meeting: May 20th, from 1:30 – 4 pm