Welcome!

to the

Master Plan for Aging

Town Hall

Sponsored by:

The Aging Services Collaborative
The Department of Aging and Adult Services
and The SCAN Foundation
Caregiving/Aging Statistics – did you know?

- California’s older adult and disabled population is projected to diversify and grow faster than any other age group.

- In the next 10 years, over one quarter of Californians (or roughly 10.8 million individuals) will be 60 years of age or older.

- By 2030, it’s estimated that California will be grappling with a 3.5 million caregiver shortage.

- The Master Plan for Aging cites challenges with income (roughly one quarter of direct care workers earn less than half of California’s median annual income, and one quarter fall below the federal poverty line), stress, and an elevated risk of job-related injury.

- The current pay rate in CA for IHSS providers is $14 per hour and on January 1, 2022 the rate will increase to $15 per hour. In Santa Clara County, an IHSS independent provider (IP) currently earns $15.62 per hour. A living wage is $24/hr.

- The In-Home Supportive Services (IHSS) program of the California Department of Social Services (Social Services) provides care to more than 551,000 lower-income elderly or disabled Californians (recipients), helping them to live independently in their homes.

- In 2019, more than 40,000 recipients on average did not receive needed in-home care each month, and that number is likely to grow. This equates to more than 130 million hours of services IHSS recipients needed but did not receive.
Housing/Aging Statistics – did you know?

• By 2030, **10.8 million Californians will be an older adult**, making up one-quarter of the state’s population. Santa Clara County will see a **203% increase** in residents aged 60 and over by 2060.

• CA only has **24 units** of housing that are affordable and available **for every 100 extremely low-income residents**.

• While most older Californians are homeowners, older adults who rent homes (25% in SCC) are facing rising affordability challenges.

• Less than 1/3 elder renters age 60+ receive financial assistance.

• A vast majority of adults **prefer to age in place in their homes** and communities.

• **40% had never been homeless before the age of 50;** 50% have two or more impairments in ADLs or IADLs; 30% have cognitive impairments.

• **80% of aged homeless have caregiver needs, but no access to caregivers** (structural barriers to IHSS - not available to homeless).

• Homelessness is also a racial justice issue: historical segregation, redlining and predatory lending; **6.5% of Californians are Black, but 30% of California’s homeless pop is Black.**
Zoom Accessibility and Etiquette

• Please keep your audio on mute during the presentation
• For live captioning, scroll down to your toolbar and select the CC/Live Transcript: Select “View Full Transcript”
• ASL interpreters are spotlighted: Jennifer and Stephanie
• Use chat to send a message
Agenda

• Welcome and Introductions
• Overview of Master Plan for Aging: State and Santa Clara County
• Caregiving that Works
• Housing for All Ages and Stages
• Breakout Sessions: Caregiving and Housing (Innovative, State Legislative, and Local Policy)
• Report Back on Priorities for 2022
• Responses by State and County Elected Officials
• Next Steps/Closing
Assemblymember
Ash Kalra
State Assembly District 27
FIVE BOLD GOALS FOR 2030

Amanda Lawrence, MPH
Master Plan for Aging Project Director
California Department of Aging
Master Plan FOR AGING

The Master Plan on Aging: FIVE BOLD GOALS FOR 2030

The Master Plan on Aging provides a comprehensive approach to improving the lives of all Californians by 2030. It outlines five bold goals: increasing economic opportunity, improving health and well-being, supporting caregivers, providing housing and services, and fostering community connections.

1. Economic Opportunity
   - Increase employment opportunities for older adults
   - Expand access to affordable housing
   - Enhance financial security

2. Health and Well-Being
   - Improve access to healthcare services
   - Promote healthy aging through exercise and nutrition
   - Reduce the impact of chronic diseases

3. Caregiving
   - Support family caregivers
   - Expand respite care services
   - Develop new models of care delivery

4. Housing and Services
   - Ensure affordable, accessible housing
   - Offer a variety of support services
   - Enhance transportation options

5. Community Connections
   - Foster social connections
   - Promote community involvement
   - Enhance disaster preparedness

By 2030, California will have made significant progress toward achieving these goals, creating a more inclusive and vibrant society for all ages.
Master Plan for Aging: Five Bold Goals for 2030
The MPA is for people of all ages who are family, friends, neighbors, coworkers, and caregivers of older adults.

Goal 1: Housing for All Ages and Stages

Goal 2: Health Reimagined

Goal 3: Inclusion and Equity, Not Isolation

Goal 4: Caregiving that Works

Goal 5: Affording Aging
GOAL ONE: Housing for All Ages & Stages

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

TARGET: Millions of New Housing Options

LOCAL MODEL: Age Well San Diego

STRATEGIES:
A. More Housing Options
B. Transportation Beyond Cars
C. Outdoor & Community Spaces for All Ages
D. Emergency Preparedness & Response
E. Climate-Friendly Aging
GOAL TWO: Health Reimagined
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 & Increase Life Expectancy

LOCAL MODELS: Partners in Care Foundation, Inland Empire Health Plan

STRATEGIES:
A. Bridging Health Care with Home
B. Health Care as We Age
C. Lifelong Healthy Aging
D. Geriatric Care Expansion
E. Dementia in Focus
F. Nursing Home Innovation
GOAL THREE: Inclusion & 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

LOCAL MODEL: Purposeful Aging Los Angeles

STRATEGIES:
A. Inclusion and Equity in Aging
B. Closing the Digital Divide
C. Opportunities to Work
D. Opportunities to Volunteer and Engage Across Generations
E. Protection from Abuse, Neglect & Exploitation.
F. California Leadership in Aging
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

LOCAL MODEL: Healthcare Career Pathway

STRATEGIES:
A. Family & Friends Caregiving Support
B. Good Caregiving Jobs Creation
C. Virtual Care Expansion
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

LOCAL MODEL: San Francisco’s Project Homekey and CV19 Meals Expansion

STRATEGIES:
A. End Homelessness for Older Adults
B. Income Security as We Age
C. Protection from Poverty & Hunger
THE MPA LOCAL PLAYBOOK
Seven Plays to Build Communities for All Ages

PLAY ONE: Engage Your Local Leaders
PLAY TWO: Explore Local Data
PLAY THREE: Review Existing Local Policies
PLAY FOUR: Select Your MPA Initiative
PLAY FIVE: Build Your Action Plan
PLAY SIX: Evaluate Your Initiative
PLAY SEVEN: Stay Connected

The Master Plan for Aging:
LOCAL PLAYBOOK
Taking Action to Build Californian Communities for All Ages
The MPA Local Playbook is designed to assist state and local government, communities, and private and philanthropic organizations in building environments that promote an age-friendly and disability-friendly California.

Download the MPA Local Playbook and explore resources below.

**Play One: Use the Governor’s Blueprint to Engage Your Local Leaders**

Collaborative, cross-sector partnerships are the key to implementing successful policy initiatives. It is important to get the right players at the table. Local government, community planners, aging and disability advocates, and subject matter experts are all important players. The list below will help you identify your local and regional leaders in community development and the aging and disability fields.

- Local Government
- Health, Aging, and Disability Leaders
- International and National Organizations with Local Chapters
- Universities & Colleges with Gerontology & Disability Research
- Aging-focused Philanthropy Organizations
MEASURING PROGRESS
The MPA Data Dashboard for Aging

Visit the **Data Dashboard for Aging** to follow the MPA’s progress over the next ten years, as well as to explore aging and disability demographics, **including data at the local level.**
Ten Cabinet Agencies + strong partnership with local leaders, private sector, federal government, and all stakeholders, will launch over **100 initiatives within the first two years**. View Jan – June 2021 Progress Report.

**Implementing Master Plan for Aging in California Together (IMPACT) Committee** will advise on the administration and implementation of the MPA.

Existing and new stakeholder committees will continue to drive policy and program on priorities including **Long Term Services and Supports (Disability & Aging Livable Communities Committee)**, **Equity in Aging Committee**, and **Elder Justice Coordinating Council**, and several other workgroups and ad hoc committees.
LEARN MORE ABOUT THE MPA
MPA.aging.ca.gov

Sign up for the Together We Engage newsletter for MPA updates
Send questions and comments to EngAGE@aging.ca.gov
Local Playbook

Three-Year Action Plan
AGE FRIENDLY DOMAINS

- Employment & Finances
- Transportation
- Health & Community Services
- Social Participation
- Dementia Friendly Community
- Public Spaces
- Communication & Information
- Volunteerism & Civic Engagement
- Housing
NEXT STEPS

Health and Community Services

Social Participation

Communication
THANK YOU

DIANA MILLER
Seniors' Agenda Project Manager
County of Santa Clara

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WWW.AGEFRIENDLYSILICONVALLEY.ORG
Poll No. 1
In-Home Supportive Services
Career Pathways
California Department of Social Services
What We Are Covering

• Overview of In-Home Supportive Services (IHSS) Career Pathways
• Objectives of the Program
• Identified Pathways
• Provider Payment
• Implementation Timeline
• Next Steps & Stakeholder Activities
IHSS Career Pathways

Section 24 of Senate Bill 172 added Welfare & Institutions Code Section 12316.1 which mandated the California Department of Social Services (CDSS) administer the Career Pathways Program for providers of IHSS and Waiver Personal Care Services (WPCS) to increase the quality of care, recruitment and retention of providers for recipients and to provide training opportunities for career advancement in the home care and health care industries.

IHSS and WPCS providers who have completed provider enrollment are eligible to participate in the Career Pathways Program.

Training can only be provided by counties, Public Authorities, a nonprofit entity that is tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code, or a Taft-Hartley Labor Management Partnership.
IHSS Career Pathways Objectives

The goals of the IHSS Career pathways include, but are not limited to, all the following:

- Promotion of recipient self-determination principles.
- Dignity in providing and receiving care through meaningful collaboration between the recipient and provider.
- Advancement of health and service equity, including the quality of care, care outcomes, and life.
- Promotion of a culturally and linguistically competent workforce to serve the growing racial, ethnic, and linguistic diversity of an aging population.
- Increase in both provider employment retention and recruitment of new providers to maintain a stable workforce for recipients.
The Pathways

The statute identified 5 separate pathways available to program participants broken into two categories:

**General Pathways**
- General Health & Safety
- Adult Education

**Specialized Skills Pathways**
- Cognitive Impairments and Behavioral Health
- Complex Physical Care Needs
- Transition to home and community-based living from out-of-home care or homelessness
Provider Payments

Providers will receive payment for attending training and will be offered additional incentive payments for meeting certain criteria.

• Training Attendance – providers will be paid for the hours they spend attending training.

• Incentive Payments –
  • Completing 15 hours of training in a particular pathway
  • Completing 15 hours of training in a Specialized Skills Pathway and subsequently going to work for a new recipient that needs that type of specialized care, and providing 40 authorized hours of care in the first month of service
  • Completing 15 hours of training in a Specialized Skills Pathway and subsequently going to work for a new recipient that needs that type of specialized care, and providing 40 authorized hours of care per month for at least 6 months
Implementation

IHSS Career Pathways is currently in planning stage. Currently developing a phased roll out plan, with a tentative begin date of September 1, 2022. Implementation will depend on the following:

• Competitive bid process
• Contracting with and Onboarding Training Vendors
• Automation
Next Steps

Over the next few months CDSS is planning a very robust stakeholder process that includes:

• Listening sessions to obtain feedback and suggestions from recipients and providers, stakeholders and advocates

• Workgroups with training vendors, counties, public authorities, labor organizations, advocates, etc.

To be included in our distribution list, please send an email to:

IHSSCareerPathways@dss.ca.gov
Caregiving that Works: Strategy A

Tiffany Huyenh-Cho
Senior Staff Attorney
Strategy A Initiatives

Initiative 107: Promote current state paid family leave benefits to older Californians, people with disabilities

Initiative 108: Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender

Initiative 109: Develop options to include family caregivers in home and community assessments.

Initiative 110: Consistent with CalAIM, expand respite care for family caregivers.
Initiative 107

- SB 95 extended COVID-19 supplemental paid sick leave and expanded definition of a covered worker
  - Unable to work or telework due to certain reasons related to COVID-19
  - Expanded definition to include In-Home-Supportive Services (IHSS) caregivers and personal waiver care service providers
  - Paid up to 80 hours of supplemental paid sick leave through retroactive to January 1, 2021 to Sept. 30, 2021
Initiative 109

- **Caregiver Resource Centers**: budget includes $10 million in FY 2022 to 2023 and ongoing to support Caregiver Resource Centers
  - Services: supports family caregivers with information & referral, respite care, short-term counseling, care planning and consultation, support groups etc

- **Enhanced Care Management (ECM) under CalAIM**
  - Comprehensive, whole person care case management to certain high-need, high-cost Medi-Cal managed care enrollees
  - ECM “populations of focus” include high utilizers in 2022; in 2023: individuals transitioning to the community from nursing facilities & those eligible for long-term care and at risk of institutionalization
  - Caregivers included in comprehensive assessment and care management plans, including identifying needed support services for family member and caregivers to manage the enrollee’s medical conditions.
Initiative 109

- **Dementia Aware and Geriatric/Dementia Continuing Education***
  - screening older adults for Alzheimer’s and related dementias for early detection and timely diagnosis; and connecting individuals and families to community resources
  - $25 million

- **Alzheimer’s Day Care and Resource Centers***
  - Expand dementia-capable services at licensed Adult Day Programs (ADP) and Adult Day Health Care (ADHC) centers/Community-Based Adult Day Services (CBAS), including caregiver support services
  - $5 million

- **Coordinated Family Support Service***
  - improve equity for adults who live with their family by improving individual supports provided at home. Proposal to pilot a new service for families similar to supported living services provided outside the family home
  - $41.7 million

*Department of Health Care Services (DHCS) HCBS Spending Plan still pending federal CMS approval.*
Initiative 110

• **Medi-Cal Asset Limit Increase** for Aged and Disabled Medi-Cal, Medically Needy with a Share of Cost, long-term care, and Medicare Savings Programs.
  • July 2022: $130,000/individual & $65,000/addtl family member
  • July 2024, asset test eliminated

• **Older Adult Expansion of Medi-Cal**
  • Expands eligibility to full-scope Medi-Cal to anyone age 50 or older, regardless of immigration status, who satisfy Medi-Cal’s other applicant criteria including income, residency, and asset criteria.
  • Full-scope Medi-Cal includes home and community based services, such as In-Home-Supportive Services (IHSS) and HCBS waivers, like Multipurpose Senior Services Program (MSSP)
  • May 1, 2022
Initiative 110

- Full-scope Medi-Cal expands the population of eligible enrollees, including eligibility for IHSS (and paid family caregivers) and respite services via HCBS Waiver programs
- HCBS Waivers with respite benefits:
  - Multipurpose Senior Services Program (MSSP)
  - Home and Community-Based Alternatives Waiver (HCBA)
  - Home and Community-Based Services for the Developmentally Disabled
Initiative 110

• Under CalAIM, Community Supports include respite services
• Community Supports are optional, HCBS-like services Medi-Cal managed care plans may offer in-lieu of other Medi-Cal covered services
• Starting 2022, three plans elected to offer Respite Services
  • Aetna (Sacramento & San Diego)
  • Contra Costa Health Plan (CCHP) (Contra Costa)
  • Partnership Health Plan (Del Norte, Siskiyou, Modoc, Shasta, Lassen, Trinity, Humboldt, Mendocino, Sonoma, Lake, Marin, Yolo, Napa and Solano)
Contact information:

- thuyenh-cho@justiceinaging.org
- www.justiceinaging.org
Housing for Us All – Planning Together as Our Communities Get Older

Master Plan for Aging
Santa Clara County Town Hall

Mathew Reed – Director of Policy
mathew@svathome.org
November 3, 2021
It isn’t really a secret – A broad range of housing options that people can afford -- But it isn’t easy and will take planning

“Californians need accessible, affordable, and integrated multi-generational housing options. It is critical to promoting independence and allows people to age successfully in their existing communities. That is why, at AARP we believe a livable community is one that contains a range of housing options. This ensures that residents of all ages, backgrounds, income levels, and ability levels can find housing that meets their needs.”

*The AARP CA Listening Report: Rebuilding the Social Compact on Housing for All Californians. January, 2021*
ADDING WAY MORE JOBS THAN HOUSING

San Jose, Sunnyvale, Santa Clara SMSA
Total Jobs/Housing (thousands)

Source: US Bureau of Labor Statistics, CA Department of Finance
Home values up over 200%, Rent over 75%
The Housing Market is Broken

- Annual income to own a Median Priced Single-Family Home is over $260,000 (Median Income is ~ $140,000)
- Annual income to rent a Two-Bedroom Apartment is over $115,000
- Average Elementary School Teacher Salary $92,000
- Average Healthcare Support Professional Salary $40,000
- Over three-quarters of households with incomes under $100,000 are rent burdened, with over half paying more than 50% of their income for rent
- For every ten new homes that are built we build only one that is affordable to lower income households
Social and Economic Stability is Under Strain

- We have the highest medium income in the country, but suffer from extreme housing costs and tremendous income/wealth inequality
- Workers at the foundation of the local economy struggle to live in Santa Clara County
- Adults who grew up here are having to move away to afford a home for their children
- We are interdependent and struggling to hold together
- Our shared future requires that we do better
Older Residents and Housing
Seniors' Percent of Population (Santa Clara County)
Now Familiar – Forecast “1 in 4”
Age of Head of Household

2011

- Under 60: 74%
- 60-64: 8%
- Over 65: 18%

2019

- Under 60: 69%
- 60-64: 9%
- Over 65: 22%

32,000 more households headed by someone over 65
52,000 lived with their own grandchildren, and 18% reported being responsible for them.
Household Heads Over 65

- Homeowners: 74%
- Renters: 26%

This is pretty consistent across time
Renter Households Over 65

- Rent Below 30% of Income: 32%
- Rent Burdened Over 30% of Income: 9%
- Severely Rent Burdened Over 50% of Income: 59%
Over 20% of the 40,000 households with incomes below the federal poverty line in 2019 were women over the age of 65 living alone.
# Homeless Census – Point in Time Count

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015 (6,556)</th>
<th>2017 (7,394)</th>
<th>2019 (9,706)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18 Yrs</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>18-24</td>
<td>12%</td>
<td>7%</td>
<td>15%</td>
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<tr>
<td>25-30</td>
<td>7%</td>
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<td>6%</td>
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<td>31-40</td>
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<tr>
<td>41-50</td>
<td>25%</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>51-60</td>
<td>26%</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>60 or more Yrs</td>
<td>9%</td>
<td>9%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Applied Survey Research 2019

The study estimated that the number of homeless people over 60 years of age increased by 500 between 2017 and 2019, from 665 to 1165.
Housing Crisis for an Aging Community

• As we age as a community we become more interdependent
• More affordable, accessible housing is essential – for everyone
• Lower-income people with fixed incomes, including seniors, are particularly vulnerable
• Housing costs strain family and social networks, and care workers, essential to sustained independent and active lives
• We grew as a suburb, but we are becoming more urban – which means we must embrace change
Where do we go from here?
Rebuilding the Social Compact on Housing for All (This will require changes we haven’t fully embraced!)

Functional communities will include a diversity of accessible housing opportunities people can afford. This will require:

• Support for increased residential density both within neighborhoods and in increasingly urban areas in our cities and towns
• Support for affordable housing development within our communities
• Recognizing our interdependence
We need housing options for the second stage in our lives. Planning to grow, and age in ways that are more responsive to all of our needs – more concentrated, complete, opportunity-rich, communities that are better integrated and more walkable.

Accessible jobs, schools, groceries, restaurants, parks, health care - good places to be younger and good places to be older.
We already have some structures in place that embrace this change

Seniors’ Agenda - Age-Friendly Cities

An Age-friendly City is an inclusive and accessible urban environment that promotes active aging. Response to the growing demographic of older people throughout the world and the growing urbanization of the population.

Master Plan for Aging --

Older adults, like people of all ages, need housing options that meet changing needs across the decades. Housing that allows for different household sizes, with accessible transportation options, welcoming parks and public spaces, and strong climate and disaster readiness, are foundational to well-being and continued engagement in civic, economic, and social life.

AARP – “Rebuilding the Social Compact on Housing for All Californians” and Policybook

Livable community is one that contains a range of housing options. This ensures that residents of all ages, backgrounds, income levels, and ability levels can find housing that meets their needs
We are making some progress

Resources for Affordable Housing

• Measure A – County
• Measure E – SJ
• $20 billion from State and Recovery funds
  – Major Affordable Housing and Homeless
  – Direct integration of housing with health provision, ex.
    • Medi-Cal Managed Care incentives – Homeless and Prevention
    • Housing and Disability Advocacy Program
We are making some progress

• Policy Changes at State
  – Accessory Dwelling Unit (ADU)
  – SB 9 – 2-4 Units
  – SB 10 – Incentives for modest density
  – Streamlining bills to break down local barriers
  – Housing is central to Master Plan for Aging
    • Home and Community Based Service
    • Supportive Housing
    • Planning – Housing – Strategy A, Initiative 5
Housing Element Updates – Planning for Growth Every Jurisdiction (Tools only work when we use them)

Requires targeted community outreach to seniors

Analysis of needs, program or policy options and resources to address the need

*Where will affordable housing be built to facilitate active and independent aging?*

*Will there be policies that plan for new integration of In Home and Supportive Services?*

Way more teeth, but only if we raise the issues and push for solutions!

Contact Alison Cingolani ([alison@svathome.org](mailto:alison@svathome.org)) for educational presentations, engagement tools and how to get involved.
Thank you

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Breakout Groups
Choose the room that corresponds to one topic area you wish to discuss

**Caregiving that Works**
- State Legislative/Budget Policies
- Local Initiatives & Policies
- Innovative/Visionary Programs

**Housing for All Ages & Stages**
- State Legislative/Budget Policies
- Local Initiatives & Policies
- Innovative/Visionary Programs
State Senator
Dave Cortese
California Senate District 15
Supervisor
Otto Lee
Santa Clara County District 3
Sincere note of appreciation for the following presenters, speakers, facilitators & note-takers:

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- Vaughn Villaverde
- Joe Flynn
- Deanne Everton
- Edith Gong
- Gianna Spina
- Vandana Puri
- Aneliza del Pinal
- Tylor Taylor
- Alaina Purcell Schroeder
Thank You For Joining Us Today!
Your participation in the Master Plan for Aging makes a difference in the lives of Santa Clara County residents.