

Symposium on Aging A Call to Collaboration

"Senior needs often take lower priority when government has to make hard funding decisions at times of shrinking budgets. I want to be sure this does not happen in Santa Barbara County. My thanks to the broad group of stakeholders who worked with us to plan this symposium and then lead the discussion sessions establishing priorities and suggesting new partnerships. It's a very exciting step forward."

Salud Carbajal, First District Supervisor, Chair, Santa Barbara County Board of Supervisors

On September 3, 2008, over 150 leaders of key stakeholder groups from South Santa Barbara County answered a call for collaboration on aging issues and began a strategic planning process. Participants represented a diverse group including the following: public agencies, local non-profits, foundations, legislators, and community residents. This document summarizes the recommendations and priorities of the symposium.

Symposium Goals:

- ◆ **Raise awareness in the community at large to the needs of our aging population;**
- ◆ **Broaden participants' knowledge of the needs of seniors in our community;**
- ◆ **Foster collaboration among non-profit providers, public agencies, and the philanthropic community in meeting those needs;**
- ◆ **Identify gaps in senior services and funding sources; and**
- ◆ **Make recommendations for prioritizing needs and moving from dialogue to action.**



Symposium on Aging Sponsors: Naomi Schwartz - The Gildea Foundation, Salud Carbajal - Santa Barbara County 1st District Supervisor, Adriana Mendoza - AARP, with Lynn Daucher - Director, California Dept. of Aging.

"One of the primary missions of The Gildea Foundation is to help meet the needs of local low income seniors. In widespread conversation with senior providers, they all expressed a need for increased funding and opportunities to develop collaborative programs to meet increasing senior needs at a time of shrinking resources in our community. From this, in partnership with County Supervisor, Salud Carbajal, and Adriana Mendoza of AARP, the Symposium on Aging took shape."

Naomi Schwartz, Executive Director, The Gildea Foundation

Symposium organizers and stakeholders would like to offer a special thanks to the following agencies and individuals:

Sponsors:

AARP
County of Santa Barbara
The Gildea Foundation

Co-Sponsors:

Area Agency on Aging
City of Santa Barbara
Cottage Health System
Garden Court, Inc.
Hutton Foundation
Family Service Agency of Santa Barbara
James S. Bower Foundation
Sara Miller McCune
Southern California Edison
United Way
Wood-Claeysens Foundation



Symposium on Aging: Mary Ellen Kullman - Arcshtone Foundation, Jon Clark - James S. Bower Foundation, Naomi Schwartz - The Gildea Foundation

Symposium Speakers:

May H. Aydin, Phd, California Health Interview Survey
Topic: California's Aging Population: Demographic and Health Trends
Lynn Daucher, Director, California Dept. of Aging
Topic: A State Perspective: Mandated Services, Service Trends, and Service Needs

Funders Panel:

Mary Ellen Kullman - Vice President, Archstone Foundation
Jon Clark - Executive Director, James S. Bower Foundation
Tom Parker - President, Hutton Foundation
joyce elllen lippman - Executive Director, Area Agency on Aging
Paul Didier, President & CEO, United Way Santa Barbara



Symposium on Aging: Tom Parker - Hutton Foundation, joyce ellen lippman, Area Agency on Aging, Paul Didier— United Way Santa Barbra

Currently California has the largest older adult population in the country. According to the California Department of Finance, there are 421,625 people living in Santa Barbara County. Of these people, 64,922 or 15.2%, are over the age 60. The highest concentration of adults over the age of 60 live in the city of Santa Barbara: 14,467.

The Future

It is estimated that by the year 2030, 25% of California's population will be over the age of 60. The projected senior population growth rate from 2005 –2030 in Santa Barbara County is 26.2 - 69.1 %

Symposium attendees participated in work groups relating to key aging issues. Work groups consisted of the following:

- **Health (Physical Health and End of Life Issues)**
- **Low/Moderate Income Housing**
- **Transportation**
- **Independent Living/Assisted Living**
- **Elder Abuse (Financial and Other)**
- **Mental Health /Substance Abuse**
- **Housing & Supportive Services for Homeless Seniors**

Common Themes explored by work groups included the following:

- Safety
- Cultural distinctions, differences and needs
- Economic realities – Access
- Dignity and Self-Sufficiency

Through this process each work group identified the following:

- I. Priorities/Gaps
- II. Recommendations
- III. Action Steps

For more information on how to get involved in future workgroups, please note the contact at the bottom of each workgroup section.

Health (Physical Health and End of Life Issues)

Priorities/Gaps:

Health issues identified included the following: multiple medication usage, lack of alternative health care advocacy, need to increase knowledge of physicians on aging health issues, denial of alternative prescription drugs by physicians, diminishing number of physicians, elder isolation, access to supportive in home care, and economic barriers.

Physical Health/End of life issues identified include the following: preventive health care, access to fitness programs, cultural barriers, trust planning, education on end of life care options and mental health needs, dissemination of information, in-home support, intergenerational activities, home safety assessments, and community awareness.

Through identification of the above issues, the Health breakout group participants created a list of top priorities to be addressed. These include the following:

- ◆ Education
 - ⇒ Public awareness
 - ⇒ Caregivers
 - ⇒ Individual prevention
 - ⇒ Resources
 - ⇒ Access
 - ⇒ Health care providers
 - ⇒ Ageism, integration of age groups
 - ⇒ Cultural barriers
 - ⇒ Chronic disease
 - ⇒ Advance care planning
- ◆ Bringing resources / neighborhood-based resources
- ◆ Advocacy and personal responsibility
- ◆ In-home support
- ◆ Finances / funding / cost of living; care, especially middle income
- ◆ Dialogue/communication on death and dying wishes

Recommendations:

- ◆ Create a public awareness campaign to include access, resources, prevention, advance care planners, and chronic diseases
- ◆ Develop an education plan for individuals and providers
- ◆ Research and obtain funding for cost of living and in-home care, especially those in middle income
- ◆ Create additional neighborhood based resources / in-home support

Action Steps:

Adult and Aging Network, to convene action workgroup
Contact Brian Carroll - b.carroll@sbc.socialserv.org

Most deaths (70%) occur in those aged 65 and older. Older adults want better discussions, information, and a chance to influence decisions about their care—whether to be at home or in the hospital and to have CPR (cardiopulmonary resuscitation) (Foley, 1995). Most Americans die in hospitals (63%), and another 17% die in institutional settings such as long-term care facilities (Foley, 1995; Isaacs & Knickman, 1997). In addition, most people are referred too late to hospice or palliative care, so they are unable to get the most benefit possible from these specialized services. - American Psychological Association

Low/Moderate Income Housing

Priorities/Gaps:

"Affordable housing" is a broad term used to describe decent, safe housing which is affordable to individuals and families. To be affordable, housing cost (rent and utilities) should not exceed 30% of the household's gross income. This is particularly true for lower income households defined as those earning less than 80% of the Area Median Income (AMI).

Extremely Low Income is defined as at or below 30% of AMI; Very Low-Income is defined as at or below 50% of the AMI; Low-Income is at or below 80% of AMI; and Moderate Income is at or below 120% of AMI.

Participants in the low/moderate income housing group identified the following needs in the breakout session: need more Garden Court models in Santa Barbara County which provide some assistance with activities of daily living in a non-medical model (i.e. congregate care); zoning incentives to develop low-income housing (e.g., bonus density); funding preferences for Low-Income Senior Housing; and Assisted Living for Low-Income Seniors via a MediCare waiver.

Recommendations:

Create consortium of the current low rent senior housing providers to improve communication on waiting list numbers, needs, and available resources, as well as to advocate/promote awareness of affordable housing needs of lower income seniors in South Santa Barbara County. This consortium would promote the following:

- ◆ Needed communication between providers
- ◆ Logical/efficient recycling of units/move to continuum of care
- ◆ Lead to more models like Garden Court
- ◆ Centralized waiting list for all low rent units for seniors

Action Steps : Robert Pearson, Housing Authority City of Santa Barbara to convene action workgroup.
Contact: Robert Pearson - rpearson@hacsb.org



Symposium on Aging: Low/Moderate income housing breakout.
Robert Pearson, group facilitator.

Transportation

Priorities/Gaps:

Transportation in Santa Barbara needs to adequately meet the mobility needs of the aging population. No single recommendation can address all the needs; rather transportation alternatives such as para transit, taxi, and volunteerism need to be developed. These alternatives will require collaboration in order to provide assistance to seniors who are unable to drive, those with medical concerns, those in wheelchairs, and those suffering from dementia for medical appointments and social errands.

In the transportation breakout group, participants identified the following areas of need: transportation that is coordinated, convenient, and environmentally responsible; accessibility for seniors; increased number of volunteer drivers, increased utilization of vehicles that are idle in non-commuter hours; increased knowledge of available resources (RSVP, ACS, AMR, Easylift, Velpool Carpentaria); and increased collaboration among all agencies (profit and non-profit). In order to increase independence and flexibility for seniors and get the most out of any financial investment in transportation needs, a simplified and integrated referral, access, routing, and scheduling process, increased marketing of available transportation programs, and easy to remember resource numbers are key.



Symposium on Aging: Transportation Breakout Session:
Dana Goba and Melinda Green, group facilitators

Recommendations:

Creation of a SB Mobility Management Center to connect older adults to a continuum of accessible, coordinated transit services

- ◆ Establish a SB Mobility Council to include representatives of various partner agencies to monitor performance and foster communication/cooperation. In addition to transportation agencies, membership should include housing and social services representatives.
- ◆ Housed at Easylift - a Consolidated Transportation Services Agency (CTSA) eligible for Federal funds
- ◆ Single Mobility Manager (can be 100% funded with Federal Transit Administration *United We Ride* funds)
- ◆ Catalog transportation vehicles that are underutilized during the day could be used for seniors.
- ◆ Remove barriers between programs/providers.
- ◆ Include mobility training programs.

Research funding for software systems, hardware, and a human resource leader.

Conduct a transit needs assessment for older adults, including rural areas.

Initiate a public awareness campaign around senior transportation.

Action Steps:

Ernesto Paredes, Easylift, to convene action workgroup.
Contact: Ernesto Paredes - Ernesto@easylift.org

Independent Living/Assisted Living

Priorities/Gaps:

Independent living facilities provide the opportunity to make decisions that affect one's life and being able to pursue activities of one's own choosing.

Assisted living facilities are for people needing assistance with activities of daily living but wishing to live as independently as possible for as long as possible. Assisted living exists to bridge the gap between independent living and nursing homes. Residents in assisted living centers are not able to live by themselves, but they do not require constant care either. Assisted living facilities offer help with activities such as eating, bathing, dressing, laundry, housekeeping, and assistance with medications.

According to AARP, nine out of ten Americans hope to live out their days in their own homes. As people age, living independently becomes increasingly difficult, and many seniors must transition to assisted living. This transition presents many challenges. Key aspects identified by breakout group participants include the following: increased need for assistance; help with transition to a higher level of care; assistance with moving; cumbersome paperwork; lack of MediCal to pay for assistive living; access to health care; access to social activities; gaps between independent, assistive, and skilled nursing; lack of finances (personal/agencies programs); lack of comprehensive quality geriatric assessment; senior isolation; nutrition; stigma of assistive living; communication among agencies; cultural differences; lack of adequate transportation; safety; lack of geriatric health care providers; HIPPA regulations; and early release from hospitals.

Recommendations:

Communication among agencies: non-profits in senior care, doctor, lawyers, and constituents

- ◆ Shared database
- ◆ Education forums of service agencies on public access channel
- ◆ Access to medical professionals

Deal with lack of finances - person and agencies

- ◆ Education in high schools and colleges; personal finance; social security expectations; retirement planning, and long-term health care coverage.
- ◆ Partnering with profit companies to leverage tax credits to build senior facilities.
- ◆ Generate funder interest through education

Assist Seniors to live longer in independent settings

- ◆ Develop a comprehensive education linkage between seniors, health care providers, and the senior community on available living options and services for seniors.
- ◆ Develop a partnership with AARP, financial planners, the Area Agency on Aging, Senior Expos, Cottage Health System, and pharmaceutical companies to educate and provide information on available resources and the cost involved with independent, assistive living, and skilled nursing facilities.

Public Education Campaign

- ◆ Public service media campaign directing people to correct referrals and contact information when there are changes in neighbors, loved ones, etc.

Support care for independent living situations

- ◆ Linkage between doctors and nurses; payment for services not covered for by MediCal (grants, etc.)
- ◆ Create “Semi-skilled facility”
- ◆ Engage volunteers to help with actions and care needed within “Semi-skilled facilities”
- ◆ Develop a private/grant pay pilot program

Action Steps:

Adult and Aging Network to convene action workgroup
Identify expert in area Independent Living/Assisted Living

Contact: Brian Carroll - b.carroll@sbc.socialserv.org

Elder Abuse

Priorities/Gaps:

Participants in the Elder Abuse breakout session identified the following types of Elder Abuse:

- 1) Self Neglect – not caring for oneself
- 2) Physical Abuse – injury by hand, intentional or unintentional
- 3) Emotional – threatened or frightened
- 4) Neglect – by family or caregiver, allowing injury
- 5) Financial – misuse of elders funds, trust mills, predatory funding, annuities, use of funds for family
- 6) Restraint – chemical abuse of elders for own benefit
- 7) Abandonment – left at home or hospital
- 8) Abduction – physically removing from state

Current services/providers in this area are:

- 1) Adult Protective Services, Ombudsman, law enforcement
- 2) Victim/Witness Program
- 3) Education: Area Agency on Aging, Financial Abuse Specialist Team, Elder Death Review Team, Gatekeeper, and Parish Nursing Program
- 4) Adult and Aging Network, Latino Elder Outreach Network

Recommendations:

Expand and coordinate education efforts on elder abuse issues. This education effort could be organized by one coordinator in collaboration with a number of organizations and a public relations campaign.

- ◆ Educate public through personalized stories of elder abuse
- ◆ Non-profit organizations to present to community
- ◆ Recruit local media personality to provide public service announcement on elder abuse

Increase funding for education on elder abuse. Include a review of previous collaborations, identify what is needed now, and approach funders as a collaboration.

- ◆ Form committee to identify funders
- ◆ Expand existing services on education
- ◆ Review previous collaborations and adapt for current circumstances
- ◆ Support the Elder Justice Act

Establish a “safe-house” for elders who are victims of abuse. Research what has been done as an Elder Safe-House. Create a short-term stay facility with foundation funding. This requires close collaboration with APS, Law Enforcement, Victim Witness, Ombudsman, and Public Guardian.

- ◆ Facility needed: 2-4 rooms
- ◆ Research concept of elder safe house
- ◆ Research model used by shelter services for women / rape crisis center
- ◆ Assessment of needs/abilities
- ◆ Collaboration (APS, Long Term Care Ombudsman, Law Enforcement, Victim Witness, Elder & Dependent Adult Abuse Prevention Council, and subcommittees)

Work towards stronger legislation around elder financial abuse.

- ◆ Advocate for state-funded effort around controlling elder services and abuse
- ◆ Trust advisory regulation seminars
- ◆ Educate seniors - mandated agency
- ◆ Provide concise, simple, understandable information on elder financial abuse
- ◆ Advocate for legislation that will create an independent governing body

Provide neighborhood support to seniors through a neighborhood facilitator, peer to peer support, individuals in the neighborhood who have knowledge.

Action Steps: Refer to the Elder and Dependent Adult Abuse Coordinating Council
Contact: joyce ellen lippman - seniors@kcbx.net



Symposium on Aging: Susan Klein-Rothschild & Arlene Diaz, facilitators of elder abuse breakout session

Mental Health

Priorities/Gaps:

Many older people who have mental health and substance abuse problems go untreated. The barriers involved in identifying and treating these adults include ageism, lack of awareness, behavior of clinician/health care providers, and co-morbidity. Barriers faced by older adults in need of mental health substance abuse services include differential diagnosis between health and mental health, stigma in pursuing mental health/substance abuse services, possible legal requirement for reporting conditions, physical barrier that create isolation, physical barriers to accessing care, lack of opportunities to offer experience and wisdom, language and cultural barriers, lack of substance abuse treatment facilities, lack of geropsychiatric facility, inadequate Medicare reimbursement, and overlooked and under recognized mental health and substance abuse.

Mental health/substance abuse breakout group participants identified lack of training, lack of home assessment, lack of inpatient mental health care, few opportunities for senior engagement/intergenerational inspiration, and lack of Latino services as gaps in needs surrounding mental health/substance abuse.

Work group participants generated strategies as a starting point for building a shared responsibility for people with complex issues, as an avenue to save health care dollars, avoid unnecessary hospitalization, create training opportunities, and reduce social isolation.



Symposium on Aging: Mental Health/Substance Abuse Breakout Session:
Michelle Mikiewicz and Brian Carroll, group facilitators

Recommendations:

Training (MDs, law enforcement, caregivers, families, etc.)

- ◆ Training – Work with ADMHS to create a Train-the-Trainer type program including non-profit, community colleges, etc.
- ◆ Use Latino Elder Outreach Network as a model to expand collaboration

Funding

- ◆ Solicit foundation support for mental health/substance abuse service projects

Community Assessment

- ◆ Create an “asset map” of senior services

Purposeful Senior Engagement – Volunteering, leadership opportunities, linking seniors to kids

- ◆ Expansion GOLD Intergenerational Project – United Way,

Expand Senior Services: In-home supportive services, case management, individual assessment, and geriatric-psyche services.

- ◆ Mobile Mental Unit to do in-home assessment and intervention.
- ◆ Expansion of EMS, MATT, AMR, to include trained psyche technician.
- ◆ Create a comprehensive multidisciplinary Geriatric Assessment Team for elders in crisis.

Action Steps: Area Agency on Aging to convene a mental health workgroup

Contact: joyce ellen lippman - seniors@kcbx.net

Housing & Supportive Services for Homeless Seniors

Priorities/Gaps

“Once on the street, elderly homeless persons often find getting around difficult, and as they remain suspicious of the crowds at shelters and clinics, they are more likely to sleep on the street. For this reason, the elderly homeless population may also be consistently undercounted due to their reluctance to stay in shelters” (*National Coalition for the Homeless, 2006*).

Up to 4,453 people experience homelessness in Santa Barbara County on an annual basis; 46% are in the city of Santa Barbara. Of these homeless individuals, 597 are over the age of 50.* Frail elderly homeless persons face physical health issues which are rampant: mobility difficulty and chronic diseases; chronic mental illness; dementia; urinary incontinence; cancer; and, ultimately, dying without a home, friends, or family. Based on shelter statistics, it can be estimated that up to 15% of those living on the streets are over the age of 55. Between July 1, 2007 and June 30, 2008, 168 people over the age 55 sought refuge and services at the Casa Esperanza Homeless Center in the city of Santa Barbara.

The housing and supportive services for homeless seniors sub-group identified a number of gaps in services and problems that must be addressed in helping to end the problem of homelessness for Santa Barbara Seniors:

- ◆ Most people in Santa Barbara are unaware that senior homelessness is a significant but potentially solvable problem in Santa Barbara.
- ◆ There is not enough affordable housing available for homeless seniors in Santa Barbara. Santa Barbara has lost three single resident occupancy (SRO) or 600 beds in the last ten years.
- ◆ There is an inadequate amount of support services specifically for homeless seniors suffering from mental illness and substance abuse. There are not enough psychiatric beds and support services in the County to help seniors with mental health problems. There are not enough street outreach services, and there are only twelve substance abuse detox beds serving the entire South Coast.
- ◆ There are not enough housing services available to help homeless seniors and to prevent at-risk seniors from becoming homeless. Santa Barbara's Section 8 program has not grown in 7 - 8 years, there is no share-home program, and it is difficult to find landlords to accept Section 8 vouchers.

*Source: U.S. Department of Health and Human Services: Health Resources and Services, 2007.

Recommendations:

The sub-group advocated an intensive and immediate campaign to educate the public about the plight of our “senior homeless neighbors.”

- ◆ Set a community wide goal to house 100% of our homeless neighbors who are seniors in the next five years.
- ◆ As a part of the media campaign, encourage the community to both care and take action in completing the remaining action steps.
- ◆ Increase the level of public empathy for homeless seniors by telling their stories as a part of the campaign.

Improve housing

- ◆ Encourage landlords to join the cause of helping to end the scourge of senior homeless.
- ◆ Develop financial incentives for landlords to participate.
- ◆ Develop a master leasing program in which non-profit agencies secure housing for seniors and that buffers landlords from potential financial concerns.
- ◆ Increase support for seniors in shelter programs while increasing housing first options for this population. Invest in after-care services and supportive housing services to maintain homeless seniors in housing once achieved.

Increase Residential beds/outpatient

- ◆ Increase housing supply through the creation of new affordable and supportive housing.

Explore, fund, and create better social services support systems for homeless seniors.

Areas to explore:

- ◆ Easier and more immediate access to government benefits to which seniors may be entitled;
- ◆ Easier access to medication supports and possible forced medication when necessary;
- ◆ Better coordinated and available medical services;
- ◆ Increased flexibility and support from the Public Guardian’s office in helping disabled homeless seniors;
- ◆ Increased, coordinated mobile homeless outreach teams that include community-based outreach focused on relationship building, street mental health and medical care, substance abuse counseling, and benefits workers; and
- ◆ Increased residential treatment programs for alcohol and drug abuse, mental health care, and medical respite.

Next Steps:

Bring recommendation to the Santa Barbara Homeless Advisory Commission
Contact: Brian Carroll - b.carroll@sbcsocialserv.org

United Way of Santa Barbara - Power of Partnership Initiative

In order to foster collaboration in Santa Barbara, the United Way has developed the Power of Partnership Initiative. The Power of Partnership is a community-wide initiative to develop a community consensus plan for children, families, and seniors, consisting of a vision statement, prioritized goals, measurable objectives, benchmarks, and strategies for the next five and ten years.

To find out how you can participate and support the Power of Partnership, please visit the website at www.partnership.org or contact Jerry Bellamy at jbellamy@unitedwaysb.org

The Symposium Planning Group plans to reconvene in February 2009 to receive progress reports from the various workgroups and define collaborative action steps. Your participation with the working groups is encouraged. Please see email contact for each group.

“AARP was part of this symposium because we believe in the power of collaborations and we also feel that it's clearly time to break away from the status quo in our thinking and start focusing on how things should be and can be, given what we know today about the aging of our population in Santa Barbara County. From now on, every planning decision made in our community must take into account the impact on older residents, who can no longer be an afterthought. The ability of our community to adapt to a diverse aging nation will be paramount in the 21st century. ”

Adriana M. Mendoza, Associate State Director, AARP California