



SOLUTIONS SUMMIT 2017

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Workshop Summaries



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PROBLEM 1: OVER 25,000 SANTA CRUZ COUNTY SENIORS DO NOT HAVE ENOUGH INCOME TO PAY FOR THEIR BASIC NEEDS

Group 1 Facilitator: Mike McConnell

Problems

- 90% of Meals on Wheels participants say there's every a time when they don't have money for food.
- 60% of Meals on Wheels participants are below poverty level.
- Lack of affordable housing.
- Volunteers themselves reporting homelessness and hunger.
- Housing panic - "Housing needed" signs/posting.
- Rising costs in the County – "the community has changed around them."
- People with mental health/cognitive issues are at greater risk of financial insecurity.
- Fragmented systems.

Causes/Barriers

- Competing needs (children vs. elders).
- Larger economic and social justice issues.
- Funding streams not adapting.
- Women living alone with built-in socioeconomic issues.
- Not enough funding.
- Language and culture.
- Stigma in asking for help.

SOLUTIONS

- Maintain what we have. Do what we can to help those in homes stay here.
- Use the Elder Economic Security Index as a measure of need instead of poverty.
- Create services for senior homeless.
- Expand CalFresh for seniors (SSI disqualifies).
- Events to raise awareness with policymakers.
- Need funding for a single point of entry for safety net system.
- Encourage collaboration.
- Improve advocacy through events like the Summit.

ACTIVITIES

- Letter writing.
- Attending city and county meetings.
- Making phone calls.
- Volunteer if you can.
- Fundraising.
- Coordination between agencies, more active referrals.

Partners: Senior centers, clubs, faith based, county and cities, businesses, universities, schools, foundations, Elderday, hospitals and dental.

PROBLEM 1: OVER 25,000 SANTA CRUZ COUNTY SENIORS DO NOT HAVE ENOUGH INCOME TO PAY FOR THEIR BASIC NEEDS

Group 2 Facilitator: Ray Cancino

Problems

- Fixed incomes but not fixed expenses.
- Costs are rising faster than income coming in.
- Support systems are fragmented, family not together to help care for each other.
- 401K, retirement, pension underfunded.
- Lack of same day ride availability.

Causes/Barriers

- Cultural norms: denial, pride.
- Lack of affordable housing.
- People are living longer.
- Lack of preparation for growing needs – government preparation and personal preparation.
- Healthcare profits/costs - fractured healthcare system.
- Education gaps.
- Multifaceted, complex issues.
- Lack of funds and political will.
- Lack of collective vision.
- Eligibility requirements have not kept pace with needs.
- Scope of coverage, limiting what we do cover in some systems.
- Cyclical funding priorities (children, seniors, veterans, homeless).
- Shifting cultural norms (independence vs. community).
- Perception of limited resources, lack of knowledge of available resources.
- YIMBY vs. NIMBY

SOLUTIONS

- Change income eligibility for some programs (i.e. Elder Economic Security Index)
- Fund services for all low-income seniors - cover seniors that are caught between income requirements.
- Require licensed services to provide some pro bono services i.e. health care.
- Encourage colocation and shared housing. Match seniors with housing with others who need housing.
- Engage private partners and faith-based partners to provide support services for seniors.
- Build on existing models that work (i.e. Dientes).
- Provide incentives to provide low-cost services to seniors (ex: tax breaks, certification, loyalty recognition).
- Provide multiple services for seniors in one location.
- Provide incentives to seniors to access services (i.e. coupons for groceries).

Problem 1: Group 2 (cont'd)

SHORT TERM SOLUTIONS

- Build leadership.
- Hold electeds accountable.
- Work with jurisdictions.
- Focus on local opportunities for housing public/private.
- Opportunities for forums: online, community –get more people involved in policy making and decision making.
- Incentive program for businesses that do donate to the community to highlight (i.e. Plantronics was really helpful with measure D).
- Building trust with local partnerships.

LONG TERM SOLUTIONS

- Change eligibility requirements for some of the programs.
- Remove housing and healthcare from the speculative market.
- Seek help from CCAH for help with standardizing rates.

Partners: Central California Alliance for Health, Central Coast Center for Independent Living, State and Federal representatives, local government/electeds

PROBLEM 2: LONELINESS, ISOLATION AND DEPRESSION ARE AMONG THE LEADING CAUSES OF PREMATURE DEATH OF OLDER ADULTS AND PEOPLE WITH DISABILITIES

Group 1 Facilitator: Saundie Isaak

Problems

- Access to behavioral health as it relates from isolation and depression – lack of Medicare and health care reimbursement and stigma.
- Changing economy, families moving, not as much family support. Too expensive to stay.
- Pride, not wanting to be a burden.
- Effects of retirement – work life is busy with workloads, stress. This drops off at retirement, what is my purpose now? Finding volunteerism, hobbies, access to programs.
- Losses – loss of ability to do things used to do, chronic medical conditions.
- Systemic separation of medical and mental health issues.
- Loneliness when people are truly alone and have no one to help them.
- Falls can lead to isolation and further health decline.
- Lack of connection between youth and seniors.
- Lack of transportation and accessibility issues can increase isolation.
- Lack of community watch programs – how can we get those built up?
- Growing homelessness with seniors.
- Isolated and lonely seniors more vulnerable to scams and abuse.
- How do we all integrate and connect senior issues to relatable solutions?

SOLUTIONS

- Important for people to share their story so they can leave their legacy and share their wisdom. Ongoing campaign to gather people stories. Partner with public organizations, museums, colleges. Contact local media to publish stories.
- Improve understanding what these issues are and how to help people.
- Deepening the commitment of professionals, caregivers, social workers, etc., of going beyond the role of “checking the boxes” and take next step to see what can really be done to help people.
- Increase consistency with assessment tools and evaluations. Improve resource integration and increase screening for mental health services.
- Foster Grandparent and Senior Companion programs can be part of solution.
- Speaker’s Bureaus to bridge awareness. Present to colleges teaching about senior issues to bridge generations.
- Community Call Program – daily check, medication reminder – friendly calls
- Connect with local faith community, step outside of the healthcare and social program boxes.
- Shared housing programs, improving tax incentive programs for people to offer affordable housing.
- Utilize media outlets.

Problem 2: Group 1 (cont'd)

- Neighborhood watch programs that help neighbors become more aware of each other and seniors in their neighborhoods.

SHORT TERM SOLUTIONS

- Talk to local paper, get seniors stories out.
- Attach programs to real life stories that show the real benefit.
- Approach professionals about changing processes to increase screening for mental health services and develop more consistency in screening tools.
- Increase resource integrations.
- “Cradle to career” program – getting schools and communities together.
- Try to get doctors to prescribe social programs instead of medication.

Partners: Partner with medical professionals to offer solutions to psychosocial issues. For example, resources that can be “prescribed” for loneliness and depression.

PROBLEM 2: LONELINESS, ISOLATION AND DEPRESSION ARE AMONG THE LEADING CAUSES OF PREMATURE DEATH OF OLDER ADULTS AND PEOPLE WITH DISABILITIES

Group 2 Facilitator: Jane Schwickerath

Problems

- LGBT isolation, also a national issue, reduced support, more outreach needed. 95-98% of seniors go back in the closet. Even in their own home, fear of service providers seeing evidence.
- Ageism, death phobia.
- Aging in place can have an unintended consequence of being isolated in home.
- Lots of solutions that used to be in place, but with budget cuts some are being lost, some of the best solutions have been the first to go.
- Overmedication, some things that help can hurt.
- Hearing loss can make it hard to stay engaged.
- Lots of resources, but if you're not hooked in, it's hard to know where to start.
- Technology can help decrease isolation, but can also make it worse.
- Physical limitations can be an impediment.

SOLUTIONS

- Senior Centers – could be easy to rescale access to senior centers. What if every senior center has robust programs all the time?
- Very powerful effect of volunteering – getting people out in the community reengaged, going into seniors home and then helping them get out in the community. Connect skillset to volunteer options.
- Need for education across the board. Up the game in terms of access to resources to educate medical professionals, i.e. more than just prescriptions in hand. Need to avoid overmedicating
- Lots of ways to break isolation by fostering relationships: Peer, social, giving back, shared purpose, “foster seniors.” etc.

SHORT TERM SOLUTIONS

- Expand shared housing, senior and intergenerational (age, interests, needs).
- Multidirectional volunteer programs so people can get to isolated seniors and isolated seniors can get out.
- Companionship and social connections are prime.
- Scaling new transportation options like Uber and Lyft
- Training about resources and social and public health benefits of keeping seniors active and engaged. Integrate behavioral health curriculum-wise.
- Scale for multiple demographics – potential partners include medical sector, faith-based sector (particularly Spanish language and African American congregations), transportation services
- Community TV, Look for partners with public ad campaigns (i.e. senior shared housing program).

Problem 2: Group 2 (continued)

Partners: Medical community, service clubs, senior centers, faith-based community, local media, Community TV

PROBLEM 3: SENIOR ADVOCACY AND ENGAGEMENT IS OFTEN ABSENT IN DISCUSSIONS REGARDING POLICY ENACTMENT AND LEGISLATIVE PRIORITIES

Facilitator: Debora Bone

Problems

- Invisibility of senior issues. People don't see the need until it hits them on a personal level.
- Cultural norm – people expect to be self-sufficient. There's no sense of community in "I can do it myself."
- Communities and people are suffering due to lack of resources.
- It's hard to advocate for yourself. If you speak up, it makes you vulnerable.
- People don't want to seem like they need things
- Culture has huge focus on youth – media and advertising such a focus on young.
- We need to think about how we think about seniors; there is not cultural competency for senior needs.
- We need to build seniors into the structure of the state budget – such a big chunk of funding goes to education and medical – what can we do to get seniors a bigger part of that?
- Legislative champions – how do we recruit them and replace the ones we lost to term limits?
- Diversity and cultural competence are often missing at legislative level.
- We are never taught how to be old.

Causes/Barriers

- Cultural and demographic shift
- Younger generation resents older– older generation had it better; school costs more, housing costs more, uncertainty of social security, etc. Intergenerational wedge needs to be mended.
- More cross-generational communication – how do we highlight shared interest?
- Lack of education and training about seniors and people with disabilities.
- Lack of training for advocacy and self-advocacy.
- Communication network is different now.
- All the programs we have now came from a culture of advocacy.
- What is the value of community? Senior element as built-in wisdom.

SOLUTIONS

- Need to come up with the same message across many different organizations so we can start seeing the similarities.
- Faith-based organizations do great work at getting seniors together
- Identify legislative priorities that are affecting seniors and people with disabilities. Bring messages to the electeds to create a budget that includes seniors and people with disabilities.
- 2000 bills every year in Sacramento – need to track the ones that seniors and people with disabilities – have a legislative watch bulletin.

Problem 3 (cont'd)

- Point of focus is loss of funding for IHSS – that is an immediate need. Develop a campaign to get that issue more on solid ground. Use individual stories.
- Campaign to educate and advocate.
- Try to get strong representation at state and local with focus on senior issues.
- Create coalitions so we get collaboration across groups
- Coordinate with California Senior Legislature
- Engage young retirees.
- “Grey Panthers” advocacy for seniors.
- Advocate for seniors to share facilities, not just senior-specific.

SHORT TERM SOLUTIONS

- Start a small campaign to get advocacy going, start with IHSS preservation – highlight seniors receiving care and the workers that do the work.
- Getting collaboration will create bonds that will help with additional issues – figure out how to get a large group of people to speak on the same issue.

LONGER TERM SOLUTIONS

- Relationships between organizations, more collaboration.
- Look at cultural shift about importance and value of elders.
- Strengthen alliances.

PROBLEM 4: LESS THAN ONE-THIRD OF ALL SENIORS SPEND THEIR LAST YEARS LIVING IN THEIR OWN HOME, DESPITE THEIR DESIRE TO AGE IN PLACE

Group 1 Facilitator: Mary Howe

Problems

- Medi-Cal doesn't pay for assisted living or in home care
- Care costs can be overwhelming to a family and the time needed to plan for them
- Disconnect between what people want and what happens, or what is feasible to happen
- People aren't having conversations early enough about what's going to happen if your health goes, or you can't take care of everything. Needs to be a continuing conversation.
- Not having a network of support – does not allow for aging in place
- Lack of funding
- Lack of family support. Family often taking care of kids, etc.
- Public cost for skilled nursing is too expensive. Funds are spent on skilled nursing instead of in-home care, more should be used in-home care. Some people go to SNF because they can't afford any other option. If only people who really needed to go to SNF went, we might have enough beds.
- Not enough senior affordable housing
- Not enough skilled nursing facilities.

Causes/Barriers

- Taboo about talking about getting old, dying and death

SOLUTIONS

- Neighbors helping neighbors with everyday needs.
- Plan for end of life care, medical care, medical services, and power of attorney early and have ongoing conversations.
- Conversations, conversations, conversations all along the way; between families, medical community, community conversations. Don't wait until there's a crisis. As ideas and needs change, express them.
- Part of the conversation is listening to older people in your life about what they want. For some people, the best overall life is better than the best medical care.
- Planning for end of life care; File of Life, Advance Care Directives, etc.
- Provide these services in accessible language and culture.
- Increase public awareness of seniors issues in the media
- More education about living options
- Advocate for public funding for assisted living, communal living or in-home support and services already providing support (Meals on Wheels, transportation, etc.)
- Provide seniors with technological options (apps, medical bracelets, etc.)

Problem 4: Group 1 (continued)

Partners: Medical community, faith community, senior service agencies, UC and Cabrillo (in-home care providers, volunteers, interns, experts to study and talk about senior issues) AARP, retired persons groups, neighborhood organizations

PROBLEM 4: LESS THAN ONE-THIRD OF ALL SENIORS SPEND THEIR LAST YEARS LIVING IN THEIR OWN HOME, DESPITE THEIR DESIRE TO AGE IN PLACE

Group 2 Facilitator: Leslie Connor

Problems

- Expense for community and family.
- Loss of dignity, quality of life when not in own homes.
- Loss of sense of community when they leave neighborhood.
- Increase in depression.
- Increased complexity of care.
- No intermediary source of support or place for people to go, as a whole, between living at home and possible end of life, or skilled nursing, LTC, not much in between.

Causes/Barriers

- Money – inability of people to afford alternate ways for people to support themselves, inability to afford caregivers to come in.
- Some families are unable or unwilling to help; tremendous burden on the caregivers who do.
- Lack of affordable resources.
- Rigidity of MediCal acuity -- rooted in finance (home vs. SNF)
- Ageism
- Culture of individualism, bootstrapping.
- Generational equity concerns.
- Lack of funding.
- Land prices, development restrictions.
- Regulations.
- Unable to pay for caregivers.
- Lack of caregivers.
- If people are in their own homes, we need to make sure they're not isolated

SOLUTIONS

- More advocacy around resource referral and in general.
- Technology-based community building (telephone therapist services, phone/mobile friendly companions).
- Increased housing options and incentives to increase availability of ADU's.
- Promote universal design.
- Decreasing restrictions on caregiving – i.e. shared housing, “foster” homes for adults – explore ways to integrate people under one roof.
- More shared-housing with students.
- Idea of intergenerational community – how to “culturate” that?
- Technology-based solutions KNAP APP, Kind Neighbors Aiding People to decrease isolation.

Problem 4: Group 2 (cont'd)

- Community neighborhood activities – having community emergency response for seniors – postal workers to be eyes and ears, telephonic and mobile therapy services. Survey neighborhood for needs.
- Neighborhood watch – awareness campaigns, marketing campaigns, identify our county as one that is supportive and welcoming of seniors.
- Partnerships with universities and colleges around housing

SHORT TERM SOLUTIONS

- Intergenerational community – promote at Seniors Commission? What does it look like?
- County task force to look into age-friendly designation.
- Promote idea of age-friendly at neighborhood level.
- Neighborhood ideas – look at our neighborhood as the block that you're on- who are the seniors in your neighborhood? Set up cues for seniors to let neighbors know they're OK.
- Explore shared housing opportunities with UCSC and Cabrillo – conduct student house need assessment for intersect with senior care needs.

PROBLEM 5: THERE ARE TWICE AS MANY HOMELESS PEOPLE AGE 50 AND UP AS THERE ARE AGE 25 AND UNDER

Facilitators: *Francie Newfield and Patrick Meyer*

The group started with identifying two very distinct groups of homeless: chronic homeless and those who are becoming homeless due to illness, injury, emergency, financially at risk, evictions, housing sold, etc.

Problems

- People living longer, retirement funds not meeting rising costs.
- Shortage of housing.
- Rising housing costs as well as costs to stay in home (utilities, etc.)
- Lack of property owners' participation in Section 8.
- Vietnam vets becoming seniors, many have substance abuse issues.
- People who have been homeless many years are getting older, ways they used to cope are not so effective now.
- HUD is changing the way it's directing their funding – some resources like Section 8 are less available.
- HUD focus on helping people immediately after they lose housing or chronic homeless.
- Sometimes is just one catastrophic event that puts people at risk for homelessness.
- How do we identify people at risk and then help them keep it going?
- Many people cannot live on retirement or social security and must keep working into advanced ages.
- Being evicted or having a bankruptcy filing will make it harder to find a place if you have to move.
- Difficult to get re-employed after a catastrophic event.
- Fraud and financial abuse are problems and can be a triggering event.
- Not enough data on older homeless and their specific issues.
- Lack of affordable, accessible housing for fixed-income people.
- Cost of living increasing.
- Catastrophic event starts downward spiral.
- Lack of social supports and advocacy.

Causes/Barriers

- Having undocumented family members limits people from seeking services.
- Significant rent increases without referral to rent support services.
- Lack of awareness about resources.
- Assisted living not affordable.
- Shortage of housing, student rentals university pressure.
- Guardianship, conservatorship.
- Lack of mental capacity to make appropriate decisions.
- How do we work with landlords to get them to rent to older adults?

Problem 5 (cont'd)

SOLUTIONS

- Develop more housing
- Elder Shelters
- Multi-generational co-housing
- Adult foster homes
- Facility waivers
- Focus on assistance for substance abuse for elders
- Permanent, rapid rehousing for veterans
- Streamline admin. part of section 8 Vouchers
- Housing Resource Center

Awareness Campaign

- Homeless seniors aren't visible, need to increase awareness.
- Need to get info out about community resources.
- PSAs
- Senior Hotline – 211
- Outreach days at points of service: congregate meals, senior resource fair, Grey Bears, food banks, Veterans Resource Center, libraries.
- Reach out to faith-based communities.
- Hospitals, discharge planners, identify people at risk.
- Seek best practices and build on success stories. St. Stephen's is about to launch 40 units of affordable senior housing in Santa Cruz. Can we get a local match to bring more money into the community for housing?
- Senior internships to build new skills and increase employability.
- Look at models elsewhere that we could replicate locally.
- HOME (Housing Options Meaningful to Elders) Collaborative
- Bring people together to look at all these issues – what are key issues that put seniors at risk of homelessness?
- Using brief checklists to see if people are at risk of homelessness, doctor's offices, etc.
- ALL IN landlord partnership – help identify seniors as desirable renters.
- Next senior needs assessment ask a question that focuses on homelessness or being at risk for homelessness.
- Recruit new landlords to accept section 8, expand incentives for Section 8.
- Expand use of ADU's.

Partners: Housing Authority, Planning Department, Health Department, Human Services Department, Faith-based organizations (including rotating shelter program, Housing Action Partnership, COPA, Veteran's Services, EDD, Hospitals, Tri-County HOME Collaborative, funders, Homeless Service Center, UCSC (sociology, community studies), Cabrillo College Human Services Program, CSUMB interns, Habitat for Humanity

PROBLEM 6: TRANSPORTATION FOR PEOPLE WITH DISABILITIES AND SENIORS CONTINUES TO BE LIMITED AND/OR UNAFFORDABLE

Facilitator: Pam Arnsberger

Problems:

- Memory loss makes it challenging to navigate the system, hard to do without an advocate.
- Cost is too high for a lot of the programs for those on fixed incomes.
- Access to services is a challenge depending on where you live.
- Restrictions vary by transportation provider– where they will go, when they will go, whether you live near a bus route, advance reservations, etc.
- Short notice rides or emergency rides aren't available, unless you can find a friend or family to do it.
- Stigma of getting help.
- Hard to get people off the road who shouldn't be driving, No one wants to give up independence, a "right" to personal transportation.
- Medical professionals don't have the knowledge to intervene.
- Riding the bus is an expense.
- Limited service in rural areas, very restrictive.
- Limited service at night.
- "Class privilege" busses are for the poor.
- People may not be eligible for services.

Causes/Barriers

- Money – a symbol of what we value.
- Regulations are very restrictive.
- Housing not built near transit routes.

Existing Solutions

- Demand response services: Lift Line, Para Cruz (SC County) Rides (Monterey Co.) Taxi (not in south Monterey County)
- Uber, Lyft (can be problems getting into vehicles)
- Volunteer driver programs
- ITN – (Independent Transportation Network of America)

SOLUTIONS

- Electronic wheelchairs and scooters
- Light rail/rail trails
- Self-driving cars
- Free or low cost rides, including bus service
- Taxi scrip
- End fare box ratio
- Door through door services option– escort into house

Problem 6 (cont'd)

- Night time services
- Free on call services
- Single point of services – one phone call for all transportation programs. Staff do an intake and help you figure out what option is best

Partners: Colleges, tech companies, advocacy/policy makers, VA system, systems for developmentally disabled, task force to look into these issues.

PROBLEM 7: FUNDING FOR LOCAL COMMUNITY BASED SENIOR AND DISABILITY PROGRAMS HAS BEEN CUT BY OVER \$750,000 IN THE PAST DECADE, WHILE THE SENIOR POPULATION HAS INCREASED BY 60%

Facilitator: John Beleutz

Problems

- Funding cuts at state, local, federal levels.
- 60% increase in senior population.
- Programs have done a good job despite cuts in funding.
- Problem isn't obvious to decisions makers.
- Less money for more people.
- Not a visible problem like homelessness.
- How can we get the county to invest in senior programs?

SOLUTIONS

- Outreach and education – need to increase awareness – tell the human story.
- Show a cost/benefit analysis for programs
- Start locally: Coordinate better, organize ourselves, use consistent messaging.
- Get multiple people to commit to attending/speaking/giving visibility to senior issues at Board of Supervisors level. Use consistent facts, figures and trends to keep them informed.
- Local Advocacy Committee – need to get seniors involved.
- Aging and Disability Service Provider meetings.
- Private Sector – locate big funders, educate and ask what are you going to do?
- Consider non-traditional partners
- Consider faith-based partners
- Engage organizations and boards so that advocacy trainings could be shared
- See if there are communities/area that have been successful and study that.
- Human care alliance = opportunity

Things that work

- Exposure
- Advocacy
- Political pressure
- Putting a face to the issue
- Prove through data and money will be saved by funding programs
- Promote the idea of social responsibility
- Community Assessment Project survey – need seniors included
- Electeds need to listen/see the issue
- Work with Board of Supervisors to help take senior issues to state level
- Share what could happen if funding is increased

Problem 7 (cont'd)

Educational Topics for Advocacy

- Knowing how money is being spent is important
- Relationship with electeds is important
- Long Term Care – gap between people that can afford care and people that can't, what happens to them?
- Transportation
- Caregivers, including family caregivers
- Infographics
- Have a “catch phrase”
- More coordination/collaboration between agencies, applying for grants as partners
- Partner with service organizations
- View elected officials as partners
- Partner with health entities
- Have for-profits help with raising awareness about issues of family caregiving
- Use media to help tell the story. Promote who is funding programs.

EVENT WRAP UP WITH FACILITATOR SAM TREVINO

- It all starts housing and income.
- Greater attention is needed on intergenerational programming – need to heal the strain between young and old.
- Importance of information campaigns – providers are not funded to do advertising.
- Find creative ways to get message out there, work together to create a block of information.
- Call to action to organize and advocate – have to be willing to protest and communicate about what is wrong. We have the programs we have now because someone advocated for them.
- Stigma of aging – important to recognize and acknowledge that ageism does exist, and it is important to challenge ageist media and stereotypes.