

**Central Valley Response to the Master Plan for Aging**  
**Submitted on Behalf of the**  
**Central Valley Long Term Supports and Services Coalition**

On October 16<sup>th</sup>, 2019 the Central Valley Long Term Supports and Services Coalition (CVLTSS) held a forum to discuss the Master Plan for Aging. Fifty community leaders, professionals, and advocates discussed social services and supports relevant to older adults in the Central Valley. On December 2<sup>nd</sup>, 2019 the CVLTSS met again to finalize the report and solicited comments from members who were unable to attend the October meeting.

Fresno is facing a growing older population, which is increasing in ethnic, racial, and cultural diversity. Furthermore, a growing number of older adults are low income and will need state funded supportive services. Of concern are the middle income older adults who do not qualify for state funded services and cannot afford private pay supportive services.

Community leaders identified several areas of concern, and divided into seven workgroups to discuss possible solutions to the identified challenges. The topics discussed were: transportation, housing, mental health (including cognitive impairment), support for caregivers, In Home Supportive Services, employment and volunteerism, and service delivery systems which are not integrated, coordinated, or person-centered.

**Several themes emerged across the various groups.**

Older adults and their families lack knowledge regarding available services. Public awareness needs to be raised so older adults and their families can learn about services and health and social issues (e.g. elder abuse, mental health, dementia) affecting older adults.

Agencies and local communities need flexibility. At a local level, organizations and communities need to have input and discretion in how to allocate resources to best meet the needs of the older adults they serve.

Current regulations in some industries increase costs for older adults and prevent private enterprise from providing services. For example, relaxing regulations for the housing industry can spur innovation in creating more affordable housing. Allowing home care agencies and In Home Supportive Services to train workers to administer medications will create lower cost service options for older adults and increase independent living.

## **Transportation**

This group discussed how to make travel convenient and affordable for older adults and people with disabilities.

Older adults in rural areas have difficulty accessing transportation. Public transportation in rural areas includes multiple stops which increases transportation time. For older adults or those with disability the drive may be too long and arduous. Better coordination is needed between counties that have rural areas. For routes that cover great distance due to rurality, grants could help low income older adults afford private transportation. Alternatively, grants could help bridge the gap between public and private transportation, and encourage greater connection and linkages.

Increase the number of wheelchair vans used in public transportation; do not limit wheelchair accessibility to specialized transport services.

## **In Home Supportive Services (IHSS)**

Most challenges for IHSS stem from underfunding. Funding to IHSS should be increased without overburdening counties cost-share. Larger corporations could be given tax incentives to sponsor services provided by non-profits.

There is an insufficient supply of caregivers who are reliable, and well-trained. Family caregivers are often giving up better paying jobs to provide care. Consider cross-generational programs using students at colleges and trade schools to provide caregiving services, perhaps as training in health majors.

There are insufficient facilities to provide multi-levels of care. There is also a lack of availability of 24 hour care options to be provided in the home. Develop co-housing arrangements where older adults can mutually benefit from supportive services and home care.

There are limits and caps on hours of care, or the types of service which can be provided. Utilize case management to link older adults to services provided by different agencies.

There are restrictions on medication management and administration. Allow IHSS to train workers to administer medication or create an affordable medication management service or medication automation system.

Durable medical equipment should be more accessible and affordable, this can be accomplished through DME recycling and clearinghouses.

Prevention should be built into long term care and supportive services. Ideas include increasing companionship and visitor programs for low-risk clients who

do not need IHSS or assisted living. Consider incentivizing employee assistance programs, and healthcare insurance to include in-home care and long-term care.

## **Caregiver Support**

This group discussed best practices and resources needed to support family caregivers. Caregivers are not always family members. They may be neighbors, friends, or roommates. The diversity of caregiving situations calls for broader strategies to supporting non-family members.

Caregivers are often isolated. They need assistance with crisis management, emotional and mental health support. Health care professionals need to be trained to assist older adults with their psychological and emotional needs.

Caregivers do not often identify as caregivers. Public awareness campaigns are needed to help caregivers self-identify as caregivers and increase awareness of existing resources. Education as to available resources to help older adults should start early; perhaps in college and maybe even high school.

Caregiving is a long term commitment and may span multiple years. Agencies have funds for one-time support (such as respite) but also need funding to provide continuity to support and train family members as the older adult's condition changes throughout the years.

## **Employment and Volunteerism**

This group focused on ideas for building intergenerational connections, building community among older adults, and integrating older adults into the workforce or volunteerism. They also discussed finding ways to involve people with disabilities to access job and volunteer opportunities.

Older adults who wish to work face age discrimination. Employers have the perception that older adults are too difficult to train and have higher health care costs than younger workers. The suggestion is to include age discrimination as a category for diversity training for employers. This would be similar to training on sexual harassment, and other "isms" required for larger companies.

Older adults may need assistance with updating their resume and using online application sites. A centralized method of offering all older adults workshops and perhaps holding job fairs should be developed.

Agencies coordinating volunteer opportunities are often grant funded. There is a need for better connections and networks among agencies that have volunteer opportunities for older adults. However, agencies do not have staff for connecting and maintaining these relationships. Grants should include more support for staff to expand relationships with similar volunteer agencies.

Grant funded agencies need assistance in marketing their volunteer opportunities. They would benefit from a statewide database where they could upload volunteer opportunities for older adults.

## **Housing**

This group discussed housing priorities for older adults. They identified a shortage of low income housing for older adults. Some low income communities have a waitlist of two years. Regulations on private sector de-incentivize providing services to low income older adults. Reimbursements need to be paid in a more timely manner and reimbursement rates need to be increased.

Age specific Section 8 programs should be developed. A case manager in those communities can connect older adults to supportive services to help them continue to live independently.

Large hotel chains should be encouraged to develop senior housing. Alternatively, regulations could be relaxed to encourage existing smaller hotels to support senior housing.

Seniors who live with family need services to enable them to continue living with family. While families are the backbone of caregiving, increased access to services at home are the lowest cost method of keeping older adults in the community. Increasing senior centers and adult day care centers are additional supports to help older adults remain independently living. Increased partnerships with the faith community may also support older adults living at home.

Veterans have needs specific to their service (like PTSD). Veterans need more access to veteran specific housing.

Middle income adults and their families often cannot afford assisted living. Expanding the Assisted Living Waiver Program would increase access to assisted living for middle income families. Alter regulations on reverse mortgages to allow older adults to go into an assisted living facility for a specified time period.

Older adults and their families do not know the cost of long term care and there is a general lack of financial planning. To assist older adults with

planning raise public awareness and provide education on financial planning, e.g. wills, trusts, long-term care insurance, and annuities.

### **Addressing the Patchwork of Public Services to focus on Person-centered care**

This group discussed the challenges stemming from service delivery systems which are not coordinated, integrated, or easy to access. Their recommendations focused on forming collaborations between various service providers (profit/non-profit/government).

Better coordination of services could be achieved by having a single entry point into the service system.

The health care system should be more effectively connecting with service providers outside of the hospital system. Discharge planners are not given the opportunity to learn and connect with providers outside of the hospital system.

Middle income older adults do not qualify for state funded services, and they also cannot afford private pay (transportation, care at home, basic home remodeling for safety). The state needs to find ways to bridge the gap between the cost of services and a reasonable amount middle income older adults can afford to pay.

Public service announcements may be a way to educate older adults and their families about available help. There needs to be a focus on prevention and planning before older adults need services.

Grants are narrowly targeted. Grantors should offer grantees some discretion in how a portion of awarded funds are used to coordinate services.

### **Mental Health**

Challenges associated with mental health conditions- e.g. depression, brain disorders (Alzheimer's, Parkinson's) arise from lack of public awareness and available resources to effectively assist older adults with mental health concerns.

Older adults with mental health conditions lack housing options. They may also need more aggressive case management services, which could be linked to their housing.

Support groups and related community resources are lacking for adults experiencing mental health (with the exception of cognitive impairment) challenges.

Funding and awareness for mental health among older adults is practically non-existent. Use education campaigns to raise awareness of need.

Most doctors and psychologists do not specialize in geriatric mental health. Incentivize medical students to specialize in geriatric mental health.

Create a victims assistance program to fix damaged property (doors/windows) and replace electronic equipment (televisions, radios, computers) for older adults who have experienced home break ins and theft of their possessions. The benefit is to keep socially isolated adults connected to the community.

### **About the Central Valley Long Term Support and Services (CVLTSS) Coalition**

The Central Valley Long Term Support and Services (CVLTSS) Coalition grew out of the expanded efforts of the Elder Abuse Prevention Roundtable (EAPRT). EAPRT started in 1997 with 15 participants. Today the Coalition includes members from protective agencies, social services agencies, law enforcement, legal services, senior service providers, private attorneys, and advocates. The mission is to promote greater understanding of the long term social service and support needs of older and dependent adults and to advocate for the development of public policies to most effectively target this population through service development and coordination. CVLTSS works in partnership with EAPRT, as well as additional organizations to inform and encourage providers and consumers to have a voice in statewide policy discussions.

The views and opinions expressed in this report are the compilation of the attendees of the Master Plan on Aging for the Central Valley Forum and do not necessarily reflect the official positions of any one agency or meeting attendee.

Questions regarding this report should be directed to Helen Miltiades, PhD, [hmilt@agewellfresno.com](mailto:hmilt@agewellfresno.com), 559.676.6570