

Aging in Alameda County: A Changing Landscape

July 2022

The Senior Services Coalition represents 45 nonprofit and public community-based organizations that provide health and supportive services to over 85,000 older adults in Alameda County.

Our Mission is to strengthen and improve the network of support for older people in Alameda County, especially those disproportionately impacted or at risk because of fragile health, cognitive impairment, disability, language, culture, race, financial status, sexual orientation or gender identity.

We do that by advancing county and state policy change and facilitating collaborative solutions that bridge silos and sectors.

The Shifting Landscape of Needs and the Ecosystem of Supports...

- We are aging
- Increasing economic insecurity
- Medical and LTC increasingly out of reach
- High preventable use of ER and hospital
- Social isolation
- The pandemic toll
- From housing insecurity to homelessness

We are Aging

- Older adults are the fastest growing segment in Alameda County
- By 2030, older adults will make up 20% of the population
- Number of people with Alzheimer's Disease and Related Dementias (ADRD) is expected to triple among Alameda County residents over the age of 65, from 26,480 in 2020 to 89,792 in 2060

<https://agefriendly.acgov.org/aging-in-ac/aging-in-ac-overview.page>

Population Over Age 65 (Count)

County: Alameda ▼

Measurement Period: 2016-2020 ▼

County: Alameda 

231,186

people

Source: [American Community Survey](#) 

Measurement period: 2016-2020

Maintained by: Conduent Healthy Communities Institute

Last update: April 2022

Filter(s) for this location: [State: California](#)

Elder Index (Elderly Household Below Income Threshold)

County: Alameda ▼

Measurement Period: 2019-2020 ▼

County: Alameda 

36.2%

Source: [California Health Interview Survey](#) 

Measurement period: 2019-2020

Maintained by: Conduent Healthy Communities Institute

Last update: December 2021

Filter(s) for this location: [State: California](#)

group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and social security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market based retirement plans may explain why more seniors nationwide are now slipping into

People 65+ Living Below Poverty Level

County: Alameda

Measurement Period: 2016-2020

Filter: none (all Counties)

9.8%

Source: [American Community Survey](#)

Measurement period: 2016-2020

Maintained by: Conduent Healthy Communities Institute

Last update: April 2022

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Graph Selections

INDICATOR VALUES

☒ Change over Time

VIEW BY SUBGROUP

☒ Age

☐ Gender

☐ Race/Ethnicity

COMPARED TO



CA Counties



U.S. Counties



CA Value
(10.3%)



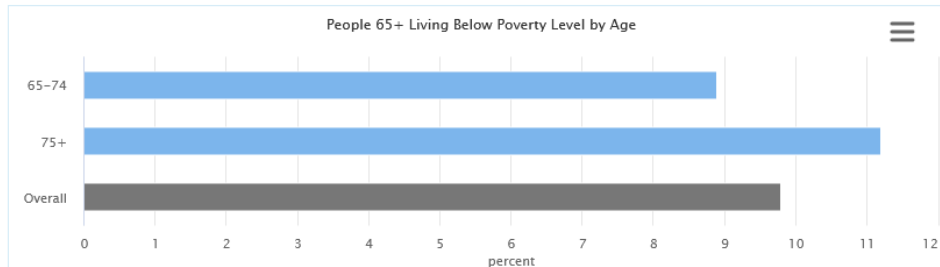
US Value
(9.3%)



Prior Value
(9.5%)



Trend

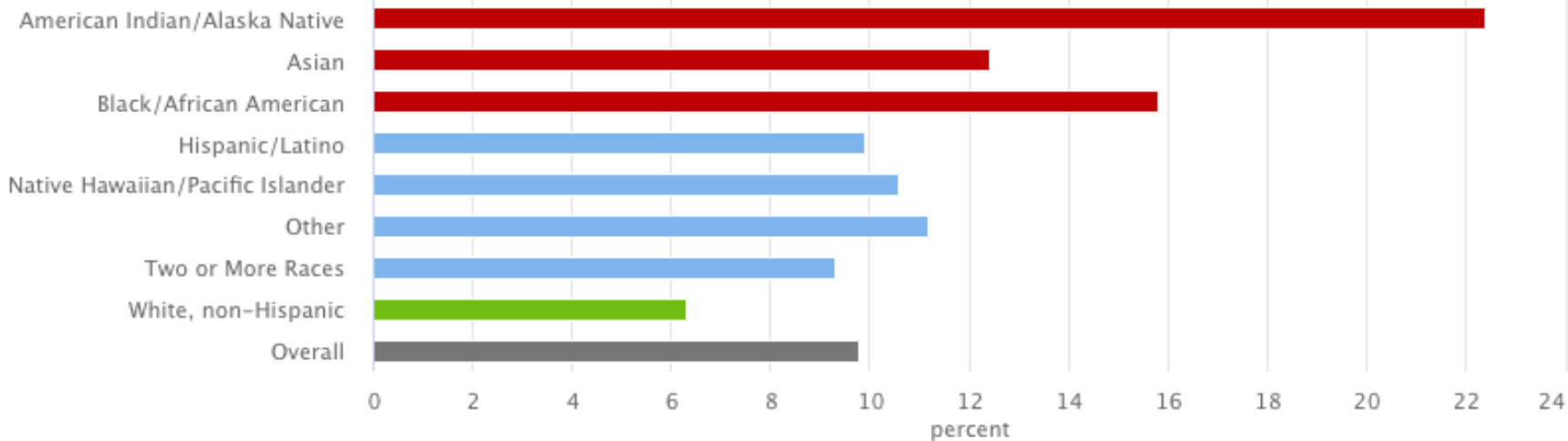


No significant difference with the overall value

Increasing Economic Insecurity

- Cost of Living & Inflation are outpacing income
- Half of single older adults in Alameda County can't cover basic living expenses
- One in six older adults in California lacks reliable access to enough affordable, nutritious food
- Income, wealth & savings at retirement all characterized by disparities
 - “There is a disproportionate burden on people of color, women and LGBTQ individuals. These groups have less retirement savings and face a greater likelihood of aging into poverty.”*
 - Report on Employment & Older Adults in Alameda County; Kakama, Chaudhuri; Alameda County Age-Friendly Council, July 27, 2020

People 65+ Living Below Poverty Level by Race/Ethnicity



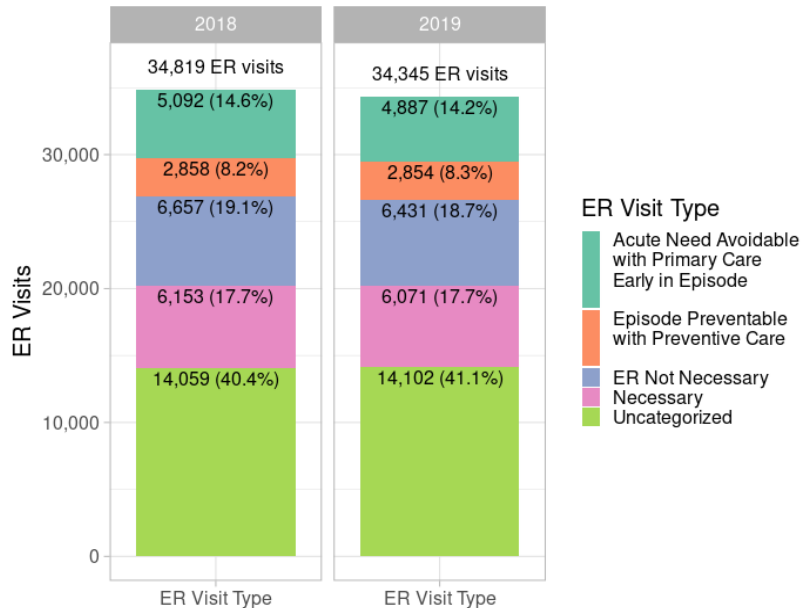
- Significantly **better** than the overall value
- Significantly **worse** than the overall value
- No significant difference with the overall value

Medical & Long-Term Care Increasingly out of Reach

- For those of modest income who have Medicare coverage:
 - Out-of-pocket costs (copays & deductible) are unaffordable for many
 - Nursing Home covered first 90 days but a qualifying hospital stay is the entry point and copays apply after day 20
 - Assisted Living, Board & Care, and Adult Day Care are not covered
 - In-home support and care are not covered by Medicare
 - Those who are immigrants or who didn't work enough quarters may have to pay for Part A as well as Part B and D
- Medi-Cal Share of Cost
 - Older adults might be \$1 over the threshold to qualify for full-scope (free) Medi-Cal, and if so they must pay more than half their income towards health care in order to access Medi-Cal coverage in any given month
- Long-term care is unaffordable for the 83,000 seniors in the county with incomes below the Elder Index (Insight Center, 2017 HCBS LTC Costs).

Preventable is the Theme in ER & Hospital use

County ER Visits Among Analyzed Patients
in Medicare FFS & Age 65+, 2018-19



Of the total 34,819 people age 65
visiting ERs in 2018:

- 25.9% (9,017) had two or more ADL deficits;
- 34.2% (11,897 people) had both two or more ADL deficits and cognitive impairment.
- A very small percentage (1.87% had cognitive impairment but no ADL deficits

Living Alone at Risk of Social Isolation

Population Over Age 65 (Count)

County: Alameda ▼ Measurement Period: 2016-2020 ▼

County: Alameda 

231,186

people

Source: [American Community Survey](#) 

Measurement period: 2016-2020

Maintained by: Conduent Healthy Communities Institute

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People 65+ Living Alone (Count)

County: Alameda ▼ Measurement Period: 2016-2020 ▼

County: Alameda 

52,635

people

Source: [American Community Survey](#) 

Measurement period: 2016-2020

Maintained by: Conduent Healthy Communities Institute

Last update: April 2022

Filter(s) for this location: [State: California](#)

Individuals 65 and older have the highest rate of suicide deaths: 1 in 4 older adults who attempt suicide die, versus 1 in 200 younger persons

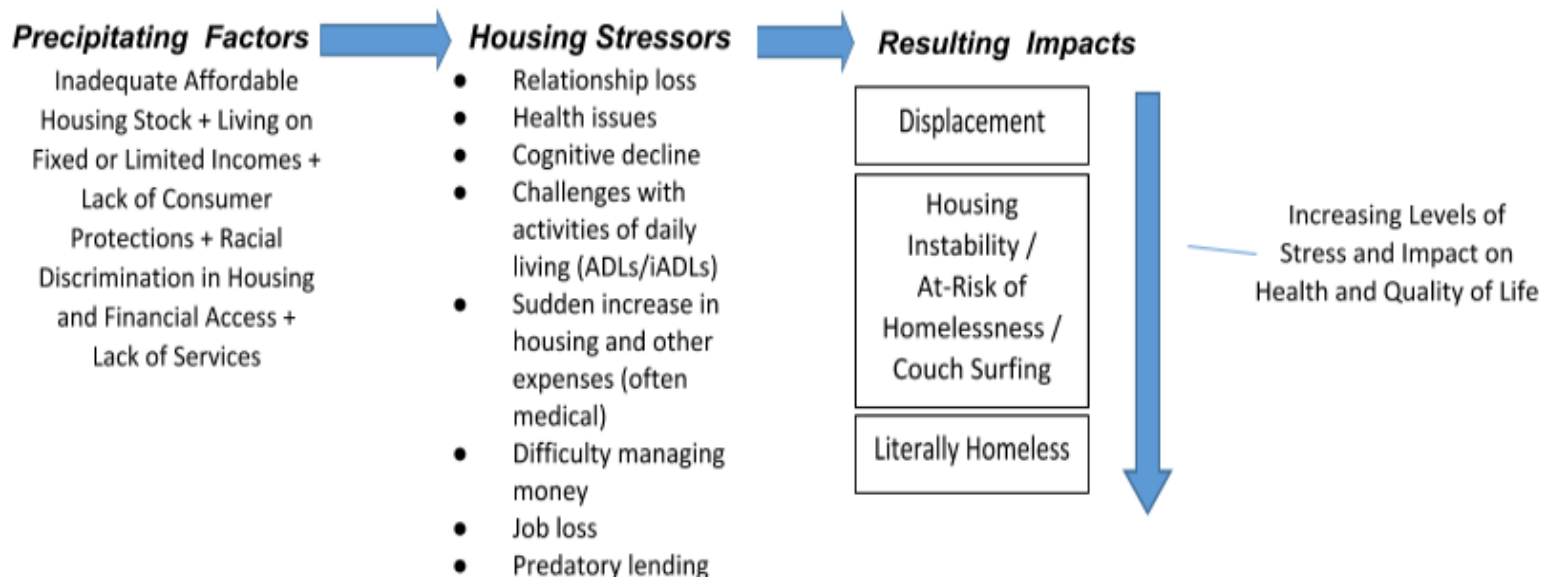
The Pandemic Toll

- Social and Health Impacts
 - Social Isolation
 - Deconditioning
 - Deferred health care
 - Family support networks destabilized
- Stark disproportionate impacts reflect historic disparities and structures of racism
 - Infection and death rates
 - Vaccination rates
 - Economic impacts
 - Need for and access to government aid
 - Use of virtual/telemedicine opportunities

From Housing Insecurity to Homelessness

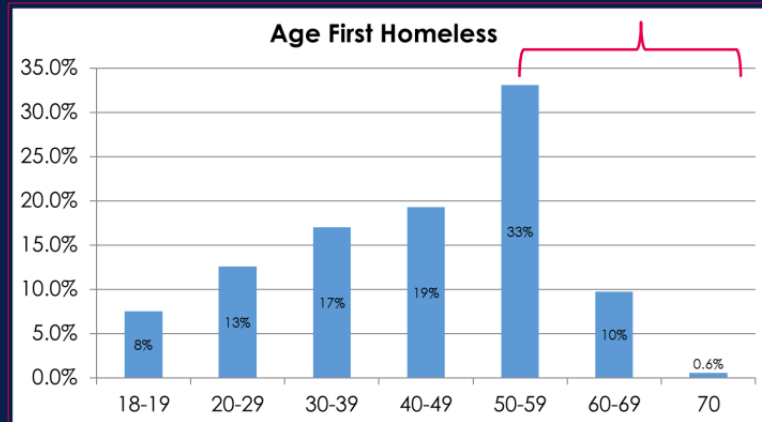
- In 2019, 47.6% of senior renters in Alameda County are “housing cost burdened” (over 30% of their income goes to housing); 30% spend over half their income on housing.
- Of the 4,209 complete applications for COVID Rent Relief (2021/22 ERAP) from Oaklanders, 9.64% were from people between age 61 and 80; 71.2% were from people of color
- Financial, medical or other emergencies later in life can push those who were already struggling to make ends meet into homelessness.
- People over 50 now account for over half of the unhoused population in Oakland; People 65+ were over 10% of homeless Point In Time count.
- 2022 Point In Time count - Oakland’s unhoused population increased by 25% from 2019 (data re older adult component not yet available)

HOUSING STRESS = LIFE STRESS



Hope Home Study Findings Reflected Statewide

44% with first episode of homelessness after age 50

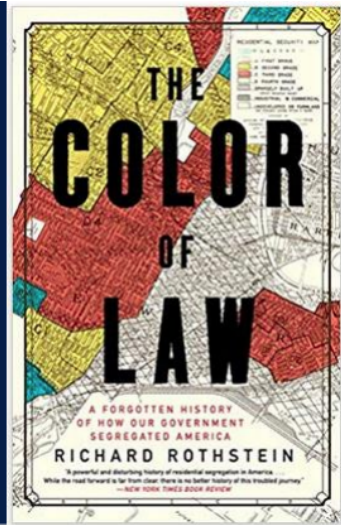


“Roughly 45% of unhoused Californians in adult-only households who came in contact with the homelessness response system in the 2020-21 fiscal year were aged 50 and older.”

- Five Facts, February 2022, California Budget & Policy Center, data from California Homeless Data Integration System

Homelessness is a racial justice issue

- Housing primary means of wealth-building
- Discrimination in home ownership
 - Segregated neighborhoods
 - Redlining—restricted access to mortgages in segregated neighborhoods
 - Predatory lending
- Discrimination in rental market
- Criminal justice, employment and educational discrimination
- Black Americans at 3-4 fold increased risk of homelessness
- San Francisco 6x increased risk



How Homeownership Became the Engine of American Inequality

An enormous entitlement in the tax code props up home prices — and overwhelmingly benefits the wealthy and the upper middle class.

BY MATTHEW DESMOND MAY 9, 2017

Late onset homelessness

- Lack of advocacy
 - Evictions for reasons other than non-payment of rent
 - Not getting benefits
 - Multiple bureaucratic hurdles
- Low social support
 - Shame prevented them from accessing social support
- Less likely to have imprisonment/long incarceration, but housing hampered by one-time charges (i.e. one drug charge) or unexplained arrest

The shifting ecosystem of supports:

- Capacity is not adequate across the continuum
- Workforce needs to grow
- Caregivers need support

Capacity is not Adequate across Continuum

- Limited options for people who need day services
 - Adult Day Care (private pay/stipends) is no longer available in Alameda County
 - Adult Day Health Care (Medi-Cal) faces reopening / return-to-full-attendance challenges
- Skilled Nursing beds shortage in Bay Area means many are far from family
- Food Insecurity and need for meals has not decreased from pandemic emergency levels, requiring new ongoing funding
- While tremendous investments in Medi-Cal and homeless services are arriving at the local level, many of the programs available to older people who are not eligible for Medi-Cal have been left out, for instance...
 - Case management
 - Visiting programs

Workforce needs to Grow/Caregivers need Support

- Workforce
 - In the coming years, the state will face a labor shortage of up to 3.2 million paid direct care workers.
 - Geriatric workforce physicians, geropsych, nurse practitioners
 - Professional Caregiver shortage
- Family Caregiver Crisis
 - According to the Family Caregiver Alliance, Alameda County has 165,000 family caregivers, 57% of whom suffer from social isolation and 92% of whom report having more stress than they can handle
 - Because baby boomers are often unmarried and without children, there will be fewer family caregivers as demand increases

State and Local Funding for Older Adults and Aging Services:

- State funding opportunities
- Potential state funding opportunities
- Local funding

State Funding Opportunities Overview

- California's Home and Community-Based Services Spending Plan
 - Workforce Proposals to expand and develop professional workforce
 - Navigation services to improve access, and Increasing HCBS capacity
 - Infrastructure investments support service growth and measure impact
 - HCBS Spending Plan website: <https://www.dhcs.ca.gov/provgovpart/Pages/HCBS.aspx>
- Other Recent Investments
 - Significant increase in funding for Home Safe/Adult Protective Services and expansion of services that help stabilize people at risk of homelessness
 - MSSP slots restored (adding between 46 and 100 in Alameda County)
 - Increased baseline for senior nutrition funding
 - Gradual restoration of SSI/SSP levels (cut in 2009 from \$233 to \$160)
 - Adding 7,000 additional slots to the Assisted Living Waiver waiver, effectively ending the waitlist bringing total statewide capacity to 12,577.
 - Alzheimer's Initiative for local assistance, public awareness, training.
 - Big investments in affordable housing, preservation and homelessness interventions.

Potential State Funding Opportunities

- Governor's proposed 22/23 Budget and May Revise
 - Additional investments in housing and homelessness interventions
 - Disappointingly insignificant investments in the Master Plan for Aging
- Promising Proposals
 - AB 2547 (Nazarian) - Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities (mix of shallow and deep subsidies to help people afford rent)
 - AB 1900 (Arambula) - Reform the outdated Medi-Cal Share of Cost rule so that those who are over the free Medicaid limit won't have to spend of 70% of their monthly income on health care to become eligible for Medi-Cal
 - Budget Requests from C4A to restore Older Californians Act services that were eliminated (Brown Bag, Linkages, Foster Grandparent, Senior Companions)
 - Budget Request from SSC and Alameda County to increase Capacity in the Case Management and Friendly Visiting programs for older adults not covered by Medi-Cal

Local Funding

- Cares Act and other early emergency funding that buoyed CBOs is gone
- Alameda County's ARPA spending more thoughtful
 - Local grants to grassroots organizations serving marginalized communities
 - Combined with new state funding to continue to fund senior nutrition programs at higher levels at least through this year
- State General Fund & State ARPA spending are being woven in to address aging
 - Home Safe - additional contracts with CBOs to add capacity
 - Aging & Disability Resource Connection development
 - Senior Nutrition infrastructure funding coming - yet to be defined.
 - Current state budget included \$15 million for Alameda Point Wellness Center (medical respite, housing and clinic for formerly homeless older people)
- Cities' American Rescue Plan Act (ARPA) dollars are going to plug deficits

What do Medi-Cal Changes mean for Older Adults and Aging Services:

- Population expansion and ADRC
- CalAIM

Expansions put more in Reach for more Older People

- Expansion of Medi-Cal to undocumented people age 50 and older beginning May 1 2022
- Stepped elimination of the asset test so many more older adults and people with disabilities will be eligible for Medi-Cal starting July 1
- New ongoing funding for Aging & Disability Resource Connection to build a common platform for information and referral that all providers can use, and make it easy for community members to find services and get person-centered assistance

What new capacity levels will be required so that these expansions don't result in longer waiting lists?

CalAIM will Reshape Medi-Cal

- New paradigm: Identify and manage member's risk through whole person care approaches and addressing Social Determinants of Health
- Opportunities for CBOs to contract for Community Supports and Enhanced Care Management
- Funding for CBOs to ready their infrastructure, technical and staff capacity to contract - Incentive Provider Program (IPP), Providing Access & Transforming Health (PATH), Housing & Homelessness Incentive Program (HHIP)
- Caveats...Barriers for CBOs; Pros and Cons to contracting; Eligibility and access unknowns

Enhanced Services to Promote Health Equity for the Most Vulnerable Medi-Cal Beneficiaries

Based on the success of the Whole Person Care (WPC) pilots and Health Homes Program (HHP), DHCS launched ECM as a statewide benefit, as well as Community Supports (ILOS) at Medi-Cal health plan and member option to offer members cost-effective alternatives to Medi-Cal State Plan benefits.

Enhanced Care Management (ECM)

- ECM will be a statewide benefit available to members with the most complex health and social needs as defined by Populations of Focus
- ECM Core Services are defined in the Medi-Cal Managed Care MCP Contract, with MCPs expected to coordinate all carved out services (e.g., SMHS, DMC-ODS)

Community Supports (ILOS)

- Community Supports focus on addressing medical and SDOH needs to avoid higher levels of care and associated costs
- Specified in the MCP Contract, with MCPs strongly encouraged, but not required, to provide “in lieu of”/as substitute for utilization of other services or settings (e.g., hospital or skilled nursing facility admissions, discharge delays or ED)

CalAIM ECM Populations of Focus

Population	Description
Homeless	Individuals and families (including children) experiencing homelessness and who have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage
High utilizers adults	Adult high utilizers with five or more preventable emergency room visits, or 3 or more unplanned hospital and/or short-term skilled nursing facility (NF) stays in a 6-month period
SMI/SUD risk adults	Adults with county severe mental illness (SMI) or substance use disorder (SUD) diagnosis and experiencing one complex social factor, and are (high risk or institutionalization, or user of crisis services, two or more ED visits or IP in past year due to SMI/SUD-related hospitalizations or pregnant
Nursing facility diversion	Adults at risk for long-term care (LTC) institutionalization who, in the absence of services and supports, would otherwise require care for 90 consecutive days or more in an inpatient NF
Nursing facility transition	Adult NF residents who want and, with supports, are able to transition to the community
Jail transition adults	Adults transitioning from incarceration in past 12 months who have a chronic mental illness, chronic disease, SUD, intellectual or developmental disability, traumatic brain injury (TBI), HIV, or pregnancy
Children & youth	High utilizers; complex physical, behavioral, or developmental health needs; serious emotional disturbance; California Children's Services, child welfare & foster care; incarcerated and transitioning

CalAIM Community Supports

- **Housing Transition Navigation Services:** Assistance with obtaining housing. This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.
- **Housing Deposits:** Funding for onetime services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.
- **Housing Tenancy & Sustaining Services:** Assistance with maintaining stable tenancy once housing is secured. May include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
- **Short-term Post-Hospitalization Housing:** Setting in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.
- **Recuperative Care (Medical Respite):** Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.
- **Respite Services:** Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.

CalAIM Community Supports

- **Nursing Facility Transition & Diversion to Assisted Living:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
- **Community Transition Services/NH Transition to Home:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
- **Personal Care and Homemaker Services:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
- **Day Habilitation Programs:** Programs provided to assist beneficiaries with developing skills necessary to reside in homelike settings, often provided by peer mentor type caregivers. These programs can include training on use of public transportation or preparing meals.
- **Environmental Accessibility Adaptations:** Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include ramps and grab bars.
- **Meals/Medically Tailored Meals:** Meals delivered to the home that are tailored to meet beneficiaries' unique dietary needs, including following discharge from a hospital.

Questions?

Wendy Peterson

wendy@seniorservicescoalition.org

(510) 332-4669