

## ADULT SERVICES POLICY COUNCIL 2007-2008 ANNUAL REPORT

Every day in San Luis Obispo County seniors and adults with disabilities go without food, shelter, essential medical care and other basic human needs. Some are too proud to seek publicly funded help. Others don't know about available services or cannot access them. Many have little or no social support and no one knows that they are ill, hungry or forgoing medical care. They are the invisible members of our community and often the most vulnerable.

The mission of the Adult Services Policy Council (ASPC) members is to work together to find ways to meet the essential needs of an expanding senior and disabled adult population. Our members represent 44 public, non-profit and private services providers, boards and commissions, and elected officials that provide health and human services to and advocate for this target population.

- Each month 80 San Luis Obispo County residents reach the age of 65.
- According to U.S. Census estimates for 2006 there are over 37,000 county residents who are 65 years of age or older, or 14.4% of the population. In California the state average is 10.8%.
- San Luis Obispo County's age-adjusted death rate is well below the state average (716.7 per 100,000) at 646.4 per 100,000.

As the "baby boomer" generation turns 65 over the next 18 years it is widely thought that they will live longer, use more health care and demand more accommodation than any previous generation. The local, state and Federal governments continue to cut or withhold funding for mandated "entitlement" programs even as the consumer population increases.

According to the 2000 U.S. Census San Luis Obispo County is also home to almost 40,000 persons with disabilities. There has been a significant shift in the local disabled population over the past decade, with relatively fewer elders served and relatively more disabled adults under 65 and disabled children served. Many of these younger clients will require care for a considerable portion of their lifetimes. Many birth defects, developmental delays and injuries that were fatal a few years ago are now manageable into adulthood and sometimes to a "normal" lifespan. This younger population also includes individuals disabled by accidents, war injuries, mental illness and extreme sports.

As it currently exists the community-based services system cannot accommodate the demand for services and with the proposed budget restrictions these vulnerable individuals will be increasingly at risk for expensive out-of-home placement.

This year, the ASPC focused its attention on three areas:

- Access to healthcare for low income adults and seniors with disabilities
- Disaster Preparedness
- Political advocacy

Monthly meetings have been used to educate the member representatives, including elected officials, on the needs of our target population, to provide input on community initiatives, to discuss common concerns, to determine needed action and to work together to solve problems.

In the critical area of access to health care, ASPC is working to

- improve the Case Management continuum of care
- create a matrix of the overall continuum of care for seniors and disabled adults in order to identify gaps and opportunities for collaboration
- clarify the new parameters of MediCal managed care
- establish protocols and services for medically fragile homeless adults
- influence the prevention and early intervention services to be funded by the Mental Health Services Act

Last year's Disaster Preparedness discussions resulted in the ASPC's participation in a countywide Emergency Response Task Force to coordinate emergency response and enhance response capacity. The ASPC thanks your Board for approving CBO funding to support the development of a First Responder Training Project based on the multi-disciplinary Protocol that was adopted in January, 2007 entitled "Response to Incidents Involving Elderly and Dependent Adults: A Protocol and Resource for First Responders and Support Agencies". A training video on the protocol for health and human services responders is near completion and training dates are being finalized.

The ASPC and its individual members have been active in supporting policy and legislation that would help maintain community services for adults with disabilities and seniors. The ASPC is pleased to have regular representation from County, State and Federal elected officials at the monthly meetings. The ASPC encouraged Governor Schwarzenegger to support renewal of the Mental Health Integrated Services for Homeless Adults with Serious Mental Illness program and encouraged Rep. Blakeslee to oppose State budget cuts to health and human services (see Attachment for information about how the proposed cuts would affect some of our local safety net programs).

Several members of the Board and other County officials participated in the ASPC's May Day event to highlight Older Americans Month by visiting local programs and talking one-on-one with service providers and consumers. Community-based programs help to keep adults with disabilities and seniors at home, involved and connected to their natural supports such as neighborhood, faith community and friends and family. This educational outreach helps "put a face" on the fiscal and policy discussions about programs.

Over the past year the ASPC members have heard invited presentations covering

- ACTION for Health Communities 2006 survey results
- suicide prevention
- the need for mental health services for seniors
- implementation of Medi-Cal managed care
- effects of budget cuts on State and local programs
- Health Agency overview
- “The Shaken Tree”, local documentary about mental health services (from family/community perspective) produced by Transitions/Mental Health Association
- Adult Protective Services (APS)
- In-Home Support Services (IHSS)
- Healthcare ID Program for the Memory Impaired
- IHSS Caregiver Registry
- Mental Health Services Act (MHSA)

ASPC continues to sponsor the Adult and Aging Multidisciplinary Team, which consists of program supervisors from Public Health, Mental Health, Drug and Alcohol Services, Adult Protective Services, the Public Guardian, and the Sheriff’s Department. The Team is available to meet with service providers, family members, neighbors, and consumers to help them develop and implement the best case plan possible.

The ASPC and the Adult Abuse Prevention Council are collaborating to work through various respite care and caregiver registry issues now being discussed throughout the State.

The members of the ASPC thank your Board for it’s support and participation over the past year, and looks forward to many productive years to come.

## **ATTACHMENT: SOME EXAMPLES OF THE CONSEQUENCES OF THE PROPOSED BUDGET CUTS**

Taking the Adult Protective Services (APS), In-Home Supportive Services (IHSS) and homeless case management caseloads as benchmarks for the larger local community need, we have seen the demand for services escalate at alarming speed. In a little over 6 years the number of APS cases has doubled. These are some of the most complicated and dysfunctional cases that we face. Services are intensive and often numerous.

IHSS has added 500 cases in the same time period, and the cost has doubled to over \$1.5 million. SLO County mirrors the State averages of about 24% severely impaired and 76% non-severely impaired IHSS recipients. If just 42 (10%) of those severely impaired recipients entered nursing home care (at a very modest \$6,000 per month) the cost to the State would be over \$3 million. For half of that sum we currently serve over 1,700 clients each day.

Unlike the State average, SLO County IHSS serves about 2/3 disabled adult (age 18-64) and 1/3 senior (65+) clients. This is due to an increasing number of younger adults who have been disabled from birth or childhood, or have survived accidents, battle wounds, illness and other disasters to face a lifetime of often increasing disability. People are generally adults a lot longer than they are children. Cutting children's health and disability programs now could significantly increase future long-term costs for adult care and services as both the disabled adult and senior populations increase.

The last homeless enumeration (2005) counted 2,408 homeless individuals in our community, with knowledgeable service providers noting that many of their "regulars" did NOT show up on the day of the count because of fear, illness, lack of transportation or other factors. While about 5% of homeless individuals can be identified as seniors, we also know that a very large proportion are disabled in some way (physically, mentally, addicted) and they are some of the most difficult to serve. Money and resources are desperately needed to identify and serve this population, for human decency, public safety and the prevention of future problems and costs.

A recent California Welfare Directors Association (CWDA) bulletin noted that "The Governor's Budget proposes three cuts to county Medi-Cal administrative budgets: eliminating the annual increases for caseload growth and the actual cost of operating programs, and cutting into the base funding by 2.5 percent. The budget also proposes to reinstate quarterly status reporting in the program and eliminate continuous eligibility for children." And, we would like to add, adults.

Also from CWDA: "The proposed \$142.2 million cut translates into a loss of 1,051 eligibility workers statewide. To give you an idea of the impacts of these lost staff, these staff would have been able to do all of the following:

- Handle intakes and ongoing services to the 216,062 individuals who the department estimates will enter Medi-Cal in 2008-09...
- Conduct federally required annual redeterminations for 771,000 cases.

Instead, these requirements will shift to other staff, increasing caseloads and lengthening the time it takes to determine initial and ongoing eligibility. Beneficiaries will have difficulty reaching their caseworkers, and providers will be unable to verify beneficiary information on demand, potentially delaying the provision of health care to thousands of adults and children across the state. “

“The budget proposes to discontinue a number of optional benefits for adults, including chiropractic, acupuncture, incontinence creams and washes, dental, audiology, optometry, podiatry, psychology, and speech therapy. These changes are estimated to save \$20 million (\$10 million GF) in the current year and \$268 million (\$134 million GF) in the budget year.”

The ASPC members project that these cuts will put an increasing number of people into institutional care because they are not safe at home due to poor eyesight, poor hearing, falls (and possibly broken bones), medication reactions, memory lapses, depression and/or the inability to communicate after a stroke or due to Parkinson’s or other disease. Again taking our low estimated cost of \$6,000 per month for skilled nursing care, it would only take 400 people **statewide** entering and remaining in skilled nursing care for a year to overwhelm this two-year “savings”.

These are obvious examples of the predictable problems that will result from the proposed budget cuts. Other key issues include

- the proposed across-the-board cuts to basic IHSS services, which will by definition stop services to people who have been assessed as unsafe in their homes without these services
- the ongoing albatross of unfunded or underfunded mandates linked to performance standards (which, if not met, negatively impact future funding in a self-destructive spiral)
- the inevitable clogging of the Fair Hearing system that we have experienced in conjunction with past cuts to services (and the resulting increase in costs as clients are entitled to “aid paid pending” a decision, which can be delayed for months). In the past, most clients have won their appeals.
- staff burnout and the increasing pressures as staff leave for other jobs, take stress and/or medical leave, or perform below standard
- CWDA: “If counties do as they have done before when cuts have occurred, they will focus on keeping “the front door” open and continue processing applications as timely as they can. This will lead to as many as 1.4 million annual redeterminations being delayed indefinitely, representing an estimated 3.5 million individuals. .. As a result ... ineligible individuals will remain on the rolls, increasing benefits costs and resulting in the elimination of ...assumed savings.
- the high cost of “churning” caseloads, as clients are discontinued and reinstated for any number of reasons. This is especially prevalent with disabled and senior adults, as they often have difficulty with paperwork and deadlines.
- reduction of Medi-Cal provider rates that effectively bar or restrict access to basic medical care, which has been shown to cause or trigger a myriad of more

expensive future problems (overuse of hospital emergency rooms, increased police, paramedic and fire department responses, etc.)

The result of the proposed cuts to APS, according to CWDA: "...18,775 fewer incidents of abuse and neglect will be investigated each year, and of those that are investigated, an estimated 2,509 reports will have to be closed without a face-to-face investigation. This means that adults who are potentially being abused or neglected – who our programs might have caught early and served before the situation became life threatening – will go without services. These individuals will likely be seen again by APS or by another system such as law enforcement or a nursing facility, when their conditions have grown worse...The ultimate result will be increased recidivism and the provision of services to only the most critical abuse and neglect cases. Our inability to respond fully to all reports of will leave elders and dependent adults more vulnerable to emotional and physical injury and neglect, and even death: Studies show that elder abuse victims are 3.1 times more likely to die than the average senior."

"In addition, the Olmstead Supreme Court decision requires California to institute practices and programs to reduce unnecessary institutional placement and maintain elders in their local communities. APS (*ed. note:* and IHSS, as well as many other services) helps California comply with this requirement by connecting seniors and dependent adults with community-based services that can help them remain in their own homes and avoid more costly institutionalization. Without these services, more of these individuals will end up in nursing facilities, at a far greater cost and in violation of the Olmstead decision. "