

ADULT SERVICES POLICY COUNCIL
2008-2009 ANNUAL REPORT

The Adult Services Policy Council (ASPC) is a countywide collaboration formed to improve communication, planning, coordination, and cooperation among the agencies serving seniors and adults with disabilities. The ASPC is the focal point for priority setting, policy development, program implementation, and coordination of health/human services for this population.

The mission of the ASPC members is to work together to find ways to meet the essential needs of an expanding population of seniors and adults with disabilities. Our members represent elected officials and 45 public, non-profit and private services providers, boards and commissions that provide health and human services to and advocate for this target population.

Demographic information about the population of San Luis Obispo County is shown below.

Total county population	262,436	SLO 100%	California	
Under 5 years old	13,331	5%	7%	
Age 5-17	39,429*	15%*	18%	
Age 18-64	171,893*	64%*	63%	*extrapolated from estimate
Age 65+	37,782	14%	11%	
Age 85+	6,238	2%	1%	
Total population age 5+	235,777	100%		
With a disability	32,245	13.7%	12.9%	
Age 5-15	1,907	6.4%	4.7%	
Age 16-64	18,623	10.8%	10.4%	
Age 65+	11,715	34.5%	40.9%	
Veteran (18+)	22,827**	11%**	8%	** of civilian population 18+
Total households	104,382	100%		
Households with 1 or more persons 65+	24,929	23.9%	18.5%	
Person 65+ lives alone	8,810	8.4%	8.6%	
Residence 1 year ago, same house (age 1+)		77%	83.5%	In California, 92.8% of people 65+ lived in same home
Residence 1 year ago, same county (age 1+)		13.7%	10.9%	
People with Social Security income	27,660	26.5%	23.3%	In CA, 89.1% of people 65+ have SS income
People with Supplemental Security Income (SSI)	4,112	3.9%	4.9%	In CA, 9.1% of people 65+ have SSI income (see below)
Below 100% Fed poverty level	n/a	11.8%***	13.3%	***of total county population
Under age 18	n/a	9.7%	18%	
Age 18-64	n/a	13.8%	11.7%	
Age 65+	n/a	5.4%	8.3%	

SLO: U.S. Census 2007 population estimates

California: U.S. Census 2005-2007 estimates

This data suggests that San Luis Obispo County has

- significantly more residents age 65+ than California as a whole (SLO 14%, CA 11%), and twice the percentage of residents age 85+
- about the same percentage of adults age 16-64 with a disability, but significantly fewer residents age 65+ with a disability (SLO 34.5%, CA 40.9%)
- a much higher percentage of veterans (SLO 11%, CA 8%)
- a much higher percentage of households with one or more persons who are 65+ (SLO 23.9%, CA 18.5%) but about the same percentage of households where a person 65+ lives alone. This may indicate that more of our seniors are cared for in extended family households.
- a higher proportion of residents aged 18-64 living below the Federal Poverty Level (SLO 13.8%, CA 11.7%), but a lower proportion of residents under 18 and over 65 below the FPL (under 18: SLO 9.7%, CA 18%; over 65: SLO 5.4%, CA 8.3%).

Residents are more likely to have Social Security income (SLO 26.5%, CA 23.3%) and less likely to have SSI income (SLO 3.9%, CA 4.9%). SSI is a Federal income supplement program, funded by general tax revenues, designed to help aged, blind, and disabled people, who have little or no income, meet basic needs for food, clothing, and shelter.

SLO County has proportionally fewer children aged 5-17 (SLO 15%, CA 18%) but a larger proportion of children aged 5-15 with a disability (SLO 6.4%, CA 4.7%). It should be noted that some programs represented in the ASPC, such as In-Home Supportive Services, also serve a significant number of children with disabilities.

While State, Federal and local budgets have decreased dramatically, the need for services continues to escalate. More and more individuals and families are unable to retain employment and housing; many are applying for services for the first time and finding that help is not readily available. It is likely that the needs of the community will continue to increase over the next few years and it is more important than ever for service providers to work together to increase efficiency, fill gaps and protect our most vulnerable residents.

Last year the ASPC focused its attention on three areas:

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

In the critical area of access to health care, ASPC members

- created a matrix of the overall continuum of care for seniors and adults with disabilities in order to identify gaps and opportunities for collaboration
- clarified the new parameters of Medi-Cal managed care
- established protocols and supported services for medically fragile homeless adults
- participated in planning the prevention and early intervention services to be funded by the Mental Health Services Act

Among ASPC Achievements during 2008 was the wrap-up of the FY 07-08 County CBO grant awarded to ASPC for a "First Responder and Support Agency Training Project". By December 16, 2008, 38 first responder and support agencies involving 344 participants had received training on the interagency "Response to Incidents involving Elderly and Dependent Adults: A

Protocol and Resource for First Responders and Support Agencies". The trainings were conducted by a District Attorney prosecutor assigned to elder abuse cases, a DA Victim/Witness advocate and members of the First Responder Training Committee. The trainings included a locally-developed DVD featuring public and community agencies, a PowerPoint presentation, a specially developed field response guide for first responders and Q & A. The outcomes from the training program are shown in Appendix II.

The ASPC and the First Responder Group, convened by the District Attorney's Office, continue to work towards implementation of an Elder Death Review Team (EDRT). Progress has been made and the groups remain committed to the concept; protocol details remain to be worked out.

Another major accomplishment of the past year has been the compilation of a report that clarifies what data each member of the ASPC is keeping on their clients and what reports they are able to produce. This could allow for the future development of a common intake/ referral form, information system or other cooperative data keeping that would more clearly define our local populations and help reduce duplication of efforts. (Each time health and human services budgets are reduced it becomes more important to be able to coordinate our efforts on behalf of common clients.) The report was done as a thesis project by a Cal Poly Masters in Public Policy candidate, and is available online at www.slocounty.ca.gov/aspc.html.

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 current budget crisis at the State and Federal levels will have significant repercussions in the vulnerable populations that are served locally (see Appendix I for the human cost of budget cuts).

For FY 09-10, the ASPC has established five goal areas:

1. Continue Senior Services Collaboration
2. Continue to develop and maintain the continuum of care to increase and facilitate access to services including
 - case management and coordination of service and
 - identifying and prioritizing gaps to be remedied
3. Monitor and advocate for:
 - positive changes in the IHSS program
 - 10-year Plan to End Homelessness
 - funding for adult, disabled adult and senior programs
 - pending legislation related to those populations
 - aging prison population
 - MHSA programs
4. Educate agency partners, policy makers and the general public about
 - the significance of decreases in programs such as APS and IHSS, and
 - the potential impacts of the May 19 election budget items
5. Update the Continuing Resolutions

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.

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

- implementation of Medi-Cal managed care
- effects of budget cuts on State and local programs
- Health Agency overview
- Healthcare ID Program for the Memory Impaired
- Mental Health Services Act (MHSA)
- First Responder Training
- Disaster planning (personal and agency)
- Update on 2-1-1 services
- Transportation options for seniors and adults with disabilities
- EOC energy programs and services
- Local cancer services and clinical trials
- Public health precautions for vulnerable populations and their helpers during contagious disease outbreaks (e.g. swine flu).

The ASPC members also reviewed the Council's structure, governance and responsibilities. County Counsel Warren Jensen presented training about the Brown Act and ethical responsibilities. Revisions to the Continuing Resolutions were drafted and are currently under final revision.

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.

APPENDIX I: THE HUMAN COST OF BUDGET CUTS

Funding for programs serving seniors and adults with disabilities must be maintained at current levels or increased. These services benefit our community members who are uninsured, homebound, impoverished and often isolated because of mental or physical incapacity. They need help with access to transportation, decent housing and medical, dental, and mental health care. When necessary, case management must be available to step in when there is no one else to look after the person's best interests. A small amount of help can mean a world of difference to a frail, elderly and/or disabled person, allowing him/her to live safely and with dignity.

"Mary" (name changed) is a 55 year old chronically homeless woman. Her story has a "happy ending" but without even one of the services that she needed it could have a tragic ending instead. Mary first came into the Health Care for the Homeless program (HCHP) four years ago. She was camping in a canyon outside of Grover Beach. Mary was a poly-substance abuser; IV drugs were her major problem and she was severely depressed. Mary was referred to Community Health Centers' primary care for treatment of physical problems and female issues. She was in need of food stamps and general assistance and needed help applying for Social Security Disability. Mary agreed to see the Licensed Clinical Social Worker, who referred her to the CHC psychiatrist.

After two years of successes and failures due to the IV drug use Mary was arrested and sentenced to 90 days in San Luis Obispo County jail and was released to a recovery home. Mary re-entered the HCHP program and was compliant in all areas of her treatment plan, i.e., drug counseling, psychotherapy and psychiatric treatment. She also took care of all her physical problems and is now stable with anti-depressant medication and supportive psychotherapy. Mary has been clean and sober for one year now. She manages a recovery house and is working full time. The HCHP program has made all the difference in her life and if funding for this program were not available, Mary admits that she would still be homeless and living in a canyon.

APPENDIX II: REPORT ON THE FIRST RESPONDER TRAINING PROJECT

A Community-Based Organization/Preventive Health Grant Program Adult Services Policy Council 2007-2008

Program Results in Targeted Goals and Tasks:

Goal #1: Assess the training needs and preferences of first responder and support agencies.

Goal #2: Develop, Produce and Distribute a Training DVD for the First Responder and Support Agency Protocol.

A student intern was hired for the Project on September 10, 2007 and worked approximately 10 hours per week until June 13, 2008. Because some of the trainings had been delayed at the request of some first responders, e.g., Cal Fire, another Victim/Witness intern was assigned to complete the Project.

All 24 first responder and 18 support agencies were contacted for training needs and preferences. A special report of law enforcement reports submitted to the District Attorney's Office involving elder and dependent adult victims of crime was requested and is compiled every six months to help compare frequency of reported incidents year to year. In addition, APS compiles data on reported incidents of suspected elder or dependent adult abuse through a special report form (the SOC 341).

A training DVD and PowerPoint presentation were developed and used in the training sessions. The DVD is available upon request by first responder and support agencies for on-going staff training and review.

The work group developed and implemented a post-training evaluation instrument to measure the effectiveness of the training methods and areas for change/improvement.

It was determined that obtaining continuing education certification for law enforcement personnel was impractical and not necessary, as law enforcement and other first responders and support agencies were responding favorably to the offer of trainings.

Other results:

All first responder and support agency staff received training on Protocol "best practices" for incidents involving seniors and dependent adults. 344 staff were trained and received a "green card" containing basic information and contact phone numbers for use in the field.

Data based on the anticipated results of the training will be compiled upon completion of trainings with the Sheriff's Office and regional fire departments, which are planned for this Spring. Anticipated results include:

- 1) A 15% increase in investigations by first responders of reports involving seniors and dependent adults.

- 2) A 15% increase in crime reports submitted by law enforcement to the District Attorney's Office for consideration of criminal charges.
- 3) A 10% increase in mandated report forms for suspected elder and dependent adult abuse (SOC 341 reports) received by Adult Protective Services and the Long-Term Care Ombudsman.
- 4) A 15% increase in victims and family members assisted by the Victim/Witness Assistance Center's Elder Abuse Advocacy and Outreach Project (EAAOP).
- 5) 80% of First Responder and Support Agency personnel receiving training report an increasing understanding of "best practices" in responding to incidents involving elders and dependent adults.