



Alameda County

# Human Impact Budget

## Alameda County Human Impacts Report

*Impacts of budget decisions on our most vulnerable residents*



*Prepared by  
the Office of the County Administrator*

# Introduction to the Human Impact Budget Project



## Human Impact Budget & Prevention Project

During the Alameda County Board of Supervisors budget deliberations of Fiscal Year 2012-13, Supervisors questioned how cumulative State budget cuts were impacting Alameda County residents dependent on safety net services. This process is now called the Human Impact Budget and Prevention Project (HIB). County Supervisors and agencies are concerned about the quality of life for all County residents, and the Human Impact Budget is an important step to build that consideration into the annual budget process.

Now funded by a grant from The California Endowment, HIB assesses the cumulative impact of State budget cuts during the period called the Great Recession (2007-2012). For, although State budget projections continue to improve, the proposed budget does not reflect a reinvestment in basic services, and the safety net is badly frayed.

**Approximately \$15 billion was cut from State safety net services since 2008.** This happened at the same time poverty and unemployment rates were spiking, subsidized child care waiting lists were growing, and numbers of people going hungry were mounting. Basic needs are not adequately addressed by the 2014-15 State budget. Now, as the economy is improving, we are becoming more aware of income inequality in our nation, State, and communities resulting in greater wealth divides than any time since the Great Depression. In Alameda County, the top 20% of income earners make more than five times what the bottom 20% make. This is a greater disparity than any Bay Area county other than San Francisco. How we respond to income inequality says much about our human values.

## Focus on Poverty

At 6.4 million, **more people in the State of California live below the Federal Poverty Level (FPL) than at any time in history**, and Alameda County has not been immune. About 13% of Alameda County residents live below the FPL. This represents about 200,000 people countywide, but only begins to tell the poverty story. The FPL is only a baseline, not a measure of what to rise above.

The FPL for an individual is \$11,490 and for a family of three, the FPL is \$19,530. These are national averages and far below what it costs to live in Alameda County. Independent studies show that an individual living with no financial assistance in Alameda County would need about \$25,000 annually for basic necessities. A family of three would need about \$60,000 for minimal housing, child care, food, transportation, and health care.

**Poverty also hits different types of people and different parts of the County in different ways.** Areas of high concentrations of poverty are mostly in the northern part of the County. Other areas of high poverty include Ashland, Cherryland, South Hayward, and the southeastern tip of Livermore.

Populations of high poverty include African-Americans, Latinos, single mothers, people without a college degree, work-aged people with disabilities, and children.

Learn more about the HIB project by visiting our website at [www.acgov.org/hib/](http://www.acgov.org/hib/).

## The County of Alameda Is the Safety Net

Alameda County, along with our community-based partners, is the safety net for County residents. Just a partial list of the services we provide that are dependent on State funding or funds passed-through from the federal government to the State include CalWORKs, CalFresh (food stamps), Medi-Cal, In-Home Supportive Services, meals to seniors and people with disabilities, subsidized child care, subsidized housing, homeless programs, and employment services. **About one in six County residents receive direct assistance from the County of Alameda**, and considerably more benefit from the safety net services provided.

# Children and Families

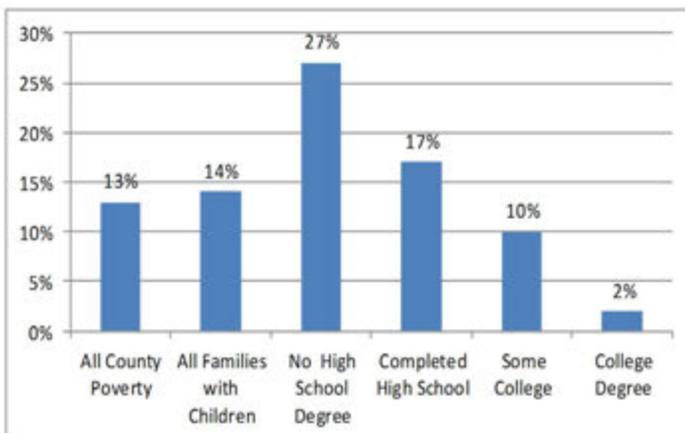
More than one in five Alameda County residents are age 18 or younger (340,270). Almost one-third of County households are families with children (at least one family member under 18). Of these, nearly three in ten are headed by a single adult. **One in four of these families live below the Federal Poverty Level (FPL) and 60,000 children live in poverty.**

Food security is a significant issue for our children. Almost 62,000 Alameda County children rely on CalFresh for basic food needs. This is about half of all Alameda County residents who use CalFresh to supplement their meals. Almost one in five Alameda County children report ongoing issues with hunger, which has an impact on physical and emotional development, educational achievement, and social issues.

## Education and Poverty

Educational attainment is a strong indicator of poverty in Alameda County and throughout the nation. The chart below shows that families with children are as likely as the overall County population to have income below the FPL. When we factor in at least some college, these families do better than the overall population. With no college, families with children do worse economically.

**Family Poverty by Education**  
(% Families Living Below Federal Poverty Level)



## A Child Care Crisis

A recent Stanford University study (Fernald) identified a **30% advantage in language proficiency among the 2-year-old children of high-income families compared to low-income.** The study supports a body of work connecting early language skills to educational achievement through school years and income levels as an adult. California ranks 24th nationally in access to early learning programs for pre-school.

**More than half of the 50,000 Alameda County children eligible for subsidized early childhood education are not receiving it.** This not only highlights the need to re-invest in the 1,000 subsidized child care slots that were lost through State budget cuts, but indicates a much greater investment is needed.

## Federal Impacts

A settlement in the Federal Sequestration standoff results in restoration of many important family support programs like Head Start, housing subsidies, and child care block grants. Cuts to food assistance and long-term unemployment benefits are making it harder for low-income families to become self-sufficient.

Additional impacts to the programs listed below are described on the following pages.

- ◆ CalWORKS
- ◆ Children's Behavioral Health
- ◆ Child Care and Preschool Programs
- ◆ Children and Family Services

# CalWORKs

## What is CalWORKs?

The California Work Opportunity and Responsibility to Kids (CalWORKs) Program provides time-limited **cash aid**, as well as **employment** and **employment support services**, to eligible adults with children. CalWORKs services are designed to promote self-sufficiency and provide parents with assistance to enter or re-enter the workforce. Most CalWORKs families also receive Medi-Cal and CalFresh (Food Stamp) benefits.

## Funding Reductions and Program Changes

CalWORKs benefits and services have been cut repeatedly throughout the economic downturn. These changes include reducing the **lifetime limits** for employable adults to receive aid from **60 months to 48 months** and then in 2013 instituting even stricter requirements that limit non-exempt adults to **24 months of aid**, unless they meet federal work participation requirements. In addition, California reduced monthly cash grants and changed the exemption rules for parents with young children. The time limit changes mean that families have less time on CalWORKs to utilize the employment programs and supports to become self-sufficient and support their children.

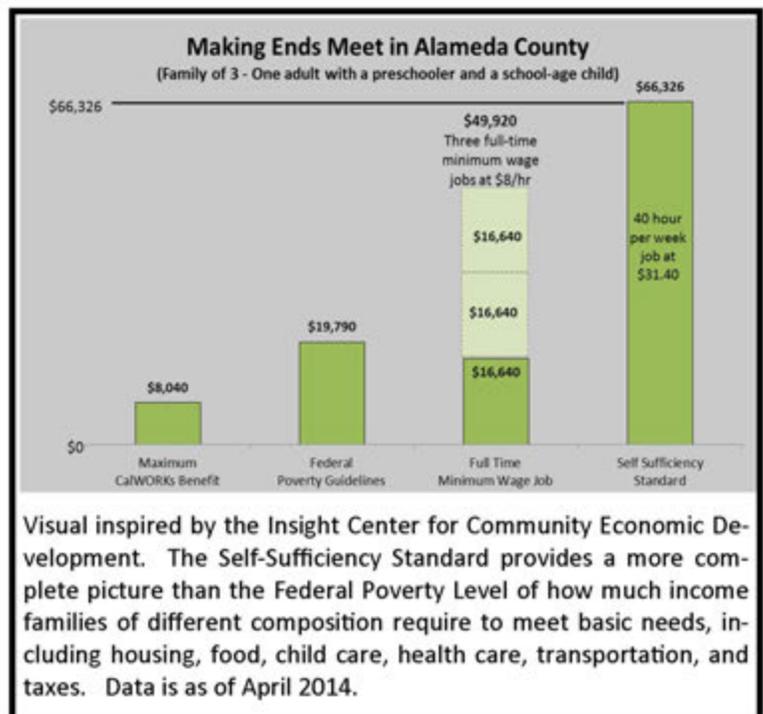
## Looking Forward

The 2013-14 State budget included new funding for family stabilization, subsidized employment, and an employment appraisal tool. It also included a 5% CalWORKs grant increase that started in March 2014. However, after decades of budget cuts, **CalWORKs grants are still below 50% of federal poverty levels**. The current maximum CalWORKs grant is \$670 for a family of three. This is similar to the rate families received in the late 1980s and does not come close to meeting the true costs of living in Alameda County. The low grant rates impact not only recipients (**78% of Alameda County CalWORKs recipients are children**), but also the local economy.



## Human Impacts

The number of households receiving CalWORKs rose steeply through the economic downturn (to over 20,500 cases) and then declined due to policy changes that reduced benefits and limited access (current caseload is approximately 18,400). The CalWORKs grant has shrunk to an amount too small to provide basic necessities for most households; the current **average monthly grant is approximately \$455**. Cuts have resulted in fewer families qualifying for CalWORKs aid, while hurting the efficacy of the program for many of those who do qualify.



## Greg's Story

Greg became a single father almost four years ago. *"I had a good job, a nice condo, was single and raising three children. Life was good! Then the economy tanked, and work started slowing down. Finally, I was laid off. I began looking for work in a very depressed job market, and the few jobs that were available were low paying. I would have taken a low paying job except that I could not get one; the competition was stiff ... I was competing for low paying jobs with younger, more educated applicants. I did not even have a high school diploma, much less a college degree. I continued to look for work, went to school at night, and received my GED. After that, I realized I could actually earn a college degree. It was about this time that I ended up on CalWORKs."* Through the support of the CalWORKs program, Greg enrolled at Ohlone College and worked towards earning his degree. *"Ohlone CalWORKs has allowed me to continue my education. In turn, this has given me the opportunity to set the example for my teenage son as well as my two daughters. Now I can look to the future where I have a more satisfying career."* Funding reductions and additional program restrictions make it even harder for other parents like Greg to complete their education and find employment that will allow them to provide for their family.

# Child Care and Preschool Programs

## Alameda County Overview

Less than half of eligible Alameda County children receive child care and preschool services through State subsidies for low-income families from a subset of the County's 2,500 Early Care and Education providers. This means that **thousands of children and families are not receiving services** for which they are eligible. The list of families who live just in Oakland and have requested financial assistance with child care and preschool expenses is 3,768. Financial aid is provided in one of two ways:

- A majority of children attend licensed, center-based programs that meet higher quality standards and are subsidized directly by the State Department of Education.
- Some parents receive vouchers, which are used to pay for child care at licensed centers, family child care homes, or with family, friend, or neighbor.

## Few Child Care Restorations in State Budget After Five Years of Deep Funding Cuts

The 2014-15 State budget maintains child care services at a severely diminished level compared to previous years. Since 2008, statewide **cuts have totaled more than \$1 billion**, resulting in the **loss of 111,095 subsidized spaces**, or a 33% drop.

## Impact on Alameda County Families

Since fiscal year since 2008-2009, Alameda County has **lost 25% of center based/Title 5 funding and 47% of California Department of Education (CDE) voucher funding**.

In 2013-2014, an increase of \$36 million statewide for State Preschool part-day programs and other programs restored about 1% of the 900 County slots lost in 2012-2013 alone.

The **federal** sequester cut Alameda County's roughly \$40 million in Head Start contracts serving 4,000 children by 5.3%.

In 2012-2013 alone, 171 children in CalWORKs families lost their child care subsidy.



## Parent Stories

*"For me, a perfect world would be child care for my son close to work, and a nice full-day program for my daughter" Vincianna's Story, formerly homeless and foster youth, driving 200 miles daily to coordinate full-time work, preschool, and housing*

*"Even though I'm on dialysis, I can work. If we had day care, I could work in the morning and go to dialysis at night, and it would be so much easier for us. We want the kids to be in a teacher's presence, to learn new things, to be around other kids. The first five years are very important in a child's life and they haven't had what they need". Davionne's Story, 2 years on child care waiting list*

*"I am a single mother of a four year old but was able to finish my BA degree in four years thanks to subsidized child care. So many people are dependent upon child care to not only maintain a reasonable living situation, by working, and to ensure a future for their children ...." Sabrina, former teen mom, Fremont*

## Looking Forward

Senate and Assembly leaders are proposing a major expansion and restructuring of programs for 4 year olds by creating a Transitional Kindergarten program in public schools and reformulating programs for children 0-3. On the federal level, there are new investments through Early Head Start/Child Care partnerships and expanded opportunities for preschool-aged children. The federal sequestration settlement restored cuts to Head Start.

# Children's Behavioral Health Programs

## What Is Children's Behavioral Health?

The County's Health Care Services Agency delivers an array of behavioral health, mental health, and alcohol and drug programs to children and youth, ages 0-18, and transitional-age youth, ages 18-21.

Children's behavioral health services in Alameda County have **doubled in the last 10 years** due largely to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal program. EPSDT is required in every state and is designed to **improve the behavioral health of low-income children** by financing mental health services.

The County and community-based contractors offer children, youth and their families access to services in community-based clinics, Head Start programs, school-based programs, health centers, youth hubs, juvenile justice settings, hospitals, and in the home. Services provided range from prevention and early intervention, to more serious mental health and substance use issues, to more intensive services like medication support, wrap around services, therapeutic behavioral services and crisis stabilization. Family engagement in the youth's treatment is a fundamental value that is supported by the addition of family partners on treatment teams whenever possible.

## Funding to Programs and Services

**EPSDT:** Early and Periodic Screening, Diagnosis, and Treatment is the major source of funding for Children's Mental Health Services. The State has recently limited the EPSDT allocation under changes made to 2011 Realignment. Alameda County grew beyond its allocation to meet the demand for services for youth and families, anticipating that EPSDT reserves would fund the entitlement and allow reimbursement of County expenditures above the current funding levels.

**MHSA-PEI:** Prevention and Early Intervention Services under the Mental Health Services Act fund coordination, prevention, outreach, school climate and mental health consultation in schools and at youth resource centers, building collaboration and strengthening coordination of services at multiple levels.

**Behavioral Health Educational Services:** The provision of these services shifted from the County to the 18 school districts in Alameda County in 2010. Alameda County BHCS has agreements in place with the school districts to leverage Medi-Cal for eligible students and for the districts to reimburse the county for mental health services provided for non-eligible youth served. Alameda County is currently owed \$35 million by the State for these services dating back to 2005.



## David's Story

David is six years old and has been receiving early childhood mental health services since the age of four. Participating in weekly child/parent psychotherapy has led to a marked improvement in David's emotional and behavioral concerns. Through treatment, Mom has improved her own mental health and has strengthened her parenting skills. She is also better able to attune to David's physical and emotional needs. David now excels in school and Mom independently found employment. New housing has moved the family out of the tense and violent home they were occupying with extended family. The success demonstrated by David's family resulted in Early Childhood staff inviting them to co-present at a national conference in Washington DC in 2013.

## Looking Forward

Increased emphasis on access, accountability and outcomes are the focus of the Children's Mental Health System in alignment with the State and federal quality review and oversight efforts. Additionally, the Affordable Care Act mandates care coordination between behavioral health, substance use disorder programs and primary care. Children's Behavioral Health is working with providers to support Medi-Cal Retention and Re-Enrollment for continued access, to improve service utilization and to create data dashboards with partners to monitor client engagement and service delivery. Children's Behavioral Health also is implementing the Child Assessment and Needs Screening tool across the system to measure progress towards individual and system outcomes. Training and toolkits to improve care coordination are being developed as well.

# Children and Family Services



## Alameda County Children and Family Services

(CFS) provides services that include:

- Abuse and neglect investigations
- Family crisis and ongoing support services
- Reunification and family maintenance services
- Guardianships, adoptions, and foster care services

## Funding

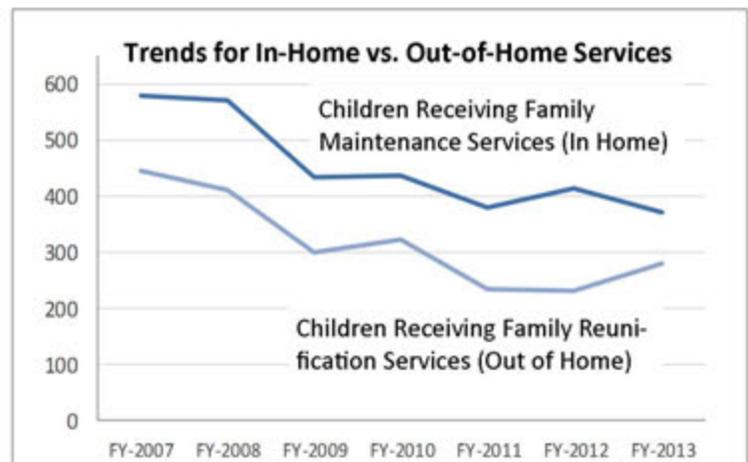
In 2006, California signed a **Title IV-E Flexible Spending Waiver** Agreement (Waiver) with the Federal government, guaranteeing a **stable, five-year funding amount regardless of numbers of families in the child welfare system or the number of children in foster care**. Now in its **seventh year**, the Waiver has provided **new opportunities** in Alameda County to use previously restricted funds more flexibly to **redesign and enhance** the system, which resulted in a significant **reduction in foster care placements** and a slight increase in family maintenance cases (reflective of efforts to serve youth in their homes).

## Looking Forward

The original Waiver covered the period from July 2007 through June 2012. Two one-year extensions have been granted by the Federal government—for 2012-13 and 2013-14. Currently, Alameda County is negotiating an extension of the Waiver for an additional five years to continue efforts to improve outcomes for the County's children and families. Moving forward, CFS will continue to improve system capacity and service delivery through a variety of strategies, including: improving existing intervention and prevention services and access to services; implementing evidence-based trauma-informed practices; improving family engagement; building greater consistency of cross-department decision making related to placement; continued assessment of children/youth for less-restrictive levels of placement; and improved communication and coordination between CFS and juvenile Probation to better serve "cross over" youth who are connected to both systems.

## Human Impacts in Alameda County

- Out-of-home placements have continued to decrease under the Waiver as **more emphasis is placed on family maintenance** and other permanent options, such as adoptions.
- Family Maintenance means more families are benefiting from intensive supportive services and **fewer children are removed** from their homes.
- Program interventions have emphasized reunification, guardianship, adoptions, and placement with relatives and non-related extended family members.



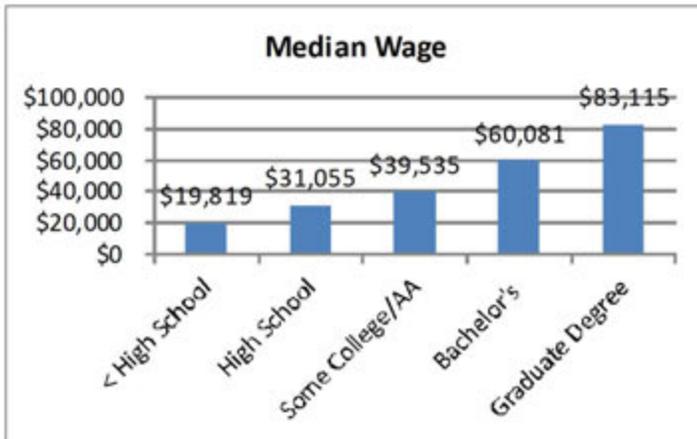
## Non-Minor Dependent: Snapshot

2013-14 marked one full year of AB 12 / Extended Foster Care implementation, with CFS actively supporting over 400 youth who chose to remain in Foster Care as Non-Minor Dependents (NMDs). As one NMD shared, it wasn't a difficult decision to stay in foster care "...because they have resources and opportunities for me to take advantage of—to help me get ahead in life...I have help with housing, school, FAFSA (federal student aid applications), and my baby." She added that the extra time afforded by AB 12 had given her the opportunity to learn time management and how to budget her finances. "I learned how to be more independent."

Her case worker agrees and embraces her role as a strong adult ally who helps NMDs work through the many challenges (big and small) that occur when making the transition to adulthood. "It works best when I'm working as a partner—not telling the young person what to do, but guiding them and helping them learn how to do it for themselves as they get out into the world." The focus on supporting fledgling independence has many benefits. About to be 19, this NMD took pride in her progress so far. "I learned to make smart goals and take steps towards my goals."

# Adults

More than 1 million people ages 18-64 live in Alameda County, representing two-thirds of the population. Of these, 155,825 (13%) did not graduate high school; 228,667 (19%) obtained a high school degree; 355,118 (29%) finished an AA or some college; and 473,077 (39%) received a Bachelor's or Graduate degree. These numbers are important because there is a direct correlation between educational and economic attainment. The following chart shows median wages in Alameda County by educational attainment.



We can look at poverty and see the same corollary. The poverty rate for Alameda County adults with less than a high school degree is 23%, for high school graduates it's 15%, with some college it's 10%, with a Bachelor's degree or greater, the poverty rate is 5%. This compares to an overall adult poverty rate of 12%.

Employment is less of an indicator of poverty. More than 44,000 work-aged adults in Alameda County are employed and earn less than the federal poverty level. These working adults represent 64% of the local labor market (adults working or actively seeking work) earning below the federal poverty level, compared to 36% who are unemployed.

## Looking Forward

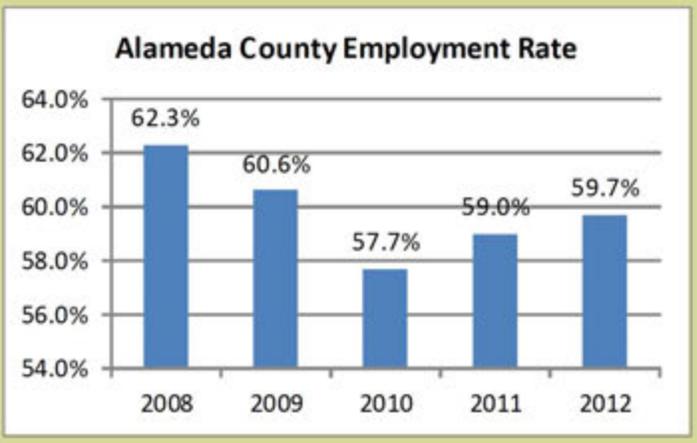
While Alameda County unemployment figures are better than the State overall, and while the number continues to drop since the peak of the Great Recession, unemployment rates are still considerably higher than the norm before 2007. More research is needed to learn what happens to people who have left the work force and no longer qualify for assistance.



## Employment in Alameda County

To offset massive job losses during the Great Recession, the federal government extended unemployment benefits from a maximum of 26 weeks to 99 weeks. In spite of this extension, more than 37,000 Alameda County residents exhausted unemployment benefits in the last three years. In 2014, the federal government eliminated long-term unemployment benefits. This is particularly concerning because a recent Princeton study (Krueger) determined that only 11% of people unemployed for more than six months since 2008 returned to permanent full-time employment.

As people leave the labor market, unemployment rates drop, but this drop does not necessarily reflect a healthy employment picture. The chart below shows the **employment rate** for Alameda County since 2008, not counting unemployed, retired, and others who have left the workforce.



# Health Care Reform

## Access to Health Care

Most people need some form of health insurance coverage. Obtaining health insurance outside of employer-sponsored coverage can be a significant challenge for people, and many do not enroll. This is particularly true for low-income individuals seeking to enroll in publicly funded programs like Medi-Cal. Through the Affordable Care Act (ACA) and Medicaid expansion, nearly 60,000 Alameda County residents are newly eligible for Medi-Cal. Approximately 42,000 automatically transitioned to Medi-Cal on January 1, 2014 as a result of an aggressive enrollment in the Low Income Health Program in Alameda County.

Individuals who are newly enrolled in private insurance through Covered California will now have access to three plans in Alameda County: Anthem Blue Cross, Blue Shield, and Kaiser. Some Covered California plans have smaller networks than other plans for cost containment reasons, but enrolled individuals now have access to care that was not previously available.

## Funding Reductions

Providers who were previously providing services for this uninsured population will now benefit by receiving Medi-Cal payments for their services. However, other budget changes will counteract this additional funding:

**A Decrease in Medi-Cal Payments.** California has the lowest Medicaid reimbursement rate in the country. On top of that, in 2011, AB 97 established a 10% rate cut for doctors and clinics. The rate cuts went into effect this January. Some relief to providers comes from the proposed State budget which removed retroactive recoupment. Also, ACA protects rates to primary care doctors for two years, although the protection does not apply to specialists. A new bill, AB 1805, proposes to reinstitute the pre-2011 rates.

**Loss of 1991 Realignment Funding.** As part of the 2013-14 State budget, the State developed a mechanism to permanently take back 1991 realignment funding for indigent health. This reduction in funding gives counties less flexibility to serve the remaining uninsured.

## Human Impacts in Alameda County

We anticipate that Alameda County will have approximately 100,000 remaining uninsured under 200% of the Federal Poverty Level. The remaining uninsured include people who are undocumented, eligible for Medi-Cal but not enrolled, and eligible for a subsidy through Covered California but not enrolled.

The uninsured and those enrolled in Medi-Cal still often struggle to get the services they need. Low Medi-Cal reimbursement rates for providers as well as geographic, language, cultural, and other barriers limit access to care. The quality of services provided to low-income Medi-Cal beneficiaries sometimes suffers due to the fragmented nature of care and access issues, particularly access to specialty care.

Low provider reimbursement rates result in fewer providers willing to provide care to Medi-Cal beneficiaries. Additional rate cuts will result in even fewer providers taking on new Medi-Cal patients at a time when the number is increasing. This problem is exacerbated for specialty providers where there are already very long wait times. The loss of funding for the uninsured and cuts to Medi-Cal leave clinics who were seeing a high proportion of Medi-Cal and uninsured patients in a precarious financial situation. The loss of safety net providers will increase access problems for low-income residents.

## Looking Ahead

The County is committed to increasing access to health care to improve health outcomes for its residents. New and innovative approaches to providing primary and behavioral health services will be key, as well as longer-term investments in worker training to ensure a culturally diverse, competent workforce at all levels of care. Alameda County will continue to invest in the safety net to encourage delivery system reforms such as community delivery sites, incentives to contract partners to shift to team-based care, and support for partners to increase capacity through practices that use other staff, not just physicians and nurse practitioners, to increase access.



# Medi-Cal & Health Care Reform



## Medi-Cal Expansion

Medi-Cal is California's **health insurance program** for low-income children, families, seniors, and persons with disabilities. Beginning January 2014, California **expanded Medi-Cal to include low-income (below 138% of federal poverty) childless adults**. In Alameda County, it is projected that **nearly 60,000 individuals are newly eligible and will now be able to access health coverage**.

## What is the ACA?

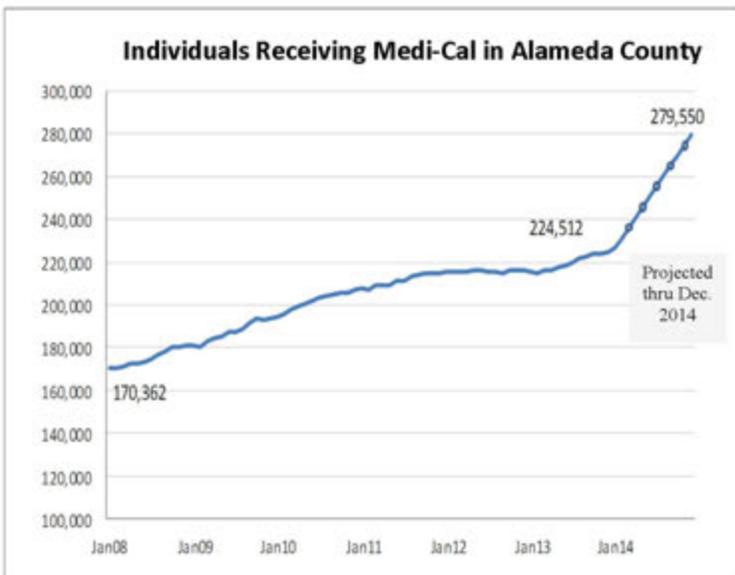
The Patient Protection and Affordable Care Act (ACA), also known as "Obamacare," is comprehensive federal health care reform legislation that passed in 2010. The ACA gave states the option to expand Medicaid (Medi-Cal in California) to cover more low-income individuals. The ACA expands coverage and improves affordability in California by allowing the state to increase what services are covered, providing funding to expand eligibility, and establishing a health insurance marketplace (the Exchange, **Covered California**) that gives California residents greater ability to choose the health care plan that best suits their needs. **California residents between 138% and 400% of federal poverty could be eligible for federal subsidies through the Exchange to help offset their health care costs.**

## Looking Forward

**Alameda County Social Services Agency (SSA)** connects individuals and families to health coverage through the Exchange and enrolls those eligible into Medi-Cal. Through outreach, community education, enrollment, and retention activities, Alameda County strives to **improve both access to health care and the general health of individuals and families**. SSA is working in close partnership with public and community partners to ensure the success of health care reform in Alameda County and to **connect Medi-Cal recipients to other benefits**, such as CalFresh (Food Stamps). In addition, the State created Express Lane Eligibility to connect CalFresh clients to health care benefits without the need to fill out extensive paperwork. The ACA is a historic opportunity to enroll California residents in the range of public benefits for which they are eligible.

## Human Impacts

The number of Alameda County residents receiving Medi-Cal has grown exponentially over the past year and will continue to rise in 2014. In 2013, approximately 22,000 children were transitioned from the Healthy Families program to Medi-Cal. In 2014, around 55,000 individuals are expected to enroll in Medi-Cal; however, current applications at the state and local level are **outpacing original projections**. Alameda County Health Care Services Agency (HCSA) and SSA have been working closely together to oversee the transfer of around **43,000 individuals into Medi-Cal from the Low Income Health Program (LIHP)**. In addition, as part of a **"no wrong door" approach**, individuals have been applying on their own, through the aid of a Certified Enrollment Entity, and with the assistance of SSA staff through Benefits CalWIN, in-person services, and a new Customer Service Call Center with Covered California.



You can apply for Medi-Cal any time of the year at [www.MyBenefitsCalWin.org](http://www.MyBenefitsCalWin.org)

**Next Open Enrollment for Covered California: October 15—December 7, 2014**

Enroll during these dates for a January 1, 2015 start date! Visit [www.CoveredCA.org](http://www.CoveredCA.org) for more information.

*Clients eligible for Medi-Cal can apply at any time and are not limited by the open enrollment dates.*

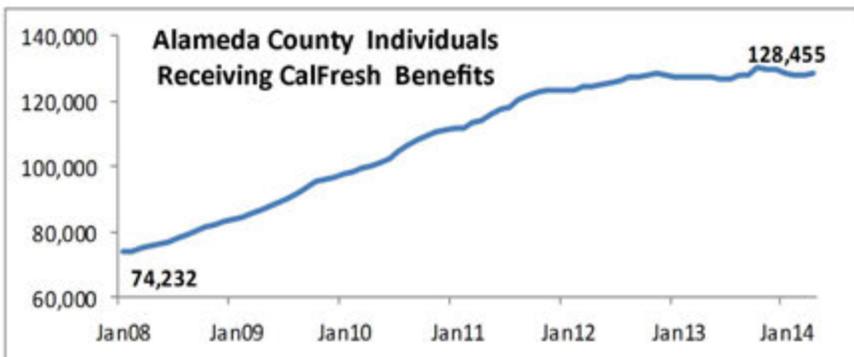
# CalFresh

## CalFresh

CalFresh is California's food stamp program [Supplemental Nutrition Assistance Program (SNAP) at the federal level], which provides assistance for low-income households to purchase nutritious food. When the national economy or a regional, state, or local economy is in trouble, CalFresh is among the most effective government responses.

## Funding Cuts

The 2014 federal Farm Bill passed in February and cut \$8.6 billion from SNAP. At this time, it looks like California will take action to avoid any benefit cuts for local families from the new Farm Bill provisions. However, on November 1, 2013, **all SNAP recipients across the country saw a reduction in their monthly benefits** to purchase food due to the sunset of an American Recovery and Reinvestment Act (ARRA) provision that had increased food stamp benefits. Locally, the cuts impacted over 128,000 individuals who rely on CalFresh. Reductions in food stamp benefits mean that County residents, including children and seniors, are at greater risk of food insecurity and hunger.



## Looking Forward

CalFresh enrollment in Alameda County has increased significantly during the economic downturn. However, new estimates suggest that there are still over 61,000 eligible individuals who are not enrolled in the program. Recent State policy changes and local efforts have focused on making it easier for eligible individuals and families to utilize this critical nutrition support. Increasing CalFresh enrollment is good for local residents and the economy; research from USDA finds that every dollar of SNAP benefits distributed results in \$1.84 in gains for local economies. The ARRA cuts and new restrictions on advertising and outreach included in the 2014 Farm Bill make it even harder to reach eligible but unenrolled individuals and families, and mean less federal money coming into the State and Alameda County.

## Melinda's Story

Melinda is a 36 year old mother of two boys, 19 and 4 years old. Melinda once owned a coffee business, but had to sell it in 2012 due to the economic downturn, and has been unable to find steady employment since. She receives no support from her children's father, as he is unemployed as well. For the past two years, she and her two children have been living off her savings and profits from the business sale. Melinda states *"Our lives changed drastically. We had to move because I could no longer afford the rent where we were living. We basically became vegetarians because I could not afford to buy meat."* Melinda currently works part time, earning \$800 a month. Her household expenses, including rent and utilities, are \$650, leaving her family \$150 for food and other necessities. Melinda heard about the CalFresh program by way of a mailer from the Alameda County Community Food Bank, inviting Medi-Cal recipients to apply for CalFresh. Melinda and her family now receive \$337 in CalFresh benefits each month. Melinda states; *"We are very grateful for this program. I am not looking to live in luxury, but just want the basics – to be able to feed my family."*



## Human Impacts

In Alameda County, one in three children face the threat of hunger every day. The ARRA cuts resulted in a **loss of around \$10 in CalFresh benefits per person each month, or \$29 for a family of three.** To put this cut in perspective, it means a loss of around **16 meals each month** for a family of three (based on calculations using \$1.70 to \$2 per meal provided in the Thrifty Food Plan). On an annual basis, that same family of three will have **\$348 dollars less to spend on food.** These cuts also impact our local economy and will result in an estimated annual loss of **more than \$12 million in local benefits.**

# Older Adults & People with Disabilities



Older adults and people with disabilities share a variety of government services, including those provided by In-Home Supportive Services, Area Agency on Aging, Community-Based Adult Services, and Adult Protection.

More than 175,000 adults age 65 and over live in Alameda County. **Older adults are the fastest growing segment of the population.** About 38% speak a language other than English. More than 16,000 older adults live at or below the federal poverty level. Of particular concern, 44% of older adults live alone compared to 27% of the overall population. Isolation is a leading cause of depression.

**About 141,000 people with physical or mental disabilities live in Alameda County.** Forty-five percent are 65 or over and a little more than 6% are children. Almost half of disabled persons are work-aged adults. More than 60,000 adults have difficulty living independently.

**Among work-aged disabled individuals, less than 20% are employed,** compared to 65% of the overall population, and those who work earn less: \$22,134 compared to \$40,483. The poverty rate for this segment of the population is 19% compared to 12% of the overall work-aged population.

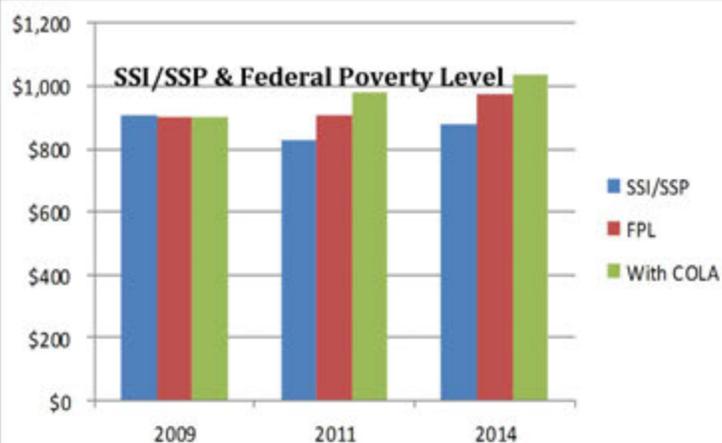
Significant State cuts to safety net services affecting older adults and people with disabilities include the elimination of Alzheimer's day care resource centers, Senior Brown Bag nutrition program, Multipurpose Senior Services Program, and Linkages comprehensive care management. While some Medi-Cal services were restored, audiology, podiatry, incontinence medications, and speech therapy are still not available. More bad news came when the CalFresh program was cut at the federal level by about \$10/month per recipient. Cuts to food programs hit people on fixed incomes hardest. Good news for older adults and people with disabilities: the new Farm Bill allows CalFresh recipients to use grocery home delivery services.

## Looking Forward

While the State budget and overall economy continue to improve, the State has yet to reinvest in older adults and people with disabilities. This lack of investment will have greater impact as the affected population continues to grow.

## SSI/SSP: The Primary Safety Net for Older Adults & People with Disabilities

Over 50,000 older adults and people with disabilities in Alameda County receive Federal Supplemental Security Income (SSI) augmented by State Supplementary Payment (SSP). People who receive SSI/SSP are not eligible for some other safety net services, such as CalFresh, and amounts are lowered if recipients have other income, such as retirement savings, so SSI/SSP must fund housing, food, and other basic expenses. California suspended the SSP annual cost of living adjustment (COLA) for SSI/SSP for several years before eliminating it in 2010. The maximum rate went from 100%



(2009) to 92% (2011) to what is now about 90% of the Federal Poverty Level (FPL). If the COLA had not been eliminated, the monthly payment would be \$1,038 or 107% of FPL.

One way to look at why COLAs are so important is to look at the increase in rental costs. While the **maximum** SSI/SSP grant is now \$877, the **Fair Market Rent** for a studio apartment in Alameda County is over \$1,000. This puts seniors and people with disabilities at risk of becoming homeless and leaves no money for food or other necessities.

# In-Home Supportive Services



## What is In-Home Supportive Services (IHSS)?

IHSS provides homecare for the elderly and persons with disabilities to support them in their own homes and communities, rather than placing them in more restrictive and expensive institutional care settings that average more than \$55,000 per year. Demand for IHSS services has been growing in recent years. More than **19,000 Alameda County residents** receive IHSS services and the average usage is about 25 hours per week, per person.

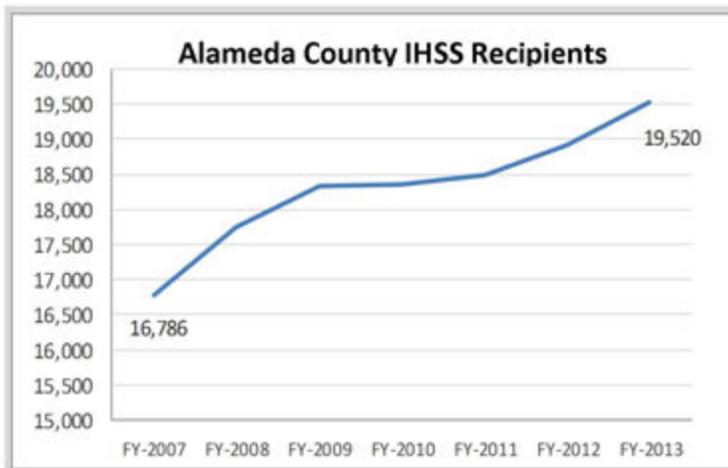
California adopted the **Coordinated Care Initiative (CCI)** as part of its 2012-13 budget, but implementation in Alameda County has been delayed until no sooner than January 2015. CCI will transform California's health care system by integrating Medi-Care and Medi-Cal service delivery and funding so the most vulnerable residents receive more comprehensive care and avoid unnecessary institutionalization. Alameda County has been selected as one of eight pilot counties to implement CCI. The County's selection will allow for enhanced care coordination between IHSS, managed care, and community-based programs.

## Funding Reductions

The IHSS program has experienced a series of budget cuts over the past few years that impact both clients and providers. Based on a court settlement, the 2013-14 budget included an 8% across the board reduction to IHSS hours effective July 1, 2013; in 2014-15 the cut will be reduced to 7%. These cuts and the Governor's new proposed overtime restrictions raise concerns about access for IHSS recipients and whether they will be able to find care that meets their needs.

## Human Impacts

In addition to keeping elders and persons with disabilities in their homes, IHSS also provides jobs in local communities. This year Alameda County's IHSS program is expected to provide **\$281 million in wages** to approximately **17,800 providers** in the County. Approximately 5,200 IHSS providers also receive their health coverage by working in the program. Funding reductions and cuts to hours impact the providers as well as the recipients, as they see a corresponding cut to their hours and wages.



## Looking Forward

The Coordinated Care Initiative makes sweeping changes to the IHSS program. Its goal is to improve the quality of care received by elders and persons with disabilities by integrating long term care services, social services, and medical care, while at the same time saving money for the State. Over the coming months, counties and health plans will begin enrolling members into this new system of care and, over the next several years, will work to perfect the system of integrated managed care.

### Ms. Y's Story

I am a single woman with severe disabilities. I am wheelchair bound and have very limited motion in my arms. The IHSS program allows me to have personal care and domestic services at home and at work. I have a full-time job that I am able to maintain because the Working Disabled Program allows my IHSS worker to come to the workplace to assist me with eating and other personal care during my day. I am grateful for the service because I am able to stay out of a nursing home and provide for myself financially in a rewarding career that I love.

# Area Agency on Aging



## The Alameda County Area Agency on Aging

(AAA) provides services to support the independence of around **57,000 elders** (age 60 and older) in Alameda County by providing:

- ◆ **Healthy meals**—both home delivered and group service sites.
- ◆ **Caregiver support and information** services.
- ◆ Access to **health, legal, employment, and case management services**.

AAA's goal is to **prevent isolation, premature institutionalization, abuse, and negative health outcomes**. In partnership with County-based adult services programs and a wide network of community-based organizations, the AAA provides a continuum of care that is both responsive to seniors' needs and flexible in design.

## Funding and Human Impacts

Federal and state financial support for AAA programs has remained flat for several years and community-based organizations are not able to meet the increased need for services. Last year's Federal Sequestration cuts reduced local Older Americans Act funding by approximately 6%. Alameda County was able to avoid most of the direct impact to local seniors by absorbing the cuts on a one-time basis with County dollars. Current estimates for 2014-15 provided by the California Department of Aging reflect a 4% increase over this year's budget. Although the increase is welcome, the overall amount is still less than the funding received two years ago. Unfortunately, the limited restoration of cuts does not address the growing demand for services.

## Looking Forward

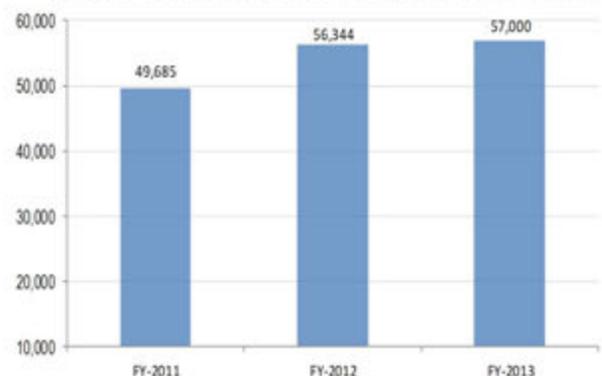
The number of low-income elders and persons with disabilities in Alameda County continues to grow and AAA funding has not been keeping pace. Each year fewer services are available, further straining the senior care network. As the senior population continues to grow, the gap is widening between the needs of vulnerable seniors and available support services. Additional State and Federal funding is needed to ensure there are adequate services to meet the local needs.

## Seniors and Poverty

The number of people age 60 and older in Alameda County increased from 193,858 in 2000 to 259,192 in 2011, representing population growth of almost 34%. Current projections estimate that, by the year 2020, 396,332 seniors over age 60 will reside in the County.

While the population of older adults continues to grow dramatically, the support system for seniors has remained flat or been cut in recent years. For the roughly one in 10 seniors who fall below the Federal Poverty Level (currently set at \$11,670 annual income for an individual) service cuts are particularly painful. According to the UCLA and Insight Center *Elder Economic Security Index*, **50% of seniors in Alameda County do not have enough money to provide for basic necessities**.

Alameda County Seniors Receiving Services



## Roberto's Story

Roberto was a resident of a Skilled Nursing Facility for a short time as a result of an injury. During his time at the facility, his clothes and possessions were stolen. The facility was not responsive in addressing his concerns. The Ombudsman Office responded to his complaint and connected him with a legal services provider, who helped him make a claim in Small Claims Court. He won his case, and the facility was compelled to reimburse him for the cost of his items. The Ombudsman Office has followed up with the facility to make sure that they comply with regulations regarding inventorying possessions.

# Adult Day Health Care (ADHC)/ Community-Based Adult Services (CBAS)

## What Is ADHC/CBAS?

ADHC/CBAS is a state-licensed program that provides integrated medical and social services for adults with multiple, chronic conditions in a daytime community setting. The goal is to assist frail seniors and adults with disabilities who are at risk of institutional care to continue living in the community, and to reduce other high cost services such as emergency visits and hospitalizations.

In 2012, CBAS replaced ADHC as the Medi-Cal benefit, and it is now administered through California's Medi-Cal managed care organizations. CBAS costs an average of \$915 per month/per person, much less than institutional care. ADHC remains the option for individuals who pay privately. ADHC/CBAS provides:

- ◆ Nursing supervision and medication monitoring
- ◆ Physical, occupational, and speech therapy
- ◆ Social work services, activities and personal care
- ◆ Hot meals and transportation to and from centers

## Who Uses ADHC/CBAS?

550 frail seniors and adults with disabilities are now enrolled, up from 512 last year. This number is expected to grow.



### Family Story

"My mother is an 87-year-old monolingual Chinese woman with dementia and multiple medical problems including Renal Disease, Hypothyroidism, Depression and Anxiety. Her paranoia led to lots of conflicts in the family, but we do not want to send her to a nursing home. Our family's struggle lessened when Hong Fook ADHC/CBAS helped us understand and manage her paranoid behaviors. We have coordinated with their medical team to gain my mother's trust to comply with her renal diet, dialysis schedules and medication management. She also feels less isolated since she has made friends at the center. Our story is not unique but the services Hong Fook Center provides cannot be found anywhere."

## Serious Threat to ADHC/CBAS Sustainability

A 10% Medi-Cal provider rate cut that has been in place since June 2011 is threatening the sustainability of ADHC/CBAS centers statewide and locally. 50 programs have closed statewide and two in Alameda County. A \$14 million state appropriation to restore the Medi-Cal rate for CBAS providers is essential to prevent the further loss of capacity, adverse impacts on frail participants, and permanent loss of infrastructure.



## What Changes Have Resulted from CBAS?

Stricter eligibility requirements for CBAS resulted in program discharge for some participants. Yet, most former ADHC clients as well as individuals currently applying are meeting the new eligibility thresholds. One significant change is that prospective participants must first enroll in a Medi-Cal managed care plan to take part in CBAS.

As the Coordinated Care Initiative (CCI) launches in January 2015, nearly all individuals with Medi-Cal will be required to enroll in Medi-Cal managed care. The State and local managed care plans see CBAS as a core service under CCI, and referrals and enrollments are expected to grow.

## Human Impacts in Alameda County

Provider rate cuts and difficulties around the CBAS transition resulted in the closure of two local ADHC/CBAS centers in 2012, resulting in more limited access for East Oakland residents in particular. Five centers remain open, and they each reached out and welcomed participants from the closed programs. Yet, fragile health, fatigue from travel and a preference for staying close to home act as barriers when there is no local center.

The Adult Day Services Network helped preserve an ADHC/CBAS license for Alameda County to find a qualified provider to open a new center. Alzheimer's Services of the East Bay (ASEB) assumed the license and is now working to open an ADHC/CBAS center at Oakland's Embarcadero Cove. ASEB also plans to open an ADHC in Fremont. The Fremont center will not be certified to accept Medi-Cal since the state is not issuing new Medi-Cal certifications for ADHC. This restriction will impede access.

Increases in enrollment in local Programs of All-Inclusive Care of the Elderly (PACE) in Berkeley, Oakland, and Fremont, which include ADHC/CBAS services, has helped to meet service needs and geographic gaps. Yet, PACE doesn't work for everyone. Some adults do not meet the age and medical eligibility criteria; others prefer to stay with their physicians and in-home care workers and might need to make a change if they enrolled in PACE.

# Adult Protection

## Alameda County Division of Adult Protection

consists of Adult Protective Services (APS), Office of the Public Guardian-Conservator (PG), and the Public Administrator's Office (PA). Together these programs provide a continuum of services that form a safety net for **vulnerable adults**.

- APS responds to approximately **400 reports of abuse per month** about developmentally, physically, and mentally disabled adults, and the elderly who may be physically or financially abused, neglected, or exploited.
- The PG manages approximately **650 mental health and probate conservatorships** at any given time for Alameda County residents who are determined either to lack capacity to manage finances and/or health care or to be gravely disabled by mental illness or substance abuse.
- The PA administers approximately **90 decedent estates** annually for individuals who die without a will or trust, and when there are no other relatives or heirs willing to administer the estate. The PA's purpose is to protect the estate from fraud or misuse.

## Who Is Eligible?

**APS:** Regardless of income, anyone aged 18 to 64 with a mental or physical disability or elders 65 or older that are suspected of being abused or neglected.

**PG:** Predominantly adults determined by the court to either lack capacity or be gravely disabled and in need of conservatorship.

**PA:** Decedents with estates and no next of kin or named responsible party.

## Looking Forward

Given the aging of the baby boom generation, it is anticipated that demand for services will continue to rise. Additional County funding through realignment will allow for increased local capacity; however, the State maintains responsibility for training APS workers and funding has not increased in nine years, despite an increase in cases. Additional State funding is needed to build a strong training infrastructure and to work in partnership with the counties to promote an effective and responsive system to protect and serve vulnerable adults.

## Elizabeth's Story

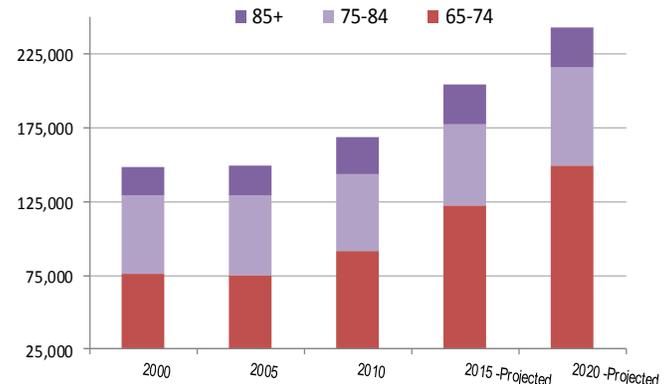
Elizabeth, an 83 year old widow with dementia, was subjected to repeated physical assaults by her daughter in the home they shared. Elizabeth, who uses a wheelchair and has difficulty communicating, would become combative at times due to her dementia and her daughter would retaliate with physical violence. APS became involved and confirmed the abuse had occurred, made a police report, and for safety, arranged for Elizabeth to go into a temporary placement. After learning that the daughter intended to sell Elizabeth's home without her consent, APS made a referral to the PG. The PG successfully petitioned for conservatorship, secured Elizabeth's assets, blocked the daughter's plan to sell the home, and is working on a plan for Elizabeth to return home with adequate care and supervision, while supporting the positive aspects of Elizabeth's relationship with her daughter.



## Human Impacts

After a decade of budget cuts during a time when pressures on programs for vulnerable adults only grew, local programs have been limited in their ability to reach all vulnerable clients. With an improved economy, Alameda County is currently hiring more staff with the goal of being able to investigate all reports of abuse, and increase the capacity of our conservatorship program. These improvements will allow for less reliance on police/fire response and hospital emergency visits, and better outcomes for those that we serve.

## Senior Population Growth in Alameda County





Produced by the Alameda County Administrator's Office  
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Alameda County Social Services Agency,  
Alameda County Health Care Services Agency,  
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Alameda County General Services Agency