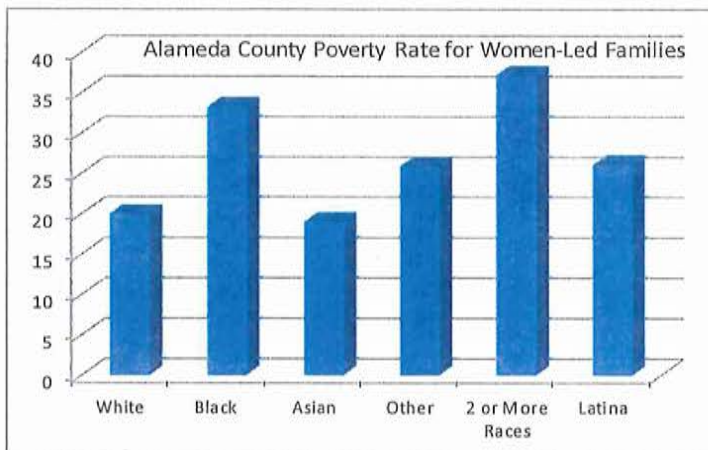


Children and Families

An estimated **340,270** children live in Alameda County, representing **22.3%** of the overall population. Almost one third (31.6%) of Alameda County households include children. Of these, nearly three in ten (29.3%) is headed by a single adult.

Single mothers, regardless of race, experience higher levels of poverty (25%) compared to that experienced by all family units overall (13.8%).



Key Program Cuts Add To Family Poverty

Between 2007 and 2010, the percentage of single mothers with jobs in California dropped by 10% to the lowest rate since 1996. During this same period, basic living expenses in Alameda County increased by 16%. At the same time, CalWORKs grants were cut by 12% and, adjusted for inflation, have shrunk more than 50% since 1987. This is particularly significant for women with children since 80% of CalWORKs recipients are children and about 90% of adult recipients are women.

Child care programs are lauded for their ability to prepare children for success in school, which is an indicator of higher quality of life. Child care is also an essential ingredient for many parents needing to work. Nonetheless, child care programs have been among the hardest hit in recent years. Since 2008, the CalWORKs child care budget has been slashed by one-third, while other subsidized child care has been cut by 16%. As a result, Alameda County lost 900 child care slots last year alone.



Alameda County Children and Poverty

Statewide, childhood poverty (under age 18) was at **24.3%** for 2011, compared to 18.1% in 2006 and 16.1% in 2001. While the numbers are less stark in Alameda County, **more children live in poverty than any other segment of the population**, at 16.8% compared to 13.1% overall. Children living in poverty increased by 21% since 2000. Poverty among children is particularly devastating because research shows that children living in poverty do not reach the same educational levels as more prosperous children and earn less as adults, ensuring a continuing cycle of multi-generational poverty. Poverty is at the root of systemic inequities across races and communities, in Alameda County and in larger society.

Federal Impacts

Budget sequestration is a procedure the federal government is using to broadly cut programs and reduce the deficit. For children and families sequestration is expected to result in:

- ◆ The loss of 209 Head Start slots and an unknown number of subsidized child care slots
- ◆ Reduced subsidized housing for up to 30 families annually
- ◆ Reductions in teachers and teachers aides
- ◆ Less job training and placement services, making it tougher for timed-out CalWORKs recipients
- ◆ A reduction in domestic violence programs

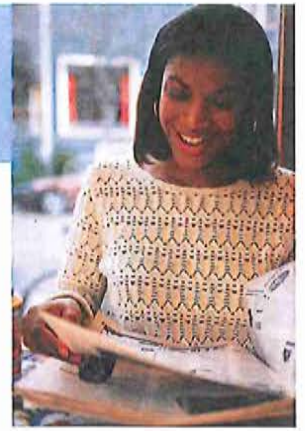
Additional impacts to the programs listed below are described on the following pages.

- ◆ CalWORKs
- ◆ Children's Behavioral Health
- ◆ Child Care and Preschool Programs
- ◆ Child Protective Services

CalWORKS

What Is CalWORKs?

The California Work Opportunity and Responsibility to Kids (CalWORKs) Program is California's version of the Federal Temporary Assistance to Needy Families program. CalWORKs, which was implemented in California in 1998, provides time-limited **cash aid**, as well **employment** and **employment support services**, to non-exempt adults with children. CalWORKs services are designed to promote self-sufficiency and provide parents with assistance to enter/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, including a **4% and 8% reduction** in cash aid, and a reduction in the amount of time employable adults may receive aid from **60 to 48 months**.

Starting in 2013, new cuts to benefits and services were instituted:

- A **reduction in amount of time** non-exempt adults may receive aid from **48 months to 24 months**, unless federal work participation requirements are met.
- **Termination** of the "temporary young child exemption" to care for a child between the ages of 12-23 months; or, two or more children under the age of 6 years.
- **Implementation** of a new once-in-a lifetime CalWORKs time on aid and Welfare-to-Work exemption to care for a child 0-23 months of age.

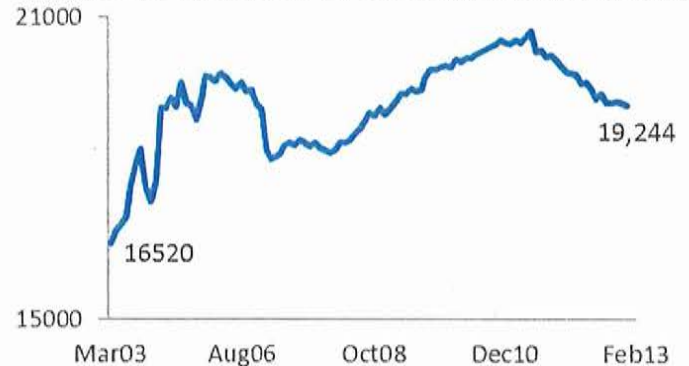
Looking Forward

The State budget avoided significant restructuring of the CalWORKs program but did implement another reduction to total time on aid. In the last two years the State has gone from a five year to a **two year** time limit for receipt of CalWORKs assistance without work participation. This year will show the full impact on Alameda County residents of this significant reduction in service availability as cases reach time limits and the job market continues to stagnate.

Shirley's Story

Shirley is a single unemployed mother of three children, ages 6, 8 and 10 years. She has received \$762 in cash aid for one year and receives \$628 in CalFresh benefits. Shirley has 36 months remaining on CalWORKs. She is a full-time student working on her undergraduate degree in health science and has completed two semesters. Shirley states: "I work magic living on the cash aid and CalFresh benefits I have now. My situation is not because I am not trying. I am in the CalWORKs employment program trying to further my education with the goal of reaching self-sufficiency. With the implementation of the new program rules I can only go to school for 24 months. I was informed that after the 24 month period, I have to do a work related activity for at least 30 hours per week or lose my cash aid, and that going to school to get a job doesn't count. I also learned that if I don't meet participation requirements after my 24-month Welfare To Work time period, I will lose child care and transportation assistance. I don't know how I can possibly do another activity, continue with my studies and properly take care of my kids. Based on these unexpected rules I will have to make a life altering decision: Do I finish my studies and get cut off of assistance or do I stop going to school and not get my degree? Given the current labor market and my skills I don't know if I will be able to get a job with decent pay if I don't complete my degree. This was not a problem before January 2013 because I would have graduated before timing out of CalWORKs. I am barely able to pay my rent with my current cash aid. If my assistance is cut, I will not be able to keep a roof over our heads. I just don't know what I am going to do."

CalWORKs Recipients by Cases in Alameda County



Human Impacts in Alameda County

Recipients rose steeply through the economic downturn, then declined due to policy changes that limited access. The current **average monthly grant is \$455**, which is **\$52 lower** than in Fiscal Year 2010-11. The overall amount of the grant has shrunk to an amount too small to provide basic necessities for many client households. Cuts have resulted in **fewer families qualifying for CalWORKs aid**, while hurting the efficacy of the program for many of those who do qualify. The reduced cash payments impact not only the recipients but also the local economy.

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 **expanded in the last decade**, due largely to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. EPSDT is required in every state and is designed to **improve the behavioral health of low-income children** by financing necessary pediatric services. The County and community-based contractors also offer children access to programs and services through hospital settings, community colleges, the juvenile justice system, foster care, and other programs.

Cuts in Programs and Services

EPSDT: In its realignment efforts, the State limited its share of EPSDT funding, which effectively restricted service expansion. However, if counties actually spend all their allocated funds, new State budget agreements will allow for reimbursement of county expenditures above the current funding levels and may allow for funding growth, based on actual annual spending, in future years.

Behavioral Health Educational Services: Alameda County is currently owed \$35 million for these services dating back to 2005. The provision of these services has now shifted from the County to the 18 school districts in Alameda County.

Alcohol and Other Drug (AOD) services: Prevention programs for AOD will be reduced in 2013-14 by \$700,000 in Alameda County, due to the loss of State revenue from sales tax and vehicle licensing fees.

Looking Forward

While funding for these critical services will be frozen or reduced, the State has made many more children eligible for these services. The State's transition of children from Healthy Families to Medi-Cal will mean **22,000** more children will be eligible for services whose allocation has effectively been capped. Recently, the State augmented each county's allocation for the transition from Healthy Families, but concerns about future funding raises questions about our ability to meet demand.

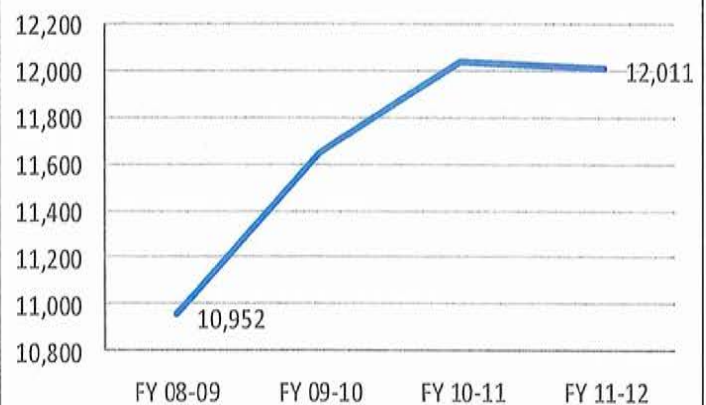


A Fremont Mother's Story

"The last couple of years have been difficult for us as my husband became disabled and unable to work. This change in the family dynamic brought its own unique challenges for our son. Behavioral Health Care staff have been by my son's side as both mentor and friend. He has learned to participate in groups, think for himself and think himself out of tough situations using the skills he's learned. The parents of children within the Fremont School District are very fortunate to have such a talented person on staff."

In the last five years, the number of low-income children with access to behavioral health services increased by **more than 1,000**. Services have been expanded to hundreds of schools for **untreated mental illness or trauma**, and to provide critical support for **healthy development**.

Children Ages 0-18 Receiving Behavioral Health Services in Alameda County



Child Care and Preschool Programs



Alameda County Overview

Almost 13,000 of about 18,000 eligible Alameda County children receive child care and preschool services through State subsidies for low-income families from 2,200 Early Care and Education providers. This means **5,000 children and families are not receiving services** they are eligible for, as the subsidy is down from \$90 million in 2012 to \$77 million now. Services are provided in one of two ways:

- A majority of children attend licensed, center-based programs that meet higher quality standards and are reimbursed 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.

The child care system is meant to fulfill the dual economic goals of **supporting parental employment** and laying the groundwork for **children's lifelong success**.

Parent Stories

"Child care...is one of the best and important services. My son has shown a lot of improvement of social, speech, leadership skills, and self confidence since he attended this program. I am a divorced and inexperienced father with limited income. I am thankful that they provide me with information, help and support when I need them." *Shun, Berkeley*

"This is the most important year for her, when she should be learning to read," says Latifa, about her 4 year old daughter, who isn't going to preschool this year due to last year's budget cuts. *Latifa, Hayward, quoted in the San Francisco Chronicle*

"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, but also to ensure a future for their children by furthering their education. I am proof that state child care can make a big difference toward a better future." *Sabrina, former teen mom, Fremont*

Child Care Has Faced Five Years of Deep Funding Cuts, Program Changes

No major cuts to child care are proposed for FY 2013-14. However, since 2008, statewide cuts total more than **\$1 billion**, resulting in the loss of **111,095** subsidized spaces, or a 33% drop.

Impact on Alameda County Families

In 2012-2013, State budget reductions resulted in the following cuts in Alameda County:

- **Nine million dollars**, or an overall loss of 14% of funding.
- **943 of the County's child care slots** for low-income children, or nine percent overall.
- **An increase to more than 5,000 children** waiting for child care assistance.
- Lack of funding for CalWORKS Stage 3 child care resulting in **171 Alameda County children** losing their subsidy.

In 2013-2014, a \$1.5 million cut to statewide quality support initiatives is proposed.

In addition, the federal sequester (5.3% cuts to non-defense discretionary funding) will result in:

- 209 children, of 3,940 children served by Head Start in Alameda County, losing services.
- An additional cut to federal child care funds of \$1.2 million in Alameda County.

Child Care Realignment Proposal Tied to State Medicaid Expansion

The 2013-2014 State budget does not propose significant additional cuts beyond negative case-load adjustments, but proposes major child care realignment in conjunction with State Medicaid expansion. On March 26, the Board of Supervisors adopted a resolution asking the state to decouple the state Medicaid assumption from the child care realignment proposal.

Child Protective Services

Alameda County Child Protective Services

CPS 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

In 2006, California signed a **Title IV-E Flexible Spending Waiver** Agreement (Waiver) with the Federal government, and Alameda County opted to participate. The Waiver allowed the County to **redesign and strengthen** its child welfare system.

Funding

The Waiver guaranteed a stable, **five-year fixed funding amount regardless of numbers of families in the child welfare system or the number of children in foster care**. Now in its sixth year, the Waiver has provided **significant opportunities** in Alameda County to use previously restricted funds more flexibly, to **redesign and enhance** the system, resulting in a significant **reduction in foster care placements** and a slight reduction in family maintenance cases—reflective of efforts to serve youth in their homes.

Looking Forward

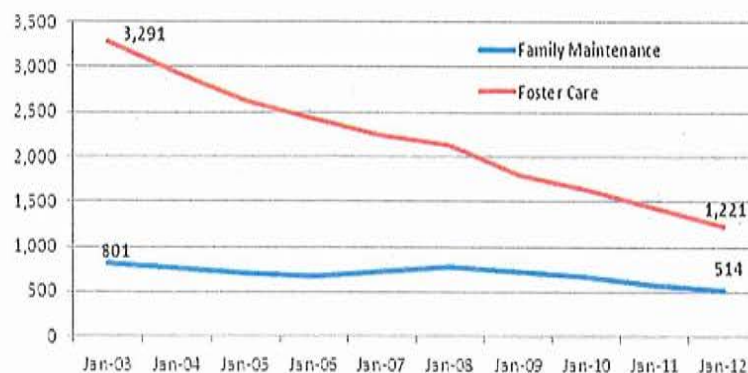
The original Waiver covered the period from July 2007 through June 2012. A one-year extension was granted for 2012-2013 and has been continued while the Federal government determines if it will extend the Waiver an additional five years. Without extension, many program improvements, such as the Youth Advocate Fellows (below) will be at **risk of defunding**.

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 **permanent custody with relatives or adoptions**, whenever possible.



Family Maintenance vs. Foster Care Caseloads



Youth Advocate Fellows

Youth Advocate Fellows are former foster youth who work with a contracted agency through an Independent Living Skills Program (ILSP). They are invaluable team members to engage transition age youth, particularly the new population of foster youth, over age 18, who are part of Extended Foster Care (EFC). Beginning this year, youth can choose to remain in care after their 18th birthday to retain supportive services from the Department of Children & Family Services. With flexible waiver funding, Youth Advocates can **work in creative ways such as attending individual Transitional Living Conferences (TLC's)**. TLC's are meetings with transition age youth to discuss their goals and encourage participation in the EFC. This story is from Tamar, a youth advocate fellow, about working with a teen in a TLC:

"I talked to the young man about everything he wanted to do after high school, which included working in construction. I told him that at his age and determination level, EFC could work for him! In the TLC, we started going through the services and the young man got excited about staying in foster care with ILSP 'services & goodies.' We handed him a flyer with a picture of an African American man with a tool belt around his waist, which really connected with the young man. He wanted to attend school as well, and liked the idea of getting one-on-one help while working and getting monetary stipends for each grade. I think that before the TLC, this youth was not aware of all the benefits of participating in Extended Foster Care. It was a great feeling to see him enthusiastic to find out about all the advantages that are available to him because he attended a TLC."

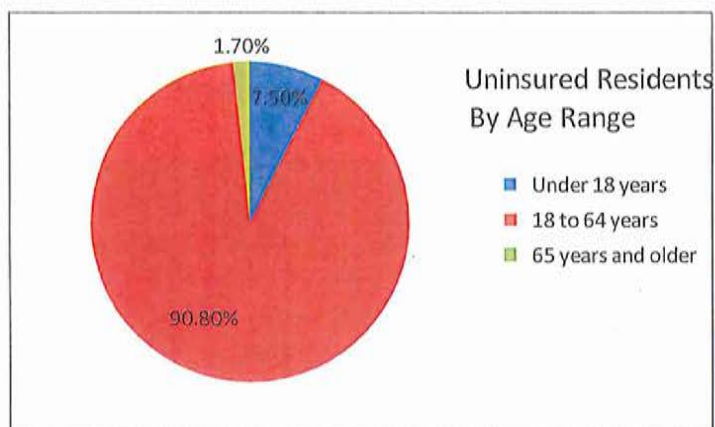
Adults

Just over 1 million adults, ages 18-64, live in Alameda County, accounting for almost two-thirds of the population. The percentages of males (49%) and females (51%) are fairly evenly split.

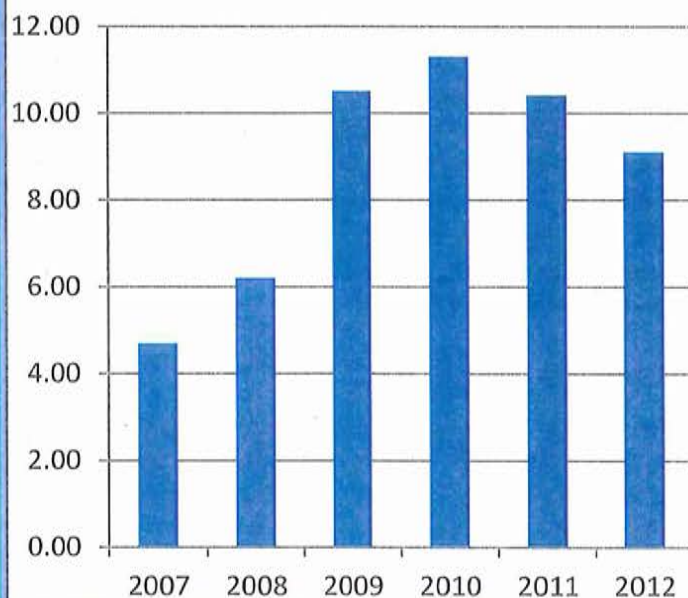
The poverty rate for adults is at 12.5%, compared to 16.8% for children and 9.8% for seniors. About 86% of adults have a high school degree or better and more than 41% have graduated a four-year college.

Alameda County remains one of the most diverse and international regions of the country, with about 31% of residents being foreign born. Of these, more than one-third arrived here since 2000. **More than 58% of foreign born residents came from Asia** and more than 30% from Latin America.

Among other impacts, the Great Recession hit adults particularly hard in the area of health insurance. While adults make up about two-thirds of the population, they account for more than **90% of the uninsured**. Health Care Reform, described on the following page, seeks to remedy this inequity.



Signs of Improving Jobs Market



Alameda County's unemployment rate increased dramatically from 3.6% in 2000 to 11.3% in the height of the recession. While the unemployment rate remains distressingly high, it is trending in the right direction since 2010. County residents with no more than a high school education are twice as likely to be unemployed (12%) compared to residents with a college degree or better (6%).

Looking Forward

The Affordable Care Act, or Health Care Reform, will have a significant impact on all residents of Alameda County, but particularly adults—many of whom work but receive little or no benefits. County agencies are working hard to ensure that more residents benefit from Health Care Reform. Another significant issues to track is how State public safety and health and human services are realigned to the County. These efforts provide the opportunity to better focus services to local needs, while also raising the risk of further cuts to local services.

Health Care Reform



The Patient Protection and Affordable Care Act (ACA), is the **most sweeping federal health care reform legislation since Medicare was created in 1965**. Most provisions will become effective on January 1, 2014, including the requirement that everyone have health coverage, expansion of Medicaid/Medi-Cal, and availability of insurance through the California Health Benefit Exchange.

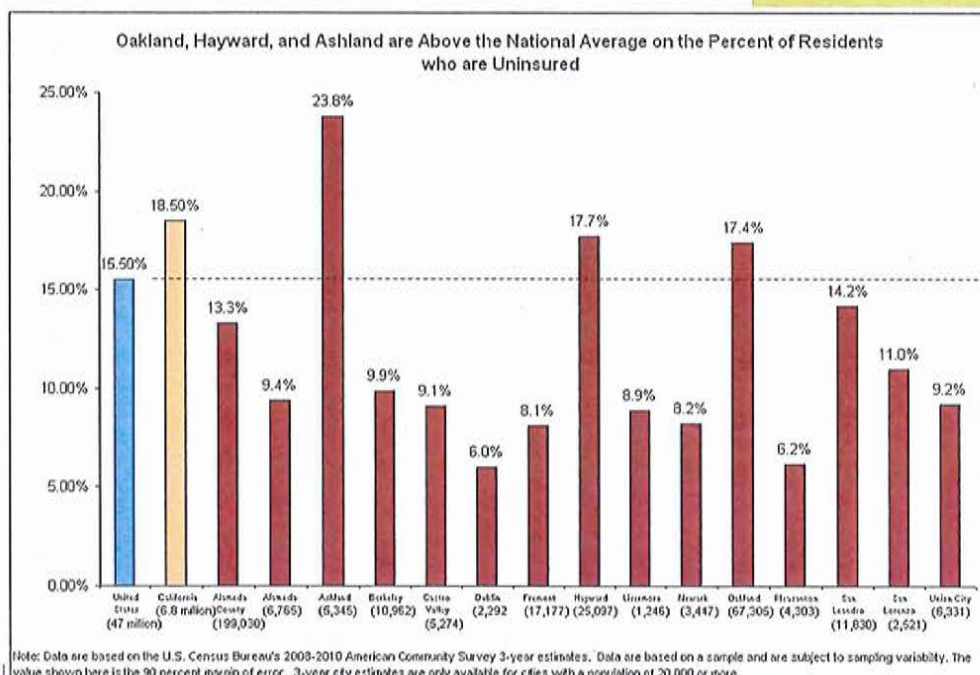
California has offered coverage through a federal waiver since July 2011 for newly eligible adults, ages 19-64. California's "Bridge to Healthcare Reform", is called the Low Income Health Program (LIHP). In Alameda County the LIHP is part of the Health Program of Alameda County (HealthPAC). Counties have the responsibility to provide public health and health services to citizens without private or public health care insurance coverage, and the LIHP has given Alameda County the opportunity to bring in new Federal funding to serve uninsured Alameda County residents in advance of ACA. Participation is limited to documented adults under 200% of the Federal Poverty Level (FPL), which is \$22,980 for an individual.

Enrollment Opportunities and Issues

Almost 200,000 Alameda County residents currently have no health insurance. As the chart below shows, uninsured residents in Alameda County are concentrated in **Ashland, Hayward, and Oakland**. Some, but not all, of the currently uninsured will get insurance under the ACA. Beginning Documented residents earning less than 138% of the Federal Poverty Level (\$15,856 annually for a single adult) will be eligible for Medi-Cal. In addition, individuals will be able to purchase insurance through a State Exchange, which in California has been named "Covered California." Citizens and some legal permanent residents with incomes between 138% and 400% of the Federal Poverty Level will be able to receive subsidies. However, even after ACA, **more than 100,000 people will remain uninsured in Alameda County.** The "residually uninsured" will be people who are: 1) undocumented, 2) eligible for Medi-Cal but not enrolled, or 3) people eligible for Covered California,

with or without subsidy, but not enrolled. Although subsidies will be available to people between 138% and 400% of the FPL, insurance will remain expensive. In addition, enrollment in Covered California will have a limited open enrollment period each year.

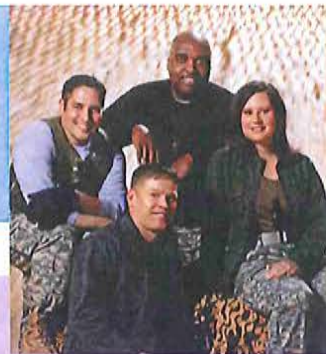
Our challenge is to minimize the number of residually uninsured by successfully simplifying the insurance enrollment process, working to make it affordable, and providing outreach and education in the community to encourage people to get health insurance.



Looking Ahead

Addressing the needs of the estimated 100,000 people who remain uninsured in Alameda County, after 2014, will continue to be an issue. Uninsured residents living at or below 200% FPL have been covered through HealthPAC. This program depends in large part on State funding. Recently, the State has discussed taking back these funds. Any take-back of funding by the State will mean that the County will serve fewer uninsured residents.

Medi-Cal and TLICP



What is Medi-Cal and TLICP?

Medi-Cal is the State's federal health insurance program for low-income children, families, seniors, and persons with disabilities. The Targeted Low Income Children's Program (TLICP) is a new Medi-Cal program replacing Healthy Families for children's health insurance. **Approximately 22,000 children** will transition from Healthy Families to TLICP. **Approximately 42,000 adults** will transition from the County's Low-Income Health Program to Medi-Cal.

Rising Numbers of Eligible Individuals

In Alameda County, about 34,000 residents are currently eligible for Medi-Cal or Healthy Families/TLICP, but not enrolled. There has been a **steep rise** in the number of eligible beneficiaries due to the economic downturn and loss of employer-based health coverage.

In 2014, the federal **Affordable Care Act** will initiate an era of Health Care Reform, whereby thousands of people will be newly eligible for Medi-Cal. (See Health Care Reform page) The Alameda County Social Services Agency will be responsible for managing a new, larger, and more flexible system.

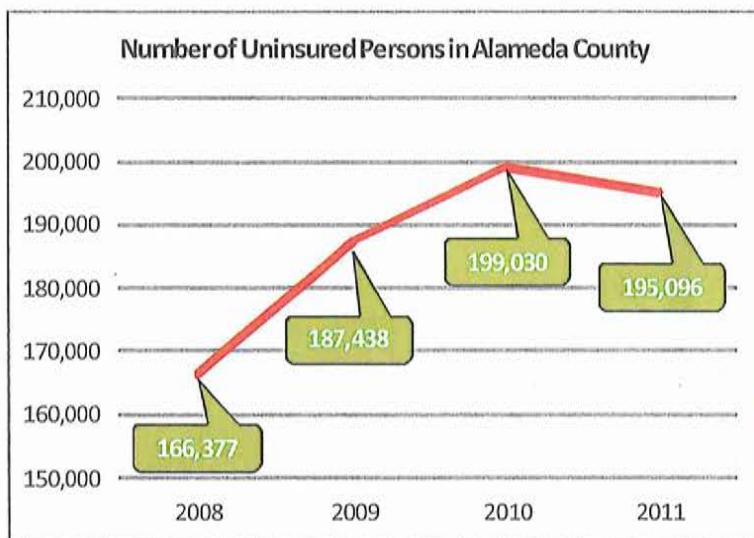
Human Impacts and Looking Forward to 2014

The **transition of 22,000 children** from Healthy Families to Medi-Cal's TLICP means that Alameda County will have to administer a larger case load, including processing renewals for these children beginning in April 2013. Additionally, **62,000 Alameda County residents** will be newly eligible for Medi-Cal under Health Care Reform beginning January 1, 2014. This number includes approximately **42,000 indigent adults** who will transfer to Medi-Cal from the Low-Income Health Program (LIHP), now administered by Alameda County's Health Care Services Agency.

Along with the increase in newly eligible Medi-Cal beneficiaries will come an increase in information, education and outreach to those people previously eligible but not enrolled in Medi-Cal programs.

The County has a great opportunity to bring many residents into organized systems of health care. The current system of organized health care is complicated and confusing. **Health Care Reform presents an opportunity to make health care enrollment simple and effective for thousands of uninsured residents.**

On the other hand, past cuts to Medi-Cal administration, provider rates, and benefits, which are not restored for Fiscal Year 13/14, impact the health of low-income residents, as well as the County's ability to effectively provide the best health care possible.



October 2013

Open Enrollment begins for California's new health benefits exchange under the Affordable Care Act!
Visit www.CoveredCA.org for more information

You can apply for Medi-Cal now at www.MyBenefitsCalWin.org

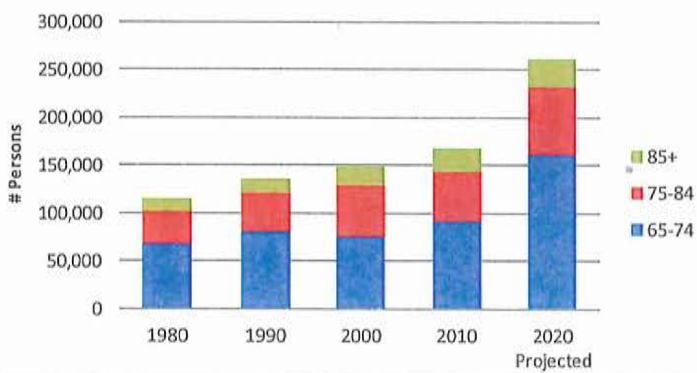
Low-income, single, childless adults may already be eligible for care with the County's Low Income Health Program (LIHP). Visit www.myoneeapp.org for more information

Older Adults & People with Disabilities



Since the beginning of the Great Recession (2007-08), older adults and people with disabilities have experienced severe cuts to services as a result of State budget cuts. Alzheimer's day care resource centers, the Senior Brown Bag nutrition program, and Linkages comprehensive care management all were eliminated. The Multipurpose Senior Services Program, which provides social and health care management for frail seniors, closed as a result of ongoing funding uncertainty. Further significant and debilitating cuts to In-Home Supportive Services, Adult Day Health Care, Medi-Cal, and the Area Agency on Aging are documented in the following pages.

**Senior Population Growth
Alameda County, 1980 - 2020**



Older Adults

With 175,320 adults age 65 and over living in Alameda County now, **older adults are the fastest growing segment of the population.** About 38% speak a language other than English and about one-quarter speak English less than well. Almost 10% of older adults live at or below the federal poverty level. Of particular concern, 44% of older adults live alone compared to 26.5% of the overall population. Isolation is a leading cause of depression.

Looking Forward

Older adults are the fastest growing segment of the population and are anticipated to have a great impact on the local safety net. Factors that impact the quality of life for older adults and disabled individuals include physical and mental health services, housing, nutrition, isolation and socialization, abuse, employment, and transportation and access to community resources.

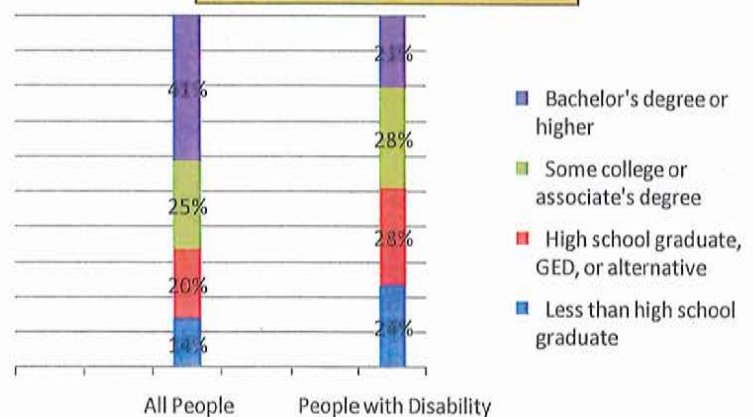
People with Disabilities

About **139,000 people with physical or mental disabilities live in Alameda County**, representing 9% of the population. Around 43% of disabled persons are 65 or over. A little more than 6% are children. About 70,000 work-aged adults, age 16 and over, are physically or mentally disabled, representing 50% of the total disabled population. Of these, about 59,000 (84%) have difficulty living independently.

Among work-aged disabled individuals, only **20% are employed**, compared to 64% of the overall population. Their median earnings are significantly lower than the overall population: \$25,699 compared to \$37,468. The poverty rate for this segment of the population is 19% compared with 11% of the overall population age 16 or over.

Disabled persons have less success with educational attainment than the overall population. Of those over 25, 24% have not graduated from high school compared to 13% of the overall population. Only 21% have at least a college degree compared to 44% overall.

Educational Attainment



Area Agency on Aging

What Is the Area Agency on Aging?

The Area Agency on Aging (AAA) provides services to support the independence of over **43,000 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.

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 \$11,490 annual income for an individual, service cuts are particularly painful. According to the UCLA and Insight Center *Elder Economic Security Index*, 50% of seniors do not have enough money to provide for basic necessities in Alameda County.

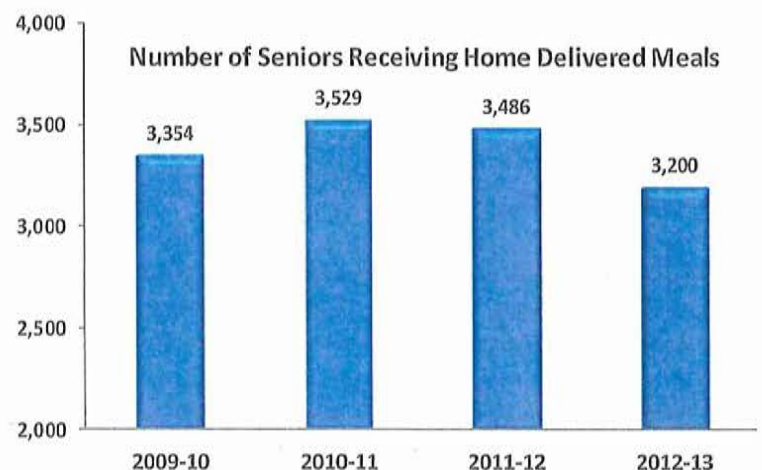
Human Impacts

With financial support remaining flat, community-based organizations are not able to meet the increased need for services. Currently, 200 seniors are on a wait list for Home-Delivered Meals. Cuts from Federal Sequestration to the Older American Act may reduce meal deliveries, home visiting hours, and adult day care among other services



Edward's Story

Edward is a participant in an AAA funded Senior Injury Prevention Program. As a participant, he attended a lecture regarding health and wellness. As part of the class, every attendee had their blood pressure taken to see if they were within target rates. Everyone with high rates was able to meet privately with a Physician's Assistant (PA). Edward's rate was so high that the PA advised him to go to the ER immediately and contact his doctor. His doctor discovered that his medication dosage needed adjusting and advised him that if they had not done so, he would have gone into cardiac arrest. Edward is doing well and now exercising regularly. He is thankful for the program and services that he receives and his mobility, strength, flexibility and endurance have increased.



Looking Forward

The number of poor 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.

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

What Is ADHC/CBAS?

ADHC/CBAS is a state-licensed program that provides daytime medical and social services for adults with multiple, chronic conditions in a safe community setting. ADHC/CBAS maintains adult health and provides an alternative to nursing homes or other high cost settings.

In 2012, ADHC was replaced by CBAS as the Medi-Cal benefit. ADHC remains the option for private payers and through other insurance coverage. The program costs about \$915 per month per person, much less than the cost of institutional care. Other than the difference in payors, both programs provide the same services, including:

- ◆ Nursing supervision and medication monitoring
- ◆ Physical, occupational, and speech therapy
- ◆ Hot meals
- ◆ Social work
- ◆ Therapeutic recreational activities
- ◆ Transportation to and from the center

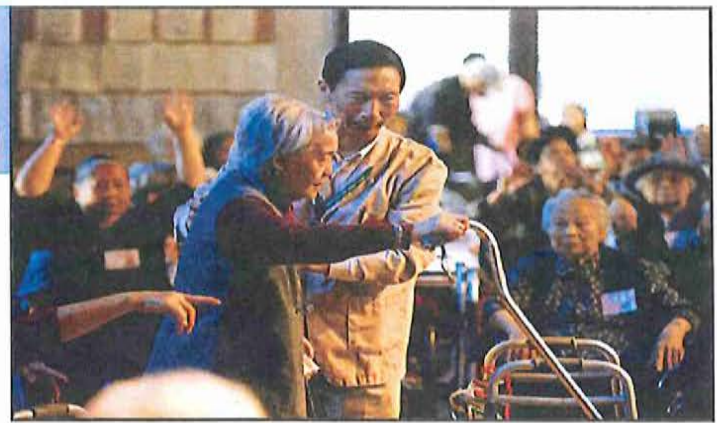
Who Uses ADHC/CBAS?

About 520 people are now enrolled and the number is expected to grow. The chart describes the average participant:



Family Story

"My 88 year-old mother has severe dementia and often doesn't know me. She needs help with every aspect of her life. When I give her medicine, I can't turn my back -- she hides the medication. Worse, she wanders at night. Sometimes I have to sleep in a chair in front of her door. The time she spends at Hong Fook ADHC is the only time I can relax knowing my mother is cared for and safe. The nurse monitors her health. She is stronger from the exercises the physical therapists help her with and happier being around other people. The social workers have translated medical letters for me. The ADHC is a lifeline for my mother and for me."



What Changes Have Resulted from CBAS?

New eligibility criteria for CBAS are stricter than the previous ADHC Medi-Cal benefit. Initial screenings by the State found 35% of former ADHC participants to be ineligible for CBAS, leading to a stressful appeal process. Ultimately, 95% of former participants were approved for CBAS.

One significant change is that most adults must first enroll in a local Medi-Cal managed care plan to take part in CBAS. While this requirement can be a barrier to access, the managed care enrollment process only takes a week. The full process to enroll in CBAS can take several days to months, depending largely on families and physicians completing their parts of the process.

Local ADHC/CBAS centers are working successfully with Alameda Alliance and Blue Cross, the local Medi-Cal managed care plans, to develop effective communications, enrollment and payment systems.

Serious Impact in Alameda County

The transition to the CBAS Medi-Cal benefit resulted in closure of two local ADHC/CBAS centers in 2012. Five other centers remain open and have welcomed new members. But geographic access is now an issue in central and south Alameda County. Clients' ability to travel or fatigue from travel can be a barrier to care.

While working to accommodate clients from closed centers, stakeholders from across Alameda County recognize the need for greater ADHC/CBAS capacity to meet growing demand for services. Demographic trends and the Coordinated Care Initiative for are expected to significantly increase demand for CBAS.

One new development is that local Programs of All-Inclusive Care of the Elderly (PACE) are now able to contract with local non-PACE ADHCs to serve clients with special health and language needs. Yet, due to its eligibility requirements as well as issues with medical and In-Home Supportive Services provider choice, PACE is not a viable choice for every client.

The Future

The Adult Day Services Network of Alameda County is working to identify a new ADHC/CBAS provider to meet increased need for services. With the state's moratorium on CBAS certification, a new ADHC/CBAS center can only be opened under an existing license and the timeline is limited. The cost of opening and operating a CBAS program is a further challenge. Alameda County will continue to be ill equipped to provide sufficient mandated CBAS services without this expansion.

In-Home Supportive Services

What Is In-Home Supportive Services?

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 **18,500 Alameda County residents** receive IHSS services from **15,500 IHSS workers**. The average usage is about 25 hours per week, per person.

California adopted the **Coordinated Care Initiative (CCI)** as part of its FY 2012-13 budget, although implementation has been delayed until September 2013. 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 in 2013. The County's selection will allow for enhanced care coordination between IHSS, managed care and community-based programs. Acceptance of California's Coordinated Care plan is still pending acceptance by the Office of Duals Integration.



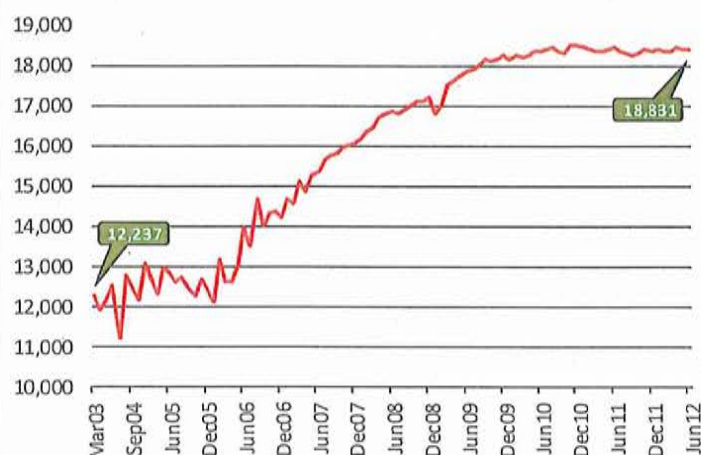
Funding Reductions

In February 2011, the State implemented a 3.6% reduction of authorized IHSS hours, which expires June 30, 2013. The State attempted to implement mid-year "trigger cuts" that included a 20% across-the-board reduction in IHSS hours, but the cut was blocked by a federal court. A recent settlement has reduced the 2013-14 cut to 8% and the 2014-15 cut to 7%.

Human Impacts in Alameda County

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 **\$254 million in wages** to residents of the County. Roughly 5,000 IHSS providers also receive their health coverage by working in the program.

IHSS Recipients in Alameda County



Mrs. J's Story

I am the mother of an adult son with severe disabilities. I have cared for him his entire life without help. The IHSS program allowed me to continue providing care for him as he entered adulthood. Recently I began to have difficulties managing his needs, I can no longer lift him and I have developed Chronic Obstructive Pulmonary Disease. I cannot breathe well and can no longer exert myself. I can barely walk. I could not tolerate the idea of putting my son into a residential setting so I turned to IHSS. My son and I both receive services through the program now. Our providers are wonderful and they allow us to stay out of nursing homes and stay together, as a family is meant to be.

Looking Forward

The Coordinated Care Initiative, if accepted, makes sweeping changes to the IHSS program. Its goal is to improve the quality of care received by elders and persons with disabilities, while at the same time saving money for the State. Over the next few years, counties and health plans will be working together to forge new partnerships and ways of effectively working together with this goal in mind.

Adult Protective Services



What Is Adult Protective Services?

APS protects **vulnerable adults** from exploitation by intervening to safeguard the well-being of elders and dependent adults suffering from or at risk of abuse or neglect, including self-neglect. Social workers work with clients, their families, friends, neighbors, and community agencies to help clients remain safe and, if possible, in their own homes.

APS receives between **300 and 400 referrals per month**, and at any given time has between **550 and 750 open cases**. About 70% of the referrals are for those age 65 or older.

Who Is Eligible?

Regardless of income, those meeting either criteria below are eligible for APS:

- Anyone age 18 to 64 whose mental or physical limitations restrict their ability to carry out normal activities or protect their own rights.
- Anyone age 65 or older who is suspected of being abused or neglected.

Looking Forward

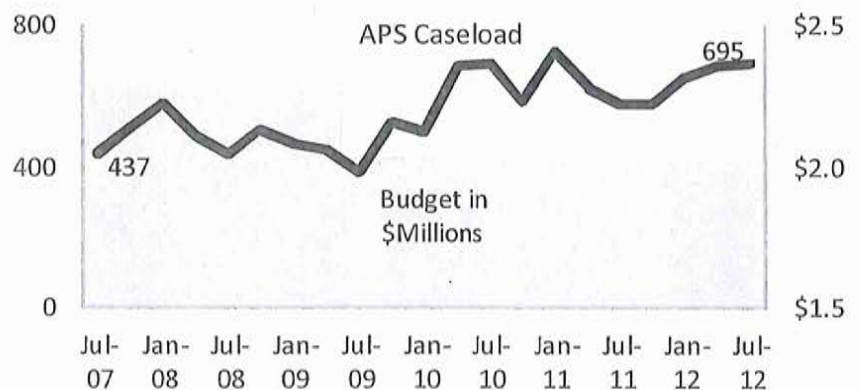
Absent new funding, no improvements can be made to the capacity of APS to respond to all frail seniors and disabled adults who are the victims of abuse, neglect, and exploitation. Given the aging of the baby boom generation, it is anticipated that demand on the APS system will continue to rise for the foreseeable future.

Human Impacts

The State of California has reduced Alameda County's funding for APS by **26% in 10 years**, forcing the County to reduce **staffing by 35%**. Meanwhile, since 2007, the number of **active cases has increased 39%**. As a result, only half of all referrals can be opened for an in-person response by an APS worker.

APS staff triage calls as they come in, sending investigators out when clients seem clearly at risk. In many cases it is harder to fully assess risks over the telephone than with in-person investigation, meaning greater reliance on police/fire response and hospital emergency visits.

Adult Protective Services Cases & State Support FY 2007-13.



Jean's Story

Jean, an 83 year old single woman with dementia, became the victim of abuse when a neighbor husband and wife defrauded Jean by placing her entire estate into a trust controlled by them. Adult Protective Services assisted police with the criminal investigation by gaining access to Jean and obtaining key statements that contributed to the building of a chargeable case. APS determined that Jean lacked the capacity to manage finances and health care and made a referral to the Alameda County Public Guardian-Conservator who petitioned for conservatorship of person & estate and froze Jean's bank accounts. The PG-C as conservator took over management of income and bill-paying, arranged for needed home repairs, and hired in-home care for Jean in order to ensure she can continue to live safely in her own home.

