

Aging in Place Services & Supports Survey Results

August 9, 2018

A dark blue diagonal graphic that starts from the bottom left corner and extends towards the top right corner, covering the lower half of the slide.

Process

26 surveys sent out, 19 responses received, 16 agencies represented

Survey sent to agencies who: a) provide services to adults, b) interface with clients who may or may not have difficulty with housing and/or homelessness, and c) could provide insight as to why

Survey questions formulated from Dementia Coalition Survey 2006 and North Coast Long Term Services Coalition (NCLTSC) Survey from 2011.

Additional questions regarding determinants of health (social and physical/environmental).

Agencies Represented

- Area 1 Agency on Aging
- Hospice of Humboldt
- Adult Protective Services
- In Home Support Services (IHSS)
- Timber Ridge- Eureka
- Humboldt Senior Resource Center
- KLLG Corp. (RCFE)
- St. Joseph- Home Health
- St. Joseph Hospital
- HCAR
- Tri County Independent Living Services
- Adult Day Health Care of Mad River
- Humboldt Senior Resource Center- Redwood Coast PACE

Population Served

What percentage of the people you currently serve are living with the following types of diagnoses?

Mental Health= 4 participants- 50-60%

Substance Abuse= 6 participants- 10-20%

Developmental= 4 participants- 0-10%, 4 participants- 30-40%

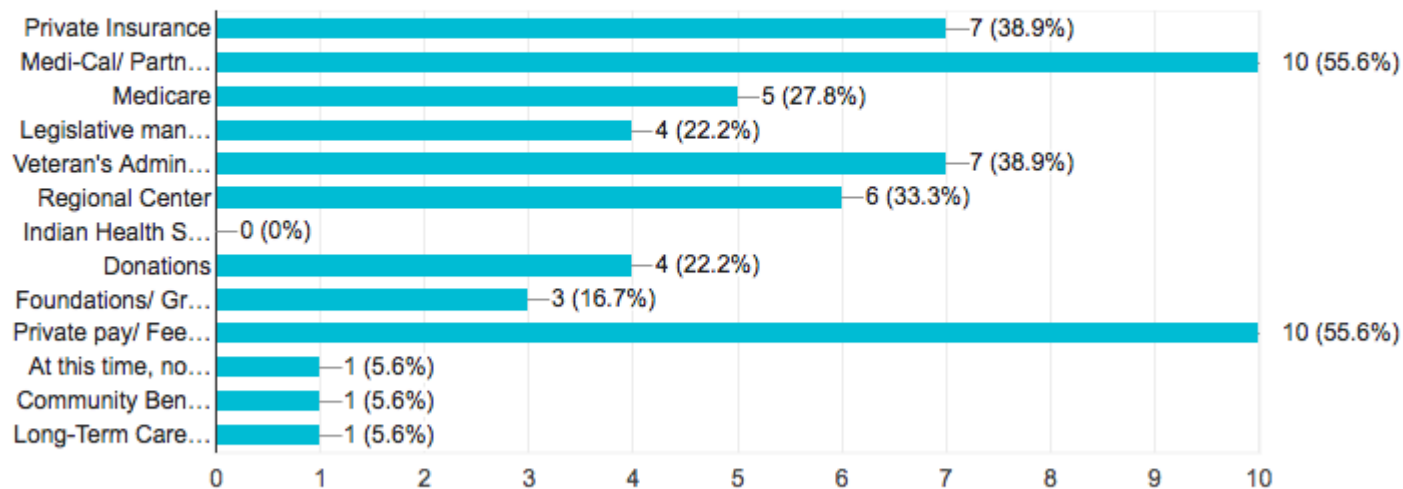
Dementia-related= 4 participants- 70-80%, 3 participants- 50-60%

Physical Ability (effecting independent living)= 4 participants- 90-100%, 3 participants- 70-80%, 3 participants- 50-60%

Chronic Medical Issues= 5 participants- 70-80%, 4 participants- 90-100%,

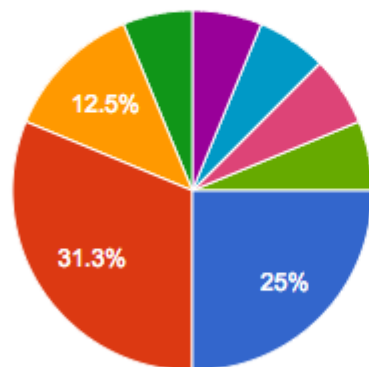
How are your services paid for?

18 responses



If your agency has clients who pay privately for services, do you offer a sliding scale or some type of financial assistance scholarships?

16 responses



- Yes
- No
- Maybe
- No one pays privately in MSSP
- n/a
- n/a - we provide services for all
- When a consumer applies for Social security Disability Benefits through tri-County Independent Living if appro...
- chairty through hospital

Service Provision

What types of supports or services does your agency provide?

In home supportive services- 11 responses (57.9%),

Transportation (non-medical)- 7 responses (36.8%),

Transportation (medical)- 8 responses (42.1%),

Housing Assistance- 8 responses (42.1%),

Protective Services- 6 responses (31.6%),

Other Services Provided

Acute Care (in patient)- 2 responses (10.5%),

Acute Care (out patient)- 2 responses (10.5%),

Rehabilitative Services- 2 responses (10.5%),

Caregiver support- 5 responses (26.3%),

Home modification- 3 responses (13.8%),

Durable Medical Equipment- 4 responses (21.1%),

Home Safety Equipment- 2 responses (10.5%),

Social, Cultural, or Spiritual Services (community setting)- 2 responses (10.5%),

Social, Cultural, or Spiritual Services (in home)- 3 responses (15.8%),

Provide housing services even though agency is not expected to do so- 1 response (5.3%)

NARRATIVES ABOUT SERVICE PROVISION

In providing these services, have you identified a need that your agency is unable to meet (e.g., non-eligible person needing a service you provide, or an eligible person needing a service you don't provide, etc.)

Themes-

- Securing affordable long term care
- Need for more caregivers
- Advocates for residents in SNF/RCFE to monitor quality of care
- Funds to assist with high deposits and monthly rent

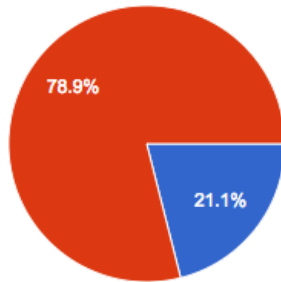
“PACE requires participants entering the program to be stably housed. However, there are people who are unsafely and unstably housed in this community. There are times when people are enrolled into PACE and they immediately lose housing or become unsafe. This issue becomes a program issue and most times PACE does not have the available resources to provide people with immediate housing. Roughly 98% of our participants are on SSI, SSDI, or SSA, they are unable to afford deposit and rent if they were able to find a place. There are not enough low-income housing available. Most low-income housing have wait lists that are 1-3 years out.”

Waiting Lists...

Main Causes= Staff and Space issues

Do you currently have a waiting list?

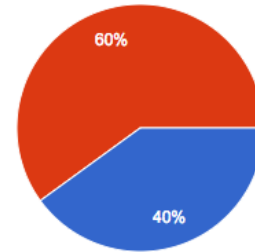
19 responses



● Yes
● No

If yes, what is the estimated wait for people on the list to access your services?

5 responses



● 0- 30 days
● 31- 60 days
● More than 60 days

Social Determinants of Health

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.

**Social environment. Examples: discrimination, income, and gender*

TOP Conditions of concern in the Social Environment of Humboldt County:

- Availability of resources to meet daily needs (e.g., safe & adequate housing, nutritious food, etc.)
- Transportation Options
- Access to health care services (e.g., no primary care, lack of health literacy)
- Availability of community-based resources in support of community living
- Access to educational, economic or employment opportunities

NARRATIVES ABOUT SOCIAL DETERMINANTS

Is there anything you would like to add in regard to how the population you serve are negatively affected by the social determinants of health?

“ ... participants are socially isolated and have limited access to daily needs. Many participants have not graduated high school and some are not literate.”

“Our patients can be experiencing difficulties with transportation or housing or many of the areas that you list, but I do not have statistics on this.”

“Lack of housing options, access and affordability are huge barriers for our clients.”

“Lack of medical personnel who specialize in Geriatric Medicine.”

Physical/ Environmental Determinants of Health

**Physical environment. Examples: where a person lives and crowding condition.*

TOP Conditions of concern in the Physical Environment of Humboldt County:

Housing, neighborhood and community design.

Lack of bed availability in the appropriate level of care.

Physical barriers, especially for people with disabilities.

Built environment, such as buildings, sidewalks, bike lanes and roads.

NARRATIVES ABOUT PHYSICAL DETERMINANTS

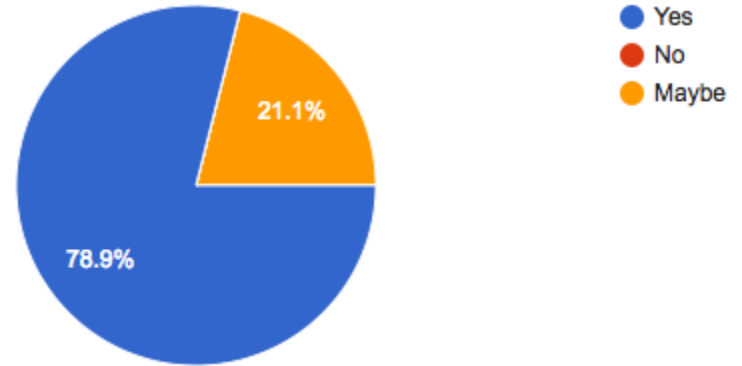
Is there anything you would like to add in regard to how the population you serve are negatively affected by the physical determinants of health?

“Some of our participants need modifications to their homes.”

“(This program) has a difficult time looking for a consistent construction company that would build ramps, fix steps, install grab bars, etc.”

Housing

Housing has been identified as a major concern/barrier to accessing services in Humboldt County. Are the people you serve negatively affected by a lack of adequate, accessible and affordable housing?



Themes-

- Limited options for affordable and accessible housing for seniors and adults
- Clients with poor credit and criminal history, makes finding housing much more difficult
- Low-income housing and Section 8 waiting list average of 1-3 years
- “Slumlords” and substandard housing

Housing

Do you have ideas or strategies for addressing the barrier of adequate, accessible and affordable housing in Humboldt County? Please describe.

Housing First* Model

Home-share options

Work with mission driven developers to create more low-income housing options

Rent considered an “allowable expense” when hospitalized

**Housing First is an approach used for both homeless families and individuals and for people who are chronically homeless. Program models vary depending on the client population, availability of affordable rental housing and/or housing subsidies and services that can be provided. This model focuses on moving the homeless individual or household immediately from the streets or homeless shelters into their own apartments.*

NARRATIVES ABOUT HOUSING BARRIERS

“high cost of marginal housing and deposits on fixed incomes, not eligible for section 8 or no section 8 available, lack of up to date accessible housing, safety issues in current housing, lack of access to easy transportation or shopping where live, cost to maintain owned homes, inability to maintain rental if short term hospitalization/ nursing home placement, lack of funds to move to a more appropriate setting, even if could find one, unused rooms in older folks' homes that could be rented with support.”

“Being on fixed incomes makes it hard to find housing when most property managements require income to be 3 times the amount of rent. Finding housing that will allow clients to be successful. For example some clients need to not share walls with others, this is hard to find on fixed incomes.”

Is there anything else that you would like for this Stakeholders Group to consider in making their recommendations for redesigning a system of LTCSS in Humboldt County?

5 responses

We need more low income housing and more MH case managers. We also need more nursing homes that accept our clients.

I think I may have already said this, but we just don't have enough housing opportunities or availability for those who are seriously low income. Waitlists are too long and cost of living is too high compared to the income received. Esp when those individuals also have to pay privately for care (ex: someone who makes too much for Medi-Cal and has to pay for a private CP).

Thank you.

Look at RCFEs and people in the community who are already Doug person-centered care. There are a few; trying to change the system in place with the current RCFE culture is difficult and a long process. Work with like minded agencies at first - then train and teach the 'old school' thinkers. The other thing is that many people in the person-centered mind frame tend to work with children/disabled - maybe educating more on the needs of our elderly population and making the elderly population more 'fun' to work with. I have some ideas on this - though it's another conversation :)

SNF MUST be designed to appear more "home-like". This is the final home for many and to have to live in the institutional type setting that is currently available can limit one's ability/desire to improve, or maintain any quality of life. It is well documented that a person "recovers" quicker, and more successfully when in their own home - so a SNF should look as much like a home as possible while still being able to provide the necessary medical treatments.

DISCUSSION

What do you see as the core and priority services needed for a LTCSS system that supports aging in place?

From your experience, what are the major gaps or challenges in the current system of LTCSS in Humboldt County?

Are there services that your agency could be providing, with adequate funding, that would address these gaps/challenges?

How can we build better collaboration to restructure and redesign what it means to age in Humboldt County?