

CALIFORNIA'S

# Master Plan for Aging

## Goal 4: Economic Security, Safety & Emergency Preparedness

We will have economic security and be safe from abuse, neglect, and exploitation throughout our lives.

Ana Acton, Janny Castillo, Andy Imparato, Vivian Kwok, Darrick Lam, Vivianne Mbaku, Christina Mills, Trinh Phan, Kevin Prindiville, Patti Prunhuber, Claire Ramsey, and Nari Rhee.

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# Introduction

As we age, we all deserve to be economically secure and to be safe from abuse, neglect, exploitation and the harms of natural disasters and other emergencies. If our basic security and safety needs are not met—in a way that also ensures our dignity and self-determination—we will not be able to achieve the other, laudable and important goals of the Master Plan for Aging.

The recommendations for Goal 4 fall into three broad categories, with several subcategories under the first category.

1. Economic Security
  - A. Economic Security for All
  - B. End Poverty, Hunger and Homelessness
  - C. Expand Work Opportunities
2. Elder Justice & Abuse
3. Emergency & Disaster Preparedness & Response

## Economic Security

Economic security addresses the need we all have for sufficient income and assets to meet basic needs like health care, housing, and food. It provides the foundation a place to live and healthy food to eat, and it provides the foundation needed for each person to achieve each of the Master Plan goals. To ensure a California for all, this foundation needs to be strengthened for low-income seniors and people with disabilities.

Unfortunately, for Californians of all ages, economic insecurity is on the rise. Extreme income inequality has created a situation where a relatively small number of people have historically high levels of income and wealth, while large numbers of families struggle to afford housing and other basic necessities. This is also true for older adults and people with disabilities.

Per the [California Elder Index](#), more than one quarter (26%) of all older adults in California do not have enough income to meet their basic needs, with nearly half (46%) of older adults living alone unable to meet the basic needs threshold.

Older adults from communities of color are at higher risk of economic insecurity as they age. While about 1 in 4 white older adults in California have income less than 200% of the federal poverty level, about 1 in 3 Asian older adults and over 40% of Latino (43%), African American (41%) and Native American (42%) older adults fall below the threshold for 'poor' or 'near poor.'<sup>1</sup> Rates of economic insecurity are also higher for [older women](#), older immigrants, older people with disabilities and [LGBTQ older adults](#).

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<sup>1</sup> See, *Demographics & Economics of Aging in California*, Steve Wallace, Center for Health Policy Research, UCLA at [https://ccoa.ca.gov/Initiatives/Elder\\_Economic\\_Forum](https://ccoa.ca.gov/Initiatives/Elder_Economic_Forum).

These groups face higher risk of economic insecurity because of the discrimination—racism, sexism, xenophobia, ableism, homophobia—they experience throughout their lives, resulting in disparate access to education and employment opportunities and lower wages while working.

Disparities in income security in older age are closely related to [gender and racial wealth inequality](#), also known as the [women's wealth gap](#) and the [racial wealth gap](#). In addition to having higher incomes, older men and white older adults typically have more wealth—assets and savings—than older women and older adults of color.

Improving the economic security of older adults and addressing these disparities and inequities will require a lifespan approach. Such an approach will necessarily include policies that allow all people—especially women, people of color, immigrants and LGBTQ people—to earn and save more of their income while they are working. It must also include policies that better support those older adults who are aging without enough income to meet their basic needs, including policies that boost retirement income and provide support for basic needs like housing, health care and food.

This report provides three sets of recommendations to improve economic security as we age. The first section outlines recommendations for increasing retirement security by supplementing retirement income and savings while making health and long-term care more affordable. The second section offers recommendations for ending poverty, homelessness and hunger for older adults and people with disabilities in California. The third section offer strategies for expanding work opportunities for older adults and people with disabilities.

## Economic Security for All

### Background

Economic insecurity for older adults in California is driven by a combination of inadequate retirement income and the rising costs in spending categories that make up a higher proportion of older adults' budgets—in particular the rising costs of housing, health and long-term care. People with disabilities face similar challenges with inadequate support from income security programs and high costs related to health and long-term care throughout their lives, including when they are older.

Retirement security has traditionally relied on three pillars: personal retirement savings, defined benefit pensions and Social Security. Unfortunately, two of these sources are becoming less and less available to most Americans and the third, Social Security, needs to be expanded to meet the rising expenses facing middle-income older adults.

Across the country personal retirement savings rates are low. Nearly half (48%) of all households headed by someone aged 55 and older had [no retirement savings](#). Low savings rates are driven by low real wage growth and rising health care costs that leave low- and middle-income Americans with little income to save for the future.

Low rates of retirement savings come just as the availability of public and private pensions are declining. Fewer and fewer workers have any defined benefit pension available to

them. Even those who have earned pension benefits are at risk of losing them as public and private employers seek to alter the terms and decrease the payments provided by those pensions.

Longstanding employment discrimination and the shift from tradition, employer-based pension to 401(k)s has [increased gaps in retirement preparedness based on race, ethnicity and gender](#). The result is an economic disaster for lower-income (and many middle income) Black, Hispanic, non-college educated and single workers, who are nearing or entering retirement with inadequate retirement savings.

The decline in retirement savings and pension benefits is leaving more older adults increasingly reliant on Social Security. Social Security is the most successful anti-poverty social insurance program in the world, [lifting more than 21 million Americans out of poverty each year](#). An increasing share of older people across the country rely on the program for the majority of their retirement income. [About half of older adults rely on Social Security for half of their income, and about 1 in 4 rely on Social Security for 90% of their income](#).

The reliance on Social Security is even higher for older adults from racially and ethnically diverse communities. For example, among African American older adults, 35% of elderly married couples and 58% of unmarried older people rely on Social Security for 90% of their income. The average monthly Social Security benefit in 2019 was just [\\$1,438 per month, or \\$17,251 per year](#).

The crisis of insufficient retirement savings and income is exacerbated by rising health and long-term care costs for older adults and people with disabilities. Older adults and people with disabilities spend on average a higher portion of their overall income on these expenses compared to younger and non-disabled people. Medicare is a wonderful health care program, but there are many gaps in coverage and out of pocket expenses that require older adults and people with disabilities to incur significant health and long-term care costs each year. In 2016, [the average Medicare beneficiary spent \\$5,460 on out-of-pocket health care costs](#).

For individuals who have long term care needs, the expenses are overwhelming for all but the wealthiest families. [In 2012, the average cost of private room in a nursing facility was over \\$80,000 a year; a home health aide was over \\$43,000 a year](#).

While housing issues are broadly covered in the Goal 2 recommendations, it is critical to note that many older adults spend a significant portion of the income on housing costs. In California, about 1.3 million households age 65 and over are housing cost burdened, paying more than 30% of their income for rent. Of those households, over 700,000 pay more than half of their income toward housing costs.<sup>2</sup>

To address these issues, California should adopt policies that preserve and boost retirement savings and income and that help older Californians and people with disabilities cover housing, health and long-term care costs.

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2 "Housing America's Older Adults 2019: Data," Joint Center for Housing Studies of Harvard University. 2019. Available at: <https://www.jchs.harvard.edu/housing-americas-older-adults-2019>.

## RECOMMENDATIONS FOR ECONOMIC SECURITY FOR ALL

### **1. Increase incentives and opportunities to save for retirement by adopting several modifications to the CalSavers program.**

The CalSavers program is a retirement savings program created by the Legislature in 2016 to respond to the fact that most working age adults have no retirement savings, and millions of Californians lack a way to save for retirement at their job. Most employers who do not offer their own retirement or pension plan will be required to offer this option by 2022. The savings plan sets up an automatic, voluntary contribution of 5% of earnings, with employees allowed to “opt out” of the program. Early launch results indicate that when the CalSavers program is offered through the workplace, 70% of workers choose to participate, even though contributions are solely employee-funded. CalSavers can offer an important way for workers to more easily save for retirement, but several modifications are necessary for the program to reach its potential.

#### **a. Add systematic enforcement of the employer mandate in SB 1234 starting in 2023 as part of the recommendations for CalSavers.**

CalSavers’ enabling legislation, SB 1234 (2016), has two critical features: first, an employer mandate requiring firms that do not offer their own retirement plan to participate in the state-sponsored auto-IRA, and second, auto-enrollment of eligible employees. The combination of these two provisions is necessary to broadly expand retirement plan coverage in a way that opt-in and marketing-only approaches demonstrably cannot. These features are also necessary to achieve the economies of scale that make low program fees sustainable.

Marketing and outreach are an appropriate focus during the launch phase, which will continue through summer or fall 2022, when the smallest firms covered by SB 1234—down to five or more employees—are required to register for the program. A carrot approach is particularly appropriate while employers and workers become acclimated to the program’s existence and while the state is defending the program against legal challenges backed by a hostile Trump Administration. After this last deadline passes, however, the state should focus on identifying non-compliant employers starting with the large firms with 100 or more employees. These firms are currently required to register with CalSavers by September 2020.

Ultimately, CalSavers is unlikely to reach the scale that was projected in the original feasibility study, and a large share of eligible workers will not have the opportunity to save for retirement, unless the state eventually enforces the employer mandate systematically. Complaint-driven enforcement will not be adequate. SB 1234 already has provisions for financial penalties for non-compliant employers. CalSavers should work with EDD and the Division of Labor Standards Enforcement to develop a rigorous enforcement protocol to be implemented starting 2023 at the latest to ensure that every eligible worker has the opportunity to save for retirement—as intended by SB 1234.

**b. Amend SB 1234 to cover employees who are excluded from their employer's retirement plan, e.g., because they don't meet plan eligibility rules related to hours worked or length of service.**

Even after full implementation of CalSavers and SB 1234, a significant group of workers still will not have access to a workplace retirement savings. SB 1234 exempts firms that offer a retirement plan to any of their employees. But under federal law, firms like WalMart can—and do—exclude workers who work part-time and/or those who have worked for the company for less than one year. This effectively cuts out most of their frontline workforce. Of the three states that offer a state-sponsored IRA, Oregon Saves has the most expansive policy, covering all workers who do not have access to a retirement plan, subject to minimum hour and service thresholds that are more inclusive than federal (ERISA) thresholds. California should follow suit and expand SB 1234 to workers who are ineligible for their employer's retirement plans.

**c. Explore options for CalSavers to add an open Multiple Employer Plan (MEP) that can receive voluntary employer contributions as a sidecar to CalSavers Individual Retirement Accounts (IRAs).**

Employer contributions are important to help workers build a retirement nest egg, but federal regulatory constraints make it impossible for the CalSavers auto-IRA program to receive even voluntary employer contributions. However, it is possible to set up a sidecar program—an open Multiple Employer Plan (open MEP) for which employers, especially small employers, can voluntarily sign up and to which they can contribute. Massachusetts currently operates a successful open MEP 401k ([Massachusetts CORE Plan](#)) for nonprofit organizations with less than 20 employees. Due to economies of scale, CORE charges significantly lower fees than average for this employer size class. Open MEPs can be structured to require auto-enrollment of employees by participating employers, which helps minimize fees. An open MEP attached to CalSavers could offer the same low-cost investment options that CalSavers already offers.

**2. Expand outreach and encourage enrollment into the CalABLE program to allow people with disabilities to save for future expenses without jeopardizing eligibility for income and health care programs.**

People with disabilities are disincentivized to save money for future expenses, including retirement, by Medi-Cal and SSI program eligibility rules which require individuals to have limited or no assets to qualify. The CalABLE program, the state's version of a program created under federal law, now allows qualifying people with disabilities to save up to \$100,000 without risking eligibility for these programs. More outreach and marketing of this program is needed to ensure that more people enroll and take advantage of this program. State leadership and members of Congress should also support federal legislative efforts to expand eligibility for the program.

### **3. Monitor income replacement and changes in the standard of living for the bottom-third and middle-third of California retirees in relation to pre-retirement standards, taking into account sources and composition of income (Social Security, pensions, income from assets, housing tenure and housing wealth, and public assistance).**

Downward economic mobility is a significant concern for many middle-income workers heading into retirement today. There is already evidence of a sagging middle. Median household net worth, measured as a multiple of annual income, has stagnated across age brackets over the last two decades. This is concerning because households need to accumulate greater private financial assets to compensate for increased life expectancy, the increase in the Full Retirement Age for Social Security benefits, and declining traditional pension coverage.

To make matters worse, middle class seniors' capacity to supplement Social Security with earnings is constrained by marked labor market polarization. Jobs held by seniors are concentrated in elite professional occupations—lawyers, professors, dentists—and low-wage service occupations—drivers, retail clerks, and cleaners.

Large-scale downward mobility of middle-income retirees—borne through significantly reduced spending—poses negative fiscal and economic implications for the state. (See for example Pennsylvania Treasurer's Office [study](#) on impact of insufficient retirement savings on state budgets.) While we are used to seeing downward mobility in later retirement—evidenced by higher poverty rates among those age 80 and older—private asset spend-down and impoverishment is likely to happen sooner with late baby boomers. This issue warrants close study at the state and national level as it will be a significant change from previous decades.

### **4. Defend and adequately fund public employee pensions. Ensure continued progress towards a full funding policy for CalSTRS.**

Pensions may be declining, but they warrant protection as the last bulwark of middle-class retirement security. A significant minority of older middle-class households has the retirement asset trifecta—Social Security, pension, and a private nest egg—necessary to support middle-class retirement income security. These households generally have at least one member who worked for a significant period in the public sector or in the unionized private sector.

Traditional pension income also generates [fiscal and economic benefits](#) by supporting local consumer spending.

Pensions contribute to greater retirement equity by income, race, and gender compared to 401(k)s. The 401(k) based system has had the unintended consequence of contributing to increasing financial inequality in the US—by income, wealth, and race—through differential access, participation, and contribution. In contrast, public employee pensions are particularly significant for middle class black households. Traditional pensions also soften the impact of gender inequality. Its backloaded benefit structure reduces the early career caregiver penalty compared to 401(k)s. While women are generally worse off than men in retirement income, women's retirement security is [uplifted](#) by pensions from employment in education, healthcare, and government. In California, CalSTRS received

inadequate contributions until the state enacted a plan in 2014 to fully fund teacher pension 32 years. Since then, CalSTRS has increased its cost estimates through revised actuarial assumptions. This year, there is a partial funding holiday in response to the fiscal crisis caused by the COVID-19 pandemic. After the crisis is over, the state should commit to an updated full funding policy for CalSTRS to ensure the retirement security of the state's teachers, the vast majority of whom have put in [at least 20 years of service](#) by the time they retire.

**5. Explore potential policies to create a layer of secure retirement income to compensate for inadequate Social Security benefits and declining defined benefit pension coverage in the private sector, including but not limited to a secure income option for CalSavers and the [State Supplemental Social Security](#) (which is different from SSI) proposal from Economic Opportunity Institute.**

California should undertake a study of the feasibility and the impact of a state program that would supplement federal Social Security payments for all workers. California currently provides a supplement to SSI recipients, who are low-income older adults and people with disabilities (see discussion below). As with Social Security, the state supplemental payments could be funded by a payroll tax on employers and employees.

**6. Reduce health care costs for older adults and people with disabilities by expanding Medi-Cal eligibility and enrollment commensurate with other populations, including for undocumented populations.**

The Master Plan offers an opportunity to make health care more affordable for older adults and people with disabilities by improving access to the Medi-Cal program. Medi-Cal provides health insurance coverage to more than 1.2 million low-income older adults in California and is critical to ensuring that older adults have access to the services that help them remain living in their homes and communities. Yet, Medi-Cal is not accessible to all low-income individuals, and the program's eligibility rules force seniors to live in deep poverty in order to receive services—this is particularly true for older women, immigrants, and populations of color who are more likely to rely on Medi-Cal.

Below are eight recommendations to make the Medi-Cal program more affordable, accessible, and equitable for older adults and people with disabilities.

**a. Expand Medi-Cal Coverage to Undocumented Older Adults**

Undocumented adults in California are aging. Currently, ten percent are estimated to be older than 55. Because undocumented older adults have typically lacked access to health care coverage throughout their lives, when they seek treatment it is through costly emergency room visits or when their conditions have become serious. Ensuring that undocumented seniors and people with disabilities can count on routine and preventive medical care is vital to their well-being and long-term health. California should continue its successful efforts toward universal health care coverage by becoming the first state in the nation to remove immigration status as a barrier to full-scope Medi-Cal for all income eligible undocumented adults, including those aged 65 and older.

## **b. Increase the Medi-Cal Aged & Disabled Asset Limit**

Medi-Cal's outdated asset test forces seniors and people with disabilities into deep poverty, disproportionately impacting seniors of color. Most older adults and people with disabilities enrolled in the Medi-Cal program are restricted to \$2,000 in a bank account and a couple to \$3,000. These limits have not changed since 1989. The current asset limit prevents people from having adequate resources to weather a crisis, such as an eviction, a leaking roof, or a vehicle repair. Forcing older adults and people with disabilities into poverty puts them at risk of foregoing needed services and homelessness.

Furthermore, the current asset test contains exemptions that aren't even updated in the regulations so many applicants don't know what they can exclude. The largest exemption, the home, advantages white applicants, who have higher rates of homeownership due to decades of discrimination in banking and housing. Increasing the asset limit will ensure more people of color have access to Medi-Cal.

California should increase the asset limits for most Medi-Cal programs to \$10,000 for an individual and \$15,000 for a couple with annual indexing and expand and simplify the list of excluded assets. Raising the Medi-Cal asset limit, as many states have done, and simplifying asset counting rules will significantly increase the financial stability of seniors and people with disabilities.

## **c. Eliminate the Asset Limits for Medicare Savings Programs**

For many low-income older adults and people with disabilities, Medicare is not affordable without help from a Medicare Savings Program. For those in a Medicare Savings Program, Medi-Cal pays all or part of their Medicare premiums, deductibles, and co-pays. These critically important programs reach more than 43,000 people with Medicare in California who are too poor to be able to afford Medicare but do not qualify for other Medicaid programs. Currently, the asset limits are \$7,730 for individuals and \$11,600 for couples.

To increase the number of seniors and people with disabilities who can access Medicare Savings Programs, California should eliminate the asset test entirely. More than one third of California's seniors live above poverty—and therefore are ineligible for public benefits—but are too poor to afford their most basic needs. Eliminating the asset test will increase the affordability of Medicare and help improve the economic security of Californians who don't qualify for full-scope Medi-Cal programs.

## **d. Increase the Monthly Medi-Cal Maintenance Need Income Level**

When a senior or a person with a disability has even a small increase in their income, it can negatively affect their Medi-Cal by making them pay a high share of cost. A share of cost is the difference between a beneficiary's countable income and the Maintenance Need Income Level, which is a fixed monthly amount that is supposed to be sufficient to cover basic living expenses, such as rent, food, and utilities. In California, the monthly Maintenance Need Income Level is \$600 for an individual and has not changed since 1989. Any income a person earns over \$600 in a month becomes that individual's share of cost. So, for example, a senior or person with a

disability with a monthly income of \$1,300 would have to pay \$700 for their health care before Medi-Cal begins paying for services, leaving them with just \$600 a month to live on.

California should increase and annually index the monthly Maintenance Need Income Level to ensure that the Medi-Cal share of cost is affordable for low-income older adults and people with disabilities. Six hundred dollars is not enough to cover the necessities of life in California, thus it forces seniors to choose between food and rent or health care.

#### **e. Make Spousal Impoverishment Protections for HCBS Permanent**

Married seniors and adults with disabilities overwhelmingly want to live at home and age in place. To make this happen, Medi-Cal rules have to prioritize home and community-based services, which allow people to stay in their homes and in their communities. Congress helped these efforts by expanding a Medicaid eligibility rule, known as the spousal impoverishment protection, to individuals eligible for home and community-based programs. The protection makes it possible for an individual who needs a nursing home level of care to qualify for Medi-Cal while allowing their spouse to retain a modest amount of income and resources. While this protection is permanent for a spouse in a nursing facility, the expansion of the spousal impoverishment protection to home and community-based services is set to expire on November 30, 2020, unless Congress acts. To ensure Californians do not lose access to this important eligibility rules, California should make the spousal impoverishment protection permanent.

#### **f. Increase Nursing Home Personal Needs and Home Upkeep Allowances**

People on Medi-Cal who live in a nursing facility are only allowed to keep \$35 of their income per month, an amount that has not changed since 1985. The rest of their income must be paid to the nursing facility for their care. This is too little to pay for essential items a resident might need that are not provided by the facility, such as clothes and personal care items. California should increase the personal needs allowance to at least \$80 per month.

Additionally, individuals on Medi-Cal who must temporarily live in a facility are at risk of losing their home because their Medi-Cal share of cost does not leave them with sufficient funds to pay their mortgage or rent. The Home Upkeep Allowance was created to help solve this problem by allowing a person to keep some of their income to maintain their home while they were temporarily in a facility. Currently, the Home Upkeep Allowance is only \$209 per month—too low to actually ensure anyone can pay their rent or mortgage while in a nursing home. California should increase the home upkeep allowance to at least \$1,000 per month to ensure people have a home to return to after a short nursing facility stay and also revise the rules to allow people who may not yet have a home to begin saving so they are not released to the streets.

#### **g. Simplify Medi-Cal Renewal Process for Medi-Cal Aged & Disabled and Enrollment in Medicare Savings Programs**

When the Affordable Care Act was implemented in California, the application

and renewal processes for Medi-Cal were simplified. One key simplification was the statutory requirement to use pre-populated renewal forms and notices. When a county eligibility worker checks available eligibility information, such as federal and state databases and other information in an individual's case file, the worker sends a renewal notice to those individuals who appear to remain eligible with the information used to make the determination. To those for whom more information is needed, a prepopulated renewal form is sent with all of the available information filled in.

Unfortunately, this system was only implemented for populations using the Affordable Care Act income counting rules known as "Modified Adjusted Gross Income." Most seniors are excluded from this system and still use the old Medi-Cal rules. However, they too would benefit from pre-populated renewal forms, particularly those on fixed incomes whose circumstances rarely change. Further, since most seniors are still subject to the asset test, California should implement self-certification of assets, particularly at renewal.

California should also ensure all counties are properly screening Medi-Cal beneficiaries for eligibility and enrollment in Medicare Savings Programs (MSPs). Today, only 67 percent of those eligible in California are enrolled. California also has not entered into a Part A buy-in agreement with Social Security, which provides an additional barrier to enrollment in MSPs. A buy-in agreement would simplify enrollment into an MSP for people without free Part A. It would prevent gaps and delays in Medicare coverage by allowing these individuals to enroll in Medicare throughout the year without being limited to a standard enrollment period. This is particularly important for women and immigrants who are less likely to qualify for free Part A in Medicare. California is one of only 13 states that still have not entered into a Part A buy-in agreement. This change, which would also streamline state program administration, is long overdue.

#### **h. Index All Medi-Cal Eligibility Changes Recommended Above**

Many of the problems described above were created because California set a fixed dollar amount as part of its Medi-Cal eligibility rules and never indexed the dollar amount to increase over time. Because of inflation, fixed dollar amounts lose ground over time and are not worth as much as when they were originally set. Simply raising the dollar amounts again will perpetuate this problem. Instead, California should ensure that when improvements involving dollar amounts are made, whether that be an income or asset limit, those improvements should contain a mechanism for indexing increases over time.

### **7. Reduce long term care costs for older adults, people with disabilities, and their families by adopting the LTSS recommendations to expand current Home and Community Based Service (HCBS) programs and to create a statewide universal long-term care benefit.**

As the older adult population in California grows, the need for affordable HCBS programs will only increase. Additionally, COVID-19 has exposed and exacerbated the risk of living in congregate settings. To ensure older Californians have real choices so they can age safely in their community and with dignity, California must expand its HCBS programs as well as invest in a statewide universal long-term care benefit. These proposals are

described in-depth in the MPA LTSS Report dated May 2020. Enacting these solutions will help ensure that do not have to spend down all their savings to pay for HCBS by providing for more Medi-Cal funded HCBS and for a social insurance LTC benefit.

## End Poverty, Hunger, Homelessness

### Background

[California has the second highest rate of poverty among older adults in the country.](#) Per the Supplemental Poverty Measure about 20% of people 65 and over in California (over 1 million people) live in poverty. As with the economic security data summarized above, there are significant racial, ethnic and gender disparities in who is aging into poverty in California and across the nation. Women, Black, Latinx and immigrant older adults are more likely to age into poverty than white men due to numerous systemic barriers—including racism, sexism, xenophobia and other injustices—that these communities face to education and employment opportunities throughout their lives.

California greatly exacerbated its senior poverty crisis by cutting, during the last recession, the State Supplementary Payment (SSP) that augments the federal payments made to low income older adults and people with disabilities under the Supplemental Security Income (SSI) program. SSI is a federal program that provides a very basic income for 1.2 million older adults and people with disabilities in California who have little to no income or resources. Due to the cuts, which were never restored, SSP/SSI benefit levels are now so low that they [do not cover the cost of a studio apartment, food and healthcare in any county.](#) For those who can obtain below-market rent, grants are still insufficient to meet basic needs for utilities, food, medicine, toiletries, clothing and other necessities that higher income Californians take for granted.

The high rate of senior poverty in the state has led to increasing levels of food insecurity and homelessness among older people as well.

Based on data from the [UCLA Center for Health Policy Research](#), before COVID-19, nearly forty percent of low-income California seniors are food insecure, representing a twenty-one percent increase in the last fifteen years. Rates of food insecurity are significantly higher among Latinx, Black, and Asian communities [than among white elders.](#) Access to affordable and culturally appropriate healthy food is a foundational component of health and well-being for all ages, particularly for seniors and people living with disabilities. The lack of access to consistent, nutritious food brings [significant negative health consequences](#), especially in later life.

Food insecurity among older people is exacerbated by the fact that many of the food access and nutrition programs that could improve food security and nutrition security among older adults are severely underutilized. Nationally, home-delivered and group meals have decreased by nearly 21 million since 2005, according to a Kaiser Health News analysis of federal data. Only a fraction of those facing food insecurity get any meal services under the Older Americans Act; a U.S. Government Accountability Office [report examining 2013 data](#) found 83% got none. This is especially painful because connecting older adults to food assistance through programs like [CalFresh achieves tremendous](#)

[gains](#), annually saving more than two thousand dollars in healthcare expenditures and lowering the likelihood of admission to a hospital (-14%) or nursing home (-23%).

California's high senior poverty rate is also linked to the rising numbers of homeless older adults in the state. Adults over age 55 are the fastest growing population of homeless persons in many parts of California.<sup>3</sup> Because many have limited opportunity or ability to work, they rely on a fixed income. As housing costs continue to rise across the state, they are forced to pay a higher share of their limited income towards housing. This makes it hard for them to save and leaves them more susceptible to losing their housing.

Older homeless adults have medical ages that far exceed their biological ages. Research has shown that they experience geriatric medical conditions such as cognitive decline and decreased mobility at rates that are on par with those among their housed counterparts who are 20 years older. As a result, health care and nursing home costs are likely to increase significantly over the next 15 years.<sup>4</sup>

The Master Plan should include a goal and set of integrated policies that prioritize ending poverty, hunger and homelessness among California's older, low-income adults. Most, if not all of the policies adopted in pursuit of this goal will also benefit younger people with disabilities.

## RECOMMENDATIONS TO END POVERTY, HUNGER AND HOMELESSNESS

### **1. Commit to ending poverty, hunger and homelessness among older adults and people with disabilities.**

One of the overarching goals for the Master Plan for Aging should be to end senior poverty, hunger and homelessness. Together, these recommendations bring us closer to the goal of all seniors and people with disabilities having the security of enough income to meet their basic needs, access to consistent and nutritious food, and a safe home.

### **2. Adopt and regularly update the California Elder Index, using it to inform program eligibility and benefit levels, design interventions, and measure success.**

Public programs that low-income elders and people with disabilities depend on to make ends meet often base their income eligibility on the Federal Poverty Level (FPL) guidelines, which do not take into account higher health care costs incurred or the local cost of living—a significant disadvantage in a high-cost state such as California. The [California Elder Index](#), a more accurate measure of poverty that takes into account local conditions, shows that seniors need approximately twice the FPL to meet the cost of their basic needs. Using the California Elder Index will ensure that income eligibility for our public programs reflects the real costs faced by seniors and people with disabilities in the state.

### **3. Increase the state portion of the SSI grant to an amount that reflects the real costs of**

3 Culhane, Dennis et al., "The Emerging Crisis of Aged Homelessness: could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Costs?" 2019

4 Culhane, Dennis et al., "The Emerging Crisis of Aged Homelessness: could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Costs?" 2019

## **living for seniors using the [California Elder Index](#).**

The cuts to the state supplement to the SSI grant that were made during the recession (mentioned above) have never been restored, leaving low income seniors and people with disabilities struggling to survive with an income far below the real cost of living in our state and pushing more people into homelessness. We can change this harmful trajectory by investing in SSI/SSP so that seniors and people with disabilities who receive SSI/SSP can live and grow old safely and with dignity.

Beyond the moral imperative, investing in SSP and enabling older adults to have a modest income sufficient to meet basic needs will also stimulate the economy in our communities that need it most. According to the IMPLAN economic analysis, every \$10 million in increased State Supplementary Payments supports \$15 million in economic output (a multiplier of 1.50), creates 93 jobs, and returns \$0.9 million in state and local tax revenues.

### **4. Make the cost of living adjustment for the SSP mandatory and calculate it based on the full SSI/SSP grant.**

The benefits meant to support those with the greatest need should be protected from erosion as a matter of course. The recession-era cuts were exacerbated by California's failure to provide annual cost of living adjustments (COLA) to the SSP grant, causing SSI/SSP recipients to experience an additional cut as grants lost their value to inflation. To ensure that the SSP grant can keep up with the rising costs of housing, food, and other basic needs, the SSP COLA should be provided automatically and should be calculated based on the full SSI/SSP grant.

### **5. Expand outreach to ensure that all immigrants who are eligible receive Cash Assistance Program for Immigrants (CAPI) benefits.**

CAPI provides state-funded benefits for certain immigrants who previously would have been able to receive SSI, but are no longer eligible for SSI due to federal welfare legislation that placed restrictions on non-citizen eligibility in 1996. Lack of outreach has meant that individuals who qualify for the program and community organizations who may be able to help them do not even know that the program exists. Expanded outreach can help this program, created by California in the face of federal attacks on immigrants, meet its promise of providing economic security to immigrant seniors and people with disabilities.

### **6. Work with stakeholders and the Social Security Administration to improve the customer experience and outcomes for individuals applying for disability benefits.**

The state has an interest in ensuring access to federal disability benefits for those who qualify, and the state Disability Determination Services agency plays a critical role in that process by determining disability for Social Security benefits at the first two decision-making levels. It can take years for people with disabilities to make it through the SSI application process and be approved, during which time they face the real risks of getting sicker, depleting their savings, and becoming homeless.

The barriers are particularly high for individuals who do not have the capacity to manage a complicated administrative process, whether due to a disability or due to

circumstances such as having few financial resources, limited education, access to transportation, or limited family and social connections. Increasing the quality of the application process will help people eligible for disability benefits qualify more quickly.

## **7. Fill the hole in the safety net represented by the current woefully inadequate General Assistance (GA) benefit.**

GA is an important bridge program to SSI for people with disabilities while they are applying for SSI disability and to older adults before they become age-eligible for SSI. A robust GA program is therefore a critical part of the safety net. However, the current GA benefits are woefully inadequate as they are based on an ancient funding standard of 40 percent of the 1991 federal poverty level for a single person. Additionally, counties are permitted under state law to limit GA to three months out of twelve. Having higher benefit amounts, increased eligibility for assistance or having the state take over the GA program with more robust benefits and eligibility are critical to filling the hole in the safety net.

In addition, increasing the flexibility of the Housing and Disability Advocacy Program to allow for cash payments rather than having funding be exclusively restricted to housing assistance would make the GA program more effective. Cash payments would help these extremely low-income individuals, who are likely eligible for SSI and applying for disability benefits, to pay for utilities and other basic costs that are not included in the housing assistance.

## **8. Support efforts at the federal level to expand SSI and Social Security.**

SSI and Social Security provide a foundation of economic security for [6.8 million Californians](#). Bolstering these programs at the federal level would ensure a more secure baseline for developing state-level policy.

When SSI was signed into law in 1972, it promised to serve as a safety net for those who (through disability or age) were unable to work and had little to no pension, savings, or Social Security benefits. However, important aspects of the program have not been updated in more than 40 years, leaving some of our country's most vulnerable seniors and people with disabilities deeper in poverty today than they were then, without the ability to budget appropriately. This inequity can be corrected by updating income and asset limits to better reflect reasonable assistance in today's dollars, such as increasing the general income disregard to \$123 (currently \$20), increasing the earned income disregard to \$399 (currently \$65), and increasing the resource limit to \$10,000 for an individual and \$20,000 for a couple (currently \$2,000/\$3,000).

As the main source of income for the majority of retirees, Social Security retirement, survivors', and disability insurance should also be expanded and improved to better meet our needs as we age, such as by providing a minimum benefit that is 125% of the poverty level, using a more accurate cost-of-living measurement that takes into account rising health care and housing costs that have a significant impact on the budgets of older adults, and paying for these improvements by having wealthy Americans pay their fair share of Social Security taxes.

## **9. Maximize participation in CalFresh by older adults, and all eligible Californians.**

CalFresh benefits are 100% federally funded, and as the nation's largest anti-hunger program represents the single greatest opportunity to reduce hunger, improve health, and support local economies. The Master Plan comes at a key time in the historic CalFresh Expansion to SSI (the "Expansion"), with 400,000 SSI consumers enrolled since June 2019. There is still much work remaining to fully realize this policy, and among non-SSI older adults, California's participation badly lags the national average ([19% vs. 42%](#)). Fulfilling the Expansion should start by meeting enrollment targets and re-assessing those targets to enroll all newly eligible SSI recipients into CalFresh, as national analyses suggest that this population is [about 800,000 Californians](#). Further strategies should include: [enabling application and recertification over the phone](#), and providing flexible interview options in all counties (telephonic signature access); adopting all elements of the Elderly Simplified Application Project to minimize burdens on applicants and counties; leveraging the agency partnerships established through the Expansion to expand and continue CalFresh outreach and broader collaboration across the agencies that serve the same older adults and people with disabilities; and sustaining effective efforts pioneered in the Expansion, such as IHSS social workers providing CalFresh information, to encourage cross-program coordination.

The Plan should also address [language inequities that are one reason for low enrollment among California's older adults](#). This means ensuring robust, real-life translation and language resources, including ensuring that CalFresh application and recertification are supported in all threshold languages spoken by older adults and people with disabilities. According to a [2019 report](#), addressing language inequities is at the heart of improving CalFresh participation.

## **10. Ensure that the two hold harmless programs created when SSI cash-out ended truly protect households from losing CalFresh benefits.**

The state should use the past year's experiences with the Expansion to review the Supplemental & Transitional Nutrition Benefits and ensure that they truly hold harmless the highly vulnerable older adults and people with disabilities and their families from losing food aid because of the Expansion. This would be achieved by adjusting benefits from the initial projection to account for actual household losses to the greatest extent possible, and improving the ability of clients to retain benefits in order to prevent churn and the permanent loss of aid due to administrative barriers.

## **11. Supplement CalFresh for people who do not pay rent and receive only the \$16 minimum benefit by raising this minimum benefit to \$50 a month.**

Unhoused seniors and people with disabilities face the difficult and costly challenge of having enough to eat while living outside. With no refrigerator, cooking facilities or place to store food, and often living in food deserts, they must pay more to purchase enough food. Increasing the minimum CalFresh benefit for those individuals who can't document a shelter cost will support the ability of older adults experiencing homelessness to meet their nutritional needs.

## 12. Ensure statewide access to other key food and nutrition programs serving older adults.

In addition to CalFresh, there are opportunities to improve food security by expanding the reach of and coordination among the other important food programs serving older adults. Many of these programs are tailored to promote aging with dignity and independence, and prevent costly health care utilization through nutrition as a social determinant of health, including for individuals who have functional and transportation limitations that require fully prepared meals or home delivery of appropriate food and nutrition services.

- a. Home Delivered Nutrition Program ensures that adults have food access in their homes: Invest \$17.5 million in new, ongoing funding for Senior Nutrition to provide nutritious meals to an additional 12,000 older Californians.
- b. The Commodity Supplemental Food Program provides food security and community by providing food in congregate settings: Ensure the program is available state-wide, from the [current 10 agencies, so that it reaches low-income communities in every county](#).
- c. The Senior Farmer's Market Nutrition Program is a partnership between CDA & CDFA that provides vouchers for low-income older adults to purchase fresh produce at farmers markets: Provide a 5-fold increase in the number of vouchers, as local agencies report receiving vouchers for only approximately 20% of eligible recipients now.
- d. Senior Brown Bag Programs target free groceries to older adults and people with disabilities at high risk of hunger but who can and want to make their own meals: Triple prior state funding as Brown Bag programs are extremely cost effective. In FY 2009-10, the state issued local providers three months of funding; that funding was never restored, despite restorations to other programs.
- e. Create a Farm to Seniors program to provide locally grown food to seniors. Model the program on the existing Farm to Schools program, which has successfully facilitated institutional purchasing of local food by school districts, to facilitate institutional purchasing of local food by senior-serving institutions like long-term care facilities, skilled nursing facilities, home delivered meal providers and congregate meal sites.

## 13. Improve data collection and program coordination among food programs serving older adults.

As there are several food programs serving older adults and people with disabilities, administered by multiple Departments, there are excellent opportunities to improve their reach and impact through enhanced data collection and coordination. Data exist on individual programs, but not across programs and Departments, to understand barriers to access in certain regions and among certain languages or other populations, as well as to identify programmatic or policy solutions. The [CHHS Open Data portal](#) is an excellent foundation from which improved data collection and analysis could occur, and CDSS has provided a tremendous window into the CalFresh Expansion through their enhanced Data Dashboard.

There is a need for increased coordination between CDSS and CDA, given CDA's administration of Meals on Wheels and Area Agencies on Aging, while CDSS operates CSFP, TEFAP and CalFresh. The COVID crisis has further shown the need to [coordinate with County Emergency Operations Centers](#) to ensure timely, effective response during disasters.

Improving coordination on food access for seniors and people with disabilities, such as sharing referrals and resources, ensures that no matter who the adult approaches for services, programs are aligned to achieve a 'no wrong door' outcome and offer all available options. Such enhanced coordination will also incubate new innovations, such as the Home-Delivered Grocery program that is presently underwritten by San Francisco County. It is an example of potential coordination with IHSS such that IHSS workers can get additional hours to serve as proxies to pick-up groceries for their consumers at nearby food pantries.

#### **14. Provide a rental supplement to very low-income seniors and people with disabilities who have a housing cost burden exceeding 50% of their income.**

Preventing homelessness and promoting policies that allow seniors to remain in their homes is both cost-effective and promotes generational diversity in our communities. Many low-income seniors are severely rent burdened, and are unable to meet rising rent costs with their fixed incomes. One highly effective way to prevent people from becoming homeless is for the state to provide a rental supplement for very low-income seniors or people with disabilities whose housing cost burden exceeds 50% of their income. Studies have shown that a person or household that pays more than 50% of their income toward rent or housing costs, is precariously housed; it takes only one emergency or unexpected bill to cause them to lose their housing. The amount of the supplement would be modest, much less than a full subsidy, but by providing enough income to keep the person housed, this homelessness prevention measure leads to substantial savings. Both Los Angeles County and the City of Santa Monica have successfully piloted similar rental supplement programs targeted to very low-income renters with high rent burdens as an effective means of preventing homelessness and displacement, with Santa Monica's program specifically targeting seniors and LA County's program setting aside 20% of its slots for seniors. In order to maximize the ability to preserve existing tenancies, these rent supplements should be available to low-income renters who are severely rent burdened, before the landlord has initiated eviction proceedings.

The state can identify those in greatest need of help with housing costs through existing programs, particularly CalFresh. Now that California allows SSI recipients to apply for CalFresh, 400,000 recipients have newly enrolled. To determine the CalFresh grant amount each applicant provides to the county the cost of their housing. Those with high housing costs get higher CalFresh grants. Thus the state has an existing database that identifies those seniors and persons with disabilities who are severely rent burdened and could target assistance to those most at risk of becoming homeless. The state should also use CalFresh data to do further targeting, such as by identifying all SSI recipients claiming the CalFresh homeless shelter deduction and helping them get permanent affordable housing and providing rental assistance if needed.

### **15. Expand the number of assisted living units—using Medi-Cal and other state and federal funding to make more units affordable to extremely low income, disabled seniors.**

Assisted living units can be a positive model for older adults who need some level of assistance with personal care and daily living. However, many of these units are currently too expensive for extremely low income, disabled seniors. During the pandemic, increase safety precautions for seniors entering and living in assisted living units, especially individuals with complicated health problems including homelessness.

### **16. Create a state subsidy program to transition seniors and persons with disabilities experiencing homelessness into a range of permanent, deeply affordable and accessible housing, with wrap-around services.**

Providing new, deeply affordable housing options with wraparound services will counteract the expected tripling of the number of older adults (65 and over) expected to become homeless by 2030.<sup>5</sup> It is also needed for people with disabilities who are homeless. This could be modeled after the federal Veterans Affairs Supportive Housing (VASH) program, or the Shelter Plus Care program. VASH combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). Shelter Plus Care is a federal program funded by the U.S. Department of Housing and Urban Development (HUD) designed to provide rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness or high users of medical services.

### **17. Build upon Project Roomkey to Homekey to accelerate the transition from temporary placement of older adults experiencing homelessness during the COVID-19 pandemic into long-term, deeply affordable housing, with coordinated supportive, medical and case management services.**

Project Roomkey has allowed cities and counties to lease hotels and motels to provide temporary, non-congregate shelter to thousands of Californians experiencing homelessness who are most at risk of serious health consequences due to COVID-19, prioritizing those with pre-existing health conditions and those age 65 and over. Project Homekey will extend shelter options, expediting the purchase and conversion of hotels and other existing surplus buildings to move unsheltered or temporarily sheltered seniors into transitional and permanent housing. These initiatives should focus on the unique housing needs of older adults experiencing homelessness, to ensure that any housing that is developed takes into account their mobility restrictions, as well as their needs for assistance with personal care, activities of daily living, social, and medical needs. To successfully navigate this transition to permanent housing, any services that were put in place for an individual temporarily housed in Project Roomkey should follow the person as they move to interim and then permanent housing.

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5 Dennis Culhane, et al., "The Emerging Crisis of Aged Homelessness: Could Housing Solutions be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Costs?" Available at: [https://www.bcsd.ca.gov/hcfc/documents/white\\_papers/dennis\\_culhane-the\\_emerging\\_crisis.pdf](https://www.bcsd.ca.gov/hcfc/documents/white_papers/dennis_culhane-the_emerging_crisis.pdf)

## **18. Ensure In-Home Supportive Services are available to disabled, medically vulnerable seniors who are unhoused, unstably housed, and transitionally or temporarily housed.**

Currently, the IHSS program excludes individuals who are living on the street from receiving IHSS. Additionally, individuals in unstable or transitional housing have significant challenges getting on and staying on the IHSS program and some individuals living in shelters experience barriers to receiving IHSS services. This is largely due to the administrative complexity of applying for IHSS and how little assistance is available to support individuals who are at risk. The creation of Project Roomkey has expanded opportunities for providing IHSS for disabled Californians who need help to live independently by giving them a stable, if temporary, place to live. California should work to maximize enrollment in IHSS for people being housed under Project Roomkey and should ensure that those people retain access to IHSS services as they transition to more permanent housing, and even if their access to temporary housing ends.

## **19. Create a state program to support organized informal settlements, aka encampments.**

Support should include access to public land and basic necessities like hygiene, water and trash pick-up with a strong and coordinated exit strategy to the deeply affordable housing described in Numbers 16 and 17. Providing hygiene stations and sanitation services to organized settlements of unsheltered seniors is even more important now because of COVID-19. Quickly identify land where people in settlements can live free from eviction until we provide housing or living situations better than what they have created for themselves.

## **20. Collect and make available county-level data regarding older adults experiencing homelessness.**

The Master Plan should include a detailed plan for robust, transparent, inter-agency data collection and analysis. Data collected should include county-level data on the number and percentage of rent-burdened and severely rent-burdened seniors as they age and by race/ethnicity; the number and percentage of unhoused seniors by race/ethnicity; the number and percentage of temporarily housed seniors by race/ethnicity; and the number of new, deeply affordable permanent housing units created; and the number of those units that meet accessibility standards. Homelessness data should be collected for three age cohorts: those age 55 and over, 62 and over, and 65 and over.

# **Expand Work Opportunities**

## **Background**

One of the most important contributors to economic security for older adults and people with disabilities is work opportunity. California must build an inclusive economy that ensures that people with disabilities and older adults will have an opportunity to work. To have true economic safety and security, California must address the systemic disparities inherent in our workplaces and economy by intentionally advancing solutions that build toward equity.

Life expectancy, financial need, and desire have changed the number and employment trends of older adults in both the paid and unpaid work force. According to the Labor & Workforce Development Agency, older Californians (55+) account for 21% of the civilian labor force. Further, over the past five years the number of employed Californian ages 55+ increased by 449,400. Older Californian workers (55+) accounted for 29% of all new employment since 2014.

The benefits of older workers have not always been included when framing work opportunities. The 50+ segment of the workforce continues to be the most engaged age cohort across all generations. Other advantages of workers age 50+ include their experience, professionalism, work ethic, lower turnover, and knowledge. Additionally, older workers comprise a large portion of the unpaid work force. Trends among older adults (55+) have included a decline in their unemployment rate from 5.7% to 3.3% over the past five years. Workers ages 55+ are employed heavily in the educational and health services; and the professional and business services industries, with over 600,000 employed in each.

Despite the benefits and positive trends, discrimination and ageism plague workplaces and prevent older workers from being hired and retained. Often, older adults are described as economic drains. This is not only ageist it also fails to recognize that older adults are huge drivers of the economy. In 2018, nationwide economic and societal contributions of adults age 50 plus was worth over \$9 trillion, and 44% of all jobs were held or created by people age 50 plus. The nationwide economic value of the contributions of adults age 50+ through unpaid activities like adult caregiving, child caregiving, and volunteering was \$744.6 billion.<sup>6,7</sup> Recognizing the economic and societal value of older adults should be part of efforts to reframe the aging conversation to support efforts combating ageism.

In addition to the value to society, work opportunities are also valuable to older adults and people with disabilities. As with other workers, older adults and people with disabilities value work for reasons beyond the income it provides. Good jobs provide access to valuable benefits, such as health insurance and retirement savings plans, that may not otherwise be available or affordable. These benefits (or lack of them) can be an important factor in whether and when a person has the choice to retire from work. Work also provides important opportunities for social engagement and purpose that are crucial for every person's well-being, including older adults and people with disabilities.

## WORK OPPORTUNITY RECOMMENDATIONS

### **1. Measure and assess the need and desire for work opportunities for older adults and people with disabilities with reliable data for informing data-driven solutions that promote equity.**

It is prudent to utilize statewide data to explore the landscape of older adults and people

6 AARP specific report on the economic impact of age discrimination: [https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/econ/2020/impact-of-age-discrimination.doi.10.26419-2Fint.00042.003.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2020/impact-of-age-discrimination.doi.10.26419-2Fint.00042.003.pdf)

7 Longevity Outlook report for reference: [https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/econ/2019/longevity-economy-outlook.doi.10.26419-2Fint.00042.001.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2019/longevity-economy-outlook.doi.10.26419-2Fint.00042.001.pdf)

with disabilities and their work opportunities. California should also develop a strategy for increasing the availability of statewide data that allows for specific examination of disparities in work opportunity for older adults and people with disabilities based on race, ethnicity, class, geography, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.

## **2. Design and monitor solutions with the specific intent of removing barriers to work for all older adults and people with disabilities by recognizing the strengths and assets of each community and the intersectionality of race, ethnicity, class, immigration status, language, religion/faith, sex, gender identity, sexual orientation, and family status.**

Using data from the first recommendation, the State will be able to identify communities where there appear to be relatively high and relatively low barriers to employment. In the meantime, through working with community stakeholders, best practices will be identified and adapted for targeting improvement in high-barrier communities. These learnings and best practices will be incorporated into the other recommendations listed below.

## **3. Expand the reach of proven best practices for supporting older adults and people with disabilities who are currently working, job seeking, or planning for retirement.**

California should expand subsidized training, refresher courses, technology training and English language training for older adults and people with disabilities based on proven models, such as the Employment Training & Economic Development program offered by Self-Help for the Elderly which includes the Older Americans Act Title V Senior Community Service Employment Program, and the Integrated Employment Supports to People with Disabilities in Alameda offered by East Bay Innovations. In addition, California should increase support and funding for older workers' classes and workforce training through local city colleges and community colleges, as well as identify supportive work opportunities for formerly incarcerated older adults entering the workforce.

## **4. Increase sustainable work opportunities for older adults and people with disabilities.**

California should create a partnership with the Department of Aging as the lead agency—along with other aging experts—to monitor, develop, and promote State and local partners; expand legislation to increase the hiring of older adults and persons with disabilities not only in state government, but also in local governments and private companies; develop more incentives for employers to offer employment for older adults and persons with disabilities; create a statewide database of “pledged employers” dedicated to hiring older adults and persons with disabilities into meaningful employment; educate employers so that they understand the importance of creating and promoting flexible work schedules and work arrangements (e.g., telecommuting) for employees; and learn from experiences and models adopted during the COVID-19 pandemic to identify emerging best practices that can be used to lower barriers to employment for older adults and people with disabilities.

## **5. Decrease misconceptions about older workers and workers with disabilities.**

California needs to create a statewide campaign on not only fighting ageism and the misconception of disability as a liability but on starting to think in terms of assets.

Research studies on breaking the stereotypes on older adults included a 2009 report from the Sloan Center on Aging & Work, and a 2012 meta-analysis of age-stereotypes on more than 208,000 individuals by the University of Hong Kong. According to the Sloan Center on Aging & Work, hiring managers gave older employees high marks for loyalty, reliability and productivity; this is contradictory to a common myth that older adults are more likely to be burned-out, absent due to illness, poor at working with younger supervisors, and reluctant to travel. According to the University of Hong Kong, older workers are found to be as motivated, willing to change, trusting, and healthy as younger workers.

In September 2008, the U.S. Equal Employment Opportunity Commission (EEOC) issued the guidance on “Applying Performance and Conduct Standards to Employees with Disabilities” which stipulated that “an employee with a disability must meet the same production standards, whether quantitative or qualitative, as an employee without a disability in the same job. Lowering or changing a production standard because an employee cannot meet it due to a disability is not considered a reasonable accommodation. An employer should evaluate the job performance of an employee with a disability the same way it evaluates any other employee’s performance.” What EEOC did has effectively helped to break the stereotype that “managers cannot expect the same level of performance from employees with disabilities.” In the meantime, the Society of Human Resources Management—with a mission to empower people and workplaces by advancing human resources practices and by maximizing human potential—pointed out there are many qualified candidates with disabilities. Employers should not assume that people with disabilities lack the necessary education, training and experience for employment, and would not be able to perform essential job functions. Many employees with disabilities require nothing more than the same consideration an employer may already be providing to its nondisabled employees, such as flexible work schedules, telecommuting or restructured workstations.

## Elder Justice & Abuse

### Background

Elder abuse is a pervasive problem in the United States, ruining lives and costing victims and the state billions of dollars each year.<sup>8</sup> The National Elder Mistreatment Study found approximately 10% of older adults living at home will experience some kind of elder abuse every year. This study excluded older adults who lack telephones, capacity to participate in a phone survey or reside in a facility, therefore the prevalence of abuse is likely higher. Elder abuse is also incredibly costly to communities. Studies estimate the financial losses of elder abuse victims to “range from 2.9-35.5 billion dollars annually. Elder abuse comes in many different forms (physical, sexual, financial, psychological etc.) and is perpetrated by strangers and people known to the victim. In fact, elder abuse manifests differently in distinct cultural and racial groups. The vast range of abuse types makes elder abuse a difficult problem to tackle. Regardless of its form, elder abuse has a direct impact on the health of victims “increase[ing] a victim’s risk of hospitalization by three times, nursing home admission by four times, and mortality by three times.”

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8 <https://ncler.acl.gov/pdf/Legal-Basics-Elder-Abuse.pdf>

Elder justice advocacy is founded on two key principles: keeping older adults safe from all types of abuse while also honoring their autonomy and decision-making abilities. Balancing these two priorities can be achieved by centering elder justice in the Master Plan on Aging. Centering elder justice allows us to simultaneously combat elder abuse, affirm the autonomy and independence of older adults, and ensure equity in access to the justice system and other social services resources. The following recommendations center elder justice with an end goal of ending elder abuse in California. Further, many of the interventions outlined in this document will benefit not only older Californians but also people living with disabilities.

## ELDER JUSTICE & ABUSE RECOMMENDATIONS

### 1. Form a California Elder Justice Coordinating Committee, modeled after the federal EJCC established in the Elder Justice Act.

Collaboration among members of the elder justice network will be key to achieving our Master Plan goals. Preventing and ending elder abuse in California requires effective collaboration between all members of the aging network.<sup>9</sup> Currently, there is no statewide hub for elder abuse advocacy or elder abuse data collection. The creation of a state coordinating committee, modeled after the federal EJCC<sup>10</sup> and operated within the Department of Aging, would centralize research, best practices, and other state work related to elder abuse. The committee would be a part of state government and composed of representatives from many government agencies and non-governmental groups that are a part of the elder justice network (for example: Adult Protective Services, LTC Ombudsman, Area Agencies on Aging, CCoA and CEJC). In mirroring the federal committee, committee membership should reach all areas of government, not just those who traditionally focus on aging, i.e. Department of Consumer Affairs and the Attorney General's Office.<sup>11</sup>

The California Elder Justice Coordinating Committee would also house a central repository for data and research that would simplify the discovery of deficiencies in systems and foster more research on elder abuse. This is particularly important in ensuring that older adults from marginalized groups (older adults of color, LGBT older adults and non-native/limited English proficiency older adults) are receiving and utilizing elder abuse preventions systems at the same rates as white older adults.<sup>12</sup>

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- 9 A similar committee was recently created in Maine via Executive Order. Governor Janet T. Mills ., "An Order Establishing the Elder Justice Coordinating Partnership", (October 23, 2019), available at [https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11\\_FY\\_19-20\\_ElderAbuse\\_%20EO.pdf](https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11_FY_19-20_ElderAbuse_%20EO.pdf)
- 10 Administration for Community Living, "Elder Justice Coordinating Council", December 9, 2019, available at <https://acl.gov/programs/elder-justice/elder-justice-coordinating-council-ejcc>
- 11 The Federal EJCC includes representatives from various federal agencies including the Department of Health and Human Services, Consumer Financial Protection Bureau, Social Security Administration, Federal Trade Commission, and the U.S. Department of Agriculture.
- 12 The Committee would also be ideal for creating and coordinating a network of statewide Multidisciplinary Teams (MDT). Currently, there are MDT's established in various cities and counties around the state, but there is no standardized network. The Committee could provide support in creating more MDT's around the state and establishing best practices and collaboration across counties. A similar committee was recently created in Maine via Executive Order. Governor Janet T. Mills ., "An Order Establishing the Elder Justice Coordinating Partnership", (October 23, 2019), available at

## 2. Increase Government Support of Legal Services Providers.

Legal Services attorneys serve an integral role in allowing older Californians to age in peace and dignity. The benefits of legal services extend beyond the older adult being assisted. In 2017 alone, legal services attorneys served over 60,000 adults over the age of 60 in California.<sup>13</sup> These attorneys help older adults preserve their housing, preserve public benefits and prevent abuse, free of charge. Their work also helps keep families and communities together. In California, more than 293,000 grandparents are responsible for grandchildren that live with them.<sup>14</sup> Older adults often live in multi-generational households where many people rely on them for income support and child care. All of the benefits from a legal services attorney are bestowed upon not just the older adult, but also their entire family.

California must commit to ongoing funding and support of legal services for older adults throughout the state, but especially in rural areas where lawyers are few and far between. Each year, the State Bar of California grants around \$30 million in IOLTA funds to legal services organizations.<sup>15</sup> Unfortunately, IOLTA funding is generated by interest on client trust accounts, making it highly susceptible to changes in the legal market influenced by the overall health of the economy. Due to the COVID-19 pandemic, the National Association of IOLTA programs anticipates IOLTA revenue to drop “by as much as 75% over the next year.”<sup>16</sup> Any drop in funding puts critical legal services programs at risk at a time when we know there will be an incredible surge in demand for legal services. With a predicted 1.6 million eviction filings possible at the end of any eviction moratoriums, legal services attorneys are desperately needed now.<sup>17</sup>

California can also provide additional supports to legal services organizations that serve older adults through the state Legal Assistance Developer (LAD). The Older Americans Act provides funding for every state to have a Legal Assistance Developer to secure and maintain the legal rights of older adults, increase the capacity of the state to coordinate legal assistance, and provide technical assistance and training to legal services providers.<sup>18</sup> With the LAD, the state can engage with legal services and other aging network providers to ensure they are reaching all older adults in need of legal help and utilize unique sources of funding and support (i.e. FEMA and law school partnerships) to provide more services to older Californians.

California must support legal services organizations and the critical work they do to protect older adults by ensuring they are funded despite any economic downturns. By ensuring adequate funding for legal services we protect older adults.

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[https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11\\_FY\\_19-20\\_ElderAbuse\\_%20EO.pdf](https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/11_FY_19-20_ElderAbuse_%20EO.pdf)

13 LAAC Client Data 2017, [https://secureservercdn.net/50.62.89.138/zzg.f6f.myftpupload.com/wp-content/uploads/LST-FC-Working-Group\\_Client-date-report-2017\\_Oct15.pdf?time=1595129580](https://secureservercdn.net/50.62.89.138/zzg.f6f.myftpupload.com/wp-content/uploads/LST-FC-Working-Group_Client-date-report-2017_Oct15.pdf?time=1595129580)

14 <https://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-California.pdf>

15 [https://www.calbar.ca.gov/Access-to-Justice/Legal-Aid-Grants#:~:text=What%20is%20a%20Legal%20Aid%20Grant%20under%20the%20IOLTA%20Statute%3F&text=\(the%20Statute\),.to%20approximately%20100%20nonprofit%20organizations.](https://www.calbar.ca.gov/Access-to-Justice/Legal-Aid-Grants#:~:text=What%20is%20a%20Legal%20Aid%20Grant%20under%20the%20IOLTA%20Statute%3F&text=(the%20Statute),.to%20approximately%20100%20nonprofit%20organizations.)

16 <https://www.abajournal.com/news/article/legal-aid-programs-likely-to-be-hard-hit-by-drop-in-iolta-funds-group-warns>

17 <https://bit.ly/evictionestimates>

18 <https://ncler.acl.gov/pdf/Essential%20Role%20of%20the%20LAD%20-%20Powerpoint.PDF>

### 3. Lower the threshold age for age-related services to 50 for homeless individuals.

Medical research shows that homeless individuals experience old age diseases earlier in life, and that they are aging at a faster rate, exacerbated by being unsheltered or living in places not fit for human habitation.<sup>19</sup> Further, more individuals are experiencing homelessness for the first time in older age because of rising housing costs and cost of living.<sup>20</sup> Currently, nearly half of all single homeless adults are over 50 years old, but many aged based social services are not available until an individual has reached 60-65 years old.<sup>21</sup> Age-based services like transportation, nutrition, caregiving, income support and case management are integral to keeping people housed.<sup>22</sup> Making these benefits available to a wider group of homeless older adults at a younger age will keep older adults housed and prevent older adults from falling into homelessness.

### 4. Target resources and research for Elder Abuse Prevention at both the general public and distinct communities.

Research shows that older adults in different communities of color experience abuse in distinctly different ways from white communities, and elder abuse among these communities is chronically underreported and under-researched. For example, Black older adults are significantly more likely to be victims of financial exploitation and psychological mistreatment,<sup>23</sup> while Asian American older adults are more likely to view elder abuse as existing only within the family, making the risk of abuse from outside actors higher.<sup>24</sup>

Elder abuse prevention and research must target not only the general public, but also be tailored to accommodate the different ways abuse manifests among various cultural groups. Resources, services and information provided to older Californians must be culturally aware and available in all threshold languages. Language, race, cultural background, or any other designation should not be barriers to ending elder abuse in California.

By centering the experiences of older adults of color in our elder abuse research, the state more effectively focuses funding on programs that work for different groups and ensures that elder abuse is fought in every community in California.

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19 Dennis Culhane, et al., "The Emerging Crisis of Aged Homelessness: Could Housing Solutions be Funded by Avoidance of Excess Shelter, Hospital and Nursing Home Costs?" Available at: [https://www.bcsd.ca.gov/hcfc/documents/white\\_papers/dennis\\_culhane-the\\_emerging\\_crisis.pdf](https://www.bcsd.ca.gov/hcfc/documents/white_papers/dennis_culhane-the_emerging_crisis.pdf).

20 Adam Nagourney, "Old and on the Street: The Graying of America's Homeless", May 31, 2016, available at <https://www.nytimes.com/2016/05/31/us/americas-aging-homeless-old-and-on-the-street.html>

21 Dr. Margot Kushel, "Aging Among the Homeless Population: Causes, Consequences, and Solutions", October 16, 2019, available at <https://uccs.ucdavis.edu/events/2019-October-16-Kushel>

22 It should be noted that any lifting of age based requirements will most likely be limited to state based programs because of federal funding restrictions.

23 National Center on Elder Abuse, "Mistreatment of African American Elders", 2016, available at <https://ncea.acl.gov/NCEA/media/Publication/ResearchToPracticeAfAm.pdf>

24 National Center on Elder Abuse, "Mistreatment of Asian Pacific Islander (API) Elders", available at <https://ncea.acl.gov/NCEA/media/Publication/Mistreatment-of-Asian-Pacific-Islander-API-Elders-2013.pdf>

## 5. Re-examine the relationship between law enforcement, entities that play a role in preventing elder abuse and victims of elder abuse.

Any strategy to prevent and end elder abuse must examine the systems that confront the abusers and purports to assist victims. Part of this examination is acknowledging the different ways older adults of color experience policing, in contrast to white older adults. Not honoring lived experiences of older adults of color in any policy advocacy is a disservice to them and antithetical to the goal of ending elder abuse. The state of California has an obligation to honor the lived experiences of older adults of color. Black older adults have lived through systemic racism and discrimination. Many have only had negative experiences with policing in this country.

In the United States, 9 out of 10 calls for police assistance are for nonviolent issues.<sup>25</sup> This means that armed officers are interfacing with the public for overwhelmingly nonviolent situations. But as we have seen, many nonviolent interactions turn violent and deadly very quickly.<sup>26</sup> Police are trained “in use-of-force tactics and worst-case scenarios to reduce potential threats”, not engaging with people experiencing mental health struggles and, of particular interest to elder abuse prevention advocates, older adults experiencing the immense complexities of elder abuse, cognitive decline, and limited mobility.<sup>27</sup> It is estimated that nearly half of those who die at the hands of police have a disability.<sup>28</sup> Further, research demonstrates that Black older adults are likely not to seek help from abuse because of the risk of [racial discrimination](#).<sup>29</sup>

In honoring these experiences, California must look at how law enforcement interacts with our older Black adults and older adults of color and change where policing is doing more harm than good. To start, the Department of Aging should create a task force that will focus on centering California's elder abuse response on racial equity. The committee would examine the relationships between elder abuse, racism and policing, with an aim to discover alternatives to policing in elder abuse cases. The committee would provide a report with findings on how the state can better serve older adults of color, center racial equity in all state elder abuse responses, and how to integrate their findings into state government structures. The committee would also provide goals and timelines for reforms.

The committee should consider the following:

- Policing, with respect to elder abuse, is a blunt instrument response to a nuanced problem.
- Police are not trained to handle the complexities of known perpetrator elder abuse.
- A police response is not trauma-informed.
- An elder abuse victim of color may be less likely to report abuse for fear of police involvement.

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25 <https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/>

26 See the death of Rayshard Brooks and various other young black men, <https://www.vox.com/2020/6/13/21290334/atlanta-police-shooting-wendys-video>

27 <https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/>

28 <https://www.nbcnews.com/news/us-news/half-people-killed-police-suffer-mental-disability-report-n538371>

29 [https://www.researchgate.net/publication/341566015\\_Elder\\_Mistreatment\\_Across\\_Diverse\\_Cultures](https://www.researchgate.net/publication/341566015_Elder_Mistreatment_Across_Diverse_Cultures)

- Policing is not a culturally competent response to elder abuse.
- Police may not be helpful in cases of self-neglect.
- There are many other government and non-governmental organizations that are trained and equipped to confront elder abuse in a person-centered manner, but are chronically underfunded.

## **6. Create a statewide, easy-to-access database of elder abuse information.**

Currently, elder abuse data is stored across state, county, and local entities (police, APS, ombudsman, Dept. of Aging). When information is siloed within different levels of government, trends and patterns in abuse are difficult to ascertain. Combining all available information into a statewide database helps advocates track perpetrators and scams in real time. The database would be accessible by attorneys, law enforcement, researchers, and other members of the aging network, and include civil and criminal elder abuse offenses. Bringing all data together in one searchable database would help facilitate more research and discovery of elder abuse patterns.<sup>30</sup>

## **7. Encourage use of Advanced Health Care Directives.**

Advanced Health Care Directives are one of the tools an older adult can use to express their wishes regarding health care decision making. These documents encourage older adults to make decisions for themselves and maintain control over their lives as they age. They are especially useful for homeless older adults as they may not have the ability to carry this type of vital document with them.

To encourage the use of these documents, the state can implement several strategies. First, the state should focus efforts to increase the use of advanced health care directives by targeting Medi-Cal recipients with an information campaign. Medi-Cal currently allows doctors to bill the state for discussions regarding advanced health care planning.<sup>31</sup> The state should implement a communications campaign that informs Medi-Cal recipients of this benefit and encourages them to take advantage. The state should identify opportunities for implementing processes to assist individuals experiencing homelessness in end-of-life planning and completion of advance directives, as these individuals may have limited access to needed supports and services or lack the ability to independently complete and maintain documentation.

Second, the state should also increase funding to legal services organizations and Medical-Legal Partnerships (MLP) to encourage their clients to draft advanced health care directives. Lawyers in MLP's are often housed within a medical provider's office and are able to interact with clients during scheduled medical appointments. These directives are 'living documents' that may need to be updated periodically; legal aid organizations are well equipped to store these documents for their clients and help with updates.

30 Connecticut recently passed a bill authorizing the creation of a similar statewide 'Elder Abuse Registry'. The registry is a publicly available website housing information about offenders who have committed elder abuse. State of Connecticut Senate Bill 832, "An Act Concerning Registries of Persons Found Responsible for Assaults or Other Abuse, Neglect Exploitation or Abandonment of Elderly Persons or Persons With Disabilities", October 1, 2019, available at <https://www.cga.ct.gov/2019/act/pa/pdf/2019PA-00116-R00SB-00832-PA.pdf>

31 <https://coalitionccc.org/2016/06/medi-cal-reimburses-advance-care-planning/>

## 8. Promote alternatives to guardianship through the creation of a WINGS program.

As an individual ages, the need for help with decision-making may increase. While guardianships have traditionally been the standard method of arranging for assistance in decision making, they are often not the best option for an older individual. In fact, the American Bar Association has encouraged state legislatures to amend guardianship statutes to require courts to consider supported decision making before any guardianship order is entered.<sup>32</sup> This is due to the abuse and fraud that is all too common in the guardianship system. As an alternative, supported decision-making ensures that the rights and wishes of the protected person are considered, and that any orders are limited to exactly what is needed for the individual, avoiding blanket court orders that do not consider the abilities of the protected persons. These reforms protect the rights of not just older adults, but also disabled adults who often experience the same fraud and abuse in this system as older adults. Alternatives to guardianship (i.e. powers of attorney, health care surrogates) elevate the voice and choice of older individuals.

The state of California should establish a Working Interdisciplinary Network of Guardianship Stakeholders (WINGS) program to evaluate and drive change in our guardianship policy. WINGS is a program funded by the Administration for Community Living and administered by the ABA Commission on Law and Aging and the National Center for State Courts.<sup>33</sup> WINGS allows states to establish less-restrictive alternatives to guardianship, promote supported decision-making, and address guardianship abuse. By using the ABA WINGS Replication Guide and the other resources created while establishing WINGS programs in many other states, California can build on the work done around the country and work towards a court system that does not depend on guardianship in serving older adults with diminished capacity.

## 9. Create a statewide network of Elder Abuse Shelters.

Victims of elder abuse often find themselves unable to live in their own homes and at increased risk for experiencing homelessness as a result of elder abuse. Complex medical issues may also make a traditional shelter an inappropriate placement for a victim. By creating a statewide network of Elder Abuse Shelters, victims can be appropriately housed and receive services to return them to their original housing or find alternative safe housing options. Elder abuse shelters can be brick and mortar or 'virtual' (i.e. placement in a long-term care facility or motel/hotel).<sup>34, 35</sup>

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32 American Bar Association, "ABA Urges Supported Decision Making as Less-Restrictive Alternative to Guardianship", October 15, 2018, available at [https://www.americanbar.org/groups/law\\_aging/publications/bifocal/vol\\_38/issue-6--august-2017-/aba-urges-supported-decision-making-as-less-restrictive-alternat/](https://www.americanbar.org/groups/law_aging/publications/bifocal/vol_38/issue-6--august-2017-/aba-urges-supported-decision-making-as-less-restrictive-alternat/)

33 [https://www.americanbar.org/groups/law\\_aging/resources/wings-court-stakeholder-partnerships0/about-the-grant/](https://www.americanbar.org/groups/law_aging/resources/wings-court-stakeholder-partnerships0/about-the-grant/)

34 Spring Alliance, "Joining the Global Elder Abuse Shelter Movement", 2019, available at <http://springalliance.staging.wpengine.com/wp-content/uploads/2019/05/Weinberg-Shelter-FAQ-2019.pdf>

35 Currently, Sonoma County Adult and Aging Division operates an Elder Abuse shelter. Joy Solomon, Esq, "2018 State of the Spring Alliance", 2019, available at <http://springalliance.staging.wpengine.com/wp-content/uploads/2019/05/2019-Symposium-2018-State-of-the-SPRING-Alliance-v3.pdf>

## 10. Increase consumer protections through the creation of a state consumer protection agency.

Older adults are often the target of predatory or fraudulent financial products or schemes. For example, Spanish speaking older adults are being targeted for fraud related to the 'Property Assessed Clean Energy Program' (PACE).<sup>36</sup> PACE is a federal program that helps fund renewable energy improvements. Often, scammers deceive low-income homeowners into signing up for solar panels without the knowledge that the loan is secured by the home and may dramatically increase property taxes. Increased state consumer protections are needed to combat the increased complexity of scams targeted at older adults. This spring, Los Angeles County ended its PACE program after years of complaints, citing a lack of "adequate consumer protections."<sup>37</sup> PACE is just one example of the gap in consumer protections that exists here in California.

This year, Governor Newsom proposed creating a state consumer protection agency in the state budget.<sup>38</sup> While these plans have been put on hold due to the budget deficit, California should aim to create this agency in the future. A state-based consumer protection agency would have the ability to recognize statewide fraud trends and collaborate with stakeholders that serve older adults and examine the needs of other groups like disabled adults. This agency could also field complaints from the public and pursue greater prosecution of financial fraud. In addition, in a dedicated agency, a unit aimed at protecting older adults could be created.

# Emergency & Disaster Preparedness & Response

## Planning – Response – Recover Before, During & After:

California needs a coordinated communication system that increases the wellbeing, safety and independence of people with disabilities and older adults when disaster and emergency occur. We need an infrastructure that provides consistency and serves as a back and forth communication hub between the state, counties and CBO's. As Climate Change continues to impact our environments there is an urgent need for consistent guidance and communication on how to support and ensure that emergency services and programs are both physically and programmatically accessible when they are created and when they are stood up during a disaster or emergency. Time and time again we see the lack of inclusive disaster and emergency planning that takes into account people with disabilities and older adults that have access and functional needs.

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36 PACE loan contractor prosecuted by LA City Attorney. Case states that contractors sought out Spanish speaking communities. Andrew Khouri, "Homeowners were defrauded through the PACE lending program, L.A.'s city attorney alleges", April 4, 2019, available at <https://www.latimes.com/business/la-fi-pace-solar-lawsuit-20190404-story.html>

37 Andrew Khouri, "L.A. County ends controversial PACE home improvement loan program", <https://www.latimes.com/homeless-housing/story/2020-05-21/la-fi-pace-home-improvement-loans-la-county#:~:text=Los%20Angeles%20County%20has%20ended,risk%20of%20losing%20their%20homes>.

38 Aarthi Swaminathan, "'A major, major initiative': California wants to create its own Consumer Financial Protection Bureau", February 10, 2020, available at [https://ca.finance.yahoo.com/news/california-mini-cfpb-133209881.html?guccounter=1&guce\\_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLnNvbS8&guce\\_referrer\\_sig=AQAAAE-6O4usCnSPp4Pq3d18n9-aSYkHcQ\\_Qwj9\\_wmlcZeENNLlaAvW3JnwzbrFP\\_09ZA2i59XTmGEX5Zzi3de2vTZvjoR-ju9XT4lvGnugT5u79YTPlzDplOYrR8Ciy3E9quDPqYXd5c5i5uAoioGo3Nv0zdh-ctP2LMSvJINbV7dYr](https://ca.finance.yahoo.com/news/california-mini-cfpb-133209881.html?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xlLnNvbS8&guce_referrer_sig=AQAAAE-6O4usCnSPp4Pq3d18n9-aSYkHcQ_Qwj9_wmlcZeENNLlaAvW3JnwzbrFP_09ZA2i59XTmGEX5Zzi3de2vTZvjoR-ju9XT4lvGnugT5u79YTPlzDplOYrR8Ciy3E9quDPqYXd5c5i5uAoioGo3Nv0zdh-ctP2LMSvJINbV7dYr)

California is in desperate need of physical and programmatic standards that must be followed by public/county emergency shelters, cooling centers, community resource centers and other short-term facilities available during a disaster. Signage that identifies what services are available at the shelter and where to go are needed. Accessible hand washing stations and restrooms should be a requirement at all public/county shelters and shelter personnel should have a list of what local CBO's to contact for additional support.

Shelters, cooling centers, community resource centers and other short-term facilities must have professional and experienced individuals with disabilities and older adults who can provide the onsite guidance and support needed for staff and community members in need of specialized services.

Often when people with disabilities and older adults are evacuated they are forced to leave without the opportunity to take their personal assistive technology (communication devices, cell phones with activities of daily living apps, etc.), and durable medical equipment (hearing aids, wheelchairs, walkers, canes, etc.). Most of the time it is because emergency vehicles are not equipped to take equipment/devices or due to the emergency individuals are rushed from their home before they have a chance to retrieve what they need to take with them. When this happens individuals are often dropped off and hospitalized rather than shelters. If they are dropped off at shelters without their aids they are often transitioned to the hospital because the shelter staff doesn't know how to assist the individual and believes the hospital would be a more appropriate location. These situations put individuals with disabilities and older adults at risk of staying at a hospital for longer periods of time and many end up unnecessarily in long-term facilities such as nursing homes. This can be avoided if first responders were provided training and refresher training on essential questions that should be asked when evacuating people. Not every evacuation would allow the time for such questions, but there are times when more time is available.

Shelter staff do not typically have a background in social work or experienced in working with individuals with disabilities and older adults. There is often a misconception among those who are less familiar with the community and therefore do not feel that individuals with disabilities can have their needs met in a shelter environment. While that can be the case there needs to be alternatives to hospitalization. Shelters need to be able to provide alternative short-term housing (accessible motel/hotel vouchers) food stipends and transportation. They should not refer disabled individuals to hospitals. In addition, shelters need to have ongoing training and consistency who to go to for durable medical equipment, incontinent supplies, Personal Assistance/caregiving support, ASL interpreters, etc. Short-term housing is not a way to segregate individual with disabilities, but when it is offered it needs to

also include all of the supports and services that an individual would get if he or she were to stay at the shelter. When short-term housing is provided food, transportation, communication and caregiving becomes a problem.

Individuals with access and functional needs in shelters are often left without access to their prescription drugs and do not have accessible transportation to get them while at the shelter. Having a shelter staff responsible for RX pickup and accessible transportation for those in need would be an improvement.

While the state has taken the pandemic into account when opening disaster and emergency shelters in 2020, there has been unforeseen gaps that have risen due to not having people with disabilities at the planning table. For example, food disruption at shelters has changed to decrease cross contamination, but an unintended consequence of providing individually wrapped food items has made it increasingly difficult for those in the shelter that have medical dietary needs. Alternative meals were easier to make in a buffet and are now completely unavailable.

Currently, there are social service agencies in California that are required to ask if an individual has a personal preparedness plan. As an example, this question is asked by In Home Support Services Social Works. The question requires the social worker to check a box and does not require any type of confirmation or further discussion that could potentially lead to more effective personal emergency planning. Personal preparedness plans are an essential way to ensure that an individual is aware of what could happen to them if a disaster were to occur. It's a missed opportunity to now require all public social workers and managed care coordinators to not work with individuals to develop or update a personal preparedness plan on at least an annual basis.

Public Safety Power Shutoffs (PSPS) events and other types of emergencies need to be defined as disasters. The level of supports and services needed for individuals that rely on assistive technology (AT) and durable medical equipment (DME) that is powered by electricity can be the difference between life or death. California cannot go without offering disaster related services during a PSPS event.

State, counties, utility companies and CBO advisory committees need to be developed in each county. Committees must work in collaboration to better serve individuals with AFN through inclusive and equitable disaster and emergency systems.

Managed Care Organizations that give prescriptions to individuals to secure AT and DME that require electricity also need to be accountable for providing backup power to those same individuals.

Nursing facilities and other congregate settings need to be required to have not only a disaster plan to secure their licensing and renewal, but emergency plans that include PSPS events, other types of power outages, active shooter, pandemic and any other type of emergencies.

**Recommendations:**

1. Appoint experienced people with disabilities and older adults to serve on statewide disaster, emergency and climate change advisory committees and commissions to ensure that individuals with access and functional needs are prioritized and further disaster and emergency recommendations can be provided on an ongoing basis.
2. Appoint a person with a disability to serve in the Governors office to be the disability and aging community advisor on disasters and emergencies. The appointee should be connected to the community and have the ability to coordinate stakeholders as well state partners on disability disaster and emergency communications that are provided to the administration and the public.
3. The administration would benefit from working in partnership with the CalOES Access and Functional Needs Advisory Committee, Disability Access Commission and California Certified Access Specialists to develop standards for all emergency shelters, cooling centers, community resource centers and other short-term facilities during disasters.
4. It typically takes longer for people with disabilities and older adults with access and functional needs to evacuate during an emergency. It is critical that there are resources available and allocated to individuals with AFN who receive emergency warning alert to voluntarily evacuate. While CBO's and counties are providing support there is no funding to assist when there is a voluntary evacuation warning put out to the public. Waiting for a mandatory evacuation alert is often too late for someone with AFN to get out safely with their daily living aids. California needs to change the way emergency resources are allocated to the AFN population. The way the system is currently setup leaves counties and CBO's hesitant to assist AFN evacuees due to cost and reimbursement from the state. Counties and CBO's need to be reimbursed when assisting individuals with AFN in evacuating during a warning and mandatory evacuation.
5. California needs to require that Managed Care Organizations provide backup electricity when prescribing a device that requires power through the renal of the 1115 waiver.

6. Telecom companies need to provide shelters with smart phones for evacuees while at the shelter and long-term for those who have no home to return to. The device can assist individuals in communicating with loved ones while at the shelter, but also identify resources to assist in recovery efforts. Individuals who need the cell phone on a long-term basis should be able to keep it for 6 – 12 months and should be tracked by a CBO to perform wellness checks and assistance in finding housing as well as other resources after disaster loss.
7. Telecoms should provide high speed internet at shelter sites and have smart devices hot spot equipped.
8. California's low income housing buildings and congregate living facilities that reside in CPUC wildfire threat tier 3 and tier 2 areas need to be required to enroll in the Self Generated Incentives Program (SGIP).