

Berkeley Age-Friendly Continuum Strategic Plan

2017

Funded by:



**Berkeley Age-Friendly Continuum
STRATEGIC PLAN**

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**EXECUTIVE SUMMARY**

**I. Background and Context**

Over a period of years, a group of older adults met around a kitchen table because they were not happy with the housing and support options they faced as they aged in Berkeley. This conversation grew and the group obtained funding from the City of Berkeley, Kaiser Permanente, and Alta Bates/Summit Medical Center for planning to make Berkeley a more “Age Friendly” place. Ashby Village has sponsored and served as fiscal agent for the project.

Planning for the Berkeley Age Friendly Continuum (Continuum) was led by a Leadership Team of individuals and organization representatives who had been involved in the conversation for several years. Additional Partners joined later. Activities included a comprehensive needs assessment, setting priorities and methods to address priorities, articulation of an organizational structure, and 3- and 10-year plans for a sustainable organization to support those efforts.

This interest in strengthening Berkeley as a place to age coincides with several other large movements addressing the needs of the rapidly growing older adult population worldwide. Our planning has been heavily informed by the peer-led Village movement, seen in over 300 communities in the US; and the Age Friendly Cities and Communities effort, led in over 20 countries by the World Health Organization (WHO), and facilitated by AARP in over 150 communities in North America.

The WHO/AARP Age Friendly Cities and Communities movement focuses largely on city and county governments to anticipate the wants and needs of their older populations, as well as on the growing demand for and cost of medical and social services. With Berkeley specifically anticipating a doubling of its older adult population by 2030 (to 20.5% of the overall population), the City of Berkeley applied for and was approved to enter the WHO/AARP Age-Friendly Community planning process.

These two efforts (the City’s Age-Friendly Planning and the Continuum’s focused initiatives) are heavily overlapping and are well coordinated with each other. The City’s Age Friendly Communities planning process started later, and has a wide set of issues to plan for in a series of AARP-defined steps before it moves to broad implementation across many sectors of the community. The Continuum will focus on just a few efforts, and is considered “lighter on its feet” in terms of being able to move quickly to leverage resources in non-governmental sectors and to implement community-based initiatives.

**II. Needs Assessment – Brief Summary of Findings**

A comprehensive needs assessment was conducted to support the Continuum’s planning process and the findings are too substantial to present in this Executive Summary. However, findings show that the needs of older adults in Berkeley are quite representative of findings across international, national and local studies and surveys.

Given the sheer increase in the anticipated numbers of older adults living in Berkeley, or who will be trying to stay in Berkeley by 2030 (and beyond), there are unmet needs in virtually every topic area explored in this report. With input from Berkeley residents, combined with input from Leaders and experts in the field, the top Berkeley priorities identified by the Continuum are:

- Affordable, accessible housing;
- Affordable in-home supports and service-linked housing;
- Affordable, desirable settings for out-of-home assisted living (e.g., CCRC and alternatives);
- Expansion of eligibility criteria for subsidized services to raise access levels up to middle income;
- Innovations in both technology and care/service delivery to support community-based living (and control costs) for as long as possible;
- More “human touch” for information, referral and system navigation; and
- More active fall prevention outreach and home modification programming.

**Cost Containment and Social Determinants of Health** must be addressed as the demand and cost for medical care rises. Increased emphasis on prevention and early intervention, use of technology, and community-based resources to address social determinants of health are key tools in this effort.

Not only are **new technologies** being used within the medical care delivery system to reduce cost and improve health outcomes, but technology available in the community to support older adults to live the healthiest, fullest lives possible is also proliferating. To the extent that these technologies support individuals to take care of themselves, ease stress on their caregivers, meet their logistical and social needs, and keep them connected, they also have great potential to reduce overall health care costs.

Additional considerations include: **Partnerships** between providers of clinical (medical and behavioral health) care and those who offer a range of broader supports in home and community settings are more critical than ever; and **Cross-Sector Advocacy and Leadership** is needed to develop community-based opportunities.

### III. Ten-Year Vision, Mission and Plan

Based on the needs assessment and meetings with Leaders and Partners, the Continuum has articulated its **VISION**: That older adults live in their communities of choice as they age; where culture, relationships, supports, and services enhance their ability to live independent, active, and engaged lives. Its **MISSION** is: To ensure implementation of an integrated, person-centered, replicable, continuum of supports and services for older adults and those with disabilities as they navigate transitions of aging.

Ultimately, the Continuum sees its **target area** as the “natural service area” of Berkeley, Albany, Emeryville and North Oakland. However, for start-up we see the City of Berkeley as offering a geographically-bound “laboratory” for defining a community-based, multi-service approach to comprehensive integration of supports, services, housing and technology for older adults, and in support of loved ones who care for them. We envision **all older adults** in the geographic area benefiting from our programming, although different efforts will likely focus on different sub-populations (e.g., by location, economic or functional health status).

The Continuum's **APPROACH** is designed to be highly collaborative using a Collective Impact Model to harness the efforts of a variety of community-based agencies and local government by focusing on a common set of desired outcomes. A newly formed centralized organization will facilitate the **leveraging** of community and partner resources first, before providing any new services itself. It may initiate new, unique or highly collaborative programming itself to fill a gap or facilitate rapid implementation. This would also contribute to the organization's long-term financial sustainability.

**OBJECTIVES/DESIRED OUTCOMES:**

- **Strengthen support for community-living:** Expanded access to affordable and appropriate housing, in-home and community-based supports, information and referrals, care coordination, food, transportation and social engagement will support aging in the community for more older adults, for longer periods of time. Intergenerational opportunities are a priority.
- **Reduce medical costs:** Avoidable hospitalizations, emergency room visits and community-based emergency response calls will be reduced.
- **Improve older adult satisfaction:** Older adults living in Berkeley will report satisfaction with their quality of life with emphasis on increased options/access to resources that support them to age in their home community.
- **Improve provider satisfaction:** Community-based and medical care providers will report improved continuity and efficiencies in care.
- **Document and share replicable model:** Berkeley's successes will be documented and shared for expansion to the surrounding communities and beyond.

**TEN-YEAR FOCUS:** The Continuum will be a **driver of action** through use of project teams and by seizing opportunities that arise. It will provide **leadership and communication** in the primary areas of: a) Housing, b) Information & connectedness, c) personalized linkages (gateway, navigation, wrap-around), d) social connections, e) policy & advocacy, f) incubating tech and other innovations, and g) data collection evaluation, sharing findings and supporting replication efforts

**LONG-TERM, SUSTAINABLE REVENUE MIX:** It will take up to 10 years to develop a strong, diversified funding mix that will ensure stability for the new leadership organization. Critical to this is development of ongoing, earned income streams that will allow for reduced support from grants and corporate contributions over time. This mix will include: fee for service/capitation, grants and corporate contributions, project payment, individual payment for services, and collaborative member and government contributions.

**IV. Why Our Effort Is Timely and Innovative**

In addition to the rapidly growing peer-to-peer resources fostered by the Village movement, the Age Friendly Communities movement, led by AARP in North America, has a broad focus that touches on eight domains and many dimensions of community enhancements, health and individual well-being for older adults. While our needs assessment was informed by these two strong efforts, our action plan focuses on a few specific areas of highest need, as identified by local residents and supported in the literature, where we seek to leverage community resources and have deep impact in a relatively short period of time.

Combined with our public/private partnership, we see this as a form of “Age Friendly 2.0” in its “deeper dive” to achieve the outcomes that older adults want and the health care sector needs. We are happy to report that AARP is aware of and interested in our intensive efforts as demonstrating a potential pathway for other Age Friendly efforts to have a fast, high impact on the community. Our potential to inform the field includes the following factors:

**A Geographically Defined Laboratory for Innovation:** Starting our effort in just Berkeley is a plus – as it offers a geographically-defined and limited area in which to pilot and assess for effectiveness.

**Our Broad Partnership:** The Continuum is a unique partnership between older adults, community-based providers, large medical providers and insurers in the local community, the City of Berkeley, and the University of California. The City, Kaiser Permanent and Alta Bates/Summit Medical Center have provided strategic planning funds as well. Ashby Village has sponsored and served as fiscal agent for the planning process and will continue in that role until a separate organization is developed. Several non-affiliated older adults who live in Berkeley were responsible for getting the project started, and remain involved. This collaborative brings a wealth of perspectives, experience and resources to assure an effective, relevant and focused effort. The partnership will further expand as the Continuum develops a Board of Directors that reflects the local community, as a part of its organizational development activities in Year 1.

**Our Focus on Reducing the Cost of Care:** What older adults want is highly compatible with reducing the cost of medical care for this age group. While the literature suggests that efforts such as ours will reduce medical costs, we seek to demonstrate this concretely.

**An Emphasis on Technology:** Active representation on our Leadership Team from The Center for Technology and Aging at UC Berkeley helps us to consider the potential for use of existing and emerging technology in all of our activities – with emphasis on emerging platforms for Information and Connectedness, as well as the potential to serve as a technology incubator for emerging technologies to support older adults to remain in their homes.

**Our Commitment to Evaluate for Impact:** As a laboratory for learning and demonstrating “what works,” we are committed to the development of measurable outcomes for each of our programs with appropriate and feasible data collection to allow us to have continuous feedback for program improvement, as well as to be accountable to our funders and to share with others.

## **V. Three-Year Start-Up Plan**

Our three-year start-up activities will focus on:

### **A. Governance and Organizational Development**

1. Developing a diverse, representative Board of Directors and incorporating as a 501(c)(3) (Yr 1);
2. Hiring a full-time Executive Director (by 18 months) and phasing out leadership contractors;
3. Eliminating the fiscal agent by developing internal systems and/or purchase of services (Yr 2);
4. Raising funds to achieve three-year start-up plans (ongoing);
5. Developing a plan and taking action to diversify funding sources in the future (Yr 2);

6. Establishing evaluation capacity and systems for program efforts through a combination of internal and external resources (ongoing).

1. **Plan for Long-Term Projects:** In close collaboration with the City of Berkeley, continue to advocate, develop and convene partners and builders, and plan for more housing of all types for older adults in Berkeley including a service-linked housing demonstration project.

**B. Implement Prioritized Projects as Ready:**

1. **Advocacy** – Advocate for “aging in all policies” with emphasis on the Continuum’s priority areas including housing – led by staff, engaging leaders, partners, board and as older adults.
2. **Information & Connectedness** – Not just information about older adult “services,” but a welcoming, robust website with advanced capabilities, including links to intergenerational resources, activities, live assistance by phone and in-person, and ultimately, will offer chat rooms and on-line classes and support groups to foster socialization and connectedness.
3. **Personalized Linkages** – In addition to supports available via the website, three levels of non-residential, personalized support will offer early outreach to older adults for prevention and early intervention, and will increase in intensity for some individuals to facilitate access to community-based services and supports impacting social determinants of health.
  - a. **Gateway** – This prevention/early intervention effort builds on the Village model and will reach out to older adults at a certain age (e.g., 75 TBD) and offer a home visit to explore ways to strengthen the individuals’ ability to age in the community. A home visit will explore fall hazards, availability of and skills to operate the internet, support systems and risk for isolation, having a medical home, behavioral risks, and affordability of housing now and in the future. Personalized referrals and linkages will be offered along with a package of information and gifts. This may involve a follow-up visit or phone call. After initial roll-out, as capacity permits, individuals and providers will be able to request a home visit at any age as well.
  - b. **Navigation** – Some people engaged through Gateway will require more than one follow-up to “catch them up” on unmet needs. Once these unmet needs are met, however, these individuals will not require ongoing assistance. In addition to “finishing” the interaction with Gateway clients, the navigation function will meet community need by supplementing the supply of existing navigators who operate from multiple agencies in the City.
  - c. **Community-Based Wrap (CBWrap)** – While this element is still evolving, we know that those older adults identified through Gateway or Navigation who need more intensive, ongoing supports to manage a crisis, transition, or ongoing inability to maintain their current lifestyle, will receive intensive, ongoing supports to stabilize/resolve their issues. We hope to receive referrals from medical providers – on a fee-for-service or capitation basis – to manage individuals coming out of the hospital or otherwise facing significant transitions.
4. **Innovation Incubator – Tech and Other** – While developing our Innovation Incubator is not a top priority in Year One, it is a priority to obtain and implement at least one technology field test project in the first three years. More work is needed in terms of outreach to achieve this. Revenue for participation in the project will be expected to cover all real costs for implementation and data collection, as well as some additional administrative support.

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STRATEGIC PLAN**



**TABLE OF CONTENTS**

|                                                          |           |
|----------------------------------------------------------|-----------|
| <b>Executive Summary</b> .....                           | <b>i</b>  |
| <b>Table of Contents</b>                                 |           |
| <b>I. Background and Context</b> .....                   | <b>1</b>  |
| <b>II. Needs Assessment</b> .....                        | <b>3</b>  |
| <b>III. 10-Year Vision, Mission and Plan</b> .....       | <b>6</b>  |
| <b>IV. Why Our Effort is Timely and Innovative</b> ..... | <b>9</b>  |
| <b>V. 3-Year Start-Up Plan</b> .....                     | <b>11</b> |

**Attachment: Needs Assessment with Executive Summary**

## I. Background

**History:** Over a period of years, a group of older adults met around a kitchen table because they were not happy with the housing and support options they faced as they aged in Berkeley. As this conversation grew, members sought and gained funding to conduct planning to make Berkeley a more “Age Friendly” place. Funders for the 10-month strategic planning process reflected here was obtained from the City of Berkeley, Kaiser Permanente, and Alta Bates/Summit Medical Center. Ashby Village has sponsored and served as fiscal agent for the project.

The planning process included a comprehensive needs assessment, establishment of priorities and methods to address priorities, development of an organizational structure, and proposed 3- and 10-year plans for a sustainable organization to support those efforts. These products are included here.

Planning for what is currently called the Berkeley Age Friendly Continuum, or “Continuum,” was led by a Leadership Team composed of individuals and organization representatives who had been involved for several years. During planning, additional Partners were invited to join because they had expressed interest in the effort, provided highly related services, and/or brought important expertise or perspective. A list of those Leaders and Partners is included on the following page.

The Leadership Team hired Nancy Frank & Associates to conduct the needs assessment and facilitate the planning process. Additional associates were Dan Geiger, Susan Poor and Libby Dietrich. Two UC Berkeley graduate student interns also supported the effort: Abbey Dykhouse, Masters in Social Work Program, and Carrie Gladstone, Joint Masters in Public Health and Business Program.

**Context:** This interest in Berkeley to move the city toward being a community where people are able to age in the way they want to age, coincides with several other large movements addressing the needs of the rapidly growing older adult population worldwide. Since 2002, the Village Movement has seen over 300 communities in the U.S. form membership-based non-profits that are largely volunteer-driven to provide a range of logistical and social supports to older adults.

The Age-Friendly Cities and Communities effort is led in over 20 countries by the World Health Organization<sup>1</sup>, and facilitated by AARP in over 150 communities in North America.<sup>2</sup> This movement focuses on city and county governments to get ahead of the wants and needs of older adults, and to address the growing demand for/cost of medical and social service services. With Berkeley facing a doubling of its older adult population by 2030 (to 20.5% of the overall population), the City applied for and was approved to enter the WHO/AARP Age-Friendly Community planning process.

The City’s Age-Friendly Planning and the Continuum’s initiatives are heavily overlapping and are well coordinated with each other. The Age Friendly Communities planning started later, and has a wide set of issues to address in a series of AARP-defined steps before it moves to implementation. The Continuum has chosen just a few focused efforts, and is considered “lighter on its feet” and able to move quickly to leverage resources in multiple sectors and to implement community-based initiatives. The Continuum’s unique characteristics are discussed further in Section IV of this report.

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<sup>1</sup> [http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf)

<sup>2</sup> <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>



## CONTINUUM PARTICIPANTS

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As of March, 2017

### Leadership Team

Chair: Steve Lustig, Associate Vice Chancellor Emeritus, UC Berkeley; Ashby Village Board Member

- Jesse Arreguin, Mayor (current)
- Former Mayor of Berkeley: Tom Bates (Mayor through 2016, now ex-officio member)
- Ashby Village: Andra Lichtenstein, Chair, Ashby Village Board; Principal, Capital Incubator
- Center for Technology and Aging, UC Berkeley: David Lindeman, Director
- Lifelong Medical Care: Marty Lynch, CEO
- Episcopal Senior Communities: Kevin Gerber, President and CEO
- CalQualityCare: Charlene Harrington, Professor Emeritus, UCSF School of Nursing; Principal
- Chapparral House: K. J. Page, Administrator
- California Advocates for Nursing Home Reform: Carla Woodworth, Co-Founder; former member Berkeley City Council

### Partners

- Ashby Village: Andy Gaines, Executive Director
- Alameda County Health Care Services Agency: Rebecca Gebhart, Acting Director
- Northern California Presbyterian Homes and Services: Janet Howley, Vice President
- Center for Independent Living, Inc. (CIL): Thomas Gregory, Deputy Director
- Center for Elders Independence(CEI): Linda Trowbridge, CEO; Lenore McDonald, Director of Development
- Episcopal Senior Communities: Tracy Powell, Vice President Community Services
- Center for the Advanced Study of Aging Services, UC Berkeley: Andrew Scharlach, Director
- J-Sei: Diane Wong, Executive Director

### Consultants

- Nancy Frank & Associates, Piedmont, CA
- Dan Geiger Consulting, San Francisco, CA (2016)

### Graduate Student Interns

- Abbey Dykhouse, Masters in Social Work Program, UC Berkeley
- Carrie Gladstone, Joint Masters in Public Health and Business Program, UC Berkeley

**Funded by:** Kaiser Permanente Community Benefits Program, Sutter Health: Alta Bates Summit Medical Center, City of Berkeley

## II. Needs Assessment – Brief Summary of Findings

The full Needs Assessment, with a more thorough Executive Summary, is included as an Attachment. It is summarized briefly here.

### What Older Adults Want and Need

The needs of older adults in Berkeley are quite representative of findings across international, national and local studies and surveys. With emphasis on local input from Berkeley older adults, and Continuum leaders and partners, the top issues are:

- Enough money to live on;
- The ability to stay in Berkeley throughout the aging years;
- Housing, housing, housing. Affordable housing, housing that older adults want to live in, housing that facilitates getting needed supports as people age (e.g.: service-linked housing, affordable CCRCs), housing to stay in Berkeley;
- In-home supports that are identifiable, affordable and trustworthy;
- Easy access to individualized information, linkages and navigational support;
- Transportation;
- Safety – Safe sidewalks, safety in their homes and in the community;
- Social connectedness, engagement and accessible activities; and
- Access to healthy foods and prepared meals.

Looking at needs differently, older adults also express that:

- Older adults who are middle income, and those at the upper end of low-income, are at high risk of falling through the cracks. They do not qualify for enough benefits to meet their needs and often cannot afford to meet those needs out-of-pocket. The extreme shortage of affordable housing in Berkeley exacerbates this.
- The poorest of the poor must work hard at it, and some can piece together free and low-cost services that take care of basic needs. However, improved communication, transportation, discounts and human assistance would make a big difference in the quality of their lives. The critical exception to this ability to “piece it together” in Berkeley is the current norm of 6–8 year waiting lists for low income housing. This is pushing many older adults out of Berkeley.
- Even those older adults with decent retirement incomes face problems with isolation, mental health problems and memory loss, access to prepared food, finding reliable in-home supports and managing their technology.

### Leaders and Experts Add

- Many of today’s older adults did not address financial planning for their aging years early enough – leading to housing instability and avoidable poverty. Today’s housing costs do not help this. Effort is needed to get rising older adults to address this earlier.

- Falling, a leading cause of hospitalization and death in older adults, is also not addressed early enough – with hazard evaluation, home modifications, and training needed for prevention of falls.
- Mental health issues, addiction to prescription medications, and memory care needs are growing exponentially as more people age – and the workforce, as well as housing and service systems, are not prepared to respond to this.
- Expanded capacity to provide in-home and residential service-linked or assisted living care is critical, both to offering older adults the lifestyles that they want, and reigning in the cost of care. To do this, not only are new methods for providing linkages and new funding streams for these types of supports needed, but living wages and concerted recruitment and training efforts are needed to build the necessary workforce. Expanding the capacity of providers at all levels to be able to manage the growing prevalence of psychiatric and memory disorders will also be critical.

### **Supply of Needed Resources**

Given the sheer increase in the anticipated numbers of older adults living in Berkeley, or who will be trying to stay in Berkeley by 2030 (and beyond), there are unmet needs in virtually every topic area explored in this report. To truly achieve an Age Friendly Berkeley, the bar needs to be raised across the board. If pressed to identify those areas of greatest unmet need, they include:

- Affordable, accessible housing;
- In-home supports and service-linked housing;
- Affordable, desirable, local settings for out-of-home assisted living (e.g., CCRC and alternatives);
- Expansion of eligibility criteria for subsidized services to raise access levels up to middle income;
- Innovations in both technology and care/service delivery to support community-based living (and control costs) for as long as possible;
- More “human touch” for information, referral and system navigation; and
- More active fall prevention outreach and home modification programming.

It is important to note that, in the process of expanding needed resources, a preference for intergenerational settings and interactions rather than isolation of older adults is a priority.

### **Social Determinants of Health and Cost Containment**

Social determinants of health, which disproportionately impact lower income communities and people of color, are increasingly recognized as important contributors to both quality of life among older adults and health status. When these are inadequate, poorer health result in higher medical care costs. The CDC and WHO define social determinants of health as complex, integrated, overlapping social structures and economic systems that are responsible for most health inequities including social and physical environments, health services, structural and societal factors.<sup>3</sup>

With the rapid growth of the older adult population, medical care providers and insurers need to control their rising costs. Ways they are seeking to achieve this include increased emphasis on prevention and early intervention, use of new technologies, and addressing critical non-

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<sup>3</sup> <https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

medical/social factors that contribute to inequities in health. Fortunately, these shifts on the provider side will also move older adults closer to the quality of life that they want.

While partnering with community-based providers to address social determinants affecting inequities in health is one important approach to cost containment, other large-scale opportunities exist. These include:

- More comprehensive, all-inclusive payment models that support patient-centered, community-based care are needed.
- Avoidable hospitalizations can be reduced by a variety of different interventions, ranging from fall prevention programming, supporting adherence to medication regimens, or navigation support to be sure that people follow through on referrals. On the community-based side, support to meet every day needs can help keep people adequately housed, healthfully fed and socially engaged – which will also contribute to reducing hospitalizations.
- Re-hospitalizations can be reduced by many of the same efforts but especially with adequate care in the home to recover properly.
- Expensive, long term care nursing homes will probably always be needed by a small population that has high, chronic medical care needs. But overall, nursing homes will continue to shift their focus toward shorter term, rehabilitative stays.
- Continuing Care Communities (CCRCs) provide a nice balance between total independence and institutional care. In fact, the availability of in-home supports (assisted living) in CCRCs is likely reducing hospitalizations and the need for short or long-term nursing home care. Cost and alternative payment options have not yet been affectively addressed to make them adequately available to a broader portion of the older adult population.

### Technology

Not only are new technologies being used within the medical care delivery system to reduce cost and improve health outcomes, but technology available in the community to support older adults to live the healthiest, fullest lives possible is also proliferating. To the extent that these technologies support individuals to take care of themselves, ease stress on their caregivers, meet their logistical and social needs, and keep them connected, they also have great potential to reduce overall health care costs.

### Discussion

As we look at this summary, additional issues arise that should be addressed as the Continuum plans its future. These include:

- **The Nature of Partnerships:** As identified frequently throughout this document, partnerships between providers of clinical (medical and behavioral health) care and those who offer a range of broader supports in home and community settings are more critical than ever. Person-centered care requires it; addressing social determinants of health requires it; and supporting older adults to age in their homes and in the community with the quality of life they want requires it.

To-date, it seems that the impetus for these new partnerships is coming from the medical sector – approaching community-based providers to support them. The question of how a well-

organized community sector might configure itself and provide comprehensive options to medical providers to meet mutual needs has not been explored.

- **Cross-Sector Advocacy and Leadership:** Once mission and values are defined, strategic planning is about blending responses to need, opportunities, and fit with capabilities and resources. Some of the needs outlined here could be filled by Continuum partners. Others are beyond the current scope or scale of Continuum partners to fill (e.g., building enough market rate housing to meet the need, providing enough in-home care at an affordable rate to meet the need).

This does not, however, exclude the Continuum from taking a role in addressing these needs. While the City of Berkeley is active and proactive in this arena, more is needed. There is still a high unmet need for advocacy and leadership across sectors to develop the communication, collaboration, and multi-disciplinary resources necessary to address key areas of need, to “raise the bar” overall, for an age-friendly Berkeley.

### III. Ten-Year Vision, Mission and Plan

Based on findings from the needs assessment and a series of meetings with Leaders and Partners, the broad elements of the Continuum’s focus for the next ten years are:

**VISION:** Older adults live in their communities of choice as they age; where culture, relationships, supports and services enhance their ability to live independent, active and engaged lives.

**MISSION:** To ensure implementation of an integrated, person-centered, replicable continuum of supports and services for older adults and those with disabilities as they navigate transitions of aging.

**TARGET POPULATION AND GEOGRAPHIC AREA:** Ultimately, in the 10-year timeframe, we see our target area as the “natural service area” of Berkeley, Albany, Emeryville and North Oakland. However, in the 3–5-year timeframe, we see the City of Berkeley as offering a geographically-bound “laboratory” for defining a community-based, multi-service approach to comprehensive integration of supports, services and technology for older adults, and in support of loved ones who care for them.

We envision all older adults in the geographic area benefiting from our programming. However, different efforts will likely focus on different sub-populations (e.g., by location, economic or functional health status).

**APPROACH:** The Continuum is designed to be a highly collaborative organization using a Collective Impact<sup>4</sup> model to harness the efforts of a variety of community-based agencies and local government with differing missions, by focusing on a common set of desired outcomes. A number of other age-friendly groups around the country are using this same approach.

With this in mind, the Continuum is designed to serve as a central organization that will facilitate the leveraging of community and partner resources FIRST, before providing any new services itself. It may initiate some new, unique or highly collaborative programming itself to fill a gap or facilitate

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<sup>4</sup> [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

rapid implementation. Revenue generated from these services would also contribute to the organization's long-term financial sustainability.

In summary, as the lead agency for this collaborative effort, the Continuum will primarily:

- Be a driver of action;
- Engage older adults in all aspects of its work and programming;
- Leverage, engage and collaborate with community partners; and
- Develop person-centered resources to enhance the aging experience.

#### **OBJECTIVES/DESIRED OUTCOMES:**

- **Strengthen support for community-living:** Expanded access to affordable and appropriate housing, in-home and community-based supports, information and referrals, care coordination, food, transportation and social engagement will support aging in the community for more older adults, for longer periods of time. Intergenerational opportunities are a priority.
- **Reduce medical costs:** Avoidable hospitalizations, emergency room visits and community-based emergency response calls will be reduced.
- **Improve older adult satisfaction:** Older adults living in Berkeley will report satisfaction with their quality of life with emphasis on increased options/access to resources and housing that support them to age in their home community.
- **Improve provider satisfaction:** Community-based and medical care providers will report improved continuity and efficiencies in care.
- **Document and share replicable model:** Berkeley's successes will be documented and shared for expansion to the surrounding communities and beyond.

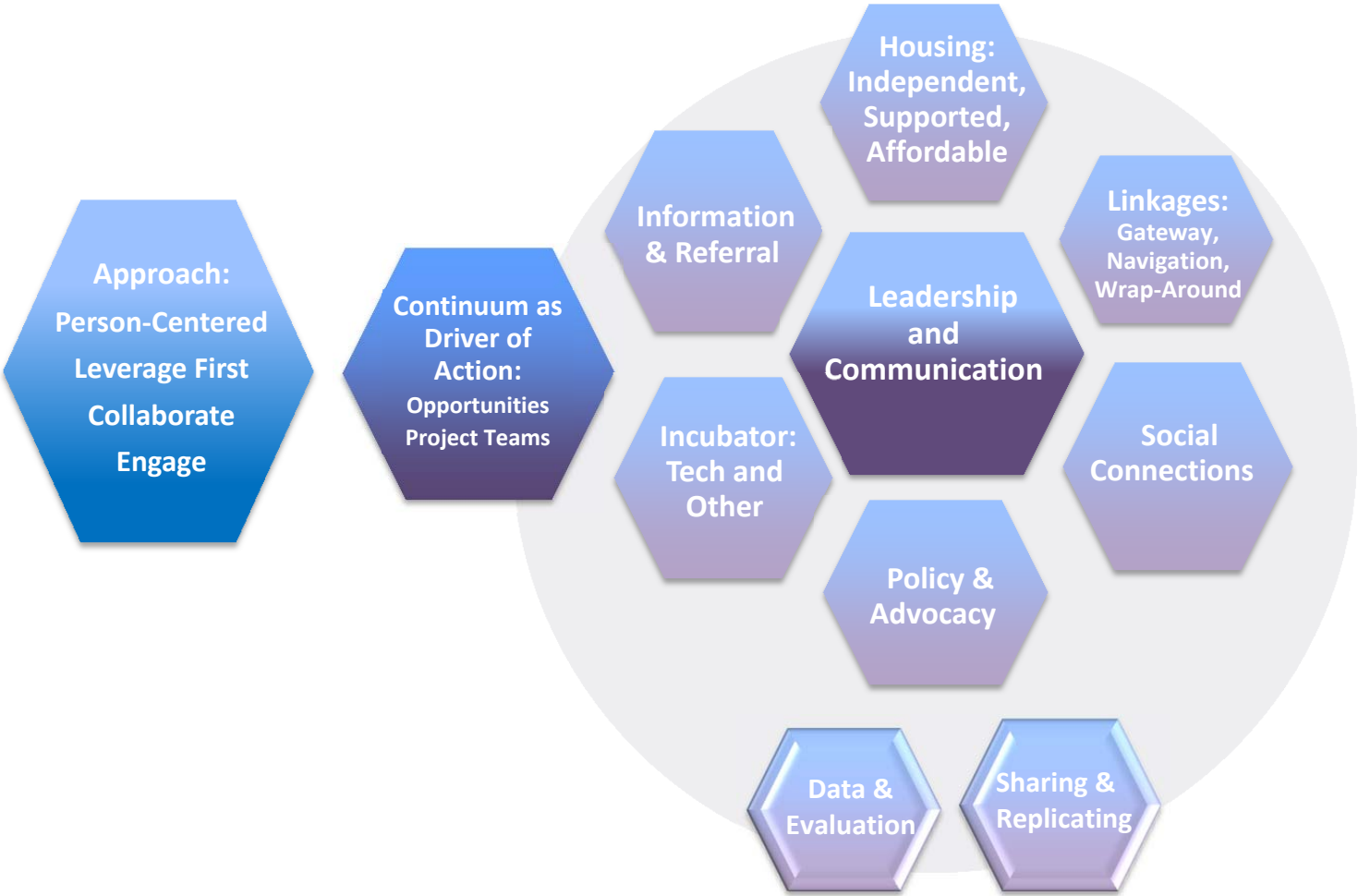
**TEN-YEAR PRIORITIES:** The Continuum will be a *driver of action* through project teams and seizing opportunities that arise. It will provide *leadership and communication* in the primary areas of:

- Housing;
- Information & Connectedness;
- Personalized linkages (gateway, navigation, wrap-around);
- Social connections;
- Policy & Advocacy;
- Incubating tech and other innovations; and
- Data collection, evaluation, sharing findings and supporting replication efforts.

#### **KEY ACTIVITIES:**

- Engage and **facilitate partnerships and collaborative work teams** to address expanded access via projects and advocacy.
- **Leverage existing, and develop new resources** to support an expanded and coordinated system of supports for aging in the community.
- Seek opportunities to educate, **advocate and support aging in all policies.**
- **Foster innovation** in both service models and technologies to support aging in the community.
- Document, **evaluate and share findings** about what works and doesn't work.

### Berkeley Age-Friendly Continuum 10-Year Model



**LONG-TERM, SUSTAINABLE REVENUE MIX** (diversity required): It will take time to develop a strong, diversified funding mix that will ensure stability for the new leadership (“backbone” in Collective Impact terms) organization. Critical to this is development of ongoing, earned income streams that will allow for reduced support from grants and corporate contributions over time. This mix will include:

- **Fee for Service/Capitation** (service-linked housing, gateway, navigation, etc.);
- **Grants and Corporate Contributions** (innovation, leadership, advocacy/education, start-up for new ideas, operating expense, evaluation, sharing);
- **Project Payment** (technology incubator – cover costs and contribute to operating);
- **Individual Payment for Services** (those that can afford to pay, not covered in #1 above); and
- **Collaborative Member and Government Contributions**

**DESIRED TIMELINE TO ACHIEVE THAT REVENUE MIX:**

|                | <b>10 Yrs</b> | <b>3 Years</b> | <b>12 Mos</b> |                                                    |
|----------------|---------------|----------------|---------------|----------------------------------------------------|
| <b>Budget:</b> | \$1-3M        | \$450,000      | \$300,000*    |                                                    |
| <b>Mix:</b>    | 40%           | 20%            | 0%            | <b>Reimb: Fee for Service/Capitation</b>           |
|                | 30%           | 25%            | 0%            | <b>Project Revenue</b> (e.g., Tech incubator)      |
|                | 20%           | 40%            | 90%           | <b>Grants and Corporate Contributions</b>          |
|                | 5%            | 10%            | 10%           | <b>Collaborative Member and Govt. Contribution</b> |
|                | 5%            | 5%             | 0%            | <b>Individual Payment for Service</b>              |

\*Does not include initial or capital outlay for I & R Technology

**IV. Why Our Effort Is Timely and Innovative**

In addition to the rapidly growing peer-to-peer resources fostered by the Village movement, the Age Friendly Communities movement, as led by AARP in North America, has a broad focus that touches on eight domains and many dimensions of community enhancements, health care, and individual well-being for older adults. While our needs assessment was informed by the Village movement and the broad Age-Friendly approach, our action plan focuses on a few, specific areas of highest need, as identified by local residents and supported in the literature, where we seek to leverage community resources and have deep impact in a relatively short period of time.

Combined with our public/private partnership, we see this as potentially “Age Friendly 2.0” in its “deeper dive” to achieve the outcomes that older adults want and the health care sector needs. We are happy to report that AARP is aware of and interested in our focused efforts as demonstrating a potential pathway for other Age Friendly efforts to have a fast, high impact on the community.

Our potential to inform the field includes the following factors:

**A Geographically Defined Laboratory for Innovation:** This project is beginning in the City of Berkeley – although it will expand in future years to a wider geographic area. Limiting our start to Berkeley is a plus in that it offers a geographically-defined and limited area in which to pilot efforts and assess them for effectiveness.



One goal of the Continuum is to create a replicable model, which raises the question of whether the demographics of those 65+ in Berkeley are reflective of other areas. Overall, the answer is yes, although it may be more comparable to the state and nation than its surrounding county:

- While Berkeley has fewer Latino and Asian older adults than Alameda County, the state and the nation, its proportion of African Americans is comparable to Alameda County and higher than state and national averages;
- Berkeley is highly comparable to Alameda County, California and the US on its share of the population age 65+ living below 150% of the Federal Poverty Level;
- Berkeley is comparable with the county, state and nation on the proportion of the older population living with disabilities, and those spending more than 30% of income on housing;
- Not surprisingly, because of the presence of the university, Berkeley has a significantly higher proportion of older adults with college degrees than county, state and national averages.

Future expansion of the Continuum's efforts to include Albany, Emeryville and North Oakland will further diversify the population being served and will support the replicability of our efforts.

**Our Broad Partnership:** Started by a group of older adults, the Age-Friendly Berkeley Continuum represents a unique partnership between older adults, community-based providers of medical care and social supports, large medical providers and insurers in the local community, the City of Berkeley, and the University of California system. Each sector has contributed significant in-kind resources to get the project moving. Ashby Village has sponsored and served as fiscal agent for the planning process and will continue in that role until a separate organization is developed. The City of Berkeley and the two largest medical providers – Kaiser Permanent and Alta Bates/Summit Medical Center – have provided strategic planning and start-up funds as well. A number of non-affiliated older adults who live in Berkeley were responsible for getting the project started, and remain involved. This broad collaborative brings a wealth of perspectives, experience and resources to assure an effective, relevant and focused effort.

This broad partnership will be further expanded as the Continuum moves toward development of a Board of Directors that reflects the local community, as a part of its organizational development activities in Year 1.

**Our Focus on Reducing the Cost of Care:** We believe that what older adults want, in terms of aging well in the community, is highly compatible with reducing the cost of medical care for this age group. While the literature increasingly suggests that efforts such as ours will reduce medical costs, we are actively seeking ways to demonstrate this.

**An Emphasis on Technology:** We are pleased to have active representation from The Center for Technology and Aging at UC Berkeley on our Leadership Team. This helps us to consider the potential for use of existing and emerging technology in all of our activities. It particularly helps us to focus on emerging platforms for information and connectedness, as well as the potential to serve as a technology incubator for emerging technologies to support older adults to remain in their homes.

**Our Commitment to Evaluate for Impact:** As a laboratory for learning and demonstrating “what works,” we are committed to the development of measurable outcomes for each of our programs,

with appropriate and feasible data collection to allow us to have continuous feedback for program improvement, as well as to be accountable to our funders and to share with others.

## **V. Three-Year Start-Up Plan**

As stated earlier, beginning this effort in the City of Berkeley offers a geographically-bound “laboratory” to develop and test a person-centered, community-based, multi-service approach to comprehensive integration of supports, services and technology for older adults and their loved ones who care for them. This is enhanced by the City of Berkeley’s demonstrated support for, and participation in, the project. Once methods are tested and refined, expansion to an expanded service area can be considered (after the first three years).

### **A. Governance and Organizational Development**

The Continuum’s three-year organizational development objectives are focused on:

1. Developing a diverse and representative Board of Directors in Year 1;
2. Incorporating as its own 501(c)(3) by end of Year 1;
3. Led by the new Board, hiring a full-time Executive Director (by 18 months) and phasing out leadership contractors;
4. Eliminating the fiscal agent through development of internal systems and/or more limited purchase of services (Year 2);
5. Raising funds to achieve three-year start-up plans;
6. Developing a plan and taking action to diversify funding sources in the future (Year 2); and
7. Establishing evaluation capacity and systems for program efforts through a combination of internal and external resources (Year 1).

### **B. Long-Term Projects in Early Planning Phase**

2. In close collaboration with the City of Berkeley, continue to advocate, develop and convene partners and builders, and plan for more housing of all types for older adults in Berkeley including a service-linked housing demonstration project. These efforts have a 5-10-year horizon.

### **C. Projects Advancing to Implementation in First Three Years**

1. **Advocacy** – A strong, staff-led function that advocates for “aging in all policies” with emphasis on housing and other priority areas as outlined in this Plan. Leadership engages the organization’s board, as well as older adults in the community, in efforts that may focus on public policy, breaking down service “silos,” or changing the nature of community services, customs and norms.
2. **Information & Connectedness** – Broadly defined as including not just information about older adult “services,” but a bright, welcoming, robust website with advanced programming to include links to intergenerational resources, Berkeley activities, ability to speak to a live assistant by chat, phone and in-person, how to get a home visit, etc. Ultimately, the website (platform) will offer chat rooms and on-line classes and support groups to foster socialization and connectedness. It may offer “levels” of personalization with direct tie-in to individual supports as described below.

- 3. Personalized Supports** – In addition to personalized supports that may become available via the Information & Connectedness platform, we envision three levels of non-residential, personalized supports that begin earlier with outreach to older adults for prevention and early intervention, and expands and strengthens supports and access to community-based services that address social determinants of health.
- a. Gateway** – This prevention/early intervention effort builds on the Village concept and will reach out to older adults when they reach a certain age (e.g., 75 TBD) and offer a home visit to explore ways to strengthen the individual’s ability to age in the community. A no-cost home visit will explore fall hazards, availability of and skills to operate the internet, support systems and risk for isolation, having a medical home, behavioral risks, being able to afford housing/having appropriate housing in coming years, etc. Personalized linkages to needed resources and a package of information and gifts will be left with the individual. May involve a follow-up visit or phone call.

Attractive incentives (gifts) will increase the number of individuals who accept a home visit. Those who decline will be offered a phone call. At minimum, the information/gift package will be sent to the home. After initial roll-out, as capacity permits, individuals and providers will be able to request a home visit at any age as well.

Gateway visits will be conducted by trained and supervised older adults who will be employed part-time. Every effort will be made to attract a diverse group that reflects the community being served. These older adults will offer continuity of relationship by following their Gateway clients through the navigation phase as described below.

- b. Navigation** – Some of those met through the Gateway effort will require more than one follow-up to “catch them up” on unmet needs. Once these unmet needs are met however (e.g., getting on waiting lists for subsidized housing, installing grab bars), these individuals will not require ongoing assistance. In addition to “finishing” the interaction with Gateway clients, the navigation function will meet community need by supplementing the supply of existing navigators who operate from multiple agencies in the City. Navigation support may be on-line, by phone or in-person as needed. Some requests for navigation assistance may come via the Information & Connectedness website. For navigation clients who require language or cultural capacity not available from our older adult navigators, a transfer will be made to a senior center or community-based organization with that capacity.
- c. Community-Based Wrap (CBWrap)** – While the nature of this service is still evolving, we know that those older adults identified through Gateway or Navigation who need much more intensive, ongoing supports to manage a crisis, transition, or ongoing inability to maintain their current lifestyle will receive intensive, ongoing supports to stabilize/resolve their issues. Those older adults who can afford it will be asked to contribute to the cost of this service.

Additionally, we will explore the potential to receive referrals from medical providers – on a fee-for-service or capitation basis – to manage individuals coming out of the hospital or otherwise facing a significant change or transition in their functional capabilities or living

situation. In this instance, community-based care providers would communicate and coordinate with the appropriate medical care coordination as well.

In this case, linkages to meet community-based needs would be provided directly by an MSW or trained care provider within our organization or transferred to a more appropriately-focused community-based agency. When immediate, intensive needs are met, the level of support to these individuals may be reduced back down to periodic navigation assistance.

Characteristics of CBWrap will include:

- Intensive support at the start with ongoing follow-up;
- Support for, communication with family and informal caregivers;
- Client could “step down” to regular navigation after stabilization of crisis or episode;
- Staffed by trained and paid personnel; and
- Coordinated with medical care management as approved by client.

More work is needed to refine/define caseloads and volume capabilities. This service will ultimately be paid for on a capitation or fee for service basis by medical care providers/insurers. More understanding of any potential to bill Medicare is needed.

- 4. Innovation Incubator – Tech and Other** – While developing our Innovation Incubator is not a top priority in Year One, it is a priority to obtain and implement at least one technology field test project in the first three years. More work is needed in terms of outreach to achieve this. Revenue for participation in the project will be expected to cover all real costs for implementation and data collection, as well as some additional support for administrative overhead.

**Attachment:**

**A. Full Needs Assessment with Executive Summary**