Seema Sehrawat: We are an entity on the CSU Chico campus to promote education, service and research in the field of aging. And that's why we are doing these workshops, to really enhance the educational aspect around the older population so the students, the community professionals, we as professors, will know what our issues our communities are facing and how we can enter partnerships with community agencies and cater to the needs of older adults in our community. And talking about partnerships, we are really closely associated with Passages, and we work hand in hand with Passages, and a lot of Passages employees, they sit on our board. This event is sponsored by Passages, so all the food that you see back there, the coffee, water and refreshments, are all through Passages, and so we really thank our director here, Joe Cobry, to really be able to help us and provide some food for all of us. And without further ado, let's start our presentation. I'll introduce our speakers and then we'll go on.

We have -- we were initially going to have three speakers, but I'm just so excited that we have other county officials who were able to join our three speakers and be here with us. Let's start from that end. Kate Anderson. Kate is from the town of Paradise. We have Lauren Guild, who's the town of Paradise manager, and she'll talk about [inaudible]. I just want to briefly tell you guys their names and have them talk. We have Nancy Springer, who's the building manager for Butte County, so we have a lot of experts in this room. We have Curtis also from the building division in Butte County, and we have Beth Dunne, who's the Aging in Place specialist, a contractor that is certified in Aging in Place, and helps people with home modifications inside the house to really make the house cater to your needs. So we really want the best in the community to come here and present in front of you on the housing and home modification for older adults, and we'll have Lauren start, and I'll bring them up their presentations too, in the back. Thank you so much.

Lauren Gill: Okay, well, thanks for coming in, thanks for inviting us. Kate Anderson from the town of Paradise and I will be talking today about some programs that we have in the town of Paradise, and our experience with that over the years has been very, very interesting. Well, first of all, I just want to start off by saying I feel like I'm aging in place as we speak. My birthday today, I'm starting to feel like -- thank you -- starting to feel like I'm aging in place, which is probably not a good thing for me, but I should probably start paying attention to this more, because as I'm making my five and ten-year plans in my life, where am I going to live? What am I going to do? And I had the wonderful opportunity to work with elderly people in our community over the years and have learned a lot from them, and what are their special needs and what are they thinking about? And one of the most important things that I've heard from seniors and elderly people who, citizens who come to our program, is that they want to stay in their home. Whether it's because they want to be independent, they've lived there their whole life, they've raised their kids there, it's paid for -- there are many reasons why they want to stay there, but mainly because they know it, they're comfortable, they can do it without thinking, without getting confused. I always thought that maybe someone would prefer to have a nice newer, modern, smaller place. Not necessarily.
Lauren Gill: So at one point the town of Paradise received some community development block grant funds. These funds are mainly for low income homeowners, or residents, to do different things. We've used the money, part of the money, to help citizens fix up their homes, and it's usually health and safety type of repairs, but we have found in Paradise, because we have a large elderly population, that we have a lot of people on fixed incomes, we have people with homes, again, they bought their homes when they were working, when they were younger, and now their homes are paid for. Again, they want to stay there. They have big repairs. I had this one elderly couple, and it was -- just really touched my heart, because there's an older guy and his wife, and his wife had Alzheimer's and he was taking care of her, and he wanted to take care of her and he wanted to keep her in the home. He didn't want to put her in some other place. And they had a leak in their roof in their bedroom. And he didn't have the money to fix it, so he would move the bed around to avoid the leak in the roof. That's just one story that I have heard. And so we came in, we fixed his roof. We did some other things, were able to even look at the yard and the landscaping and we helped with that a little bit, because they have a lot of issues when they stay in a bigger home. So with that, I'm going to let Kate talk about our program a little more.

Kate Anderson: If you’re not familiar with the town of Paradise, ours might be an example of maybe where the country is going. We have 25% of our population is over 65. The majority are living in their homes or living with relatives in a single family setting. We do have some care homes in Paradise and we do have some too, assisted living facilities, but those are somewhat limited and I'll explain that in a little bit.
Seventy-two percent of our population own homes. That tells you that we do have a lot of home ownership who is elderly. Interestingly enough, Paradise has 10 to 12% of our parcels have a secondary dwelling that may not be to code is part of the issue, but we do have secondary dwellings, and at times those can be a consideration for Aging in Place, and I'll explain that.

What Paradise lacks that doesn't assist us in this Aging in Place, mainly is our infrastructure. We do not have sewer. We are all on septic, so it limits our options to how many people can be living in homes, how many bedrooms they can have. Our larger facilities, care facilities, assisted living, I'll show you a slide that explains the limitations there. We also have limited public transportation. Chico is a little better at that, and limited services available to seniors up there. We do have a couple of in-home -- actually only one that I know, Butte County Homemakers up in Paradise. We do have a lot of independent contractors who will come into the home to assist with care, but other services might be more in the Chico area.

So the town sponsors a couple of -- or did sponsor a couple of housing programs that's kind of evolved over time. The first one was a Senior Handyman program, that seniors weren't always comfortable with having just anyone come into their house. If the town provided a handyman service, they felt more secure. The handyman service was limited to the amount of work that could be done, and we saw a trend in -- as people age, they tend not to have the income or the foresight to see a lot of the repairs that are required on a home, maintenance, so we would find seniors with health and safety issues that were beyond a handyman program. So we now have our
Owner-Occupied Rehabilitation Program, and that's really where we do the majority of our work. It is funded through state and federal dollars. It is not strictly for seniors. It is for lower income households. Seniors on fixed incomes tend to fall into that category.
Our experience with Aging-in-Place

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<th>Their needs:</th>
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<td>• Home that meets standard living conditions</td>
<td>• Independence/security</td>
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<tr>
<td>• Accessibility (not just entrance to home)</td>
<td>• No debt</td>
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<td>• Types of care required (now &amp; future)</td>
<td>• As little change as possible/no stress</td>
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<td>• The family’s needs</td>
<td>• Not to be a burden</td>
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Kate Anderson: Through our experience in these programs, we found that the seniors have needs. Oftentimes we find with this program in particular, they have just basic standard living needs, bringing their home up to standard levels. Accessibility is what we are often called for. My husband just became disabled, in a wheelchair, I need a ramp, things like that. Although when we go in, it’s not just for the entrance of the home. There’s so many other accessibility issues once you’re in the home. Oftentimes when we talk to these people, we find out more things that they haven’t really thought of. What are the types of care that they require now, and what are the types of care they’re likely to face? Someone in a walker now may be in the wheelchair in the future, so those are things that we take into consideration. Also, the families’ needs do come into play quite a bit in this group, because the family then steps in as the caring entity for the aging adult, and they want to make sure that the services that we provide and the contractors that we are bringing in are legit, aren’t overcharging, but more so to make sure that they understand what the process is in the future for their needs.

So their wants tend to be -- not that they’re different than their needs, but they definitely still want their independence. They’re used to living in their home, they’d like to stay in their own home, and they often struggle with family members over that issue. Security is an issue for them, that feeling of being secure, particularly if their spouse has passed and they live alone. The current elderly group is such that they are not ones for debt. They typically will let the house kind of go so that they own their house free and clear. I think as we move on in age with the older population -- or with
the younger populations that are turning older, that might change, but it's difficult what we face to have these people accept the help from us, because it does mean a lien on their property, and that often sends up red flags for them. They want as little as change as possible and no stress. Depending on their age, that can be a lot to rehabilitate a home. And they don't want to be a burden. They don't want to be a burden to their family, they don't want to be a burden to us, and we're trying to assist them for their best accommodations.
Kate Anderson: So in the town of Paradise we have a couple of options for Aging in Place. Obviously we have some rental complex and active senior living places. They are very limited. On the right, you'll see the photos of -- we just recently put in a low income housing project. It wasn't geared towards seniors, but you'll see at the lower photo, because we're on septic, we have to have a lot of land for that many people living in an area. It's either engineered septic systems or you have to have a lot of dispersal area. That limits our options. Paradise is 18.3 miles, and we're very small, very compact. We don't have a lot of extra land for these types of dispersals.

Lauren Gill: I should say something about that housing program right now. The town was able to provide a grant, federal grant, again through CDBG dollars, to put in a septic system for this housing project. The town of Paradise does not have a lot of multi-family housing because it is so expensive to do the septic. This particular septic system lists $350,000 just for the septic, so you know that in the city of Chico people hook up to, or Orville or other places, they hook up to a sewer system. Paradise does not have such a thing to hook up into, so we have to build our own on-site system. So you can see the tanks. These are the holding tanks on the top photo over there on the right. On the bottom are leach fields, miles of leach fields, just for this one housing development.

Audience member: Where is this located?
Lauren Gill: That is located in Paradise off of Clark Road, behind the bowling alley, if anyone is familiar with that.

Kate Anderson: The Paradise Community Village--

Lauren Gill: Clark and Pearson.

Kate Anderson: Now, the photo on the left is actually a photo I believe, of Oak Knowle which is one of our assisted care facilities, but if you think for the assisted care facilities or rental complexes, we have to have that type of sanitation. So we are very limited to the multi-family options. In most cases we're single family.

Lauren Gill: So sheltering a place, so Aging in Place where staying in the home is actually a good option.
Kate Anderson: So the program that we run, the Owner-occupied housing rehab program, it's I had mentioned, funded by federal and state dollars. We have to go in for health and safety issues and code violations -- roof, failed septic, anything that's health and safety. We can then address accessibility and weatherization. We cannot go in with these monies that we have currently. We could with CDBG and just do a ramp. That's just accessibility. We have to go in for health and safety code violation first, and then we can do some general property improvements.
Kate Anderson: So here is an example of the type of rehabs that we do. You can see on the left there was probably some deferred maintenance --

Lauren Gill: This is the same house.

Kate Anderson: It is the same house. Some deferred maintenance. The older gentleman was in a wheelchair. The stairs right there, he had problems going in. Both accesses to the home had stairs. So we built that ramp to the right. This home, I think they raised five children in this home, and in actuality they just enclosed their porch at one point, to make it an additional bedroom. All we did, it's same roofline -- all we did was take the porch away because it was just the two of them living there, so we provided the porch again.

Lauren Gill: And the other reason why we did that is when we look at a house like that, we look at the whole house in its entirety. So they had a bad flow there. They had that room that they just scabbed on there that wasn't -- that was built without permits. Took the room off. We added a ramp for the gentleman who just, now had just gotten into a wheelchair, so he had some issues with the house. So we were able A, to make the house worth more for them, bring up our own property values in the town, address a lot of health and safety issues, but also, and the best thing was they're still living in this home and were able to make the home work for them. So great job, and we just appreciate these grants that we get from the state and federal government to do these projects.
**Audience member:** So is there a lien placed?

**Kate Anderson:** Correct.

**Audience member:** They have to agree to this and it came to your attention because it was a health and safety issue?

**Lauren Gill:** They came to us asking for assistance because we do have a program, and it's not -- it's not really a lien; it's like a --

**Audience member:** It's like a loan?

**Lauren Gill:** A mortgage basically that they don't have to pay for.

**Kate Anderson:** Yeah, it is a lien on the property. It is a deferred loan for 30 years.

**Lauren Gill:** Deferred loan. So they don't make any payments on this. This mortgage that we put on their home, sometimes it's a second or third mortgage. They call it a lien because they know they have to pay for it, but a lien has a more negative connotation to them, to some people. It's basically a second or third mortgage.

**Audience member:** They pay it off when the house changes hands, right?
Lauren Gill: When the house is sold.

Kate Anderson: I would say 99% of our rehabs. Because the stereotype tends to be the older seniors, we get paid back on the sale of the property.

Audience member: Okay, thank you.
Kate Anderson: So we do face in Paradise a lot of ramps maybe that were not built to code. In this case, the stairs were all deteriorated. This was a mobile home. They did have a ramp to the left. It was not to code. It was too steep, and such when we go into a property, we are required to bring everything up to code, and with the handrails and such, it helped them out. Next slide?
Kate Anderson: This is the same home, mobile home in a park. Out the back door we were able to build another ramp for them because the gentleman did not want to go through the front door and then back over to the carport. Paradise rains a lot so he was getting wet there, so another ramp was built so that he was sheltered all the way to his car.

Lauren Gill: And that was just one of the examples. I do know of another example that we did a ramp for someone whereby he had no way out of the house. They had no ramp, so they had to call a fire department to get him out when he had to go to the doctor's. So we put a ramp in so that he could get into his chair and get out on his own.

Audience member: Do you have your own crew that does each project, or do you hire local contractors for each project?

Kate Anderson: We do hire local contractors. How we assist the homeowner is we will go in and both we'll do our inspection to find out what we can see. Often, most of the time, I would say 99% of the time, they come to us saying we have a failed septic, we have a leaky roof, we have a need for your services. We go in and we inspect the home, and we also ask them what they would like to have done, so it's a collaboration. It is based on the equity in their home, so there are times when we might be able to do just the roof repairs, satisfy a few things on their wants. We have to bring everything up to health and safety and then we can satisfy some of their
wants. We then do a work write-up and send that out to contractors, to go out to any contractor who is licensed and insured. We don't -- when the bids come back, we don't care who the homeowner chooses or for what reason, as long as their price falls within a range. And we haven't had any contractors that are exceedingly high or exceedingly low. So it's really the homeowner's choice, and the contract is between the contractor and the homeowner.

**Audience member:** [Inaudible] 5,000, is it 1,000? Does it vary that much?

**Kate Anderson:** I believe it actually does vary quite a bit. For instance, the front ramp on that particular mobile home, the structure was all built, so it was just handrails, and I think we changed the decking. Instead of having it a plywood, we put in a composite decking for low maintenance. The rail was your standard –

**Audience member:** [Inaudible].

**Kate Anderson:** Right, mobile home stairs, and I don't recall an exact price on that one. We also did a bathroom accessibility in here, we did a roof on the mobile home. I'm not 100% sure, but I think the total came out to somewhere around 20,000. So you'll see the bathroom in just a second here.
Kate Anderson: We also do quite a bit of bathroom rehabs, if needed. For instance, the upper left picture, you'll see a standard bathtub. They're trying to accommodate for the person with the chair, only that stepping up and over is very difficult. We'll put in a walk-in shower for them on the lower right.
Kate Anderson: And this is the roll-in shower that we put in in that mobile home. They had a sunk-in bathtub in the mobile home, and he just could not use that. They had a very tiny shower that we actually just turned into a closet for them. We just took the shower out, and the shower was not large enough for a seat for him to be in, so we were able to put in a rolling shower for him.
Kate Anderson: Toilets, we change a fair amount. You can see on the left that the standard toilets just aren't high enough for a person with aging or a disability, and we put in the high rise, high seat toilets.
Kate Anderson: Other areas that we found, the interesting part is that if there is a person who might, and older person who, particularly a man, if he feels like he's concerned about his wife, if his health isn't as good as his wife's, if they're just going through the aging process and realizing that they can't do some of the things that they once did, I've known several gentleman who start thinking along the lines, I want to put a new roof on my house, I want to put new windows on my house, I want to convert some things. In case I'm not here, I want to make my wife's life a lot easier, give her the security of not having to do that later down the road. So we do put in windows, single pane windows and those old lift windows are exceptionally hard for the older people to open. Some are actually painted shut. The newer windows are much easier. Flooring, transitions, we've done in and taken out carpeting and put in laminate floor if there is issues with walkers or wheelchairs. Doorways, we've widened handrails, hand-holds, we've installed. Wood stoves, Paradise has a lot of those. If they're -- we've had several that we've converted to either a gas wood stove look or that might have been their main use of heat. We've installed central HV/AC, so they don't have to rely on that anymore. Skylights in darkened hallways, and then the no or low maintenance exterior, using a cement composite, hardy siding on the house, they'll get extended life out of that product than the typical siding, along with composite decking.
Kate Anderson: The third option that we have, so people can go to an assisted living, people can stay in their house. There's also a third option, residential additions and secondary dwellings. I mentioned to you that Paradise has quite a bit of secondary dwellings. State law allows a secondary dwelling on most residential properties, up to 640 square feet. Our local zoning, we can go up to 750 square feet. Our administrative permits are very friendly. You only need the administrative permit and the building permit. I think the administrative permit is like $200.

Lauren Gill: And just to let you know, too, the town of Paradise did this on purpose so we could accommodate secondary dwellings, whether it's a mother-in-law, a house that needs to call the mother-in-law [inaudible]. Now any type of secondary dwelling on your property, it makes it easier for people to take in parents or [inaudible].

Kate Anderson: We also have seen where the type of care changes, and they might need a full-time person to come in and stay with them, so secondary dwellings might be a caretaker's cottage while the person lives in their home. The hurdles in Paradise again, are lot size and land use are sanitation issues within each lot, and construction costs.
Kate Anderson: This is just an example of a type of addition where -- it's called 2 in 1, where you have an in-law suite, or a secondary unit that's actually attached to the home. We allow additions to homes, and it is the idea that the parent going to come and live with the family and what are the best accommodations to maintain independence for both parties.

Lauren Gill: And that is not in Paradise, by the way.

Kate Anderson: Right. This room is not in Paradise. We don't have it, but it's an example of what can be done to either an existing home, and I think Beth can touch a lot more on things like that. Last slide
Kate Anderson: So we'd like to answer any questions?

Audience member: Is there a walkway provision for you guys, re plats and value, so in other words, trailer modular needs a lot of repair, and I guess if you have the walkway, what can you do for those folks?

Lauren Gill: That's then a problem. Ever since we started this funding, we started with CDBG funds, and then we were able to apply for home grants and CAL home grants to expand our program. These grant programs come with a lot of regulations. We try to work with the homeowner and with the project, and instead of using the cookie cutter approach, we really try to make it work, the program work. The property does have to have value because we have a loan to value ratio that we have to work within, so what we do is look at the loan to value and then prioritize what needs to be done. And sometimes we can do -- if there's something that really needs to be done, we can grant a portion, so that'll keep us under our loan to value on the mortgage that we have to record against the property, so we do sometimes a combination grant-loan. We do as much as we possibly can to get the important aspects of the project done. Did that answer your question?

Audience member: Do you run into situations where you have to walk away from a property?
Lauren Gill: Yes, we do.

Audience member: And is there anything for those folks then to –

Beth Dunn: Yes, there is. And they work actively with -- I have to brag about them -- they work actively with some local not-for-profit builder's groups. One of them is called Alliance Kingdom Builders. And they'll come on a volunteer basis. These are contractors coming in after hours on a volunteer basis in those desperate situations and usually there's a quick to call when they're just out of options, they're out of other avenues.

Lauren Gill: And septic, we try to -- we try not walk away from a septic, because that's a public health issue, so if they have actual septic failure and surface being effluent, it's not a good thing. So we try to sometimes grant those or work with those as much as we possibly can.

Audience member: The CDBG dollars, are they a grant, are they available all throughout Butte county, so Chico and Gridley and so forth -- not just Paradise-specific that you're talking about?

Lauren Gill: Well, I know that Chico has CDBG. I know the County does, Orville does. I don't know about all of the different cities, but I know that we have CDBG.
**Kate Anderson:** Yes, CDBG is a community block development grant, and it is a federal program, so it is available to most. It depends whether you are entitlement, entitlement where you automatically receive it or whether you have to apply for it competitively.

**Lauren Gill:** And as you can probably surmise from the news, those block grant funds have been going down a lot since -- in the past five years, but especially recently, so we have very little community development block grant but we can leverage that and get other grants. So Kate just received a $700,000 grant from the state, so we leveraged that.

**Audience member:** I guess that was my question, taking a look at fiscal year, do you tend to have more applicants than you have money to disburse as far as rehab?

**Lauren Gill:** Kate do you want to --

**Kate Anderson:** We have never had a delay in our program, where we've always had enough funds to cover everyone in the community, up until last May. We did -- I think it was a combination of the economy -- so many more entities, municipalities going after the same pool of money. The state did away with the RDA so those dollars were no longer available that other communities used, so even though we continue to apply every single year, there are some funding sources that we just have been turned down for several years. Our demographics are very different in Paradise. Older
populations, this age range actually tends to have resources. They tend to have bank accounts, things like that. They own their properties, so they're not necessarily low income or not necessarily low income.

**Lauren Gill:** The main challenge we have -- and that goes back to your question, is because they're based on the property value, when we had the housing bubble, a lot of people wanted to refinance and they had a lot of equity in their home and so they were able to do a lot of things. Now that we have the crash, we have the opposite, so there's that.

**Seema Sehrawat:** We'll take another question. There was somebody in the back and then we'll go on to the next speaker.

**Audience member:** Your agency, [inaudible]. Someone shows up to the hospital and [inaudible]. Going in to replace how far is the [inaudible] from the shower, -- a small project involved with.

**Lauren Gill:** No, typically -- and again, we are not the experts. Typically your in-home providers, other health providers in the community, work with the client and then they might come to us. We just have a housing program. We are not even really healthcare specialists or anything like that, and we don't pretend to be, but we just have had experience over the years that help us know some more of these things, and it really is a great -- it's just a great way to work with in-home health and other professionals in the field to -- that has progressed this far, I think.