



## SAC Statement of Priority Needs of DC Seniors And Impact on FY16 Budget Goals

March 23, 2015

The D.C. Senior Advisory Coalition (SAC), a membership organization of over 30 non-profit organizations, advocates to improve the quality of life for and with seniors in the District of Columbia. Its vision is to build a community where all seniors thrive. Our members are deeply involved in the lives of DC seniors, especially those in greatest need.

### DC Office on Aging Budget Priorities

One in six DC residents are age 60 and over (over 100,000 individuals). While we know millions are spent on services for older adults through Medicaid and other DC Government agencies, the budget for the DC Office on Aging, with the mission to promote longevity, independence, dignity, and choice for older residents of the District of Columbia, is less than one-half of one percent of the \$12.7 billion fiscal year 2015 budget.

The Office on Aging has made great strides in the past several years in services to older adults. The most visible results are that transportation services have been modernized and expanded, many more senior have access to nutritious meals, and essential social work services are helping people access the help needed to remain in their community, but needs continue to grow.

Total FY16 budget increase needed: \$2.8 million to expand vital services for older DC residents, attract and retain skilled staff and prevent loss of services.

### **Critical Support to Remain in the Community**

Transportation: The Seabury Connector is providing vital transportation to and from medical appointments, adult day health care programs and more. While Seabury Connector provides service to all older adults who need it, not just those that have physical disabilities, we believe the service is superior to Metro Access, and does not require payment by consumers. The cost, according to Seabury, is \$35.40 per ride in FY14. We understand that DC pays Metro Access \$50 per ride. Therefore, rides provided by Connector vs. Metro Access **save the District more than \$14 per ride.**

#### Seabury Connector

- January 2015 had 3517 requests for medical transportation. 172 were unable to be filled in January alone.

- Seabury is currently providing medical rides to ~1350 individuals per month.
- Connector is currently delivering meals:
  - 430 weekday customers
  - 517 weekday customers
- 20 additional drivers can fill 4000 more service requests per month, meeting current and expected increases in demand, especially for a second shift on weekdays and Saturday needs. Vehicles are now only scheduled for one 8 hour shift, there is a potential to split the day into two shifts and extend hours earlier and later. Adding 20 new drivers x \$46,000 = **\$920,000** in additional funding.
- An additional **\$150,000** is needed for fuel, maintenance, and management.

#### Seabury Connector Card

- Prepaid card which supplements fares for any ground transportation service (ie: taxis, Uber)
- January 2015, 88 unduplicated low-income customers took 183 trips
- An increase of **\$100,000** will allow the program to continue to meet demands. (104 enrollees so far)

The total request for transportation to meet demand is **\$1,170,000**.

Case Management: Case, or care, managers in the community based lead agency partner organizations provide vital support to older adults with multiple, complex medical and psychosocial needs. Many of these individuals are at high risk of losing the ability to remain in their homes, are susceptible to abuse, have suffered from inadequate medical care and much more. Five additional social workers are needed to meet immediate demands for service in the partner organizations so that an additional minimum of 210 low to moderate income at risk older adults can safely live in their homes. Cost \$544,000.

If even 10%, (21 people) receive care in the home through Medicaid and case management through DCOA support and avoid moving to a nursing facility, it can save the District and Federal government \$1,245,000 per year and provide a much higher quality of life for the individuals. (Calculations based on Genworth Long Term Care Costs 2014 and provider agency calculations)

Nutrition Counseling and Support: According to a 2014 study prepared for the National Foundation to End Senior Hunger, food insecure seniors have significantly worse health outcomes than food secure seniors. They are 50% more likely to be diabetic, three times more likely to suffer from depression, and 60% more likely to have heart failure or experience a heart attack. Poor health outcomes for food insecure seniors lead to increased feebleness and decreased mobility, greatly reducing the ability of seniors to age in place.

In FY14, great strides were made in increasing the number of individuals getting much needed home delivered meals. By the end of FY14, 553,391 meals had been delivered to 5,245 older adults. Some additional support was granted to agencies for staff to manage the programs, but additional nutritionists are desperately needed. Many home meal recipients require nutritional counseling to

improve health damaged by illness and/or poor nutrition over many years. The meals alone are not enough. Nutritionists in the community-based lead agencies do not have the capacity to meet the demand. Many are busy monitoring and managing extensive congregate meal programs. A minimum of three additional nutritionists are needed to provide vital nutrition counseling and education services for 300 high risk seniors, improving their health and wellbeing. Cost \$150,000.

Meals with Friends: There are over 50 senior “Meals with Friends” congregate lunch programs in the District. They can be found in senior housing buildings, churches, synagogues, mosques and wellness centers. Last year, 325,341 meals were served to 5,245 older DC residents. The meals served are often the only full meal these individuals receive in a day. Just as important is the community that is formed and the friendships established for people who are otherwise very isolated and alone--isolation which exacerbates physical and mental health challenges. Many of the meal programs are managed by part time senior aides stretched to their limit just to manage the food. Much more support is needed to provide the additional programs and supports these DC residents need and want, such as health checks, arts and fitness programming, referrals for social work, mental health and other needed services. Program managers and nutrition assistants are needed to pilot the impact of increased support on the quality of the programs and the quality of life of the participants. Cost \$250,000

Legal Assistance for low-income residents: Staff and volunteers of Legal Counsel for the Elderly (LCE) assist more than 5,000 elders each year, with monetary benefits totaling over \$5 million. More than 90 percent of older neighbors receiving help from LCE are persons of color, and three out of four are low-income women. LCE volunteers, interns and fellows contribute thousands of hours of pro bono service annually, helping clients with many types of cases:

- 25 percent involve protective services — guardianships, conservatorships, grandparent caregiving and custody, and powers of attorney.
- 20 percent are housing advocacy cases — preserving affordable housing, and preventing evictions and homelessness.
- 15 percent provide direct consumer protection — defending older D.C. residents against identity theft, fraud, predatory lending, scams and other practices that target vulnerable elderly.
- 15 percent involve helping those age 60+ to create or update wills.
- 15 percent promote economic security of poor D.C. seniors — providing help with public benefits such as Medicaid, Social Security, food stamps, utility bills, etc.

According to an independent actuarial study for the Office on Aging (see page 4), the actual cost per hour for legal services, weighted for the level of support provided by intake specialists, paralegals, and attorneys, is \$103.50 per hour. The FY14 DCOA reimbursement rate is only \$40.20 per hour. To increase support by even 10% will require an additional \$130,000.

Wellness Programming Wards 2 and 3: Creating a hub and network of wellness programs in Wards 2 and 3 could be a cost effective way to increase services using existing facilities and partnerships. Senior Wellness Centers provide important services that support the health, vitality and quality of life for our seniors. There are six Wellness Centers in the District. There is not a Wellness Center in Ward 2 or 3. Construction of new Senior Wellness Centers in Wards 2 and 3 likely together could cost over \$20

million. A more cost effective way to meet Wellness Center needs in Wards 2 and 3 could be to create a centralized mechanism to leverage existing resources and those proposed to be constructed in the near term. For example, such a centralized hub could be housed at Iona and possibly at a to-be-determined location in Ward 2. Through this wellness hub we could gather and disseminate information about existing programs for seniors and plan and disseminate new programs to be delivered through a network of sites and partner agencies including DPR facilities, community centers, libraries, universities, schools and private institutions. The wellness hub would respond to demand from residents and proposals from service providers to develop a growing supply of Wellness programs in the Wards. Cost \$100,000 for a feasibility study, implementation plan and pilot programming.

Infrastructure Improvements for Service Providers: Increase salaries to attract and retain skilled staff, pay living wage, upgrade administrative and outcomes tracking capabilities, improve financial and other compliance, computer and IT supports are critical. Cost \$500,000.

**The above requests for additional funding total approximately \$2,844,000.**

### **Independent Actuarial Study:**

In 2014, the DC Office on Aging retained a firm to conduct an independent actuarial study to examine the need to increase reimbursement rates for the 20+ non-profit partners delivering services and supports to older DC residents so that they can continue to live in their own homes with the best possible quality of life, in support of the Office on Aging's mission.

The study's number one recommendation is as follows:

*"We recommend that the unit cost reimbursement rates be updated in line with changes in the Employment Cost Index for total compensation. We believe the for private industry workers in the Health Care and Social Assistance occupational group is the most appropriate index for DCOA. Updating rates since March 2009 results in a one-time increase of 8.9%. By way of reference, since March 2009 inflation has increased by 8.7%. "*

DCOA has stated that they are committed to increasing the reimbursement rates for FY16. The challenge remains, however, that without additional grant funding to support the increased rates, the only possible impact of increase rates may be a decrease in the number of services delivered as there is not enough support to maintain services at the same level or expand in any way.

An increase of 8.9% in grant support to a total of \$28.79 million would cover many of the priority costs outlined above. (8.9% of \$26.4 million FY 15 grant awards = \$2.35 million)

Other information of note from the report:

- As reported by providers, the current reimbursement rates are *not sufficient to provide the level of services desired by clients.*

- Rising labor costs without sufficient funding will *significantly and negatively impact the ability to retain and attract qualified and motivated workers*. Seabury noted, in keeping with other grantees, the challenges of implementing the living wage without a modification to the current year grant. They acknowledged that to operate within the fixed budget dollars, *staff had to be cut when implementing the higher minimum wages*.
- The Senior Service Network Agencies provide services that result in significant *financial advantages to the District of Columbia government* by avoiding the need for nursing facility care or delaying the entry date, given the significantly higher costs of care in nursing facilities compared to in-home care services.

### **Housing Budget Priorities**

#### **Support DC’s Housing Production Trust Fund at \$100 million**

##### **\$44 million in new funding**

The Housing Production Trust Fund is DC’s main source for affordable housing construction and preservation. It is funded with a portion of deed recordation and deed transfer taxes, but those funds are not sufficient to create enough affordable units to keep on track with DC's housing needs. A \$100 million annual investment would create over 1,000 new affordable homes every year.

#### **Expand the Local Rent Supplement Program (LRSP)**

##### **\$10 million investment (\$5 million each for tenant vouchers and project/sponsor subsidies)**

As you know, LRSP makes housing affordable to residents with very low-incomes by providing ongoing rental aid in two ways. It supports building new affordable housing units for low-income families by guaranteeing rental income for the new housing. A second component of LRSP provides tenants with vouchers that enable them to quickly access housing. Both models are important. The construction of new units is necessary given the dwindling supply of the affordable housing stock. Tenant vouchers are critical, because they are the fastest way to leverage available private-market housing and help families get into housing quickly. A \$10 million investment, split between both programs, could help create over 800 affordable housing opportunities for very low-income families and individuals.

**\$3 million in Local Rent Supplement Program (LRSP) subsidies for 225 residents receiving Assertive Community Treatment (ACT).** Some homeless residents with serious mental illnesses already receive intensive, Medicaid-funded mental health services, called ACT. They do not need PSH case management services, but do need long-term affordable housing to avoid homelessness.

**\$8.9 million for the Department of Human Services Permanent Supportive Housing for 396 residents.**

**\$5 million in Rapid Re-housing 330 residents.** Some chronically homeless residents could be successful in Rapid Re-housing, which provides four to twelve months of rental assistance and case management.

**Continue funding levels (\$7 million) for home repairs and modifications through the Department of Housing and Community Development.**

The Single Family Residential Rehabilitation Program (SFRRP) provides home and roof repairs for low income home owners in the District. Within SFRRP there is also a grant program for home accessibility modifications. During FY 14 DHCD was unable to spend their full budget, but they have been working with a group of community advocates and internally to improve their processes. This FY to date they have completed as many projects in the first quarter that they completed all of last year. The FY 15 budget is \$7 million. We request this funding level remain the same for FY 16 for several reasons:

- New staff has been added to the program to increase responsiveness and project completion.
- A new bill is being proposed to develop a small grants program within SFRRP for low cost home modifications of up to \$10,000.
- Based on prior year's spending levels, it is our belief that both programs will be successful with the current level of \$7 million for FY 16.

### **Nutrition Budget Priorities**

Given the critical importance of senior nutrition programs, the SAC requests that the DC Council maintain current levels of funding for all programs. Moving forward, the Senior Advisory Coalition will work with DCOA and its newly formed Nutrition Task Force to identify how existing budgets can be better purposed toward meeting demand for nutrition services for those who are most at risk. We will also work with the Department of Human Services to encourage the prompt, smooth, and widespread implementation of the local SNAP benefit, which has yet to be implemented. We caution that any program expansion or policy change must be viewed through the lens of staff capacity so that as nutrition programs refocus around providing for those most in need, program quality will not be compromised.

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