Supporting Seniors to Age in Place with Dignity

Eric Glentzer

EXECUTIVE SUMMARY

Vibrant communities are multidimensional communities. They are made up of people of varying ages, nationalities, incomes, and interests. Being a senior and having a low income can make it exceptionally difficult to continue living independently in the community. When a senior is forced to prematurely move from his or her home to a skilled nursing facility or board and care home, it is not only a loss for that person, but also a significant loss for the whole community.

The City and County of San Francisco invested significant time and resources into developing a method to support seniors and adults with disabilities with low incomes maintain housing and prevent premature and inappropriate institutionalization. By understanding residents' needs and working with community partners to have Service Coordinators available for residents in the most impacted areas, the City and County of San Francisco has provided support for residents to access the services they need to continue living in their homes.

Sonoma County has a similar commitment to supporting seniors. By adapting the Service Coordination model used in San Francisco, communities in Sonoma County could retain their vibrancy because seniors and adults with disabilities would have the supports they need to age in place with dignity.

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Introduction

Several recent articles published in *The Press Democrat*, including "Rents Soar in Sonoma County,"[1] shine a light on the significant housing issues impacting low-income people in Sonoma County. Seniors and people with disabilities are especially vulnerable to these rising costs as they struggle with the additional challenges of physical accessibility, increased out-of-pocket medical expenses, and ageism or other forms of discrimination. Housing is an extremely complex issue that requires a multi-dimensional solution. Part of the solution is providing residents, especially seniors and adults with disabilities, the resources they need to stay in their homes longer.

Knowing the challenges Sonoma County residents face finding housing, there was particular interest in identifying ways to support low-income residents who already have housing to maintain it: to age in place. It is significant to learn about the "upstream investments" that would enable people who are managing very complex issues in their lives with minimal resources to continue to live in their homes. If proven cost effective ways to support residents to maintain the housing they already have are identified, it is possible to promote stability in their lives, in communities, and the county more broadly.

The City and County of San Francisco has invested significant time and resources into developing methods to support seniors and adults with disabilities and with low incomes in an effort to maintain housing and prevent premature and inappropriate institutionalization. This case study describes the Services Connection Program in San Francisco County and draws implications developing a similar program in Sonoma County.

Service Connection Program

In early 2000, the City and County of San Francisco made a commitment to help all people in San Francisco live with dignity. There was a focus on supporting people in public housing because it was known that residents living in public housing have significant barriers to aging in place. They have complex needs, are more socially isolated, have a higher need for assistance with activities of daily living, and are twice as likely as their peers in more affluent living situations to be disabled.[2]

In 2002, with a $150,000 grant from the Robert Wood Johnson Foundation, the City and County of San Francisco embarked on a strategic planning process focused on seniors and people with disabilities. *The Living With Dignity Strategic Plan* outlined goals, objectives, and recommendations San Francisco could implement to begin addressing this complex issue of housing.

A major barrier the *Living With Dignity Strategic Plan* identified to making improvements in service delivery was the absence of a committee that was responsible for overseeing implementation of the recommendations. In response, then Mayor Gavin Newsom created the Long Term Care Coordinating Council (LTCCC). The LTCCC is funded by the County and City of San Francisco and is made up of 30 members appointed by the Mayor's Office. It is an all-volunteer body whose members include service provider organizations, consumers, advocates, and city and county departments. The LTCCC continues to play a key role in the planning and oversight of issues related to seniors and adults with disabilities living in San Francisco. It provides policy guidance to the mayor's office to: (1) advise implement,

and monitor community-based long term care planning, and (2) facilitate the improved coordination to home, community-based, and institutional services for older adults and adults with disabilities.

Another significant outcome the *Living With Dignity Plan* identified was the need for focused assessment on the needs of residents living in San Francisco's public housing buildings. Seniors and adults with disabilities receiving services from the San Francisco Housing Authority (SFHA) were known to have complex needs yet were not getting the support they deserved. The San Francisco Partnership for Community-Based Care and Support, a network of 70 non-profit and public organizations that serve older adults and adults with disabilities, was responsible for implementing several elements of the plan, including an assessment of needs of older adults and adults living with disabilities living in public housing buildings in San Francisco.

The needs assessment was based on in-person surveys at eight of the 23 buildings operated by the SFHA over a three month period. The collaborating agencies for this project were the SFHA, Housing Authority Residential and Citywide Councils, the San Francisco Partnership for Community-Based Care and Support, the ten Resource Centers for Seniors and Adults with Disabilities, and the San Francisco City and County Department of Aging and Adult Services (DAAS). Funding was provided by the Robert Wood Johnson Foundation's Community Partnerships for Older Adults Program. The survey had two main objectives: (1) identify residents who are eligible for service and refer them to those services, and (2) better understand how home- and community-based programs could collaborate more effectively with the SFHA to make services more accessible to residents.

Some findings about residents who participated in the survey included that 60% were female, the median age of respondents was 75, and there was significant diversity in racial and ethnic representation. Ninety percent of the respondents had public health insurance, 61% utilized pharmacy services, and 54% used In-Home Supportive Services (IHSS). Notably, 41% of respondents participated in social activities less than once a month and 15% served in the military, but only 9% used veterans' services. In addition, it was found that residents had high need for information about and referrals to nutrition programs. Safety concerns were also prominent in buildings without on-site staff.[3]

Pilot Project

In 2007, in response to these findings, DAAS and SFHA launched the Service Connection Pilot Project (SCPP), which involved the development of Service Teams. Teams consisted of the SCPP Coordinator, DAAS staff (from the IHSS program), Resource Center staff, graduate interns, and On Lok staff with language capabilities. For the following year, the teams met with residents and property managers biweekly at two senior public housing buildings to establish trust and build relationships.

Program Implementation and Development

Building on the success of the Service Team model, DAAS and SFHA partnered with the Northern California Presbyterian Homes and Services (NCPHS) to transition this intervention from a pilot to a program. NCPHS led the group's application for a Resident Opportunity and Self-Sufficiently (ROSS) grant from the Department of Housing and Urban Development (HUD). The focus of the grant was to have Service Coordinators in more public housing buildings. The group was awarded a 3 year grant of $375,000 (referred to as "ROSS 1" in this paper). The City and County of San Francisco provided an additional $611,000 toward this project. The ROSS 1 grant, combined with the city's contribution, allowed Service Coordinators employed by NCPHS to be placed in 5 public housing developments where they could assist residents to access community based supportive services.

In 2009 this same group was awarded a second ROSS grant (referred to as "ROSS 2" in this paper). This time HUD provided $720,000 and the City and County of San Francisco contributed $122,644. The goal of ROSS 2 was to expand the model to

include three additional Service Coordinators. The seven coordinators would serve eleven public housing buildings. Rather than dedicate a Service Coordinator to each building (as in ROSS 1), the plan was to have floating Service Coordinators who would be able to serve more than one building.

Program Outcomes

In 2012, an evaluation of the Services Connection Program in San Francisco was conducted by Wally Abrazaldo at UC Berkeley's the Goldman School of Public Policy. Abrazaldo's research concluded that there was a significant increase in the utilization of some DAAS programs and services by the residents in the identified buildings with Service Coordinators compared to residents living in buildings without a Service Coordinator. The services with the greatest increase in application and enrollment rates were those that had the broadest eligibility requirements and targeted the widest populations such as community services, congregate meals, and IHSS.[4]

As noted above, Service Coordinators in ROSS 1 were generally assigned a single building. They also had a dedicated office space. Service Coordinators in ROSS 2 were assigned more than one building and often did not have private space to meet with residents. They frequently had to meet with residents in common areas, such as a building lobby or in a community room. Service Coordinators in buildings without private meeting space reported that this negatively impacted their effectiveness. Abrazaldo found that residents living in buildings served by Service Coordinators in ROSS 2 did not experience the same statistically significant increase in utilization of DAAS programs as those residents living in ROSS 1. While this lack of private office space cannot be determined to be the reason the residents in ROSS 2 buildings did not have the same level of service utilization as those in ROSS 1, it may have been a significant factor.[4]

Implications for Sonoma County

The Service Connection Project in the City and County of San Francisco is built around a centralized model that serves the densely populated, urban county well. Sonoma County covers a much larger geographic area that includes nine cities, many unincorporated communities, and large rural areas. Twenty-one percent of Sonoma County residents are over 60 years old. Notably, 10% of these seniors are geographically isolated, and this presents an additional, significant challenge to accessing service and supports needed to age in place.[5] A service connection program modeled after the City and County of San Francisco's may be very effective for the larger cities in Sonoma County, but Sonoma County will need to explore a decentralized model to provide needed supports for residents living outside of these urban areas. By following a process similar to San Francisco, Sonoma County will be able to determine the most effective ways to support seniors and adults with disabilities age in place with dignity.

Role of the Service Coordinator

The role of the Service Coordinator is to help residents access and maintain support so they can age in place with dignity. They educate residents on the service available to them. Specific tasks that Service Coordinators perform vary from among the organizations they work for and even between the buildings they work in. Service Coordinators take time to assess and understand the needs of the particular residents they are working with and connect residents to the services they need. Some examples of work that Service Coordinators have done as part of the Service Coordination Project are organize health education presentations, address hoarding and infestation issues, and help residents apply and qualify for services like IHSS. Sometimes the Service Coordinator is the service provider. They facilitate workshops and mediate conflicts between residents.

Recommendations and Next Steps

The Service Connection Project in the City and County of San Francisco started with a strategic planning process. San Francisco took the time to

fully assess and understand the issues around housing and developed goals, objectives, and recommendations based on that information. Sonoma County has completed a recent analysis to understand the issues residents are facing. *A Portrait of Sonoma County* was released in May 2014.[6] It is an in-depth look at how residents are faring in the areas of health, access to knowledge, and living standards. While *A Portrait of Sonoma County* has a broad focus there has been more focused assessment on the need of seniors by the Sonoma County Area Agency on Aging (AAA). The AAA has a Housing Subcommittee, and the Adult and Aging Division supports the *Aging Together Sonoma* initiative and recently identified: "Older adults have access to affordable, safe, and healthy housing" as one of their seven goals.[7] These bodies, in coordination with the Sonoma County Community Development Commission, could provide the support and oversight required to complete a needs assessment focused on housing.

The City and County of San Francisco conducted a focused needs assessment on the residents living in buildings operated by the SFHA because significant issues were known to exist at these locations. Sonoma County does not have a similarly focused issue to address. Because of this, Sonoma County Human Services Department (HSD), in collaboration with the AAA, should conduct a broad needs assessment. This would consist of a survey modeled after the survey done by San Francisco Partnership for Community-Based Care and Support that would be given to seniors and adults with disabilities throughout the county. A survey would also be developed and sent to community based organizations that provide services and supports to seniors and adults with disabilities. This second survey would focus on understanding the services being provided and any unmet needs. Survey responses would guide development of focus groups, hosted discussions, and/or forums where the needs and issues could be further identified and prioritized. The forums would be an opportunity for hot-spotting and identifying collective impacts. Based on the outcomes a pilot project would be developed.

Alignment with Initiatives

A thorough needs assessment will determine what will best support seniors and adults with disabilities in Sonoma County to age in place; but, the Service Coordination model should be strongly considered as a part of any plan. Service Coordination is a prevention-focused approach that realizes the primary strategies of the *Upstream Investment Initiative* endorsed by the Sonoma County Board of Supervisors.[8]

The Service Coordination model has been used since the early 1990s. Research with residents, property managers, and service coordinators documents the effectiveness of Service Coordinators in preventing the premature and inappropriate institutionalization of seniors and people with disabilities. A 2008 study conducted by HUD found that a resident living in a public housing unit can remain in his or her home an average of 6 months longer with the assistance of a Service Coordinator as compared to a resident who did not have this support. While six months is a small period of adulthood, it can make a tremendous difference during late life and end of life. In addition to the significant quality of life improvements, service coordination has been found to result in considerable financial savings. This same 1996 study found financial savings of $22,588 to $49,078 annually for community based services compared to institutional services.[9] Ramona Davies, former Director of Community Services for NCPHS, said in a recent interview, "Service coordination is critical if you're committed to helping people age in place."[10]

Fiscal Impact

Implementation and ongoing coordination of this project will require a full-time Program Planning and Evaluation Analyst at an annual cost of $138,654. In addition to the staff costs, there will be costs associated with the development and distribution of surveys and other written materials and securing appropriate sites for hosting discussion groups throughout the county. These costs could be absorbed within existing HSD administrative

budget. The costs would be assessed during the first year of the initiative to determine if additional funding is needed.

Conclusion

The 2013 Sonoma County Grand Jury review of the Area Agency on Aging concluded:

> *The growth of the senior population will have major implications for both individual and community life. It will challenge families and community organizations to provide the support seniors need to stay engaged, independent, and safe.*[11]

Sonoma County HSD plays a key role in supporting families, community organizations, and seniors themselves to stay engaged, independent, and safe. The City and County of San Francisco, in collaboration with many community partners, developed a model that successfully addressed this need. Sonoma County can adapt this upstream investment of service coordination to support seniors to age in place with dignity.

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