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SUPPORTIVE SERVICES FOR THE ELDERLY

Senior Consulting (“SC”) focuses on two distinct types of programs for the elderly: home health care services at HUD and low-income senior housing as well as low income housing buildings that have aged in place, and intergenerational programs where the elderly provide tutoring and mentoring and youth provide assistance for the poor frail elderly.

With economies of scale, a Home Health Agency (“HHA”) can do more for residents. Hence, in larger buildings, we suggest efforts to have a HHA with an onsite office, with a staff member on site with regular part-time hours at a minimum. The agency selected would also be required to conduct preliminary screenings of residents for suggested consideration of support by their physician as well as assist in the coordination of other supportive services in the building. These screenings will focus on fall prevention, a major concern for the elderly that will lead to significant participation in Fall Prevention Programs.

While residents would have open access to multiple HHAs, the onsite HHA would garner a larger share of clients in a satellite office, offsetting additional limited costs. From a property manager’s standpoint, offering a free or shared office subject to certain privacy requirements to the HHA improves resident safety and well-being, and ensures appropriate and stable occupancy of the building as well.

One concern in expanding services for in senior housing is to assure that the frail elderly in particular utilize new programs. We conducted research for further guidance on programs and services that have been successful in both assuring program utilization and providing maximum benefits to the frail elderly, with fall prevention programs determined to be an important focus. Fall prevention is clearly a substantial area of concern for the elderly, assuring participation in a Fall Prevention Program (“FPP”) at high levels, and therefore improves participation in other existing and new programs that will be established.

SC conducted separate research on elderly programs and initiatives supported by the hundred largest community foundations nationwide, with a summary of this research available upon request. The Community Foundation of Greater Sarasota provided support for the Senior Friendship Centers-Fall Prevention Program (“SFC”), a program that has been very successful, as evidenced by a winning a third place award out of 520 applicants from the prestigious Peter F. Drucker Award for Non-Profit Innovation.

Since causes of falls are diverse and problems individuals face are distinct, the SFC program's approach to preventing falls is comprehensive: *Education, Medication Review, Home Safety Assessment/Modification, and Balance Movement*. SC interviewed Ms. Lori Whittle, the SFC Program manager who has played a lead role in establishing the program. Education alone clearly has little benefit, as so few seniors follow through on needed prevention tools. Medication Review is a valuable component, and like SC programs for Pharmacy Interaction, is typically and easily sponsored by local pharmacies. Home Safety Assessment and Modification is an important component, an area where local support can often be found. The Balance Movement component is a unique component, particularly the balanced movement classes that have had measurable success and attendance that far exceeded expectations as an alternative to Tai Chi and other exercise options for seniors. Ms. Whittle has offered to provide guidance in establishing this program, which is highly recommended.

The Baltimore Medical System (BMS) worked to design a community-based program at low-income housing sites in Baltimore that would provide medical and social services to elderly residents who were not yet frail. The Robert Wood Johnson Foundation (RWJF) provided a \$374,201 grant to support the project from February 1998 to June 2000. The goal was to use prevention and health maintenance strategies to improve quality of life and avoid or delay costly nursing home placements. A number of factors precluded implementation of the original approach. A consortium of providers — Catholic Charities, Johns Hopkins Geriatric Center, Sinai Health System, and BMS — collaborated on the project. The BMS project supported research and planning activities to design a program that would bring on-site medical monitoring, care management, and licensed assisted-living services to older persons living in low-income housing in Baltimore.

Trying to help elders stay in their homes and out of nursing homes has long been a concern of policymakers, but finding the right mix of services and funding has been difficult. Affluent seniors who do not yet require the level of care a nursing home provides can afford to move into assisted-living centers, which provide personal services (such as housekeeping, help with meals, or bathing). For low-income seniors who qualify, Medicaid covers long-term nursing home care, and the program therefore has some financial incentive to provide services that might keep people out of nursing homes. In between these income extremes, however, are seniors who qualify only for Medicare (which does not cover long-term nursing home care) and cannot afford to move to an assisted-living center. Many such seniors become frail, move into nursing homes, and spend down their assets, after which they may become financially eligible for Medicaid to pay their considerable nursing home costs.

Research by the BMS project staff showed that in Baltimore, MD, these elders typically lived either in apartment with a high concentration of seniors, or in their own homes. Many paid out-of-pocket for all medications, and often did not pay for the optional Medicare Part B coverage, which includes doctor visits, outpatient services, and diagnostic tests. (Medicare Part A only pays for hospitalization.) As a result, chronic conditions often went untreated or unmonitored, putting this group at risk of going into a nursing home when, with some support in the community, they could age in place in their homes.

Key Findings from the BMS Project are as follows:

- Based on findings from focus groups and other research, the project began to offer a set of services — companionship, housekeeping, and ridesharing — to seniors living in their own homes, but a variety of marketing efforts yielded very little interest.
- BMS then adopted a fall-prevention program that its physicians could recommend to patients, sending a service coordinator to seniors' homes to recommend cost-effective changes that would prevent falls.
- The project director also participated in a state feasibility study for a new version of a Social HMO—a Medicare HMO which also includes long-term care services in the home—but the collapsing Medicare managed care market made a demonstration of this concept unfeasible.
- The fall-prevention program has continued, and an RWJF national program, Local Initiative Funding Partners, funded a four-year project in Baltimore called Safe at Home, which, modeled in part on the project, offered a home maintenance program for seniors from 2000–2004.

Lessons Learned from the BMS Project

- It is difficult to persuade seniors to purchase supportive services for activities that they have always managed without assistance.
- Few provider organizations are ready, in the absence of compelling and immediate financial incentive, to prevent frailty in the low-income population.
- Financial coverage of services usually begins when disability occurs, making funding for prevention difficult.
- Building a community-based system of care for any type of population requires a much longer investment than building an institutionally based system of care.

Estimates of senior living arrangements in the United States at the end of the year 2000.

Estimates of senior living arrangements in the United States at the end of the year 2000.	total numbers	percent of total age 65+ population
U.S. population age 65 and older	34,992,000	100.0%
Age 65 and older owning and living in their own homes	27,434,000	78.4%
Age 65 and older renting, living with family or other	2,976,000	8.5%
Available assisted living beds	1,706,000	4.9%
Age 65 and older residents living in nursing homes	1,475,000	4.2%
Available seniors apartments	821,000	2.3%

Available independent living community beds	239,000	0.7%
Available continuing care retirement community beds	171,000	0.5%
Available units, combined care communities	171,000	0.5%

Census information was derived from the national census online. Seniors owning their own homes and age 65 and over nursing home residents were taken from the 2003, **Statistical Abstract of the United States**. All other data were derived from The NIC National Supply Estimate of Seniors Housing & Care Properties.

HUD offers tools for creating service-enriched public housing for the elderly, with more information from this link: <http://www.hud.gov/offices/pih/pihcc/index.cfm>

HUD also provides HOPE VI funds that can be used for the development, modernization and operation of supportive housing for seniors. There are currently 6 Senior-only HOPE VI sites. They include: Allegheny County, PA; Cambridge, MA; Kansas City, MO; Miami-Dade, FL; Mobile, AL; New Bedford, MA.

The Community and Supportive Services (CSS) Work Plan can include funding for elderly services. If so, what are the types of costs that are eligible; for example, assisting residents with activities of daily living, providing nursing care, transportation for medical appointments, etc. In addition to the activities listed above, HOPE VI funding can also be used to support computer literacy/learning for seniors; meals on wheels programs; senior health & wellness programs; and recreational programs.

A project can be a continuum of care facility that combines independent living, assisted living, and skilled nursing in one facility as part of a HOPE VI development, requiring a Medicaid waiver. With the appropriate waivers, the project could enable the elderly poor to receive some 52 services including the following:

- Case management;
- Homemaker;
- Private duty nursing;
- Diet/nutrition meal service;
- Counseling;
- Mental health services; and
- Transportation.

The Home and Community Based Waivers (1915 (c)) appear to be an appropriate tool for using HOPE VI to create a continuum of care for a varied low-income population. Therefore, it is certainly possible to provide services to a varied population within a public housing setting.

Home health agencies can provide some of the foregoing services from either a community-based location onsite at the apartment complex. The onsite office would be available to all

residents of the complex. The services could be funded by Medicaid, Medicare, private insurance or payment by the resident depending on the individual circumstances of the resident.

From “Strangers in the Commons II: Supportive Housing for Low-Income Seniors,” by R. Robertson Hilton, the Weatherhead School of Management, Case Western Reserve University in May 2004:

- By unbundling and outsourcing services and detaching them from a licensed setting with comprehensive on site service capabilities, the number of funding opportunities increases. The principal reasons for this include not having to cover the fixed and regulatory costs of owning service capabilities. Furthermore, the outsourcing of services engages service providers as well as project sponsors in the process of identifying funding sources.
- Offering services on the basis of need, as opposed to offering them as part of a limited service package, realizes immediate cost efficiencies because providers and consumers will not be paying for unutilized services. It also recognizes the inherent diversity of the low-income senior cohort.
- Supportive housing facilities look like residential buildings, not conventional institutional care settings. One obvious reason for this differentiated appearance is that the outsourcing of services makes them less visible on the premises. It is therefore easier for caregivers to provide discrete wellness intervention in supportive housing. This, in turn, should increase utilization of services by a supportive housing population, enhance overall wellness, and reduce cost.
- Most states regulate supportive housing with services much less stringently than assisted living that often must comply with the same kind of putative regulatory regimen as nursing homes.

From the “Public Housing and Supportive Services for the Frail Elderly: A Guide for Housing Authorities and Their Collaborators,” Co-published by the Milbank Memorial Fund and the Council of Large Public Housing Authorities in September 2006

Housing with Services/Congregate Care

A Public Housing Agency may wish to provide a more intensive level of care by providing services to tenants in congregate housing, which offers independent living in apartments with shared recreational areas. In New Hampshire, for example, a grant under HUD’s Congregate Housing Services Program (CHSP) was used to enhance statewide services within the public housing system. The CHSP is no longer funded. However, the New Hampshire project was recently named a promising practice by the Centers for Medicare and Medicaid Services and may be an instructive example for PHAs looking into congregate care. More information about the program can be found at <http://www.hud.gov/offices/hsg/mfh/progdesc/chsp.cfm> (accessed June 23, 2006).

It may be possible for housing authorities to provide personal care and supportive services without being licensed or registered as an assisted living facility. A housing authority that wants to offer an intensive care package could include some or all of the following: housekeeping and

laundry, scheduled personal care, meals, monitoring by nurses, and emergency response, such as the Lifeline Program.

One example of how services can be offered within public housing is a program created by Massachusetts, which has a separate state-funded public housing program. The Massachusetts Executive Office of Elder Affairs and the Massachusetts Department of Housing and Community Development collaborated in a pilot program to create the Supportive Housing Program. This initiative brings intensive services to tenants of state-subsidized housing. It helps seniors remain independent by providing them with case management, twenty-four-hour on-site personal care, housekeeping, daily meals, medication reminders, transportation assistance, and shopping and laundry services.

The Executive Office of Elder Affairs provides grants to hire staff to oversee the service program, and the Department of Housing and Community Development contributes limited grants for renovating community spaces. To handle case management, the Office of Elder Affairs contracts with Aging Services Access Points (ASAP). The case managers assess an individual's needs, develop a plan to meet those needs, and monitor the plan. Other agencies already under contract with ASAP coordinate and provide the services. Seniors who meet the income and needs criteria of the Office of Elder Affairs receive these services at no cost. Others may purchase the services on a sliding scale.

Services provided to all tenants without charge include case management to determine individual needs; twenty-four-hour staff availability for emergencies; scheduled services for qualifying households; one or two meals per day, using the federal Title III meal program; medication reminders; and regular, programmed social activities. Additional services—personal care, house cleaning, laundry, grocery shopping, and transportation assistance—are free to qualified seniors and can also be purchased by other tenants on a sliding scale.

Intergenerational Programs

SC is affiliated with Preventive Aging Centers, Inc. (“PAC”), a nonprofit provider of Intergenerational Programs for fourteen years. Through the years, PAC has developed unique programs linking seniors and children of all ages. Clubs and activities that involve teenagers and Middle School aged children with the elderly can include dominos, chess, checkers, board games, reading, writing, and more that benefit all. Involvement of area churches and schools on an expanded basis helps promote youth volunteers needed by so many seniors for basic tasks and errands. Many elderly can serve as mentors and tutors in the circle of generational care.

“Generations Together” (GT) is a one-of-a-kind intergenerational program within the University of Pittsburgh's Center for Social and Urban Research. The Program is widely recognized as the premier educational endeavor in this field of study. The Program offers an extensive publications list that is designed to assist in the implementation and supervision of intergenerational programs in senior housing and health care facilities. <http://www.gt.pitt.edu/>

Senior Corps

Americans over 55 have a lifetime of experience to share, and the desire to make a real difference in their world. They've managed households, been business owners and nurses, farmers and salespeople, artists and executives. Now they are ready to put their unique talents and expertise to work in their communities, and enrich their own lives in the process.

Senior Corps connects today's over 55s with the people and organizations that need them most, helps them become mentors, coaches or companions to people in need, or contribute their job skills and expertise to community projects and organizations. Conceived during John F. Kennedy's presidency, Senior Corps currently links more than 500,000 Americans to service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States. Senior Corps offers several ways to get involved. Volunteers receive guidance and training so they can make a contribution that suits their talents, interests, and availability.

- The [Foster Grandparent Program](#) connects volunteers age 60 and over with children and young people with exceptional needs. Volunteers mentor, support, and help some of the most vulnerable children in the United States.
- The [Senior Companion Program](#) brings together volunteers age 60 and over with adults in their community who have difficulty with the simple tasks of day-to-day living. Companions help out on a personal level by assisting with shopping and light chores, interacting with doctors, or just making a friendly visit.
- [RSVP](#) connects volunteers age 55 and over with service opportunities in their communities that match their skills and availability. From building houses to immunizing children, from enhancing the capacity of non-profit organizations to improving and protecting the environment, RSVP volunteers put their unique talents to work to make a difference.

Senior Corps is a program of the Corporation for National and Community Service Corporation, or www.nationalservice.gov, an independent federal agency created to connect Americans of all ages and backgrounds with opportunities to give back to their communities and their nation.

Foster Grandparents devote their volunteer service entirely to disadvantaged or disabled youth. Across the country, Foster Grandparents help these children in many ways:

- Offering emotional support to child victims of abuse and neglect;
- Tutoring children with low literacy skills;
- Mentoring troubled teenagers and young mothers; and
- Caring for premature infants and children with physical disabilities and severe illnesses.

Foster Grandparents are individuals age 60 and over who thrive on direct interaction with children and believe they can make a difference in their lives. Income-eligible Foster Grandparents receive a modest stipend to help offset the costs of volunteering.

Eligibility: To become a Foster Grandparent, volunteers must meet certain income eligibility guidelines and be able to serve between 15 and 40 hours a week.

Benefits: Foster Grandparents are able to make strong emotional connections with children and get a great deal of satisfaction from making a difference in their lives. In addition, they receive the following:

- Pre-service and monthly training sessions
- Reimbursement for transportation;
- Some meals during service;
- An annual physical;
- Accident and liability insurance while on duty; and
- Income-eligible Foster Grandparents also receive a modest, tax-free stipend to offset the cost of volunteering.

<http://www.seniorcorps.org/about/programs/fg.asp> has locations of Foster Grandparents programs in each state.

RSVP, the Retired & Senior Volunteer Program of the Community Service Society in New York City, is a nationally-acclaimed program that enlists older adults and retirees to serve as volunteers in their communities. It is the largest older adult volunteer program in the nation with over 9,000 volunteers who contribute more than 2 million hours of service annually working in 600 organizations throughout the five boroughs of New York City. CSS also offers a **Grandfriend Head Start Program, Grandfriend Volunteer** program— Help make a difference in the life of a child. Volunteers needed to foster intellectual, social and emotional growth of three and four year olds in preparation for kindergarten in Head Start Programs. Training provided. <http://www.cssny.org/rsvp/index.html>

RSVP offers flexibility and choice to its volunteers as it matches the personal interests and skills of older Americans with opportunities to serve their communities. RSVP volunteers choose how and where they want to serve—from a few hours to more than 40 hours a week. RSVP volunteers provide hundreds of community services, such as:

- Tutoring children in reading and math;
- Building houses;
- Helping get children immunized;
- Modeling parenting skills to teen parents;
- Participating in neighborhood watch programs;
- Planting community gardens;
- Providing counsel to new business owners;
- Offering relief services to victims of natural disasters; and
- Helping community organizations operate more efficiently.

Eligibility: RSVP volunteers must be at least 55 years of age.

Benefits: RSVP volunteers are able to put their unique talents to work for community and faith-based organizations that are significant to them. In addition, they receive the following benefits:

- Pre-service orientation;
- On-the-job training from the agency or organization where they are placed;
- Supplemental insurance while on duty.

<http://www.seniorcorps.org/about/programs/rsvp.asp> provides more information on how to become an RSVP volunteer.

Seniors Mentoring Teens

Angelus Plaza, a Retirement Housing Foundation affordable senior housing community in Los Angeles, provides apartment housing and services for 1,262 low-income seniors and people with disabilities. The Angelus Plaza Senior Mentor and Community Program is one of more than 200 programs hosted by Angelus Plaza's Senior Activity Center, which serves both Angelus Plaza residents and the community. The program, the result of a collaborative effort with the Los Angeles Unified School District, pairs seniors with at-risk youth, helping the students to complete their high school education in a safe, secure, nurturing environment. Since its inception in 1990, the mentoring program has benefited more than 1,000 participants, including seniors, teens and their families, business owners (through student internships) and community groups.

Chantal Denny, director of Angelus Plaza's Senior Activity Center, explains that the mentoring program evolved from what began as a search for alternate classroom sites carried out by the Senior High School Options program of the Los Angeles Unified School District. Ultimately, a classroom, funded by the school district, was established on the fourth floor of Angelus Plaza's Senior Activity Center building, and served as an alternative high school for students who had been expelled from traditional schools. "The goal," says Denny, "was to provide the students with the help they needed, and then reintroduce them into traditional academic settings. At this stage, relationships between the students and the seniors served by the Activity Center consisted only of informal mentoring."

In 1992, volunteers formed a board of directors to formalize the Senior Mentor Program, drawing from local businesses, municipal departments and the school district. In 1993, with the sponsorship of Community Partners, an organization that provides financial, administrative and technical support to nonprofit organizations, the program evolved into a "continuation high school," enabling enrollment of students who didn't succeed in traditional settings and were at risk of dropping out. This new structure enabled students to remain at and graduate from the high school.

In 1994, the board hired a consultant to facilitate the development of a formal senior mentoring program. During the 1996-97 school year, the school became what it is today; a single-classroom college preparatory high school, in which all 25 to 30 students enrolled are expected to attend four-year college, junior college or technical school after graduation. The school has a principal and an instructor, and students range from high school freshmen to seniors, as well as some older students who have returned to school after previously dropping out. Classes are held five days

per week; mornings are devoted to formal education and afternoons to special classes and projects.

Seniors Become Mentors

The senior mentors are an integral part of the students' high school experience. The Activity Center helps to recruit the senior mentors, from both Angelus Plaza and the surrounding community. The prospective mentors are interviewed and screened by the principal, who looks for seniors to serve as friends, advocates and role models, explains Denny. "As such, they need to be warm, open, willing to listen and guide students without judging, and able to appreciate the teens' commitment to attend school and enrich their lives."

Mentors are required to make a two-year commitment to the program, consisting of monthly one-hour student interactions plus an additional monthly contact in person or by phone. Denny notes, however, that many seniors do far more; some volunteer their time with the students up to five days per week. Many of the students volunteer to help set up for various events held at the Senior Activity Center, becoming "part of the Angelus Plaza family and community," Denny explains.

The mentors are also required to participate in ongoing monthly orientation, training and evaluation with the school's principal, and attend special group events held four to six times per year. A school psychologist meets with the mentors regularly to provide training, as well as a forum for questions or problems that arise among the mentors and the students.

When the mentoring program was formalized, the Senior Activity Center staff took extra steps to make certain that guidelines were put into place to ensure that the rights of all participants would be protected. "We made sure that the privacy of our seniors and students would be protected, that our mentors wouldn't be overextended, and that the matches made between mentors and students would be beneficial to both." Any minor obstacles encountered during the initial period of adjustment were overcome with solid communication and ongoing orientation and training, she explains. "For the students, the adjustment was made easier by the knowledge that their new school was a safe place to be."

Students helping Seniors

Senior Connects (www.seniorconnects.org) shares the same objective of promoting senior citizen literacy, but uses a very different approach. Senior Connects is a national not-for-profit 501(c)(3) corporation that is youth-managed and conducts its training directly inside the senior housing facilities. There are no charges to either residents or facilities using this program; its instructors are high school and college students interested in performing community outreach service projects. Sometimes, senior citizens are somewhat technophobic and are fearful that they will be unable to understand how to use a computer – a significant cause of low penetration is senior housing. When a student “adopts” a senior housing facility, many seniors view them as “surrogate grandkids” and feel comfortable receiving computer and Internet lessons from them. Training for residents without any computer experience includes lessons on basic computer skills, an introduction to the Internet, a class on search, and lessons on email use. The Senior

Connects methodology ensures a consistent level of training and collateral handout materials.

Senior Connects volunteers adopt a facility and teach from within the senior housing itself. Senior Connects is a more intimate experience when compared to many other programs since volunteers typically spend several months helping at each “adopted” senior housing facility and become known to many of the residents. Often, the facilities invite the volunteers to have lunch with the residents to promote the relationships. When Senior Connects does not have volunteers in a specific community, they will contact the public library and community outreach organizations and establish a group of volunteers to “adopt” senior housing facilities. Senior Connects is a program that is especially effective of helping seniors overcome fear of computers and the Internet, and feel more comfortable about making a purchase decision. While the volunteers are not adults and are high school and college students, all individuals under the age of 18 choose an adult “mentor” to help guide them with their community service. Volunteers are approved by each Senior Housing management's staff. Senior Connects emphasized that it will establish programs wherever requested at no cost to anyone and merely as a community service project.

Youth Volunteer Corps www.yvca.org provides opportunities for teens to serve and assist the elderly. USA Freedom Corps for Kids suggests kids volunteer at senior centers and facilities. <http://www.usafreedomcorpskids.gov/> Numerous schools and places of worship encourage their youth to volunteer their time and effort for service in the community including opportunities at senior housing and health care facilities, and are primary resources to expand intergenerational programs including mentoring and tutoring.

Conclusions

There are other programs SC has identified beyond those included herein that are valuable learning tools for implementing added supportive services for the frail elderly in their senior housing, including HUD financed buildings. Caregivers in these programs are typically open and available to provide guidance to see their successful programs expanded, including several we have spoken with over the last few months. In addition, there are many federal and state programs that are underutilized, such as the Youth Volunteer Corps or Senior Corps, let alone county or regional programs.

In some regions, there is an absence of a centralized and organized coordination of available resources. Often, a select few new creative programs can provide stand alone value and be the impetus to improve available participation and utilization of programs and services. Quantified benefits of a comprehensive Fall Prevention Program such as the Senior Friendship Centers-Fall Prevention Program will substantially reduce injuries such as hip replacements and therefore health insurance costs, positioning the overall program and the FPP to obtain further financial support to be self-perpetuating and expanding services. With local support of key agencies, SC is positioned to be the missing piece to accomplish these goals.