

House Legislative Oversight Committee
Andrea Smith, Senior Action Testimony
February 28, 9:00am

Good Morning. Thank you for the opportunity to provide information to this committee regarding my experience working with the Department on Aging.

My name is Andrea Smith. I hold a Masters Degree in Educational Psychology from Baylor University. Despite my youthful appearance, I have worked in the community research and development field for the past 33 years. 23 of those years have been focused on the senior adult population studying and learning both with them and from them. It has been my honor to serve as the Executive Director and CEO of Senior Action for the last 16 years.

Senior Action, based in Greenville, is celebrating our 55th anniversary this year. We were the first in the state to apply and receive funding from the Older Americans Act in 1967. We have certainly grown over the years, but have experienced a 200% growth in the last ten years. Today we serve over 3,000 people in 6 centers. Those centers provide a wide range of activities from exercise and wellness, to educational opportunities, to social events. We serve meals each day and provide transportation to these centers. We opened a brand new, State-of-the-art center a little over a year ago that included a unique Fine Arts Center offering programs for people over 55 in visual arts, music, and movement. In addition to our centers, we offer medical transportation, a lawn care assistance program, and we own a 48 unit affordable housing, age-restricted apartment complex. I am very proud of the work of Senior Action and I know we make a difference in the lives of seniors and their families every day.

In order to pay for all of these wonderful services we provide, we receive 56% of our \$2.6 million operational funding from the Older Americans Act programs that are administered by the Department on Aging. We do not receive any city or county funding, but raise the rest through private donations, local foundations, United Way, and a small amount from fee for service. This is not an easy task as only 1% of charitable giving in the United States goes to programs supporting the senior population.

I share that with you to say that this funding, that is administered by the Department on Aging, is critical to our mission to serve the seniors of Greenville County. But, the systems and processes in place to distribute that funding to those who it was designated for and who need it the most, is broken. To be clear, this broken system cannot fully be laid on the current administration and staff of the Department on Aging. A legislative audit was conducted in 2019 that raised many of the concerns I'm going to share today which was prior to Director Munn's appointment and even before the Department on Aging was even a "department." However, as we sit here 3 years later, the problems persist and have gotten worse. I would like to share 3 areas of concern with you today: contracting, communication, and strategic planning.

The contracting process, in a very simplified way, includes the Department on Aging allocating

both Federal and State funding to the Area Agencies on Aging using the Intrastate Funding Formula. The Area Agencies on Aging (or the AAA) then contract with local providers to deliver the services directly to seniors in a given area. The fiscal years for all three components of this triad begin in July. In the 16 years that I have been in this role, we have never received a contract indicating the available funds we have to work with prior to our fiscal year start. It is more common to receive that information in September and sometimes even October. Which means that for the first quarter of each year, we are operating on blind faith that the funds will be there to reimburse the expenses that we have already incurred. This year has been even more difficult as we held our breath each month to wait to see if there was enough funding to cover our expenses. We received notice of funding for the period of July through December in September, yet the AAA did not release all of the available funds and waited to see how we would spend it before allocating it. We were told we would receive additional funding notice in January for the remainder of the fiscal year, which we received on February 9th. In the meantime, we are continuing to serve people praying that the money will be there. There is no way for us to effectively manage these programs without knowing if there is going to be funding or not and how much.

In this triad, that we make up 1/3, between the DOA, the AAAs, and providers, we shoulder 100% of the financial risk of this program. If funding is cut or it is not distributed in a timely manner, there is no impact to the Department on Aging or the AAAs. They don't have to figure out how in the world to pay their bills or look a senior in the eye and tell them they are now on a waiting list to receive a meal or a ride to the doctor. Additionally, we lose credibility within our communities when we promise to provide a service and then withdraw it suddenly. When I, or any of my colleagues, question this process, the AAAs point the finger at the DOA and say it's their fault that funding allocations haven't been made yet or funding has been cut. When you ask the DOA they point their finger back at the AAAs. At the House Ways and Means committee meeting that was held on February 1st, Director Munn was questioned about the waitlists and the amount of surplus funds that the Department has. In her reply, she pointed to the AAAs as it was their responsibility to distribute funds and the providers who do not have enough capacity. I assure you, that this provider has plenty of capacity and people are lined up at our door asking for help.

In February last year, we were told that the funding allocation was going to be cut so severely and abruptly that we would run out of money in May for some of the programs. This cut resulted in a \$200,000 loss of funding. This meant that we had to very quickly come up with a plan and make hundreds of phone calls to seniors to notify them that their services had been stopped. We made some very difficult decisions. We closed 2 of our dining sites, reduced the number of meals we served by cutting days of service, cut over 70 people from our lawn care service, and restricted the number of trips people could take to the doctor. At this time, we began a waitlist for these services, as we could no longer add new people. Today we have a waitlist of over 150 for congregate meals, 188 on a waitlist for lawn care services, and 100 on the waitlist for medical transportation.

You could imagine my disappointment to learn at the Ways and Means committee meeting that there was \$20 million in unused funds and an additional \$20 million in unused ARPA funding. I understand that there are restrictions and guidelines for how this money must be allocated or in this case re-allocated. However, Proviso 40.5 of the 2022-23 Appropriations Act allows for “flexibility to reallocate funds” and that the DOA has the authority to reallocate. So why can we not get that money to the people who need it? What is the benefit to holding on to it? At that meeting, they discussed a state-wide waiting list of 15,000 people. Ladies and Gentleman, the people we serve don’t have time to sit on a waiting list while we determine who is at fault.

During this whole process, we the providers are operating in the dark with budgeting, planning, and policy changes. Which is why I believe improving communication between the triad of the “aging network” is so critical in fixing this broken system. Information flows between the three entities like putting your ear to a soup can with a string tied to it. Providers are completely dependent on their AAA to share information about any changes in the program. We are told it is because we are simply “contractors” so we have to get information through the appropriate channels. However, meetings between the DOA and the AAAs are required to be open to the public, yet major decisions regarding funding and programs are made behind closed doors. I remember a time when there was a free flow of information between the three with regular meetings and training opportunities. However, the door on that was abruptly closed in 2012 and has not reopened.

Finally, strategic planning for aging services could be infinitely improved if providers were included in the process. As I mentioned at the beginning of this testimony, I have worked in the field of research and development focusing on the aging population for 23 years. In my community, I am widely viewed as a subject matter expert in this field often being asked to speak, write articles, participate on panel discussions, and serve on community planning committees. Every day, I work with seniors and observe their struggles and hear about their experiences. I know that I am not the only provider in the state that this applies to. Yet, there are no providers included in any capacity of strategic planning for the Department on Aging. The area plans are compiled by the AAAs and sent to the DOA for them to compile for the state plan without any input from providers. The only role we play is to distribute surveys to seniors. There are no providers serving on the Aging Advisory Council. Director Munn has mentioned on a number of occasions that the DOA received a grant to create a new Master Plan for Aging and she has listed the organizations that are participating in this plan, yet no providers are being invited to offer input. Like Senior Action, many of the providers do not receive all of their funding from the DOA. Which means that any data related to the people we serve and the programs we offer beyond the DOA, is not considered in any planning efforts because we aren’t given an opportunity to provide it. How can the DOA effectively distribute funding in the most effective way, without knowing where gaps in service exist or really innovative models that are successful? The DOA’s mission statement states that its role is to “develop resources in partnership with nonprofits and the private sector” among others.

In 1952, Baby Boomers began attending first grade in America and it began an educational crisis that we were unprepared for. Seniors have told me about how they had to go to school in

shifts because there wasn't enough room for all of them in school at the same time. This population are the seniors we are serving today. For the first time in history, we have more people over the age of 50 than under. Not only do we have more seniors than ever before, but we are caring for them much longer. With this kind of demand, there should never be unspent funding and we should be asking our legislators for more funding every year. There should be free flow of communication that aids in partnership and problem solving. We should be looking at all of the information available and making sure we are asking the right questions about how best to serve the senior population. I am not here today to heap criticism on the DOA, but I am begging to be heard and for someone to fix these problems. If not, soon you will have no providers to deliver these services, as we will all be out of business because this model is not sustainable. The DOA has the ability and resources to improve the quality of life of our aging population right now, but we must work together to solve these critical system problems.

Thank you again for your time today and your service to the seniors of SC.