

Testimony for Assembly Aging Committee Hearing January 9, 2018

Good Afternoon,

I am Dawn Myers Purkey, Program Director at Yolo Adult Day Health Center, this is my 22nd year. I have dedicated my career to adult day services because when I discovered it as a geriatric social worker 30 years ago, I knew this community-based, non-institutional model of care would transform long term care. Once you clearly understand the model you realize that everybody is a WINNER with adult day programs:

1. Individuals are supported while still living at home. The center-based interdisciplinary team works with the person on average 3 days week. This frequency is the key to managing the day services of this frail population who generally have over 10 chronic dx with as many if not more medications....and of course.....The added bonus in that the participant is engaged socially – not isolated, huge impact on depression, and state of mind,
2. Family caregivers, who provide the majority of care, have the support they need to keep their loved one home. And they too now have an accessible support team that can always be found at the center. OTHER WINNERS...
3. The payers whether Medi-Cal, Veteran’s Administration, long term care insurance, employers, or individuals would pay significantly more for in-home care, assisted living/RCFE, or nursing homes. Plus, this same payor saves even more when the patient has reduced need for emergency room visits, hospital days, nursing home stays, doctor’s visits, number of medications prescribed, not to mention that working caregivers can get back to work. These are all documented outcomes of adult day services
4. Employers, whose staff call in less due to due to family caregiving issues.
AND
5. Employees of day programs LOVE their jobs. Staff turnover is low and that means programs can focus on quality care, regulatory compliance, leadership, advanced training, clinical outcomes and innovation.

With the ever increasing presence of managed care coupled with the staggering demographics of the isolated frail elder, families and doctor’s offices are calling and referring to centers at an increasing rate and finding centers are operating at

full capacity or there are none in their community at all. For this reason, Center's like mine have had to start a waiting list 4 years ago.

Today we have 53 on that list. The average wait on that list is 11 months. Quite often, by the time we call a family their loved one has been placed in a nursing home or has passed (33 people in the past 24 months alone)

I am very proud of the fact that our center, built in 1984 with Dept of Aging funds, was the first build to purpose adult day health center in California. It was built by a strong group of community advocates some of who are have aged and used our program! Unfortunately, 34 years later, we have a building that is grossly non-ADA compliant - doorways, sprinklers, bathroom stall sizes (but we are grandfathered in). We are operating at max capacity, we don't have enough toilets, office space and with all the wheelchairs and walkers it's TIGHT, TIGHT, TIGHT. And yet we operate adult day health care, adult day care, ADCRC, CBHH pilot site, support groups, caregiver workshops.

So we need to expand our space because of demand but we can't renovate our current site without having to invest over \$600,000 just in retrofitting. Then we need additional funds for actual expansion. An engineering firm we hired in 2015 determined that finding a new center location and then tearing down the current was the way to go. Well, WE CAN'T DO THAT! For two years now our local leaders have been trying to solve this problem with little progress due to lack of funds. The loss of redevelopment dollars was a big hit to our planning. Foundation don't want to invest in brick and mortar. Entities involved are fearful of financing capital due to precarious federal healthcare reforms. We have not been able to solve this money problem despite all the gains for the people of our County and the payors involved!

In this State, expansion is needed to meet demand but also to protect current centers from closing! When we were built and licensed in 1984 for 59 people a day, you could financially break even serving as few as 25 per day. Not so today with current Medi-Cal rates. To be financially viable in Yolo County we estimate needing to serve 100 per day. Sounds like a lot but it's not. The need is there! But like any business, you have to break even to be viable. So we need more space to meet demand and also to avoid closure due to ongoing negative revenue stream.

Thank you for listening to my story. Our story really. We need to build infrastructure for the people of California who do not get to dodge the challenges

of growing old or being caregivers to the people we love. The reality which you already know is that the need is escalating fast is that the State of California has the burden of financing this epidemic (and Alz Disease is considered an epidemic) and building a more affordable, family supporting system of day programs will ensure significant savings to the State's current long term care funding streams.