

Senior Advocacy—2016 AAA Budget

Bilingual Case Management

History: One Focal Point (North/Eastside Senior Coalition) has been contracted for County-wide service since 1994, but not funded until 2013 for this service. NESCO has served Latino seniors living in Sun Prairie, Fitchburg, Marshall, Mazomanie, McFarland, Middleton, Monona, Oregon, and Madison. In 2013, \$10,000 from the Total Case Management funding allocation was awarded to NESCO specifically for non-English proficient case management services. This resulted in a decrease of Case Management funding—which was spread equally amongst the 15 Focal Points. In 2015, \$10,000 in funding was taken from another GPR line—and \$10,000 was restored to the Total Case Management funding. Also in 2015, an additional \$5,000 was awarded to this program to help recruit and retain Spanish-speaking Case Management staff. This program aligns with the Dane County Racial Equity and Social Justice vision by enabling Latino senior adults to remain living in their own homes (“affordable and safe housing”) through the efforts of Spanish-speaking case managers.

Need: Starting in 2004, 767 Latino seniors have been referred from Focal Points outside of NESCO’s service area to receive Bilingual Case Management Services (average of 70/year). In 2012, NESCO’s two Bilingual Case Managers provided 1,321 hours of case management services for 54 Latino seniors. In 2014, they provided 1,186 hours of case management services for 69 Latino seniors. This was despite having only one Bilingual Case Manager; the other was hired away for the last three months of the year by HospiceCare for a \$10,000 increase in salary.

Recommendation: Increase funding for the Bilingual Case Management program by 50%, for a total of \$20,000.

Outcome: Adequate funding will ensure retention of qualified and experienced Bilingual Case Managers.

Caregiver Support Program *(see attachment 1)*

History: Funding for this program comes from OAA/Title III E and a very small amount of County GPR (in 2015, \$879 came from GPR and \$129,260 was funded by Title III E). The total budget covers the contracted staff member (to include salary/benefits), Client Expenses (awarded through \$500 grants), and Non-Client Expenses (supplies, marketing, printing, outreach, etc.). The State follows a formula in awarding Title III E funds to counties each year—which is based on census data. The Caregiver Coordinator part-time staff position (.8 FTE) is contracted with a local non-profit agency but works out of the AAA office. The salary budget increased 1.06% between 2008-2015.

Need: Funding for Dane County’s Caregiver Program has remained relatively flat since 2008 (see attached); however, the individual grant amount has decreased over the years (\$700 to \$500) to address the increase in grant requests (138/yr average). Dane County is the only county to limit the grants to a maximum of \$500/year per caregiver. Other counties award the maximum allowable number of respite service hours (112) which can result in inequity. Even though not required by the State, Dane County also recently initiated a policy of awarding grants to new caregivers/services rather than continuing to fund repeat requests. The need is greater than the funding. This will only become a larger issue going forward as the number of caregivers will increase with the senior adult population. The total amount of grant commitments was reached in September 2014 and in May this year. This was probably the result of increased grant requests from hospital staff transitioning senior adult patients with immediate and acute needs from the hospital back to the patients homes. The additional staff time spent awarding and tracking grant requests and monthly payments reduced time available for outreach and education opportunities—

challenging the part-time staff member. According to the State, the Dane County Client Expenses budget for 2016 will remain at \$58,505. That will only cover 117 grants. Using historical data since 2008, an average of 138 grants were awarded each year. This equates to a shortage of \$11,500 for 21 grants.

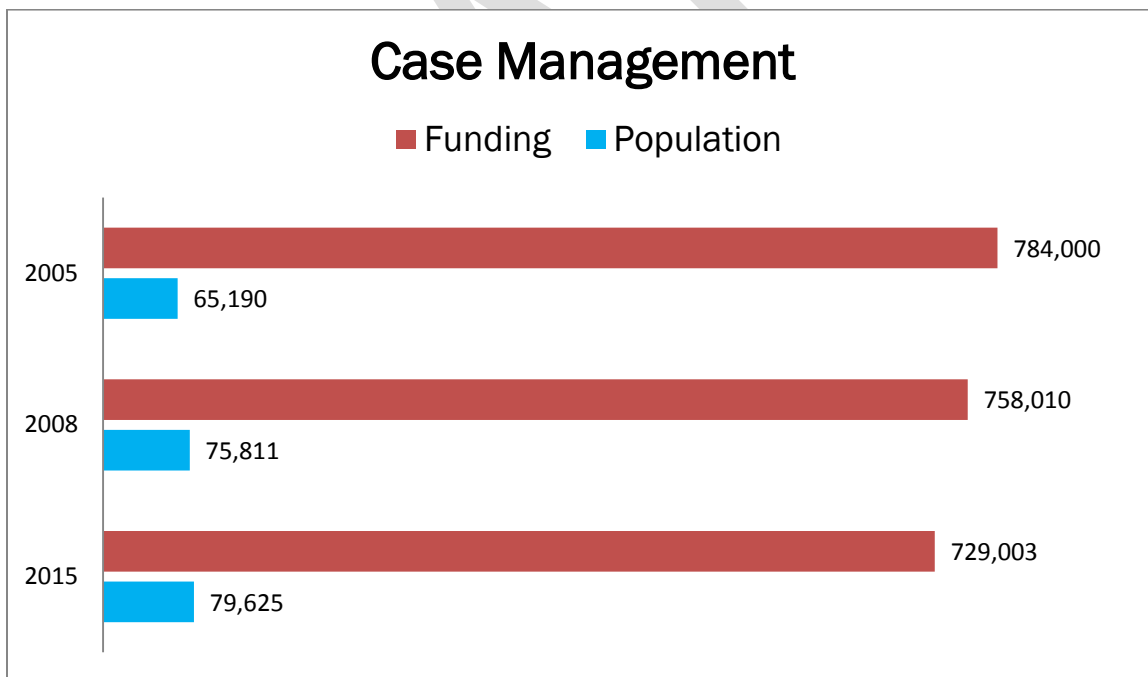
Recommendation: Increase Caregiver Support Program funding by 18%, for a total of \$23,014 to include \$11,500 for 21 grants and \$11,514 to move the Caregiver Coordinator staff position to full-time.

Outcome: Adequate funding will ensure 21 caregivers to receive \$500 grants and allow staff time for needed outreach and education opportunities.

Case Management *(see attachment 2)*

History: Dane County fulfills state-mandated requirement (through the Older Americans Act) to provide **supportive services** to assist older individuals to remain living in their communities by funding Client-Centered Case Management Services through the 15 Senior Focal Points. Dane County chooses to fund this program using GPR dollars rather than the minimal OAA Title III funds. Despite being a highly regarded service, DCDHS does not consider case management as a mandated program. As a result, case management funding is vulnerable when DCDHS annual budgets are tight.

Need: Between 2008 and 2015, Dane County case management funding decreased 9.6% (\$758,010 to \$729,003 for a decrease of \$29,007) despite experiencing a 22.1% increase in the age 60+ population since 2005 (65,190 to 79,627 for an increase of 14,437 seniors living in Dane County).



Furthermore, four Focal Points currently have waitlists for case management services with a wait time of two weeks to three months. Although short-term Information & Assistance help is being provided primarily by ADRC, case management staff spend a remarkable amount of time helping seniors with mental health and AODA challenges. Between 2008-2014, there has been a 12% increase in both total service hours and unduplicated clients reported by the Focal Points. Add to this ADRC had 30,849 contacts by seniors (age 60+) since opening in late 2012, and the increased need is only more apparent. In 2014, case managers served an average of 3% of the population of seniors (age 60+) who lived in their service area.

Recommendation: Increase Dane County case management funding by \$51,747. This will restore funding back the 2008 level (\$758,010) and add 3% increase (\$22,740) for a total of \$780,750.

Outcome: Adequate funding will ensure the growing population of senior adults will receive case management services in a timely manner by eliminating waitlists.

Mental Health Consultant

History: Senior Focal Point case managers have been reporting a remarkable increase in the number of senior adults experiencing mental health challenges in the past several years. Helping them is often exceedingly time consuming, extremely complex, and especially frustrating because of the strain on limited community resources. As a result, long waiting lists for mental health services have become the norm, and case managers struggle to find ways to help them to remain living independently and safely in their homes. The AAA Board voted to use 2014 Leck and Mally Grant funds (\$1,752.55) to fund 22 Senior Focal Point case managers to attend Journey Mental Health's Mental Health First Aid Training last year. Although successful and appreciated, case managers continue to request additional assistance in finding ways to help their clients.

AAA staff hosted a meeting on 2 March 2015 with Fran Genter (Adult Community Services Administrator), Mary Grabot (Adult Mental Health Community Services Manager), and Senior Focal Point Directors and case managers. The attached report (*Focal Point Case Management: Mental Health Challenges*) reflects comments submitted in 2014 Quarterly Client-Centered Case Management Reports and recent emails. Although challenges were discussed at the meeting, no concrete strategy was developed. Following the meeting, an idea was formulated to pilot a Mental Health Consultant program.

The pilot program will involve setting aside funds to hire a professional Mental Health Consultant to work with Senior Focal Point Case Managers to deal with clients experiencing mental health challenges. The Consultant will be available to case managers by phone or in small-group meetings to discuss mental health strategies, resources, and opportunities. (The Consultant will not work with individual clients.) This will fund up to 500 hours of service or approximately 40 hours per month.

Funding for the pilot program will come from 2015 Leck and Mally Grants and the Special Project Fund (\$22,312.21). The independent Mental Health Consultant will be hired using a Dane County Request-for-Proposal process. The pilot program will run 1 July 2015 through 30 June 2016. The program has not started as the RFP's deadline was Friday, 19 June.

Need: As the Consultant has not been hired, the need continues and increases as the population of senior adults also grows.

Recommendation: Fund this program (\$11,156) through 2016 using County funds other than the current basis of the Leck and Mally grants and Special Project funds.

Outcome: Adequate funding will ensure pilot program continuation through 2016.

Senior Nutrition Site Management (see attachments 3-5)

History: Dane County has historically provided funding for the Senior Nutrition Program through two contract types: Catering (purchase, preparation, transport, and delivery of food to meal sites) and Nutrition Site Management. Site Management costs include coordination and oversight of the following: (1) program outreach targeting seniors at risk of malnutrition (living alone, multiple chronic conditions or medications, racial minority, rural, low-income, poor oral health); (2) supervision of a safe and sanitary facility; (3) service of meals in a congregate setting and delivery of meals to homebound seniors by trained volunteers when appropriate; (4) collection and data entry of required participant registration and service delivery

data; (5) utilization of a meal reservation system to accurately and timely order meals through the County contracted Caterer; and (6) the provision of nutrition education.

Need: Funding for the Senior Nutrition Program from State and Federal sources has remained relatively flat over the past eight years, yet costs to run the program has increased (food costs, labor costs). Since 2008, additional GPR has been approved to address the increase in food costs and labor associated with the preparation of catered meals. The catering budget has increased 7.6% as a result. Over the same period of time, funding for Site Management contracts has decreased 9.5%, yet costs associated with Site Management have increased for labor, insurance, utilities, rent, and insurance. In fact, on average, focal points are now contributing on average 38.5% of the total cost for site management, a rate they can no longer support. Many focal points have stated they can no longer afford to operate a meal site without additional fiscal support for site management.

Recommendation: Increase Senior Nutrition Site Management funding by 17%, for a total of \$69,146 to compensate for the 9.5% loss since 2008 and a 7.6% increase in costs over 2008 funding.

Outcome: Adequate funding to ensure existing meal sites remain open.

Special Project Fund

History: Introduced by the Access Committee, the Special Project Fund was endorsed by the AAA Board and ultimately received approval in the 2015 budget. The purpose was to “meet the need of new funding for Focal Point initiatives or special one-time costs.” Although not the total amount requested (5% of Focal Point case management funds or \$36,450), the County did include \$13,807 for a one-time Special Project Fund in 2015. The AAA Board ultimately agreed with an AAA staff recommendation to add this funding to the 2015 Leck and Mally Grants to contract for a Mental Health Consultant who will provide resources, opportunities, and strategies for Senior Focal Point Case Managers dealing with senior adult clients with complex mental illness challenges.

Need: The Special Project Fund was established to address unmet needs not covered by the Case Management Funding Formula. Its rationale: “The formula has an over-all static quality that cannot take into account innovative case management services provided by Focal Points. It cannot allow funding of any Focal Point initiative. It cannot allow for one-time costs such as for unanticipated equipment needs, start-up costs for special projects, continuing education opportunities, limited staff time to meet emergency situations, unanticipated costs for specialized equipment or services, and increased costs for supplies, postage, equipment repairs, and services.”

Recommendation: Increase the Special Project Fund to the original recommendation of 5% of Focal Point case management funds or \$39,038.

Outcome: Adequate funding will ensure Case Management initiatives and unmet needs are addressed.

Summary

Bilingual Case Management	\$10,000
Caregiver Support Program	\$23,014
Case Management Program	\$51,747
Mental Health Consultant	\$11,156
Senior Nutrition Site Management	\$69,146
Special Projects Fund	\$39,038
TOTAL	\$204,101