

DANE COUNTY 2019 AAA BUDGET PRIORITIES

Draft from Focal Point Directors 2/8/18

The following budget priorities relate to aging programs and services provided by the Dane County Area Agency on Aging. They are listed in alphabetical order.

Advocacy

MENTAL HEALTH SERVICES – Request forming a County Task Force to review this need.

SENIOR HOUSING –

SENIOR NUTRITION –

SENIOR TRANSPORTATION –

Funding

CASE MANAGEMENT SERVICES –

Increased number of senior adults: 74,925/2010 to 108,920/2020 (45% increase)

Increased number of clients served: 1,979/2009 to 3,412/2017 (72% increase)

Increased number of service hours: 15,372/2009 to 24,085/2017 (57% increase)

Increased County funding: \$710,959/2009 to \$807,201/2017 (14% increase)

Complexity of issues (top five reported in 2017 include Low-Income Senior Housing, Supportive Home Care, Mental Health, Transportation, and Benefit Enrollment/Assistance)

Family Care clients returning to CM as FC services are not offered (CMs are tracking this information)

History:

Justification:

Outcomes:

DEMENTIA CRISIS WORKER – To provide \$124,280 to continue and expand this one-time grant-funded program to a full-time position that covers Dane County.

History: DCDHS was awarded a State Approved Dementia Crisis Response Grant that ends 31 December 2018. AAA contracted with South Madison Coalition of the Elderly to provide 545 hours of Dementia Crisis Consultative expertise to all types of crisis responders in rural Dane County in serving senior adults (age 60+) experiencing a dementia related crisis. This .4 FTE position:

1. Consults with first responders when it appears a resident is exhibiting behaviors during a response call that are consistent with a consumer in crisis with dementia for the purpose of initiating follow-up, diagnosis, support, and crisis planning by partner agencies;
2. Works collaboratively with law enforcement training teams to provide dementia related training resources as needed for first responders and all crisis workers at the ESU, using existing training resources provided by local dementia agency partners in addition to the Dementia Capable WI – UW Oshkosh Challenging Behavioral Specialist Train the Trainer and other relevant Specialist courses as resources for continuing education on-line.
3. Provides widespread training on and implement utilization of the *Consumer Centered Information Tool – Helpful Information for First Responders*, developed by ADRC of Western Wisconsin; and

4. Provides ongoing opportunities for 6 rural senior focal point case managers selected by the COUNTY to complete a minimum of 12 hours of on-site or on-line training on the following dementia related topics: Dementia Generalist and Dementia Specialist Courses afforded on-line by UW-Oshkosh; What questions should be asked to better assess if the consumer in crisis has mental illness, dementia, or possibly both; Education about potential causes of behavioral issues in a consumer with dementia (i.e., behaviors as a means to communicate a need or pain); Sensitivity Training – Virtual Dementia Tour; Hands on teaching techniques such as de-escalation, validation, communication, re-direction, and re-approaching; Clarification on how to discern what is defined as a “crisis” for someone with dementia; Outline of relevant legal statutes that impact dementia cases – Chapter 54/55 vs Chap 51; Outline of regulations as they relate to when it is legal for an assisted living provider and/or family member to “refuse” to take someone back if they are discharged.

Justification: Crisis workers, law enforcement, emergency medical staff, and most community-based case managers report a lack of or limited knowledge and experience in addressing the needs of individuals with dementia, especially those in rural areas who present behavioral challenges. Behavioral challenges are a major barrier to developing discharge plans for individuals with dementia who are hospitalized; and, dementia capable staff are not readily available to respond in a proactive manner to minimize the risk of a consumer with dementia being involuntarily committed into an institution or other hospital setting. Current funding for this program ends 31 December 2018 and only covers the rural areas of Dane County. This additional funding will expand the position to full-time and cover all areas of Dane County.

Outcomes: (A) To better anticipate and capably respond to crisis in the best interest of the individual that improves consumer-centered, trauma-informed response while using the least invasive and least restrictive measures in the rural areas of Dane County. (B) Assess and plan for consumers with dementia as a way to avoid or de-escalate crises through increased communication strategies among rural law enforcement, first responders, case managers and families. (C) Increase the capacity in rural Dane County communities to provide a dementia capable response system for the prevention of dementia related crises.

NUTRITION: Catered Meals – *(To be submitted by Nutrition/Wellness Committee)*

History:

Justification:

Outcome:

NUTRITION: Site Management – *(To be submitted by Nutrition/Wellness Committee)*

History:

Justification:

Outcomes:

SENIOR TRANSPORTATION – Provide an increase of \$_____ to fund _____ wheel-chair accessible round trip rides for low-income non-Family Care/IRIS enrolled senior adults attending Adult Day Centers at EMMCA, NW Dane, and Oregon in 2019 (Colonial Club has a vehicle to provide rides to its ADC) and \$_____ to fund wheel-chair accessible rides for seniors living in the rural service areas to kidney dialysis appointments in Dane County

History:

Justification:

Outcomes:

Email to EMMCA/NWDane/Oregon Directors 9/9/18: I talked to Jane Betzig today. Seniors enrolled in Family Care or IRIS can request rides to your ADC through their MCO or ICA. For seniors needing a ride to your ADC who are not enrolled in Family Care or IRIS, please call Jane (242-6486) and she'll look for funding opportunities to help cover these transportation costs. She did say funding is only available to seniors living in:

- the Metro Transit boundaries (to attend the EMMCA ADC), or
- the Oregon Area Senior Center's service area (to attend the Oregon ADC), or
- the Northwest Dane Senior Service's service area (to attend the NW Dane ADC).

Before I continue drafting this 2019 priority, please work with Jane to determine if funding is available for your private-paying seniors attending your ADC. If not, please provide me with the number of seniors who will continue to private-pay and the amount they are paying (per trip and # of trips). This will help me provide a budget amount to request, if we continue to draft the priority.

Email to Rural Focal Pt Directors 9/9/18: At yesterday's Focal Point Directors meeting, a 2019 AAA budget priority was suggested to address the unmet needs of providing wheel-chair accessible rides for seniors living in the rural service areas to kidney dialysis appointments in Dane County.

I spoke to Jane & Margie today and determined the following current needs:

- There are four kidney dialysis clinics in Dane County (UW Health's Wisconsin Dialysis Clinics on Fish Hatchery Rd & American Parkway, SSM Health Dialysis Center in Fitchburg, and DaVita Dialysis in Sun Prairie).
- Patients normally need dialysis 3 times a week; each session lasts 5-6 hours.
- Seniors needing dialysis has increased tremendously over the past several years (I'm not sure why, do you?).
- Seniors living within the Metro Transit boundaries obtain rides through ParaTransit (or is it MetroTransit?).
- Seniors living outside of the Metro Transit boundaries private-pay for rides—which can run \$50-\$60 each way if wheel-chair accessible vehicles are required.
- Obtaining rides from the Dane County TimeBank is not working due to a shortage of volunteers and wheel-chair accessible vehicles.
- RSVP rides are limited to 1 round trip or 2 one-way rides per senior each week.
- RSVP rides are not wheel-chair accessible; however, if the senior can transfer themselves to/from a wheel-chair arrangements can be made to accommodate this.

In order to draft this priority and provide a funding request, please provide the following:

- How many of your seniors paid privately for rides in 2017?
- How much are did they pay for rides in 2017?
- How many rides do they need in 2017?

Margie will work with her staff to obtain Driver Escort Program numbers for 2017.

SUPPORTIVE HOME CARE -

Focal Point Directors reported program will end this year

Continue/increase funding in 2019

History:

Justification:

Outcomes:

Email from Beth Freeman (9/12/18) to Focal Pt Directors: Cheryl Batterman recently contacted me regarding a concern that was expressed during a discussion about the 2019 AAA Budget Priorities at last week's Focal Point Directors Meeting. One of the areas of concern was that the Supportive Home Care (SHC) Program was due to end in 2018. I am happy to report that this concern is not true. While the SHC program has not been adding new clients as of late, it remains fully funded and is intended to be so in 2019 as well.

With the work that is being done by a work group of case managers, myself, and a program analyst at Dane County Human Services, our goal is to revamp the SHC program eligibility criteria to better reflect the intent of the program. By doing so, we will be able to justify and support the ongoing need of this program to fill the gap for many individuals who need just a little bit of help to stay at home yet do not meet the level of a long term care program such as Family Care, IRIS, or Partnership.

Additionally, it remains my goal to make this funding more equitably available across the Focal Point system by implementing a funding distribution system based on the existing Case Management formula utilized by the AAA. After reviewing the formula system with the SHC work group members and the county's program analyst, Ariel Barak, the work group felt the criteria used to distribute CM funding would be applicable to the SHC program.

In summary these are my goals for the SHC program:

1. Keep the program funded and in place to meet the needs of individuals who do not yet qualify for a long term care program but do need some personal care and/or chore assistance to remain safely in their home.
2. Create an updated eligibility process and policy guidelines related to the SHC program to ensure funding is provided to the most appropriate individuals.
3. Create a system by which SHC program funding is available to all Focal Points using a formula methodology.

Summary

Program	Requested	Awarded
Case Management		
Dementia Crisis Worker	\$124,280	
Nutrition: Catered Meals		
Nutrition: Site Management		
Specialized Transportation		
Supportive Home Care		
TOTAL		