

# DANE COUNTY 2019 AAA BUDGET PRIORITIES **DRAFT #2**

Draft from Focal Point Directors 2/8/18

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

## Advocacy

The AAA Board endorses advocacy efforts in two vital areas that reach beyond the scope of what AAA is responsible for during one calendar year. The Board supports the work of community partners in support of Mental Health Services for Seniors and Low-Income Senior Housing.

## Funding

**CASE MANAGEMENT SERVICES** – Provide an increase of 27% of the current program funding (\$226,128) spread over the next three years (2019-2021) for Case Management Services to meet the increasing demand of the growing senior adult population in Dane County. This equates to \$75,376 each year.

History - Dane County fulfills state-mandated requirements (through the Older American Act) to provide supportive services to assist older individuals to remain living in their own homes by funding Client-Centered Case Management Services through 15 Focal Points. Recognizing the need for case management services would far exceed funding, Dane County targeted this program starting in 2014 to fund this program for low-income clients (falling below 240% of the Federal Poverty Level). Despite this effort and additional funds approved by the Dane County Board and/or Executive (\$18,331/2016, \$25,146/2017, \$40,000/2018),

Justification – While the needs for general case management services have significantly increased, the funding for this program has not kept up with the need. This is proven with the following data:

- Increased number of senior adults: 45% increase (74,925/2010 to 108,920/2020 *projected*)
- Increased number of senior adults served: 72% increase (1,979/2009 to 3,412/2017)
- Increased number of service hours: 57% increase (15,372/2009 to 24,085/2017)
- Increased County funding: 14% increase (\$710,959/2009 to \$807,201/2017)  
(NOTE: \$837,514/2018 or 18% increase 2009-2018)

Targeted CM In addition to these numbers, the complexity of the needs of our vulnerable, frail senior adults are also increasing. Focal Point Case Managers report the top five challenges seniors faced in 2017 include Low-Income Senior Housing, Supportive Home Care, Mental Health, Transportation, and Benefit Enrollment/Assistance.

Outcomes – By increasing GPR funding to align with historical and projected need, low-income senior adults will receive Dane County Case Management Services that will keep them in their homes rather than moving to expensive assisted living or nursing home facilities paid by Medicaid.

**DEMENTIA CAPABLE CRISIS WORKER** – To provide \$78,835 (\$56,888 salary, \$2,000 mileage, \$14,790 payroll taxes and benefits, and \$5,517 in administrative supervision) to continue and expand this one-time grant-funded program to a full-time position that covers all of Dane County.

History: Dane County lost some capacity to serve this population with the implementation of Family Care.

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*, as modified for Dane County; 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.
5. Help Journey Mental Health Crisis Call Staff become more competent in their skills with regard to dementia related emergencies and how to help persons stabilize in place.

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. (D) Reduce Emergency Detentions related to challenging physical behaviors secondary to dementia.

**NUTRITION: Catered Meals – *(NOTE: To be determined based upon utilization at mid-year.)***

History:

Justification:

Outcome:

**SENIOR NUTRITION:** – To provide \$14,750 to convert all home-delivered meal packaging to Oliver Tray Meal Sealing system, using recyclable, biodegradable cardboard packaging and sealing film that is environmentally friendly and meets consumer satisfaction due to meal presentation and the ability to microwave packaging for reheating.

History: Dane County serves over 129,000 home delivered meals per year to homebound seniors unable to cook and prepare meals safely. Of this number, more than 50,000 are already served using the Oliver System or by using returnable, hard plastic trays that are then sanitized and reused. The remaining 70,000 meals are delivered using aluminum trays with crimped foil/cardboard lids. Aside from the environmental waste produced by these trays, they are difficult to use in that they require volunteers to manually crimp the aluminum to seal the lids on properly, which is very time consuming in the preparation of meals. Further, these trays are not microwavable and thus the senior must reheat using an oven or by transferring the food to another microwave safe dish for reheating.

Justification: The cost difference between using the aluminum tray and lid packaging (currently at .17 cents per meal) and the Oliver Tray and Meal Sealing system is approximately .10 cents per meal higher for the Oliver System. Each site (10) receives the packaging machine free of charge, needing to purchase only the trays and film. Additionally, Consolidated Food Service (current caterer) will also receive a soup/sides packaging machine to prep and seal these items for home delivery. The speed for sealing meals will go from approximately 40 seconds per meal to 5 seconds per meal due to the new technology. Seniors currently receiving meals with this system have overwhelmingly stated they prefer the microwavable packaging and that the food looks appetizing when received, making them want to eat better during illness.

Outcomes: (1) Reduced environmental waste resulting from over 70,000 aluminum meal packages sent to the land fill each year, (2) improved speed in packaging and sealing meals, and (3) greater customer satisfaction with meals that can be microwaved when using the oven is unsafe or more costly to operate.

**SENIOR TRANSPORTATION** – Provide an increase of \$\_\_\_\_\_ to fund \_\_\_\_\_ wheel-chair accessible round trip rides for seniors living in the rural service areas to kidney dialysis appointments in Dane County.  
*(NOTE: Dropped request for 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; the responses do not identify a need to pursue this as a 2019 budget priority.)*

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**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?  
**SW Dane (Care Van Services): 20**  
**Fitchburg/Friends (contract): 3**  
**McFarland (paid thru FPt funds): 2**  
**NWDane: 2**
- How much did they pay for rides in 2017?  
**SW Dane (Care Van Services): \$30/ride & \$3/mile after 5 miles**  
**Fitchburg/Friends (contract): \$50/round trip**  
**McFarland (paid thru FPt funds): UNK**  
**NWDane: UNK**
- How many rides did they need in 2017?  
**SW Dane (Care Van Services): 20**  
**Fitchburg/Friends (contract): 9.5**  
**McFarland (paid thru FPt funds): UNK**  
**NWDane: UNK**

McFarland & Oregon report challenge is for seniors not able to use RSVP for ANY medical trips due to non-accessible vehicles. NWDane also reports running general errands vs. medical appointments has also been a concern for the current clients or RSVP regulars.

## One-Way RSVP Rides for Dialysis Appointments

Community	2016	2017	TOTAL
Stoughton	787	96	883
Sun Prairie (Colonial Club)	457	275	732
Waunakee	351	290	641
Oregon	398	191	589
Verona (Sugar River)	208	111	319
McFarland	96	40	136
Madison/Monona	12	103	115
Fitchburg	4	108	112
Cottage Grove & Marshall	78	1	79
Middleton	2	71	73
DeForest		62	62
Mt. Horeb (SW Dane)	10		10
Deerfield & Cambridge	3		3
Black Earth, Cross Plains & Mazomanie (NW Dane)			
Belleville (Sugar River)			
	2,406	1,348	3,754

### So, what exactly are the main causes of kidney disease?

There are several causes of kidney disease, a condition that affects 1 in 7 adults age 18 or older in the United States. Diabetes is the number one cause of kidney disease, responsible for approximately 44% of all kidney failure cases. High blood pressure (also called hypertension) is the second leading cause, accountable for about 29%. Glomerulonephritis, a general term for many types of kidney inflammation, as well as genetic diseases such as polycystic kidney disease (PKD), autoimmune diseases, birth defects and other problems, can also cause kidney disease.

### Who gets diabetes?

Diabetes can occur in anyone. However, people who have close relatives with the disease are somewhat more likely to develop it. Other risk factors include obesity, high cholesterol, high blood pressure, and physical inactivity. The risk of developing diabetes also increases as people grow older.

## SUPPORTIVE HOME CARE -

Focal Point Directors reported program will end this year; continue/increase funding in 2019 **(NOTE: Dropped request as program is funded in 2019)**

**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	\$80,720	
Dementia Crisis Worker	\$78,835	
Nutrition: Catered Meals	TBD	
Nutrition: Meal Packaging	\$14,750	
Specialized Transportation		
<b>Supportive Home Care (delete)</b>		
<b>TOTAL</b>		