

# DANE COUNTY 2024 AAA BUDGET REQUEST

Draft #1 from Focal Point POS agencies

**CASE MANAGEMENT (CM) SERVICES** – Provide an additional \$237,164 for the 2024 CM budget to continue to serve the growing number of older adults in Dane county. This additional funding will allow agencies to increase Focal Point staff hours by approximately 11,960 annual hours for a total of 230 hours/week or 5.72 FTE distributed among 11 of the 12 Focal points (With the exception of McFarland Focal point who has not requested additional staff at this time). Below is the breakdown of the requested hours and funding by focal points.

Focal Point	Hrs. Request	County Funded	Local Funding	Total Expense
Stoughton	20	\$17,418	\$17,418	34,836.00
Belleville	30	\$17,500	\$17,500	35,000.00
SW Dane	20	\$14,000	\$14,000	28,000.00
Waunakee	20	\$12,250	\$12,250	24,500.00
McFarland	0	0	0	0.00
Fitchburg	20	\$13,625	\$13,625	27,250.00
DeForest	20	\$13,000	\$13,000	26,000.00
Sun Prairie	24	\$11,170	\$11,170	23,340.00
Middleton	15	\$30,000	0	30,000.00
NW Dane	20	\$30,000	0	30,000.00
NewBridge	40	\$58,201	\$32,737	90,938.00
Oregon	cost to continue	\$20,000	0	20,000.00
		<b>\$237,164</b>	<b>\$131,700</b>	<b>369,864.00</b>

(Figures do not include benefits or COLA increases except for NewBridge, which includes benefits; If the full amount was awarded the breakdown would be \$19.89 /hour County and \$11/hour Focal point to equal \$30.89 avg per hour for a 64/36 % split)

**History:** Dane County’s Case Management program, which is preventative and cost saving, has been recognized by the State as a “Best Practice” in meeting the long-term needs of a growing population of older adults. This is accomplished by partially funding services for adults 60 and over that are 240% below the poverty level through 12 geographically defined agencies called Senior Focal Points. The remainder of the funding comes from local municipalities, towns, villages, and nonprofit organizations. This cost share model is innovative and instrumental in sustaining the program.

Focal Points are often the first entry point for service as the community provider and the final “safety net” when short term case management ends, managed care organizations are not meeting clients’ needs and/or clients are not eligible for other agencies’ services. Focal Point

Case Managers assess the needs of the client and arrange, coordinate, monitor, evaluate, and advocate for multiple services to meet specific and/or complex needs.

**Justification:** The need for general and acute case management services has rapidly increased over the years due to population increase in our older adults and the role of the case manager (CM) has expanded drastically.

### **Demography of Aging**

According to the American Community Survey data (2015-2019), the total number of older adults (60+) in Dane county is 101, 275. This number is projected to increase to 144,540 (by 2035) and to 153,070 (by 2040). By 2040, one in four adults in Dane county will be 60 and over. In addition, 28.2% of our older adults are living alone, 26.5% are living with a disability and 5.1% are living in poverty with 17.3% living at 200% of poverty or less. Among housing units occupied by householder age 65+, 56.3% with rental costs and 26.5% with owner costs are cost burdened (costs  $\geq$ 30% of income or more). The population of elderly (age 60+) POC (Persons of Color) has increased by 76%, from 4,082 in 2010 to an estimated 7,184 according to the ACS 2015-2019 estimate. During this same time-period, the White Non-Hispanic population grew at 33%, from 70,843 to 94,091 (Ariel Barak, DCDHS Program Analyst).

CM services (2017-2022) saw an increase of 9.5% in the number of clients (3,254 to 3,394) and an increase of 20% in the number of direct service hours (24,707 to 26,124).

### **Expanded role of Case Managers and acuity of clients served**

Physical health, mental/behavioral health, food insecurity, transportation and housing/homelessness are just some health/socioeconomic drivers that have fallen under the case management umbrella. The pandemic also had a dire impact of people's support systems, on health/co-morbidities and the systems of care and support were diminished by death, illness, attrition, etc. Now, the unwinding and the expiration of various pandemic supports is having a huge impact on clients that got a reprieve on rent, evictions, Medicaid reviews etc. Because the increasing demand cannot be met with current staffing levels, some Focal Points have established waiting lists for services (1-8 weeks). Another strategy is Focal Point Directors taking on the role of a case manager to support clients in need.

The following case examples demonstrate the acuity of clients' needs. These cases reflect what Focal Point CMs are dealing with on a regular basis. Each example can absorb as many as 25 plus hours managing the initial crisis. This does not include the on-going hours for the general case management that will be needed once the client is stable and able to remain at home.

- Referral from first responder for client exhibiting paranoia and making numerous calls to 911. CM was successful in admitting client for a mental health evaluation. With

assistance from CM, it was identified that the client needed additional care and was eventually placed in a nursing home.

- Referral from first responder concerning client with dementia who got lost driving. CM assisted client's husband with GPS tracking devices, adult day care options, alternative living options and connection to a men's caregiver support group.
- Referral from emergency provider and local hospital for senior expressing suicidal and homicidal ideation. After identifying their needs, it was felt that a hospitalization was warranted, and that the client could not make an informed decision on their care. Client was hospitalized and the POA activated. Case Manager continues to work with family to support client until a long-term plan is in place.
- Referral from apartment manager needing support dealing with an older tenant with mental health issues. CM is working with client to avoid eviction.
- Multiple Hotel to Housing client referrals in several different Focal Points areas. As funding runs out, CMs are assisting clients to find alternative housing, helping with section 8 applications and connecting clients to other services needed.
- Referral from neighbor concerning client who has a severe hoarding issue. House uninhabitable. CM obtained funds from Adult Protective Services and oversaw the clean-up of the home. CM also arranged regular cleaning help and worked with family members to take over client's finances.
- Client with severe hoarding issue referred from local hospital after hospital was informed client did not qualify for Adult Protective Services (APS). Case Manager organized bio-cleanup of home, home repairs and appointments for mental health services. On-going case management is still occurring.
- Client showed up unannounced at their local Senior Center after being evicted from apartment. Because the Center's CM was out of the office, Senior Center Director spent the day obtaining food and temporary shelter for the client.
- Referral from APS as client is own decision maker. Client recently lost their caregiver and no longer has assistance with activities of daily living. CM working to convince client of the services that were needed to remain safely in his home.
- Long term client of Senior Center developed dementia overtime. Has no family support. CM worked with client and client's doctor to get determination of incapacity so POA could be activated. CM handled numerous calls of concerns from neighbors, bankers, emergency responders, medical providers and more until finally locating a memory care facility client could move in to.
- Referral from apartment complex about a client being evicted within 24 hours. Client was suffering from mild cognitive impairment and rent had gone unpaid. Client owned a gun and threatened to harm himself if evicted. CM secured funding for a short hotel stay while coordinating alternative housing and supports for client.
- CM worked with client whose wife needed guardianship. Husband is not cable of being the guardian and couple has no family. CM petitioned for guardianship and was subpoenaed to

testify that guardianship was necessary. Wife placed in memory care and now CM working on getting guardianship for the husband.

- Case managers complete nutritional assessments for the increasing number of clients utilizing nutrition services through the meal sites. As those increases, so does the number of people needed to assess the Baby Boomers as they retire and begin to need services. There is a need for more counseling related to Medicare and Med D as evidenced by increased attendance at the Welcome to Medicare Seminars. Renewals have become more complicated for seniors who are not savvy using technology, requiring extra time by Focal Points. Focal Point case managers have been relied upon to do the RSVP ride coordination in the outlying areas as most of the Ride coordinators are no longer volunteers. This includes an increased need for local recruitment efforts.

Other county service providers, emergency responders, health systems (doctors/nurses), apartment managers, neighbors, families and more rely on Focal Points heavily. More seniors have little to no family living nearby resulting in a greater need for advocates assisting them. Focal point case managers often fill that need. Since we are the “boots on the ground” as proven during COVID, the County would see an increase in senior homelessness, psychiatric admissions, hospital admissions due to falls, chronic conditions, and unmet nutritional needs if we were not able to serve the senior population in the way we do. Services provided by the ADRC alone would be insufficient in stabilizing them in a wait list situation. In addition, the number of Elder Abuse situations would skyrocket without earlier interventions. Cost savings and improved quality of life have already been realized when Social Services are provided alongside EMS/Police/other partners during emergencies. On a long-term basis, the cost savings are immeasurable.

**Outcomes:** By increasing GPR funding to align with population growth and expanding roles of CMs due to higher acuity clientele, low-income senior adults will receive cost-effective Dane County Case Management Services that will allow them to remain living in their homes and age well while delaying the placement of clients into the long-term care system.