



Legislation Text

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City of Alexandria, Virginia

MEMORANDUM

DATE: SEPTEMBER 6, 2017

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: MARK B. JINKS, CITY MANAGER /s/

DOCKET TITLE:

Consideration of Approval for the Department of Community and Human Services (DCHS) to Accept Funds to Implement the Care Coordination for Elderly Virginians Program (CCEVP).

ISSUE: Consideration of approval for the Alexandria Department of Community and Human Services (DCHS) to accept funds from the Virginia Department of Aging and Rehabilitative Services (DARS) to establish a Care Coordination for Elderly Virginians Program (CCEVP) and authorization to combine this new funding with existing funding to increase a vacant 0.5 FTE position to a 1.0 FTE position.

RECOMMENDATION: That City Council:

- 1) Approve DCHS's receipt of \$57,823 in annual ongoing funding from DARS to develop a Care Coordination for Elderly Virginians Program;
- 2) Authorize an increase of 0.5 FTE; and
- 3) Authorize the City Manager to execute all necessary documents that may be required.

BACKGROUND: The General Assembly appropriated \$490,000 during the 2017 Session so that all 25 Area Agencies on Aging would have Care Coordination for Elderly Virginians Program funding and according to the intrastate funding formula used by DARS \$57,823 is Alexandria's share, available as of July 1, 2017. The CCEVP is a service coordination program for adults age 60 and over and is designed to provide a mobile, brief intervention that links older adults to supports and services available in their community. Aggressive information and assistance/outreach services are used to reach elders. A face-to-face interview is conducted with the individual to determine available services that can support him/her living in the community. The older adults are provided aid in accessing and implementing the needed supports and services.

The required program components include outreach, screening/assessment, referral assistance and evaluation. The reports must be submitted to DARS in a specified electronic format.

DISCUSSION: This new funding will enable DCHS to significantly enhance services to older clients. Staff will partner with other community groups to expand outreach to older adults who do not know about services, conduct one-on-one interviews to assist individuals in determining what services would be of benefit to support community living and assist older adults in accessing those services. With this additional funding, and through reclassification of two existing, budgeted positions, DCHS proposes to provide the required CCEVP services while also creating a Public Health Nurse II position to serve as part of an inter-disciplinary team in the Division of Aging and Adult Services. Currently there is no ongoing nursing support for clients in the Division. Both the expanded outreach and the new nursing service are designed to enable older Alexandrians to remain in the community and, thus, are in alignment with three existing Strategic Plans: the City Council's, DCHS's, and the Plan on Aging.

The Public Health Nurse would support and empower older adults and caregivers to achieve and maintain an optimal level of health in the community through home visits and care coordination with service providers. Services are designed specifically to prevent unnecessary emergency room visits, hospitalizations and premature placement in long-term care residences. The employee will join a team of dedicated professionals including Family Service Specialists/social workers, mental health therapists and other aging specialists and be responsible for direct nursing care for an assigned caseload, to include work on state mandated pre-screenings. Home visits constitute approximately 80% of working hours and entail providing initial and comprehensive assessment of clients' medical and psychosocial needs. Duties include:

- Conducting comprehensive clinical assessments in the homes of Adult Protective Services, Adult Services and/or Older Adult Mental Health clients with severely compromised health status, providing initial and comprehensive assessment of clients' medical and psychosocial needs.
- Providing ongoing medical monitoring and education of clients and their caregivers, including monitoring multiple medications received by many clients and follows-up as needed.
- Formulating care plans, documents observations, care provided and effects of care on patient in accordance with established recording requirements.
- Providing medical screenings for homebound clients needed to facilitate placements in nursing homes or assisted living (i.e. TB screenings), or help with specific protocols.
- Consulting with physicians, other health care providers and community agencies to explore resources for care and ensure continuity of service;
- Serving as a resource to colleagues in the Division to provide guidance, advice and to assist with setting up safe health education and compliance strategies with treatment recommendations for clients and their families.

The proposed plan involves:

- Reclassification of a filled 1.0 FTE Family Services Specialist position, to a 1.0 FTE Coordinator/Community Services. The incumbent in this position would be responsible for the CCEVP activities as well as other duties.
- Reclassification a vacant 0.5 FTE Coordinator/Community Services position to a 1.0 FTE Public Health Nurse, which would be recruited.

This program will be included in the Alexandria Area Plan for Aging Services that is submitted to DARS

annually to indicate the services that are provided using federal Older Americans Act and state supplemental funds. While the State funding is expected to be ongoing, there are no funds currently available in the DCHS budget to continue the CCEVP activities should funding be discontinued in the future.

FISCAL IMPACT: The DCHS proposal would increase the Department's FTE count by 0.5 FTE, but there would be no increase in General Fund dollars. As the attached table indicates, there would be an estimated net savings in General Fund dollars of \$4,736 (Attachment).

The \$57,823 in funding will be available on an annual basis. As with other funding from DARS to Area Agencies on Aging, there is no match requirement.

Grant funding is expected to be ongoing. If grant funding becomes unavailable in the future, outcome data will be analyzed to determine the project's effectiveness and DCHS may identify alternative funding and/or reprioritize current DCHS funding to support the program's continuation. If, however, grant funding becomes unavailable and alternative ongoing funding cannot be secured, the program and the proportional FTE allocation will be eliminated.

ATTACHMENT: Care Coordination for Elderly Virginians Program Chart

STAFF:

Debra R. Collins, Deputy City Manager

Kate Garvey, Director, Department of Community & Human Services (DCHS)

Morgan Routt, Director, Office of Management and Budget

Carol Layer, LCSW, Director, Center for Adult Services, DCHS

Raphael Obenwa, Director, Finance, DCHS

Terri Lynch, Director, Division of Aging and Adult Services, DCHS