

Application for 2010 Supplemental Funds Community Resources Program

*Submit signed original and digital copies of this application to the
Community Development Division,
Room 225, MMB, 215 Martin Luther King Jr., Blvd.
Madison, WI 53701*

Deadline: Noon on March 2, 2010
(Late or incomplete applications will not be considered)

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|--------------------------|--|--|--|---------------------------------------|--|
| Program Title: | Case Management | | Agency: | South Madison Coaliton of the Elderly | |
| Amount Requested: | \$8,929.00 | <i>Amount Allowable: \$2500-\$10,000</i> | Current Community Resources Funding for this Program: | \$66,838 | |
| Address: | 128 E. Olin Ave Suite 110 Madison WI 53713 | | | | |
| Contact Person: | Kathleen Stoga | | Telephone: | 251-8405 | |
| E-Mail: | stoga@smcelder.com | | | | |

- 1) **Program Description:** Summarize the programs major purpose and activities, demographics of intended population and geographic service area.

The goal of the Coalition's case management program is to help older adults achieve and maintain optimum independence in their home and community by providing them with a variety of services that best meet their needs. The case manger first completes an assessment that looks at the physical, financial, environmental, cognitive, and functional levels of the older adult client. Based on the results of this assessment, the case manager and the older adult develop a plan for the needed services. The case manager then arranges for the services and continually adjusts them according to the ongoing needs of the older adult. The target population for this program consists of persons age 60 and older living in the South Madison area and the Town of Madison. We estimate that 20–25% of the individuals served will be members of a minority community and that 60% will be of low-income status.

- 2) **Program Need:** Please describe the increase in requests for service or unanticipated economic hardship for your program that warrants application for this funding. For example: increased service participants, increased waiting list, specific increases to staffing hours or program hours, unanticipated program cost, or lost funding.

In the last two years, the Coalition has lost funding from Dane County for case management services. This has resulted in diminished case management staff time to work with older adults and has increased the waiting time for clients seeking this service. In addition, the decreased funding has come at a time when there has been an increase in the requests for services from older adults with more complicated and time-consuming needs.

The funding being requested would result in an increase in staff time to achieve the level prior to the loss. The funding would provide case managers much greater opportunity to work effectively with older adults with complicated needs, and it would help shorten the waiting time for older adults needing the Coalition's services.

- 3) **Service Goals:** Please attach a copy of your Community Resources Program year end or December service report to this application. Please add a column to your service numbers section that identifies what your 2010 proposed new goal numbers would be if you were allocated the funds you are requesting.

- 4) **Fund Utilization:** Understanding that this is a one time allocation, how will these funds be used in 2010? Will the supplemental costs be allocated to staffing, program supplies or other expenses?

We understand that this funding is a one-time allocation that the Coalition will use in 2010 to support staffing costs. The funding would provide an additional eight hours per week of case management services.

5) **Budget:** Please provide the following information. You will be contacted if additional information is necessary.

| Program Budget | Current (as reported in your Budget appendixes in January 2010) | Proposed |
|-----------------------|--|-----------------|
| Personnel | \$47360 | \$8929 |
| Operating | \$13488 | |
| Space | \$5990 | |
| Special Costs | | |
| Total | \$66838 | \$8929 |

6) **Signature:** Name and signature of the principal individual responsible for this program proposal.

Name: Kathleen Stoga Title (if applicable): Director

Signature: _____ Date: 2/22/2010

If you need assistance with this application or are unclear about how to answer the above questions please feel free to contact your current contract manager or staff at (608) 266-6520.

**SOUTH MADISON COALITION OF THE ELDERLY
QUARTERLY SERVICE REPORT - CITY OF MADISON
Due Dates: 4/15, 7/15, 10/15, 1/15**

Period Covered: January 1, 2009 to December 31, 2009
Date: 01/15/10

Person Completing Report: Kathleen Stoga Phone: 251-8405

Service A: Outreach/Case Management

1. Outline the level of services provided as reported on the AAA 610 or equivalent report

| | | |
|------------------------|---------------|--|
| | | <u>2010</u> |
| This quarter (Clients) | <u>42</u> | Year-to-Date <u>319</u> <u>345</u> |
| This quarter (Hours) | <u>485.60</u> | Year-to-Date <u>2006.6</u> <u>2306</u> |

2. Total number of Information and Assistance contacts as reported on the AAA monthly report.

This quarter 76 Year-to-Date 367

3. Total number of agency hours providing Information and Assistance services as reported on the AAA monthly report.

This quarter 21.75 Year-to-Date 114.50

4. Outline any changes noted by staff that may affect service, or make service delivery more difficult (e.g., increased number of clients with mental health issues or language barriers).

This past quarter a survey was completed evaluating client's satisfaction with case management services. Twenty-six older adults participated by mail and phone contacts. 87% of the respondents rated the quality of case management as excellent. Many respondents wrote positive comments about this service. Here are a few: "My case manger goes above and beyond the call of duty. I am a happy camper." "The services I received helped me stay in the community." "I thank your staff for all the help I've received. I don't know where I would be without it."

5. Final Report Only - Due 1/15

Complete and submit the attached form on Outcome Objectives, Performance Standards and Measurement Tools.