

## **PUBLIC AGENCIES AND COMMUNITY INTEGRATION FOR THE AGED**

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### **INTRODUCTION AND BACKGROUND**

Have you ever fallen into a pool not knowing how to swim? It is a pretty frightening experience. Your first instinct is survival, and more than likely will you come out of it knowing how to swim. It is an unusual way to learn, but sometimes it is the only way to learn. These are the same sentiments I feel regarding all the overwhelming changes within our social service system that we are experiencing at the moment; welfare reform, budget cuts, reorganization of programs, integration of community resources with governmental agencies, working in a partnership with other agencies, and so on. How do we accomplish all this without making fundamental changes, not only in the system but within ourselves? How do we start letting go of ideas with which we feel comfortable, and start trusting totally new ideas ?

I have always believed that if you have the will and desire to accomplish something you will be able to do it. It takes great sacrifice and creativity to get where you want to go. Coming from a third world country, I have witnessed first hand human misery, not on television, but in real life. I have seen the underprivileged come together and strive for a common goal and achieve it. Survival skills are developed on needs not satisfied. On the other hand, if everything was handed to us, there is no need to develop these skills; we would become complacent and noncreative.

Community work will become the new way of doing business. Public agencies, or agencies involved with social services will become the new focal point for addressing these needs. Some of us, think this as unrealistic, or too ambitious. Why is it too ambitious? Why is it unrealistic? Is it because we as a society are losing control of the values we consider important to nurture human life? Is it that we are so comfortable with what we know and what we do that we do not want to risk change?

My main focus in this case study is to find ways how to integrate community work with public agencies. How to plan for the future specifically in an area where the aged population is increasing so fast?

The City of San Jose has developed a plan to address the needs of an aging population, the plan is called "The City of San Jose Aging Service Master Plan." It is based on the input of hundreds of community members from virtually every sector and age group. The study states that at the turn of the 20th Century, one out of every twenty-five Americans was 65 years or older. The ratio is now one out of every nine, and current projections are that by the year 2020 one out of every five persons will be over 65 years old. This population has more than doubled between 1970 to 1990. It is estimated it will more than double again between 1990 and 2010, to 184,600.

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### **60 years and older population in San Jose from 1950 to 2010**

<u>1950</u>	<u>1960</u>	<u>1970</u>	<u>1980</u>	<u>1990</u>	<u>2010</u>
14109	21465	35957	56817	79007	184600

Source: U.S. Census, association of Bay Area Governments, City of San Jose Planning Dept., and the County of Santa Clara, Advance Planning Office

The purpose of the City of San Jose Aging Services Master Plan:

- To develop a plan for aged, services which will be provided by the city and community based agencies. This plan should be in effect at least for the next five to ten years, before it will help maximize the city's ability to meet the needs identified by the Senior Needs Assessment Coming of Age, and by the demographic changes presented by the aged.
- To enhance coordination and collaboration between the service providers of the elderly, and the community based agencies and the City of San Jose.
- One of the primary goals of these services is to keep older persons living independently at home.

The plan outlines a model system of community based services for the aged under three service types:

- Safety net services.
- Supportive services.
- Quality of life services.

The plan identifies service needs as critical or urgent, these needs are based on the following criteria:

- Critical needs - those which threaten the lives and well-being.
- Urgent needs - those which are serious, but no necessarily life-threatening.
- Ongoing needs - those which primarily affect quality of life.

### **SAFETY NET**

#### **Case Management/Services**

As part of this Safety Net, I would consider Case Management as being a link to the aged population with public agencies, community based organizations and other agencies.

The elderly in San Jose or in any other city, would linked with Case Management Services and other support services, these benefits would be determined by their needs and circumstances. The plan proposes to develop and identify a universal definition of case management and practice standards promoting community consensus on the definition and standards.

It also proposes to coordinate and reach community agreement to designate a Case Manager whose main function will be to communicate information back to their Lead Case Manager on non-confidential issues. To develop Paraprofessional Case Management Training by recruiting and training volunteers to assist Case Managers in non-confidential tasks. Identify and develop additional resources to expand Case Management Services with community participation.

County agencies have control of delivering services to eligible recipients. This eligibility is based on guidelines and standards already established by the State and Federal Government, who also subsidize these programs. Agencies do not have the liberty to divert these funds to programs not authorized by the government, but they have the authority to evaluate these programs and define job description, duties and responsibilities of employees, thereby improving the quality of services to clients.

It is interesting to find a new concept of case management , The Bank System. Cases are stored at a centralized place, with no specific worker is assigned to clients. Social Workers are assigned to assist clients on a rotation basis each day. They attend emergencies and handle calls taking care of any given situation. It seems this system has been working adequately for the agency, but is it really working for the clients?

The elderly, need to establish a relationship with the case worker to be able to have continuity in their services. We must remember they not only suffer from physical ailments but also from isolation, depression, and mobility limitations. At times things get too confusing for them, especially if they need to handle a lot of paper work. From my point of view, this system seems cold and impersonal.

If we are to continue with The Bank System it is advisable to look into developing a solid relationship with the community and establishing a connecting point of service for the elderly at the senior centers and start considering the concept of paraprofessionals working in conjunction with a Lead Case Manager within the agency. Case management / paraprofessional

As the plan proposes, the creation of a Paraprofessional Case Management Support Program can be designed, using the resources of the communities, sites and volunteer programs. The agency could provide a basic knowledge of the program and eligibility requirements, reinforcing the

connecting point of service for the elderly at the senior centers, providers and other paraprofessionals. The agency might find that the concept of The Bank System can serve its purpose. Otherwise, it should reconsider and research how beneficial this system is to the client.

As the population ages the needs vary, but are we prepared to address these needs? It is imperative for the agencies to be aware of these needs and to facilitate a learning environment about issues related to the elderly not only to develop paraprofessionals to work at the senior centers but as a general requirement for those who work with the elderly within the agency.

As part of The Staff Development Curriculum, the agency should include a mandatory general knowledge on how to deal with the elderly, especially in programs where the percentage of older

adults is high. We can use as an example, one Income Maintenance Program, such as Medi-Cal, which lacks the awareness on this issue, not mentioning the lack of knowledge of resources it needs to refer these clients to the proper services. It is commendable how Santa Clara County has developed a curriculum addressing this specific topic. They offer on going training courses for their employees and other interested parties outside the agency.

### **Case Management/Gerontology**

Establishing a partnership with the Gerontology Department at the University could be one of the alternatives in developing a course work for employees in the agency and helping develop para-professionals to serve at the senior centers. The agencies should consider opening their doors to Social Work Interns, everyone involved would benefit. The agency could benefit from their theoretical knowledge, by encouraging the Intern to give mini-courses or lectures on issues regarding the elderly, thus allowing the Social Work Intern to gain valuable practical experience.

Working with the elderly is sometimes extenuating and extremely tiresome. Close relatives or friends of the elderly end up sending them to nursing homes or long term care hospitals, due to a lack of support and / or emotional exhaustion. If our concern is to keep the elderly independent and able to stay at home, we need to draw resources from the community, and work in conjunction with them to be able to achieve this goal.

### **Home and Nursing Care/Training & Support Groups for Caregivers**

The County of Santa Clara in conjunction with community based organizations developed an alternative delivery system within the In-Home Support Service (IHSS) Contract Mode as currently constructed in the county. This system is designed for a nonprofit or for profit agency in Santa Clara to provide a "Registry" for individual providers and "Recipient Assistance Program" for IHSS contract clients (adopted in February 1994 by the Board of Supervisors).

Through this model, an agreement which does not require funding would be negotiated with GAIN, JTPA and Community College training agencies to create and provide in home care training for providers. Restructuring the contract mode delivery system creates wage and benefit ladder opportunities for IP's and AFDC clients. It can also be extended to other income maintenance programs to provide other clients with the opportunity of entering into the labor force (home and nursing care/paid in home caregivers IHSS registry model).

The Contract Registry meets the four main demands of the community:

- Allows nonprofits into the delivery system.
- Establishes a registry for providers.
- Offers training opportunities to providers.
- Maintains a mixed mode delivery system

These are some of the benefits of the IHSS Contract Registry Model:

- Creates a wage and benefit ladder for providers.

- Introduces a "training certificate" program which directly benefits both providers and recipients.
- Improves the quality of selection recipients have over qualified providers.
- Maintain the "mixed mode" approach.
- Can be accomplished within existing Federal, State and County funding allocation, and at no additional cost.

### **Income Maintenance/Benefit Training**

Santa Clara County is demonstrating through this project that working in conjunction with community based organizations can be beneficial not only for the community but for the agency as well, by offering income maintenance programs, recipients are given the opportunity to get off welfare and improve their quality of life with alternative work opportunities.

Income Maintenance/Service Providers The plan proposes for Income Maintenance Programs to work as advocate for seniors, in the areas of SSI and other benefits clients receive. As a Social Service Agency it would become our responsibility to become more knowledgeable in what is available for clients, and be an advocate for the elderly. For this reason, it is necessary to start an educational campaign within the agency, especially in the income maintenance area. Workers cannot provide better service to their clients if they ignore the services the agency has to offer.

### **Income Maintenance/Senior Centers Staff and Agency Staff**

Some service provider staff of The Income Maintenance Program deal with a great many of the elderly who have not been eligible for the SSI Program, and are in need of other services, but because of a lack of knowledge of what is available to them they do not receive the adequate referral. On the other hand, service providers, senior center staff and other city staff also ignore certain procedures which would be beneficial to the elderly, (i.e. appellations to denials of benefits).

An outreach effort should be considered and implemented with Income Maintenance Programs to educate service providers, senior center staff and agency staff about general the knowledge of programs and other services available. This would help the elderly to make educated and proper decisions about their health and well being. It will also help the agencies improve the quality of services given to clients. The senior centers would become the focal point of this outreach effort. This will open opportunities allowing an exchange of a variety of resources available to the elderly, that sometimes are ignored by public servants.

Our biggest concern is, how and when, and with what money we would be able to put this plan into effect? We should consider redesigning Income Maintenance Programs and introducing new features into the programs? We need to analyze the efficiency with which we do our jobs, and also what can be accomplished by improving the system thereby decreasing the amount of unnecessary work the line staff does. By freeing the line staff from

nonproductive tasks they can be trained in new skills in respect to the needs of the community. The Income Maintenance line staff needs to be utilized to its full .potential. They will become

the basis for a more specialized or professional staff within the agency, and become the connecting link with the senior centers.

As a Social Service Agency, we should foster the creation of Safety Net Services for seniors, their families and caregivers. Case Management will assist the elderly, their families and the community which provides these services. The Income Maintenance Program delivers services to this same population, but sometimes due to the volume and complexity of requests for help, Case Managers and the first line staff cannot always attend to their immediate needs as promptly as possible. At times their assistance is provided on a preventive basis, but most of the time it is provided as crisis intervention breaking at times the continuous flow of services we provide.

To guarantee these services we must start working together as a whole, within and outside the agency. We need to start gathering and centralizing data and decentralizing information available to clients, line staff and community based organizations.

### **Supportive Services/Client Education**

Enables elderly to maintain their independence, proposes a system of supportive services:

- Keep them informed and knowledgeable about key services and policy issues that affect their lives and community.
- Provide them with an access to social services information on income benefits and other services through the senior centers.
- Eliminate transportation as a barrier for service.

To accomplish these goals the plan recommends to develop a coordinated curriculum and system to educate the elderly on key issues through scheduled and structured classes, workshops or presentations. This would develop a comprehensive, on going, multiple source campaign of strategies and training to increase public awareness of services and facilities available to the elderly. The senior centers could be used for this purpose, but it could also be extended to other locations where they can convene with an Information and Referral Working Group. The campaign should develop and conduct a standardized Information and Referral training for agencies, staff and regular volunteers to assess each clients situation, and refer them to a Case Manager, or Lead Case Manager.

### **Supportive Services/Senior Centers & Transportation**

The plan also recommends to expand outreach to the elderly that find themselves isolated by using community leaders, or the senior centers as focal points, and to integrate transportation assistance to prevent access barriers to those isolated. Sometimes this isolation is due to no other than family responsibilities. Some grandparents feel the responsibility to take care of their grandchildren and cannot participate in any of the activities of the centers. To solve this, the plan proposes to close the intergenerational gap by opening the doors of the centers to those grandparents and their grandchildren

## **SUMMARY**

It is true that the City of San Jose Master Plan is an ambitious one, especially in the current climate of financial austerity and future uncertainty, it is based on the assumption that only increased collaboration, advocacy and creativity can help achieve this goal. The City of San Jose recognizes that it will require community based organizations, private industry, and also city departments already hard pressed for staff, and individual advocates, to make this Plan work.

The City of San Francisco finds itself in a unique situation, being city and county it will have more challenges to overcome. At the same time because of its unique situation it will introduce a new dynamic to the plan this will result in a more effective and efficient way the city and county manages these programs thereby providing better service to the client.