

RESOLUTION
of the
BOROUGH OF NEW PROVIDENCE
Resolution No. 2011-99

Council Meeting Date: 3-14-2011

Date Adopted: 3-14-2011

TITLE: RESOLUTION AUTHORIZING AGREEMENT BETWEEN THE BOROUGH OF NEW PROVIDENCE AND SAGE ELDERCARE, INC., IN THE AMOUNT OF \$15,759.09

Councilperson Galluccio submitted the following resolution, which was duly seconded by Councilperson Cucco.

BE IT RESOLVED by the Mayor and Council of the Borough of New Providence, in the County of Union and State of New Jersey, that they do hereby approve and authorize an agreement between SAGE ELDERCARE and the Borough of New Providence, in the form attached hereto, and they do further authorize and direct the Mayor and Borough Clerk to execute same on behalf of the Borough of New Providence.

APPROVED, this 14th day of March, 2011.

ATTEST:

Wendi B. Barry
Borough Clerk

Agreement Between

SAGE ELDERCARE, INC. AND THE BOROUGH OF NEW PROVIDENCE

Background

The purpose of this document is to propose the provision of social work services under contractual agreement between the above agencies to meet the needs of the community's senior citizens and their caregivers.

SAGE Eldercare offers comprehensive support to seniors, their family members, and caregivers in Morris, Somerset, Union and Essex Counties. For more than a half century, the organization has offered a broad range of services to help frail, disabled seniors remain living in their homes, without the threat of institutionalization. SAGE's programs improve the health and functioning of well seniors through a wide range of educational programs, workshops, health screenings, clinics, informational services, social work services and support groups; and, for those who need more intensive support to live independently, we offer a broad range of health, social and support services. We do so with high-quality geriatric programming which capitalizes on the effective use of human, financial and technological resources. Beginning with eight home health aides in a local hospital during 1954, the organization currently delivers care through a team of over 600 volunteers, 26 full-time and 16 part-time staff, and over 50 Home Health Aides.

The ability to support seniors and their families, especially during periods of change and turmoil, is critical to their health and central to SAGE's mission. As the oldest segment of the senior community and a tandem population of caregivers grow to an all time high, SAGE continues to be called upon to serve increasingly demanding and pervasive issues for seniors living in our four-county service area.

Description of Services

Services proposed under the contract include interventions that identify need, coordinate services and help develop care plans for aging adults, particularly those who are frail and isolated. When appropriate, clinical assessments may also be provided. Some activities describing the types of assistance that may include, but are not limited to:

- Referral of clients to physical and psycho-social health screenings
- Provide overall consultation on client status of health care, mental health, residential and financial needs in collaboration with family members and other senior providers
- Provide information and referral to long-term and home-based care resources (Meals on Wheels, Home Health Care, etc.)
- Coordinate nursing home placement and discharge planning with hospital social work staff
- Assist with coordination of transportation to medical appointments
- Assist with referrals to elder law attorneys

- Referral of clients to health insurance counseling for assistant managing health-related bills
- Connecting seniors with social activities that keep them stimulated and prevent isolation
- Connect seniors with educational opportunities that give them information about maintaining healthy lifestyles
- Intervene with clients and their families to provide counsel in an immediate crisis
- Collaborate with First Responders (police, first aid, fire department members) to identify isolated seniors and connect them with appropriate services

SAGE Eldercare's support of the older adults in New Providence reaches beyond the basic provision of referrals and telephone outreach to provide personalized stewardship of each individual and their caregiver. Many of the older residents of the Borough are frail, living in isolation and facing complex ongoing challenges. SAGE's professionals are often their only source for continuing support of their wishes to live well in their own homes for as long as possible.

The population of vulnerable seniors in the community is growing along with the severity of presenting problems and needs. SAGE's professionals are finding that greater follow-up time and case management is required in order to ensure the long-term well-being of each client and the resolution of complicated needs. Many situations require full family involvement and some present a strong resistance to outside assistance. SAGE staff must sometimes make multiple attempts to engage a client who is in obvious need of support and presenting both personal and public risks. Only the most extreme cases have incorporated Adult Protective Services or the Health Department; SAGE strives to gain the trust of each isolated senior in order to prevent such traumatic interventions.

SAGE has been the ideal partner for the Borough of New Providence with the ability to support seniors with a full range of services. On many occasions, professionals in the new Eldercare Planning and Guidance (EPG) program have conducted consultations, assessments and ongoing follow-up to those in need of further psychosocial and/or medical assistance. Through EPG, licensed social workers and a registered nurse collaborate to provide thorough care planning at home with clients and their family members, and connect them to the resources and social networks available nearby. New Providence clients have also received assistance from SAGE's HomeCare certified home health aides, the Spend-A-Day Adult Day Health Center, Meals on Wheels, Grocery Shopping and Errands, Small Home Repairs, Bill Paying, SHIP (Medicare and Health Insurance Assistance), Caregiver Support Group (PREP), Education and Fall Prevention, the Resale Shop and the Workshop. SAGE's staff and volunteers maintain ongoing communication regarding each client's welfare in order to prevent crises and ensure his or her general well-being and safety.

SAGE Eldercare plays an active role in the New Providence community to maintain awareness of the Borough's seniors. Those concerned an older residents' well-being contact SAGE for assistance, such as family members, neighbors and friends, employees at the Senior Center and the Borough of New Providence, the Fire and Police Departments, discharge planners from Overlook and other area hospitals, rehabilitation centers, elder law attorneys, the First Aid Squad, the Health Department, geriatric care managers, houses of worship and those living at a distance from their loved ones.

During 2010, SAGE Eldercare assisted nearly 200 older adults in the Borough of New Providence with social work and medical assistance. Over three quarters of these individuals will have required follow-up and/or ongoing support from SAGE's professionals. Many who are satisfied with their initial contact return to SAGE for further assistance over time, and others utilize referrals to other SAGE programs to meet their needs. SAGE continues to promote this service to Borough residents through health fair presentations and rigorous communication with the community's gatekeepers.

Case Example One: One day, while covering for Peggy Brodeur at the Senior Center, a participant approached Ms. McNally. She wanted Ms. McNally to visit her sister-in-law's house because she had fallen over a trash can and could have been hurt. After finding someone to cover for her at the Center, Ms. McNally drove the participant in her car to her sister-in-law's house.

Upon arrival, the sister-in-law was sitting on a kitchen chair. It was very obvious that she had broken her wrist. Since she has dementia, no one really knows when she actually fell. Her wrist was very swollen, Ms. McNally estimates that it was broken maybe three or four days prior.

The woman was very unkempt. It appeared to Ms. McNally that she hadn't showered in a very long time and that her hair had not been washed. Her scalp was severely scaled. Ms. McNally suggested to the participant that they call 911 immediately to bring her sister-in-law to the hospital.

The police and emergency squad were very nice and compassionate to the woman. When they saw her wrist they agreed that she definitely needed to go to the hospital. Ms. McNally accompanied the woman and the participant to the hospital for support.

The doctors at the hospital took x-rays of the woman's wrist and confirmed that it was indeed broken. However, due to her dementia, she refused to let them put on a cast. Instead, the doctors secured a wrist support with wrapping and discharged her from the hospital. Before she arrived home, the woman had removed the wrapping and the wrist support.

After she returned home, a home health aide was placed in the woman's home for further support. After a period of time, she was put on hospice. After 8 or 9 months, the woman remains on hospice and is bed-ridden.

Case Example Two: Ms. McNally received a phone call from a man in Colorado who was seeking assistance for his mother who lives in New Providence. He chose SAGE because of the multiple services that are available at the agency which would make it easier for him as a long-distance caregiver. In light of the care that his mother needed, he requested that Ms. McNally also engage the assistance of Ms. Stelmach, the registered nurse who implements SAGE's Eldercare Planning and Guidance program. Luckily, the son runs a business in Colorado that allows him to work remotely during his weeks-long visits to care for his mother in New Jersey.

Both Ms. McNally and Ms. Stelmach met the son in the driveway of his mother's home. The son was very honest and disclosed the details of the crisis situation that his family was facing.

His mother, "Mrs. B" has a long history of depression and has made several attempts at suicide over the years. She had long suspected that her husband of roughly 35 years, "Mr. B," had been unfaithful to her, but her suspicions were not taken seriously by the rest of the family. Recently, Mr. B fell while returning from a doctor appointment and sustained serious injuries including facial fractures. Mr. B needed surgery and hospitalization. During his recovery, a call from another woman confirmed Mrs. B's suspicions. This sent Mrs. B into a spell of serious depression and anger. The son was aware that his mother would have a hard time managing the after-care instructions that his step-father would receive upon returning home from the hospital, as she tried to cope with these serious emotions.

Mrs. B suffers from several health complications that challenge her daily living, including diabetes and a heart condition, in addition to her longstanding clinical depression. She had been a refugee immigrant as a child and grew into a strong-minded woman who ran a successful nursery school business in her home for many years. The school is still operating but Mrs. B is no longer involved. She now makes strong decisions about her own health, including which medications she will take, and how much. When Ms. Stelmach tried to assist Mrs. B with medication management it was clear that Mrs. B was well aware of her prescriptions and instructions, but that she was not interested in taking them consistently.

On the other hand, Mr. B did show signs of confusion over his medications. Both Mr. and Mrs. B were ambivalent about receiving medication management or any of the other services that Ms. McNally and Ms. Stelmach suggested for them. They lived in a three-story home that was not easy to navigate with its narrow corridors and doors, posing many safety hazards. Ms. McNally suggested simple modifications that would reduce their risks of falling, but the couple did not follow through.

During his visit, the son arranged for a psychologist to provide in-home counseling sessions for his mother and her husband. While the counseling seems to be helpful, the two are now living on separate floors and not communicating at all. The son seemed to be the only sibling who was able to effectively communicate with and understand the

parents. One sister who lives in central NJ checks in on them periodically but she reports any problems to her brother in Colorado. He has returned to NJ two or three times during the six months that Ms. McNally and Ms. Stelmach have been involved with the case.

Since the parents are resistant to the support and preventative suggestions offered by Ms. McNally and Ms. Stelmach, the two professionals are concerned that there will be another crisis in the future. The chances are likely that Mrs. B will suffer a physical episode due to her health conditions. Fortunately, the couple is not outside of the radar completely - the school is still run from their home, a groundskeeper who visits daily helps with errands and transportation and the husband conducts music lessons for a small group of students. Ms. McNally and Ms. Stelmach continue to reach out to the family in hopes that they will gain reception and help prevent future emergencies; however, to date the parents are still resistant.

Contractual Obligation

The Borough of New Providence agrees to provide payment of \$15,759.09 to SAGE Eldercare in return for the services provided. SAGE Eldercare agrees to submit an annual report describing the qualitative and quantitative parameters of services provided under this contract.

(SAGE Eldercare Representative)

(Date)

(Borough of New Providence Representative)

(Date)

NEW PROVIDENCE SW

2011 CONTRACT

		CONTRACT	Contract Amount	Sage In-kind
SOCIAL WORKER 5 HRS PER WEEK			8582.94	5132.4
RN 2.5 HRS PER WEEK			4686.50	
			<u>13269.44</u>	
FRINGE BENEFITS				
FICA	7.65%		1015.11	
SUI	0.90%		119.42	
WKCOMP	0.68%		90.23	
PENSION	2.00%		265.39	
HEALTH LIFE				
			<u>1490.16</u>	
PARKING CONF/TRAVEL	SAGE		278.49	
			<u>1768.65</u>	
	Total Cost :		<u>15038.09</u>	
ADMINISTRATIVE COST 10% OF CONTRACT (Without depr and health)			721.00	
			<u>15759.09</u>	5132.4