ADRC ADVISORY COMMITTEE MEETING
WEDNESDAY, July 13, 2016 -- 2:30 P.M.

ROCK COUNTY JOB CENTER
1900 CENTER AVENUE
ROOM D/E
JANESVILLE, WI 53546

AGENDA

1. Call to Order and Welcome — Co-Chairperson Terry Thomas
2. Approval of Agenda
3. Approval of Minutes from the April 13, 2016 meeting.
3. Citizen Participation
4. Old Business
   - A. Family Care
     - a. Rollover numbers
     - b. New enrollments/Attrition slots
   - B. Changing by-laws to include minority representation *
5. New Business
   - A. Election of a new Chairperson
   - B. ADPAW Integration Recommendations *
6. Statistical Information *
7. Committee Member Comments
8. Next Meeting Dates:
   October 12, 2016 – Determine 2017 committee meeting dates.
9. Adjourn

* Denotes Attachment

Committee Members unable to attend, please contact Jennifer Thompson (Rock County ADRC/LTS) at 741-3684.

Recommended Language to Resolution:

WHEREAS, the ADRC of Rock County Advisory Committee will have nine members, of which one-fourth of the ADRC Advisory Committee must include client groups, their family members, guardians or other advocates reflective of the client populations served, therefore, the committee will include; one representative for physical disabilities, two representatives for developmental disabilities and three representatives for elderly with the remaining three members being one County Board member, one mental health representative and one individual from an agency or organization that works with the client populations. In addition, in order to obtain a well-rounded and diverse committee, the Advisory Committee as well as the ADRC staff will make efforts to encourage minority representation as part of this committee's composition; and

ADPAW RECOMMENDATIONS

FOR

AGING & DISABILITY RESOURCE CENTER

AND AGING INTEGRATION

May 2016

TABLE OF CONTENTS

Integration & Overview 3-6

ADPAW Integration Task Force 7

Appendix A – Potential Barriers & Opportunities..... 8-9

Appendix B – Support Needed From BADR 10

Appendix C – Integration At-A-Glance 11

Introduction & Overview

Integration of County Aging Units (CAU) and Aging & Disability Resource Centers (ADRC) does not occur with a simple definition. Integration of these two entities is really a philosophy with the focus on what is the best operational arrangement for the customers that they serve. Throughout Wisconsin, CAUs and ADRCs are structured in a variety of ways which has allowed for a lot of experience to be taken into account while developing the recommendations that follow.

Please note: CAU implies that aging programs are administered through county government. For the purposes of this document, CAU represents both county and non-profit administered programs. Additionally, the task force did not have tribal input and therefore this document in no way represents integration for the tribes.

Aging and Disability Professionals of Wisconsin (ADPAW) received a request from the Bureau of Aging & Disability Resources (BADR) to form a task force to define integration of CAUs and ADRCs. ADPAW recognizes that integration is a demographic imperative. ADPAW formed a task force of **all** interested ADPAW members to fulfill this request from BADR. All persons indicating an interest were invited to be a part of this task force. The ADPAW task force was made up of **all** 20 ADPAW members from varying backgrounds. The task force then split into two subgroups- one group worked on the single county structure and the other group worked on the regional/multi-county structure. Both groups identified key areas for consideration when integrating, which are:

- ***Culture & Customer Experience***
- ***Funding Complexities***
- ***Marketing & Outreach***
- ***Organizational Structure***
- ***Potential Barriers & Opportunities for Improvement***

The ADPAW Integration Task Force met from January 2016 - April 2016 to develop the recommended criteria that needs to be met to be considered integrated. The Task Force developed criteria on two ends of the spectrum of what constitutes minimum integration and what would be considered ideal integration. **Minimum** integration would focus on what is best for the customer. **Ideal** integration would encompass both what is best for the customer and also administratively.

Throughout the process of identifying these criteria, the task force focused on both the mission of the ADRCs as well as the Aging Difference. The ADRC mission statement from the ADRC Contract is "To provide older adults and people with physical or developmental/intellectual

disabilities the resources needed to live with dignity and security, and achieve maximum independence and quality of life." The goal of the Aging & Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

The Aging Difference characteristics, per the Aging Manual, states that: 1) The aging network belongs to and is governed by older people, 2) The aging network empowers older people, and 3) The aging network focuses on change. Additionally it states "the aging network is a network of and for older people. It is not primarily a service network. It is a network whose major roles are to empower and enable older people. The network must also work to ensure that existing service systems are responsive and accessible to the elderly."

The Wisconsin Elders Act was created to strengthen Wisconsin's commitment to providing for older adults. According to the Act, aging units will "Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals."

As we examine these, it is obvious that CAUs and ADRCs are more similar than they are different. Additionally, where our differences exist there is an opportunity for a profound synergy to occur. Integration is bringing the best of both together and is in alignment with the Wisconsin's Elder Act.

**Please note that not all criteria can be found in this narrative. For a comprehensive snapshot of all criteria, see Appendix C.*

Culture & Customer Experience

The culture and customer experience of any organization is what leaves a lasting impression with the people utilizing that organization. Local presence as well as local resources are both keys to success. Because both CAUs and ADRCs serve individuals regardless of income and asset levels, it is important to create an environment that is attractive and not intimidating. In addition, customers should be able to obtain information and resources without having to determine if they should be calling the CAU or the ADRC in their county. Both ADRCs and CAUs serve similar target populations so streamlining access to programs and services is imperative.

In order to fulfill the philosophy of integration, one universal agency name should be used which is the Aging and Disability Resource Center of *specified county(s) or region.* In addition to one universal name is also the need for one phone number. In a multi-county structure, integration should include a local phone number since aging programs can vary significantly between counties. Local presence is a very important factor for a positive customer experience. Local presence is about more than just a phone number and is really about the ease

for the consumer in accessing programs and services. In a single county structure, at a **minimum**, there should be one office for the integrated agency. In a multi-county structure, at a **minimum**, there should be at least one office location per county. **Ideally**, in both structures, there would be additional satellite offices, as needed in other parts of the county in which customers tend to identify as 'easy' to access. The culture of the integrated agency needs to embrace the contract and should not be associated with a means tested agency.

Funding Complexities

There are many complexities that come with funding both ADRCs and CAUs. A variety of funding streams from local, state and federal sources with varying requirements on how the grant funding is used can make for a complex budget. Budget integration should maximize resources, increase opportunities while not reducing services. In a single county structure, integrated CAU and ADRC budgets is a **minimum** standard. In the multi-county structure, integrated CAU and ADRC budgets per county is the **minimum** standard with the **ideal** being a fully combined, regional Aging & ADRC budget.

We recognize that local government is a significant stakeholder as they contribute funding, at varying levels, to CAUs and ADRCs. Therefore integration solutions regarding budget should occur at the local level with technical support from BADR and AAA.

Marketing & Outreach

In order for customers to know that CAU and ADRC programs exist in their county, marketing and outreach is essential. To minimize confusion, marketing as a single entity is very important. Our message will reflect a shared mission and philosophy which is to assist older persons and adults with disabilities in accessing needed services and programs in their local community. The marketing message should be built on a foundation of inclusivity, meaning anyone of any income level can access the services of CAU and ADRC programs. In an integrated model the agency, whether single or multi-county, would have one comprehensive marketing plan that promotes the agency as whole. However, the marketing plan for a regional ADRC may include slight variations between counties based on what programs and services are provided by the locally integrated CAU/ADRC office.

Organizational Structure

Organizational structure and department location is another consideration of integration. A common question is "will the ADRC integrate into CAU or will CAU integrate into the ADRC?" which is certainly a local decision. **Ideally**, the resulting integrated agency would remain independent or be its own department within county government. In a single county structure, there should be one Director who oversees CAU and ADRC programs and budgets. In the multi-

county model, at a **minimum**, there needs to be one person who oversees the CAU & ADRC budgets in each county. In an **ideal** model, there would be one Director for the region who is responsible for a regional Aging and ADRC budget.

Potential Barriers & Opportunities for Improvement

We identified several potential barriers as well as efficiencies that would help when becoming integrated. Several of these efficiencies require the assistance of BADR. Streamlining of reporting, meetings and trainings would help significantly increase efficiency and integration in local ADRCs. For example, a single comprehensive Aging Plan Self-Assessment and ADRC Annual Documentation would bring efficiency and cohesion to both program areas. Combining meetings such as the ADRConnect with the ACE meetings is another example to create efficiency and cohesion.

See Appendices A, B & C for a snapshot of identified barriers and opportunities for improvement, support needed from BADR and minimum/ideal criteria at a glance.

Speaker

ADPAW Integration Task Force

Leslie Fijalkiewicz, Task Force Co-Chair
Director of the ADRC of Barron, Rusk and Washburn Counties

Jennifer Owen, Task Force Co-Chair
Director of the ADRC of Eau Claire County

Dianne Jacobson, ADPAW President
Director of Oneida County Department on Aging

Audra Martine
Director of the ADRC of Western Wisconsin

Barb Peterson
Director of the ADRC of the North

Cathy Ley
Director of the ADRC of the Lakeshore

Charlene Norberg
Director of the ADRC of Eagle Country, Juneau County

Cheryl Batterman
Director of the Dane County AAA

Cindy Piotrowski
Director of the ADRC of Portage County

Debbie Martineau
Director of Ashland County Aging Unit Inc.

Devon Christianson
Director of the ADRC of Brown County

Esther Mukand
Director of Aging for Fond du Lac County

Jennifer Cummings
Director of Aging & Wellness for the ADRC of Central Wisconsin

Jennifer Fischer
Director of the ADRC of Dane County

Joyce Lubben
Director for the Rock County Council on Aging

Linda Olson
Director of the ADRC of Washington County

Michelle Pike
Director of the ADRC of Ozaukee County

Nathanael Brown
Director of the Taylor County Commission on Aging

Pat Peterson
Director of Unit on Aging for Vernon County

Todd Gunderson
Director of Aging in Jackson County &
Supervisor for the ADRC of Western Wisconsin

Appendix A-Potential Barriers & Opportunities for Improvement

It is universally accepted that cost/expense is a potential barrier for each criteria of integration listed below. **In some cases, it is a significant barrier**. However, in an effort to reduce redundancy, it will not be listed under each heading, with the understanding that it be a consideration.

This appendix does not represent potential barriers and opportunities for improvement for Tribal Aging Units and Tribal ADRCs.

Integration requires a commitment on the part of all parties, especially local county government. The complexity of the barriers is varied and therefore the level of difficulty and the methods for overcoming the barriers will vary from county to county. This is not an exhaustive list of barriers, nor does it identify methods for overcoming those barriers. Each county, even within a regional ADRC, will work to solve these in manner that is most appropriate for their situation with the flexibility and technical assistance of BADR & AAA.

Barriers to single location, name and phone number

- Higher call and walk-in volume
- Existing locations for CAU & ADRC have insufficient space to accommodate more staff
- Possible negative stigma of being located with primarily means tested services (i.e. DHS, Social Services, etc.)
- Relocation may result in loss of accessible IT support
- Requires extensive cross training for all staff on populations, programs and services
- Perception of loss vs. enhancement both internally (staff) and externally (community)
- Management of change

One website & unified brand in marketing materials

- Services defined by county lines create challenges in unified materials
- Maintaining the conflict free perception (i.e. ADRC logo on Meals on Wheels materials)

Organizational Management Changes

- Change in chain of command and perception that someone is "forced out"
- Learning curve to understand how funding can be blended to maximize services
- Changes to staff work hours, benefits, wage scale, holidays, etc., and possible result of reduced staff morale
- Willing county to take on the employer risk for a region
- Process for appointments to governing board
- Creation and/or dissolution of advisory boards and councils to maintain statutory requirements or reduce redundancy
- Perception that local control is lost in a large regional model

Other challenges

- Too much or not enough involvement from state and AAA with technical support or timeline for implementation
- Overall State/Regional support
- Both CAU and ADRC staff will need to become more familiar with macro and local advocacy issues
- Maintaining local programming such as adaptive equipment loan programs, senior farmer's market vouchers, transportation, dementia services, support groups, etc., while trying to provide consistency across a regional ADRC
- Meeting **ideal** standards when regional ADRC has non-contiguous county(ies)

Appendix B-Support Needed from BADR

Just as Aging Units/ADRCs will be required to demonstrate and report on progress, there will be a request that BADR continue to provide updates to ADPAW on progress with their own integration activities. Throughout this process, a resounding theme has surfaced...local decision-makers have to be allowed the flexibility to solve the issues surrounding integration in a manner that is best for the county as well as regional ADRC. It was also very clear that BADR needs to be involved to achieve a maximum level of efficiency. The following list is not exhaustive and just as we expect integration of Aging Units & ADRC's will not happen overnight, it is understood that many of these changes will be gradual. We are asking BADR to assist with:

- A 'one-stop shop' structure modeled at the state level of the Office on Aging and Office for Resource Center Development for local ADRCs to access for program assistance, etc.
- Funding support for one-time integration implementation (i.e. office relocations, technology, etc.)
- Technical assistance and support with 'boots on the ground' where State staff can come more readily to the local agencies to assist.
- Clear timeline for implementation that includes deadlines – 2018.
- One integrated Aging/ADRC plan
- One integrated Aging/ADRC contract
- A single database and client tracking system that works with <u>all</u> Aging and ADRC programs and is ADA compliant
- Governance structure in regional models may require statutory changes to have one single Commission on Aging/ADRC Governing Board for the region – investigate this - may not need to change
- A combined, annual Aging/ADRC statewide conference
- Combined ADRConnect/ACE/AAA meetings
- Regular in-person meetings and training
- Provide organizational model examples
- Consistency in BADR and AAA communications to the ADRCs
- Strengthen the integration of ADRCs and CAUs through statute
- Standardized materials reflective of the integrated agency and continuation of unbiased service

0 = can do now + will work on these

Appendix C- Integration-At-A-Glance

	Minimum Criteria For Integration (Best for the Customer)	Ideal Criteria For Integration (Best for the Customer AND Administratively)
Single County Model	• One name (ADRC) and main location, one reception and waiting area that is distinctly separate from means tested agencies (i.e. DHS, Social Services, etc.) • One publicized phone number answered as ADRC by live person, without series of prompts • One website and one unified brand in marketing materials • One Director overseeing a single budget for CAU & ADRC • One Aging Unit / ADRC Plan* • Single Governance • Single database or ability to go between for purposes of continuity of service	All of the minimum criteria, plus: • One Aging Unit / ADRC Contract* • One employer
Regional/ Multiple County Model	• One name (ADRC) and location in each county, one reception and waiting area that is distinctly separate from means tested agencies (i.e. DHS, Social Services, etc.) • One local publicized phone number answered as ADRC by live person, without series of prompts. • One website and one unified brand in marketing materials • One supervisor at each branch office who oversees both local aging and ADRC budgets • Single database or ability to go between for purposes of continuity of service	All of the minimum criteria, plus: • One database & client tracking system throughout the region and across all programs • One administrative agency, IT system and employer (not necessarily the same entity for all) • One Director overseeing a single budget for the regional CAU & ADRC • One Aging Unit / ADRC Plan* • One Aging Unit / ADRC Contract* • Single Governance*

*Criteria that will require involvement of BADR & AAA/GWAAR

SAMS Agency Call Report

6/28/2016

- SAMS Agency Call Report

Who made contact (Caller Type):

No. of Calls	Caller Type
1,490	(Self)
859	11-Legal Decision Maker
130	12-Caregiver
778	13-Relative/Friend/Neighbor/Comm Mbr
638	14-Agency/Service Provider
760	15-ADRC Contacted Consumer/Designee
460	16-ADRC Initiated Collateral Contact
236	99-Other
5351	**Total**

Topic Categories discussed during call:

No. of Calls	Topic Category
219	Abuse and Neglect
57	Adaptive Equipment
5	Addictions
1	ADRC Complaint
42	ADRC Printed Material
143	Alzheimer's and Other Dementia
2	Ancillary Services
2	Animals
196	Assisted Living (AFH, CBRF, RCAC)
4	Budget Assistance
112	Caregiving
108	Community I&R
2	Complaints (other)
7	Education
21	Employment
17	End of Life
70	Food
81	Health
3	Health Promotion
453	Home Services
250	Housing
55	Income Maintenance
60	Insurance
99	Legal Services
32	MDS Section Q Referrals

16	Medical Home Care
57	Mental Health
10	Non MDS Section Q
156	Nursing Home
159	Other
3,473	Public Benefits LTC Programs
526	Public Benefits, Other
13	Recreation/Socialization
25	Referral for Financial-Related Needs
15	Referral for Private Pay Options
8	Taxes
97	Transportation
1	Unmet Need – Funding – Long Term Care Services
3	Unmet Need – Home Care
1	Unmet Need – Home Care – Non-Medical
2	Unmet Need – Housing
3	Unmet Need – Medication Management
2	Unmet Need – Mental Health Services Incl Case Mgmt
1	Unmet Need – Other
1	Unmet Need – Prescription Drug Assistance
1	Unmet Need – Transportation
15	Veterans
2	Volunteer Opportunities
34	Youth in Transition
5283	**Total**

ADRC Activity:

No. of Calls	ADRC Activity
947	Administrative (Select exclusively.)
240	Attempted Contact (Select exclusively.)
41	Community Partners (Select exclusively.)
7	Complaints/Advocacy
88	Long-Term Care Functional Screen
2	Memory Screen
57	Provided Assistance with MA Application Process
1	Provided Brief or Short-Term Service Coordination
1	Provided Disenrollment Counseling
703	Provided Enrollment Counseling
225	Provided Follow-up
3,268	Provided Information & Assistance

96	Provided Options Counseling
7	Referral to ADRC
5346	**Total**

Consumer Age Group:

No. of Calls	Consumer Age Group
21	100 - 150
373	17 - 21
2,230	22 - 59
2,651	60 - 99
5275	**Total**

Referred By:

No. of Calls	Referred By
158	ADRC Presentation
2	Assisted Living
285	Called Before
5	Economic Support
14	Friend/Family
4	Home Health Agency
10	Hospital
12	Internal Referral
17	Internet
1	Medicare Publication
1	Newspaper
12	Nursing Home
38	Other Agency
1	Phone Book
3	Physician
36	Resource Directory
3	Senior Center
1	Television
2	Unknown
605	**Total**

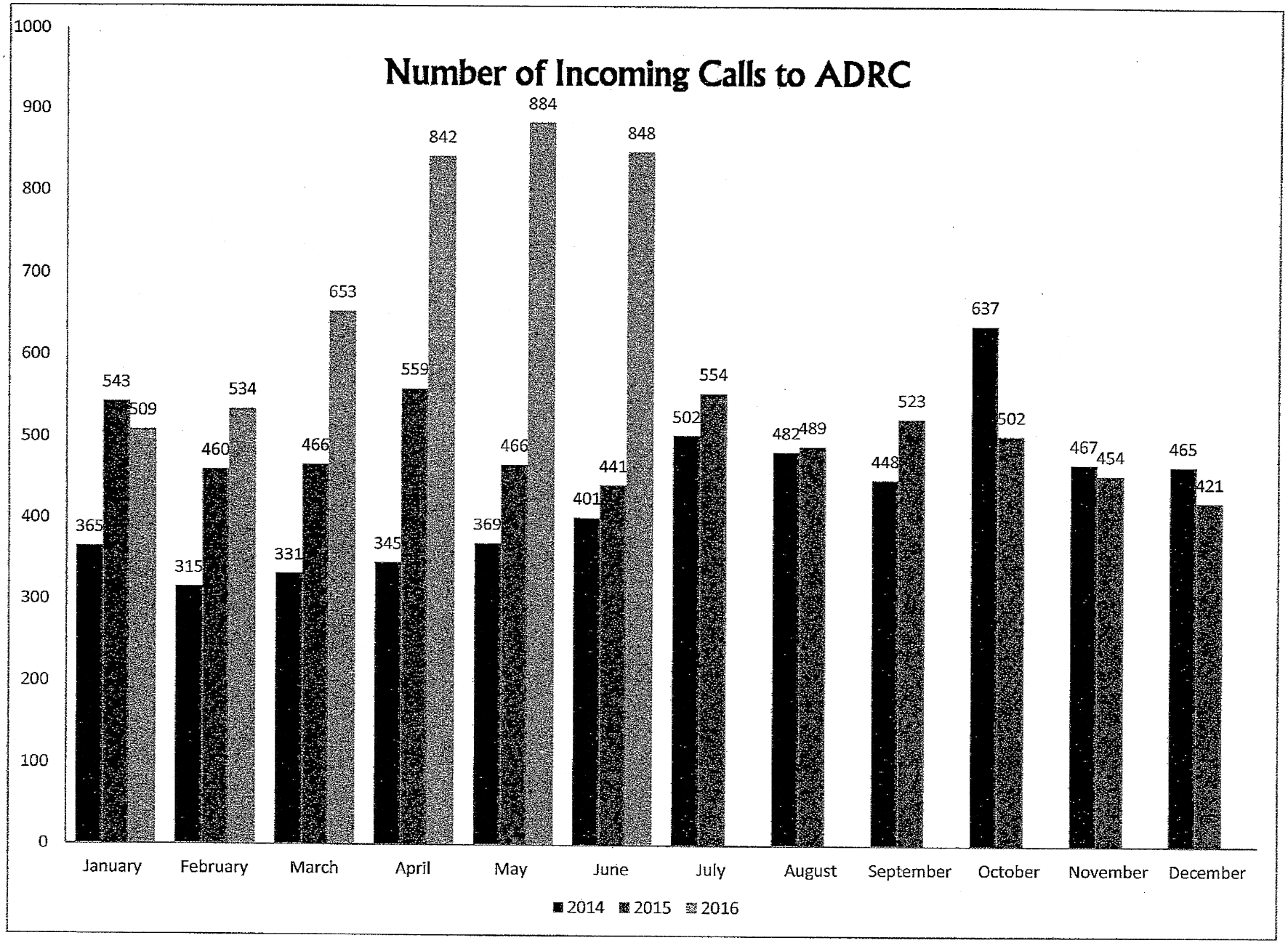
Disability:

No. of Calls	Disability
1,686	01-Developmental/Intellectual Disability
2,120	02-Elderly: Age 60 or Older
493	03-Mental Health
1,398	04-Physical Disability

42	05-Substance Use
407	06-Unknown (Select exclusively.)
5302	**Total**

Monthly Total

No. of Calls	Total Minutes	Month
1,444	90,512	April, 2016
1,913	146,757	May, 2016
1,994	120,525	June, 2016
5351	**357794**	**Total**


Number of Incoming Calls to ADRC
1000
900
800
700
600
500
400
300
200
100
0
365
543
509
315
460
534
331
466
653
345
559
842
369
466
884
401
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January
February
March
April
May
June
July
August
September
October
November
December
2014
2015
2016