



AGING SERVICES INTEGRATION REVIEW ADVISORY COMMITTEE

Friday, November 15, 2019 at 9:00 a.m.

Courthouse Conference Center, 2nd Floor, Courthouse
51 S. Main St., Janesville, WI

1. Introductions
2. Approval of Agenda
3. Citizen Participation, Communications, and Announcements
4. Adoption of Minutes of October 29, 2019
5. Identification of Integration Strengths & Challenges – Jerry Braatz
6. Next Meeting: Review of Draft Report to County Board - To Be Determined
7. Adjournment



AGING SERVICES INTEGRATION REVIEW ADVISORY COMMITTEE
Minutes - October 29, 2019

Call to Order and Introductions: The meeting of the Aging Services Integration Review Advisory Committee was called to order at 9:01 a.m. on Tuesday, October 29, 2019 at the Job Center Conference Room D-E 1900 Center Avenue, Janesville, Wisconsin.

Committee Members Present: Chair Supervisor Phillip Owens; Vice Chair Supervisor Terry Thomas; Terry Fell; Rob Wilkinson; Tom Moe; Janet Smith; Mark Richardson; Chuck Wilson; and Jean Boyle.

Committee Members Absent: Paula Garecht.

Staff Members Present: Jennifer Thompson, ADRC/Adult Protective Services Division Manager; Melissa Kooiman, ADRC Supervisor; Paula Schutt, Director of Council on Aging; Ryan Booth, Transportation Program Supervisor of Council on Aging; Randy Terronez, Assistant to the County Administrator; Jamie Dix, ADRC Lead Worker; and Sage Duval, A.A. of the ADRC.

Others Present: Jerry Braatz, AICP, Extension Area Director, Unit 20, Waukesha County UW Extension Facilitator.

Approval of Agenda: Mr. Wilkinson moved to approve the agenda, seconded by Supervisor Thomas. APPROVED.

Citizen Participation, Communications, and Announcements: There was no citizen participation.

Adoption of Minutes: Mr. Richardson made a motion to adopt the minutes, seconded by Supervisor Thomas. ADOPTED.

Focus Group Feedback: Mr. Braatz shared and discussed a document containing an analysis of all feedback and responses from the focus groups. *See attachment.

Identification of Strengths & Challenges: Mr. Braatz shared the data collected at the last meeting on the opinions of strengths and challenges of integration by the Advisory Committee. *See attachment. Ms. Thompson clarified that Council on Aging and ADRC Staff members identified the positive changes and challenges on the list and the Advisory Committee voted on them. Mr. Braatz affirmed. Supervisor Owens asked Mr. Braatz if any consideration was made with regard to Administration and oversight based on an integrated group or a non-integrated group. Mr. Braatz stated there was a clear process outlined to ensure all eight counties that had gone through the process of integration were following State rules and regulations. Each county worked closely with their Corporation Counsel. Supervisor Owen stated he was less concerned with what occurred in other counties and more concerned with what staff members' responses and thoughts were in regard to Administration and oversight within Rock County. Mr. Braatz stated he couldn't recall anything mentioned by staff in that regard, but he would go through the comments again to be sure. Mr. Wilkinson stated if integration occurred one person being in charge of both the ADRC and the Council on Aging would be an overwhelming amount of work; there would still need to be a person

in charge of each department. Mr. Wilkinson stated it probably wouldn't be a matter of eliminating positions, because the county would probably need more people rather than fewer. Supervisor Thomas agreed with Mr. Wilkinson. Ms. Schutt stated she thought Mr. Wilkinson was correct, and that there would be a lot of good that comes out of the ADRC and Council on Aging collocating, allowing both to work together assisting clients. Ms. Schutt said there were some concerns about integration occurring since both departments have different missions, and about getting absorbed into Human Services because people view it as a "bigger bureaucracy," in comparison to the Council on Aging. Ms. Schutt said it's very clear that collocating has its benefits and everyone knows what that will look like since it's been outlined, nothing has been outlined as to what integration will look like. Ms. Schutt shared concerns that although collocation has been shown to be beneficial no one has shown her the reasons that integration would be best. Mr. Braatz stated one positive outcome of integration would be the addition of another Elder Benefit Specialist (EBS.) This has to do with the funding structure from the State of the ADRC vs the grant funding of the Council on Aging. Ms. Schutt stated that was true, due to grants another EBS could not be added under the Council on Aging right now. Mr. Braatz said some other counties in the State were able to add additional positions after integration occurred. Mr. Wilkinson mentioned most people in Rock County aren't aware that the Council on Aging exists, despite the fact that it has been in Rock County for close to thirty years. Mr. Wilkinson stressed that the Council on Aging needs to place more emphasis on marketing. Supervisor Owens said the ADRC is more visible to the public due to recent marketing, but that the county hasn't been doing the best job of marketing either organization, which needs to be remedied in the future. Many Board members agreed that more marketing is needed for both departments. Ms. Boyle made a motion to vote on whether the ADRC and Council on Aging should split the marketing costs to create a joint brochure that highlights what each department does. Seconded by Chuck Wilson. Five voted in favor; one opposed. MOTION CARRIED. Supervisor Owens stated marketing alone doesn't answer the question as to whether integration is the right decision to make; it's more important to determine how integration would fit into Rock County's Administrative Structure and how integration would affect the directors of each department. Supervisor Owens said if integration occurred he would like to see it overseen by one aging focused committee. As of now the ADRC is governed by the ADRC Advisory Committee, the Human Services Board, and the Rock County Board, and the Council on Aging is governed by the Education, Veterans & Aging Services (EVAS) Committee and the Rock County Board.

The Advisory Committee identified the strengths and challenges of integration and the strengths and challenges of only collocation.

The strengths of integration mentioned were: joint marketing due to combined funding; both the ADRC and Council on Aging could save money when sending employees out to events like purchasing tables at senior fairs and the like; State funding would likely increase after integration due to present allocation; one stop shop: clients will be able to see someone in the same building; integrated database so each department wouldn't need a signed release to look up client history, share information with each other, which would lessen the delay in services for clients; only one phone number for clients to remember, would be more customer focused and easier particularly for clients who have dementia needs or developmental disabilities; no competition between departments for grants; opportunity to increase client base and expand programs, like the possibility of adding more prevention programs and combining efforts on those programs and/or putting more funding into the part time prevention position at the Council on Aging to change that employee's role to a full time position; and the possibility of adding another EBS; based on what employees are doing for clients integration might generate more funding for the department via additional federal match funds from the work of the Information and Assistant Specialists and the Elder Benefit Specialists.

Challenges of integration mentioned were: due to present allocation there is a small possibility that funding could decrease for the ADRC and proper cross training will be necessary.

Strengths of only collocation mentioned were: could market together by splitting the cost of marketing materials and utilizing free marketing services; a shared reception and waiting area is already planned; and one stop shop: clients will be able to see someone in the same building.

Challenges of only collocation mentioned were: marketing together could cause confusion for young adults who need long term care support and may think the ADRC is only for the elderly population, client information and needs will still be recorded on separate systems so clients may get frustrated by having to repeat themselves to different people in different departments or needing to sign a release in order to share information, there may be duplicated services, and clients may feel as though they're being "bounced back and forth" between both departments, proper cross training will be necessary, the possibility of the two leaders of each department or the two factions of staff not being "on the same page" as the other department, the possibility of each department competing for the same grants; it's unlikely there would be enough funding to add another EBS; and proper cross training will be necessary.

Next Meeting: November 15, 2019 at 9:00 a.m. at the Rock County Courthouse Conference Room, 2nd floor.

Adjourn: Meeting was adjourned at 11:04 a.m. on a motion by Mr. Richardson, seconded by Ms. Boyle. CARRIED.

Respectfully submitted,

Sage Duval, Administrative Assistant ADRC

MINUTES NOT OFFICIAL UNTIL APPROVED BY COMMITTEE

	POSITIVE CHANGES	CHALLENGES	
6	Joint Marketing	Length of time to become integrated	6
6	They are together (one stop shop)	Staff working together and sharing collective responsibilities	4
3	Customer Focused	Training / Education was not enough – not enough time for trainings	3
3	Increased client base	Client does not understand who offers what, confusion about this	3
3	Opportunity to expand classes and programs being offered	Aging & ADRC Director = 1 full time	2
2	Staff Collaboration / sharing of responsibilities	Communication	2
2	Already co-located which helped team learning	It took 3 years to fell integrated	2
2	Elimination of confusion for customers	Little cost benefit	2
2	Not under human services	ADRC and Senior Services in different locations	2
1	Smoother for consumer	Aging focus changed with narrower scope	1
1	Both departments understand what staff does = cross training	COA funding vs Grant Funding	1
1	Collaboration with Public Health	Job losses	1
1	Keeping budget separate COA and ADRC	Transportation is contracted out	1
		Aging Forum Changed	1
		Extensive meetings	1
		Monitor budgets and allowing for expansion	1
		Still seen as 2 separate agencies	1

Focus Groups Analysis

Council on Aging Questions

How many participants in the room have used a **Council on Aging** program and/or service?

- 15 of 22 participants (68%) used a Council on Aging Program or Service
- 7 of 22 participants (32%) referred people to a Council on Aging Program or Service

Janesville = 7 participants

Beloit = 5 participants

Milton = 10 participants

A total of 22 participants

What did you like best about the program you participated in or service received?

Council on Aging

- Support services for caregivers focusing on financial concerns
- Nutrition Program
 - Home Delivered Meals Program for Homebound
 - Senior Dining (2)
- Education Programs
 - Dementia education in particular
 - Stepping On: At Home Assessment, Precautions being by yourself
 - Wednesday Walks
- Transportation Services
 - Janesville Transit (Bus Orientation)
- Elder Benefits Specialist helped very much with navigating what is out there (3)
- Social connections -> Support Group -> Meeting new people
- Provides up to date information

Where you satisfied with the results or how do you feel you could have been served better?

Council on Aging

- Love all the programs
- One on One Service is very good
- High level of satisfaction

On a scale of 1 to 5 with 1 being very dissatisfied and 5 being very satisfied how would you rate the **Council on Aging** programs or services received?

- All 15 participants who used a Council on Aging Program or Service ranked it a 5.

For those in the room **who have not used a Council on Aging program or service**, what reason or reasons have you not utilized these resources?

- N/A, as all participants used at least one program or service or referred people to a program or service

Over the next 5 years, what programs or services should the **Council of Aging** put more emphasis on? Why do you say this?

- Transportation
 - Lack of transportation access outside the county (Beloit to Rockford and Janesville to Madison) (2)
 - Confusion with transit, (i.e. Rock County Transit and Para Transit)
 - Sometimes due to demand transit is not available
- There is a need for another Elder Benefits Specialist (2)
 - More education on benefits available
- Home Delivered Meals are very important, need to be more utilized (3)
- More need for prevention programs (i.e. Stepping On, nutrition, physical therapy, healthy aging) (2)
- Bring Back Senior Review, no longer have it at COA (2)
- Educate on how to online shop (2)
- Educate on remaining independent as long as possible

- Educate on living well with chronic conditions
- Educate on how to cope when becoming a widow
- Programs need to be better marketed (2)
 - Did not know all of these programs existed on the fact sheet
 - Word of mouth continues to be most important
 - Not very high market penetration due to not knowing and also denial of need for help
- Outreach Expanded
 - More outreach is needed instead of come and find us
 - More outreach/support for caregivers (Children asking for services to cope with supporting aging parents and Children asking for services that 60 and over parents can utilize) Caregiver Outreach support should be expanded (3)
- Combine Senior Services with Dane County

Over the next 5 years, what programs or services should the **Council on Aging** put less emphasis on? Why do you say this?

- None of the programs are fluff. They are needed.
- Programs need to be expanded not reduced
- There is nothing that I can think of to put less emphasis on
- How do you honestly rank programs in order of importance when they are all needed

Aging & Disability Resource Center (ADRC) Questions

How many participants in the room have used an **ADRC** program and/or service?

- 7 out of 22 participants (32%) used an ADRC program or service
- 9 out of 22 participants (41%) referred people to an ADRC program or service
- 6 out of 22 participants (27%) did not use an ADRC program or service or refer people to an ADRC program or service

What did you like best about your **ADRC** program or service received?

- Able to meet people in their homes if needed and come out to the people (2)
- It is a starting point for benefits and what people are eligible for
- Offers one on one assistance

- Offers a dementia friendly program where Dementia Specialist puts on very good resource programs (2)
- ADRC is very helpful, good follow-up, very friendly (2)
- Staff were very supportive, willing to share info, even if not eligible for program
- Work quickly to move through the process
- Glad that 10 year wait list for disability services is now gone

Where you satisfied with the results or how do you feel you could have been served better?

- Person referred to ADRC had poor experience where person was handed the yellow sheet. Too much emphasis on determining if person is eligible or not instead of asking probing questions to better understand needs. Acronyms need to be explained and more education for front line staff on probing to understand needs of caller or walk ins (2)

For those in the room **who have not used ADRC programs or services**, what reason or reasons have you not utilized these resources?

- No need for the programs or services yet

On a scale of 1 to 5 with 1 being very dissatisfied and 5 being very satisfied, how would you rate the **ADRC** programs or services received?

- 4 participants ranked programs or services received a 4 and 3 participants ranked programs or services received a 5. The average is 4.4.

Over the next 5 years, what programs or services should the ADRC put more emphasis on? Why do you say this?

- More effort to educate frontline staff to probe and ask questions to better understand what the person's needs are
- Enhanced training for information assistants to enhance ability to answer questions well and provide the information instead of just trying to plug them into a program. Many people who do not qualify for Medicaid still want information.
- Understanding resources of non-profit sector and utilizing them first before going directly to public supports
- Public funding and transition services are critical for individuals with disabilities
- More emphasis on Dementia care. 70 percent of people with Dementia are living alone.

Over the next 5 years, what programs or services should the ADRC put less emphasis on? Why do you say this?

- Everything (all services) are needed. (5)

ADRC and Council on Aging Questions with Regard to Integration or Remaining Separate

What opportunities do you see if both the ADRC and Council on Aging combine programs and services into one entity?

- One Stop Shop
- Reduce confusion on where to go for resources
- One organization allows for a better process for service delivery
- More fiscally responsible
- Combined could share services resources
- Financially combining may be beneficial
- More united front of people having info and knowledge they can share easier
- Elimination of duplication
- Better service when combined
- More funding means more staff
- Save on administrative costs providing more funding for services
- I see opportunities to work together in combining and collectively marketing resources
- Solving an issue collectively as one while utilizing multiple resources at the same time
- Never understood how it worked this long with the two separate = bureaucratic inefficiencies
- Co-location will reduce overhead cost
- One receptionist with one phone number will reduce cost and enhance efficiency. They all know each other's programs
- Co-location is a start, Joint meetings between the two need to happen as a necessary second step
- Staff working together how do we get there?
- Do not see the advantage of keeping them separate
- I see a progressive transitioning plan that builds collective goals and stays true to their current missions
- With location, you still have two telephone numbers, still have to transfer call to the other department.

What challenges or concerns do you see if both the ADRC and Council on Aging combine programs and services into one entity?

- If they are not going to focus on working together, what is the purpose of co-locating them together?
- People losing jobs is a concern (2)
- Merger would result in reduced staff
- Seen a lot of consolidation which often services the goal less

- Sometimes you see when groups are put together fewer services result and somebody gets pushed out
- Would county levy be reduced for aging programs?
- Meal sites cannot be lost
- Do not want COA programs to be lost
- Fear of losing meal sites
- COA would lose their identity
- Do not want programs to be blurred. Want programs stronger by building on each other
- Putting them under one roof might jeopardize funding
- Concern about losing funding by combining
- Missions are different (2)
- Missions are not the same will have to be addressed if they merge
- I do not advocate for combining due to more bureaucracy
- Concern is that we do not lose any programs
- Whether combined or separate we need to have clear marketing of what's available
- Distinguished citizens do not like change
- Resistance to change
- Bigger the organization gets the more bureaucracy
- Do not advocate for combining due to more bureaucracy
- They each perform unique services that need to be maintained
- Co-training, cross training would be needed
- If they combine they should have two divisions within the department. One for seniors and one for other adults
- Usually this kind of change does not mean for funding for staff. It means downsizing
- Everyone always says we are not reducing staff, but that always happens
- It takes a lot of time to merge into one. Much effort. If they merge, much co-training/cross training is needed.

What opportunities do you see with regard to continuing to keep the ADRC and Council on Aging as separate entities?

- They perform unique services that will be maintained
- As separate entities they can address more specific needs

What challenges or concerns do you see with keeping the ADRC and Council on Aging as separate entities?

- May not be capitalizing on funding to its fullest extent
- Whether combined or separate need to have clear marketing of what's available

On a scale of 1 to 5 with 1 being strongly disagree and 5 being strongly agree how do you feel about integrating the programs and services of the ADRC and Council of Aging into one entity?

Scale	1	2	3	4	5
Votes	2	3	7	4	1

Note 17 out of 22 voted.

Average = 2.94

Median = 3