



Rock County

ADRC and COA

Integration Study

December 12, 2019



SPECIAL THANKS

UW Madison Extension Waukesha County would like to thank all of the individuals who participated and provided input for this ADRC/COA Integration Study. The following is a list of key contributors, stewards of the process, and planning collaborators.

Aging Services Integrated Review Advisory Committee

Supervisor Phillip Owens, Chair
Supervisor Terry Thomas, Vice-Chair
Supervisor Terry Fell
Jean Boyle
Paula Garecht
Tom Moe
Janet Smith
Mark Richardson
Rob Wilkinson
Chuck Wilson
Paula Schutt, Staff Member
Lachel Fowler, Staff Member
Jennifer Thompson, Staff Member
Randy Terronez, Staff Member

We would like to thank Rock County, including all staff in the Council of Aging Department and the Aging and Disability Resource Center for their time in providing the resources and information necessary to complete this study.

A handwritten signature in black ink that reads "Jerry E Braatz". The signature is written in a cursive style with a long, sweeping tail on the letter 'z'.

Jerry Braatz, Facilitator
UW Madison Extension Waukesha County

Table of Contents

Background 4

Purpose of this Project..... 4

Demographics 5

 Table 1. Overall Projected Population Growth, Rock County, 2010-2030..... 5

 Table 2. Projected Percent of Citizens 60 and Over 2030 5

 Table 3. Rock County, 60 and Over Age Groups, 2010 6

 Table 4. Projected Rock County, 60 and Over Age Groups, 2020..... 6

 Table 5. Projected Rock County, 60 and Over Age Groups, 2030..... 6

Rock County ADRC Services Provided..... 6

Rock County Council on Aging Programs 7

Budget..... 9

 Table 6. 3 Year Revenue Budget for COA and ADRC..... 9

 Figure 1. Budget Trends for COA and ADRC, 2018-2020 9

Benchmark Counties Surveyed 9

 Table 7. Benchmarked Counties Surveyed 10

Focus Groups..... 12

Focus Group Key Points – Programs Offered..... 12

Focus Group Key Points – Integration..... 13

Focus Group Key Points – Remaining Separate 13

COA and ADRC Staff Input Sessions 13

 Table 8. Compilation of Votes by Aging Services Integration Review Advisory Committee with regard to Benchmark County Experiences 14

 Table 9. Recommendations for Integration (February 2020 to August 2021)..... 15

Conclusion..... 16

APPENDIX A..... 17

APPENDIX B..... 31

APPENDIX C..... 37

Background

Rock County is in southcentral Wisconsin with a resident population of 160,349. The County is the ninth largest county in the state of Wisconsin. The County is named after the Rock River which bisects the county from north to south. Rock County comprises the Janesville-Beloit Statistical Area, all or parts of five cities, three villages, and twenty towns. The three largest communities are the City of Janesville (63,570), The City of Beloit (36,683), and the Town of Beloit (7,613). The County is located approximately 40 miles south of the state capital of Madison and approximately 40 miles north of Rockford, Illinois. Growth projections show that Rock County continues to increase in overall population.

Purpose of this Project

The purpose of this project was to gather information, analyze information, gather input, and discuss the opportunities and concerns with regard to integration of the Rock County Aging and Disability Resource Center (ADRC) and the Rock County Council on Aging (COA). The end result of this effort is the enclosed report that captures this information and provides a recommendation for Rock County to consider.

Project Process Outline

Jerry Braatz, with UW Madison Extension, Waukesha County served as a facilitator for the process. The Rock County Aging Services Integration Review Committee made up of three county supervisors and seven citizen members guided the process (See acknowledgements for names of committee members). The process included the following steps:

1. Facilitator conducted introductory one on one key informant discussions with 24 staff in COA and ADRC and with the 10 Aging Services Integration Review Committee members.
2. Collected demographic information, analyzed the information and gathered input from Aging Service Integration Review Committee members.
3. Developed a survey questionnaire with the Aging Services Integration Review Committee that was used to interview eight benchmark counties in Wisconsin to gather information on aging services and organizational structure.
4. Presented the information collected from the eight benchmark counties to the Aging Services Integration Committee. Facilitated two meetings that engaged 17 of the 24 COA and ADRC staff in identifying positive points and challenges with regard to the information gathered from the eight benchmark counties. These positive points and challenges were then ranked by the Aging Services Integration Committee.
5. Facilitated a discussion with Aging Services Integration Committee members on the positive points with regard to integration and further discussed the possibilities for overcoming challenges.
6. Worked with the Aging Services Integration Review Committee to develop a focus group survey questionnaire that was used to conduct three focus groups that engaged 22 Rock County residents. Presented the results of the focus groups analysis to the Aging Services Integration Committee.

7. Completed a draft report for review and input from the Aging Services Integration Review Committee.
8. Submitted final report to Rock County.

Demographics

Growth projections show that Rock County continues to increase in overall population. By 2030, Rock County is projected to have 179,360 residents and will also retain its rank as the ninth largest county in population in Wisconsin.

Table 1. Overall Projected Population Growth, Rock County, 2010-2030

2010	2020	2030
160,331	169,130	179,360

Source: U.S. Bureau of the Census and WI Dept. of Administration

Rock County like most counties in Wisconsin is experiencing a substantial increase in the 60 and over population. In 2010, there were 29,827 Rock County residents who were of age 60 and over. This made up 18.6 percent of the total population. State projections show that by 2020 the number of residents age 60 and over will increase to 39,990 or 23.6 percent of the county’s population. By 2030, projections show that Rock County will have 48,080 residents of age 60 and over making up 26.8 percent of the total population. Table 2, compares Rock County to other benchmark counties of similar population size with regard to projected percent of citizens 60 and over in 2030.

Table 2. Projected Percent of Citizens 60 and Over 2030

County	Percent
Fond du Lac	31.2
Sheboygan	30.4
Racine	28.6
Winnebago	27.3
LaCrosse	27.3
Rock	26.8
Outagamie	26.6
Eau Claire	25.7
Kenosha	24.4

Source: Wisconsin Applied Population Laboratory and WI Dept. of Administration

State projections also provided a breakdown of age 60 and over population growth by five year age categories based off of 2010 census data. Tables 3, 4, and 5 show the progression of population growth in the 60 and over population in Rock County for both males and females.

Table 3. Rock County, 60 and Over Age Groups, 2010

Age Group	Male	Female	Total
60-64	4088	4432	8520
65-69	2983	3373	6356
70-74	2376	2734	4658
75-79	1806	2272	4078
80-84	1241	1937	3178
85-89	711	1244	1955
90 and Over	264	818	1082

Source: U.S. Bureau of the Census

Table 4. Projected Rock County, 60 and Over Age Groups, 2020

Age Group	Male	Female	Total
60-64	5380	5670	11050
65-69	4480	4810	9290
70-74	3420	3920	7340
75-79	2260	2840	5100
80-84	1520	2070	3590
85-89	850	1350	2200
90 and Over	430	990	1420

Source: Wisconsin Applied Population Laboratory and WI Dept. of Administration

Table 5. Projected Rock County, 60 and Over Age Groups, 2030

Age Group	Male	Female	Total
60-64	4900	5210	10110
65-69	5040	5500	10540
70-74	4610	5150	9670
75-79	3490	4150	7640
80-84	2290	3080	5370
85-89	1140	1790	2930
90 and Over	600	1220	1820

Source: Wisconsin Applied Population Laboratory and WI Dept. of Administration

Rock County ADRC Services Provided

The Aging and Disability Resource Center of Rock County supports older adults, adults with disabilities, their families and their caregivers, by providing useful information and assistance; connecting people to the services they need. The Aging and Disability Resource Center of Rock County provides services to the following:

- Frail Elders
- Adults with physical disabilities
- Adults with Developmental Disabilities
- Children age 17 ½ who are aging out of children's programs

The Aging and Disability Resource Center of Rock County provides the following services:

Information and Assistance: ADRC staff provide information about local services, programs and solutions for long term care issues including; living arrangements, health and wellness, employment/training, nutrition, home maintenance, Social Security and other publicly funded programs. The ADRC can help you find adaptive equipment, in-home personal/supportive care, respite, transportation and more.

Dementia Care: The Dementia Care Specialist provides education and support to individuals impacted by Alzheimer's disease and other dementias as well as their families and/or caregivers. Support groups, activities, and trainings are planned throughout the year.

Benefits Counseling: Disability Benefit Specialists provide adults age 18-59 with information about private and government benefits or programs which people may be eligible to receive. They can assist people to apply for benefits as well as work through appeals processes. They specialize in Medicare, Medicaid and Social Security Benefits.

Transitional Services: The Transitional worker provides youth age 17 ½ and their families or guardians resources to help them begin thinking about their future as adults and provides options regarding programs and services.

Public Funding: ADRC staff provide information regarding options available and help you select a program best for you. They also assess individuals for eligibility for publicly funded programs such as: Family Care, IRIS, Alzheimer's Family Caregiver Support Program, Nursing Home Relocation and SSI-e.

Rock County Council on Aging Programs

The mission of the Rock County Council on Aging shall be to advocate for the independence, self-worth and dignity of residents of Rock County by assisting them to meet their varied health, nutrition, economic and social needs. The Rock County Council on Aging provides the following programs:

Benefit Specialist Program: The Benefit Specialist helps older persons who are having problems with their private or government benefits. Benefit Specialists are often called "red tape cutters" because they are experts in helping with the complicated paperwork that is often required in benefit programs. The Benefit Specialist can assist with Medicare, Medicare Supplemental Insurance, Supplemental Security Income, Social Security, Homestead Tax Credit, Food Share and much more.

Caregiver Support Program: Caregiving can be rewarding, but it can also be hard even if you're caring for a loved one or friend. The Family Caregiver Support Program is a place where you can turn for help. This program provides information, support and resources to help caregivers better care for their loved ones – and themselves. Whether arranging for services (e.g., respite care, transportation, support groups, etc.) or helping families understand their options for care or just a shoulder to listen. Relatives as parents program can offer assistance to grandparents and other older adults who have taken on the responsibility of surrogate parenting due to the

absence of the parent. We offer information, support and resources to help grandparents better care for their loved ones – and themselves.

Mobility Management: Mobility Management connects residents to the entire transportation spectrum available to them. Whether it is information on bus routes, travel training, pedestrian safety, or driver safety classes, Mobility Management is the one-stop informational resource on all things related to transportation.

Senior Dining: Seniors (age 60+) enjoy a delicious and nutritious noon meal, vital socialization, and networking at five dining sites around the county (Beloit, Clinton, Evansville, Janesville, and Milton). Loneliness is averted; friendships are formed; and seniors find a welcome diversion to their day. Meals are available for a suggested \$4 donation; however, no one is denied a meal based on inability to contribute.

Home Delivered Meals: Homebound seniors (age 60+) are delighted to see their driver, who delivers a hot, nutritionally balanced daily meal, providing social interaction, and a safety check. These meal recipients, many of whom are frail and alone, are greatly appreciative of not only the prepared meal (which many would not be able to stand long enough to prepare, even if they had groceries), but also of the caring, friendly drivers. Family members/caregivers are grateful and relieved to know not only that their loved one is receiving a wholesome daily meal, but that someone is regularly checking on them. When a meal recipient doesn't answer the door, their emergency contact is called to verify their safety. This precautionary measure has saved the lives of many individuals over the years. While a \$4/meal donation is suggested, meal delivery is not dependent on ability to pay.

Rock County Transit: Providing help to those who cannot drive. Door to door transport throughout the county with vehicles that are wheel chair accessible for adults 55 and older, those with disabilities and general public if room permits. Transportation to medical appointments, employment, education, nutrition, and social/recreational events. Transit also provides transportation for those who are not able to ride the city bus. This is a "shared ride" program that charges a small fee for transportation.

Healthy Aging Workshops: What happens in your doctor's office is responsible for just 20% of your health. Much more - 30% is up to you and how well you take care of yourself. Our classes help you help yourself to better health. Healthy aging programs help you live longer, and live better. Examples of classes include:

- Healthy Eating For Successful Living in Older Adults.
- Lighten Up. Promotes quality of life and well- being for older adults. Promotes positive ways to live a happier, fulfilled life.
- Living Well With Chronic Conditions. Gives you confidence in your ability to manage your health, communicate more effectively with family members and healthcare providers, de-stress and relax, and maintain active and fulfilling lives.

- Powerful Tools for Caregivers: Promotes positive changes for caregivers to help them better cope with the challenges of caregiving. Participants will receive support and resources that will help make their caregiving journey easier.
- Stepping On. This workshop takes fall prevention step-by-step. Learn how to build and maintain the physical strength and balance you need to walk confidently. From footwear to prescriptions, learn what increases your risk of a fall, how to avoid it, and make an individualized action plan to stay on your feet and living life the way you want.

Budget

As part of this study, a three-year budget trend for the COA and ADRC was analyzed. ADRC for the most part, is not funded by County tax levy. The ADRC budget increased by \$200,000, an 11% increase between 2018 and 2020. Non-County tax levy for COA declined slightly and County tax levy increased from \$156,817 to \$218,964, a 29% increase between 2018 and 2020. (See Figure 1)

Table 6. 3 Year Revenue Budget for COA and ADRC

COA			
	<u>2018</u>	<u>2019</u>	<u>2020</u>
County Tax Levy	\$156,817.00	\$205,966.00	\$218,964.00
Other Revenue	\$1,795,975.00	\$1,811,515.00	\$1,754,076.00
ADRC			
	<u>2018</u>	<u>2019</u>	<u>2020</u>
County Tax Levy	\$0.00	\$32,251.00	\$0.00
Other Revenue	\$1,700,000.00	\$1,700,000.00	\$1,900,000.00

Figure 1. Budget Trends for COA and ADRC, 2018-2020



Benchmark Counties Surveyed

The University of Wisconsin Extension surveyed eight different counties with populations that ranged from 102,816 in Eau Claire County to 196,200 in Racine County (See Table 7). The surveys were completed either face to face or via telephone with directors of Aging and ADRC. The survey instrument and summaries are included in Appendix A. The survey was developed with input from the members of the Aging Services Integration Review Advisory Committee. The following section provides an overview of each of the counties.

Table 7. Benchmarked Counties Surveyed

County	Population	Organizational Structure
Eau Claire	102,816	Integrated ADRC and COA
Fond du Lac	104,035	Non-Integrated ADRC and COA
Sheboygan	115,924	Hybrid, moving toward integration
LaCrosse	119,193	Integrated ADRC and COA
Kenosha	168,700	Integrated ADRC and COA
Winnebago	170,025	Integrated ADRC and COA
Outagamie	184,581	Hybrid, Co-located
Racine	196,200	Integrated ADRC and COA

Source: Wisconsin Blue Book, 2019-2020

Eau Claire County

In July 2008, the ADRC was placed into the aging unit as a stand-alone department. It is not under Health and Human Services. In 2008, the Aging Director was appointed the interim director. Later had to apply for the job as permanent director. The impetus for the integration was led by the county administrator with the focus on the customer. It was a very controversial issue at the time. The county administrator displayed leadership in implementing integration. What really helped during the implementation was focusing on what was best for the customer. Personal agendas were put aside. The ADRC is on the first floor of the Eau Claire County Courthouse in the downtown area of the City of Eau Claire (population, 65,332).

Fond du Lac County

The Senior Services Department is located on the third floor of the City/County Government Center in downtown Fond du Lac and the ADRC is located at 50 N. Portland Street in Fond du Lac. They are .75 mile apart. The ADRC is led by a Supervisor who reports to the Fond du Lac County Director of Social Services who reports to the County Executive. The Senior Services Director reports directly to the County Executive. Fond du Lac County was one of the first ADRCs which was established in 1998.

Sheboygan County

Currently, an Elder Services Department and ADRC that is moving toward full integration. Movement to begin sharing between departments began 20 years ago. The impetus for sharing between the Elder Services Department and ADRC was the realization that they needed to work together to better serve the consumer. Co-location took place many years ago. In 2017, the Aging Board and the ADRC Board were combined into one. This effort was facilitated by both the Elder Services Department and ADRC with assistance from County Corporation Counsel. There seemed to be duplication with regards to what was discussed at these board meetings resulting in a decision to combine the two. Recently, Veterans Services also became co-located with the Elder Services Department and ADRC as it made common sense. Co-location is in a business park environment off of State Highway 32 in the City of Sheboygan Falls (population, 7,853).

LaCrosse County

LaCrosse County was one of the initial nine ADRC pilot counties and created an ADRC in 1998. The Council on Aging and ADRC operated separately in their own facilities located across the street from each other until 2017. In 2017, LaCrosse County integrated the Council on Aging and ADRC into one entity in the same building on 4th Street North in the City of LaCrosse (population, 52,282). The impetus for integration was ensuring client efficiencies and client ease of use. The Health and Human Services Board provides oversight. The Health and Human Services Board provides oversight for both the Human Services Department and the Health Department. It has 9 members with 6 members being County Supervisors. The ADRC Advisory Committee serves in an advisory capacity. It has 8 members with 2 members being County Supervisors.

Kenosha County

In 1988, efforts began to integrate in Kenosha County. The process started with a Long-Term Waiver Program. Kenosha County was one of the initial nine ADRC pilot counties in 1998. The impetus was based on discussions with the state to be one of the more urban counties in the pilot. The Elder and Disability Services Manager serves as the ADRC Director. The ADRC is in the Division of Aging and Disability Services and the Elder and Disability Services Manager/ADRC Director reports to the Division of Aging and Disabilities Director which is a Division of Kenosha County Department of Human Services. ADRC is on the first floor of a Kenosha County Government Building on 85th Street and Sheridan Road in the City of Kenosha (population, 99,263). It has its own entrance with very visible signage. The current building was a former shopping center and movie theater.

Winnebago County

In 2010, integration between the COA and ADRC in Winnebago County took place. The decision was based on serving the needs of the customer and provide one stop shopping. It was hard for staff to imagine keeping the two split as they had been already co-located for a number of years. Integration helped build a team learning environment, share information, and break down silos. The integration created more opportunities to expand evidence based classes and programming (i.e. Stepping On and Strong Bones). In addition, there was additional focus on prevention programming. Winnebago County used ADRC funding to start prevention classes in partnership with Public Health. Winnebago County did not provide any additional tax levy for service enhancement after integration. Due to integration the Aging Director became the Aging Supervisor. The Long Term Support Division Manager is the ADRC director. The ADRC Committee and the Commission on Aging were combined into one advisory board maintaining three year terms with a maximum of 6 years of consecutive service. ADRC has one office in the Winnebago County Human Services Building in the City of Oshkosh (population, 66,945) and another office in the City of Neenah (population, 26,137).

Outagamie County

The Aging and ADRC are in the Human Services Department and are co-located in the Human Services building in Appleton. They have been co-located for many years. Staff work well together and understand collective responsibilities. The Aging Services Director and ADRC Director is one full time position. ADRC is part of the Aging and Long Term Support Division. The Director reports to the Manager of Long-Term Services who reports to the Human Services Director. The ADRC is a joint ADRC with Outagamie, Waupaca, and Calumet Counties. There is a regional ADRC advisory committee. Each County has its own Aging Advisory Committee. The Aging budget and ADRC budget are separate. This is what makes it a hybrid that is not fully integrated. Currently, there are not concrete plans to integrate the two budgets into one.

Racine County

In 2006, the COA and ADRC integrated in Racine County. The decision was based on local policy making. The Aging Director became the ADRC Director. ADRC was placed under Health and Human Services. Later the ADRC established the Aging Director position. Currently, the ADRC has both an Aging Director and ADRC Director. The Aging Director develops the budget for Aging programs and the ADRC Director develops the budget for ADRC. The Health and Human Development Committee is the oversight committee. Initially, ADRC and Aging Advisory Boards were combined. In 2011, they became separate again. ADRC is on the first floor of the Racine County Government Building in the Village of Yorkville (population, 3,129) just west of I-94 in Racine County.

Focus Groups

UW Extension facilitated three focus groups in the City of Janesville, City of Beloit, and City of Milton. A facilitated focus group is a research tool used to collect data through group interaction on a topic of mutual interest. The major benefit of a focus group interview process is that the people engaged get to hear responses beyond their own and make additional comments based on information shared. Even with a \$25 gift card incentive and refreshments it was difficult to get participants to commit to participate in a focus group. A total of 22 people participated in the focus groups. This included five participants in Beloit, seven participants in Janesville and ten participants in Milton. At the beginning of the focus group each participant was provided with fact sheets that explained programs and services offered by COA and ADRC in Rock County. The focus group questions and focus group analysis are in Appendix B. The following were key focus group points:

Focus Group Key Points – Programs Offered

- High level of satisfaction with programs offered
- Transportation is an essential service. Needs to be expanded outside the County (Beloit to Rockford and Janesville to Madison).
- Home delivered meals are very important, need to be more utilized

- Need 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)
- Dementia programs offered are very good resources. Need more emphasis on dementia programs as this is a growing need
- Need better marketing of programs to increase awareness of programs and services offered
- All programs need to be expanded not reduced

Focus Group Key Points – Integration

- One stop shop with one organization allows for a better process for service delivery for the customer
- More funding opportunities with an integrated unit
- Possible savings on administrative costs
- Elimination of duplication
- The transition to integration will build collective goals that stay true to current mission
- Want programs stronger by building on each other

Focus Group Key Points – Remaining Separate

- Concern with staff losing their jobs due to integration, so remain separate
- Concern that county tax levy would be reduced if integrated
- Missions of COA and ADRC are different. Will need to be addressed if integrated
- COA would lose their identity
- Meal sites cannot be lost
- Combining makes them larger resulting in more bureaucracy

COA and ADRC Staff Input Sessions

Rock County COA and ADRC staff jointly participated in two meetings in October, 2019. The purpose of the meetings was to review and discuss the information that was gathered for the benchmark counties. Seventeen staff (71 percent of total staff) participated in this process. Staff met in small groups and discussed what challenges or concerns they had with each of the benchmark county examples (See Appendix A) and also what positive changes they identified. The information that staff provided was transcribed into a document that identified positives and challenges (See Appendix C). This document was shared with the Aging Services Integration Review Advisory Committee, reviewed and discussed. Committee members were then asked to vote by circling the three most important positive changes and the three challenges they were most concerned about. This resulted in the following vote tally.

Table 8. Compilation of Votes by Aging Services Integration Review Advisory Committee with regard to Benchmark County Experiences

	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 feel 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

Source: Rock County Aging Services Integration Review Advisory Committee

These positive changes and challenges were used as a framework for further facilitated discussion by the Aging Services Integration Review Advisory Committee over two meetings. These discussions resulted in a series of discussions that helped to frame recommendations and also led to a majority opinion that the COA and ADRC in Rock County should integrate into one entity after completing the move into the former Pick N Save building at 1717 Center Avenue in Janesville. The Aging Services Integration Review Advisory Committee also recommended that as a result of integration that no staff positions are lost. Table 9 identifies recommendations for the first 18 months.

Table 9. Recommendations for Integration (February 2020 to August 2021)

Recommendations	Key Points	Actions Needed
The Rock County COA and ADRC Integrate into one entity	This effort's main focus must be on the customer. Personal agendas must be set aside.	Multiple staff trainings needed monthly. Utilizing experiences from other benchmark counties to establish a training process for moving forward. No need to re-invent the wheel.
Develop a marketing strategy for all aging programs and services in the newly integrated entity	One brochure, one website, one social media point, one phone number, and advertising that promotes all aging programs and services as one.	Identification of the potential for additional marketing dollars through ADRC Solicit Donations from Health Care Organizations for additional promotion
Establish an integrated SAMS database for tracking purposes.	Need to understand and review as a staff customer contacts	Establish contact goals on an annual basis and include them in county budget documents
Establish Customer Service Metrics.	What does excellent customer service mean?	Define what excellent customer service means and use this as a tool to develop a customer service survey. Review survey metrics with staff every 6 weeks.
Strategize on how integration with ADRC can grow state funding for positions.	Initially, growing the Elder Benefits Specialist FTE, Prevention funding, and caregiver support for people with disabilities	Implementing a billable hours model across the integrated organization
Identify how the integration will affect advisory boards and oversight committee.	Identify the structure of advisory boards and what county board committee will provide oversight.	Work with Eau Claire and Sheboygan Counties to learn about their processes with regard to structure and how their corporation counsels engaged with this effort.
Secure additional funding for transportation services	Is it possible to expand transportation rides from Beloit to Rockford and Janesville to Madison?	Determine what funding sources could be secured to expand transportation and write proposals to obtain this funding

Conclusion

This process included an extensive collection and analysis of data in an effort to engage committee members in providing input and an effort to gather information from other counties who have integrated, are moving toward integration, or have remained as separate COA and ADRC functions. The Aging Services Integrated Review Advisory Committee diligently reviewed all of this information through numerous facilitated meetings and concluded that integration is a viable option. This report provides an opportunity for COA and ADRC staff to work together and consult with other counties who have integrated in developing a process for integration that works best for the growing 60 and over population in Rock County.

APPENDIX A
Benchmark Counties – Fact Finding Information

Eau Claire County: Integrated

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	17,745	28,015
60 and Over %	18.0%	25.7%
Total	98,736	109,005

Largest Communities

City of Eau Claire	65,332
City of Altoona	7,345
Town of Washington	7,314

Overview

In July 2008, the ADRC was placed into the aging unit as a stand-alone department. It is not under HHS.

In 2008, the Aging Director was appointed the interim director and later had to apply for the job as permanent director.

Impetus for the integration was led by the County Administrator with the focus on the customer. A very controversial issue at the time. County Administrator displayed leadership in implementing integration. What really helped during the implementation was what was best for the customer. Personal agendas were put aside.

ADRC is on the first floor of the Eau Claire County Courthouse in the downtown area of the City of Eau Claire (population, 65,332)

How Long Did it Take To Feel Fully Integrated?

It took four years to feel fully integrated. There was a lot of training involved. Staff meet every two weeks for an extended

period of time. It took time for staff to understand each of their responsibilities and duties. This was necessary to reduce the silos between Aging and ADRC. Meeting every two weeks also helped make certain that staff were in the loop and this transparency was critical to make certain they did not feel left out. The training piece is critical. Also critical to our process was that leadership worked together and committed to work together and did not try to sabotage the process.

Did Integration Improve Overall Services for the Customer?

It created both operational efficiencies and eliminated all confusion for the customer. Integration also increased services. There were administrative efficiencies as well. Additional costs were not passed onto the consumer. We did not lose any employees by contracting out. Staff were trained to take calls for both Aging programs and ADRC. Several Aging positions were changed.

Oversight Board

Eau Claire County ADRC Board

The ADRC Board shall consist of 11 members that reflect the ethnic and economic diversity of the geographic area served by the Aging and Disability Resource Center. At least 1/4 of the members shall be older persons or persons with physical or developmental disabilities; mental illness or substance abuse issues; or the family members, guardians or other advocates thereof.

The Board shall be made up of six citizen members and five county supervisors with at least one county supervisor residing outside the Eau Claire city limits. Appointed by County Board Chair to three year terms. Board members have the following duties.

1. Be accountable for the mission and goals of the ADRC
2. Oversee development of a mission statement for the organization that is consistent with the goals of the ADRC
3. Determine the structure, policies and procedures of the ADRC within state guidelines and local governance structure
4. Oversee the implementation and operation of the ADRC
5. Ensure the ADRC has a viable plan for implementation and operation
6. Identify unmet needs and develop strategies to address them
7. Assure input from consumers, service providers, and local constituents in general in the policies, practices and goals of the ADRC
8. Represent the interests of all target groups served by the ADRC
9. Serve as a grievance committee after other local steps to resolve concerns about the ADRC have proved unsuccessful
10. If proposed statutory language changes are adopted, designate members to participate in a regional long term care council that will have quality oversight responsibilities for manage long term care programs in its service area

11. Provide an annual report of its activities to the county board

12. Prepare an annual budget and submit the same to the county board for approval

13. Carry out such additional responsibilities as may from time to time be authorized by the county board

Did Integration Save County Tax Levy?

No, it did not. There was no county tax levy for ADRC. The county tax levy for aging programs remained at \$104,000. There was not a significant cost benefit to the County due to integration.

Staff

29 positions in ADRC

Director and an Assistant Director

Services

Transportation

County contracts out transportation. County does not own vans. This contracted out process was already in place before integration in 2008.

Transportation Coordinator position manages the program.

2 Disability Benefit Specialists

2 Elder Care Specialists

1 Nutrition Program Supervisor

3 Resource Specialists

1 Dementia Care Specialist

1 Prevention Program Coordinator

1 Outreach Coordinator

1 Options Counselor Supervisor

7 Options Counselors

1 Kitchen Manager

3 Cooks

- 2 Meal Delivery Personnel
- 1 Administrative Assistant

Pros of Integration

A clear streamlined process for the customer. Eliminated silos. The number of programs and quality of programs improved.

Cons of Integration

The Director role is challenging. There is much knowledge that a director must know about Aging programs and ADRC to function well and lead. There is much responsibility.

Fond du Lac County: Non-Integrated and No Co-Location

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	21,105	34,390
60 and Over %	20.8%	31.2%
Total	101,633	110,590

Largest Communities

City of Fond du Lac	43,381
City of Ripon	7,833
Village of North Fond du Lac	5,237

Overview

The Senior Services Department is located on the third floor of the City/County Government Center in downtown Fond du Lac and the ADRC is located at 50 N. Portland Street in Fond du Lac. They are .75 mile apart. The ADRC is led by a Supervisor who reports to the Fond du Lac County Director of Social Services who reports to the County Executive. The Senior Services Director reports directly to the County Executive. Fond du Lac County was one of the first ADRCs. The Fond du Lac County ADRC was established in 1998.

Discussions about Integration/Co-location

Nothing real concrete. The Senior Services Director heard some limited discussion about integration in 2017 and moving the Senior Services to the basement of the ADRC. The Senior Services Director drafted a letter to the County Executive expressing concerns with this information and there were no further discussions. A proposal for integration has never been brought to the Aging Board or County Board.

Senior Services Director communicates with customers and has found that they view the City/Government Center as a one stop shop for them due to the fact that they do other business in the building with other departments and make the Senior Services Department one of their stops as well. The City/Government Center recently went to a metal detector secure entrance which has been viewed as a negative with regards to access by the public.

About a year ago there were grant funds available for ADRCs from the state to develop a plan for co-location of COA and

ADRC into one facility. There was no interest in Fond du Lac County due to internal resistance.

ADRC hopes that there will be more discussions about integration in the next 3 years. At a minimum it would be beneficial to have the Elder Benefits Specialist co-located with joint services and joint activities.

What Concerns do you have as the 60 and over population increases over the next 15 years?

What is your target market? Not sold on the fact that demand will increase substantially. Why? Who is our competition? Competition is growing from the for profit and nonprofit sectors. For example, the growth of assisted living facilities and they all provide meals. There is a growth in the private sector delivering groceries to homes. The senior population today is tech savvy and know how to find resources on their own. The Fond du Lac County Meal program at dining sites is declining in number. Elder persons are more independent. They are living longer. They socialize at coffee shops and restaurants. They do not have to come to a senior dining site to socialize. They also like to interact with people of all age groups. This is possible at a coffee shop or restaurant.

The ADRC is focusing on expansion of employees. Right now a grant is being prepared to secure funding for a Dementia Care Specialist.

Have Any Aging Programs or ADRC programs been shifted from County Staff to Contractors over the past 3 years?

None

Oversight Boards

The Aging Commission for the Senior Services Department. The ADRC Advisory Board is under the Human Services Committee.

Staff

The Senior Services Department has 6 FTE and 43 part-time drivers. The ADRC has 9.5 FTE along with 2.5 FTE for Adult Protective Services.

County Tax Levy

The Senior Services Department receives \$50,000 in county levy to provide the 20 percent match for the WIDOT 85.21 program. ADRC does not receive county levy.

Marketing Budget

The Senior Services Department does not have a marketing budget. ADRC has a marketing budget that is used for promotion on KFIZ radio, promotion at various conferences and local events, library presentations, and a resource guide.

Services

Transportation: County owns the vans. County has 28 vans. In 2019, provided 43,000 rides. Drivers are also paid \$10 per hour to deliver meals to homes. Rides are \$2.50 per ride one way. Lift is \$3.00 per ride one way door through first door. Drivers are paid \$10 per hour by the county.

Provide Caregiver Support

Pros of Remaining Separate

Aging Department is the voice, face, and identity of the older adult. We have one question, Are you 60 years of age or older?

If yes, how can we help you? We are inclusive. Just be 60 years old. We are accessible.

ADRC = none

Cons of Remaining Separate

Senior Services Department =None

ADRC = There is still confusion for the consumer with trying to understand who offers what program or service. Budget

wise, there would be more funding available if Senior Services was integrated with ADRC. For example, if the Elder Benefits Specialist was shifted from Senior Services to ADRC it would be possible to draw down 100 percent time reporting which would lead to additional funds from the state to hire an additional .5 FTE elder benefits specialist. If we were both located in the same building it would create easier access for all of us (both staff and the consumer).

LaCrosse County: Integrated

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	21,359	34,950
60 and Over %	18.6%	27.3%
Total	114,638	128,120

How Long Did it Take To Feel Fully Integrated?

It took 2 years. There was monthly meetings throughout the process to get input from staff and to develop effective and efficient processes. There was training that engaged staff in learning about both Aging and ADRC programs and services. There is still some challenges with the fiscal reporting. This needs to be carefully monitored due to the complexities of funding sources between Aging and ADRC.

Largest Communities

City of LaCrosse	52,377
City of Onalaska	18,646
Village of Holmen	9,623

Overview

LaCrosse County was one of the initial nine ADRC pilot counties and created an ADRC in 1998. The Council on Aging and ADRC operated separately in their own facilities located across the street from each other until 2017. In 2017, LaCrosse County integrated the Council on Aging and ADRC into one entity in the same building on 4th Street North in the City of LaCrosse.

The impetus for integration was ensuring client efficiencies and client ease of use.

How Does Aging Programming Maintain its Identity?

The identity of aging programs was maintained through marketing and making the consumer aware of the changes. In addition, the training of staff was instrumental in connecting the consumer with the program or service of need. The staff are an integrated team that understand all aging and disability resource programs and services. ADRC maintains mandates for

aging programs by following the policies of the Aging Manual for Aging Services.

Oversight Board

The Health and Human Services Board provides oversight. The Health and Human Services Board provides oversight for both the Human Services Department and the Health Department. It has 9 members with 6 members being County Supervisors. The ADRC Advisory Committee serves in an advisory capacity. It has 8 members with 2 members being County Supervisors.

Did Integration Save County Tax Levy?

Yes, tax levy was reduced as a result of integration. Before integration there was more county tax levy.

Staff

The ADRC has 17 FTE staff and 5 FTE staff for Adult Protective Services. Integration did result in the reduction of administrative staff. Both the ADRC director and Aging Director positions were eliminated. The ADRC manager position was created and reports to the Human Services Director. Recently, a Dementia Care Specialist was added as a new full-time position.

Services

Transportation services are contracted out. These services were contracted out before integration. Both drivers and vans are contracted out. The County does not own

transportation vans. ADRC provided 8,500 rides in 2018. Rides are within county only.

Long Term Care

Caregiver Support and Respite

Dementia Care Support

Wellness and Prevention

Disability Benefit Specialist

Senior Dining

Health and Wellness

Pros of Integration

It resulted in an integrated unit where team members understand all programs and services provided. The staff is a collaborative team. The consumer calls one number and receives services. There is no confusion or being sent down the hallway or across the street to another department. Aging program and services are in a one stop shop environment.

Providing a better experience along with enhance marketing increased outreach to the 60 and over population in LaCrosse County. The number of services and quality of services improved.

Cons of Integration

The financial management and reporting requirements still are challenging due to the numerous sources of funding. County tax levy did decrease.

Winnebago County: Integrated

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	29,660	51,490
60 and Over %	17.8%	27.3%
Total	166,994	188,680

Largest Communities

City of Oshkosh	66,717
City of Neenah	26,050
Town of Menasha	18,741

Overview

In 2010, integration between the COA and ADRC in Winnebago County took place. The impetus was based on serving the needs of the customer and provide one stop shopping. It was hard to imagine keeping the two split as they had been already co-located for a number of years. Integration helped build a team learning environment, share information, and break down silos. The integration created more opportunities to expand evidence based classes and programming (i.e. Stepping On and Strong Bones). In addition, there was additional focus on prevention programming. Winnebago County used ADRC funding to start prevention classes in partnership with Public Health. Winnebago County did not provide any additional tax levy for service enhancement after integration.

Due to integration the Aging Director became the Aging Supervisor. The Long Term Support Division Manager is the ADRC director. The ADRC Committee and the Commission on Aging were combined into one advisory board maintaining three year

terms with a maximum of 6 years of consecutive service.

ADRC has one office in the Winnebago County Human Services Building in the City of Oshkosh and another office in the City of Neenah.

How Long Did it Take To Feel Fully Integrated?

It took several years. There were bumps in the road as we decided who would do what as far as responsibilities. We built trust by putting our heads together and implementing the integration together. This created a team environment. We have a really good team. Regular team meetings every two weeks really helped enhance trust building.

Did Employees Lose Jobs?

Yes, we eliminated case manager positions. We later hired three of these individuals back. In total we lost 5 or 6 of these case managers. The majority of these former employees went to work for managed care organizations for family care.

How Does Aging Programming Maintain its Identity?

By developing clear marketing strategies and continuing to do programs that are geared toward the aging population.

Oversight Board

The Human Services Board provides oversight. The Board has ten members with five being county supervisors.

Did Integration Save County Tax Levy?

There was minimal savings in county tax levy. Approximately, \$10,000 was saved in county tax levy. The total ADRC budget is \$1.8 million. \$400,000 of this budget is a WIDOT 85.21 grant that Winnebago County provides a 20 percent match (\$80,000)

Staff

The ADRC has 17 FTE employees.

Services

Transportation: Contracted out to Lutheran Social Services. Cost is \$7 dollars per round trip within the County and to Appleton and \$45 for round trip to Green Bay, Madison, or Milwaukee. Transportation services are contracted out to three transportation services. Kenosha County piggy backs on City of Kenosha transit with paratransit services. This is paid with WIDOT 85.21 funds. County matches this grant with the required 20 percent.

Information and Assistance

Long Term Care Options Counseling

Protective Services

Access to Long Term Care Programs

Prevention/Early Intervention

Benefits Counseling

Elder Risk Benefit Counseling

Caregiver Support

Dementia Care Support

Community Outreach

Pros of Integration

It led to better coordinated outreach and enhanced customer service. Our opportunities for outreach and services increased along with evidence based frameworks.

Cons of Integration

The current advisory board is limited to two consecutive three year terms. This is limiting. Under the ADRC Board an individual could serve for more than six years. Currently, difficult to recruit new advisory board members

Racine County: Integrated

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	36,493	60,950
60 and Over %	18.7%	28.6%
Total	195,408	212,740

Overview

In 2006, the COA and ADRC integrated in Racine County.

The impetus was based on local policy making. The Aging Director became the ADRC Director. ADRC was placed under Health and Human Services. Later the ADRC established the Aging Director position. Currently, the ADRC has both an Aging Director and ADRC Director. The Aging Director develops the budget for Aging

Largest Communities

City of Racine	78,165
Village of Mt. Pleasant	26,369
Village of Caledonia	24,917

programs and the ADRC Director develops the budget for ADRC. The Health and Human Development Committee is the oversight committee. Initially, ADRC and Aging Advisory Boards were combined. In 2011, they became separate again.

ADRC is on the first floor of the Racine County Government Building in the Town of Yorkville just west of I-94 in Racine County. The ADRC has an average of 2,200 contacts per month with 20 of these being personal visits to the ADRC. Also, conduct 200 home visits per month.

How Long Did it Take To Feel Fully Integrated?

It took three years to feel fully integrated. There was hiring of new staff and attrition. No positions were eliminated. Some employees did quit or retire. Staff meet weekly for an extended period of time. Staff are integrated across Aging Programs and ADRC with shared responsibilities.

Due to Integration What Services Were Added?

Caregiver support specialists, and prevention programs such as Stepping On and Aging Well were added.

How Does Aging Programming Maintain its Identity?

All Senior Services programs have their own brochure and referenced as a separate program.

Oversight Board

The Health and Human Development Committee provides oversight. The Commission on Aging and ADRC Boards are advisory.

The Health and Human Development Committee is made up of seven elected county supervisors appointed by the County Board Chair.

Did Integration Save County Tax Levy?

There was some county tax levy in 2006. Currently, only tax levy that funds Aging programs is the 20 percent match requirement for the 85.21 Transportation program. The current budget is about \$1.1 million for Aging and just over \$2 million for ADRC. The Aging programs also solicit donations. They are challenged to continually do more with less and look for efficiencies.

Staff

Staff are integrated across Aging Programs and ADRC with shared responsibilities. Racine moved toward a contracted employee model. As county employees retired they were replaced with subcontractors. For example, the phone center staff are all subcontracted. Seven personnel are responsible for walk in traffic and phone calls. Subcontractors were paid less than employees.

The ADRC has an Aging Director and an ADRC Director

The 85.21 Transportation Manager is contracted. Transportation program is contracted out. Goodwill employees serve as drivers. The Transportation program has been contracted out a long time. In fact, it was contracted out before the ADRC was formed.

Services

Transportation
Dementia/Alzheimers
Caregiver Support
Elderly Care Specialist
Nutrition

Pros of Integration

We had to focus. Aging was shifted mainly to prevention and caregiver support for aging population.

Cons of Integration

There is never enough time for training. Needed to do a better job with education.

Outagamie County: Hybrid, Co-Located

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	29,532	55,540
60 and Over %	16.7%	26.6%
Total	176,695	208,730

Discussions about Integration

The Aging budget and ADRC budget are separate. This is what makes it a hybrid that is not fully integrated. There is no plans to integrate the budgets? Why? Way to complicated. These budgets are really complex due to the numerous funding sources and requirements.

Largest Communities

City of Appleton	74,286
Town of Grand Chute	22,083
City of Kaukauna	15,894

Have Any Aging Programs been Shifted from County Staff to Contractors over the past 3 years?

None

Overview

The Aging and ADRC are in the Human Services Department and are co-located in the Human Services building in Appleton. They have been co-located for many years. Staff work well together and understand collective responsibilities. The Aging Services Director and ADRC Director is one FTE. ADRC is part of the Aging and Long Term Support Division. The Director reports to the Manager of Long-Term Services who reports to the Human Services Director. The ADRC is a joint ADRC with Outagamie, Waupaca, and Calumet Counties. There is a regional ADRC advisory committee. Each County has its own Aging Advisory Committee.

Oversight Boards

The Health and Human Services Committee is the oversight committee. The Aging Committee is advisory.

Staff

50 staff between Aging and ADRC. Many are part-time.

Marketing Budget

There is joint marketing between Aging and ADRC.

Services

Transportation is contracted out and has been for years.

Provide Caregiver Support

Nutrition

Pros of Hybrid Approach

There have been a lot of savings with reduced overhead costs. Sharing of benefits

specialists. Understanding each of our responsibilities helps to better serve the customer. Keeping the budgets separate. It would be a nightmare to combine the aging and ADRC budgets. Very complicated to manage.

Cons of Hybrid Approach

None

Sheboygan County: Hybrid Structure, Moving Toward Full Integration

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	23,322	38,350
60 and Over %	20.2%	30.4%
Total	115,507	126,160

Largest Communities

City of Sheboygan	48,853
City of Plymouth	8,467
City of Sheboygan Falls	7,853

Overview

Currently, an Elder Services Department and ADRC. Movement to begin sharing between departments began 20 years ago.

Impetus for Sharing between the Elder Services Department and ADRC. The realization that we need to work together to better serve the consumer.

Co-location took place many years ago. Recently, Veterans Services also became co-located with the Elder Services Department and ADRC. Why? It made common sense

Co-location is in a business park environment off of State Highway 32 in the City of Sheboygan Falls (population,7,853)

Excellent signage that directs the consumer to the building location.

Examples of Sharing between Elder Services Department and ADRC and Others

Elder Benefits Specialist shared between Elder Services Department and ADRC

INA takes all the calls whether it is for the Elder Services Department or ADRC (jointly funded by Elder Services Department and ADRC)

Adult Protective Services Specialist shared between Elder Services Department and ADRC

Prevention Specialist shared between ADRC and Public Health Department

Joint marketing program that includes facebook, radio, newsletters, website, community calendars

In 2017, the Aging Board and the ADRC Board were combined into one. This effort

was facilitated by both the Elder Services Department and ADRC with assistance from County Corporation Counsel. Why? There seemed to be duplication with regards to what was discussed at these board meetings. Consensus was that combining the two made sense.

Staff

12 FTE in Elder Services Department and 12 FTE in ADRC

4 PT Senior Aids. This is a partnership with Careative, a group that works to employ Seniors. County pays \$600 per employee per year for this program. Careative funds the remainder.

In the last 6 years, additional staff included: A caregiver coordinator, an additional INA, and moving the Support position for the Transportation Volunteer Driver Program from LTE to FTE.

Supervisor for Elder Services Department and Supervisor for ADRC both report to the Director of HHS. HHS Board is the policy committee.

In the 2020 County budget there will be a new position. Adding a manager for ADRC. The expectation is that this new manager position would work with Elder Services staff and ADRC staff to create one budget. If this happens both departments would become fully integrated.

Services

Transportation

County owns its own vans. Purchased with 8521 funds.

County has 2 vans

Provided 2,300 rides in 2019

Drivers are volunteers and are not paid a salary.

Customer fare for rides is optional. Rider is given an envelope with cost of mileage written on it and is asked to give a donation. Cost of mileage is shown as \$.51 per mile. No set fee.

Meals for meals on wheels are contracted out and made by a caterer.

County Tax Levy for Aging Programs

\$800,000

County Tax Levy for ADRC

\$0

Pros of Moving Toward Integration

Better teamwork. A lot of cross training took place. Both departments understand what staff do and this enhances team efforts. Smoother process for the consumer.

Cons of Moving Toward Integration

We really had to work on communication. Constantly refined processes to make it better for the consumer.

Final Comments

Feels that there is cost-benefit from integration, but difficult to put a number on it. Services did increase and quality increased as well. This is demonstrated by additional staff, improved teamwork, cross training, and quality improvement processes implemented.

Kenosha County: Integrated

<u>Population</u>	<u>2010</u>	<u>2030</u>
60 and Over	26,445	48,890
60 and Over %	15.8%	24.4%
Total	166,420	200,620

Largest Communities

City of Kenosha	99,489
Village of Pleasant Prairie	20,438
Town of Salem	12,096

Overview

In 1988, efforts began to integrate in Kenosha County. Started with Long-Term Waiver Program. Kenosha County was one of the initial nine ADRC pilot counties in 1997.

The impetus was based on discussions with the state to be one of the more urban counties in the pilot. The Elder and Disability Services Manager serves as the ADRC Director. The ADRC is in the Division of Aging and Disability Services and the Elder and Disability Services Manager/ADRC Director reports to the Division of Aging and Disabilities Director, which is a Division of Kenosha County Department of Human Services.

ADRC is on the first floor of a Kenosha County Government Building on 85th Street and Sheridan Road in the City of Kenosha. It has its own entrance with very visible signage. The current building was a former shopping center and movie theater.

How Long Did it Take To Feel Fully Integrated?

Not sure as this integration took place many years ago.

How Does Aging Programming Maintain its Identity?

After 20 years consumers still refer to the ADRC as the Aging Department. The marketing budget includes both ADRC and Aging Programs. There are 2.2 FTE employees for marketing.

Oversight Board

The Human Services Committee provides oversight. The Commission on Aging and Disability Services is Advisory. This Commission has thirteen members with two being county supervisors.

The Human Services Committee is made up of seven elected county supervisors appointed by the County Board Chair.

Did Integration Save County Tax Levy?

Not sure if there was substantial cost benefit realized from integration. Hard to say. Current County Budget is Resource Center, \$2.2 million, Aging Services, \$ 1 million, Transportation, \$900,000, Adult Protective Services, \$700,000 and County Contribution to Family Care is \$1.8 million.

The total Aging/ADRC/Transportation/Adult Protective Services budget is \$6.6 million. County levy represents about \$1 million of that budget, mostly for Adult Protective Services and administrative salaries.

Staff

Volunteers are critical for efforts. Kenosha County does not recruit or coordinate volunteer programs. This is done by a non-profit group called KAFASI, and they coordinate 225 meal deliveries per day with 20 routes. There are 50 to 60 volunteer

drivers. These volunteers are not paid by KAFASI. This is a huge benefit. KAFASI also does substantial fund raising. Meals are made by a caterer.

The ADRC has 33 staff.

Services

Transportation: The ride fare is \$7 one way. Transportation services are contracted out to three transportation services. Kenosha County piggy backs on City of Kenosha transit with paratransit services. This is paid with WIDOT 85.21 funds. County matches this grant with the required 20 percent.

Long Term Care

Caregiver Support

Dementia Care Support

Elder Benefit Specialist

Disability Benefit Specialist

Community Outreach

Minority Outreach

Health and Wellness

Equipment Loan Closet

Pros of Integration

It led to an increase in our client database. Enhanced marketing helped us get the word out about our services. Ease of access for the community. One phone number to reach us and we are all in the same department in the same building. Enhanced collaboration with non-profit sector as people are more willing to volunteer with non-profits than with a government entity.

Cons of Integration

Advocacy is a core value of the Older Americans Act. This means policy advocacy as well. This is not as strong on the ADRC side. Was stronger under Aging.

APPENDIX B

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

Were 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

Were 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

APPENDIX C
Joint Meetings – October 7, 2019 and October 11, 2019
Unduplicated participants worked in 4 groups

County Comparisons

Eau Claire

Positive Changes

- Leadership committed to work together and did not try to sabotage process
- Not under Human Services
- Increased services
- Did not lose employees
- Customer focused
- Elimination of confusion for customers
- Operation efficiency
- Staff were trained to take calls for both Aging and ADRC = one phone line
- Quality of programs improved
- Staff collaboration-Eliminated silos
- Created administrative efficiencies

Challenges

- It took 4 years
- A lot of meetings
- 1 director for both
- Director role is challenging/changing and needs support
- There was little cost benefit
- Contracting new employees

Unknown

- What did the customer (people of age 60 and over) think of merger after it was done?

Racine

Positive Changes

- Have both ADRC and Aging Director
- No positions eliminated
- Shared Responsibilities
- Services were added
- Added programs
- They are together, one stop shop
- Separate marketing for both
- Aging kept identity

Challenges

- It took 3 years to feel integrated
- Location not convenient
- Had one director and realized more support was needed so hired second director
- Contracted employee model
- Transportation is contracted out
- Not enough time for trainings
- Aging focus changed with narrower scope
- Training/Education was not enough

Fond du Lac

Positives

- Transportation – county owns vans and provides rides
- ADRC had more marketing dollars for programs
- Consistency with volunteers being paid

Challenges

- No marking budget for Senior Services Dept
- ADRC and Senior Services in 2 different locations
- Location of Senior Services is not easily accessible, 3rd floor and need to go through security check to enter building
- Client does not understand who offers what, confusion about this
- Not earning additional revenue (EBS)

Sheboygan County

Positive Changes

- Better teamwork/collaboration
- Smoother for consumer
- Joint Marketing
- Additional staff due to increased services
- Both departments understand what staff do = cross training
- Possible Cost Benefit
- Co-Location
- One phone line: One stop to call for info
- Collaboration with Public Health

Challenges

- Communication

Unknowns

- Programming
- Cost Savings

Outagamie

Positive Changes

- Keeping budget separate COA and ADRC
- Staff working together and sharing collective responsibilities
- Joint marketing
- Sharing Benefit Specialists
- 2 Advisory Committees
- Co-located
- Sharing Benefits Specialists

Challenges

- Aging & ADRC Director = 1 Full Time Equivalent = One Director
- Sharing Benefit Specialists
- Staff working together and sharing collective responsibilities
- Contract out transportation/lose control
- Budgets separate = cannot support each other's programs

Unknown

- Tax savings/cost

Kenosha

Positive Changes

- Increased client base
- Enhanced marketing
- Working w/non-profit group for volunteer
- One Location easier access
- One phone number to call

Challenges

- Loss of advocacy for Age 60 and Over
- Still seen as two separate agencies
- Rely on a non-profit group to provide volunteers, con for Rock

County as we do not have a non-profit group like this and we could not find this many volunteers on our own.

Winnebago County

Positive Changes

- Already co-located which helped team learning
- Opportunity to expand classes/programs
- Built Trust
- Services increased along with evidence based frameworks
- Increased expansion of programs
- Created a Team environment
- Marketing Strategy – Continued to do programs that geared toward the aging population

Challenges

- Small staff
- Job losses
- Loss of Jobs, Was this from Family Care or Integration?
- Length of time to become integrated
- Board terms for each unless bylaws changed
- Minimal savings

Unknown

- Did it increase participation?
Challenges and Positive Changes

Challenges

- Time to feel integrated
- Extensive meetings
- Monitor budgets and allowing for expansion
- COA funding vs Grant Funding

Positive Changes

- One location – consumers & and staff
- Less confusion for consumers, work together
- Additional marketing opportunities
- Reduces silos between departments, creates team environment
- Racine – no positions lost
- Longer more involved staff meetings
- Some added services and increased consumers
- Policy consistent
- Budget potential for sharing
- Joint marketing
- Retention of prevention programs, possibility of growth

* Cost savings / increase = neutral

