



COUNCIL ON AGING ADVISORY BOARD MINUTES
Wednesday December 2, 2020, 9:00 a.m.
Special Meeting

Call to Order: The special meeting of the Council on Aging Advisory Board was called to order at 9:00 a.m. by Jean Boyle. All present were participating via ZOOM or the telephone.

Approval of Agenda: A motion to approve the agenda was made by Karen Ferguson and seconded by Jack Kooiman.

Roll Call:

Present: Janice Turner, Patricia Burhans, Rena Dewar, Tom Brien, Karen Ferguson, Jean Boyle, Vicky O'Donnell, Debbie Kraus, Sherrill Gilbertson, Jack Kooiman, Sue McGinniss, Vicky Gobel, Mark Richardson, Tom Brien

Excused: none

Unexcused: none

Staff Present: Paula Schutt,

Introduction of Visitors: Randy Terronez, Kate Luster, Jennifer Thompson, Supervisor Shirley Williams

Citizen Participation, Communications and Announcements: none

Statement of Purpose of Meeting Chair Boyle explained since the regular monthly board meeting in November, members have expressed interest in looking into the possible integration and come up with a statement either for or against the integration.

Jack Kooiman asked who the author was of the document entitled "Board Member Comments Regarding Possible Integration". Jean Boyle explained she had received the comments from various board members and had put them together in a document. Jean asked for discussion. Paula suggested that the board review the responses to the statement presented to EVAS Committee by Janet Smith. The responses came from Kate Luster and Administration.

Randy shared the following document and it was discussed:

RESPONSE TO JANET SMITH COA-ADRC INTEGRATION
CORRESPONDENCE

Prepared by Randy Terronez, Assistant to the County Administrator and Kate Luster, Human Services Department Director

I. **Fundamentally different agencies**

- 1) While there are of course differences between the COA and ADRC, those differences are not “fundamental” in a way that would prohibit an effective integration. Indeed there are significant similarities and connections between the COA and ADRC, which is a primary rationale for the state’s recommendations for integration of these agencies and this is also affirmed by the successful integration of these agencies in other communities. Concrete examples of crossover include the services of benefit specialists, dementia related services, community outreach and general community resource linkage for older adults.

When comparing the mission statements below, the crossover among COA, ADRC and the HSD mission as a whole is evident.

COA Mission: This mission of the Rock County COA 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.*

ADRC Mission: The ADRC 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:*

HSD Mission: Building upon the strengths of clients to *encourage independence by providing quality services with respect for the dignity of all person served.*

- 2) *Regarding the concerns that ADRC “serves many clients under the age of 60.”*
While the ADRC does serve adults who are developmentally and/or physically disabled, the majority of the ADRC contacts are with frail elders (60+).
*Of the 5400+ calls received in the 3rd quarter, over 3300 of them were from 60+
*Approximately 70% of the people we serve are older adults.

- 3) *Regarding concerns of differences in services offered/delivered: (“COA provides more actual services” while the ADRC is “providing information about public funding” or “information and referral.”)*

The variances in scope and services delivered by the COA and ADRC are actually a primary reason that integration is a positive idea, not a reason that they should not integrate. Integration broadens the service array for the elderly and their families in one agency/department and supports more of a “no wrong door” experience vs. maintaining a structure where clients have to be “re-routed” to a different department depending on the specific need. While co-location resolves some of those barriers in terms of physical location, actual program integration is what lends itself to a coordinated and efficient approach.

- 3) *Regarding the “difference in orientation”* with the HSD:

The fact that the HSD serves a variety of target populations vs. just one does not dilute or weaken the ability to meet unique needs of each population and program area. If that were the case, Human Services Departments across the state would be unable to adequately operate the mandated services for *any* program that we do every day. At the RCHSD, supervisors and staff are considered the subject matter experts in their program areas and HSD Administration relies on their expertise to inform decisions about those programs. In addition, for all program areas/target populations, HSD supports leadership and staff in that area with key resources to promote quality outcomes for that specific area via the HSD quality improvement staff, data analysts,

budget and contract staff and other supports. Staff who are most familiar with the COA programs and goals would be asked to define the priorities and key quality indicators for those programs, not HSD Administrators. Most importantly, HSD considers client satisfaction and outcomes a key measure of success and HSD administration would rely on Aging program staff to measure this and to use that data to develop recommendations and strategic priorities.

II. Flawed process of decision-making

Janet's letter criticized the two methods of comparisons with other counties and holding focus groups.

"Integrated counties were overrepresented in data" – because the fact is that 90% of the counties in the state have an integrated service delivery. The study included data collected from eight comparable counties with only one not integrated.

In regard to focus groups, "more senior-citizen feed-back was needed from more communities." The consultant in consultation with the Integration Review Advisory Committee came up with a goal of 70 participants in six groups/communities. The Advisory Committee and staff used a variety of methods to publicize and even incentivize attendance at focus group sessions. It is indeed unfortunate that after attempts by both COA and ADRC the turnout was significantly less, a total of 22 participants.

III. Reasons to Integrate

Janet's letter cited the "need to be more compelling reasons not to do it." And that the following three reasons were not adequately defined:

1. One-stop shopping – could be resolved by co-location without integrating.
2. Best customer service/best for customer - best was never defined.
3. Would eliminate silos – exactly what these silos were was never defined

The report provided adequate explanations of the reasons that integration was being recommended. For example:

- 1) Re: One Stop Shopping:
*As stated in the report, this idea came out of a focus group and not from the facilitator as a reason to integrate.
- 2) Re: Best Customer Service/Be best for customer-not defined:
*Examples from multiple integrated agencies around the state gave examples of increased customer service provided to customers.
*In addition, Mr. Braatz developed a "Recommendation for Integration" chart in which he identified specific areas to develop for successful integration-one of which was, "Customer Service Metrics." (See section of chart below) Customer service is an area that should never sit latent, but rather continue to be developed and improved-such as what he outlined in the chart.

Recommendations	Key Points	Actions Needed
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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.
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*The ADRC is also contractually required to perform quality improvement projects, participate in customer satisfaction surveys and develop standards for customer satisfaction.

3) Re: Would eliminate silos; but silos never specified:

*Silos were defined as departments serving their populations separately; with little collaboration and missing opportunities to serve customers fully.

*Mr. Braatz references “silos” in his report multiple times; specifically speaking to counties who have integrated and created *better collaboration* between Aging and ADRC’s and are serving their customers more completely.

“The major problem with all of the above talking points was the lack of definition and specificity... There was speculation that integration would generate more funding (this is reflected in the memo from Josh Smith dated 10/8/20”. “Could is not the same as “will””.

Excerpt from Josh Smith 10/8/20 memo: “Another important benefit is that a combined department could generate more funding that could be used to expand Elder Benefit Specialist services. Specifically, integration would allow the current Elderly Benefits Specialist function in the COA to capture Medicaid (MA) reimbursement. The COA Elder Benefit Specialist position is currently funded by state monies in the amount of \$53,000. In a merged environment, the position would be able to bill the MA program for MA clients it additional Elder Benefit Specialist staff. Currently, this additional revenue cannot be realized as the COA does not have the capability to bill for MA clients.”

In addition, Neal Minogue, Older Americans Act Program Supervisor, State Office on Aging recently shared with Rock County Human Services Department ADRC/APS Division Manager Jennifer Thompson, the following when asked to articulate the rationale for the State’s support of integration of COAs and ADRCs:

“As you are aware the Bureau of Aging and Disability Resources has supported the integration of ADRCs and Aging Units/Offices for many years. With that said the Bureau/ State Department of Health Services has no authority to require integration of these two units of county government. We do believe that customers are served better when the expertise and services are combined to address all people in the community including older adults and people with disabilities.

Today more than 90% of ADRC and Aging units/offices are integrated and have found this to be a successful model to meet the needs of community members. Since 70% of people (a conservative number) served by ADRCs are older adults is has made sense for most counties to integrate ADRCs and Aging unit to enhance the array of services that can be offered to this

growing population in our counties. We are proud of the services offered by aging units and funding of these programs continues regardless of integration. In addition there are both programmatic and financial incentives for bringing the Elderly Benefits staff under the ADRC.

As always our offices supports any and all efforts to gather public input. The voices of older adults must be heard and reasonable efforts must be made to gather their input to changes in services.”

Discussion: Debbie Kraus asked what the organizational structure of the COA would look like. Randy explained that the COA program would be placed as a program within the ADRC, with existing positions in the COA rolled into the HSD. Kate explained that the ADRC has two program supervisors, The ADRC Supervisor and the Adult Protective Services Supervisor. Each oversees that section of the ADRC. Kate asked Randy to confirm that Paula Schutt’s role would remain the same as far as supervising the COA employees and she would be directly reporting to Jennifer Thompson. Randy confirmed this statement.

Debbie Kraus asked what will become of the ADRC Advisory Board. Randy explained that according to Josh’s memo, they would be studying how several other similar Counties handled the issues of boards. He said there are four boards to consider 1) ADRC Advisory Board, 2) COA Advisory Board, 3) Nutrition Advisory Board, 4) Transportation Coordination Committee.

Kate acknowledged the legitimate fear of what will happen to people (clients).

Janet Smith says she still has difficulty in understanding how the integration will benefit the average citizen. Jennifer explained that the ADRC, as an agency, offers options and choices.

Jennifer said the ADRC is potentially looking at expanding the marketing role for the ADRC and making it a full time position. She explained that there is a state proposal to double the funding for marketing for ADRCs in the state in the next few years.

Paula acknowledged how many people in the County do NOT know about either the ADRC or the COA, and feel it comes from peoples reluctance to deal with aging issues until they are forced to by an event.

She commented that the integration issue has been talked about for some time and agrees there is some confusion and uncertainty around it. Paula reported she had a phone conversation with Kate earlier in the week. After that conversation Paula had complete confidence that the integration move will be a positive one. Paula stated she has always been a team player and is impressed with Kate’s leadership style. Paula further stated that unit can only benefit both agencies to work together. She allowed that there will be bumps in the road, but believes they can be overcome. Paula stated that she sees her role as paving a pathway for the COA employees to walk through this change and not let it negatively affect their clients. She is sure that can be done. Paula stated that she believes the ADRC and the COA have many more similarities than differences.

Janet Smith acknowledged the need for integration due to the increased aging population. She believes the emphasis should be on “healthy aging”.

Sue McGinniss said she is looking forward to the increased marketing. Debbie Kraus said we need to be sure we market to the children of the aging as well as the aging.

Janice thanked Janet Smith for helping the board to follow a process of really thinking about this decision rather than just agreeing.

Sue McGinniss asked what the next step would be and Randy replied that the vote would go before both the EVAS Committee and the Human Services Advisory Committee. Following that it would go before the full County Board on Dec 17. He acknowledged that Josh Smith will be writing a resolution to bring before the committees.

Vote on possible creation of Board Statement to be presented to EVAS Committee and HSB
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none

Presentation of proposed statement if vote requests it - none

Vote on proposed statement none

Adjournment: A motion was made by Debbie Kraus and seconded by Jack Kooyman to adjourn the meeting

Motion carried. *Minutes not official until approved by the Council on Aging Advisory Board.*