

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: December 31, 2020

TO: Supervisor Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

FROM: Shakita LaGrant-McClain, Director, Department of Health and Human Services

SUBJECT: **An informational report from the Director, Department of Health and Human Services, providing an update on the status of the integration between DHHS and Aging**

Issue

An amendment to the 2021 Budget for the Department of Health and Human Services requests that the department provide quarterly reports on the status of the integration of the Department on Aging as a division within the Department of Health and Human Services. The reports are to include updates on the merging of the Aging and Disability Resource Center and the Adult Protective Services and the Elder Abuse Units, as well as any other program and administrative changes, along with community feedback that has been received due to the integration of the two departments.

Background

Over the past few years, DHHS has been implementing a “No Wrong Door” customer service approach meaning that anyone, regardless of age, disability, race, gender, or socio-economic status can and will be served no matter a person’s entry point into the system. A fully integrated human service model will not only align Milwaukee County with the rest of the state and country in terms of how people are served across the lifespan, it will also provide greater access to a wider array of services for people of all ages and abilities. A major advancement toward this vision is the integration of the Department on Aging as a division within DHHS authorized in the 2021 Adopted Budget by the County Executive and Milwaukee County Board of Supervisors. This integration plan was also approved by the Commission on Aging, the body that oversees the Milwaukee County Aging Division, on November 2, 2020.

The scope of the integration also includes a combined Adult Protective Services and Elder Abuse Program to serve all Milwaukee County adults-at-risk, regardless of age or ability. Previously, these services were performed by two separate units based on age – customers ages 18 to 59 were served by DSD and those aged 60 and older were served by Aging. By combining both units and establishing a centralized intake process, services will be easier to access, seamless to operate and most importantly, connect people to additional resources such as legal support, other county programs and community-based services more quickly.

Discussion

Since the adoption of the 2021 Budget, DHHS has made significant progress toward the full integration of Aging. The work undertaken and completed to date is identified below:

- **AAA Amendment Submitted**: As required by State Department of Health Services (DHS), an amendment to the current Area Agency on Aging (AAA) Plan was submitted on November 30, 2020. The Area Plan Amendment summarizes all of the public input collected during the 2021 budget process that was directly related to the County Executive's proposal to integrate Aging services into DHHS. DHS acknowledged receipt of the document, and as of the writing of this report, has not followed up with any questions or concerns.
- **Aging Town Hall Meeting**: In November, the DHHS Director invited all Aging Division staff to attend a town hall meeting to discuss the integration and future vision of the department as well as answer questions from employees. Participation in this meeting was very high and employees offered candid feedback. Similar meetings were also held with the other DHHS divisions. The purpose of these meetings is to offer an opportunity to engage employees in an open forum and address any issues and concerns.
- **Launch of DHHS Work Team**: A DHHS work team has been assembled to tackle several action items identified as part of the integration. The work team includes not only leadership but also management and direct program staff. Based on their expertise, all members have been assigned to a specific work stream with key deliverables. Some of these include development of performance measures and reporting structure, stakeholder communication, and development of the upcoming three-year AAA Plan.
- **ADRC Planning Effort**: Planning has begun for the merger of the Aging Resource Center and Disability Resource Center into one combined Aging and Disability Resource Center (ADRC). As part of the planning process, DHHS will be launching stakeholder feedback and community input sessions in the spring and summer of 2021.
- **ADRC Project Charter**: A high-level project charter has been created for the ADRC application which is required by DHS for the incorporation of a merged ADRC. This application is due to DHS by September 2021.
- **ADRC & COA Scheduled Updates**: DHHS will present an update on the integration progress at the ADRC Governing Board and Commission on Aging meetings in January.

Combined Adult Protective Services Quality Review

In October and November 2020, DHHS-Quality Assurance conducted a quality review related to the consumer experience of the combined Adult Protective Services' (APS) Program of the Disabilities Services Division (DSD) and Aging. During this time, DSD and Aging were piloting a combined adult protective service unit which has now been incorporated into the 2021 Budget.

To measure and improve customer experience outcomes, DHHS performed an internal review using a phone satisfaction survey. In addition to improving timeliness of services to adults-at-risk, the survey results provide a summary of the attitudes and behaviors including thoughts, opinions, and comments

about the services. This valuable feedback serves as the baseline from which to measure and establish a benchmark to compare results over time and provide opportunities for professional development of APS staff.

A total of six DSD surveys and 20 Aging surveys were completed. And up to three attempts were made to reach the consumer unless there was a successful contact, or reviewers met the targeted number of consumers contacted for the respective period. Survey results averaged between 3.5 to 4.9 on a Likert Scale of 1 (very dissatisfied) to 5 (very satisfied). For more detailed results, please refer to the survey report attached to this document.


The feedback from the survey will be incorporated into the Risk Assessment Tool currently used by APS staff to summarize the resources individuals were connected to during their APS experience. One of the recommendations by DHHS Contract Administration staff is to complete quarterly quality checks on individuals who have received APS services.

Another change being incorporated into the program operations involves staffing of the APS Triage Call Line. The call line was originally launched with three staff who split their time between answering the phone and supporting a caseload of APS investigations. In September 2020, the staffing model for the Triage Line was changed so that two, full-time staff could be dedicated to the call line and their caseloads were spread out among the remaining staff.

Next Steps

Although significant progress has been made toward achieving the full vision of the DHHS and Aging integration, considerable work remains. DHHS staff will continue to meet and address action items as part of the project plan. Upcoming next steps include preparing for the stakeholder feedback sessions for the ADRC integration and updating the Aging Division website and marketing materials.

DHHS will provide another project update to the County Board in the second quarter.


Shakita LaGrant-McClain, Director
Department of Health and Human Services

Attachment (1)

cc: County Executive David Crowley
Sup. Jason Haas, Chair, Finance Committee
Chair, Health & Human Needs Committee
Mary Jo Meyers, County Executive's Office
Julie Landry, DAS Director
Kelly Bablitch, County Board
Steve Cady, Research and Policy Director – Comptroller's Office
Pam Matthews, Budget Analyst - DAS
Lottie Maxwell-Mitchell, Research & Policy Analyst, Comptroller's Office