IMPROVING ACCESS TO SERVICES: THE SONOMA COUNTY DIVISION OF ADULT AND AGING SERVICES INITIAL ASSESSMENT UNIT

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INTRODUCTION

Human services agencies should strive to deliver services in a human way. Agencies must constantly reevaluate the methods used to reach out to and serve customers. Historically, categorical funding has driven service provision for disabled adults and elders. Within the last ten years, many social services agencies have begun to look at the common issues and service needs of these two populations. As many counties throughout the State of California are moving toward the consolidation of their publicly funded adult and aging services, the primary goal of integration has been to improve customers' access to services. Elders and persons with disabilities who seek out social services usually have complex needs. Often, the structures and systems employed by government agencies can frustrate, hamper, and even dissuade customers from receiving the services that they need to live independently in their own homes. Customers may have to call several different programs within the same department (sometimes even housed within the same building) to apply for services.

As we strive to integrate adult and aging services into a seamless, user-friendly delivery system, we need to improve the system to make it more accessible. Co-locating programs in the same building does not necessarily mean that services are integrated and coordinated. An integrated or centralized intake process for all programs offered by an agency can improve the public's ability to apply for services and provide one-point access into the service delivery system. The County of Sonoma has taken several steps toward improving access to and integration of services for consumers.

HISTORY

The Sonoma County Division of Adult and Aging Services is a part of the Human Services Department. Consolidation of the Division in 1995 brought together the Area Agency on Aging (AAA), Adult Protective Services (APS), In-Home Supportive Services (IHSS), the Multi-Purpose Senior Service Program (MSSP), and the Veterans' Services Office (VSO). Because of program expansion at the state level, the Linkages Case Management Program was added to the Division in February 1999. The Division of Adult and Aging Services provides all services directly.

Until 1998, the division had multiple intake processes and forms for their direct services (see Appendix I). For example, MSSP workers took calls on a dedicated telephone line from potential MSSP clients. Workers collected basic client information from callers and completed an MSSP intake form. The Veterans' Services Officer completed intakes for applicants of services for veterans. Eleven line staff (social workers) from IHSS rotated intake duties (working the "counter") among themselves, using a schedule developed by management. Staff took calls for both IHSS intake, and the smaller, underfunded APS program. They, too, collected the same basic client information that the MSSP workers recorded and put that information on the appropriate IHSS intake or APS referral forms. Many IHSS staff disliked working the intake

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desk. The workers felt that the time spent on intake kept them away from their caseloads (usually between 150 and 160 clients per worker) and kept them out of the field, where they had to conduct yearly reassessments of their clients. They also believed that because they were not trained in Adult Protective Services, it was inappropriate for them to be taking APS referrals.

Management had its own concerns about the IHSS intake and APS referral process. Management was concerned that because of the constant rotation of intake workers, there was a greater chance for inconsistency and poor quality in the information provided to callers. IHSS workers possessed only a limited and basic knowledge of dynamics of elder abuse and the laws around reporting suspected abuse. Management believed that the fragmentation of the intake and referral process provided poor customer service. In an attempt to address these issues and concerns. the division initiated a pilot Initial Assessment Unit (IAU) for some of their services.

THE PILOT INITIAL ASSESSMENT UNIT

Sonoma County initiated a pilot IAU in May 1998. Program Managers from the Division of Adult and Aging Services recruited two 1HSS Social Workers to staff the IAU. The division gave these social workers a 50% reduction in their caseload as an incentive to volunteer for the IAU. Workers participated in four training modules: the dynamics of abuse and neglect, the initial assessment protocol (including an initial risk assessment), an overview of theoretical perspectives on aging, and physical and sexual abuse. Managers also educated workers in the background and philosophy of MultiDisciplinary Teams (MDT), and on community resources for persons with disabilities and elders. The Division developed a common Adult and Aging Intake Form to collect basic information needed by APS, IHSS, MSSP and VSO (see Appendix 11).

The intake social workers meet with the IHSS and APS supervisors each morning to review calls and triage IHSS intakes and referrals to APS from the previous day. The morning meeting allows the IHSS social workers, APS workers and nurses, and their supervisors to stay on top of cases that are complex and potentially difficult. The morning meeting also helps to refine the assessment and problem-solving skills of the social workers by encouraging creative thinking and working as a team.

Workers, supervisors and managers said that before they established the IAU, workers assessed cases in a vacuum. A lag time existed between the time calls were received by the rotating intake workers and the time a supervisor assigned them to an IHSS or APS worker. Employees felt constant tension between maintaining a focus on the client and adhering to the boundaries of program regulations on eligibility and compliance. By bringing together several professionals with different backgrounds and expertise, the team could paint a broader picture of the client and the most appropriate interventions that he would need.

Before establishing the IAU, IHSS and APS received an aggregated total of approximately 300 calls a month. At the end of six months, the IAU was receiving approximately 550 calls a month. an increase of 90% over pre-IAU intake and assessment. During this period. APS response to referrals has also increased from 45% to 75%.

COMMUNITY PERCEPTIONS

As a part of this project. I interviewed three managers in community-based organizations that contract with the Division of Adult and Aging Services to discuss their observations on access to services through the Division.

Sally Bain, M.S., is the Supervising Case Manager with the Council on Aging, the Division's largest service provider. The Council on Aging, founded in 1967, is a provider of Adult Day Care, Case Management, Congregate and Home Delivered Meals, Friendly Visiting, Information and Assistance, an In-Home Worker Registry, Legal Services and a Money Management Program. During the last fiscal year, the agency served close to 7,600 elders.

Ms. Bain reported that as the Supervising Case Manager, she has quite a bit of contact with the IAU. She feels that the IAU has been responsive to her telephone calls about clients. She said that as someone who does not work for the County, she has not noticed any difference in the responsiveness of the Division to her agency since the creation of the IAU. She thinks that the Division has always been responsive to her requests for information or with an intake or referral. However, she did note that getting follow-up calls from APS is problematic. She perceives that because the IAU is understaffed, social workers do not have the time to initiate follow-up calls to the referring agencies.

I also spoke with Susan Ziblatt, Executive Director of the Ombudsman Program of Sonoma County. Founded in 1979, the Ombudsman Program of Sonoma County is an independent, federally and state mandated, nonprofit agency, serving all of Sonoma County. The program assigns volunteer Ombudsmen to skilled nursing and residential care facilities, where they visit residents and their families to help them in solving problems with their care. The Ombudsman Program is also the agency that receives and investigates reports of. physical, financial, psychological abuse and neglect in licensed facilities.

In my conversation with Ms. Ziblatt, she seemed confused about the lAU. She stated that she was unaware of the existence of the IAU and that when she called the Division to make a referral she always dealt directly with the APS Supervisor. She stated the APS Supervisor was always responsive to her calls and that she had a good working relationship with him. The one obstacle that she felt hampered access to services was the location of the Division. The Division is in a business park that is distant from other County offices. It is in a part of town that is newly developed and she thinks, "off the beaten path." She does not feel that the location is conducive to drop-in clients and that they should place the Division more centrally in the community, like her agency at the Coddingtown Mall.

The third agency that I visited was the Russian River Senior Center in Guerneville. I met with Diane Spain, Director of the Senior Center. Founded in 1986, the Senior Center provides Case Management, Congregate and Home Delivered Meals, Information and Assistance, and Senior Center activities.

Ms. Spain has found that since the creation of the IAU, response to her calls to the Division has improved. In her experience, the IAU has been able to more comprehensively assess the needs of

her clients so much so as to discover other needs and services which the initial referral did not address. There is also a consistency in the answers given by the intake staff, she says. Ms. Spain feels that since she now knows both of the social workers in the IAU, she has a working relationship with them and feels free to call them with questions or concerns about cases. In Ms. Spain's own words: "It. has made my life a whole lot easier."

EVALUATION AND ASSESSMENT OF THE IAU

In November 1998, Senior Managers of the Division conducted a survey of agencies that regularly have contact with the IAU to assess the effectiveness of centralized intake and inclusion of other services such as MSSP There was a response rate of 50%.

Thirty-six percent of the respondents experienced an improved response when calling for information or making a referral to the Division. Fifty percent stated that there was an improved response by the Division to calls made about new cases. Fifty-seven percent of respondents stated that the staff of the IAU had better knowledge of APS cases and referrals. Respondents generally reported that consistency of information and responsiveness to callers has improved since the creation of the IAU.

OBSERVATIONS AND RECOMMENDATIONS

When the IAU receives a request for information and assistance on home and community-based services not provided directly by the Division, IAU workers refer callers to either the AAA or one of three AAA-contracted Information and Assistance providers. These contracted agencies provide a comprehensive assessment of the caller's situation, information and assistance. From the standpoint of better integration and access, it would be prudent to reevaluate whether or not these services should remain as contracted services or provided directly by the AAA as a part of the.IAU.

A notable exclusion from the intake process is the Public Guardian's office (PG) which is not a part of the Adult and Aging Services Division. The County Recorder's office operates the PG. Staff reported that because of this separation from the Division, it is often difficult to work together on cases where multiple programs and agencies may be involved. Clients who receive services from the PG and the Division may be better served by inclusion of the PG in the IAU and the Division of Adult and Aging Services. The administrative location of the PG should be evaluated by county officials.

All staff members with whom I met with during this interagency exchange talked about how the IAU could be improved. Because of new APS mandates and the increased number of complex calls to the IAU, staffing should be increased from two halftime to two full-time positions. Future intake workers should have the best assessment skills. Use of Social Worker Ills or higher is advisable.

Staff realized the importance and place of technology. Staff strongly believes that the backbone of a successful IAU should consist of an adequate number of computers for staff. an integrated

client database. and an online, rather than manual, intake process. I concur with their suggestions.

IMPLICATIONS FOR ALAMEDA COUNTY

The Sonoma County IAU is a working example of a client-focused intake process that not only eliminates multiple entry points to the delivery of adult and aging services, but improves access to services. In the first six months of operation, the number of calls to the Division of Adult and Aging. Services has increased by 90%. Responses to APS referrals have risen from 45% to 75%. Since the inclusion of the MSSP and Linkages programs a few weeks ago, calls have continued to increase.

Although the Alameda County Department of Adult and Aging Services was created in 1994, the Department continues to have a separate intake process for each of its divisions. I believe that by establishing a centralized intake unit in Alameda County, we can replicate, if not eclipse, the success experienced by Sonoma County. By integrating the APS, IHSS, PG, Medi-Cal Long Term Care, Qualified Medicare Beneficiary program and VSO intake processes, we could probably develop an easy, one-phone number access point to the service delivery system. As in Sonoma County, our AAA does not provide direct supportive services, except Senior Information and Assistance. The AAA could continue to provide information and assistance on other elder care services not addressed by the other divisions of the department in a centralized intake unit.

I recommend that the idea of an Initial Assessment Unit for the Department of Adult and Aging Services become a part of our strategic planning for improving access to services. A workgroup of managers from the Department should be established to outline existing protocols, resources, and how a centralized intake could be operationalized.

VETERANS SERVICES CLIENT MASTER RECORD **Appendix J**

NAME:
PAYEE: other than claimant
STREET:
CITY:
STATE: ZIP:

CURRENT RATE: BENEFIT:
SEX: POA:

FILE NO.:
SSAN: - -
SVC. NO.:
BRANCH:
entered duty — EOD: / / / /
released — RAD: / / / /
DOB: / /
DOD: / /

CA-5/SSI REFERRAL: DATE OF LAST REFERRAL: / / Medi-CAL:

REMARKS :

F4CMDHELP F5CEXIT F5SAVE S6=FITABLE F7 IPA F7DEL F8MODIFY F9VBE F1 MULTI

CLIENT

VETERANS SERVICES CLIENT MASTER RECORD

DISABILITIES:
CODE SC/NSC % CODE SC/NSC %

HB:
A&A:
SCHED.RATING:
TOTAL %:

LAST ACTIVITY: DATE: / / DIARY DATE:

SPOUSE:
SSAN: - - -

DATE OF MARRIAGE: / / CHILDREN:

APPORTIONMENT: AMOUNT: COPY DISCH./DD214
(ARCHIVE)

Sonoma County

Adult Protective Services

INTAKE WORKSHEET

Supervisor's Use

Worker # _____ Date _____

Date Assigned _____ SDX _____

Status at Intake _____ ALPHA _____

Victim's Name - _____

How can the victim be most easily reached? _____

What is the relationship of the suspected abuser to the victim? _____

How can the abuser be most easily reached? _____

Who else lives with the victim? _____
(i.e. payee, conservator, caregiver, etc.)

What is caller's assessment of the victim's mental competency? _____

Describe the victim's physical condition - (what condition causes the victim to be dependent on another for care?) _____

Physician's name _____

What is the victim's source of income?
(SSA, SSI, Pension, unknown, etc.) _____

SSA# _____ MEDI-CAL # _____ MEDICARE # _____

Does the victim own his/her own home? _____ Any other property? _____

Is the victim receiving services from any other agency? _____ If so, from whom and shat is received? _____

DESCRIPTION OF THE PROBLEM

	(See interview guides for help in inquiring about specific types of Abuse)	

County of Sonoma

Social Service Department

IHSS INTAKE COMMENT SHEET

SDX _____ Previous Intake [ ] Case Name _____

ALPHA _____ Address _____

SS # _____ _____

Dr's Name _____ Phone _____ DOB _____ Age ____

Address _____ Directions/Notes _____

DATE REPORTING PERSON (Name, Phone, Relationship, Agency)

ELIGIBILITY INFORMATION [ ] SSI/SSP? (If not, please complete)

INCOME: SOURCE AMOUNT

ASSETS: [ ] C/A $_____

[ ] S/A $_____

[ ] Life Insurance

[ ] Other

PHYSICAL/MENTAL CONDITION [ ] Aged [ ] Blind [ ] Disabled [ ] Chronic [ ] Crisis

SERVICE NEEDS

[ ] Domestic

[ ] Meals

[ ] Related

[ ] Personal Care

[ ] Other

Living situation:

[ ] Alone

[ ] With others

If so, whom?

[ ] Care provided now?

By whom?

[ ] Referred to other agencies

Where?

Worker Name _____

SSD 308A (1/91)

0565

INITIAL INTAKE FORM

INTAKE DATE: _____

PRIORITY

Office Use Only | SCREEN DATE: _____

Pending: _____ *Ineligible: _____

**See Reverse*

PROSPECTIVE CLIENT:

Name: _____

Address: _____

_____ Apt.# ____

_____

(Directions to locate on reverse)

Mobile Home Park? ____ Board & Care? ____

Phone#: _____

Family Contact: _____

Address: _____

Phone: _____

REFERRAL SOURCE:

Name: _____

Relationship: _____

Address: _____

Phone: _____

D.O. B: _____ Age: _____ Sex: M F

English Speaking: YES NO _____

Medi-Cal #: 49 - _ _ - _ _ - _ _ _ _ - _ _ _ - _ _ _ _ _

Social Security #: _ _ _ - _ _ - _ _ _ _

Medicare #: _ _ _ - _ _ _ - _ _ _ _ - _

Primary Physician: _____

Address: _____

Phone: _____

Addtl. Physicians:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

REASON FOR CONCERN & REFERRAL:

_____

_____

_____

_____

_____ *(continue on reverse if necessary)*

Other Agencies Involved: _____

IHSS Social Worker: _____ Phone Ext: _____ # Hours Allocated: _____

IHSS Case #: 49 - 0 _ _ _ _ _ _ - _ _ Provider: _____

Referral Taken By: _____

DIRECTIONS:

ADDIT'L. NOTES RE: STATUS OF ELIGIBILITY/INELIGIBILITY:

Reason for Ineligibility: (circle)

Not Medi-Cal Not Level of Care Under Age Out of County Does Not Want MSSP

Needs Met Death Homeless Wrong Medi-Cal Code

Other Reason: _____

Referred Elsewhere: _____

_____ _____

Case Management Supervisor Signature Date

Appendix II

ADULT AND AGING INTAKE FORM

REFERRED
☐ APS ☐ MSSP ☐ VSO ☐ IHSS

CASE ASSIGNMENT:

A

NAME (LAST NAME FIRST):	AGE	DATE OF BIRTH:	SEX: ☐ M ☐ F	LANGUAGE (CHECK ONE) ☐NONVERBAL ☐ENGLISH ☐OTHER (SPECIFY)_____

ADDRESS (IF FACILITY, INCLUDE NAME): CITY TELEPHONE

B

PERSONAL INFORMATION SS# MEDICARE #

DIRECTIONS/NOTES: ☐ B&C ☐ MHP ☐ APT. MARITAL STATUS: M WI SEP SGL DV

LIVING SITUATION:

REFERRAL SOURCE:
(Name, Phone, Relationship, Agency)

CONTACT PERSON:
(Name & Phone #)

C

MEDICAL INFORMATION

PHYSICIAN ADDRESS:

PHONE:

PHYSICAL/MENTAL CONDITION:

D

CURRENT SERVICES: REFERRED TO:

E

IHSS SERVICE NEEDS:

ELIGIBILITY INFORMATION
SSI/SSP: Y N? (IF NOT PLEASE COMPLETE) PROPERTY:

INCOME: SOURCE	AMOUNT	ASSETS: C/A:	S/A:
		☐ LIFE INSURANCE	☐ OWN HOME
		☐ OTHER:	

☐ ACTIVE MILITARY SERVICE ☐ SPOUSE OF VETERAN ☐ N/A ☐ BRANCH OF SERVICE & DATES:
NAME OF VETERAN: DATE OF VETERAN'S DEATH:

☐ DOMESTIC ☐ MEALS ☐ RELATED ☐ PERSONAL CARE ☐ OTHER

F

MSSP SERVICE NEEDS:
ADL's:

CASE MGMT. NEED:

IHSS WORKER & HOURS: _____ MEDI-CAL? ☐ YES ☐ NO

DATE OF ISSUE: _____ BIC # _____

CLIENT NAME:

APS LOG	Susp. Ab	IHSS LOG
CDS		MEDS
SDX		ALPHA
PREVIOUS INTAKES:		FOLDER FOUND? ☐ YES ☐ NO

MSSP - INELIGIBLE DATE CODE

REFERRAL TAKEN BY: _____ DATE: _____

APS INFORMATION ONLY

Clients Name: _____

How can the victim be most easily reached? _____

What is the relationship of the suspected abuser to the victim? _____

_____

How can the alleged abuser be most easily reached? _____

Who else lives with the victim? _____

Who is payee, conservator, caregiver, etc.? _____

What is caller's assessment of the victim's mental competency? _____

_____

Describe the victim's physical condition, (what condition causes the victim to be dependent on another for care)?

_____

Physician's Name: _____

What is the victim's source of income? (SSA, SSI, Pension, unknown, etc.) _____

_____

Does the victim own his/her own home? [ ] Yes [ ] No Any other property? [ ] Yes [ ] No

Is the victim receiving services from any other agency? [ ] Yes [ ] No (if yes, from whom and what is received?)

_____

ADDITIONAL COMMENTS