The Integration of Aging and Adult Services in Contra Costa County

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Executive Summary

Background

My BASSC assignment in Contra Costa County was a chance to work with the local Area Agency on Aging (AAA) planner to assess the changing needs of the elderly. My interest in this assignment was fueled by my observations during my work in the Santa Clara County Department of Aging and Adult Services. Our programs and staff are closely intertwined with our local AAA, Council on Aging of Santa Clara County Inc. and although both agencies serve the aging and adults of Santa Clara County, at times our relationship is strained by a misunderstanding of each other’s roles and responsibilities.

In addition, the Santa Clara County Council on Aging is incorporated as a non-profit organization while the Contra Costa Area Agency on Aging is a county administered program within the Contra Costa Department of Aging and Adult Services Bureau. This difference is acknowledged and provides an additional dimension to the discussion.

I observed the integrated system of services for the elderly in Contra Costa County, this system was facilitated and promoted by John Cullen and his executive staff, in an attempt to create a vehicle that is responsive to the changing needs of the community. My impressions from interviews with management and staff demonstrate an understanding and commitment to the purpose and mission of collaboration and integration of adult services. This has fostered a consistent and cohesive method of getting services to the target community. It is an ongoing process that continues to evolve as pieces of the plan are laid into place.

Several examples of the integration philosophy in which the AAA has a key role are discussed and analyzed. A day remembered by staff as “the summit” is recognized as a key point that organized and marshaled the new bureau partners. The role of the AAA in Contra Costa is reviewed and shown as an integral part of the service delivery system. The Long Term Care Integration Pilot Project that envisions a single point of entry for multiple services is keynoted as an example of several collaborations among many stakeholders. Although this vision of an integrated service delivery system is its initial phases of implementation there appears to be a better chance at success when the plan incorporates inclusion of all stakeholders in the design process.

Recommendations

As a result of my observations I submit the following recommendations for Santa Clara County:

- Initiate a joint meeting with executive staff from Council on Aging and Santa Clara County Department of Aging and Adult Services. Re-establish a professional relationship and mutual respect toward one another.
- Draft a Memorandum of Understanding (MOU) to outline the goals needed to continue a beneficial relationship that will ultimately improve services to the community.

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• Present the MOU to all staff from both agencies to facilitate a better understanding of each agency’s responsibilities.
• Put the tenets of the MOU into an action plan that includes all levels of staff from executive administration to line staff.
INTRODUCTION AND BACKGROUND

My choice of a BASSC assignment in Contra Costa was piqued by an interest in finding out how the Contra Costa Area Agency on Aging operates within the context of the Aging and Adult Services Bureau. My learning objectives can be described as “working with the Area Agency on Aging Planner to assess the changing needs of the elderly and aging”.

I have worked in Santa Clara Department of Aging and Social Services for over two years and have observed that our programs, policies and staff are closely intertwined with our local Area Agency on Aging, operating under the auspices of the Council On Aging of Santa Clara County Inc. (COA).

Although both organizations serve the adults and aging of Santa Clara County, it seems that at times we direct our services in parallel universes and do not work in concert with each other. This relationship can hinder our progress in improving services to the community that we serve.

Though there are differences in the organizational and political circumstances that formed the local Area Agencies on Aging in Contra Costa and Santa Clara counties, I wanted to observe and analyze the service delivery to the aging and adults of Contra Costa County. I wanted to see what alternatives might benefit our relationships, processes and ultimately improve our services to the aged population in Santa Clara County.

At my introductory meeting with John Cullen, Director of Contra Costa County Employment and Human Services (EHSD), he asked me to focus on how the Contra Costa Department of Aging And Adult Services Bureau (CCDAB) has embraced the philosophy of integrating services and personnel to develop a cohesive delivery system that is accessible to the adults and aged of Contra Costa.

In 1999, the Department of Aging and Adult Services Bureau was integrated under its current director, Bob Sessler, with the Area Agency on Aging (AAA), Case Management Services, In-Home Support Services (IHSS), the IHSS Public Authority and Adult Food Stamps and Medi-Cal Benefits. This integration occurred in concert with the redesign of the Contra Costa Social Services Department to the Department of Employment and Human Services.

Key examples from my interviews with line staff and management demonstrate CCDAB’s commitment to implement a system that includes all stakeholders. This system is built on dynamics that allow input and direction from the community, community-based organizations, staff and management, and fosters an atmosphere of negotiated cooperation. The collaborative between the local AAA and other programs within the framework of CCDAB supports the vision of accessible integrated social services for the aging and adults clients of Contra Costa County. The long-term implementation is still a “work-in-progress” and the “bellwether” of success or failure is yet to be determined. But the process in itself may be considered a success.
“Change is inevitable – Progress is optional”

Sharon Johnson, AAA Deputy Director, stated that John Cullen had a vision of integrated services for all social service programs since his first days as the Director of EHSD. With the onset of Welfare Reform in the late 1990’s this led to a reorganization of service delivery in the CalWORKs program. The name change to the Employment and Human Services Department was a response to the need for a more appropriate description of the way Contra Costa provides its social services. In 1998 Senate Bill 2199 also became law. This law mandated the creation of expanded Adult Protective Services. The funds available to counties for the expansion of Adult Services were an additional impetus to expand the scope of services to adults. As a result, the Department of Aging and Adult Services Bureau was realigned as a separate bureau within EHSD (Attachments 1, 2). The programs within this bureau are:

- Adult Protective Services (APS)
- Advocacy Services Program
- Area Agency On Aging (AAA)
- Adult Food Stamps
- Adult Medi-Cal
- In-Home Services Registry and Public Authority
- Information and Assistance (I&A)
- Lanterman-Petris-Short Conservatorship Intake
- Multipurpose Senior Services Program
- Linkages

The purpose of the realignment was to develop an integrated delivery system that would be easily accessible and provide comprehensive services to the aged and disabled. Also the development of a central administration would provide a Focal point for identification throughout the community. While the management was enthusiastic about the change overall, the realignment was not wholeheartedly understood or accepted by all.

“The Summit”

A key date that facilitated staff understanding and acceptance of the realignment was April 27, 2000: more commonly remembered as “The Summit”. This was an offsite retreat attended by the managers and staff of the bureau and facilitated by John Cullen, EHSD Director, and Bob Sessler, Director of Aging and Adult Services Bureau. This retreat identified issues, opportunities, and the concerns of staff that would be appropriate for the new bureau to address. The retreat also provided an opportunity to meet with new partners of the bureau and discover commonalities. A discussion on demographic changes, such as the aging of the baby boomers and legislative changes, highlighted the importance of looking for expanded solutions to serve the aged population.

Staff reported that “The Summit” helped them understand the necessity of agency transformation and helped them identify themselves as part of the solution.

That both John Cullen and Bob Sessler provided the leadership at the retreat to promote the transformation stands out to staff as evidence that the administration is committed to the process. The administration bestowed a spirit of cooperation and collaboration to management and staff.

A quote from the notes of John Cullen that day of “The Summit” captures the vision that was imparted to management and staff alike.

“Change is inevitable – Progress is optional – Realignment is our attempt at progress!”

— John Cullen, April 27, 2000
A follow-up memo from Bob Sessler to the staff on “The Summit” provided four major goals that were identified at the retreat:

- Promote the independent functioning of clients to the greatest extent possible
- Facilitate client access to adequate health care
- Maximize coordination among bureau programs
- Collaborate with other county departments, community based organizations, and client advocacy groups to improve services delivery

The vision and leadership provided by John Cullen and Bob Sessler at “The Summit” was invaluable to the staff. They provided inspiration and a foundation in collaboration that exhibited their commitment not only to the consumers that will receive the services, but also to the staff that will deliver them.

The Role of the Area Agency on Aging

The local Area Agency on Aging (AAA) helps fulfill requirements of the Older Americans Act and the Older Californians Act. Area Agencies on Aging were established by the Federal Older Americans Act in 1965. The Federal Older Americans Act authorized specific social services for the adults and the elderly. AAAs receive federal, state, and local funds to contract with local organizations to provide services, or to provide the services directly. The Older Californians Act (AB2800) was signed into law in 1996. The primary focus of the delivery of services was changed from the state level to the local level. The local AAAs were designated as the primary administrator for compliance with the Older Americans Act, the Older Californians Act, and other applicable regulations.

The AAAs provide both direct and contracted services in their local jurisdictions. Services may include Congregate Nutrition, Home Delivered Nutrition, Multi Service Senior Programs, Health Insurance Counseling and Advocacy, Case Management, In-Home Supportive Services, Advocacy, Transportation and others. The programs that are administered and contracted by the local AAAs vary. In Contra Costa, the services of the AAA are coordinated within the Department of Aging and Adult Services Bureau. The AAA of Contra Costa is a County administered program. The Contra Costa AAA has been associated with the County since 1973; however, it was not brought under the umbrella of the CCDAB until the reorganization of 1999.

County social services do not always administer the local area AAA. In Santa Clara County the COA is a non-profit organization separate from the County. Of the 33 Area Agencies on Aging in California there are 6 non-profits, 19 county agencies, 1 university foundation, 6 joint powers agreements and 1 city AAA. The status of the local AAA was determined at time of inception and was driven by political and economic decisions. As a result, Contra Costa became a county administered AAA and in Santa Clara County COA acquired its non-profit designation. The relationships between county social services, who often deliver services for the AAA, are as varied as the operational status of the local AAA itself. In Santa Clara County the relationship with COA is often strained by a misunderstanding of each other’s roles and responsibilities in delivering services to the elderly. This is often to the detriment of the consumers receiving the services.

The Contra Costa AAA staff felt that communication and collaboration was strengthened among all programs when they were integrated with the Department of Aging and Adult Services. Staff
reported that before the bureau was formed, the
AAA did not interact frequently with other county
personnel who were administering programs to the
aged. The agencies worked side by side, but not
know much about each other. There was a relation-
ship between programs, but it was seemingly
undefined.

An example of the new collaboration is the Informa-
tion and Assistance program. The Information and
Assistance and Screening Program, as part of the
Case Management Division provides a central point
of access, by phone, for referral and assessment.
The program is designed so that an initial phone
assessment can be conducted by a social worker.
Through the assessment, with the person’s permis-
sion, may the social worker discover other needs
that might not be apparent. Assessments include
Adult Protective Services, In-Home Supportive Ser-
vices and Multipurpose Senior Services. These
assessments provide an entry point for exploring
what other services might be of assistance to
the client. Although the client’s inquiry is self-
directed, a trained interviewer may obtain a thor-
ough interview.

The local AAA 1-800 number provides a one phone
number access to services that include AAA and
Aging and Adult Service Programs as well as com-
munity resources. This unique phone number is
accessible statewide, but will direct the caller to
the local service area based on its point of origin.
Integrating the AAA area phone number with Aging
and Adult Services personnel demonstrates how
service delivery can be improved when agencies
work together towards common goals. This coopera-
tion improves overall effectiveness of the bureau.

LONG-TERM INTEGRATION PILOT
PROJECT (LTCIPP)

The Employment and Human Services Department
sponsored an ad-hoc committee that was formed in
September 1999. The committee worked to the
design and development of a seamless integrated
system of care for seniors and disabled adults in
Contra Costa County. This committee identified the
California Long Term Integration Pilot Project (AB
1040) as a vehicle to pursue the integrated system
of services. Contra Costa County became one of five
pilot projects approved to develop their pilot pro-
grams under AB 1040.

The Long Term Integration task Force was formed
from the original coordinating committee formed in
September 1999. The Project was oriented to
encourage consumer self-direction and collabora-
tion with interested community partners.

Ruth Goodin, the Long-Term Care Coordinator, said
that it has taken a tremendous effort to include all
stakeholders in the design process. Six design
teams were formed of consumers, consumer and
community advocates, social service professionals,
union representatives, and medical professionals.
The six design teams are as follows:
• Consumer Input Design Team
• Scope of Services Design Team
• Transportation Design Team
• Supportive Housing Design Team
• Service Delivery Design Team
• Resource Allocation and Finance Design Team

The task force work focused on a single point of
every entry into a system that would involve a care plan
developed with the consumer, and care coordination
through care management (Attachment 3).
After months of focus groups and input from many sources this pilot is on the cusp of implementation. The integrated adult services system design has been planned. Implementing the plan will require direction and compromise among all groups. There are many partners with varied interests and agendas, but they have been able to focus on the commonalities of purpose as part of this task force.

**Recommendations**

Contra Costa County has attempted to realize a vision that is comprehensive and complex. In order to integrate services and obtain the collaboration of all stakeholders is an undertaking that takes time and effort. Contra Costa’s attempts to improve and involve is a hallmark of success in itself.

The Department of Aging and Adult Services (DAAS) in Santa Clara has been successful in realigning several programs under one department. We have aligned these programs much in similar fashion as has Contra Costa. The relationship with Council on Aging could be strengthened and improved with a pragmatic initiative between both agencies. My recommendations focus on ways to improve the working relationship between Santa Clara County’s Department of Aging and Adult Services and Santa Clara’s local AAA, Council on Aging:

- Initiate a joint meeting of executive staff from DAAS and COA. Re-establish a professional relationship and focus on our commonality of purpose. Define and understand each other’s roles. Identify and discuss areas of disagreement that could compromise the long-term projects for further discussion.
- Draft a Memorandum of Understanding (MOU) between the two agencies that demonstrates a commitment to building upon mutual interests and that will ultimately improve efforts in delivering services to the community.
- Present the MOU to staff at both agencies to facilitate an understanding of each agency’s roles. Identify and clarify misconceptions and build on mutual interests to emphasize commonalities.
- Put the tenets of the MOU into action from the executive level to line staff. Without a commitment from the executive level, the chances of success may be minimal.

**Conclusion**

In government we depend on having processes in place to deliver our services. These processes organize our service delivery. We also depend on relationships with our community partners and use each other’s unique positions for collaborative strength. If we enhance our relationships with our community partners, such as Council on Aging, and have the processes for collaboration in place then we will have a chance at success.

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A Vision of an Integrated Adult and Aging System of Care

Based upon the work of the Design Teams

ISSUES
- Single entry point / or system of points?
- Outreach / Olmstead

ISSUE
ELIGIBILITY
- Financial
- Health
- Functional

ISSUE
- Administered & Authorized by:
  ⇒ admin agency?
  ⇒ care manager?
  ⇒ combination?

ISSUE
Service Delivery Structure

ISSUE
Levels & standards of care management to be established

ISSUE
Waiver to:
- include into single funding pool
- cover all services

ISSUE
Availability and capacity of needed services

ISSUE
How to integrate medical care into the system

ADDITIONAL ISSUES
- Governance
- Mandatory vs. voluntary enrollment
- Fee-for-service vs. Capitation
- Funding / Budgeting
- MIS
- Quality Assurance

Aging & Adult Services
ENTRY
Screening
Enrollment

CARE PLAN
Developed with
Consumer

CARE COORDINATION
Linkage with Care Manager

CARE PLAN (Services offered)
Could include: (partial list)
⇒ Education (health promotion and disease prevention)
⇒ In-Home Support Services
⇒ Adult Day Services
⇒ Residential Care
⇒ Assisted Living
⇒ Institutional Care
⇒ End of Life Care
⇒ Transportation
⇒ Durable & Assistive Devices
⇒ Health Services- primary, chronic/acute mental health ancillary & pharmaceutical)

Mobility Manager?

Info only
Referral to other programs

Risk based upon informed consumer choice

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