

REORGANIZATION OF AGING AND ADULT SERVICES

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In early 1995 at the close of my sixth year as director of the area agency on aging division of the Contra Costa County Social Service Department, I participated in a brainstorming session at our bureau management team meeting. Once again, we discussed the benefits of bringing the adult social service programs in our department (in home supportive services, adult protective services, and conservatorship intake) under joint management with our area agency on aging programs. We made a tentative decision to move forward with this idea in order to free up additional manager time to deal with some pressing children's services issues.

I left the session with the thought that we would organize a methodical planning process of several months duration to map out how we would bring about this organizational realignment. I was pleased that we really were going to act on the idea this time rather than let it linger as one of those good ideas that might work if only we had the time to study all the implications and deal with all of the fiscal and programmatic obstacles that had reared their heads in times past whenever we broached this idea.

I also left this session assuring myself that we would somehow figure out how to restructure our organization so I would still be able to accomplish the tasks of my existing full-time job at the same time that I took on the responsibility for triple the number of staff and three additional program areas for which I did not have detailed working knowledge.

To my consternation, seventy-two hours after leaving this brainstorming session, I learned that within the month my job would be transformed from being director of our area agency on aging programs to becoming the division manager for both aging and adult services in our department.

During the six months following this abrupt change in my responsibilities not much changed within our organizational structure. Personally, I now was responsible for about 65 staff and all of the personnel and personality issues involving those individuals. Also, I gradually became knowledgeable about the details of the various adult services programs rules, regulations, and operational issues. Needless to say, I was going to several more meetings per month. As for most of the staff, they went about their daily assignments as before other than a few reporting and supervision responsibilities changed.

We did merge the planning and policy development staff for aging and adult services with the hope that new unit would lead the effort to identify where, when, and how we could begin collaborative organizational realignment. However, staffing vacancies, personnel crises, and budget problems intervened in these early months, and we did not get much beyond the talking and theorizing stage in terms of changing actual program operations.

Then, in the fall of 1995, the Bay Area Social Service Consortium internship project offered the opportunity to learn from the Sonoma County Human Services Department where another reorganization effort was underway. In contrast to our overnight merger of two program divisions, Sonoma County had undertaken their reorganization of aging and adult services as part

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of a two year planning process that involved a comprehensive restructuring of many county government programs. I went off to my internship to learn about Sonoma's extensive planning efforts with the hope of bringing back home a variety of ideas and techniques for organizational change that would enable us to derive more benefit from our restructuring.

I did learn many valuable ideas and approaches from my stay in Sonoma County that will hopefully lead to improvements and positive changes in the Contra Costa aging and adult services programs. However, I also learned that a methodical, lengthy process of organizational change also presents pitfalls and problems along with possibilities for innovation and improvement.

I arrived at the Sonoma County Division of Adult and Aging Services at the culmination of the two year process of organizational change. The permanent director of the new division had just been appointed, and all of the staff in the division were in the process of getting ready to move from three separate offices to a new office where they would all be brought under one roof. They were finally becoming part of the same organizational unit after more than two years of task forces, action teams, and other work groups and advisory committees had worked to bring about this result.

To my surprise, I encountered many staff at all levels of the organization who were exhausted and "burned out" by the lengthy reorganizational process. The breadth and depth of staff and community participation in this change process was truly remarkable. However, it was clear that the reorganization had taken an especially hard toll among many of **the supervisory and middle** management staff. Many of the supervisors and managers seemed to have lost sight of the positive accomplishments achieved by the reorganization because of the long period of uncertainty they faced in regards to their future assignments.

In the County's efforts to have a scrupulously fair and open competitive process for choosing staff for the newly redesigned management positions, many staff suffered from lengthy periods of anxiety about their job security or job assignment. This is quite a contrast to Contra Costa's reorganization where all of the existing players remained firmly in place and where changes in staff assignment have only occurred as vacancies have opened. Clearly, it is difficult to achieve the proper balance between creating true organizational change and minimizing disruption of the staff who go through the process.

Once I was able to get beyond the personal tales of how Sonoma's lengthy reorganization had disrupted the professional lives of many of the staff involved in the aging and adult services programs, I was able to identify a variety of significant achievements in Sonoma County in the areas of personnel and staffing, program operations, and community relations that offer fruitful lessons to Contra Costa County in our nascent effort to integrate our aging and adult services programs.

PERSONNEL CHANGES

Sonoma County, through the services of a personnel consultant with whom I met for a thoroughgoing review of her recommendations, has seriously considered the staffing issues

involved in adequately meeting the needs for both aging and adult services. In order to assure that the division director has adequate staff support to deal with internal program and staff management issues as well as with external relations, they have redesigned some management positions so that there are managers under the division director to oversee both the direct client services and the program planning and area agency on aging administrative functions. Thus, Sonoma has created a section manager position responsible for direction of unit supervisors whose staff provide direct services to adult and elderly clients in in home supportive services, adult protective services, multiservice senior services, and information and referral programs. And, there is a program development manager position to oversee planning, developing and monitoring contracted services and staff support to advisory bodies.

Also, the luxury afforded by the two year planning process for organizational merger of the adult and aging services has allowed the staff to identify distinct elements of the separate organizational cultures of the two programs. The area agency on aging staff were accustomed to working as a small autonomous unit with close working relationships with community organizations and contractor agencies and serving both a Medi-Cal eligible clientele as well as a broader socio-economic group of seniors. The adult services staff were accustomed to a larger, more bureaucratic hierarchical organization closely tied to the state and federal requirements of entitlement programs and providing benefits to a predominantly low-income population. Staff from the two programs held a series of joint meetings, including an all staff retreat, to discuss how to work together as a single team. They have conducted ongoing planning sessions around program operations and administrative issues which require joint problem solving to bridge their cultural gaps.

ACHIEVEMENTS IN PROGRAM OPERATION

In terms of their program operations, the Supported Individual Provider Program operated by Sonoma County Adult and Aging Services was a stunning revelation to me. Sonoma County has fully implemented a broad spectrum of support for individual providers of In Home Supportive Services. As part of the reorganization, their long-standing provider support unit was moved from the public health division of **the Health Department into the adult** and aging services division. This Sonoma program addresses many of the serious shortcomings that exist in most county independent provider programs which do not give adequate support to vulnerable elderly and disabled clients who are unable to perform adequately their employer functions in relation to the in home care providers they hire for themselves.

Sonoma has a unit of paraprofessional provider coordinators who work to assist recipients in the performance of the employer functions of hiring, scheduling, supervising, directing and firing their in home care providers. The provider coordinators assist both recipients and providers to fulfill their respective roles to the fullest extent possible. Sonoma County has succeeded in putting in place the elements missing in many independent provider programs which often lead to substandard care or absence of care for many frail, vulnerable recipients who are not capable, on their own, of performing the necessary tasks to oversee their provider care.

Also, as part of Sonoma's reorganization efforts, the original recommendations adopted in 1994 called for a centralized intake system for all of the adult and aging services. However,

implementation of this recommendation has been deferred. Staff have not yet been able to reach agreement on the content of a universal screening/intake tool because of the unique and special needs of the various programs involved. Efforts to move towards a centralized intake have to await reaching agreement on a tool that can be used by all of the various programs. This portion of Sonoma's reorganization remains a work in progress.

COMMUNITY RELATIONS

Inclusion of community representatives was an important element of the planning process involved in the reorganization of the Sonoma County Human Services Department. Among members of the Community Review Committee were representatives of a cross-section of community based organizations as well as representatives of various human services advisory programs.

The Advisory Council on Aging representative expressed concerns during the process about the need to maintain the independent decision making power of the area agency on aging in relation to its planning, advocacy, and program contracting responsibilities. The Council was also concerned about maintaining its direct advisory contacts with the County Board of Supervisors.

Meeting with officers of the Council, it was clear that they had become quite knowledgeable about the various adult services programs and had the potential to become very effective local advocates for those programs and their clientele along with their traditional constituency of older persons.

Many community based organizations generously shared the management expertise of their staff representatives in formulating recommendations to the County regarding the proposed reorganization.

However, in my discussions with two of the area agency on aging contractor agencies, their staff made it fairly clear that they saw the aging and adult services reorganization as a largely internal concern of county government and that they did not anticipate any major changes in their working relationship with the county staff now that the reorganization was being implemented. It remains to be seen if a closer working relationship will develop among community based organizations across adult and aging services programmatic lines as is being fostered within the county structure. Recommendations

My internship experience in Sonoma County has raised a variety of issues of applicability to Contra Costa County. Having achieved the same type of reorganization overnight without the painstaking research and deliberation that occurred in Sonoma, we are in the enviable position of being able to borrow those elements of Sonoma County's reorganization which on the surface appear to be workable for us. Listed below are changes I recommend moving forward with in Contra Costa:

1. *Staff realignment:* Undertake a review of the necessary level of management support needed to integrate the direct client services program operations in Contra Costa. Just as Sonoma is using the section manager position to bring the Multiservice Senior Services Program into a

close working relationship with the In Home Supportive Services and Adult Protective Services programs, we should consider how to achieve a similar program integration by developing an analogous management position that could oversee the integration of Senior Information and Referral, In Home Supportive Services, Adult Protective Services, and Conservatorship Intake into a single operational structure.

2. Build a new organizational culture: Build trust and new working relationships among the staff from aging and adult services by openly recognizing the different organizational cultural values that each have. Bring together both managers, supervisors, and line staff on a regular, organized basis to identify areas of difference, potential cooperation, and joint problem-solving. Sonoma County has gone through a two year process of mutual participation on action teams and holding of staff retreats that has gradually built the foundation for a new organizational culture. We should undertake a similar process in order to build a single new team for our still disparate programs.
3. Develop supported independent provider component for in home supportive services: Redirect a portion of area agency on aging contracted resources currently spent on in home registry services and combine with county funding to contract for recruitment and screening of providers and for provider supervision support for in home supportive services recipients who are not capable of assuming these tasks on their own. Sonoma County has a clear track record of success in this endeavor and with the allocation of sufficient resources to such a program effort, Contra Costa should be able to achieve the same positive results.
4. *Coordinated intake:* If we are successful in creating a management position to oversee the integration of all direct client services in the aging and adult services division, move forward with development of a plan to combine staffing resources of Senior Information and Referral, In Home Supportive Services, Adult Protective Services and Conservatorship Intake, and Centralized Information and Referral Services to develop a coordinated approach to screening, assessment, referral, and intake. This will enhance the ability of the aging and adult services division to participate in any state or local initiatives in the arena of community based long term care.

Although Sonoma has put consideration of centralized intake on the back burner, Contra Costa should consider moving forward in this area. We have considerable area agency on aging staffing and resources in place which do not exist in Sonoma County. Thus, we may be able to move more rapidly than Sonoma in this particular area albeit recognizing the difficulty of bridging the regulatory and categorical program differences that will present obstacles to such an effort.

5. Advisory council and community organization involvement in reorganization efforts: Ask the recently organized Long Term Care Committee of the Advisory Council on Aging to involve themselves and appropriate community organizations in advising the aging and adult service division on how best to restructure aging and adult services in Contra Costa County so as to build the foundation of a community based system of care for all vulnerable adults in the county. Sonoma County built a broad base of community support for their reorganization efforts. In order to successfully tackle the politically sensitive turf issues that inevitably will

arise in developing community based long term care services, we need to have the various stakeholders participate in the process early on.

It will be a real challenge to try to implement the above recommendations within the limited confines of Contra Costa's aging and adult services division rather than in the context of a broad, countywide effort as occurred in Sonoma County. However, given the rapid pace of change in our external environment, I feel that we really must proceed forward with these recommendations in order to be prepared organizationally to meet the future.