

ENHANCING MODELS OF ADULT SOCIAL SERVICE PROVISION: INNOVATIVE SYSTEM INTEGRATION IN SONOMA COUNTY

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Executive Summary

Over the past decade we have seen an increase in the life expectancy of people over the age of 65. Rapid growth of this population has many implications for service delivery by local agencies. Integrated services are needed for this population so that seniors can get their needs met and access services simply and with one phone call.

Agencies must continually reevaluate and reassess the methods used to reach out and service their communities. While serving the needs of people as a whole has always been a constant principle of good social work practice, it has been difficult to re-enact in large public social services agencies, as each division utilizes separate mandates, funding streams and categorical caseloads.

Within the past few years, many social service agencies have begun to look at the common issues and service needs of the population they work with. Many counties are moving towards an integrated approach to service provision and developing multi-disciplinary teams to work with the client and families they serve.

The County of Sonoma has successfully initiated a centralized intake unit into its Adult and Aging unit, and has taken significant steps towards improving access to and integration of services for their consumers.

The Sonoma County Initial Assessment Unit (IAU) is based on the vision that the first contact the public has with the Division of Adult and Aging will be with someone who is not only knowledgeable about all the programs they offer, but about all the resources in the county dealing with senior citizens and disabled adults. The IAU is staffed by two Social Workers who have direct knowledge of both APS and IHSS.

The Sonoma County IAU has created a screening tool that identifies the service needs of persons needed assistance from the following disciplines: Alcohol/Drug Counseling, Adult Protective Services, In-Home Supportive Services (IHSS), Mental Health, Public Health, Multipurpose Senior Services Program (MSSP), and Veterans Services. The goals of this agency are in line with a state wide push to provide for the establishment of comprehensive Adult Protective Services program in order to maintain the safety of elders and dependent adults in their homes and communities.

RECOMMENDATIONS FOR MARIN COUNTY

The Sonoma County IAU is an excellent example of a client-focused intake process. It not only eliminates multiple entry points to the delivery of adult and aging services, but it improves access to services and internal communication as well. The following recommendations should be considered by Marin County:

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- Develop a pilot program duplicating the IAU, as designed by Sonoma County
- Adopt a centralized intake tool to identify seniors and assist them in receiving services on a timely basis.
- Create a centralized assessment tool and database to streamline the assessment process and increase data collection ability
- Adopt the addition of an on-site mental health practitioner to its staff.
- Utilize one central phone number to gain access to all services

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INTRODUCTION

Social service agencies must strive to deliver services in a humane way. Agencies must continually reevaluate and reassess the methods used to reach out and service their communities. While serving the needs of people as a whole has always been a constant principle of good social work practice, it has been difficult to reenact in large public social services agencies, due to each divisions separate mandates, funding streams and categorical caseloads. One often finds that staff from one division of service provision may rarely communicate with staff from another, despite the reality that they share many clients and have significant overlap in the population they serve. Within the last few years, many social service agencies have begun to look at the common issues and service needs of the population they work with Many counties are moving towards an integrated approach to service provision and developing multidisciplinary teams to work with the client and families they serve. The primary goal of this integration has been to improve customers access to service, and improve the service itself. Elders and persons with disabilities who seek out social services normally have a variety of complex needs. They are often confused and frustrated by the barriers they encounter in a government agency. This .can often cause them to hesitate seeking information and referral sources which could greatly enhance their opportunities for independent living. Customers or community members seeking to make a referral or gain access to information may often have to call several different programs within the same agency to access necessary services.

As we strive to integrate adult and aging services into a seamless, user-friendly delivery system, we need to continually reassess and improve the current system, keeping pace with the needs and changes in the community. An integrated intake process for programs offered by a particular agency can improve communications within the agency, as well as the public's ability to access available services at one point of entry. The County of Sonoma has successfully initiated a centralized intake unit into its Adult and Aging unit, and has taken significant steps towards improving access to and integration of services for their consumers.

HISTORY

The County of Sonoma has a population of approximately 460,000 residents and remains one of the largest agricultural producers in the State of California. Of its residents, 65% reside in Santa Rosa, which is one of 9 incorporated cities in the county. Santa Rosa is the largest city in

Sonoma, and the county seat. The median age of the residents is 37, however the fastest growing population is in the 45-55 age category. The county is divided into 5 supervisorial districts, and is governed by an experienced Board of Supervisors who appear knowledgeable and supportive of the counties human service provision needs. According to recent county statistics, one in nine residents receive some type of services from the County.

The Sonoma County Division of Adult and Aging Services is part of the Human Services Department. In 1995, the Division was consolidated to include Area Agency on Aging (AAA), Adult Protective Services (APS), In-Home Supportive Services (IHSS), the Multi-Purpose Senior Service Program (MSSP), and the Veteran's Service Officer (VSO). The Linkages Case Management Program was added to the Division in February 1999, and most recently their Public Authority (PA) was formed. The Division of Adult and Aging provides all services directly, with the exception of the Public Authority.

Until 1998, the division, as most in the state, had multiple intake procedures and forms for each services area. Line staff social workers from IHSS provided rotated coverage of the daily intake duties utilizing a set schedule. Staff received phone calls concerning all programs, and would supply information, if known, or transfer the caller to another number for information and referral. Many of the staff disliked working the intake duty, feeling that the time spent doing this job was keeping them away from completing work on their own caseloads.

The system of constant rotation presented management with a series of concerns as well. It was difficult to train all of the staff in all of the areas, and there was a greater chance of inconsistency and poor quality of information given to callers. There were concerns that actual APS cases would not get assigned in the mandated time frame, and that the inconsistent staffing may cause some calls to be missed altogether. All in all, there was a constant belief that this type of intake did not provide the customer service that Sonoma County desired to give its citizens. In an attempt to address these issues, management initiated a pilot Initial Assessment Unit (IAU) in May, 1998 and recruited two IHSS Social Workers to staff this program. The managers gave these social workers a 50% reduction in their caseloads as an incentive to volunteer.

THE INITIAL ASSESSMENT UNIT

The Sonoma County Initial Assessment Unit is based on the vision that the first contact the public has with the Division of Adult and Aging will be with someone who is not only knowledgeable about all the programs they offer, but about all the resources in the county dealing with senior citizens and disabled adults. This is a big vision, and for Sonoma, one they have successfully implemented. The IAU is staffed by two social workers who have direct knowledge of both APS and IHSS. They have participated in significant training including: the dynamics of abuse and neglect, risk assessment protocol, theoretical perspectives on aging, and physical and sexual abuse. These staff have also received training on community resources for persons with disabilities and elders, and are experienced in working in a multi-disciplinary approach. They have direct knowledge of all of the programs within the Adult and Aging Division, and have developed a common intake form to collect basic information needed for program referral. The social workers in the IAU have ongoing communication with the Public Guardian, as well as the Ombudsman Program and the Area Agency on Aging.

Key to this approach are the regular, daily morning meetings which are attended by division supervisors, the IAU staff and the duty worker assigned for that day. In this forum, all non-emergent information received from the previous day is assigned for follow-up to the appropriate unit. Intake social workers meet with the 11-ISS and APS supervisors each morning to review the calls and triage the IHSS intakes and referrals to APS. The morning meeting allows all social workers, nurses, the mental health practitioner assigned and their supervisors to discuss cases that are complex and involve many disciplines.

Before establishing the IAU, staff would assess assigned cases individually. A considerable delay could exist between the time a call was received by the rotating intake workers, and the time a case was assigned to a particular staff person. Staff also often felt ill-equipped to handle certain calls or make specific referrals to the community, as they had difficulty keeping track of the changing contacts and services.

RECOMMENDATIONS

The Sonoma County IAU is an excellent example of a client-focused intake process. It not only eliminates multiple entry points to the delivery of adult and aging services, but it improves access to services and internal communication as well.

Marin County should consider not only piloting the IAU, as designed by Sonoma, but also strongly consider the addition of an on-site mental health practitioner to their staff. This addition to the staff would allow additional expertise when addressing issues surrounding significant mental illness, and also assist in providing a liaison to the mental health unit for ongoing communication regarding elderly clients in need of mental health services.

By further integrating the unit and the services provided, it should be possible to utilize one phone number to gain access to all services. While Marin currently utilizes staff assigned to their Intake and Referral Unit to provide assistance to the public in the form of resource identification, requests for IHSS and APS are forwarded to the duty worker on call on any given day. Perhaps this duty worker assignment could be handled by one staff person, with a back up available. This social worker could then provide initial intake for all programs.

As a result of my inter-agency exchange I would recommend that management and supervisors in the Adult Social Service unit look for new and creative ways to address their increasing workload. Perhaps some of the innovations in Sonoma County could be revised to accommodate the smaller scale of Marin. By continually questioning and reviewing our current practice modes, we are more inclined to make policy and practice changes that ultimately serve our population in a stronger and more positive light.

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