

Frequently Asked Questions about the Integration of the Department of Health and Human Services, Department of Aging, and Veterans Services

Q: What are the benefits of integrating DHHS and the Department on Aging for residents?

- By integrating divisions, programs and services throughout DHHS, we can provide improved care to residents of all ages across their lifespan.
- The primary benefit of integration is that it allows for an improved level of service for residents of all Milwaukee County residents across their lifespan through the implementation of the No Wrong Door model. In alignment with the philosophy of the Older Americans Act (OAA), our goal is to achieve a coordinated, person-centered system of care.
- “No Wrong Door” means regardless of where you live, your age, ability or language you speak, you can contact Milwaukee County and we will take a holistic approach to serve your needs—instead of responding issue by issue. No Wrong Door will create easier access to quality care. The care and services will be driven by the person seeking help. So, no matter if you need housing or mental health or transportation services, there should be “no wrong door” to access the services you need.

Additionally, specific benefits for senior include:

- County veterans will have increased, direct access to wrap-around services offered by DHHS.
- Allows seniors to interact with the County without stigma or silos as the population over 60 years of age grows in Milwaukee
- Provides a more direct connection to services for seniors, which will increase health outcomes
- Adds staff on the frontlines to help those who need help the most
 - Adds two new Human Service Workers in the Aging Resource Center that will be located in our Access Units
 - Creates an Elder Benefit Specialist position to be the subject matter expert on Medicare programs/services as well as other Medicaid services/issues
- Provides direct access to eviction prevention, mental health and energy assistance—all services that are directly called out in the Older Americans Act
- Cushions programs for older adults and veterans from direct tax levy target reductions as they are part of a larger department
- Un-funds or eliminates management-level positions in order to protect senior center programming services
- Brings the County up to the same standard as the rest of the state and nation in terms of ensuring all people, regardless of age, have seamless access to services
- Enables extra funding to critical services such as transportation, neighborhood outreach, family caregiver support, and outreach to LGBT older adults.

Q: Why is now the time to integrate DHHS, MCDA and Veterans Services?

- Milwaukee County has been on a path toward breaking down silos among its services for many years. As shown by the integration of the Airport and MCTS into the Department of Transportation as well as the integration of various emergency services into the Office of Emergency Management, we know that we have to bridge the gap between County services into ensure all residents, including seniors and veterans, have seamless access to the services they need to thrive.

- The County Executive established a bold strategic plan in his first few months in office to become the healthiest county in Wisconsin by achieving racial equity. We are almost the least healthy county in the entire state, and we need to make dramatic changes as to how we provide services to our most vulnerable populations in order to achieve our vision.
- The County Executive decided to act swiftly and decisively in pursuing the integration of the Department on Aging, Veterans Services and the Department of Health and Human Services as one of several immediate actions that advanced all three strategic focus areas of creating intentional inclusion, bridge the gap in health disparities, and invest in equity.
- In addition to the urgency of advancing the County's bold strategic plan, the timing of integration is intended to ensure that the Department of Aging is at the table and meaningfully engaged in the work that DHHS is currently doing to implement its transformational No Wrong Door effort. For example, DHHS is currently establishing a new coordinated IT system, applying a customer-centric Practice Model, conducting the relocation planning for DHHS, and implementing the contract and QA/QI improvements. Integrating these departments at this critical juncture ensures that Aging will benefit from these changes and be at the table as these decisions are being made rather than afterwards.

Q: What will be the impact of integration on the Commission on Aging or the Aging and Disability Resource Center Governing Boards?

- None. Both the COA and ADRC Governing Boards will continue to carry out their important responsibilities, and they will have a critical role in working with staff to plan for the integration of the Aging Resource Center and Disability Resource Center. Next year will be a planning year for this integration, and both entities will be working collaboratively with staff to create an integrated ADRC model that is designed to best serve all of our customers.

Q: Is the Commission on Aging involved in the integration plan?

- Yes, County leaders have engaged the Commission on Aging (COA) since the decision was made to pursue an integration of the DHHS, MCDA and VS. The County Executive's Office and department leaders have presented the integration plan in several forums, including:
 - The COA meeting on September 25th, which included participants from the ADRC Governing Board and other senior advocates
 - The COA Advocacy Committee meeting on October 5th
 - The COA Executive Committee on October 5th
- The COA Advisory Council will be discussing the integration plan at its meeting on October 29th. All feedback on the County Executive's integration plan will be included in the amendment to Aging's current Area Plan that must be submitted to the state Department of Health Services by December 1st.

Q: How will the "voice" of older adults be impacted by integration?

- The full integration of DHHS and MCDA not only protects the quality of service for Milwaukee residents, it streamlines services to create faster turnaround times and an overall improved customer experience that continues to advance high quality service for Milwaukee's older adults and people with disabilities. In addition, staff is being trained to offer this high level of service for all residents looking for resources in order to increase access and advance the overall health of county residents.
- The statutory "voice" for older adults is the Commission on Aging, and nothing changes in terms of their role or responsibilities—especially their advocacy/public policy work with Aging Division staff as well as their role in developing the next Area Plan for the Aging Unit. The Aging Division Director and DHHS Director will work to elevate older adult issues to the County Executive and his staff, who will elevate them to federal officials.

Q: Have there been attempts to reach out to seniors about the integration plan, Commission on Aging outreach or otherwise?

Yes, absolutely. Meetings already completed:

- 9/25/2020-Commission on Aging meeting—The ADRC Governing Board members were also invited to attend this meeting, and most of them did.
- 10/5/2020-Commission on Aging Advocacy Committee meeting.
- 10/5/2020-Commission on Aging Executive Committee meeting

Upcoming meetings:

- 10/29/2020-Commission on Aging Advisory Council meeting.
- 11/13/2020-Regularly scheduled Commission on Aging meeting; there may be additional discussion on the County budget/integration plan.

Other notes:

- 10/30/2020-County Board public budget hearing; the public is encouraged to weigh in with their individual Supervisors at any time during the budget process.
- Individual County Supervisors are holding town hall budget meetings in October where constituents can weigh in on the budget and ask questions of County staff.

Q: How will the County measure success once the integration plan is fully implemented?

- Since June 2020, DHHS and Aging staff have been working on a pilot to create an integrated Adult Protective Services unit. Staff have created measures that track the effectiveness of the integrated unit, including percentage of individuals referred to services, reduction of risk factors for customers, and caseload volume.
- Milwaukee County will continue to track ADRC customer satisfaction as well as customer satisfaction with our contracted services such as meals, senior centers, wellness programs, etc. In addition, we will track Adult Protective Services/Elder Abuse metrics that have been developed by the Aging/DHHS team working on that pilot. Performance measures within our contracts will also be tracked, such as pre- and post-integration metrics for major programs when it comes to meals, transportation, and administrative overhead per FTE.

Q: What steps are being taken to address service delivery between Adult Protective Services and the Behavioral Health Division?

- The new case management software being implemented by DHHS, developed by RedMane, called MKE Cares, includes a notification system on an individual's record notifying the staff member as to whether they currently have an open case with another division. This was the catalyst for implementing new case management software, to streamline service delivery and create opportunity to collaborate with other divisions from the beginning.
- As part of the collaboration between the Disabilities Services Division, Department on Aging, and Behavioral Health Division, staff members take steps to include contacted parties from each division discussing details of the situation and creating a plan that is in the best interest of the client.

Q: What services will be reduced or eliminated?

- The integration does not reduce or eliminate any services.

Q: Where can someone access academic information or evidenced-based information for the No Wrong Door model?

- Milwaukee County’s first strategic plan in over 20 years was unanimously approved by the County Executive and County Board of Supervisors. This is the primary resource for information around integration.
- The strategic plan outlines information regarding decisions to better deliver services to all populations in Milwaukee County, including older adults. Specifically, taking a No Wrong Door approach will help us:
 - Break down the silos between departments at Milwaukee County;
 - Create more direct access to an expanded array of services such as eviction prevention, mental health, and energy assistance; and
 - Provide a faster turnaround when connecting people to services.
- All of this will result in better customer outcomes.
- The following resources provide evidenced-based research supporting integration:
 - “Human Services Systems Integration” – Institute for Research on Poverty <https://www.irp.wisc.edu/publications/dps/pdfs/dp133308.pdf>
 - “[Integrating Health and Human Services Programs and Reaching Eligible Individuals under the Affordable Care Act](#)” -Urban Institute
 - The [County Health Ranking recommends “social service integration”](#) as an effective strategy for reducing health disparities in counties
 - “[Implementing Services Integration and Interagency Collaboration: Experiences in Seven Counties](#)” -Administration in Social Work

Q: Several areas of DHHS receive consumer calls, such as BHD/CARS, the Mobile Crisis Team, will those be integrated eventually?

- The Psychiatric Crisis Redesign expands our reach into the community by calling for a front door that gets people of all ages to where they can receive help as quickly as possible. There is some thought that this function should be tied to the intake process. Currently, the DRC has a Disability Benefits Specialist (DBS) and a Housing Specialist. When someone calls who needs assistance with private or public benefits or housing, we can connect them to someone right away or take a referral for that area. We could discuss having someone from BHD being available to our call center staff to assist with mental health concerns. This is an area we are still working through.

Q: Once integration occurs, will the one-on-one and community outreach provided by Aging staff be targeted to all age groups rather than older adults only?

- All of the outreach work currently coordinated by Aging staff is specifically designed to help the most underserved and impoverished older adults in our community. Aging staff have aligned their outreach work with the County’s strategic vision. How, or to what extent, this outreach work is modified will be determined once the integration plan receives approval from Milwaukee County and state DHS decision-makers.

Q: Will there be reductions or changes in the MCDA workforce as a result of the integration?

- There will be no reductions to filled positions. Additionally:
 - The vacant Executive Director Aging position is eliminated and replaced by a full time Aging Unit-Administrator. This change has zero impact on senior services and follows state statutes that govern Aging operations.
 - The vacant Administrator-Finance Operations position is un-funded and job duties are absorbed within existing DHHS and Aging staff.
 - The vacant positions of Program Coordinator-Resource Center and Administrative Assistant are unfunded and job duties are absorbed within existing DHHS and Aging staff.

- One new in-house Elder Benefits Specialist is created to assist seniors calling the Aging Resource Center with Medicare-related services.
- Two new Human Service Worker positions are created in the Aging Resource Center to provide more comprehensive and robust services to older adults.
- A vacant Service Support Specialist position is eliminated.

Q: Will an integration of DHHS and the Department on Aging result in a reduced focus on the needs of older adults in Milwaukee County?

- No. In fact, we expect older adults to have access to more services with this integration. We are adding people and resources on the frontlines to preserve and expand services for older adults, including:
 - Extra funding for the transportation contract to make sure older adult residents can get to doctor appointments and grocery stores and have an opportunity to live full, independent lives no matter their age or ability;
 - Aging staff has also budgeted funding increases in 2021 for these older adult services: Neighborhood Outreach Program, outreach to LGBT older adults, family caregiving services, case management services for older adults with disabilities, and Meals on Wheels.
- By state and federal law, Aging funding streams can be used only for Aging services.
- Aging funds are segregated from other DHHS funding. Oversight of these funding streams will be kept by Aging staff, county auditors, and state and federal authorities.
- Resources freed up due to this integration through the removal of duplicative and redundant staffing are now re-directed to improve and expand services to seniors.
- Integration will make available to older adults faster and easier access to a multitude of services such as energy assistance, housing, and mental health, which are housed in DHHS and BHD.
- Aging staff will be able to draw from a wider network of vendors, procurement staff, and administrative resources previously not available to them

Q: Will this result in Aging services being offered in the same space as DHHS?

- The project to co-locate Aging and DHHS staff began over a year ago. The intent has always been to co-locate DHHS and Aging staff in a new building that is accessible for people of all ages and abilities, and to foster continued collaboration between Aging and DHHS staff. The integration plan formalizes that collaboration. An integrated ADRC means that all HSW's will be located in one spot together to implement the "No Wrong Door" approach.

Q: How does this integration advance Milwaukee County's vision of "By achieving racial equity, Milwaukee is the healthiest county in Wisconsin"?

- Create Intentional Inclusion: Ensures improved customer experience for all seniors through inclusion in No Wrong Door; as the population over 60 years of age grows in Milwaukee, seniors can interact with the County without stigma or silos.
- Bridge the Gap: Provides a more direct connection to services for seniors, which will increase health outcomes; adds staff on the frontlines to help those who need help the most; provides direct access to eviction prevention, mental health, energy assistance, etc.
- Invest in Equity: As part of a larger department, programs for older adults will be cushioned from direct tax levy target reductions; safeguards funds for five-day-a-week senior center social programming as a result of administrative cuts; brings the County up to the same standard as the rest of the state and nation in terms of ensuring all people, regardless of age, have seamless access

to services; enables extra funding to most wanted services such as transportation, family caregiver support, food delivery, case management, etc.

Additionally:

- Due to efficiencies gained with the integration, specifically through un-funding of managerial positions, freed up resources are re-invested back into services for older adults particularly those of color.
- A direct consequence is increased funding for high demand services that serve people in communities of color:
 - Transportation
 - National Family caregiver and Alzheimer's services
 - Neighborhood outreach services
 - Home Delivered meals
- A direct consequence of this integration is \$120,000 of the \$170,000 reduction in the Department on Aging's proposed budget for the senior center social programming contract is restored in the County Executive's Budget. Through this contract, approximately 44% of the older adult customers that are served are in communities of color.

What are the next steps in the integration process?

- The County Executive's 2021 Recommended Budget was submitted to the County Board of Supervisors on October 1, 2020. The County Board, via its Finance Committee, began its review of the County Executive's Recommended Budget during the week of October 12th. The Finance Committee reviewed and discussed the DHHS budget (which includes all Aging services) on Thursday, October 15th. Once the Finance Committee finishes its review of all Departmental budgets, the Finance Committee will review, discuss, and vote on any amendments to the Recommended Budget. On October 30th, the County Board will hold its annual public budget hearing (virtually this year). Also, in October, several County Supervisors will be holding town hall meetings at which budget issues and concerns can be shared by constituents and questions answered by County administrators. On November 9th, the County Board will review and vote on the final Adopted Budget.
- While the County Board is reviewing, discussing, and amending the County Executive's 2021 Recommended Budget, the Commission on Aging will also be reviewing and discussing the specific proposal to integrate Aging services with DHHS. The Commission on Aging was presented with the integration plan at its September 25th meeting, and next the Commission on Aging Advisory Council will be reviewing and discussing the integration plan at its October 29th meeting. The Commission on Aging is also planning to schedule a special meeting on November 6th to review and discuss the integration proposal.
- Per direction from the state Department of Health Services, the Aging Unit must submit an amendment to its existing Area Plan and answer a series of questions pertaining to the County Executive's integration proposal. This Area Plan amendment is due to DHS by December 1st. The questions and answers that are being drafted as part of this Area Plan amendment will also be reviewed by the Commission on Aging Advisory Council at its 10/29 meeting as well as by the full Commission on Aging at its 11/6 meeting. Once the Aging Unit submits its Area Plan amendment to the state DHS, DHS staff will review it and, ultimately, will provide direction to County staff on next steps.
- The second piece of the state DHS review and approval process involves an application that must be submitted by the County which focuses on the merger of the Aging Resource Center and Disability Resource Center. This application will be completed through a series of conversations in 2021 involving DHHS and Aging staff as well as community members, members of the Commission on Aging and ADRC Governing Board. The state's expectation is that all of these stakeholders, and others from the community who are interested in this issue, will work together to submit an application that provides detail on what an integrated ADRC looks like. The County expects to submit its application to the state DHS around July or August of 2021. The state DHS

will then review the County's application and likely ask follow-up questions. Ultimately, the state DHS must approve the County's application, at which point the County can move forward on implementation of a fully integrated ADRC. The 2022 Milwaukee County Budget process may also involve changes or policy direction that relate to the integrated ADRC operation. The County is hoping that this entire application and review process can be completed in 2021 so that a fully integrated ADRC can begin its work in January 2022.