Appendix G - Unmet Needs

1. How are you gathering information regarding the unmet needs of the target populations within the community?

- Consortium staff identifies and lists unmet needs that are identified through the Information and Assistance and Options Counseling processes with consumers. Data on service gaps is also included in consumer contact screens.
- All Satisfaction Survey responses are reviewed to determine whether gaps in services are identified in consumer responses. This information is used to determine strengths and opportunities for growth in the service network as a part of an ongoing system of quality assurance.
- As a part of the Information and Assistance staff training process, small focus groups consisting of Information and Assistance staff, Elderly Benefit Specialist (EBS) and Disability Benefit Specialist (DBS) staff and management were organized to discuss service gaps identified through their work with consumers. Staff discussed gaps found in their area of practice in this process.
- The Calumet, Outagamie, Waupaca Consortium Aging and Disability Resource Center Advisory Committee addressed service gaps in the community at the November 2007 committee meeting. The list of gaps that the committee addressed included pro bono attorney services/sliding fee scales for consumers, identify what faith based communities provide as resources to our target populations, finding service resources in rural communities including handyperson services, peer companions, and home delivered meals. Staff sought the combined expertise of the advisory committee to determine possible strategies in filling these service gaps.
- Aging and Disability Resource Center (ADRC) staff work with organizations like the Community Foundation and local United Way programs in projects like the LIFE Study to determine systems issues in the Fox Valley. In this process, a research group is hired to study the perceived strengths and opportunities for improvements in ten areas. Hundreds of people are interviewed in the service area to determine the perceived status of our community. This study identifies areas of opportunity for future growth to address the health, safety and wellness needs of our community. The report is updated on a five-year cycle.
- ADRC staff participate in the 211 United Way Advisory Committee. This group provides community oversight to the service resource database for the community. This data list includes information on over 2500 services located in the Calumet, Outagamie, Waupaca consortium service area and surrounding counties. A primary goal of this group is to identify service needs in the community and to provide a full list of services available to persons in need.

2. What have you learned from these activities (i.e. what are the identified needs or how can the process be improved)?

Frequently identified gaps in the service area include the following:
- Pro Bono Attorney services (or sliding fee scales) for wills, POA, or to handle serious cases
- Various support groups serving rural portions in the 3-county service area.
- Listings of older adult services available for those over 60.
- Services to address the needs of homecoming veterans with a traumatic head injury and resulting complications/ issues.
- Wait lists for necessary services.
- Resources for people in distress while they wait for SSI and SSDI disability determinations.
- Home delivered meals in certain rural areas of the county.
- Emergency resources.
- Medical/para-transit transportation options.
- Medical equipment.
- Additional staff time to advocate for consumers and or populations in need.
• Staff dedicated to Medicare Part D consumer issues, allowing time for EBS and DBS to address other key benefit and advocacy issues
• Services offered by faith based communities.
• Dental services for consumers with Medicaid coverage (Affordable Dental Services).
• Affordable prescription drug services in immediate situations.
• Psychiatric services across county lines.
• In home respite for caregivers – funding and providers.
• Handyman services in rural areas.
• Bill paying, check writing for people with impairments that cannot manage the task independently.
• Peer companions in rural areas.
• Rural transportation services for non-medical purposes.
• Temporary shelters for the homeless.
• Affordable housing.
• Employment options for those trying to reenter the workforce.
• Out of home respite opportunities.
• Funding options for Supportive Home Care and skills training for people.

3. What activities (if any) do you have planned for 2008 to help meet these needs?
• A portion of the ADRC grant will be used to contract with Lutheran Social Services to develop lists of private hire service providers in the region to address needs like lawn care, snow shoveling, home repair, residential services, home care options, volunteer and service groups available in the community. Vendors are screened and have criminal background checks completed on employees before placed on the list.
• Additional Information and Assistance staff are added to the table of organization as the numbers of contacts to the ADRC increase based on word of mouth and marketing activities.
• The budget proposes several staff positions to help individuals complete MA applications, facilitate timely resource determinations, and to assist consumers in need of accessing basic services like food, shelter, medical services and supplies.
• The expertise of the ADRC Advisory Committee will be drawn upon to review service gaps and provide suggestions, direction and guidance to create more resources for the community.
• Staff in the ADRC will continue to work with United Way and Community Foundation groups in the community. These service groups created several innovative services over the last year including a mentor program designed to provide training and support to individuals with low income on how to raise themselves from poverty. Additionally, a demand responsive-transportation program called Connector was established.
• Seek the input of various provider organizations in the consortium service area to develop an increased level of cooperation and synergy.
Appendix H - Quality

1. Please describe your quality assurance activities from 2007.
   - The Calumet, Outagamie, Waupaca Consortium mailed Satisfaction surveys to 5% of those served each month. The satisfaction survey asked consumers seven questions related to their experience with the ADRC including if the information they received was useful, timeliness of our response, treatment with dignity and respect and ways to improve our operation. In 2007, 406 surveys were mailed. We have received 155 consumer responses. Data from the survey was shared with management, the advisory committee and direct service staff. The overwhelming majority of the responding consumers indicated high levels of customer satisfaction with the service they received. Issues identified through this process were reviewed by management and shared with the advisory committee.
   - Supervisory and management staff follow-up with consumers on calls to the ADRC regarding positive services or any complaints, questions or concerns.
   - Staff were asked to identify what was working well in the ADRC and what are areas of opportunity for improvement. Examples of things working include: staff are getting to know each other and networking; staff are developing trust with each other and our areas of expertise – we are triaging together in solving consumer problems; we have a strong Disability Benefit Specialist service; the word is getting out that we are helping; awareness of the ADRC existence is growing; we have continually improved our work flow; we have improved internal referrals; we provide advocacy and a team approach; parking and signage is good and improving; our prevention program outreach is continually growing. Areas where we can improve include the need to fully define roles of ADRC Information & Assistance staff (short-term case management – Options Counseling); develop a structure for information and assistance to ensure that the service is the same among branches; ensure that Information & Assistance staff are knowledgeable in all target populations; continuing to improve uniformity in overall branch office operations, Adult Protective Services and Options Counseling.
   - We developed three task forces made up of a variety of ADRC staff from all three locations based on issues identified through the quality process including Quality of Services, Consistency of Service among the branch offices, and Teamwork and Community. We have established February 2008 as a target for these groups to report their findings to the consortium for implementation plan and incorporation into our policies.

2. Please describe your quality assurance plan for 2008 and how you will use results from your 2007 activities:
   - The consortium uses a quality feedback loop in the ongoing operation of our ADRC service. Information gathered through consumer surveys, consumer calls or contacts, the advisory committee, program databases and other sources are utilized to review program and policy operation and impact. Program goals and objectives are developed from this information; operating guidelines, policies and procedures are adjusted accordingly when opportunities for improvement are identified. Program outcomes are also monitored with additional systems changes made as warranted.
   - Feedback from satisfaction surveys, the ADRC Advisory Committee, staff and management will be utilized by ADRC management staff to determine effectiveness of our service system, gaps in service and training needs of our staff.
   - The consortium will continue to provide a random survey to 5% of the consumers served each month. This information will be used to access ADRC activity, customer satisfaction and gaps in service.
   - The advisory committee will participate in a strategic planning operation in September 2008 to identify strengths, future direction and opportunities for improvement.
   - Staff feedback and expertise will be gathered during the quarterly training events and staff meetings.
   - Management will use this information to formulate program policy and procedures, assess needs for additional staff and or training, and advocacy within the community to develop resources necessary to address consumer need.
Appendix I - ADRC Success Stories

Please describe a situation when the assistance of the ADRC enabled or empowered an individual, family, or community to reach their long-term care goals.

Earlier this year, we received a call from a Special Education teacher regarding a 19 year old gentleman ("Bob") for whom he is a mentor. Bob has cerebral palsy and has a cognitive disability. They met through Special Olympics.

Bob works at Wal-Mart as a greeter and the job requires that he stand a good deal of his shift which is challenging for Bob and is very fatiguing. His mentor called the ADRC wondering if there is any way that Bob could get a scooter to use at work and elsewhere. Bob receives SSI and is on MA.

Our Information & Assistance Specialist who talked with the mentor discovered that Bob is actually afraid to meet with anyone from the ADRC or county because his parents have forbid him from having such contact. The Information & Assistance Specialist arranged a meeting with Bob and his mentor with a promise not to inform his parents. Bob told the staff that he lives with his parents and they act as his representative payee (although this has not been designated through any formal process). He never sees his SSI check and only occasionally sees his Wal-Mart paycheck.

Bob would like to move out on his own but knows his parents would not allow this as they do not want to lose the revenue from his checks. Our staff determined that his parents are, in fact, not legal guardians and talked with Bob about his rights as an adult - he doesn't need his parents' permission and if he chooses, he can have his SSI check sent directly to him.

Our staff provided Options Counseling with Bob and informed him of the COP program and eligibility requirements, and that both COP and MA may be able to fund a scooter for him. Over the next several weeks a Functional Screen and COP Assessment were completed with Bob. We connected Bob with a counselor who helped him work through his issues regarding his parents and his hesitancy to move out and make them angry. We also talked with Bob about the options regarding moving out on his own and the supports that are available to help him be successful on his own.

We were able to secure a scooter for Bob which has enabled him to remain in his job at Wal-Mart. Bob was eligible for COP funding and is currently working with a case manager on a plan to move into his own apartment.