



THE CHANGING LANDSCAPE OF AGING AND DISABILITY INFORMATION AND REFERRAL/ASSISTANCE

2015 Survey of Aging and Disability I&R/A Agencies



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The National Information and Referral Support Center (the Support Center)

is administered by the National Association of States United for Aging and Disabilities (NASUAD), with funding provided in part by the Administration on Aging within the Administration for Community Living, U.S. Department of Health and Human Services. The Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide. The Alliance of Information and Referral Systems (AIRS), the National Association of Area Agencies on Aging (n4a), and the National Council on Independent Living (NCIL) are key partners in the success of the Center.

The National Association of States United for Aging and Disabilities (NASUAD)

represents the nation’s 56 state and territorial agencies on aging and disabilities and supports

visionary state leadership, the advancement of state systems innovation and the articulation of national policies that support home and community based services for older adults and individuals with disabilities. NASUAD’s members oversee the implementation of the Older Americans Act, and many also function as the operating agency in their state for Medicaid waivers that serve older adults and individuals with disabilities. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers.



The National Council on Independent Living (NCIL) is the longest-running national cross disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the country. Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL promotes a national advocacy agenda set by its membership and provides input and testimony on national disability policy.



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ACKNOWLEDGEMENTS

Information and referral/assistance (I&R/A) provides a critical pathway for older adults, individuals with disabilities, family members, and caregivers to access services and supports that they need. Yet a changing policy, fiscal, and service delivery environment is adding greater complexity to the provision of I&R/A and challenging aging and disability agencies to sustain the important work that they do on behalf of consumers. The 2015 National Survey of Aging and Disability I&R/A Agencies was designed to reflect this changing landscape, including both the opportunities and challenges facing I&R/A agencies as they serve more diverse consumers and growing numbers of inquirers in a time of fiscal constraint. This survey was developed and administered by NASUAD in partnership with the National Council on Independent Living (NCIL).

Many individuals contributed their time and effort to the 2015 survey. NASUAD and NCIL would like to express their deep appreciation to all of the I&R/A providers around the country who responded to the survey. Their contributions have deepened the knowledge base on aging and disability I&R/A. Project leadership was provided by Nanette Relave, Director of the National Information & Referral Support Center, and by Lindsay Baran, Policy Analyst, NCIL, who participated in all phases of the development, implementation, and analysis of the survey. Additional support was provided by NASUAD's Senior Director of Medicaid Policy and Planning, Damon Terzaghi, and Policy Analyst, Linda Nakagawa. Camille Dobson, Deputy Executive Director of NASUAD, provided valuable support in developing survey questions on serving Medicaid consumers. NASUAD's former employee Erin White provided tireless work to develop the survey instrument and to collect and aggregate the data. We would like to give special thanks to the members of the I&R Support Center's Advisory Committee and to Sherri Clark, Program Specialist, Administration on Aging/Administration for Community Living, for their support, input, and encouragement of this project.

Sincerely,



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ABOUT THIS DOCUMENT

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EXECUTIVE SUMMARY

Aging and disability I&R/A agencies are operating in a time of change. To capture the current state of I&R/A service provision, including trends and developments, challenges and opportunities, and promising practices, NASUAD, in partnership with NCIL, surveyed organizations nationwide that provide information and referral/assistance within aging and disability networks. These organizations include state agencies on aging and disability, Area Agencies on Aging, Aging and Disability Resource Centers (ADRCs), Centers for Independent Living, non-profit human service organizations, and national organizations. Five overarching themes emerged from the survey:

- **Theme 1. Funding and Sustainability are Significant Concerns among Aging and Disability I&R/A Agencies.** The challenge of serving growing numbers of inquirers and more diverse consumers—including those with complex needs—and doing so with limited funding was widely reflected in the 2015 survey. An overwhelming number of survey respondents identified funding and sustainability as the top issues impacting their agency, and of particular concern for ADRC initiatives. The 2015 survey captured the prevalence of these concerns as well as the use of innovative sustainability strategies.
- **Theme 2. Partnerships and Networks Continue to Evolve to Serve Both Older Adults and Individuals with Disabilities.** Reflecting a theme documented in NASUAD’s 2012 survey of aging and disability I&R/A agencies, partnerships and networks among agencies have continued to evolve to serve both older adults and persons with disabilities under age 60. Many survey respondents reported that their agencies are serving more individuals with disabilities of all ages, and “No Wrong Door” system-building activities are reinforcing this trend.
- **Theme 3. A Changing Environment and Expanding Roles Provide New Opportunities and Challenges for I&R/A Agencies.** The policy, fiscal, and service delivery landscape surrounding aging and disability I&R/A agencies is changing rapidly, creating new opportunities, challenges, and expectations for agencies and for I&R/A specialists. Building on prior survey findings, the 2015 survey findings show new or expanded roles for agencies and specialists in areas such as services and supports for Medicaid consumers, transitions programs that facilitate community living, and private pay services.

- **Theme 4. Quality Matters to Effective I&R/A Service Delivery.** The changes that are impacting aging and disability I&R/A agencies are also creating new expectations for effective services, documented outcomes, and quality measurement in home and community based services. The 2015 survey captured and analyzed the status of existing and emerging practices that seek to measure and strengthen the quality of I&R/A service delivery in the areas of quality assurance, outcome measurement, I&R/A standards, and staff training and certification.
- **Theme 5. The Use of Technology has Increased, but There Remains Room for Growth.** Technology continues to grow more prevalent in the lives of many Americans, shaping expectations for how and where consumers access information and engage with others. The 2015 survey found a notable increase in agencies' use of social media over the past several years, yet I&R/A service delivery modalities within aging and disability networks continue to rely heavily on traditional modes of communication even as more consumers use newer modes of communication such as texting. In the areas of social media, service referrals and modes of service delivery, resource database sharing, and information systems, the 2015 survey found examples of promising practices along with opportunities for growth and innovation.

METHODOLOGY

In 2015, using a web-based survey instrument, the Support Center, in partnership with NCIL, surveyed several hundred organizations nationwide that provide information and referral/assistance (I&R/A) within aging and disability networks. The survey was in the field from March 9 through April 10, 2015. This survey was designed to assess the state of I&R/A systems serving older adults and persons with disabilities, and to highlight important trends and developments in the provision of I&R/A. To gather this information, the survey was organized into 10 sections that collected quantitative and qualitative data in key areas. The 10 sections included the following:

- Section 1: Overview Questions (agency type and respondent information)
- Section 2: Services, Referrals, and Service Needs
- Section 3: Social Media
- Section 4: Partnerships and I&R/A System Building
- Section 5: Information Technology/Management Information System (IT/MIS)
- Section 6: Agency Standards and Quality Assurance
- Section 7: Training and Certification
- Section 8: Sustainability—Private Pay Population
- Section 9: Sustainability—Expanding Roles for I&R/A Agencies
- Section 10: Conclusion and General Comments

The Support Center and NCIL distributed the survey through several dissemination channels. The survey was distributed to NASUAD's state members, who were requested to forward it to the I&R/A lead staff at their agencies as well as agencies, such as Area Agencies on Aging (AAAs) and Aging and Disability Resource Centers (ADRCs), with their networks. The Support Center also disseminated the survey through its email distribution lists comprised of over 1,000 aging and disability professionals in national, state, and local agencies across the country. NCIL distributed the survey to its Centers for Independent Living (CILs) distribution list comprised of CILs across the country.

A total of 358 respondents completed the survey, including representatives from state agencies on aging and disability (43 respondents comprising 12 percent of total respondents), AAAs (178 respondents comprising 50 percent of total respondents), ADRCs (66 respondents comprising 18 percent of total respondents), Centers for Independent Living (37 respondents comprising 10 percent of total respondents), and other non-profit organizations (34 respondents comprising 10 percent of total respondents). The number of respondents from 2-1-1 organizations and from tribal organizations was too small to allow responses to be categorized or analyzed by these agency types. These responses were recoded where feasible according to another primary agency type, such as other non-profit organization.

Additionally, some respondents indicated in comments that their organization includes more than one agency type, particularly for organizations that operate an ADRC. In fact, the majority of survey respondents indicated that their agency operates an ADRC when asked this question. This finding is not surprising given the composition of the survey respondents by agency type. For example, over 70 percent of ADRCs nationwide include an AAA as one operating agency and over 20 percent include a CIL as one operating agency.¹ While survey respondents were directed to select one agency type for their organization, and were categorized accordingly, most respondents work in organizations that operate or partner with an ADRC.

In the report that follows, the survey data is either presented in the aggregate across respondent organizations as a whole, or by agency type (state agency, AAA, ADRC, CIL, or other non-profit organization).

¹ The Lewin Group, Aging and Disability Resource Centers “Just the Facts,” June 2011, visit the ADRC Technical Assistance Exchange at <http://www.adrc-tac.acl.gov/tiki-index.php?page=NewSite>.

INTRODUCTION

Information and Referral is described as “the art, science and practice of bringing people and services together.”² In the changing environment of long term services and supports, information and referral/assistance (I&R/A) plays a vital role in connecting older adults, people with disabilities, family members, and caregivers to the range of home and community based services, as well as residential services, that may be available to them. The 2015 survey of aging and disability I&R/A agencies, on which this report is based, captures the perspectives of state agencies, AAAs, ADRCs, CILs, and other non-profit human service organizations that provide I&R/A services to their states and communities. The 2015 survey also builds on NASUAD’s 2012 survey of aging and disability I&R/A agencies, allowing for identification of trends and developments over time. This section of the report will briefly describe aging and disability I&R/A networks and highlight the unique role of I&R/A data in capturing the service needs and unmet needs of communities.

Aging and Disability I&R/A Networks

I&R/A is a gateway to state and local aging and disability services. Aging and disability I&R/A networks are comprised of several different agency types that provide or coordinate services and supports for older adults, individuals with disabilities, family members, and caregivers. These agency types include state agencies on aging and disability, AAAs, ADRCs, CILs, and other non-profit organizations. I&R/A is also provided through specialized aging and disability networks.

Since the early 1970s, I&R/A has been a mandatory service under the Older Americans Act (OAA). Through the aging network—a national network of state agencies, AAAs, tribal organizations, and service providers—OAA-funded programs and services such as information and assistance, home care, meals, family caregiver support, and transportation assist older adults to live as independently as possible in their homes and communities. Within this network, I&R/A services support older adults and caregivers in assessing needs, identifying appropriate services to meet those needs, linking individuals to the agencies providing these services, and empowering individuals to make decisions and choices about the services that they receive.

² Alliance of Information and Referral Systems. ABCs of I&R, 2015 ed., Volume 1, page 10.

Information and referral is also a core service of Centers for Independent Living. CILs are community-based, cross-disability, and consumer directed organizations that provide five core services to people with disabilities of all ages: peer support, information and referral, individual and systems advocacy, independent living skills training, and transition services. In addition to I&R serving as the gateway to other CIL services, the information and referrals provided empower consumers to more effectively make informed decisions to achieve their goals for independent living.

With the development of Aging and Disability Resource Centers, and more recently No Wrong Door (NWD) systems, I&R/A has been incorporated as a function of networks that are intended to serve individuals of all ages and disabilities. ADRCs and NWD systems seek to provide information, one-on-one counseling (“options counseling”), and streamlined access to long term services and supports. The NWD model places particular emphasis on “person-centered counseling.” These types of networks call for partnerships across a range of agencies and organizations, including aging and disability I&R/A agencies, though partnerships vary across communities and may still be evolving.

While some aging and disability I&R/A agencies or networks aim to serve consumers broadly, other organizations provide information and referral as a function of specialized aging and disability networks. These networks may be comprised of national organizations and their state and local chapters or affiliates. The Arc, for example, has a network of nearly 700 state and local chapters that serve people with intellectual and developmental disabilities of all ages and their families. Chapters provide a variety of services and supports including information and referral, advocacy, family support, employment programs, and other services. The Alzheimer’s Association and its local chapters provide information and support to individuals affected by Alzheimer’s disease and other dementias, including through a national Helpline that offers information and assistance. These are two examples of specialized aging and disability networks that provide I&R/A to individuals, family members, and caregivers. The perspectives of organizations that participate in specialized networks have also been captured in this survey.

I&R/A Data: Documenting Community Needs

The I&R/A process—which includes assessing an individual’s needs; providing information, service referrals, and/or assistance; and follow-up—offers a window into the service needs and unmet service needs of inquirers (i.e. individuals who contact an I&R/A service).

Information gathered across I&R/A inquiries can shed light on the needs and unmet needs of those served by I&R/A agencies. In this way, I&R/A inquiries and follow-up can provide a unique and rich source of data on the service needs and unmet needs of communities or populations. The 2015 survey of aging and disability I&R/A agencies asked respondents to identify most frequent service requests and most frequent unmet service needs to provide a national snapshot of the service needs and unmet needs of inquirers served through aging and disability I&R/A networks.

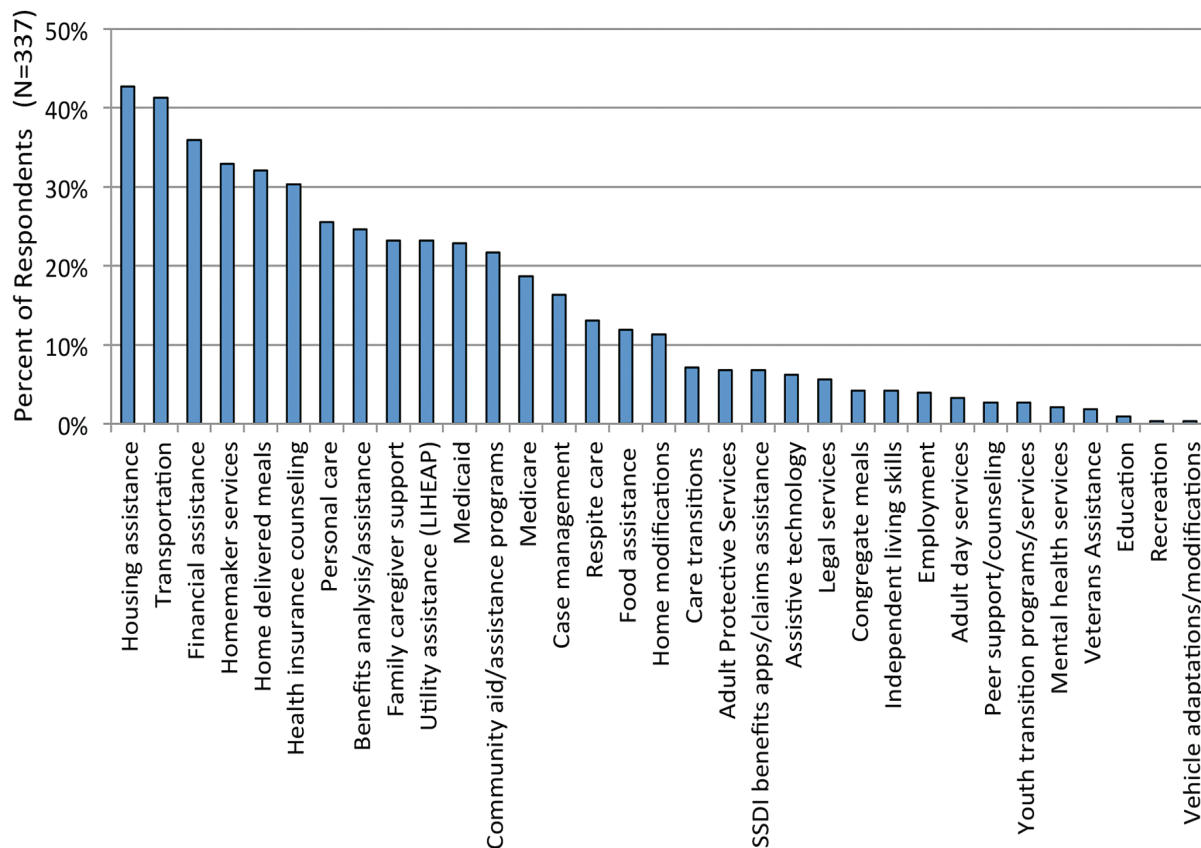
In the 2015 survey, the top ten most frequently requested services reported by aging and disability I&R/A agencies include: housing assistance, transportation, financial assistance, homemaker services, home delivered meals, health insurance counseling, personal care, benefits analysis/assistance, family caregiver support, and utility assistance (i.e. Low Income Home Energy Assistance Program or other program). For the full list of the most frequently requested services as selected by respondents in the 2015 survey, see Figure 1. In the 2012 survey of aging and disability I&R/A agencies, financial assistance was identified as the most frequently requested service, while in the 2015 survey, housing assistance emerged as the most frequently requested service. In both surveys, transportation was identified as the second most frequently requested service.³

The 2015 survey results also reveal some differences among most frequently requested services by agency type, though housing assistance, financial assistance, and transportation were among the top service requests for all agency types. For state aging and disability agencies, the most frequent service requests are for health insurance counseling, housing assistance, benefits analysis/assistance, financial assistance, and transportation. The most frequent inquiries directed to AAAs are for transportation, home delivered meals, homemaker services, housing assistance, and financial assistance. For ADRCs, the most prevalent service requests are for financial assistance, homemaker services, health insurance counseling, home delivered meals, housing assistance, and transportation. For CILs, top service requests include housing assistance, assistive technology, financial assistance, transportation, Social Security disability benefits applications/claims assistance, community aid and assistance programs (i.e. bill assistance; grants for basic needs), and care transitions (i.e. transition from institutional to community-based living). Finally, other non-profit human service organizations are most likely to receive inquiries for housing assistance, financial assistance, transportation, and benefits analysis/assistance.

³ For findings from the 2012 survey of aging and disability I&R/A agencies, see the NASUAD publication *Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities* (May 2013) at <http://www.nasuad.org/bcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

Figure 1

Most Frequently Requested Services



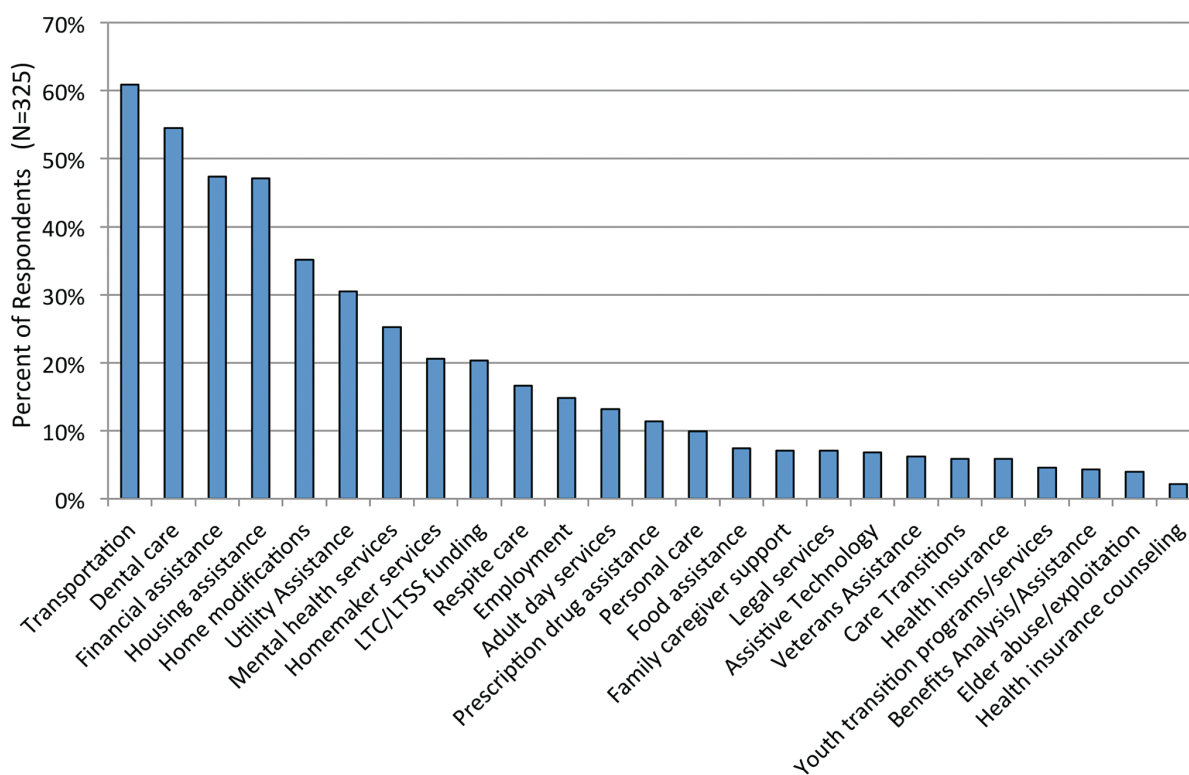
In addition to asking respondents to identify most frequently requested services, the 2015 survey also asked respondents to select the most frequent unmet service needs identified in the past year. In I&R, unmet needs may reflect both individual and system-level barriers to accessing services. Such barriers may include, for example, long wait lists for services or a lack of providers. As noted in the *AIRS Standards and Quality Indicators for Professional Information and Referral*, a pattern of individual unmet needs (i.e. situations where no services are available) may lead to identification of service gaps at the service delivery system level.⁴

⁴ Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral, version 7, revised March 2013, page 21. http://www.nasuad.org/sites/nasuad/files/hcbs/files/221/11024/AIRS_Standards_7_Final.pdf

In the 2015 survey (the first time a question on unmet needs was asked), the top ten most frequently identified unmet service needs include: transportation, dental care, financial assistance, housing assistance, home modifications, utility assistance, mental health services, homemaker services, long-term care/long term services and supports, and respite care [Figure 2]. Distressingly, the top three most frequently requested services—housing assistance, transportation, and financial assistance—are also among the top most frequent unmet service needs. This finding suggests potentially significant service gaps in addressing the housing, transportation, and financial assistance needs of those served by aging and disability I&R/A networks. Additionally, dental care emerged as a significant unmet need, identified by over half of those responding. This finding likely reflects both a lack of access to dental coverage and a lack of access to dental care providers experienced by individuals served through aging and disability I&R/A networks.

Figure 2

Most Frequent Unmet Service Needs



THEME 1. FUNDING AND SUSTAINABILITY ARE SIGNIFICANT CONCERNS AMONG AGING AND DISABILITY I&R/A AGENCIES

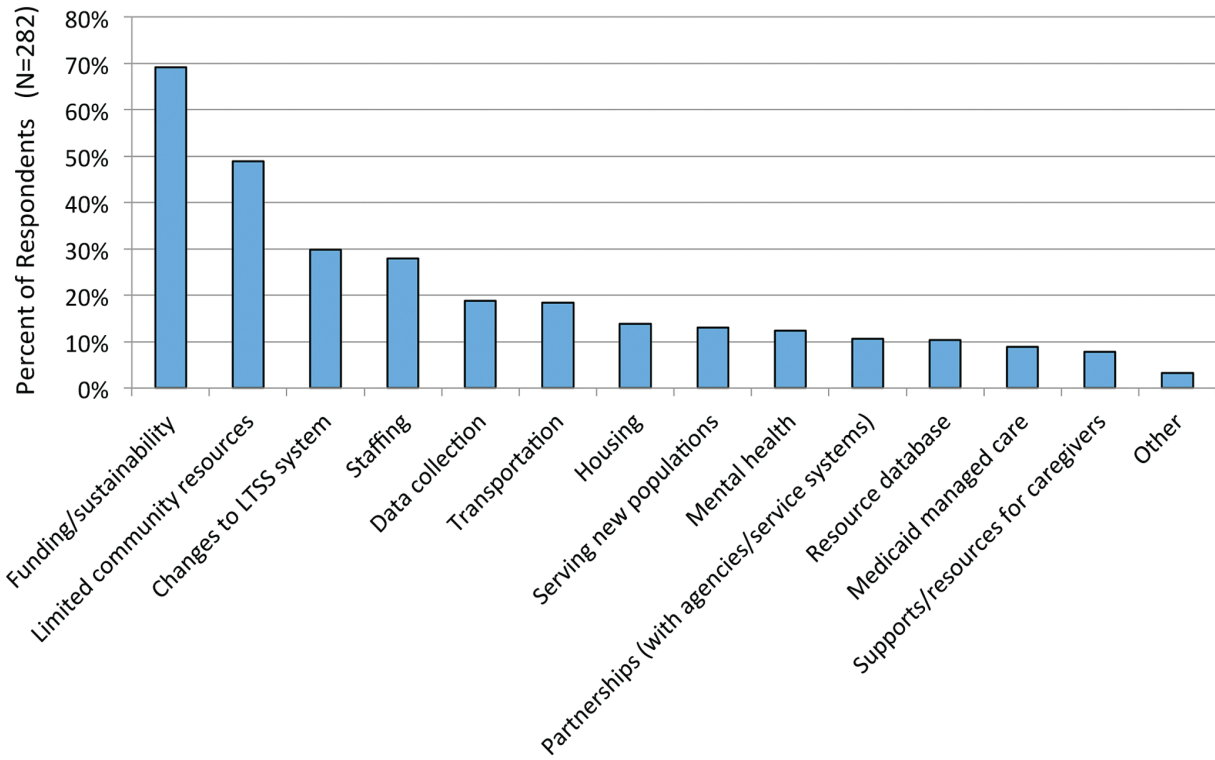
In a changing policy, fiscal, and service delivery environment, aging and disability I&R/A agencies have been challenged to sustain and expand their business models. This funding and sustainability challenge is an overarching theme that is reflected throughout responses to the 2015 survey. The survey findings capture the challenge of serving diverse and growing populations with limited or declining funding, yet also highlight innovative strategies to enhance sustainability.

When asked to identify the top three issues affecting their I&R/A agency, 70 percent of respondents selected funding/sustainability as the top issue impacting their agency. Funding and sustainability emerged as leading concerns for aging and disability I&R/A agencies by a wide margin [Figure 3]. Several respondents expressed concerns with growing demand for services, serving new and/or diverse populations, and expectations for service delivery (such as the provision of options counseling) in the context of limited or restricted funding. Responses also suggest that funding and sustainability are of particular concern for ADRC initiatives. Several respondents stressed the importance of sustainable funding for ADRC efforts. As described by one respondent, “The ADRC concept is an ideal service model that brings community agencies together to best serve the needs of an individual. It is a good business model that given enough staffing and funding could really blossom into a quality program. Without adequate funding and staffing, the goals of the program are quite challenging to meet.”

In addition to funding and sustainability, other top issues identified by respondents as impacting their agencies include: limited community resources, changes to the long term services and supports (LTSS) system, and staffing. Reflecting findings on unmet service needs, limited community resources can challenge I&R specialists to find resources to meet inquirers’ needs. Several respondents noted the difficulty of accessing resources in rural areas (“as we are in a largely rural area, we have to rely a great deal on churches and informal resources, such as *knowing somebody who has a truck*”). Several respondents also described the challenge of keeping up with and adapting to complex and rapid changes in the Medicaid environment, such as implementation of delivery system reforms, managed LTSS, and programs for dual-eligible beneficiaries. Staffing was another issue impacting agencies, particularly relating to staff training to serve diverse populations and staff turnover. Additionally, in comments, some respondents reported issues of capacity and/or resources to serve younger adults with disabilities as impacting their agency, especially for agencies that have not historically served people with disabilities of all ages.

Figure 3

Top Issues Affecting Aging and Disability I&R/A Organizations



Though funding and sustainability are challenges facing many agencies that responded to the survey, respondents also reported diverse strategies and approaches to help sustain services and initiatives. The 2015 survey asked respondents to describe one innovative sustainability strategy being undertaken by their agency. The sustainability strategies listed below highlight a range of approaches identified by respondents to addressing this challenge.

Meeting the Sustainability Challenge: Innovative Strategies

- Serving new populations (e.g. veterans, younger individuals with disabilities)
- Outreach and marketing to reach new consumers and raise awareness of services
- Building new partnerships (e.g. with for-profits, employers); leveraging existing ones
- Creating efficiencies in operations (e.g. sharing an I&R resource database)
- Using technology to modernize business practices (e.g. chat and text I&R)
- Diversifying sources of revenue (fee-for-service programs, grants, Medicaid billing, Medicare reimbursement, private pay)
- Diversifying services
- Contracting with managed care plans
- Providing services in “in-demand” areas (e.g. care transitions)
- System building (ADRC and No Wrong Door planning and implementation)
- Cross-training staff
- Rebranding; creating new organizational models (e.g. developing a 501c3, a LLC)
- Quality improvement

It is interesting to note that a number of respondents identified serving new populations as a sustainability strategy even as serving diverse populations was also identified as a challenge in other areas of the survey, reflecting both the opportunity and challenge of serving new and diverse consumers. Partnerships were often identified as an important foundation for sustainability in a tight fiscal climate. Several strategies reflect the current focus on “business acumen,” an approach to business development being supported by the Administration for Community Living (ACL) to assist aging and disability organizations to market and contract with healthcare entities for community-based LTSS.⁵ Among creative strategies are rebranding and creating new organizational models. One respondent described “shifting from a *direct services* brand to a *partnering and referral* brand.” Another respondent reported the organization of a limited liability company (LLC) by the state’s AAA network to help to open up opportunities for continued growth.

“Evolving from stand-alone resource centers operated by the AAAs into a network of partnering organizations that already provide similar I&A services; sharing a resource database among agencies rather than every agency paying for maintaining separate databases.”

⁵ For more information on business acumen, visit ACL at <http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx>.

THEME 2. PARTNERSHIPS AND NETWORKS CONTINUE TO EVOLVE TO SERVE BOTH OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES

Since the 2012 survey of aging and disability I&R/A agencies, partnerships and networks among agencies have continued to evolve to serve older adults and individuals with disabilities under age 60, as well as caregivers and family members. As noted earlier in this report, the majority of survey respondents in the 2015 survey (74 percent) reported that their agency operates an ADRC—a model intended to serve individuals of all ages and disabilities.

AGING AND DISABILITY RESOURCE CENTERS

The ADRC initiative began as a collaborative effort of the Administration for Community Living (Administration on Aging) and the Centers for Medicare & Medicaid Services to streamline access to long term services and supports for older adults, all persons with disabilities, caregivers, and veterans. ADRCs are intended to serve as single points of entry within communities into the LTSS system and to provide a more coordinated system of information and access, building on the strengths of existing aging and disability agencies⁶. The core functions of ADRCs include⁷:

- Information, referral and awareness;
- Options counseling, advice and assistance;
- Streamlined eligibility determination for public programs;
- Person-centered care transitions; and
- Quality assurance and continuous improvement.

A federal emphasis on No Wrong Door (NWD) system development has continued to foster this trend. In 2014, ACL, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration (VHA) funded 25 states to develop three-year plans to implement NWD systems. In 2015, five of these states received funding to launch and implement NWD system initiatives, along with funding being awarded to the eight ADRC Part A states⁸ to further their NWD systems. Diagram 1 highlights federal milestones in fostering the development of systems of consumer access to LTSS. At the same time, broader reductions in federal funding are impacting ADRC initiatives in some states and communities.

⁶ Administration for Community Living. Aging and Disability Resource Center Factsheet. http://www.acl.gov/NewsRoom/Publications/docs/ADRC_Factsheet.pdf

⁷ ADRC Technical Assistance Exchange. What are ADRCs? <http://www.adrc-tae.acl.gov/wiki-index.php?page=NewSite>

⁸ These eight states include: Connecticut, Massachusetts, Maryland, New Hampshire, Oregon, Vermont, Wisconsin and Washington

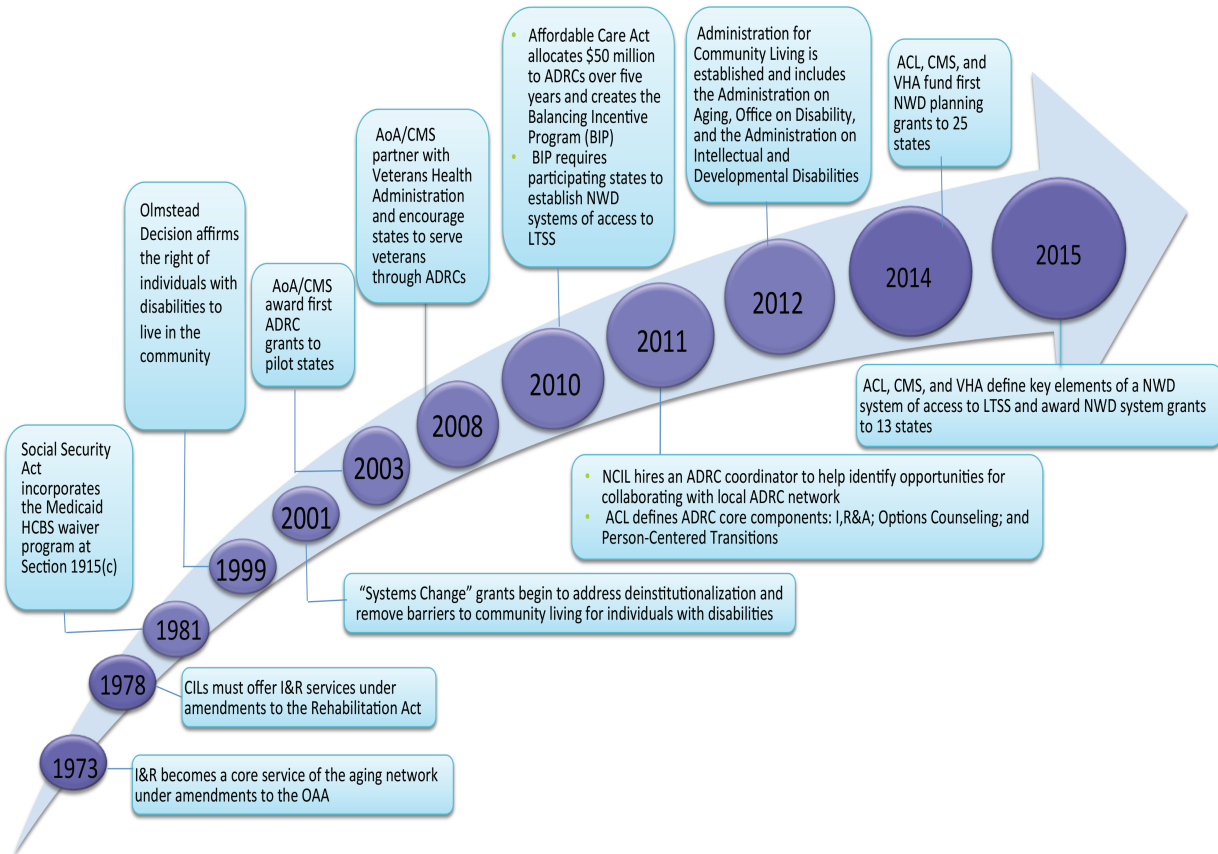
NO WRONG DOOR SYSTEMS

As described by ACL, CMS, and VHA, No Wrong Door systems of access to long term services and supports are intended to help consumers of all ages, disabilities, and income levels to learn about and access the LTSS they need. Building on the ADRC initiative and other programs such as the Balancing Incentive Program, the NWD effort is meant to foster the development of statewide systems of access to LTSS that engage multiple agencies and organizations at the state and local levels. The primary functions envisioned for the NWD system include the following⁹:

- Public outreach and coordination with key referral sources;
- Person centered counseling;
- Streamlined eligibility to public programs; and
- State governance and administration.

Diagram 1

Developing Systems of Consumer Access to LTSS: Federal Milestones



⁹ Administration for Community Living. Key Elements of a NWD System of Access to LTSS for All Populations and Payers, 2015. <http://www.acl.gov/Programs/CIP/OCASD/ADRC/docs/NWD-National-Elements.pdf>

The impact of ADRC and NWD initiatives is reflected in the changing demographics of who is being served by aging and disability I&R/A agencies. The 2015 survey asked respondents to describe changes in the demographic characteristics of individuals seeking I&R/A at their agencies over the last two years. Among the changes described, many respondents reported that their agencies are serving more inquirers with disabilities under age 60 and more individuals with disabilities of all ages. At the same time, a number of respondents reported that their agencies are serving more inquirers over age 60, reflecting broader demographic trends. In light of these changes, it is not surprising that a number of respondents reported that, overall, the volume of inquiries has increased. Changes in the characteristics and needs of those seeking I&R/A services over the last two years, as described by survey respondents, are summarized in the list below.

Changing Demographics and Needs

- More inquirers with disabilities under age 60
- Serving more individuals with disabilities of all ages
- More inquirers over age 60 (notably baby boomers in need of assistance and services)
- Increase in caregivers seeking information
- More inquiries seeking services for individuals age 80 and older
- Serving more veterans
- Increase in inquiries from individuals with mental health conditions
- More inquiries related to services for individuals with dementia
- More inquirers with complex and multiple conditions and needs
- More calls relating to in-home supports/long term services and supports
- More inquirers needing financial assistance; needing help with housing

As described by survey respondents, the implementation of ADRC initiatives and the growing reach of ADRCs in communities have played an important role in increasing inquiries by individuals with disabilities under age 60. However, other factors have also contributed to this shift including the implementation of managed care and the provision of services related to Medicaid home and community based services (HCBS) waivers. Additionally, survey responses suggest that growing needs are driving individuals of all ages, with and without disabilities, to reach out to aging and disability I&R/A agencies. The impact of the aging of the baby boom generation is also widely reflected in survey responses, particularly regarding increasing numbers of inquiries for assistance with Medicare. Across all ages, respondents reported an increase in inquirers with mental health conditions and an increase in inquirers with complex and multiple needs. As noted by one respondent, their agency is seeing more clients with multiple needs (mental illness, acquired brain injury, homelessness, multiple disabilities, and poverty). Another respondent reported seeing more clients over age 60 with mental health issues that are not being properly treated.

Participation in ADRC and NWD Networks

To explore the continuing development of networks intended to serve older adults and people with disabilities of all ages, the 2015 survey included several questions on participation in ADRC and NWD initiatives. Starting with ADRC networks, of 313 survey respondents, 90 percent indicated that their agency is a partner in an ADRC network. Most of these respondents also indicated that their agency provides I&R/A services within the ADRC network that they partner with, highlighting the important role of I&R/A within ADRC initiatives.

To further explore participation in ADRC networks, respondents were asked to describe their agency's relationship to the ADRC in their community or region [Figure 4]. Fifty-one percent of respondents indicated that their agency is the lead agency, 24 percent reported that their agency is an equal partner with another agency (or agencies), and six percent indicated that their agency is an ADRC partner but not an equal partner. Respondents (at eight percent) also described other roles that their agency plays in an ADRC network, including oversight and funding of ADRCs, and statewide leadership of ADRC initiatives.

Figure 4

Relationship to the ADRC

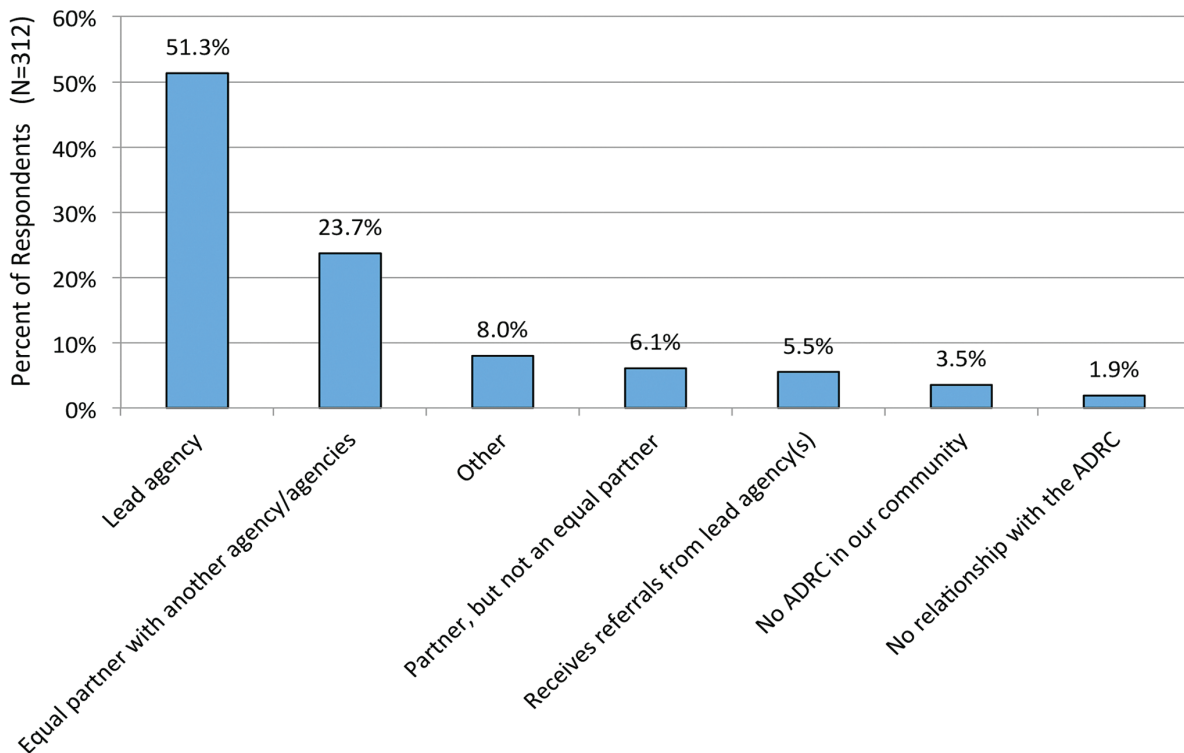
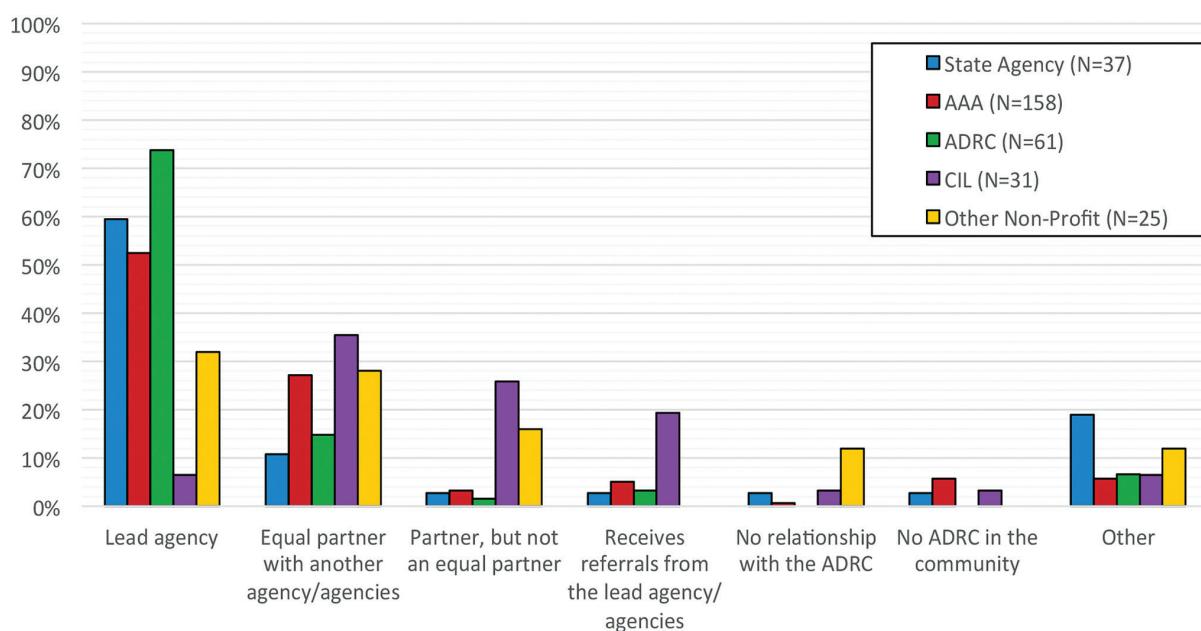


Figure 5 depicts the relationship to the ADRC by agency type. Not surprisingly, respondents that work in ADRCs were most likely to report that their agency serves as the lead agency. Over half of respondents from state agencies and AAAs also reported that their agency serves as lead agency for an ADRC. In addition to this finding, respondents from state agencies also primarily reported that their agency serves in another role such as oversight and those from AAAs primarily reported serving as an equal partner with another agency if not serving as a lead agency. AAA respondents were also most likely to report that there is no ADRC in their community, though the percent of respondents is small. Respondents from CILs were most likely to report that their agency is an equal partner with another agency but also most likely to report that their agency is a partner, but not an equal partner, in an ADRC network. Additionally, CILs were most likely to report, by a significant margin, that their agency receives referrals from the lead agency (or agencies).

Figure 5

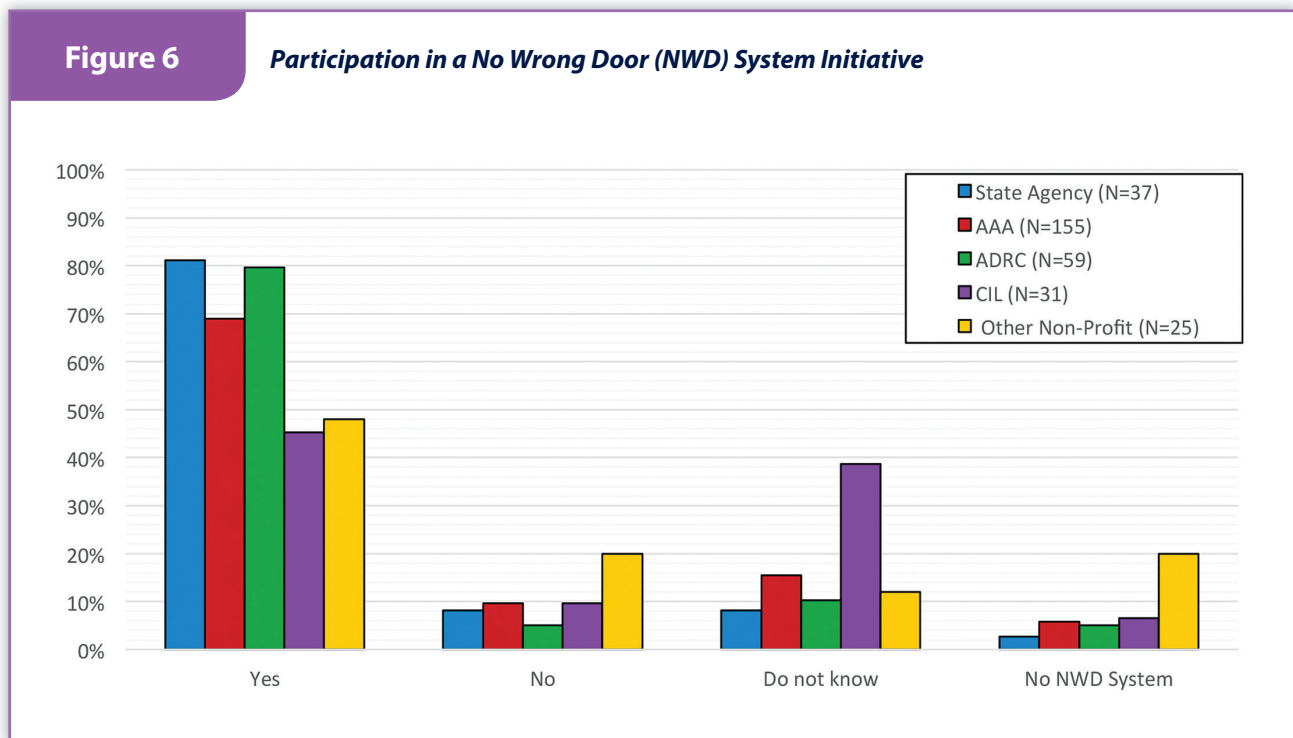
Agency Relationship to ADRC



The 2015 survey allowed respondents to further qualitatively describe their agency’s relationship to the ADRC network in their area or state. Mirroring the responses in Figure 5, AAAs are often identified as a lead or operating agency. Several respondents provided examples of AAAs and CILs co-leading or co-facilitating the ADRC (“the local CIL is a partner who co-locates with us [a AAA] one day a week to provide expanded services to the community”). Several respondents also provided examples of efforts to launch an ADRC, or to continue to build partnerships, suggesting that ADRC networks are still forming and evolving, though for some, limited funding is a challenge to engaging community partners. State agency respondents generally described a leading, coordinating, and/or funding relationship with the ADRC network in their state (“As the State Office on Aging we contract with the ADRCs, provide staff training, and oversee data collection.”).

Given the recent emphasis on the development of NWD systems, the 2015 survey also asked respondents to indicate whether their agency participates in a No Wrong Door system initiative. Respondents were further asked to describe the roles their agencies are playing in NWD systems. The quantitative and qualitative data suggest that respondents were interpreting the NWD concept in multiple ways. Some respondents directly related NWD to recent federal funding opportunities, while others referenced state activities outside of federal NWD funding. For some, survey responses imply a broader concept of NWD focused on integrated or streamlined access to services (“We use *the buck stops here approach* and try not to pass along a phone call before fully understanding what the caller really needs.”).

Of 307 respondents, 68 percent indicated that their agency participates in a NWD system initiative, fewer agencies than participate in an ADRC network yet still a significant level of participation. Given the statewide focus of many NWD systems, it is not surprising that respondents from state agencies were most likely to report that their agency participates in a NWD initiative [Figure 6]. Respondents from ADRCs were also very likely to report that their agency participates in a NWD initiative, reflecting the role of ADRC networks in NWD system development (“We are working with the ADRCs to build a NWD system statewide.”). Almost half (45 percent) of CIL respondents indicated that they participate in a NWD system initiative, but CILs were also most likely to indicate that they do not know if their agency participates. The earlier finding that CILs were least likely to serve as the lead ADRC agency may partially account for this low rate of participation and higher rate of uncertainty.



As with participation in ADRC networks, survey respondents were provided an opportunity to qualitatively describe the roles their agencies are playing in NWD systems. For a number of respondents, their participation in an ADRC also defines and describes their role within a NWD system (“The ADRC is a no wrong door system and we participate in

a No Wrong Door grant.”). Some respondents noted that NWD is a new initiative with roles and partnerships that are still forming. Several respondents identified the role of their state’s Balancing Incentive Program in supporting a NWD system of access to LTSS. Many respondents reported that their agency provides information and referral services or information and assistance within a NWD system. In summary, roles that agencies are playing in NWD systems include the following:

- Lead agency
- Similar to ADRC; the ADRC network functions as a NWD system
- I&R/A, Options Counseling, and Person-Centered Planning
- Assessment
- NWD planning
- Evolving—roles in the NWD system are still being developed
- Participating through the Balancing Incentive Program
- Striving to be a NWD for all inquirers

DC’S NO WRONG DOOR INITIATIVE

The coordination of long term services and supports (LTSS) in the District of Columbia has been a priority for DC government for several years. DC’s Health and Human Services agencies, in partnership with consumers in need of LTSS, families, advocates, public/private partners, referral sources and others, will finalize and implement a three-year plan to transform current systems into a No Wrong Door (NWD) system for all populations and all payers. DC’s goal is to create a LTSS system in which consumers encounter person- and family-centered systems and staff that facilitate their connection to formal and informal LTSS, regardless of where individuals enter the system.

The three-year plan aims to create a sustainable infrastructure that enhances consumer choice and control; results in a consumer-driven, efficient and cost-effective system of LTSS; and explores linkages to family, community and technological supports and services prior to discussions about publicly-funded LTSS. DC is engaged in multiple systems-integration initiatives that will be leveraged to improve, strengthen, coordinate and transform the LTSS system. The award of federal NWD planning and implementation grants is helping to further these efforts. DC’s NWD initiative will refine a shared vision, bring promising initiatives to scale, and create a visible, trustworthy, easy-to-access and effective LTSS system. The NWD Leadership Council will be supported by national experts in key areas such as cultural/linguistic competence and person-centered planning to build system capacity and engage key stakeholders in finalizing the plan and in its implementation. Along with the three-year plan, expected products from the NWD initiative include:

- A streamlined integrated intake processes to support referrals and eligibility determinations;
- Uniform cross-system person-centered service-delivery approaches;
- User-friendly resource portals to connect people to public and private LTSS;
- Culturally and linguistically competent approaches to engage and serve stakeholders; and
- Formal agreements to promote sustainable change.

As NWD systems develop, and as ADRC networks mature, some are building or strengthening partnerships with agencies in the Intellectual/Developmental Disabilities (I/DD) system to better serve consumers of all ages and disabilities. The 2015 survey asked respondents to describe practices that have been useful in engaging partners in the I/DD system. For some respondents, this is clearly an emerging area with relationship building in early stages (“we are just beginning to reach out to this system to strengthen this relationship”), while others described more long-standing relationships (“we have regular contact and share referrals with the I/DD system—since we have a partnership, we work well together in solving consumers’ problems or concerns”). For a number of respondents, the ADRC network provides the nexus for engagement with I/DD partners. NWD funding and planning also appear to be providing an impetus for building partnerships with I/DD agencies. Other practices include the following:

- Agency cross-training initiatives (cross-training on topics such as services, referrals, and person-centered planning);
- Joint membership on committees (such as an ADRC advisory council, a long-term care coalition, or the DD council);
- Partnering for community events, conferences, and/or advocacy; and
- Information and referral; expanding the resource database to include DD services and resources.

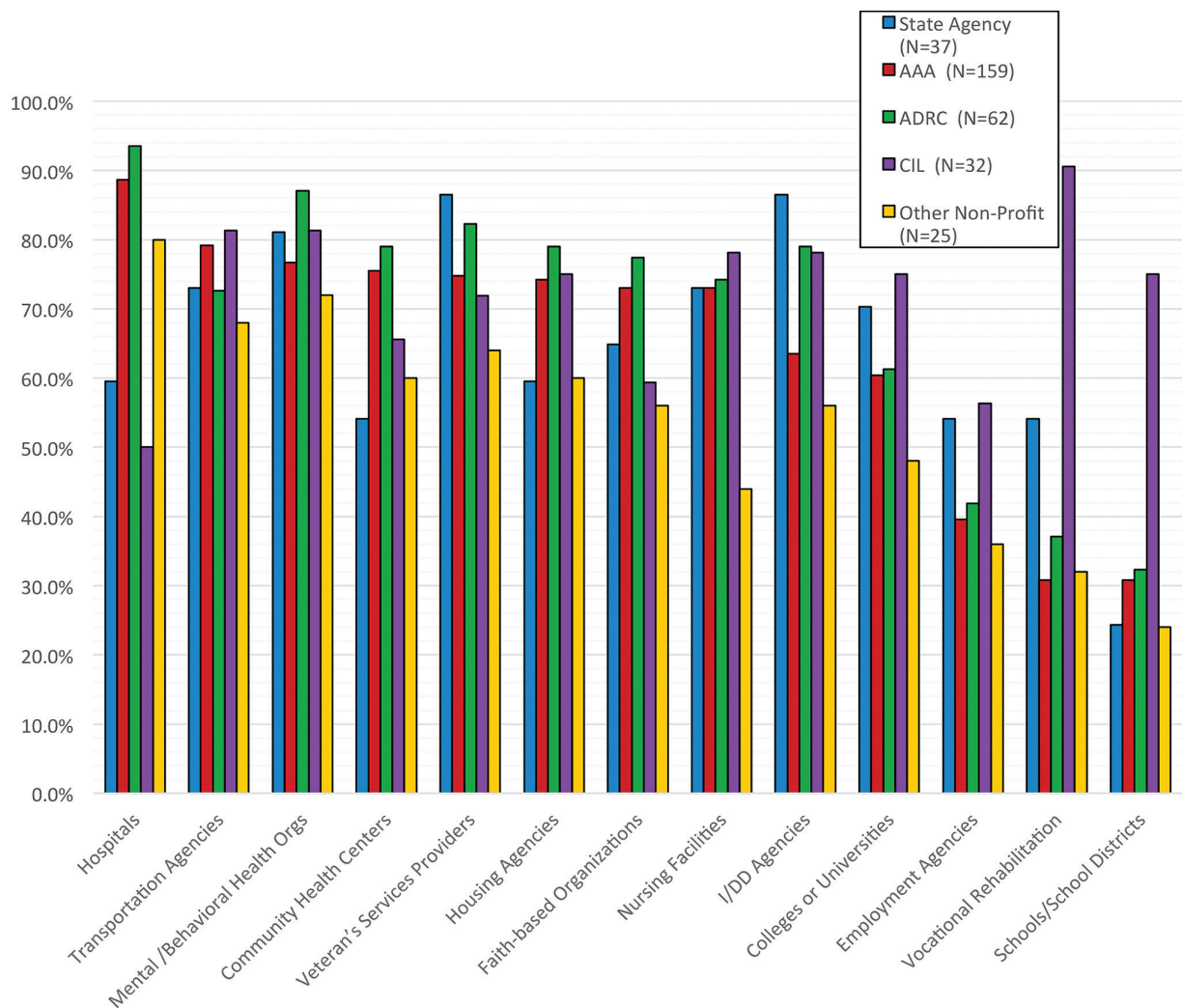
“We ensure I/DD representation on our statewide advisory council and statewide steering committee, and require local ADRCs to partner and develop memoranda of understanding with local I/DD programs and include them on local advisory and steering committees. One of the strongest examples of partnering has occurred at the local level between one of our ADRCs and a community DD program. They have a shared staff person responsible for including and maintaining I/DD specific resources in the ADRC database. This staff person is also responsible for cross training between organizations and provides some options counseling for the ADRC.”

Community and 2-1-1 Partnerships

Partnerships with diverse community organizations and with other I&R services are also important to the capacity of aging and disability I&R/A agencies to effectively serve consumers of all ages and disabilities. Figure 7 depicts collaboration with a range of community organizations by agency type. Respondents from ADRCs and AAAs were most likely to report collaboration with hospitals, likely reflecting activities around care transitions and health programming. ADRCs and AAAs were also most likely to report collaborating with community health centers. The majority of respondents by all agency types reported collaborating with mental health organizations. In other areas of the 2015 survey, respondents documented the growing number of inquiries related to mental health needs. Assisting consumers to transition to community living is a core service of CILs, and CIL respondents were most likely to report engagement with nursing facilities. Working with youth and families, and supporting youth to transition to their post-high school lives, are other key areas of focus for CILs as evidenced by Figure 7.

Figure 7

Collaboration with Community Organizations



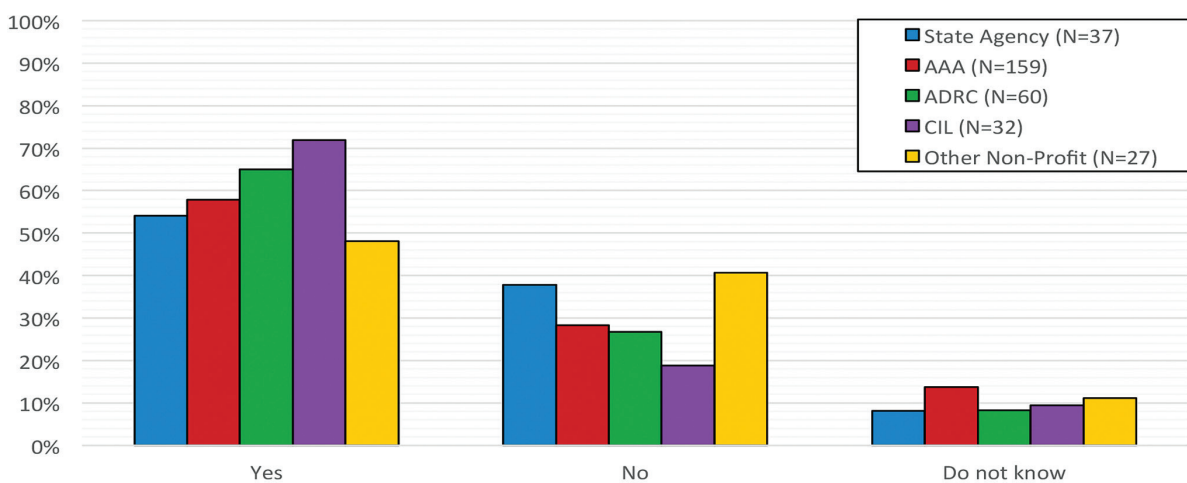
CIL respondents were most likely to report collaboration with vocational rehabilitation, schools and school districts, colleges and universities, and employment agencies. Both CILs and AAAs reported collaboration with transportation and housing agencies at similar levels, likely reflecting the prevalence of transportation and housing needs as well as the mission of each network to support individuals in community living. State agencies were most likely to report collaborating with veteran’s services providers and with I/DD agencies. As networks continue to evolve to serve older adults and individuals with disabilities, collaboration with organizations such as those identified in Figure 7 will be essential to addressing the increasingly complex needs of inquirers.

Partnerships within the broader I&R system can also support aging and disability I&R/A agencies to effectively serve inquirers. As emphasized in the *AIRS Standards and Quality Indicators for Professional Information and Referral*, cooperative relationships within the I&R system can help to ensure broad access to I&R services, maximize the use of existing I&R resources, avoid duplication of effort, and encourage seamless access to community resource information.¹⁰ The 2015 survey addressed cooperative relationships between aging/disability and 2-1-1 I&R services. 2-1-1 is a confidential referral and information helpline that connects people to health and human services. 2-1-1 information specialists connect individuals to local organizations that provide needed human services. 2-1-1 is a national partnership between AIRS, 211US, the United Way Worldwide and the organizations and programs that manage and deliver the 2-1-1 services at the state and local levels.¹¹

Of 315 respondents, 60 percent indicated that their agency collaborates with a 2-1-1 I&R service. Over half of respondents from state agencies, AAAs, ADRCs, and CILs reported that their agency collaborates with 2-1-1 [Figure 8], with CILs most likely to report such collaboration. Seventy-two percent of CILs reported such collaborations, likely reflecting both efforts to increase inclusion of CIL services in community databases and to engage with a broader set of resources.

Figure 8

Agency Collaboration with 211



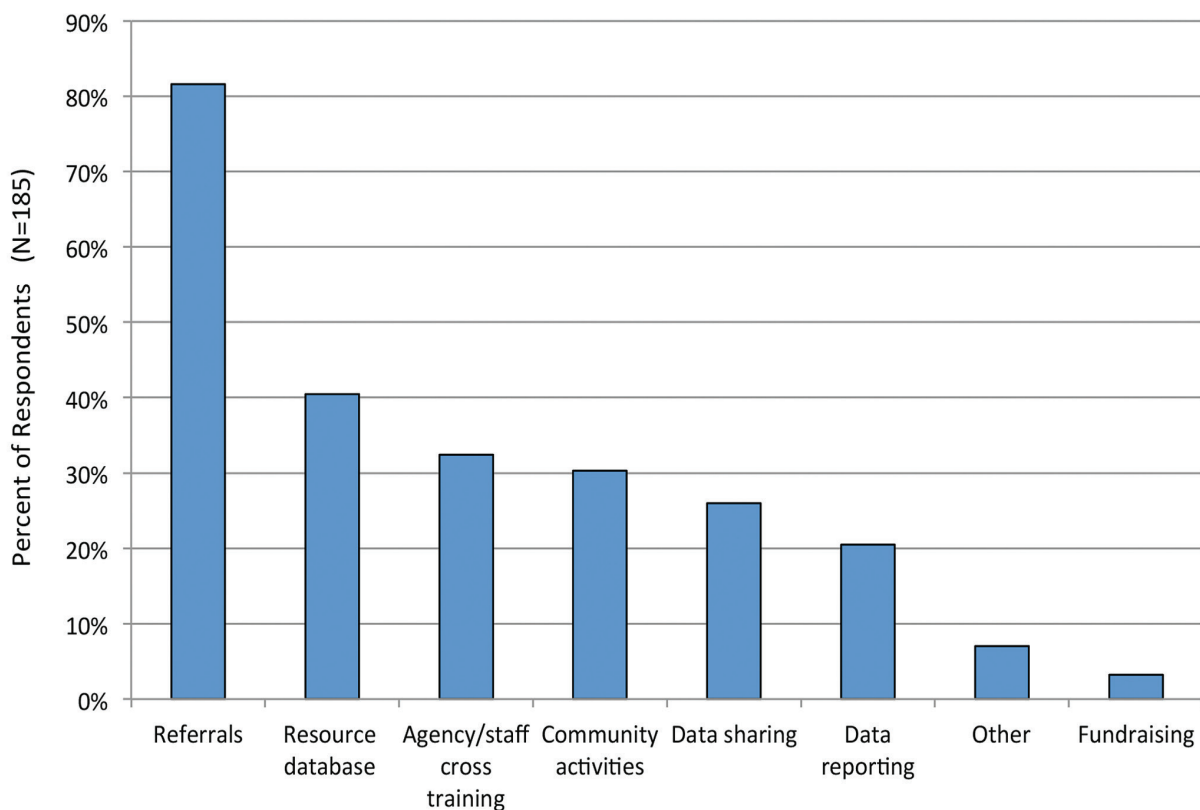
¹⁰ Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral, version 7, revised March 2013, page 22. http://www.nasuad.org/sites/nasuad/files/hcbs/files/221/11024/AIRS_Standards_7_Final.pdf

¹¹ For more information on 2-1-1, visit AIRS at <http://www.airs.org/i4a/pages/index.cfm?pageid=3379> and visit <http://www.211.org/>.

To further explore cooperative relationships with 2-1-1 services, the 2015 survey asked respondents to identify activities on which their agencies collaborate with 2-1-1 [Figure 9]. Just over 80 percent of those responding reported that their agency collaborates with a 2-1-1 service on referrals, making referrals the most prevalent cooperative activity among respondent agencies. Additionally, the majority of respondents indicated that referrals to their agency from 2-1-1 are appropriate to their services. Forty percent of respondents reported collaboration on a resource database—a component of I&R where collaboration can reduce duplication of effort and improve access to community resource information. Examples of resource database collaboration include accessing and using the 2-1-1 database, contracting with 2-1-1 for database administration, resource database sharing, updating program information in the 2-1-1 database, and providing information for the 2-1-1 database. Additionally, around 30 percent of respondents reported collaboration in the areas of cross-training and community activities. Data sharing and reporting are further areas of collaboration reported by 26 and 20 percent of respondents respectively. Seven percent of respondents described “other” types of collaborative activities including, for example, participation in an AIRS affiliate, warm transfers of callers¹², and planning for resource database coordination.

Figure 9

Collaborative Activities with 2-1-1



¹² A warm transfer is a call transfer situation in which the I&R specialist stays on the line until the caller is introduced and connected to an individual at a referral organization.

THEME 3. A CHANGING ENVIRONMENT AND EXPANDING ROLES PROVIDE NEW OPPORTUNITIES AND CHALLENGES FOR I&R/A AGENCIES

Since the 2012 survey of aging and disability I&R/A agencies, the policy, financing, and service delivery environments impacting aging and disability programs have continued to change and increase in complexity. As identified earlier in this report, 2015 survey respondents reported that changes in the LTSS system were among the top concerns affecting their agencies. This is not surprising given the magnitude of policy and regulatory changes directed at home and community based services (HCBS), in particular the CMS “HCBS settings rule” that includes important provisions regarding the qualities of HCBS settings, person-centered planning, and the provision of HCBS services in a conflict-free manner. Additionally, the rapid expansion of managed long term services and supports (MLTSS) is impacting the delivery of Medicaid-funded services for older adults and people with disabilities. Aging and disability I&R/A agencies must also navigate growing service demands in a time of strained funding, including pressure on funding for discretionary social service programs and decreases in dedicated ADRC funding.¹³ At the same time, there is a growing emphasis on business acumen, which may call for new financial skills and capacity. Finally, as described in theme two of this report, agencies are faced with serving growing and more diverse caseloads that include greater numbers of individuals with multiple and complex needs.

This changing landscape provides new opportunities and challenges for aging and disability I&R/A agencies. The 2015 survey explored several aspects of this theme: serving Medicaid consumers, participating in transitions programs, serving private pay consumers, and identifying changing roles for aging and disability I&R professionals.

Serving Medicaid Consumers in a Changing Environment

Aging and disability I&R/A agencies have long been part of the home and community based services delivery system for older adults, people with disabilities, caregivers, and family members. Traditionally, agencies have provided services using a variety of funding sources including federal funds such as Older Americans Act and Independent Living funding as well as state and local funding. However, with growing pressure on traditional funding sources and changes in the needs and characteristics of consumers, many agencies have increasingly been drawing on Medicaid as a source of revenue to support coordinating or providing HCBS for Medicaid beneficiaries.¹⁴ In the 2015 survey, of 289 respondents, 69 percent reported

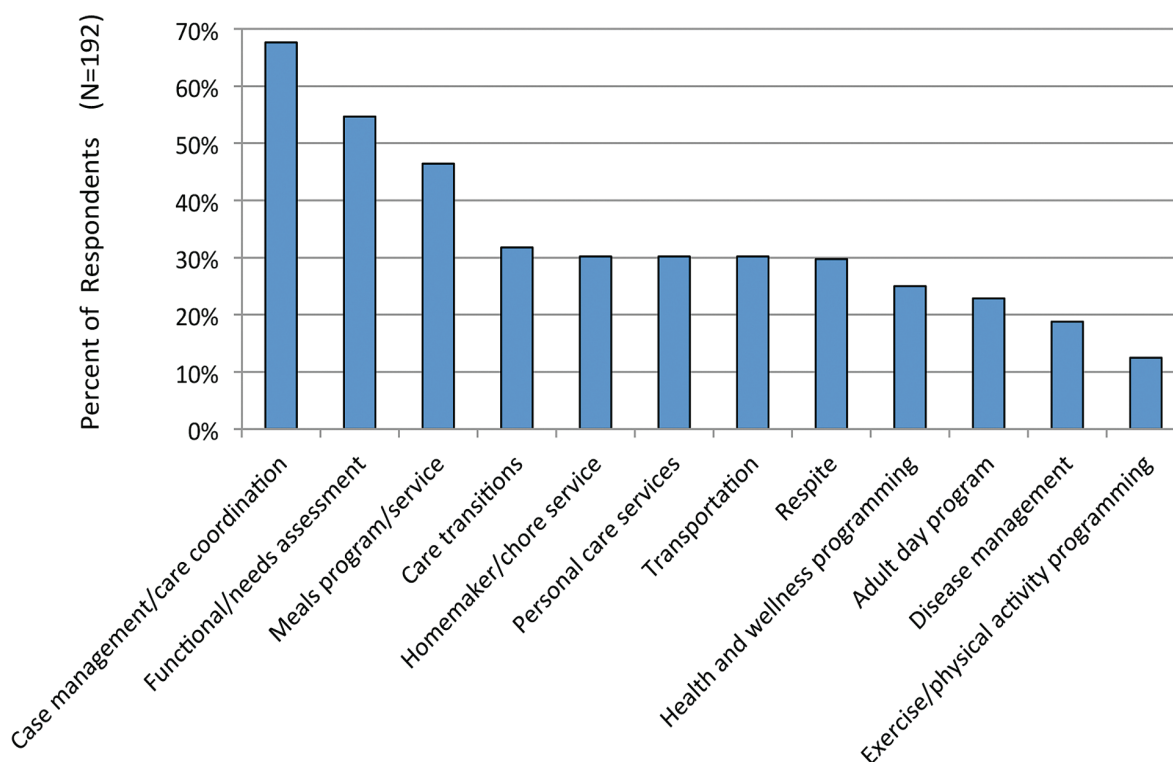
¹³ NASUAD. State of the States in Aging and Disability: 2015 Survey of State Agencies. <http://www.nasuad.org/sites/nasuad/files/NASUAD%202015%20States%20Rpt.pdf>

¹⁴ NASUAD. Community-Based Organizations and MLTSS: An Issue Brief to Assess CBO Readiness, 2014. <http://www.nasuad.org/sites/nasuad/files/CBO%20Readiness%20for%20MLTSS%20Dec.%202014.pdf>

that their agency provides services to consumers enrolled in a Medicaid waiver. Respondents from AAAs, state agencies, CILs, and ADRCs were all likely to report providing services for waiver consumers (75 percent, 70 percent, 65 percent, and 63 percent respectively). Forty-six percent of respondents from other non-profit organizations reported providing services to such consumers. Figure 10 helps to highlight the range of services that agencies provide for consumers enrolled in a Medicaid waiver program.

Figure 10

Services Provided to Consumers Enrolled in a Medicaid Waiver Program



As seen in Figure 10, 68 percent of respondents reported that their agency provides case management/care coordination to waiver consumers, underscoring the importance of this core support function to both serving consumers and to leveraging Medicaid funding. Over half of respondents also reported providing functional/needs assessment, another support function that aging and disability agencies may be well-suited to provide given their experience serving older adults and persons with disabilities. Meals programs/services rounded out the top three services provided for waiver consumers. Additionally, around 30 percent of respondents reported providing a set of services that assist consumers to live in their homes and communities. These services include: care transitions, homemaker/chore service, personal care services, transportation, and respite. In addition to the services listed in Figure 10, 18 percent of respondents reported providing other services to waiver consumers such as home and environmental modifications, I&R or information and assistance, and counseling on waiver options.

With many respondents reporting the provision of case management services for waiver consumers, it is important for aging and disability I&R/A agencies to keep in mind recent federal requirements around conflict-free HCBS provision. In particular, HCBS regulations promulgated by CMS seek to eliminate conflicts of interest such as where waiver service providers also assess consumer needs and develop service plans.¹⁵ Of concern, a number of survey respondents reported being unfamiliar with the Medicaid requirements to eliminate conflict of interest in HCBS provision or misunderstood the nature and scope of these requirements even if their agency provides a variety of services for waiver consumers. This suggests a pressing need for greater outreach, education, and clarity on requirements for conflict-free support and service provision.

In addition to changes to Medicaid-funded HCBS stemming from regulations, the expansion of Medicaid managed care is also rapidly changing the landscape of long term services and supports for older adults and people with disabilities. The growth of managed long term services and supports (MLTSS) across the country is posing challenges and opportunities for aging and disability agencies that are faced with assessing what, if any, role they want to play in this new system. At the same time, aging and disability networks may have unique capacity to provide key support services given their core competencies and strong presence within communities.¹⁶ In the 2015 survey, of 285 respondents, 70 percent indicated that their state uses managed care (which may include MLTSS) to deliver Medicaid services to consumers.

Survey respondents indicated that they serve enrollees in MLTSS programs in a variety of ways—either as contractors to the Medicaid agency providing support to consumers or as service providers through managed care organizations (MCOs). As contractors to the Medicaid agency, aging and disability agencies draw on their experience providing Options Counseling to provide similar services to MLTSS consumers prior to selecting a MCO in which to enroll. They also may leverage their roles as “on-the-ground” long-term care ombudsmen (LTCO) to serve a similar role for the state’s MLTSS ombudsman program; nine states provide ombudsman assistance to MLTSS enrollees through an expansion of their LTCO office responsibilities.¹⁷ In those states, the aging and disability agencies may also provide local assistance to the state staff. A third way that aging and disability agencies reported providing support to the Medicaid agency was by serving as assessors for functional eligibility determinations for consumers becoming eligible for Medicaid. Finally, survey respondents indicated that their agencies provided direct services to contracted MCOs, such as case management, meals or transportation. AAAs were most likely to report that their agency has a contract with a MCO, while CILs were least likely to report contracting with a MCO.

¹⁵ This regulation, “Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers,” was published in the Federal Register January 16, 2014 (79 FR 2948) and available at <https://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>. As relates to HCBS waivers, under requirements at 42 CFR 431.301(c)(1)(vi), states are required to separate case management (person-centered service plan development) from service delivery functions. For state plan HCBS programs, under the requirements at 42 CFR 441.730(b), states must separate functional eligibility assessments from direct service delivery.

¹⁶ NASUAD. Community-Based Organizations and MLTSS: An Issue Brief to Assess CBO Readiness, 2014. <http://www.nasuad.org/sites/nasuad/files/CBO%20Readiness%20for%20MLTSS%20Dec.%202014.pdf>

¹⁷ As of March 2016.

Supporting Community Living: Involvement in Transitions Programs

As described in the 2012 survey of aging and disability I&R/A agencies, participation in care transitions programs—which have the goal of assisting individuals to return and remain in the community—is a logical role for I&R/A networks. Care transitions services include providing the information, services, and supports individuals need to make the successful transition from a hospital or nursing facility to community-based living.¹⁸ The 2015 survey continues to reflect the important role of care transitions services in the service delivery portfolio of aging and disability I&R/A agencies. Of 282 respondents, 75 percent reported that their agency participates in the implementation of care transitions services. CILs reported the highest level of involvement in transitions services at 93 percent of those responding, followed by state agencies at 78 percent, ADRCs at 76 percent, and AAAs at 74 percent. Half of other non-profit organizations reported participation in transition services. In the 2012 survey, CILs also reported the highest level of participation in care transitions activities at 88 percent, followed by AAAs at 76 percent, ADRCs at 74 percent, and state agencies at 67 percent.¹⁹

As in the 2012 survey, when asked to describe their agency's role in care transitions services or programs, respondents identified a variety of roles and initiatives that their agencies participate in. Many respondents in the 2015 survey reported that their agency participates in care transitions services through the Money Follows the Person (MFP) demonstration program administered by CMS. With over 40 states participating in the demonstration, the widespread involvement of aging and disability I&R/A agencies in MFP is not surprising. A number of respondents also reported involvement in the Community-based Care Transitions Program (CCTP). The CCTP, created by Section 3026 of the Affordable Care Act and administered by CMS, tests models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries. However, a few respondents reported that their CCTP program had ended. Some respondents reported that their agency serves as the MDS Section Q local contact agency. The Minimum Data Set Section Q engages nursing facility residents to determine their goals in returning to a community residence; for those interested in the possibility of transitioning, a referral is made to a community organization (a local contact agency) for information and potential assistance.

In addition to participating in programs such as MFP and CCTP, several respondents described efforts such as contracting with hospitals and managed care organizations to deliver transitions services. For some respondents, transitions services are an integral part of their agencies' work ("This is a part of our everyday work—we have diversion and transition care managers."). A few respondents noted that "transition" is a core service of CILs.

Along with participating in a range of programs and initiatives, respondents described a variety of roles that staff perform in support of care transitions. These roles include, for example, case management and care coordination, Options Counseling, I&R and information and assistance, outreach to residents, person-centered planning, peer support, and ombudsman services. Some respondents also described additional staff training in models such as the

¹⁸ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 15. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

¹⁹ Ibid.

Coleman Model and the Bridge Model²⁰ in order to support effective participation in transition services. As noted in the 2012 survey report, the additional staff time and skill requirements necessary to facilitate successful care transitions mark a potential expansion of the job responsibilities for I&R/A agency staff.²¹ To sustain this effort, agencies will need to look to diverse funding sources beyond time-limited grant funding.

While care transitions services are an important and growing component of many I&R/A agencies' service portfolios, these services are not the only way in which agencies support community living. The 2015 survey, for the first time, looked at participation in diversion programs and in youth transition programs to better understand the changing roles of I&R/A agencies.

Diversion programs and services assist individuals at risk of institutional placement to stay living at home or in a community-based setting. In some cases, transition and diversion services may be part of the same program. In the 2015 survey, of 280 respondents, 59 percent reported that their agency participates in the implementation of a diversion program or services. While a lower rate of participation than in care transition services, the level of participation in diversion services is still noteworthy and significant. As with care transitions services, there was some variation by agency type. ADRCs and CILs reported the highest levels of involvement in diversion services at 64 percent and 63 percent respectively, followed by AAAs at 60 percent, state agencies at 56 percent, and other non-profit organizations at 46 percent.

As with care transitions services, when asked to describe their agency's role in diversion programs or services, respondents identified a variety of roles in support of assisting individuals to stay at home or in their community. These roles include screening and assessments, case management and service coordination, Options Counseling, information and referrals to Medicaid waivers and to community resources, and the provision of services such as in-home services. Many respondents reported that their agency's participation in diversion activities occurs in the context of connecting individuals to and/or providing Medicaid HCBS waiver services, again underscoring the growing role of Medicaid in the delivery of support functions and services by aging and disability I&R/A agencies.

"Through our pre-admission screening process and options counseling process we help to divert individuals from nursing facility placement."

²⁰ For information on these models, visit <http://caretransitions.org/> and <http://www.transitionalcare.org/the-bridge-model/> respectively.

²¹ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 17. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

At the same time, a number of respondents also pointed to the provision of Older Americans Act (OAA)-funded services in supporting diversion goals. Some respondents additionally mentioned state-funded diversion programs and services. Respondents reported the provision of services such as home-delivered meals, homemaker services, respite, family caregiver support, personal assistance services, and evidence-based interventions like the Matter of Balance program as assisting individuals to stay at home. Similar to care transitions services, several respondents emphasized that diversion services are part of their agencies' work and mission ("We do not receive direct and specific funding for diversion, however the basis of our organization is to promote independent living and encourage integration and full community inclusion. Our services and delivery methods are in support of our philosophy; a majority of what we do as a CIL is about assisting *at risk* individuals to stay in the community.").

Along with exploring participation in diversion services, the 2015 survey also asked respondents about their agency's participation in the implementation of youth transition programs or services. Though different from care transitions and diversion services, youth transition services also play an important role in supporting community living and inclusion. Youth transition services help to support the transition of youth with disabilities from secondary education to postsecondary life. This stage of life may include transition to higher education, vocational training, employment, and independent living. While traditionally the domain of agencies that serve transition-age youth among those they serve, the evolution of I&R/A networks towards serving individuals of all ages and disabilities may call upon I&R/A agencies to become more engaged in youth transition activities. The addition of "transition" as a fifth CIL core service by the Workforce Innovation and Opportunity Act of 2014 (WIOA) also emphasizes and formalizes the role of CILs in supporting youth transition.²²

Despite the fact that many respondents reported that their agencies are serving more individuals with disabilities under age 60, few respondents reported that their agencies participate in youth transition activities, suggesting that youth transition is still a nontraditional activity for a number of I&R/A agencies. Of 279 respondents, only 15 percent reported that their agency participates in the implementation of a youth transition program or services. The 2015 survey also reveals a wide disparity by agency type. Ninety-six percent of respondent CILs reported participating in youth transition activities, followed by 25 percent of state agencies, 14 percent of other non-profit organizations, four percent of ADRCs, and three percent of AAAs.

While the high level of participation by CILs is expected given their longstanding involvement in youth transition, the low level of involvement by ADRCs may be of concern given the expectation of ADRC networks to serve individuals of all ages. ADRC networks may wish to explore the types of partnerships and activities that could enable them to assist youth with disabilities during this critical phase of life and provide appropriate referrals. The participation of state agencies in this area may reflect in part agency restructuring over the past several years that resulted in greater incorporation of services for older adults and for individuals with intellectual and developmental disabilities in the same agency in some states.²³ There is also growing interest at the state level in policies and programs that support competitive and integrated employment for youth and adult with disabilities.

²² Transition under WIOA encompasses youth transition, nursing home diversion, and transition from nursing facilities or other institutional settings into the community.

²³ NASUAD. State of the States in Aging and Disability: 2015 Survey of State Agencies, p. 5. <http://www.nasuad.org/sites/nasuad/files/NASUAD%202015%20States%20Rpt.pdf>

The 2015 survey asked respondents to describe their agency's role in youth transition services and, as with other types of transition services, respondents highlighted a range of activities to support youth and their parents in the transition from high school to young adult life. While most responses reflect experience in this area, a few suggest that the respondent agencies are new to youth transition services. Examples of key activities and roles are provided in the list below. These examples can also provide ideas to agencies that are becoming newly engaged in youth transition.

Youth Transition Activities, Roles, and Partnerships:

- Independent living skills assessment and training
- Participation in Individualized Education Program (IEP) meetings
- Assistance with transition planning
- Partnerships with school districts and Vocational Rehabilitation
- I&R (to community resources, employment services, education and training)
- Parent education and advocacy
- Youth empowerment
- Support for transition to the adult service system
- Participation in Disability Mentoring Day
- Work-based learning; summer job readiness programs

“We have several partnerships and programs in support of youth transition that align with the Independent Living initiative. We partner with our school district to provide Independent Living training for youth and work with the Parent Education Network to provide parent education and empowerment for youth. We also work with our local mental health/intellectual and developmental disabilities center in support of healthy options for transitions for youth in our area. Advocacy is key in this as we not only empower our youth as consumers but educate their supportive network to allow for successful transitions in community-based living.”

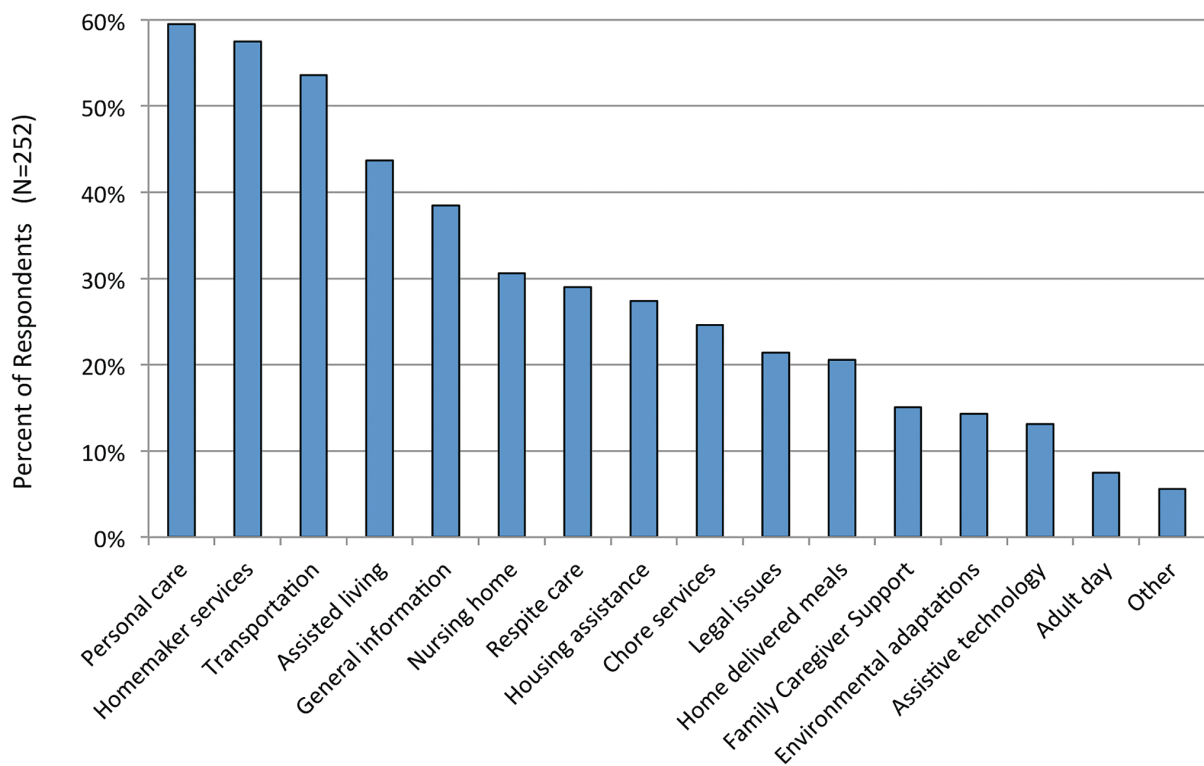
Serving Private Pay Consumers

As a changing environment challenges aging and disability I&R/A agencies to diversify their services and funding sources, serving consumers that pay for services from their own funds (i.e. “private pay”) may offer an opportunity to leverage core competencies and potentially to generate revenue through fee-for-service. The 2012 survey report noted that, as I&R/A agencies continue to establish themselves as trusted sources of information, referrals, and assistance, extending these services to private pay consumers is a natural progression for aging and disability I&R/A agencies. By connecting individuals to private pay options for those who do not meet the eligibility requirements for Medicaid or other public assistance programs, or the targeting criteria for OAA-funded services, I&R/A agencies can help more consumers to access services.²⁴

In the 2015 survey, of 287 respondents, 88 percent reported that their agency provides information and referral about private pay services. In 2012, 82 percent of survey respondents reported providing I&R to consumers and caregivers about private pay services. These findings suggest a slight increase in the already high level of I&R on private pay services.

Figure 11

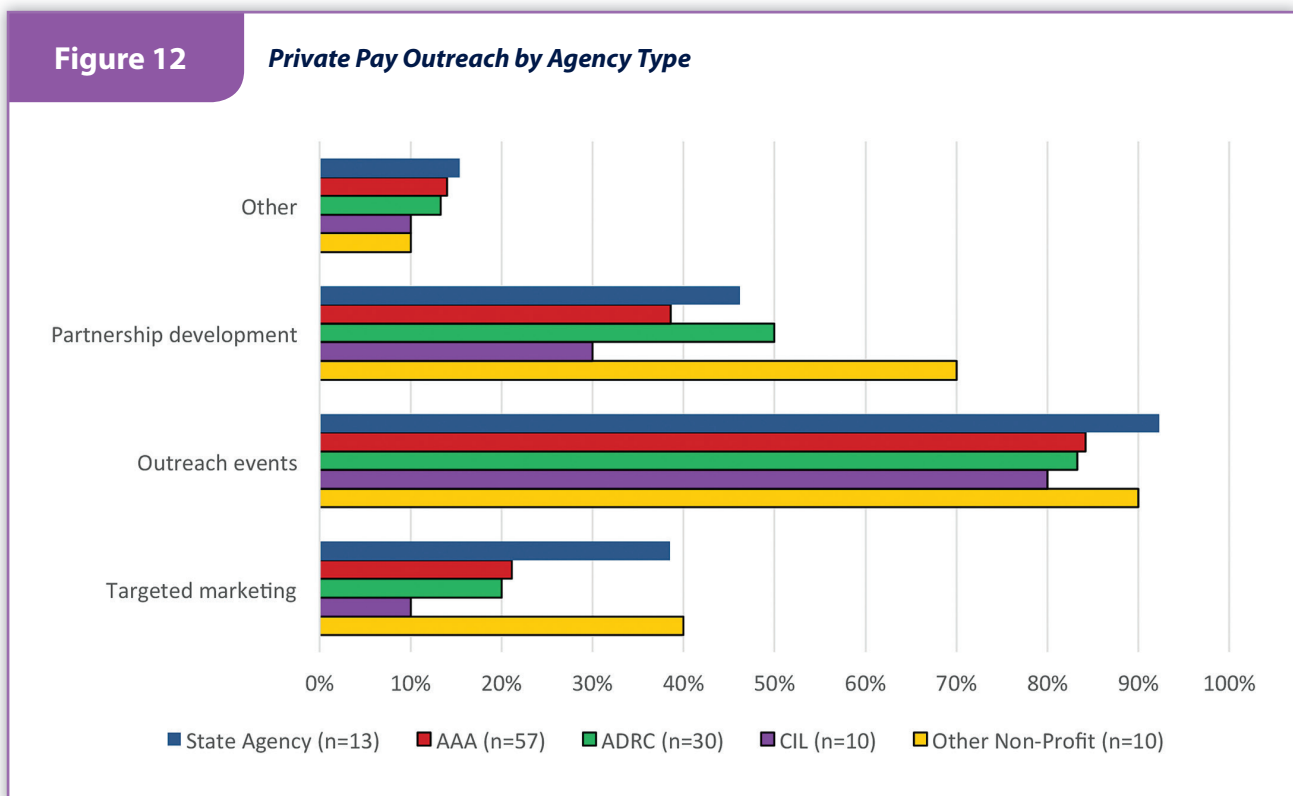
Most Frequent Private Pay Service Requests



²⁴ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 17. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

Figure 11 depicts the most frequently requested private pay services. According to respondents in the 2015 survey, the five most frequently requested private pay services were personal care (60 percent), homemaker services (58 percent), transportation (54 percent), assisted living (44 percent), and general information (39 percent). There was some variation in most frequently requested services by agency type. While AAAs, ADRCs, and other non-profit organizations all reported personal care and homemaker services as the most frequently requested private pay services, CILs reported transportation followed by personal care as the most frequently requested private pay services and state agencies reported assisted living and general information. In the 2012 survey, personal care (43 percent) and homemaker services (40 percent) were also the first and second most frequent private pay service requests, followed by assisted living (39 percent), transportation (38 percent), and general information (33 percent).

While most respondent agencies provide I&R on private pay services, less than half conduct outreach to private pay consumers. Of 287 respondents, 42 percent reported that their agency conducts outreach to these consumers. Figure 12 depicts outreach strategies among agencies that do conduct outreach to private pay consumers. As in the 2012 survey, outreach events were the most frequently reported method of engaging private pay consumers for all agency types. Partnership development was the second most likely method for conducting outreach to private pay consumers, followed by targeted marketing. Respondents also reported several other strategies for outreach to private pay consumers such as general marketing, dissemination of printed materials and brochures, educational classes, and advertisements through the media.



To better understand engagement with private pay consumers, the 2015 survey asked respondents to share promising practices that their agency has used in serving these consumers. While a number of respondents indicated that their agencies do not differentiate between consumers along these lines, other respondents identified practices that are more specific to serving private pay consumers. Examples of these practices include the following:

- Offering a sliding fee scale for services;
- Providing Benefits Check-Up® services and application assistance;
- Offering options counseling to assist consumers with finding affordable services;
- Providing information and resources on private pay services;
- Using the agency’s buying power to obtain reduced-rate services for consumers;
- Collaborating with private pay agencies/learning more about their programs and services;
- Providing long-term care consultations to assist consumers in planning for LTSS needs;
- Partnering with entities such as AARP to hold events that target a prospective private pay audience; and
- Hosting “boomer boot camps” or similar events.

The 2015 survey also asked respondents to describe practices undertaken by their agencies to facilitate providing information and referral on private pay services. A number of respondents reported that their agency includes private pay providers in its resource database or directory. Some respondents noted that their agencies are seeking to increase the number of private pay providers included in their database. Several respondents mentioned that such providers must meet additional standards for inclusion (“Private pay services such as chore providers and home health care agencies are background checked and additional information is required, such as insurance verification, to be part of the database.”). Some respondents reported that their agency provides private pay resource lists. To identify and be knowledgeable about public and private resources, several respondents reported that their agency engages in community networking (“We facilitate a monthly long-term care providers/professionals networking group.”). Staff training was also identified as a strategy to facilitate providing I&R on private pay along with publicly-funded services. By providing information and resources on private pay services, agencies are striving to meet the needs of all consumers that they serve (“I&R specialists discuss private pay, Medicare home care, and HCBS services with all callers who call for in-home services.”).

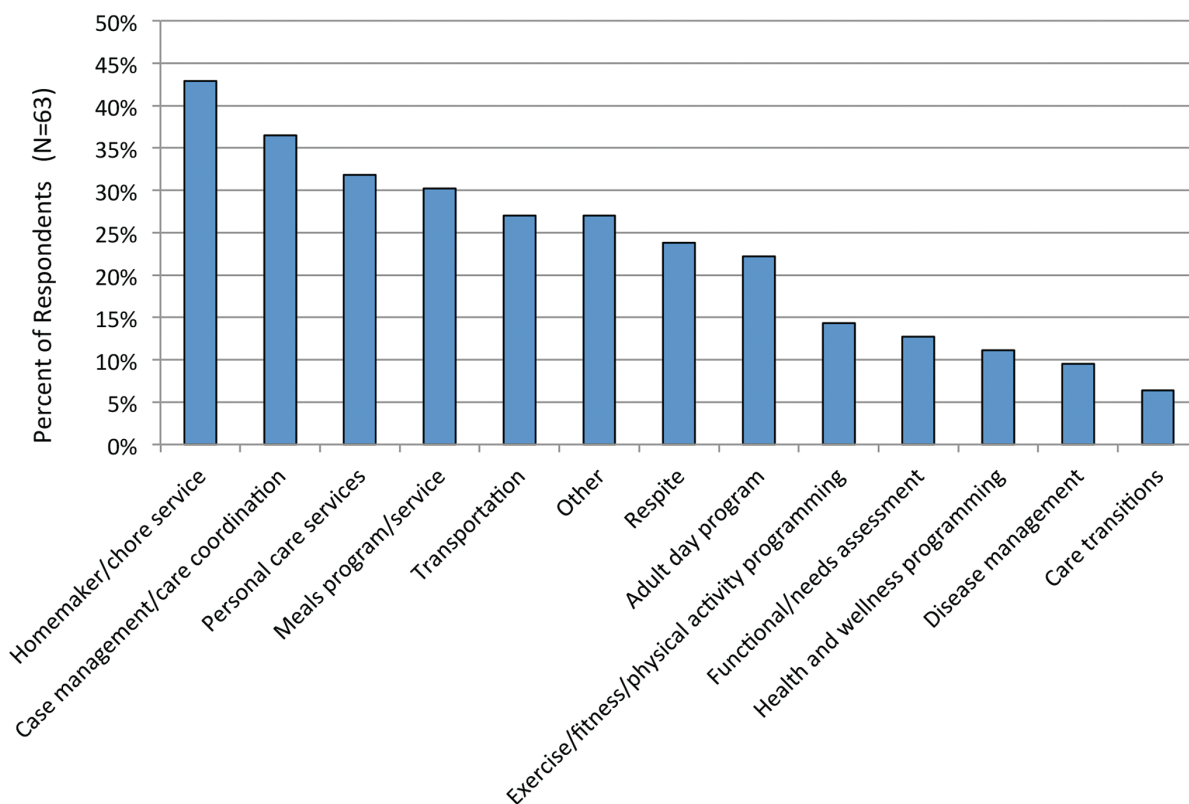
As noted earlier in this section of the report, serving private pay consumers may offer an opportunity to generate revenue through fee-for-service. In addition to providing information and resources about private pay services, some aging and disability I&R/A agencies themselves may offer fee-based services to private pay consumers. Though not addressed in the 2012 survey, the 2015 survey asked respondents about the provision of fee-based services to private pay consumers.

Of 289 respondents, around a quarter (23 percent) reported that their agencies offer fee-based services to private pay consumers, while the majority of respondents (77 percent) indicated that their agencies do not do so. Thus while many aging and disability I&R/A agencies provide I&R to private pay consumers, far fewer offer fee-based services to these same consumers. Historically, many aging and disability I&R/A agencies have focused on the provision of publicly-funded services to lower-income or other targeted consumers. Yet growing service demand, a tight fiscal climate, and an emphasis on business development may encourage more agencies to consider new markets such as private pay consumers.

Figure 13 shows, among agencies that do offer fee-based services, which services are offered to private pay consumers. The top five fee-based services that respondent agencies offer to private pay consumers are homemaker/chore services (43 percent), case management/care coordination (37 percent), personal care services (32 percent), meals program/service (30 percent), and transportation (27 percent). In the “other” category, respondents identified services such as home modifications, personal emergency response services, and representative payee programs. It is interesting to note that, while only a minority of agencies that responded to the 2015 survey offer fee-based services to private pay consumers, those that do are offering services that reflect the needs of these consumers (see Figure 11). Additionally, these are services that can assist consumers to stay in their homes and communities.

“We currently have a private pay meal delivery service. Staff have been trained in obtaining credit card information for private pay billing purposes. We also keep a list of private pay attendant care services and give that out when requested. Private pay resource options for long-term care are also listed in our database.”²⁵

²⁵ This example was shared by an Area Agency on Aging.

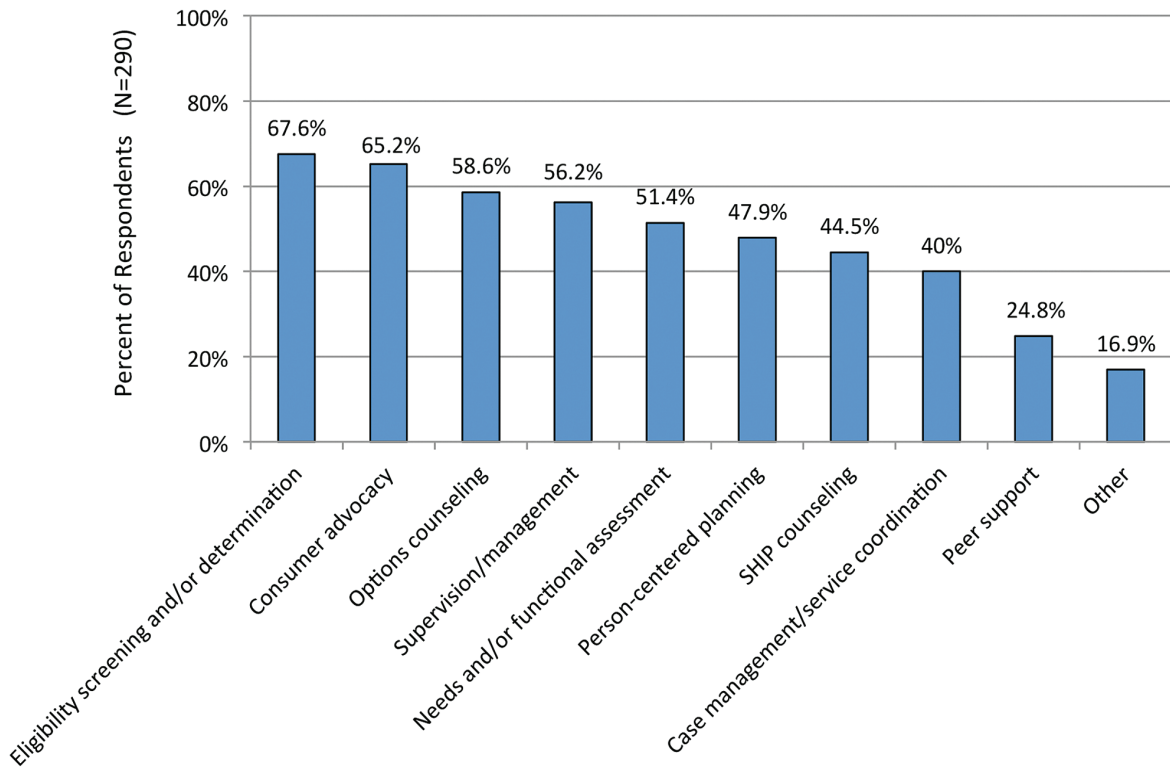
Figure 13***Fee-Based Services Offered to Private Pay Consumers***

Changing Roles for I&R/A Specialists

The changing landscape of aging and disability I&R/A is impacting both agencies and staff. As agencies take on new or expanded roles in areas such as Medicaid services and supports, transitions programs, and private pay services, these expanding roles for agencies are mirrored in changing roles for I&R/A specialists. The growing complexity of consumers' needs is also reflected in the growing complexity of specialists' roles. In the 2015 survey, 82 percent of total respondents indicated that their job responsibilities include I&R/A. The survey further asked respondents if they perform job responsibilities in addition to I&R/A. Figure 14 depicts the types of roles that specialists have along with I&R/A. For over half of those responding, job responsibilities in addition to I&R/A include one or more of the following: eligibility screening and/or determination, consumer advocacy, Options Counseling, supervision/management, and needs and/or functional assessment. These findings suggest that specialists play an important role in facilitating consumer access to services and supports. At the same time, the expansion of job responsibilities for specialists may challenge agencies to provide the training and resources that staff need to perform complex roles in a demanding service environment.

Figure 14

Job Responsibilities in Addition to I&R/A



THEME 4. QUALITY MATTERS TO EFFECTIVE I&R/A SERVICE DELIVERY

Standards and indicators that benchmark quality I&R have long been a part of I&R service delivery,²⁶ but a changing environment is creating new expectations for effective services and driving a strong focus on outcomes. There is a growing emphasis on measuring quality in home and community based services, and public and private funders alike are seeking greater assurances of performance measurement and program effectiveness. Given the importance of practices that measure and strengthen the quality of I&R/A service delivery, the 2015 survey addressed quality from several angles: quality assurance and standards, staff training, and certification—including the new CIRS-A/D credential.

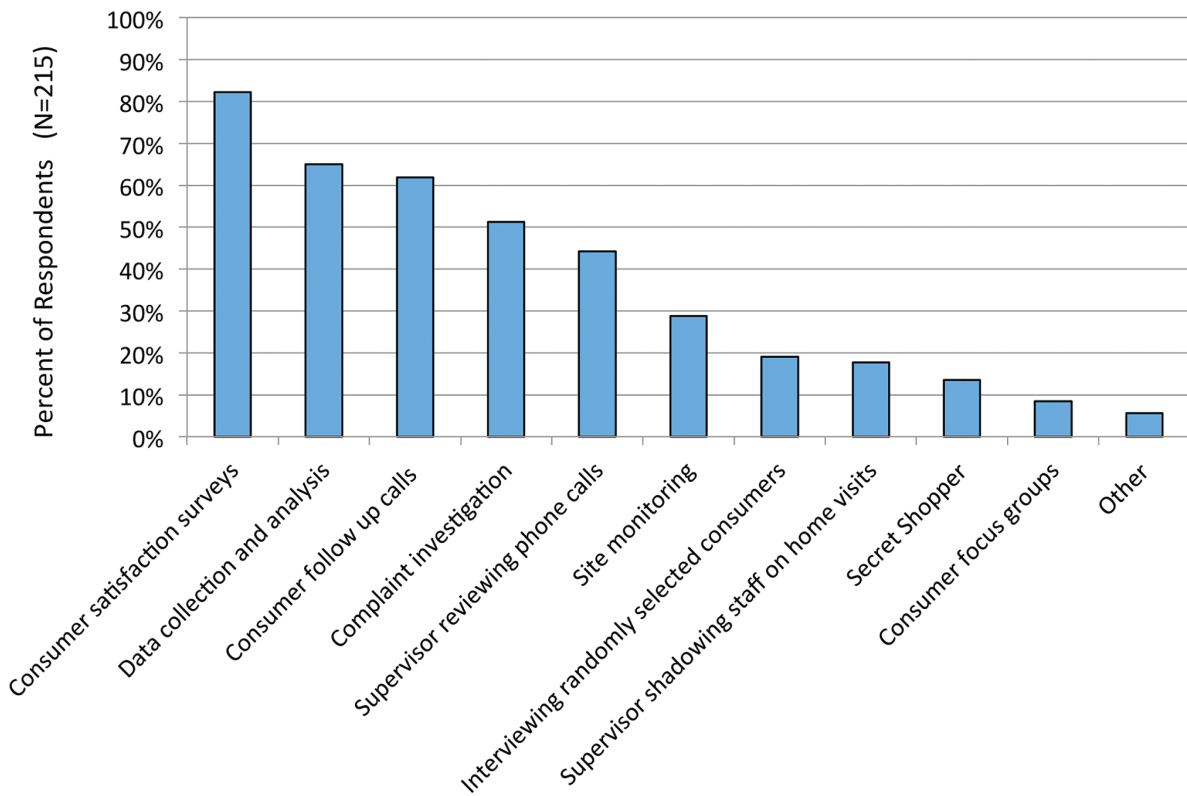
Quality Assurance

In the context of I&R/A, quality assurance is described as a systematic process of ensuring that an organization’s I&R/A services are delivered in a consistent, high-quality manner. Quality assurance is a critical component of I&R/A service delivery, and should help to ensure that consumers are receiving timely and accurate information that takes into account inquirers’ unique needs and circumstances.²⁷ In the 2015 survey, of 300 respondents, 72 percent reported that their agency has quality assurance (QA) measures for its I&R/A services, while 15 percent reported that their agency does not have such QA measures and 13 percent reported not knowing. In the 2012 survey, 68 percent of respondents reported that their organization had QA measures, while 17 percent reported that they did not, and 15 percent did not know whether QA measures existed in their organization. Though a slightly higher percentage of 2015 than 2012 respondents reported that their agency has QA measures for I&R/A services, it is still concerning that over a quarter of 2015 respondents either did not know if their agency has such QA measures or reported that their agency does not have QA measures for I&R/A services. As noted earlier, quality assurance is an essential component of measuring and documenting the effectiveness of services and of meeting the expectations of funders.

Figure 15 shows, among respondent agencies that do have QA measures for their I&R/A services, the most frequently used quality assurance practices. The three most frequently used QA practices are consumer satisfaction surveys (82 percent), data collection and analysis (65 percent), and consumer follow-up calls (62 percent). Among the “other” responses, several respondents noted that QA practices are in development. In the 2012 survey, consumer satisfaction surveys, follow-up calls, and data collection were also the three most frequently used QA practices.

²⁶ The AIRS Standards and Quality Indicators for Professional Information and Referral was first published in 1973.

²⁷ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 35. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

Figure 15**Most Frequently Used Quality Assurance Practices**

While data and findings from QA practices help to measure and document program effectiveness, it is equally important that such data is used to inform quality improvement activities to enhance the overall quality of I&R/A services. The 2015 survey asked respondents to describe how their agency uses information from QA measures to support I&R/A quality improvement activities. According to respondents, QA measures support I&R/A quality improvement in some of the following ways:

- Inform staff training, coaching, development, and evaluation
- Influence the focus of training and technical assistance activities
- Modify or develop policies and procedures
- Identify gaps in services and service delivery
- Inform the community and stakeholders of service needs
- Improve customer service (for example, response time to calls)
- Adjust service delivery (for example, by offering extended hours)
- Review QA data against I&R standards
- Identify gaps in the resource database; guide development of database

ELDER SERVICES OF WORCESTER AREA'S QUALITY ASSURANCE INITIATIVE

Elder Services of Worcester Area Inc. (ESWA) has a quality assurance initiative in place which is spearheaded by its Quality Assurance Committee. This committee is comprised of the agency's Quality Assurance Specialist, Executive Director, Assistant Executive Director, Director of Programs, Budget Director, and the Director of Planning and Marketing. The Quality Assurance Specialist is responsible for conducting all Information and Referral surveys, including surveys that ESWA implements on behalf of the Massachusetts Executive Office of Elder Affairs. Upon gathering the survey responses, either by mail or via telephonic surveys, the QA Specialist compiles and summarizes the data in order to ascertain how the Information and Referral department staff is performing in regards to internal practices and their knowledge of programs and services. Survey results are discussed and reviewed with the agency's Information and Referral Supervisor as well as the Quality Assurance Committee. This information is also shared with the Information and Referral Specialists. While reviewing the survey data, the Information and Referral Supervisor and QA Committee aim to identify trends as well as to highlight the department's strengths and weaknesses. Should certain problem areas be identified, the agency staff will analyze the problem, brainstorm solutions, and implement changes to departmental procedures and/or policies to improve overall quality and compliance. In addition, it is the Information and Referral Supervisor's responsibility to provide additional training and support to the Information and Referral department around any new changes in policies and/or procedures. The QA Specialist uses subsequent survey implementation to determine that the area(s) that were identified as needing improvement have grown in compliance and have improved the overall quality of Information and Referral services.

- Inform outreach and education to the public
- Create action plans for improvement
- Identify trends and needed areas of focus (such as housing counseling)

In addition to addressing quality assurance and quality improvement practices, the 2015 survey recognized that there may be a role for state agencies in supporting and assuring quality in I&R/A networks. The survey asked state agency respondents if their agency has a quality assurance program to assess the quality (for example, the consistency, accuracy, and timeliness) of I&R/A services provided through I&R/A networks in their state. One-third of 213 respondents reported that their agency has such a QA program, though respondents did include some local agencies. These QA programs, as described by respondents, include elements such as onsite program reviews, "secret shopper" calls, program monitoring,

consumer surveys, training for I&A professionals, auditing of records, and the development of measures, tools, and procedures. For example, one respondent reported that ADRCs in the state must use a universal screening tool for consistency. Another respondent noted that ADRCs in the state are required to have QA projects on an annual basis. A couple of respondents indicated partnering with a university for QA. Overall, however, the limited responses to this survey question suggest that there is room for growth in how state agencies assess and support the quality of I&R/A services provided through networks in their states.

One important development in quality measurement in health and human services is a growing emphasis on outcome measurement. While process measures are important for understanding how well a service delivery system is functioning, outcome measures are critical for assessing whether services make a difference and how they impact consumers and other stakeholders. In the 2015 survey, of 284 respondents, close to half (48 percent) reported that their agency measures outcomes for individuals that receive I&R/A services. Such outcome measures could address service outcomes, such as whether an inquirer received the help they needed through the referral(s) provided, or could address individual outcomes such as an inquirer's increased knowledge of available supports and services or attainment of goals for independent living.

To learn more about outcome measurement for I&R/A services, the 2015 survey asked respondents to describe how their agency assesses I&R/A outcomes and what types of outcomes are evaluated. Many respondents reported that outcomes are measured through follow up with consumers, underscoring the importance of follow up for evaluating the impact of I&R/A services. A number of respondents also noted that consumer satisfaction surveys are used to assess service outcomes. Follow up and consumer surveys help agencies to assess service outcomes such as: whether information needs were met, whether consumers received the help they needed, the level of assistance found, the timeliness and quality of I&R/A services, and the accuracy and usefulness of the information provided. Some respondents also pointed out that follow up identifies unmet needs at an individual and community level.

In addition to service outcomes, respondents reported several types of individual outcomes that their agencies assess. These outcomes include changes in knowledge such as increased knowledge of available supports and options and increased knowledge of how to access services. Independent living outcomes were also identified by some respondents. These include greater access to the community, reduced barriers to independent living, and progress and attainment of independent living goals. Several respondents described transition-related outcomes. These include, for example, returning to or remaining in the community and the success of transition from an acute care setting or a facility. One respondent described how their agency's consumer satisfaction survey asks if the I&R service helped divert the consumer from a nursing facility. In this way, measuring outcomes for I&R/A services can help agencies gather data on important service and consumer outcomes.

OREGON'S EVALUATION FRAMEWORK

The Oregon Department of Human Services launched a comprehensive quality improvement effort to better understand the impact of its No Wrong Door ADRCs on both system outcomes and consumer outcomes.²⁸ With input from an Evaluation Workgroup that included consumers, the agency developed an evaluation framework that incorporates nine outcomes and multiple indicators under each outcome. These nine outcomes include process outcomes, consumer outcomes, and capacity outcomes. Several of the outcomes focus on improving the quality of life of consumers. Data to measure the indicators and evaluate progress on the outcomes comes from ADRC capacity surveys and consumer satisfaction surveys. The satisfaction surveys address consumer experiences with Information & Assistance and Options Counseling. Results are used to support ADRCs in ongoing quality improvement activities, including training, technical assistance, dissemination of promising practices, and peer-to-peer learning. The nine outcomes that comprise the evaluation framework include the following:

1. Fully functioning ADRCs provide statewide availability of Information & Assistance and Options Counseling.
2. Oregonians have high-quality and reliable long term services and support information.
3. ADRC of Oregon is person-centered and directed.
4. Oregon's seniors and people with disabilities know about, utilize and trust the ADRC.
5. ADRC of Oregon serves under-represented seniors and people with disabilities.
6. ADRC consumers experience streamlined access to needed benefits.
7. ADRC consumers experience an improved quality of life.
8. State and local partners that serve seniors and people with disabilities work efficiently, cohesively and with minimal overlap.
9. Funding for the ADRC is diverse, sufficient and sustainable.

In all the ways that aging and disability I&R/A agencies measure quality and outcomes, standards for I&R provide benchmarks against which agencies can assess their progress. I&R/A standards provide guidelines, define expected practices, and serve as indicators of service quality for I&R/A agencies.²⁹ The Alliance of Information and Referral Systems created a set of standards and quality indicators for I&R that have been widely used since 1973, and that provide the basis for individual certification of I&R specialists and accreditation of I&R agencies.

²⁸ For a fuller description of Oregon's quality improvement initiative and framework, visit ACL at <http://www.acl.gov/Programs/CIP/OCASD/ADRC/2015-PartA-Activity.aspx>. The evaluation framework can be viewed at <http://www.oregon.gov/dhs/spwpd/sua/docs/>

²⁹ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 29. <http://www.nasud.org/bcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and-adrc%20evaluation%20data%20Round%2020as%20of%20Nov%202014.pdf>.

Figure 16 depicts the different types of professional I&R/A standards used by respondent agencies. Forty percent of the 299 respondents reported that their agency uses the AIRS Standards to support their operations. Eleven percent of respondent agencies use the AIRS Standards as a template to develop standards for their agency, referred to in the chart as “modified AIRS Standards,” while another 11 percent of respondent agencies have written their own standards. For some agencies, ADRC standards set guidelines for I&R/A. Seventeen percent of respondent agencies reported that their agency uses ADRC standards, while in the “other” category, several respondents reported using both AIRS and ADRC standards. Also in the “other” category, several respondents noted using standards developed or approved by the state agency. Six percent of respondent agencies do not use professional I&R/A standards.

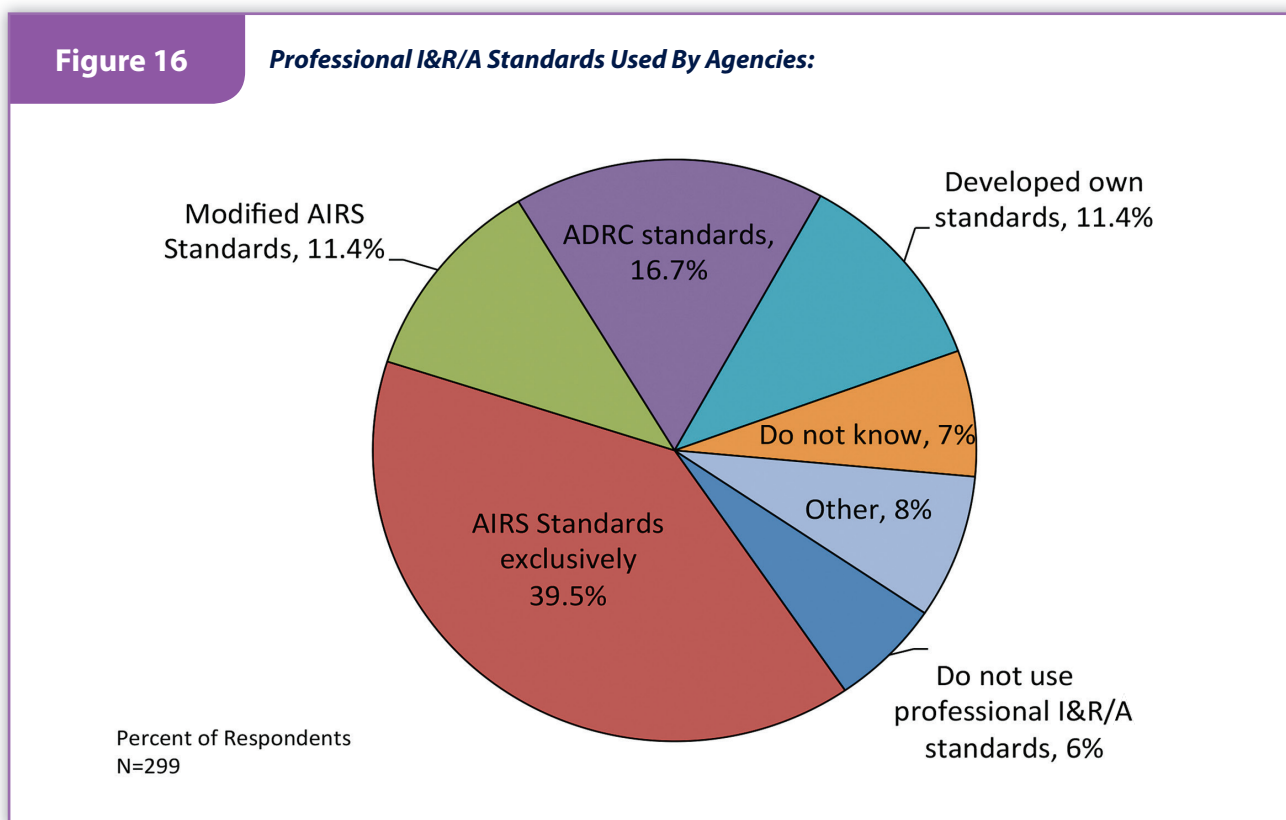
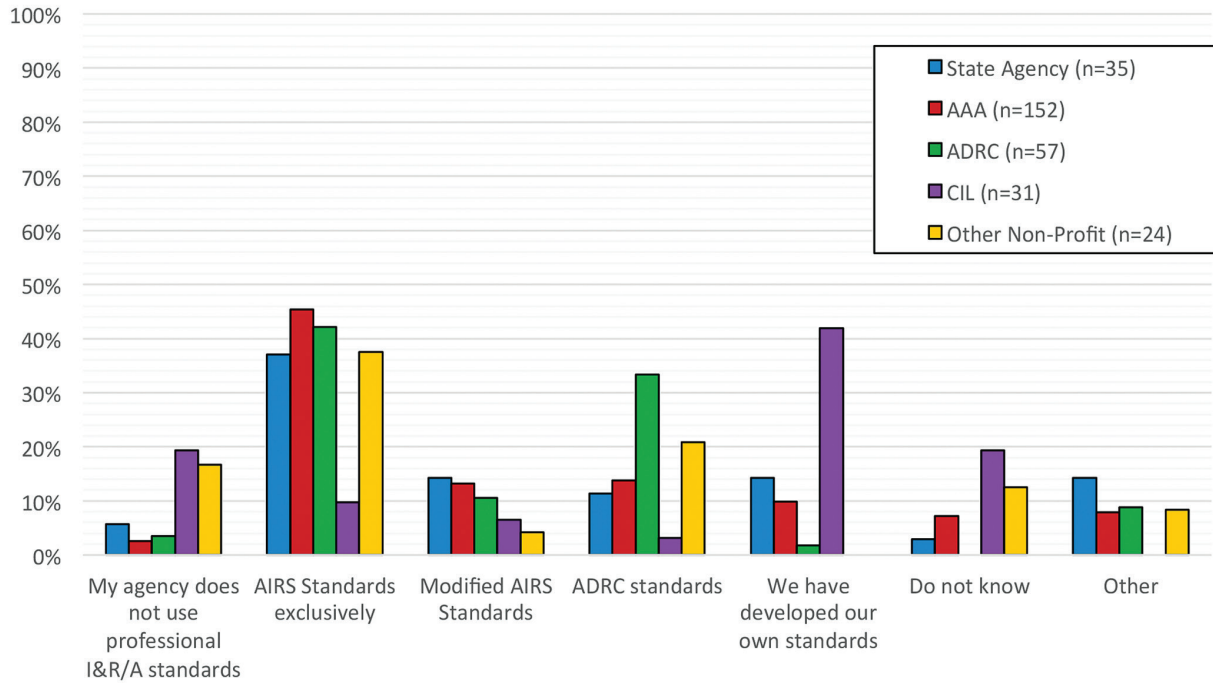


Figure 17 shows the variation in the use of standards by agency type. At 45 percent, AAAs were the most likely to report using the AIRS Standards exclusively, followed by 42 percent of ADRCs, 38 percent of other non-profit organizations, and 37 percent of state agencies. In the 2012 survey, ADRCs were most likely among agency types surveyed to use the AIRS Standards exclusively. As ADRC systems have continued to evolve, it is not surprising in the 2015 survey to see the use of ADRC standards along with other types of professional standards. One-third of ADRC respondents reported using ADRC standards. As in the 2012 survey, CILs were most likely to report developing their own standards.

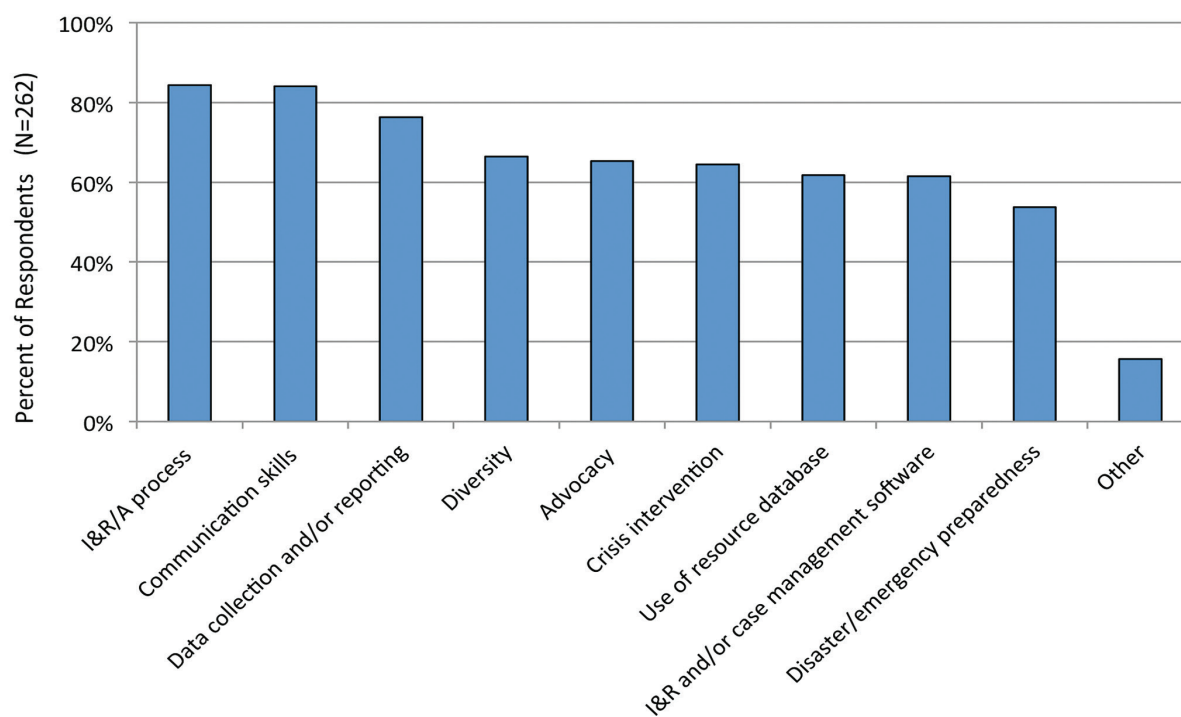
Figure 17

Professional I&R/A Standards Used by Agency Type



Staff Training

Another key aspect of strengthening the quality of I&R/A service delivery is staff training, particularly as agencies serve more diverse consumers and as inquiries become more complex. The importance of training for I&R/A specialists is reflected in the 2015 survey. Of 291 respondents, 91 percent reported that specialists in their agency are given training on topics related to I&R/A. Figure 18 depicts the most frequently provided I&R/A training topics. At 84 percent, both the I&R/A process and communication skills are the most frequently provided training topics among respondent agencies. Each of these topics encompasses foundational knowledge and skills to deliver effective I&R/A. Training on the I&R/A process teaches specialists to support and empower consumers’ access to services through the stages of rapport, assessment, clarification, information giving and referrals, assistance, closure, and follow up. Training on communication skills assists specialists to be able to use a variety of techniques such as active listening, empathy, prioritizing, reflection, and de-escalation. While the I&R/A process and communication skills are important areas of training reported by all agency types, CIL respondents were notable for their emphasis on advocacy training. In addition to the training topics listed in Figure 18, other training topics identified by respondents include, for example, Options Counseling, person-centered counseling, customer service, training related to aging and disabilities, and training on health and human service programs and on local resources.

Figure 18**Most Frequently Provided I&R/A Training Topics**

To further explore the provision of aging and disability cross-training, the 2015 survey gathered information on cross-training prevalence and practices. Survey responses clearly indicate that the growing diversity of consumers provides a strong imperative for training staff to serve both older adults and persons with disabilities. Of 287 respondents, 81 percent indicated that their agency cross-trains staff to serve both populations. In the 2012 survey, 74 percent of respondents reported that their agency facilitates cross-training on topics relevant to both the aging and disability communities. Given that, in the 2015 survey, many respondents reported that their agencies are serving more consumers with disabilities under age 60, and of all ages, it is not surprising to see an increase in the reported provision of aging and disability cross-training.

Qualitative survey responses suggest that cross-training is becoming more routine and standard practice for aging and disability I&R/A agencies. For example, a number of respondents emphasized that all staff are cross-trained. Even among agencies that have traditionally focused on serving older adults, the increase in inquirers with LTSS needs under age 60 has provided a catalyst for cross-training. As noted by one AAA respondent, “We partner with the disability network and refer to them as appropriate, but we are getting enough phone calls from individuals under the age of 60 with a disability that it warrants additional training in that area.” Additionally, cross-training was noted as relevant for serving older adults with disabilities as well as aging caregivers of adults with disabilities.

“Specialists are trained to help all persons. Good for one—good for all.”

As in the 2012 survey, partnerships and collaborative relationships between aging and disability agencies, such as AAAs and CILs, are important for facilitating cross-training. In describing cross-training practices, some respondents noted how CILs are key partners in these efforts through practices such as co-location, CIL-provided training, and cross-training with a CIL (“AAA and CIL staff coordinate cross-trainings to promote resource sharing, case staffing, and referral sharing.”). Respondents also identified other types of disability organizations that participate in cross-training, including I/DD agencies, mental health providers, agencies that serve individuals with traumatic brain injury, parent organizations, vocational rehabilitation, and others (“We put increased effort into bringing in topics that have more impact to those under 60 such as employment, vocational rehabilitation, etc.”).

Survey responses suggest that cross-training is a reflection of the growing diversity of inquirers and of the growing emphasis on serving consumers of all ages and disabilities. Cross-training assists I&R/A specialists to enhance their competencies and resource knowledge in a changing environment. As one AAA respondent reported, “We conduct training on services for children with disabilities, young adults with disabilities, and older adults.”

Finally, in the area of staff training, the 2015 survey asked respondents if their agency provides certification training to prepare I&R staff to take AIRS certification exams. Of 281 respondents, 42 percent reported that their agency does provide certification training, 39 percent reported that their agency does not provide such training, 6 percent of respondents did not know, and 12 percent reported “other” approaches to certification training. At 49 percent, AAA respondents were most likely to report that their agency provides certification training, followed by ADRC respondents at 43 percent, other non-profit organization respondents at 39 percent, state agency respondents at 38 percent, and CIL respondents at 12 percent. In the category of other approaches to certification training, respondents identified various ways that their agencies facilitate certification training. For example, several respondents noted that their agency provides staff with the *AIRS I&R Training Manual* (formerly called *The ABCs of I&R*) and some agencies allow time to study AIRS materials. A few respondents reported that the state agency, state association, or state AIRS affiliate provides certification training. Staff certification is further explored in the next section of this report.

Staff Certification

Along with staff training, certification of staff is another important element of strengthening the quality and consistency of I&R/A service delivery. As described by AIRS, certification is a measurement of documented knowledge in the field of I&R and I&R/A reflecting specific competencies and related performance criteria, which describe the knowledge, skills, attitudes and work-related behaviors needed by I&R practitioners to successfully execute their responsibilities.³⁰ While AIRS certification is not the only type of certification that may be held by I&R/A specialists, it is the only certification that is dedicated to the practice of I&R. AIRS certification is available for three specializations within I&R: (1) CIRS—Certification for I&R Specialists; (2) CIRS-A/D—Certification for I&R Specialists in Aging/Disabilities (before March 15th 2015, this was known as the CIRS-Aging); and (3) CRS—Certification for Resource Specialists. Certification helps to create a culture of professionalism within I&R/A networks by confirming specialists’ knowledge and fostering a shared understanding of the practice of community I&R.

³⁰ AIRS certification background information, <http://www.airs.org/i4a/pages/index.cfm?pageid=3310>.

Figure 19 illustrates the prevalence of different approaches to certification. Over half of respondent agencies either require that all or that a certain percentage of specialists must become AIRS certified. In the 2012 survey, nearly 50 percent of respondent organizations had certification requirements for staff. At the same time, 23 percent of respondents in the 2015 survey reported that their agency has no certification requirement.

Figure 19.

I&R/A Specialist Certification Requirements	Percent of Respondents (N=293)
All specialists must become AIRS Certified	44.7%
No certification requirement	22.9%
Percentage of specialists must become AIRS Certified	11.3%
Encouraged, but not required, to become AIRS Certified	8.2%
Must complete training, but not necessarily certification, on certain topics	7.2%
Other	5.1%
Must achieve a non-AIRS certification	0.7%

ADRC and AAA respondents, along with respondents from other non-profit human service organizations, were most likely to report that their agency requires all specialists to become AIRS certified (at 60 percent, 50 percent, and 48 percent of each respondent type respectively). CIL respondents were most likely to report that their agency does not have a certification requirement (at 59 percent of those responding), yet were also most likely to report that specialists must complete training, though not necessarily certification, on certain I&R/A-related topics (“Our staff are forever taking trainings given through our CILs, ILRU, NCIL, APRIL and other sources to stay informed and up to date in our service areas.”³¹). State agency responses reflect overall support for certification. Thirty-one percent of those responding reported that their agency requires all specialists to become AIRS certified, 20 percent reported that a certain percentage of specialists must become AIRS certified, and 14 percent indicated that specialists are encouraged to become certified.

In respondent comments on certification, several respondents noted that funding is a barrier to certification. Additionally, some comments pointed to other types of certification or licensure held by specialists. For example, respondents mentioned SHIP (i.e., health insurance counseling) and case management certification. Several respondents indicated that specialists are also licensed social workers or nurses. Several also reported that specialists receive training on Options Counseling (“We are also training all of the Information and Assistance specialists

³¹ The ILRU (Independent Living Research Utilization) program is a national center for information, training, research, and technical assistance in independent living; visit <http://www.ilru.org/home>. APRIL, the Association of Programs for Rural Independent Living, addresses the independent living issues of people with disabilities living in rural America; visit <http://www.april-rural.org/index.php>.

to become options counselors.”). These findings dovetail with earlier findings on changing roles for I&R/A specialists (see Figure 14). As aging and disability I&R/A specialists assume more job responsibilities, they may also receive training and hold certifications in multiple areas. At the same time, this may call for better coordination of training and certification options. Certification and training organizations may even wish to explore the concept of stackable credentials³² to foster alignment of agency and specialist competency needs.

To further understand agency considerations with regards to certification, the 2015 survey also asked respondents, among those whose agencies do not require or encourage AIRS certification, to identify the primary reason for this. Figure 20 shows several of the primary reasons why some agencies do not require or encourage AIRS certification. Certification-related costs are a barrier for around a quarter of respondents. Cost was also mentioned in the “other” category, which included factors such as competing priorities, lack of familiarity with the content, lack of time, and that specialists have other credentials or training. Lack of awareness of AIRS certification is another reason that some respondent agencies do not require or encourage certification, suggesting that outreach to aging and disability networks may help bring more familiarity to certification.

Figure 20.

<i>Primary Reason Agency Does Not Require or Encourage AIRS Certification</i>	<i>Percent of Respondents (N=92)</i>
Cost	26.1%
Other	26.1%
Not aware of AIRS Certification	14.1%
We do not believe that Certification adds value to the agency	7.6%
We do not engage in I&R/A	5.4%
We do not believe that Certification helps quality	5.4%
We require another professional credential	5.4%
Access to certification training	5.4%
I&R/A is not a priority	3.3%
Access to examination sites	1.1%

³² Stackable credentials comprise a sequence of credentials that can be accumulated over time to build up an individual’s qualifications and help them to move along a career pathway. See Employment and Training Guidance Letter No. 15-10, U.S. Department of Labor, <https://wdr.doleta.gov/directives/attach/TEGL15-10.pdf>.

In several areas of the 2015 survey, including certification, questions sought to explore the role of state agencies in supporting and strengthening I&R/A networks. Regarding certification, state agency respondents were asked if their agency has policies to encourage or require certification of I&R/A specialists in the aging and/or disability networks in their state. One-third of respondents reported that their agency does have such policies, another one-third of respondents reported that their agency does not have policies to encourage or require certification, and the final third of respondents did not know. In comments, respondents shared examples of policies or approaches that encourage or require certification, such as the following:

- Policy requirements mandate that specialists (all or a certain number) are or become certified (“The state policy requires AAA I&A staff to become AIRS certified within 24 months of hire.”);
- Contractual requirements that address certification (“By contract each ADRC is required to have at least one staff member that holds AIRS credentials.”);
- Job descriptions that require or encourage certification;
- Standards, such as ADRC or I&A standards, that incorporate certification (“We have statewide ADRC standards that include this requirement.”);
- Certification requirements embedded in funding opportunities (“We have policies in our grant applications requiring at least one staff to be AIRS and Options Counseling certified.”);
- Provision of training for certification; and
- Promotion of certification.

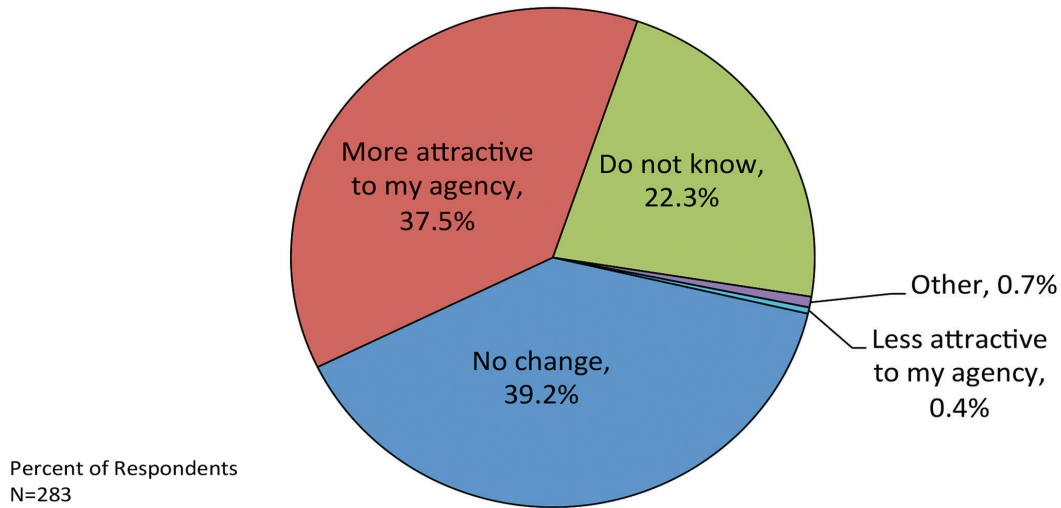
The 2015 survey was disseminated to aging and disability I&R/A agencies in March of 2015, at the same time that a new AIRS credential for aging and disability I&R specialists—the Certification for I&R Specialists in Aging/Disabilities (CIRS-A/D)—was launched. The CIRS-A/D replaced the CIRS-Aging as of mid-March 2015. The transition to the CIRS-A/D credential occurred in partnership with NASUAD and n4a, and reflected strong support among specialists for a single certification that would cover the work of I&R specialists serving older adults and persons with disabilities. To explore the potential impact of transitioning to an aging and disability certification, the 2015 survey asked respondents to consider the effect of the new CIRS-A/D credential on certification within their agency.

Figures 21 and 22 illustrate the receptivity of respondent agencies to the CIRS-A/D. As shown in Figure 21, 38 percent of 283 respondents reported that the transition from the CIRS-A to the CIRS-A/D will make AIRS certification more attractive to their agency, while 39 percent of respondents indicated that the transition will result in no change toward AIRS certification. Twenty-two percent of respondents did not know the impact of the transition on certification within their agency. State agency and ADRC respondents were most likely to report (at 44 percent each) that the transition will make AIRS certification more attractive to their agency, while AAA and other non-profit respondents (at 43 percent each) were most likely to report no change and CIL respondents (at 48 percent) were most likely to indicate that they did not know the impact of transition to the CIRS-A/D.

Figure 22 shows if transitioning to the CIRS-A/D may effect whether agencies encourage or require additional staff to become AIRS certified. Of 280 respondents, around one-third thought that their agency would encourage or require additional staff to become certified, 30

Figure 21

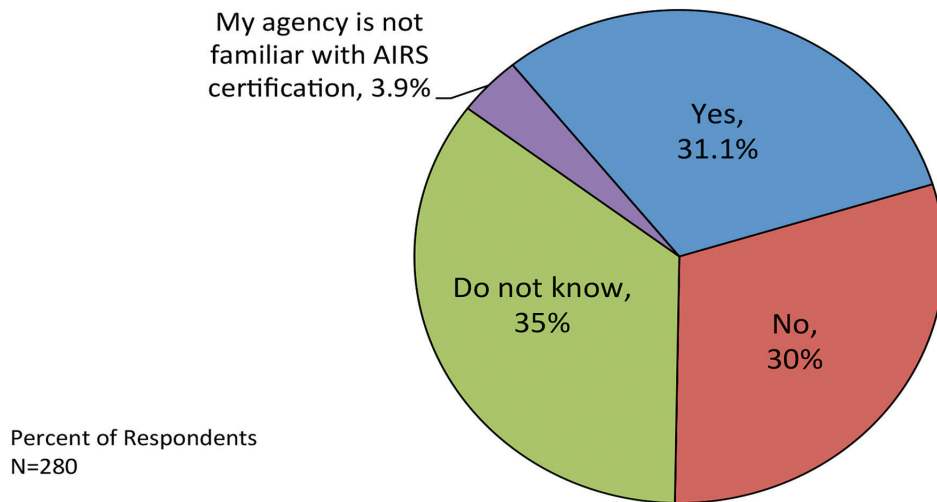
The Change From CIRS-A to CIRS-A/D Will Make AIRS Certification:



percent reported “no,” and 35 percent did not know. To support the transition to the CIRS-A/D, NASUAD developed a training course on disability for I&R specialists.³³ Successful completion of this course allows CIRS-A holders to grandfather to the CIRS-A/D. Within a year of the launch of the CIRS-A/D and disability training course, 1,175 specialists completed the disability training, many for the purpose of using the CIRS-A/D designation.

Figure 22

With the New CIRS-A/D Credential, Do You Think That Your Agency Will Encourage or Require Additional Staff to Become AIRS Certified?



³³ This course, Disability for I&R Specialists, is available on the online learning site NASUADiQ, visit <http://www.nasuadiq.org/login/index.php>.

THEME 5. THE USE OF TECHNOLOGY HAS INCREASED, BUT THERE REMAINS ROOM FOR GROWTH

Technology plays an ever more important role in access to, and delivery of, health and human services, including within the I&R sector of human services. Technology can also play a role in facilitating the accessibility of information, resources, and services. The 2012 survey of aging and disability I&R/A agencies found that the use of new and emerging technologies in I&R/A service delivery was slow to develop. While strides were made in the adoption of technology to improve service delivery, there remained opportunities for growth in this area. Since the 2012 survey, there has been a marked increase in agencies' use of social media to connect with consumers, family members, and caregivers, as captured by the 2015 survey. However, I&R/A service delivery modalities continue to rely heavily on traditional modes of communication, even as more Americans use technology such as smartphones to communicate by text, online chat, messaging apps, and other newer modes of communication. The 2015 survey explored the use of technology in I&R/A service delivery in several areas: social media, service referrals and service delivery modalities, resource database sharing, and information systems and taxonomy.

Social Media

According to the Pew Research Center, social media usage has jumped up significantly over the past decade, from seven percent of American adults in 2005 to 65 percent of adults in 2015.³⁴ Additionally, there continues to be growth in social media usage among certain groups that were not early adopters, including older adults. In 2015, 35 percent of adults age 65 and older reported using social media, compared with two percent in 2005.³⁵ This data suggests that social media can offer a platform to connect with consumers and family members. Findings from the 2015 survey show that aging and disability I&R/A agencies are taking advantage of this opportunity in greater numbers.

While in the 2012 survey half of respondents reported that their agencies use social networking sites to connect with consumers, family members, and caregivers, by the 2015 survey, 65 percent of respondents reported that their agencies use social networking sites in this way. This increase represents a substantial growth in the use of social networking over the past several years. As in the 2012 survey, 2015 survey respondents (Figure 23) identified Facebook as the most frequently used social networking site (reported by 97 percent of those responding), followed by Twitter (at 41 percent), YouTube (at 24 percent), and LinkedIn (at 19 percent). Among other social networking sites used by agencies, respondents identified

³⁴ Perrin, Andrew. Social Media Usage: 2005-2015. Pew Research Center, October 8, 2015. <http://www.pewinternet.org/2015/10/08/social-networking-usage-2005-2015/>

³⁵ Ibid.

sites such as Pinterest and Instagram as well as agency websites. While nearly all of those responding across all agency types reported that their agency uses Facebook to connect with consumers, family members, and caregivers, there was some variation in the use of other sites by agency type. State agency, CIL, and other non-profit respondents were more likely to report that their agency uses Twitter and YouTube than respondents from AAAs and ADRCs.

“The Ohio Department of Aging has more than 30,000 followers across 6 social media platforms and 12 accounts. Our follower base more than doubled in calendar year 2014 and continues to show significant growth due in part to our multi-platform ‘Well Beyond 60!’ campaign, which delivers positive messages about aging and healthy choices. Combined, ODA and Ohio’s 12 area agencies on aging provide more than 60 ways for Ohioans to connect with the aging network via social media including Facebook, Twitter, Pinterest, YouTube, LinkedIn and Instagram.”³⁶

Though the majority of survey respondents reported that their agency uses social media, 35 percent of respondents reported that their agency does not participate in social networking. Figure 24 shows reasons why these agencies do not participate in social media networking. Lack of time was a primary reason, reported by 39 percent of those responding. Along with additional reasons such as: against agency policy, firewalls, lack of staff skills or training, and perceived lack of usefulness to clients; respondents identified several other types of reasons for social media nonparticipation. These other reasons include, for example, that the use of social media is in development, that clients lack computer literacy, and that social media is maintained by another entity within the agency or division of government.

Respondents in the 2015 survey were asked several additional questions about social media use patterns, including types of activities that social media is used for, the frequency of posting new information to social networking sites, tracking of social media activity, and changes in the level of social media activity over the past couple of years.

³⁶ Data provided by John Ratliff, Deputy Director, Communications and Government Outreach, Ohio Department of Aging. Visit ODA at <http://www.aging.ohio.gov/home/>.

Figure 23

Social Networking Sites Used by Aging and Disability I&R/A Agencies

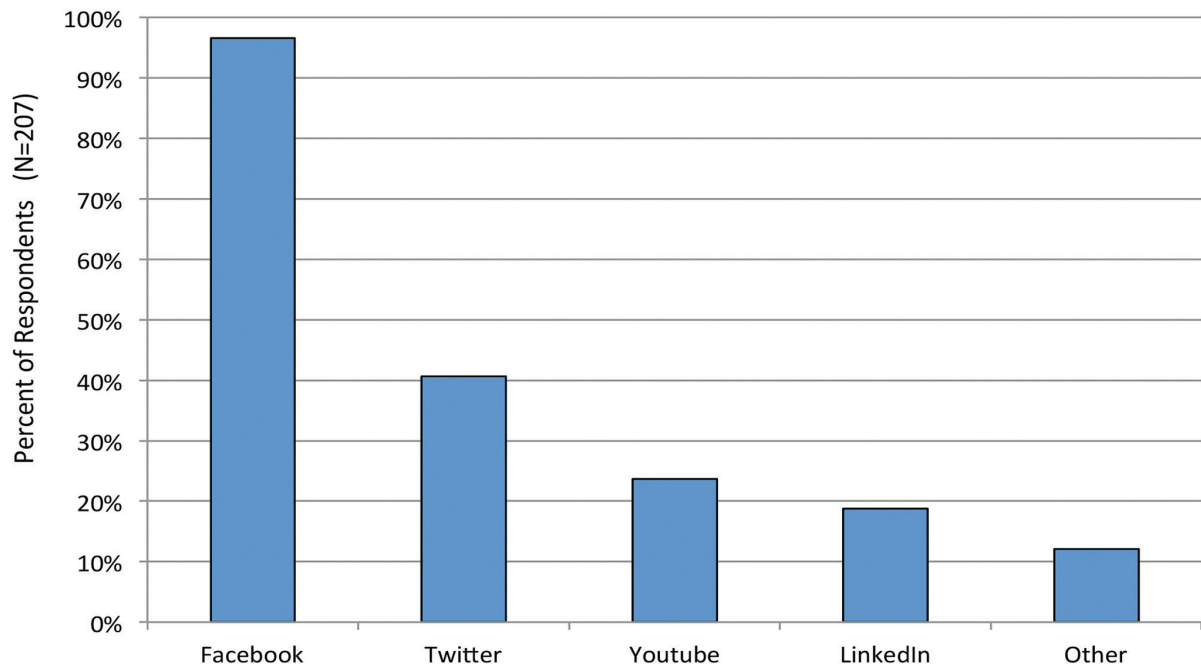


Figure 24

Reasons Agencies Are Not Participating in Social Networking Sites

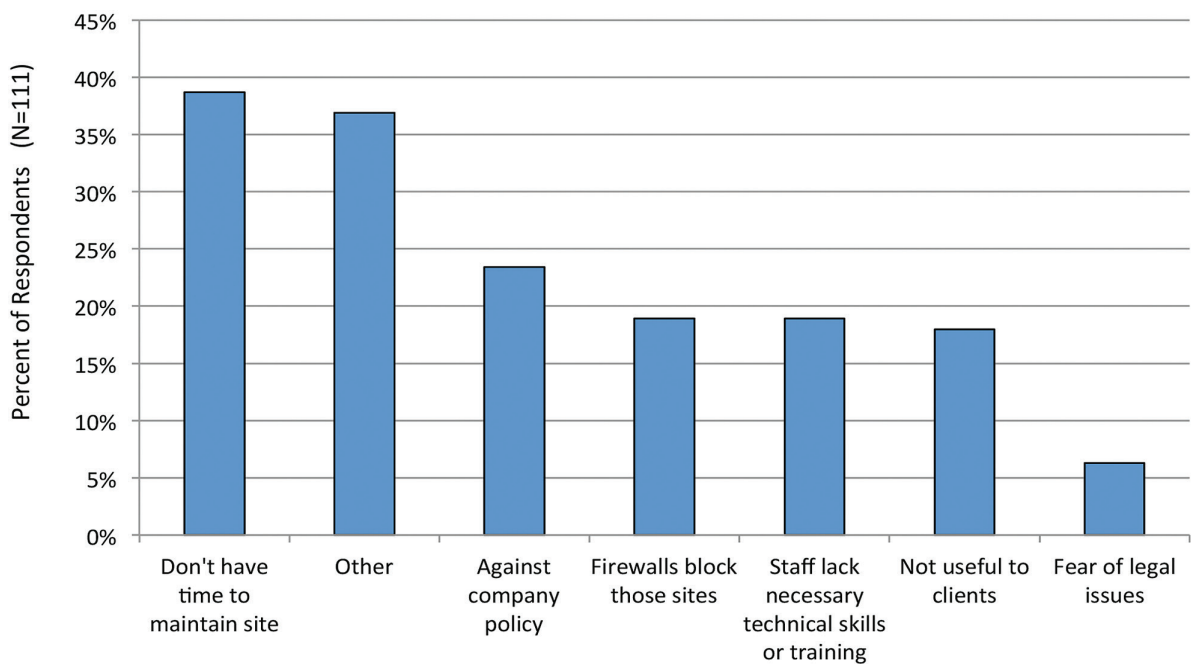
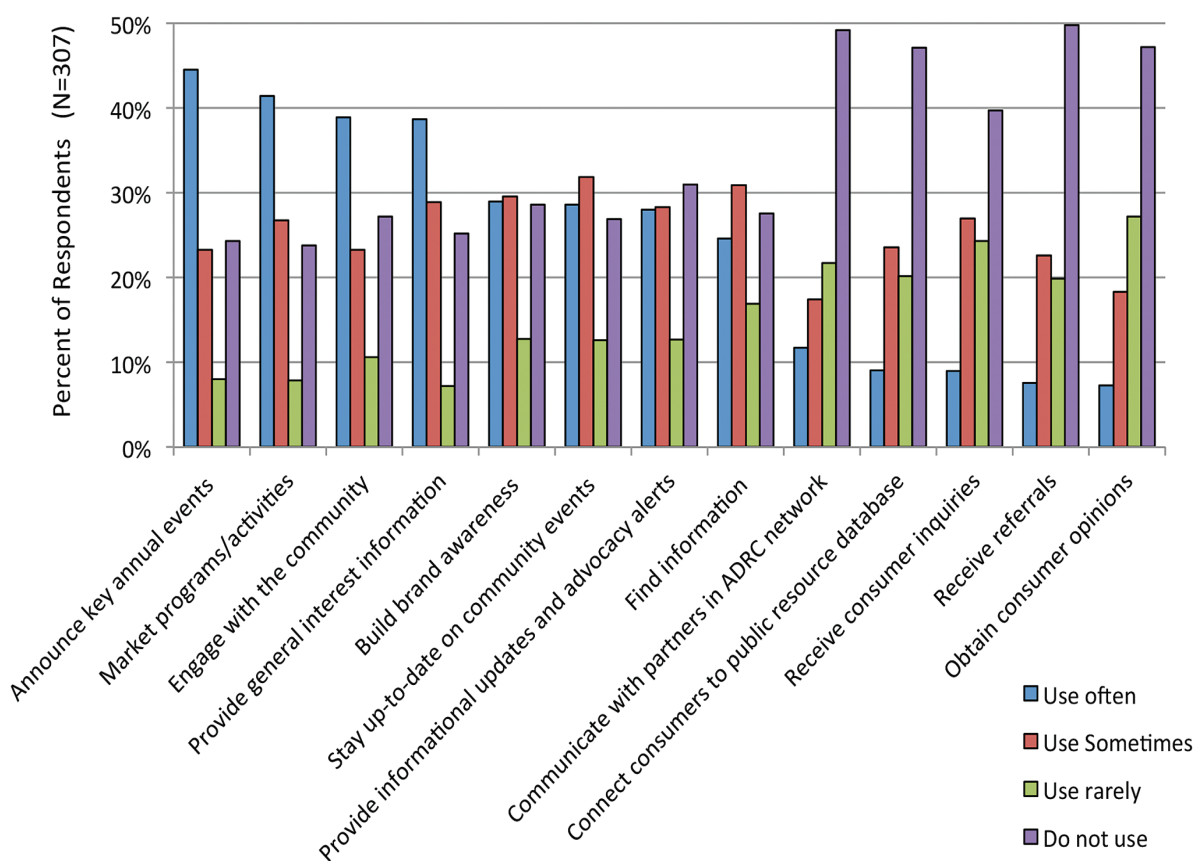


Figure 25 identifies a range of activities that social media is used for, and depicts the frequency with which respondent agencies use social media for these types of activities. The pattern that emerges from this data is that aging and disability I&R/A agencies use social media more frequently for marketing of events, activities, and programs; general outreach; and dissemination of general interest information, and use social media much less frequently for interactive engagement with partners and consumers such as communicating with network partners, connecting consumers to a public resource database, and receiving inquiries and opinions from consumers. These findings mirror those from the 2012 survey, where respondents reported using social media most often for marketing their services and providing updates on community events, and reported infrequent use for obtaining client opinions, corresponding with clients, or receiving referrals. This suggests that while social media use has grown, it remains focused on marketing and general outreach. Even within this scope of use, respondent agencies were more likely to use social media for marketing events and activities than for building brand awareness. Yet since many consumers and caregivers still struggle with finding access to help, agencies may wish to consider how social media can be used to build more awareness of aging and disability I&R/A networks.

Figure 25

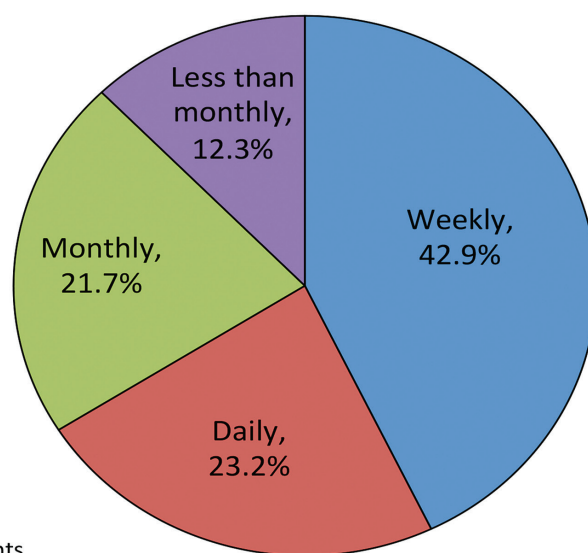
Agency Uses of Social Media:



Respondents were also asked how frequently their agency posts new information on social networking sites. The frequency of updating social networking sites matters to an agency's ability to leverage social media. For example, agencies that update sites only monthly or less than monthly are less well-positioned to use social media for more active engagement of partners and consumers. Additionally, more frequent updates appear to be related to increased activity on social networking sites. As shown in Figure 26, respondents were most likely to report updating social networking sites on a weekly basis. Around a quarter of respondents reported updating sites daily, an improvement from the 2012 survey when 12 percent of respondents reported daily updates. Thirty-four percent of 2015 respondents reported updating sites monthly or less than monthly, suggesting that their agency's social networking sites are more static.

Figure 26

Frequency of Agency Staff Updating Social Networking Sites



Percent of Respondents
(N=203)

Finally, regarding use of social media, respondents were asked if their agency tracks social media usage and/or activity, and if so, to describe any changes in usage/activity over the past two years. Of 197 respondents, 58 percent reported that their agency does track social media usage and/or activity. In describing changes to social media activity, a number of respondents pointed to increased activity over the past couple of years. Changes identified by respondents included the following:

- Increased activity (notably on Facebook and Twitter)
- Increase in followers and “likes”
- Increase in inquiries stemming from social media
- More individuals initially contacting agencies electronically
- Increase in activity from caregivers who live out of the area
- Increasing response to social media by older adults

- Adding or designating staff for social media
- Using social media more purposefully to engage target audiences
- Working to establish best practices on posting to social media

With social media use among consumers, caregivers, and family members increasing, it is essential for aging and disability I&R/A networks to keep pace. As stated by several respondents, while their agencies use social media, “we are not using social media as much as we could.” Data from the 2015 survey reveals some promising trends in social media usage, yet also suggests that there remain opportunities for growth and innovation.

“In the past two years, our “likes” and reach on social media have increased exponentially. In 2010, we developed Autism NOW, a national resource center for people with autism. Since we launched the Facebook account in December 2010 for the Center, the account has gained over 75,000 likes. Similarly, The Arc Facebook account has grown from 1-2,000 likes to over 22,500 likes in the past two years.”

I&R/A Service Referrals and Service Delivery Modalities

Technology is gradually playing a greater role in referrals to I&R/A services and in I&R/A service delivery, yet traditional sources of referrals and modes of service delivery continue to be prevalent. As noted in the section above, social media is driving an increase in inquiries and contacts at some agencies. Yet, as in the 2012 survey, the 2015 survey found that inquiries continue to come primarily from traditional sources. As shown in Figure 27, traditional sources of referrals to I&R/A services are the most frequent drivers of inquiries, including referrals made by:

- Community partners;
- Family, friends, and caregivers;
- Self-referrals;
- Professional relationships;
- Healthcare providers; and
- Other government agencies.

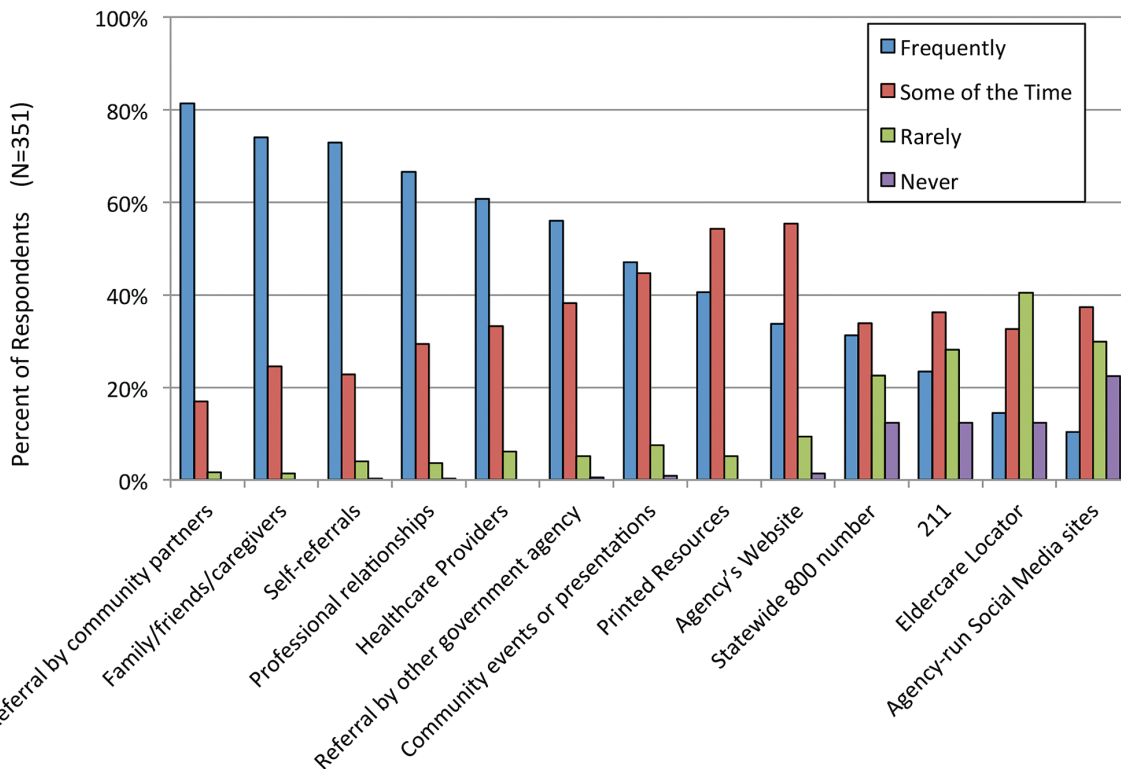
These findings do underscore the importance of partnerships and outreach in generating inquiries to aging and disability I&R/A agencies. The 2015 survey also shows that community events and presentations, printed resources, and agency websites are important drivers of inquiries, with respondents reporting that their agency website drives inquiries frequently or some of the time at higher levels than in the 2012 survey. For example, in the 2012 survey, around 32 percent of

respondents reported that their agency’s website drives inquiries to their agency some of the time.³⁷ By the 2015 survey, 55 percent of respondents reported this finding. Additionally, the 2015 survey shows an increase in the degree to which agency-run social media sites drive inquiries. In the 2012 survey, six percent of those surveyed indicated that social media sites generated inquiries to their organizations some of the time. In the 2015 survey, this finding had increased to 37 percent of respondents, suggesting the growing reach of social media.

Statewide 800 numbers, 2-1-1s, and the Eldercare Locator are intended to help guide consumers who are unaware of I&R/A networks in their state to the appropriate I&R/A agencies. However, as in the 2012 survey, none of these services ranked consistently high as drivers of inquiries among 2015 respondents. This suggests an ongoing need for collaboration, outreach, and education to support cooperative relationships and appropriate referrals of consumers, caregivers, and family members to aging and disability I&R/A agencies. As emphasized in the AIRS Standards, I&R agencies must work collaboratively at the local, regional, state, and national levels to help ensure broad access to I&R services and encourage seamless access to community resource information.³⁸

Figure 27

Origin of Referrals to I&R/A Service



³⁷ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, pgs. 9-10. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

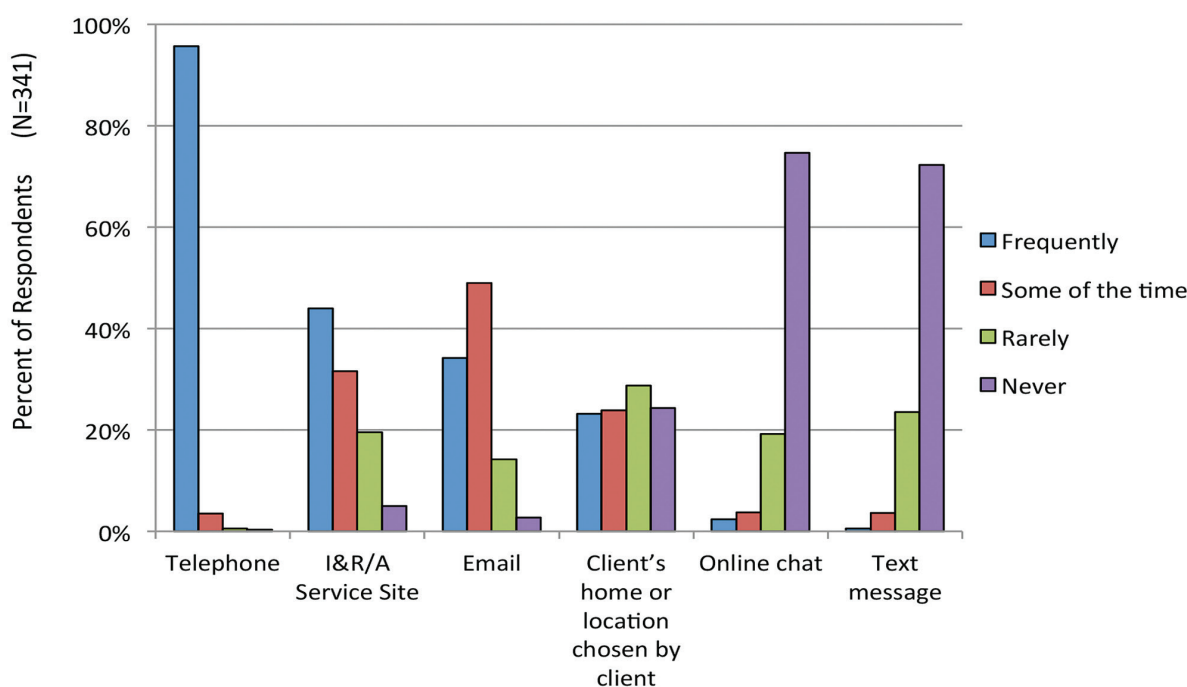
³⁸ Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral, version 7, revised March 2013, page 22. http://www.nasuad.org/sites/nasuad/files/hcbs/files/221/11024/AIRS_Standards_7_Final.pdf

As with sources of referrals, when it comes to modes of service delivery, traditional I&R/A service delivery modalities continue to be predominant even as Americans' communication patterns are changing. Figure 28 illustrates how much telephonic delivery of I&R/A services continues to be the primary method of serving inquirers. The 2015 survey mirrors findings from the 2012 survey in this regard; in both, over 80 percent of respondents reported providing I&R/A services by telephone frequently. Though to a lesser degree, both surveys also show that another traditional service setting—the I&R/A service site—continues to be used frequently or some of the time by a share of respondents.

Though reflecting traditional service modalities, telephonic and in-person I&R/A service delivery modes remain important ways of connecting consumers to services, particularly for inquirers who, for example, need more support or advocacy to access services or need more assistance to navigate complex circumstances. Survey findings described earlier in this report noted that agencies reported experiencing an increase in inquirers with complex and multiple needs, in those with mental health conditions, and in inquiries relating to LTSS needs. All of these circumstances may call for more “high touch” interactions delivered telephonically or in-person.

Figure 28

Settings for I&R/A Provision



While traditional modes of I&R/A service delivery continue to have an important role to play in serving inquirers, it is also critical to recognize that changing communication technologies and patterns are influencing how Americans seek help and connect with agencies. Though survey findings show that use of email in I&R/A service delivery has increased in frequency, use of online chat and text continues to lag significantly. A greater number of respondents in the 2015 survey than in the 2012 survey reported using email frequently to provide I&R/A

services (34 percent in 2015 compared to around five percent in 2012).³⁹ Yet, according to the vast majority of 2015 respondents, online chat or text are never or rarely used for I&R/A service delivery even as use of text and online communication in the general population has grown quickly. For example, over 90 percent of American adults own a cell phone and over 80 percent of those send or receive text messages.⁴⁰ Additionally, nearly two-thirds of Americans own smartphones and many use their phones to help navigate numerous important life events, such as looking up government services or information and looking up information about health conditions.⁴¹ A majority of smartphone users also use their phone to learn about community events or activities.⁴²

This data suggests a need for aging and disability I&R/A agencies to explore and expand their use of non-traditional modes of service delivery to complement more traditional modalities and to build capacity to serve current and future inquirers who increasingly use technology. Aging and disability I&R/A agencies may also benefit from lessons learned by early adopters of I&R chat and text, as well as from peer-to-peer sharing as a growing community of I&R agencies looks to incorporate technology into service delivery.

Resource Database Sharing

Technology is an important component of facilitating access to community resource information, within and among agencies, and with consumers. Technology often provides a key underpinning of resource databases—an essential element of connecting people with services through I&R. The resource database contains information about available community resources, including the services they provide and the conditions under which services are available.⁴³ The *AIRS Standards* envision collaboration in maintaining a resource database to promote an effective I&R system. Figure 29 depicts entities with which respondent agencies share their resource database. As in the 2012 survey, entities with which respondent agencies in the 2015 survey were most likely to share their resource database were state agencies (reported by 38 percent of respondents) and AAAs (reported by 37 percent of respondents). In Figure 29, “none” means that the respondent agency is the only organization to use the database; this was reported by 31 percent of respondents. In comments, respondents described varying levels of collaboration, from sharing a resource database on a case-by-case basis to sharing a database with AAA or ADRC partners to having a database that is available to all. Yet overall, the quantitative data suggests that there are not high levels of resource database sharing among agencies within I&R/A networks or with other health and human service organizations. This finding may point to a need for greater collaboration in this area to help I&R/A networks maintain quality community resource information.

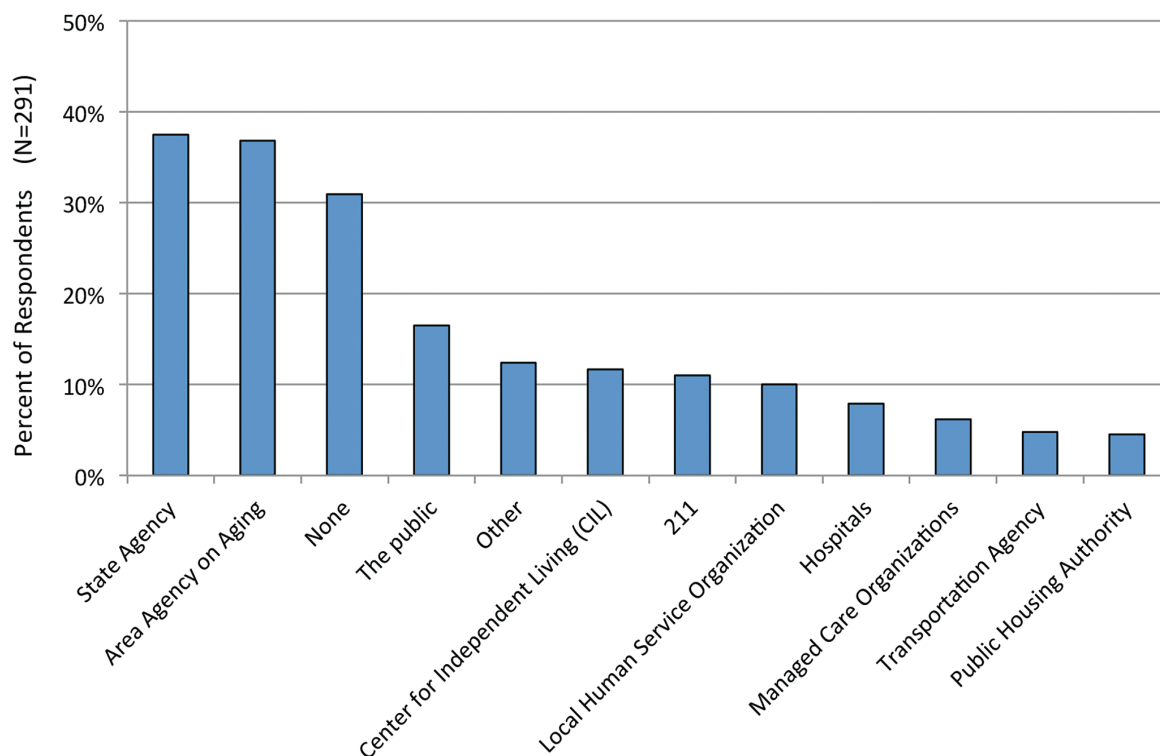
³⁹ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, pgs. 8-9. <http://www.nasuad.org/bcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

⁴⁰ Duggan, Maeve. Cell Phone Activities 2013. Pew Research Center, September 19, 2013. <http://www.pewinternet.org/2013/09/19/cell-phone-activities-2013/>

⁴¹ Smith, Aaron. U.S. Smartphone Use in 2015. Pew Research Center, April 1, 2015. <http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/>

⁴² Ibid.

⁴³ Alliance of Information and Referral Systems. AIRS Standards and Quality Indicators for Professional Information and Referral, version 7, revised March 2013, page 10. http://www.nasuad.org/sites/nasuad/files/bcbs/files/221/11024/AIRS_Standards_7_Final.pdf

Figure 29**Resource Database Sharing: With Which Other Entities Does Your Organization Share Its Resource Database?**

In society broadly, technology is becoming integral to everyday consumer experiences, raising expectations for ready access to information and for “self-service” transactions. Providing consumer-friendly access to community resource information, particularly in an online format, is becoming an important part of I&R service delivery. In the 2015 survey, as shown in Figure 29, 17 percent of respondents reported sharing their resource database with the public. State agency respondents were most likely to report sharing their resource database with the public (at 31 percent of those responding), followed by other non-profit organizations (at 22 percent of those responding), ADRCs (at 20 percent of those responding), AAAs (at 13 percent of those responding), and CILs (at four percent of those responding). Additionally, in the “other” category in Figure 29, several respondents indicated that their agency shares its resource database with the public in an online format or in a printed directory.

To further explore this aspect of I&R service delivery, the 2015 survey asked respondents whose agencies share their resource database with the public to describe practices that have enabled consumer-friendly access to the database. Many of those responding identified providing access to their agency’s resource database through their agency’s website; some also provide printed directories (“We print a resource directory for rural areas. The 2014–2015 distribution will approach 30,000 copies.”). Some agencies provide searchable online resource databases, others link consumers to an electronic copy of their resource directory. Given the potential size and scope of resource databases, features that enable consumers to navigate the resource database may be especially helpful. For example, one respondent noted that their

agency established their online resource database available on their website in the form of an assessment to narrow down searches based off consumer needs. Another respondent described how the statewide resource database in their state is available to the public to search and facilitates referrals back to local ADRC/AAA agencies for assistance and case management. Several respondents also identified outreach and marketing efforts so that consumers know where to look for information and resources (“We have developed a brochure for the resource database to distribute as part of our marketing efforts.”). These types of practices can facilitate consumer-friendly access to community resource information; however, given that only a minority of survey respondents reported that their agency shares its resource database with the public, there is still room for growth and modernization in providing consumer access to resource information.

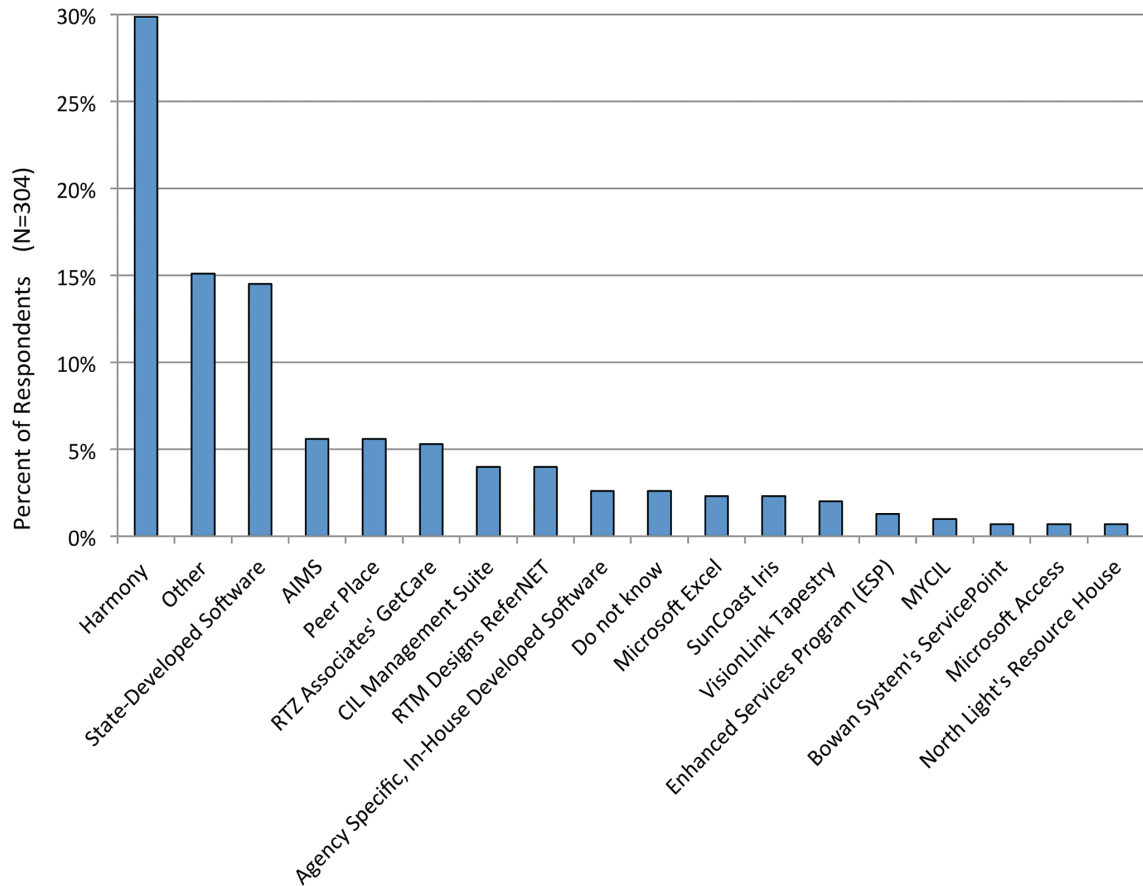
Information Systems and Taxonomy

Information systems and taxonomies are key tools that I&R/A agencies use in their day-to-day work to provide accurate and timely services, though the types of systems and their functionality can vary within and across agencies.⁴⁴ Client tracking, case management, and reporting software is used to monitor the services and supports that consumers access. In some I&R/A agencies, this software is the same or similar to the software used for the agency’s resource database, while other agencies have separate software for separate functions. The 2015 survey asked respondents about which software products their agencies use, software linkages, and the number of information systems into which staff input data. The survey also asked respondents about the type of taxonomy used by their agency.

As shown in Figure 30, aging and disability I&R/A agencies use a wide array of software products for client tracking, case management, and reporting functions. In the 2015 survey, as in the 2012 survey, respondents were most likely to report that their agency uses products developed by Harmony Information Systems (reported by 30 percent of respondents in the 2015 survey, and by 27 percent of those in the 2012 survey). Harmony products are now part of Mediware Information Systems, though referred to as Harmony throughout this report. In the “other” category in Figure 30, reported by 15 percent of those responding, respondents identified products that are listed in Figure 30, such as AIMS and Harmony, as well as several additional products including, for example, CILs First, NetCIL, and CharityTracker. Another 15 percent of respondents reported that their agency uses state-developed software; in the 2012 survey, this finding was reported by 21 percent of respondents.

Not surprisingly, there is variation in the use of such software products by agency type. For example, AAA (at 37 percent of those responding), state agency (at 36 percent), and ADRC (at 27 percent) respondents were the most likely to report using products developed by Harmony Information Systems. ADRC (at 19 percent of those responding) and AAA (at 18 percent) respondents were the most likely to report using state-developed software among respondents whose agencies use such software. CIL respondents reported using different software products, including CIL Management Suite (at 37 percent of those responding) and other CIL-designated products such as CILs First and NetCIL. Figure 31 depicts the use of client tracking, case management, and reporting software products by each agency type.

⁴⁴ NASUAD. Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities, May 2013, p. 20. <http://www.nasuad.org/hcbs/article/aging-and-disability-information-and-referralassistance-networks-challenges-and>.

Figure 30**Client Tracking, Case Management and Reporting Software Products**

Whether using similar or distinct software products, the ability to share data within and across agencies may help improve service delivery and reduce duplication of effort. The 2015 survey asked respondents whether their agency's client tracking, case management, and reporting software is linked with other agencies and, if so, to describe the purposes for these software linkages. Of 301 respondents, 43 percent reported that their agency's client tracking, case management, and reporting software is linked with other agencies, 50 percent reported that this is not the case, and seven percent did not know. In the 2012 survey, nearly half (46 percent) of respondents reported that their agency's client tracking, case management, and reporting software was linked with other agencies.⁴⁵ As in the 2012 survey, respondents in the 2015 survey were most likely in the aggregate to report software linkages with state agencies and AAAs (Figure 32). Additionally, just over 20 percent of respondents reported software linkages with "other" types of organizations including, for example, service providers, senior centers, nutrition programs, and ADRCs.

⁴⁵ Ibid, p. 23.

Figure 31

Client Tracking, Case Management and Reporting Software Products by Agency Type

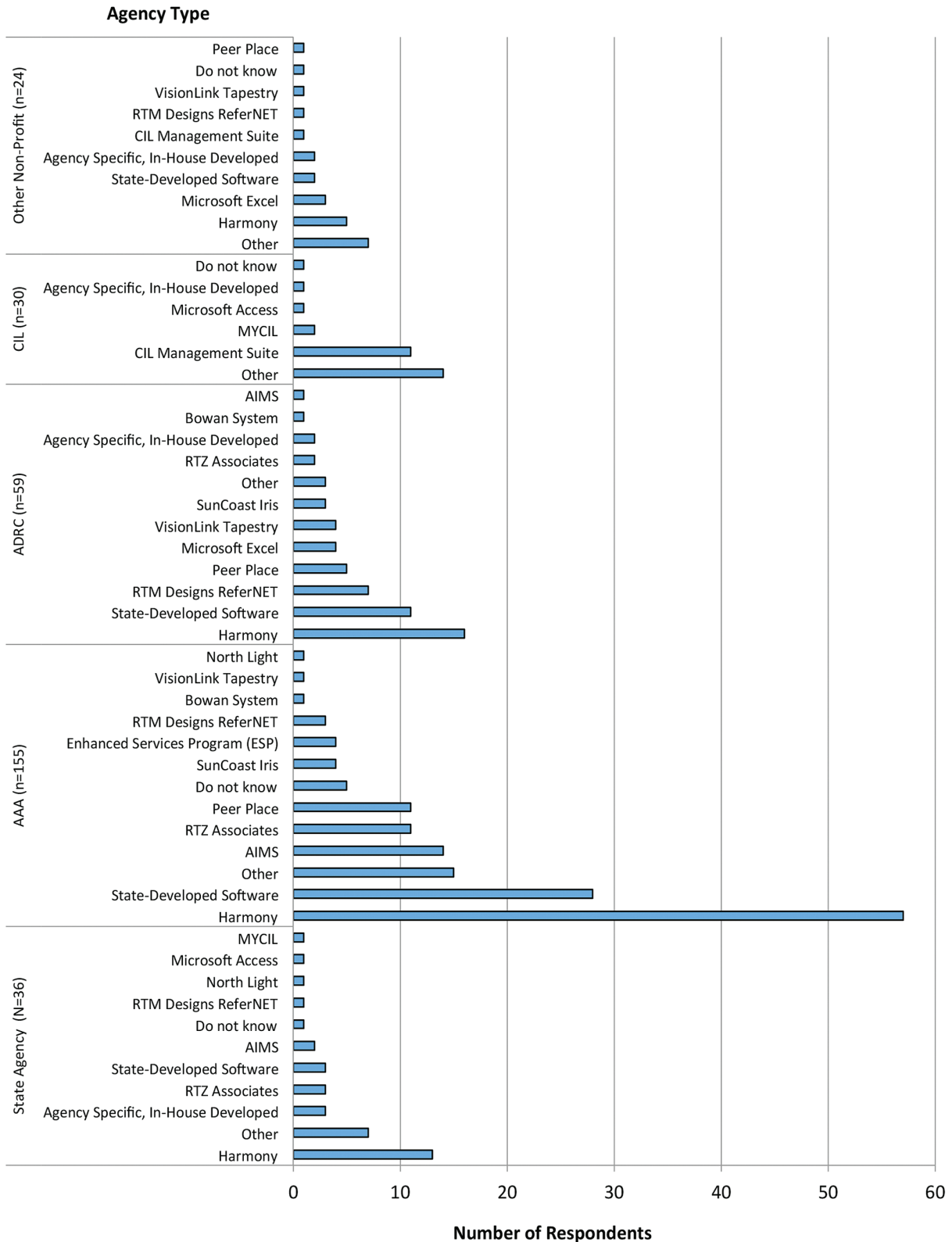
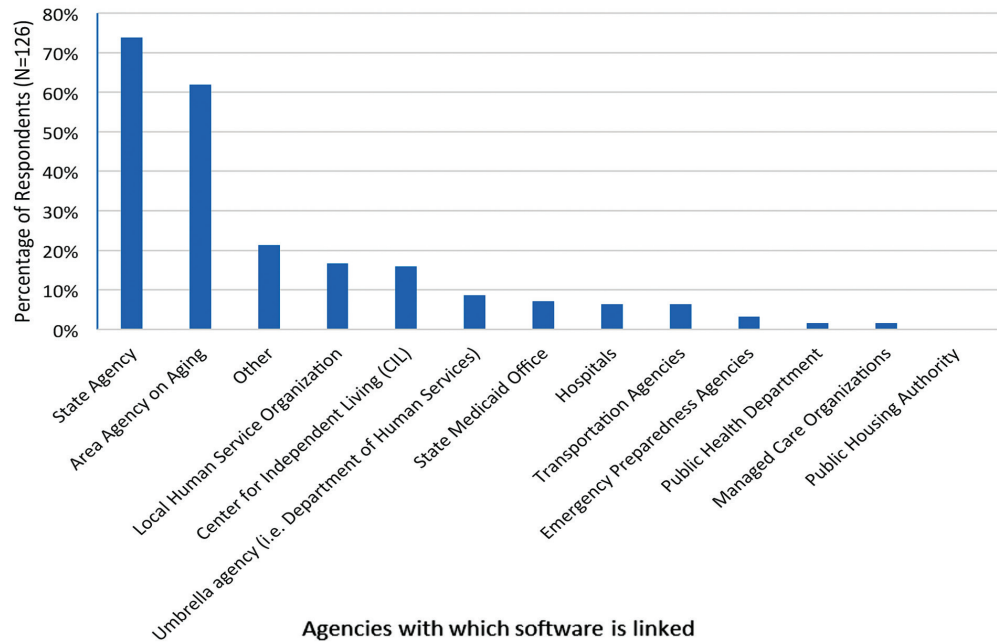


Figure 32**Client Tracking, Case Management and Reporting Software Linkages**

While low response rates by CIL and other non-profit organization respondents make it difficult to analyze findings by agency type, the data suggests that state agencies, AAAs, and ADRCs, among those responding, have the highest levels of software linkages within and among each other. These agency types may be connected through operational relationships—for example, a number of ADRCs are operated by AAAs—and through the structure of the aging network, helping to explain the presence of software linkages. Looking ahead, as I&R/A agencies serve more diverse consumers and as aging and disability networks broaden, it will be important for information systems to support greater data sharing and reporting within and across agencies.

When asked to describe the purposes for software linkages, respondents identified several key activities that such linkages facilitate. The activities identified the most frequently by respondents include: sharing client-level data; making client referrals, particularly through electronic referrals; monitoring client progress across multiple programs; and reporting activities. Along with these key activities, respondents identified a range of other activities that are facilitated by software linkages, include the following:

- Tracking of services received by clients;
- Maintaining, expanding, and sharing a resource database;
- Avoiding duplication such as double entry of client information;
- Monitoring of agency or program performance;
- Facilitating the transfer of cases when clients move; and
- Billing and contracting activities.

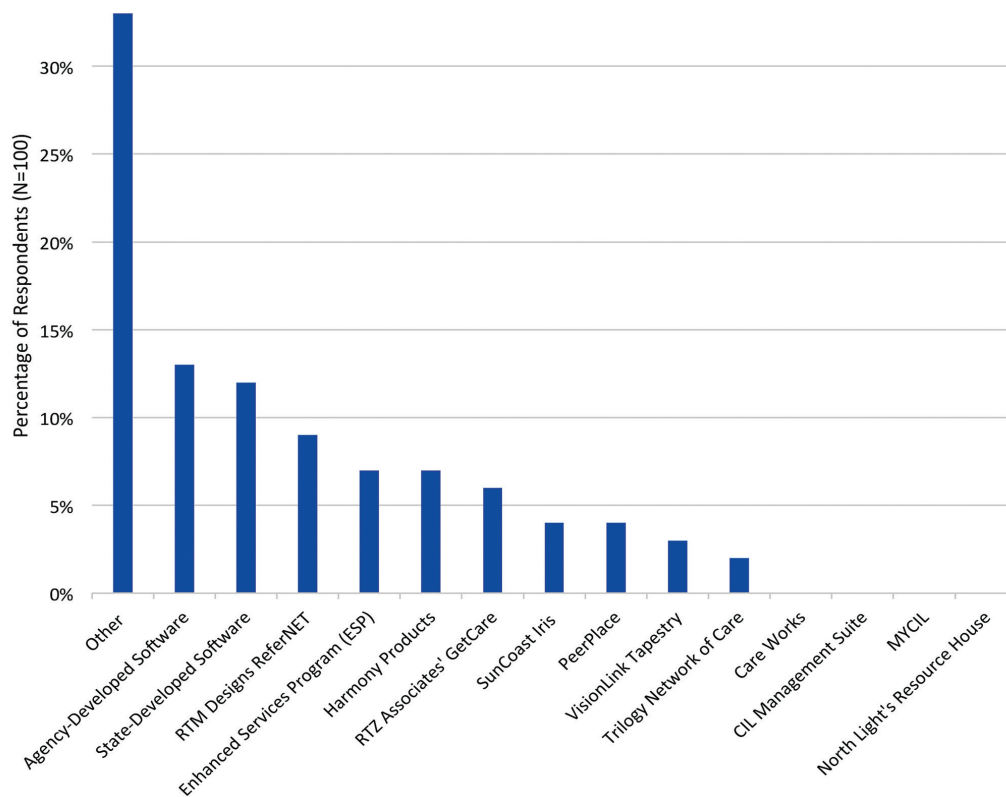
As noted earlier in this section of the report, some agencies use the same software system for client tracking, case management, and reporting as for their resource database while other agencies have separate software for separate functions. In the 2015 survey, of 305 respondents, 52 percent reported that their agency uses the same software system for all of these functions, while 34 percent reported that their agency does not use the same software system for client tracking, case management, and reporting as for its resource database. Eight percent of respondents did not know, and six percent reported that their organization does not maintain a resource database.

Among respondents whose agencies use different software for these functions, Figure 33 shows software products used for the resource database. One-third of these respondents reported “other,” and in comments they identified a range of products and options including commercial products such as IRis, use of Excel for databases, print resource directories, 2-1-1 databases, and available online resources (“We use free online databases of other organizations, i.e., Medicare’s list of providers.”). Custom software is another option used by some agencies for resource databases. Thirteen percent of respondents reported using agency-developed software and 12 percent reported using state-developed software.

The use of different software for different agency functions may raise concerns about efficiency and duplication. The 2015 survey asked respondents how many information systems into which their I&R/A staff enter data. Of 301 respondents, close to half (47 percent) reported that staff

Figure 33

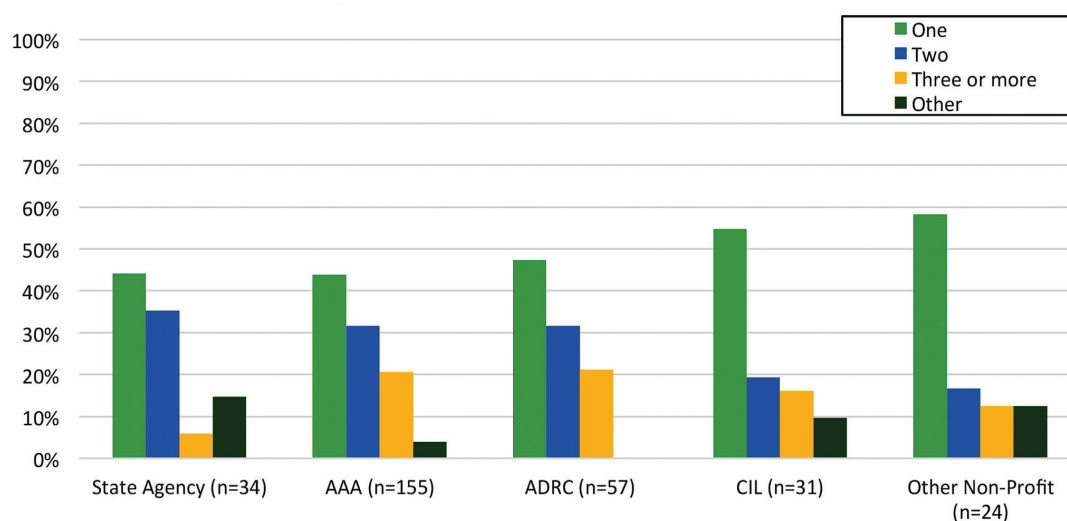
Resource Database Software



enter data into one information system, 30 percent reported two information systems, and 18 percent reported three or more information systems. The remainder (six percent) reported “other,” which included situations where agencies are transitioning information systems. Thus in nearly half of respondent agencies, staff input data into two or more information systems. At 35 percent of those responding (Figure 34), state agency respondents were the most likely to report that I&R/A staff at their agency enter data into two information systems, followed by AAA and ADRC respondents (at 32 percent each). When it comes to entering data into three or more information systems, AAA and ADRC respondents were the most likely to report this situation (at 21 percent each of those responding), which may speak to a greater need for coordination within aging and disability networks.

Figure 34

Number of IT Systems I&R Professionals Must Enter Data Into



Finally, the 2015 survey asked respondents about the type of taxonomy or classification system used by their agency to index and search resource information. In the field of I&R, a number of agencies use the AIRS/211 LA County Taxonomy of Human Services to index and retrieve information within their resource database. This Taxonomy can also be customized to facilitate its use with particular populations and service needs. Additionally, there are two versions of the AIRS/211 LA County Taxonomy of Human Services that were developed specifically for organizations specializing in aging and disability services.⁴⁶

In the 2015 survey, of 289 total respondents, 29 percent reported that their agency uses the AIRS/211 LA County Taxonomy, 10 percent reported using a variation of the AIRS/211 LA County Taxonomy, 11 reported that their agency created its own taxonomy without the use of an existing system, 10 percent reported using another type of taxonomy, eight percent reported that their taxonomy is in the development phase, and 31 percent reported not knowing what taxonomy or classification system their agency uses. In comments, respondents identified several other approaches to indexing and/or retrieving resource information. These

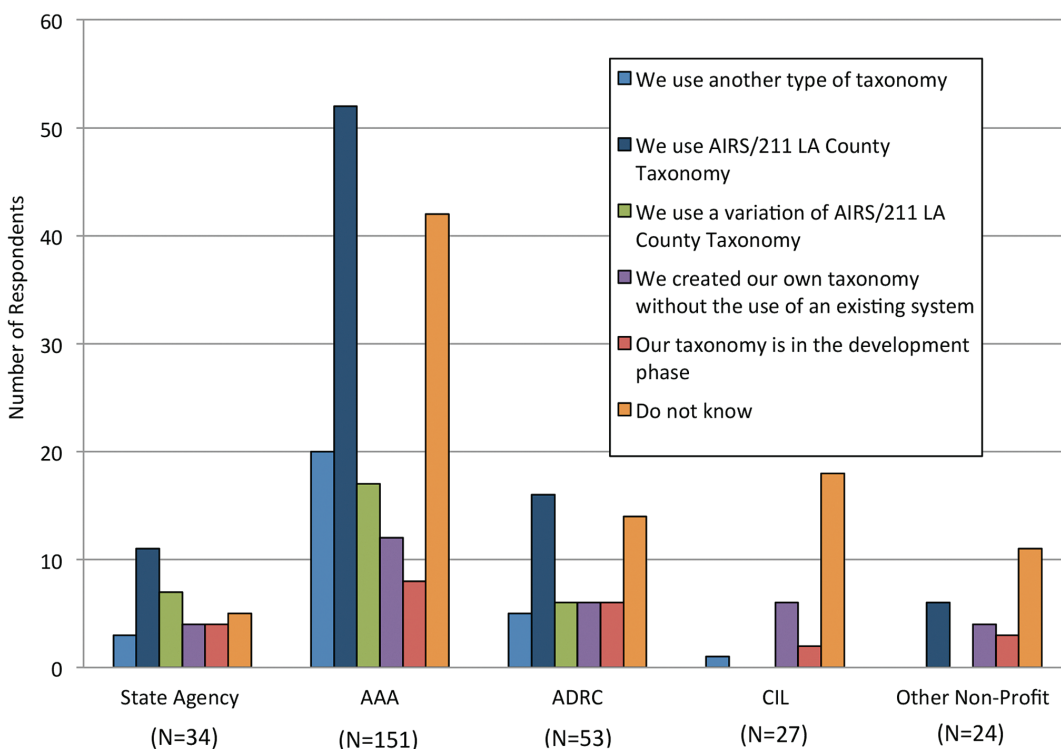
⁴⁶ For more information on the Taxonomy, visit the Taxonomy web site at <https://211taxonomy.org/>.

include, for example, use of a style guide for entering records in the database, use of software keywords and/or products, direct Internet searches, combining the AIRS/211 LA County Taxonomy with a unique taxonomy, use of websites such as the Eldercare Locator, and use of resource directories. Additionally, a couple of respondents noted that their state is building an I&R website as part of Balancing Incentive Program activities that will use the AIRS/211 LA County Taxonomy.

As in the 2012 survey, use of the Taxonomy or other classification systems varies by agency type. In both surveys, use of the AIRS/211 LA County Taxonomy was most likely to be reported by AAAs, ADRCs, and state agencies (Figure 35). In the 2015 survey, use of AIRS/211 LA County Taxonomy was reported by 32 percent of state agency respondents; 34 percent of AAA respondents; and 30 percent of ADRC respondents as well as by 25 percent of other human service non-profit organization respondents. None of the CIL respondents reported using this Taxonomy. Additionally, 21 percent of state agency respondents and 11 percent each of AAA and ADRC respondents reported using a variation of the AIRS/211 LA County taxonomy. While no CIL respondents reported using either the AIRS/211 LA County Taxonomy or a variation of the Taxonomy, 22 percent of CILs reported that their agency created its own taxonomy. These findings show the variation in approaches to classifying resource information across agencies. While this variation may enable agencies to meet their unique needs with regards to resource information, it also limits the potential for consistency and standardization of indexing and retrieving resource information across aging and disability I&R/A networks.

Figure 35

Taxonomy Classification System by Agency Type



CONCLUSION

The 2015 national survey of aging and disability I&R/A agencies has captured many aspects of the changing landscape of I&R/A service provision to older adults, persons with disabilities, family members, and caregivers. Yet even in a changing environment, information and referral/assistance remains a core and fundamental service of aging and disability networks. As stated by one survey respondent, “Information and referral is one of the most important services that can be provided to older adults, individuals with disabilities, and their caregivers.” To continue to provide and strengthen this vital service, aging and disability I&R/A agencies will need to cultivate partnerships, opportunities, and innovations that enhance and modernize service provision. The five overarching themes that emerged from the 2015 survey also point to areas for growth and improvement:

- Sustainability is a critical challenge confronting aging and disability programs and networks. Addressing the sustainability challenge will require innovation, new ways of doing business, and a capacity to leverage opportunities and partnerships to maximize efficient and effective service delivery.
- Aging and disability I&R/A agencies are serving ever more diverse consumers, including more individuals with disabilities under age 60 and more people with disabilities of all ages, more baby boomers and more older-old adults, and more inquirers with complex and multiple needs. Aging and disability I&R/A networks should continue to strengthen partnerships with and among agencies that serve these consumers, and receive support from federal agencies that enhances network capacity to do so.
- The policy, fiscal, and service delivery environment shaping aging and disability services is changing rapidly, leading I&R/A agencies to continue to expand their scope of programs and services, and to expand the roles of I&R/A specialists. To meet new opportunities and challenges, agencies may need to build their capacity to adapt and market their programs and services to new payers and populations. It is also critical that agencies stay abreast of policy changes impacting the delivery of home and community based services.
- Quality assurance measurement and practices are a cornerstone of providing effective services. The 2015 survey documented a range of practices to measure and improve the quality of I&R/A service delivery, including emerging practices to measure service and individual outcomes. Yet some agencies continue to lack quality assurance activities. With public funders and private payers alike seeking greater assurances of program effectiveness and impact, I&R/A agencies should continue to strengthen quality assurance and improvement activities, and work towards measuring outcomes to demonstrate how services make a difference in the lives of consumers, caregivers, and families.
- Findings from the 2015 survey show that more agencies are using social media to connect with consumers, family members, and caregivers, yet when it comes to the delivery of I&R/A services, agencies continue to rely heavily on traditional modes of communication. As communication technologies and patterns change, it is essential that aging and disability I&R/A agencies expand their use of non-traditional modes of service delivery to build their capacity to serve consumers of all ages and communication preferences. Another important area for continued development is facilitating direct consumer access to community resource information.



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