NATIONAL INFORMATION & REFERRAL SUPPORT CENTER

CRS-A/D Training

Competencies for the Aging and Disability Information and Referral/Assistance Programs

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Introduction

Introduction:
The I&R Support Center

The National I&R 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.

- Technical Assistance and Training Webinars

- Online training; AIRS Certification Training; and CRS-A/D Training Resources (train-the-trainer initiative)

- Distribution list for sharing information and resources (to sign up, visit www.advancingstates.org/community-opportunities/stay-informed)

- Knowledge Building: Surveys of the Aging and Disability I&R/A Networks

- Training Events at National Conferences

www.advancingstates.org/initiatives/national-information-referral-support-center

Introductions

- Name
- Agency

Content

1. Introduction
2. I&R/A Fundamentals
3. Exam Details
4. I&R/A Process
5. Communication Techniques
6. AIRS Standards (Highlights)
7. I&R/A and the Aging/Disability Networks
8. Programs and Services
9. More Exam Information

Learning Outcomes

- Understand the fundamental components of I&R/A service delivery, standards, history, and programs

- Prepare for the CRS-A/D exam by reviewing key topics for I&R/A professional certification

- Gain insight through activities and discussion with other I&R/A professionals into how to improve I&R/A service delivery techniques

- Understand how I&R/A services and programs fit into the "big picture" of long-term services and supports

Fundamentals of I&R/A and AIRS Certification

The Nature of I&R

How do most people feel when they must ask for help?

If there was not an I&R service, how would people find the community or social programs that they needed?

What is I&R/A?

Information and Referral/ Assistance (I&R/A) is the art, science and practice of bringing people and services together. When individuals, families, and communities don't know where to turn, I&R is there for them.

Characteristics of I&R/A Services

The I&R/A service:

- Maintains accurate, comprehensive, **unbiased information** about services available in their community.

- Provides **confidential** access to information.

- Provides **barrier-free** access to information.

- Provides assessment and assistance based on the **inquirer's need(s).**

- Recognizes the inquirer's right to **self-determination.**

- Assures that inquirers are **empowered** to the extent possible.

- Provides an **appropriate level of support** in obtaining services.

- Assures that inquirers have the opportunity to access the **most appropriate I&R/A service** available in the system.

What is AIRS?

Alliance of Information and Referral Systems

Provides a professional umbrella for all I&R/A providers in both public and private organizations. Comprehensive and specialized I&R/A programs help people in every community and operate as a critical component of the health and human service delivery system.

AIRS Certification

Certification

- Addresses the knowledge, skills, and work-related behaviors of individual specialists
- Focuses on the service delivery and resource database sections of the standards

Accreditation

- Focuses on quality and comprehensive service delivery of I&R/A organizations
- Agencies must meet minimum requirements in all five areas of the standards

Exams

- **CRS:** Certification for Community Resource Specialists
- **CRS-A/D:** Certification for Community Resource Specialists - Aging/Disabilities (formerly CIRS-A/D)
- **CRS-DC:** Certification for Community Resource Specialists - Database Curator

AIRS Certification Professional Credential Names

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■ This training will use the term **Community Resource Specialist** to refer to an I&R/A Specialist. This term aligns with the AIRS I&R Training Manual, the certification exams, and the certification designations.

■ In states and communities, a variety of names may be used to refer to professionals who perform I&R/A functions, such as I&R or I&A specialist, resource specialist, call specialist, navigator…

Why Certify?

- Demonstrates knowledge, skill, and technical proficiency
- Enhances quality of services
- Shows commitment to the profession
- Validates professional development
- Engenders respect outside the field
- Confirms progression, growth, and leadership
- Many agencies require a percentage of their I&R/A specialists to become CRS-A/D certified
- Provides a shared based of knowledge among all I&R/A professionals in the field

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Virginia AIRS: Certification Scholarship Program

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- Launched in early 2022

- Designed to encourage certification

- Scholarships will cover the cost of the application fee for a new AIRS certification (CRS; CRS-A/D; CRS-DC)

- Will also cover the cost of the remote proctor service

- Scholarships are available to VAIRS members

- Scholarships will be awarded on a rolling basis

- Apply online at **https://form.jotform.com/22186516717159**

VIRGINIA AIRS

Information & Referral
connecting people to
community services

AIRS Certification Scholarship Program Offered by Virginia AIRS
Program Guidelines and Application for fiscal year 2023

Virginia AIRS (VAIRS) encourages the professional development of its members and offers an AIRS Certification Scholarship Program to encourage Information & Referral specialists to become AIRS certified. AIRS Certification is a professional credentialing program for individuals working within the I&R sector of human services. Certification improves the professionalism of the I&R field and the quality of service provided to the public. AIRS Certification benefits I&R specialists, the agencies where they work, and the communities they serve. Certification validates I&R skills and knowledge, provides a transferable qualification, and recognizes the professionalism of I&R practice Visit AIRS Certification Program/FAQs for more information.

Virginia AIRS is pleased to offer scholarships to I&R professionals in the state of Virginia to cover the cost of the application fee for a new AIRS certification (Community Resource Specialist; Community Resource Specialist – Aging/Disabilities; and Community Resource Specialist – Database Curator). Recertification and exam retakes are not covered under this program. Scholarships are available for specialists from VAIRS member organizations (including individual members); scholarships are not available for non-members. We strongly encourage interested non-members to join VAIRS by becoming a member of AIRS, click here for more information. The scholarship will also cover the cost of the online Proctor fee where an applicant will use remote proctoring to take their certification exam.

Under the VAIRS Certification Scholarship Program, applicants awarded a scholarship will use the AIRS Affiliate Sponsored Certification Exam Application form to apply for their certification exam. Use of this special application form will ensure that the application fee is covered directly by VAIRS; payment information will not be collected on the application. This application form will be provided to successful applicants under the Program. Applicants using the online Proctor option will receive a customized online Proctor registration link that enables them to make a reservation without needing to provide payment.

Scholarships will be awarded on a rolling basis until funds have been expended or the end of the fiscal year (June 30, 2023). VAIRS reserves the right to limit the number of scholarships offered to individual organizations to help ensure that this opportunity is available to members throughout the state.

If you have questions about this opportunity, please contact Nanette Relave, VAIRS president, at nrelave@advancingstates.org. Early submission of scholarship applications is encouraged.

50 for 50!
AIRS Certification Promotion

AIRS is celebrating its 50th anniversary with a special certification promotion!

Through July 31, 2023, new certification applications for CRS-A/D, CRS, or CRS-DC will receive $50 off their application fee. For more information visit www.airs.org.

Exam Details

CRS-A/D Exam Format

- 100 questions
- Multiple Choice
- 2 hours

Composition of CRS-A/D Exam (approximate % of question types)

- Rapport   19%
- Screening/Assessment   20%
- Identification of Resources and Preferences   19%
- Information, Assistance, Referrals, and Advocacy   18%
- Documentation   11%
- Follow-up   9%
- Ethics, Professional and Legal Issues   4%

Certification Exam Details

- A dictionary is provided to look up terms

- Personal notes are not allowed in the exam room

- Phones and other electronic devices must be turned off and stowed with other belongings

- Starting September 1, 2013, AIRS began using proctored computer-based testing.

  - The exam platform gives you the opportunity to mark questions you are unsure of, and go back later to review

  - A proctor will still be present for the duration of the exam

  - Certification exams are offered at host sites and through Examity

CRS-A/D Exam Eligibility

AIRS Requires:

- 1 full year of employment in I&R for applicants with a Bachelor's degree or higher

- 2 years of employment in I&R for applicants with an Associate degree

- 3 years of employment in I&R for applicants with a High School diploma or GED

- 4 years of I&R employment with no educational qualifications

- A copy of your degree/diploma or educational transcript

Go to: www.airs.org for the application form

Got Exam Anxiety?

If you are signed up for the exam:

■ Sit back for a moment, take a deep breath and…

▫ Think about your years of experience as a trained I&R/A professional

■ You can only sign up for the exam after working for at least one year in the field

■ Studying the suggested materials and taking practice tests are just icing on the cake (of your work experience)

■ Try not to read too much into the questions

Study Resources

- **ADvancing States** (www.advancingstates.org)
  - The IQ Online Learning Center has several courses that address competencies for certification in aging and disability I&R/A
  - www.advancingstatesiq.org
- **AIRS** (www.airs.org)
  - Standards for Professional Information & Referral (www.airs.org/i4a/pages/index.cfm?pageid=3371)
  - AIRS I&R Training Manual
  - AIRS Online Training
  - Online CRS-Aging/Disabilities Practice Test ($10-$20) through AIRS (https://learn.airs.org/)

After the Exam

Exam Results

- You should receive your exam results via email within several business days of taking the exam.

Recertification

- Required every 2 years
- You must document at least 10 hours of I&R-related training and professional development
- A second examination is not required *unless* you allow your certification to lapse beyond the expiration date noted on your certificate.

Passing the Exam

Pass

- You must obtain a score of 75% or above to pass the exam.
- You will not obtain your actual score, or which questions you answered incorrectly

Didn't Pass - Don't Panic!

- Retake the exam within 1 year at a reduced fee
- $45 fee (AIRS members; $80 non-AIRS members)
- Upon request, you may obtain a breakdown of your scores in the various subject areas

Information & Referral/Assistance Process

The I&R/A process is a semi-structured, person-centered interview procedure that supports and empowers clients' access to health and social support services.

AIRS Standards
Quality Indicators for I&R

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The I&R service ensures through training and supervision that I&R Specialists:

- Identify themselves and their program

- Establish rapport … and use active listening skills and empathy to discern the presenting problem

- Respond to each inquirer in a professional, nonjudgmental, culturally-appropriate and timely manner

- Apply person-centered techniques and approaches

- Use clear language and an appropriate tone of voice to convey empathy and engagement

AIRS Standards Quality Indicators for I&R

- Clarify and confirm the inquirer's need(s) using techniques such as paraphrasing

- Present the inquirer with various approaches … that give them a range of options

- Make an accurate assessment of the inquirer's problems/needs by asking relevant questions to elicit information necessary for an accurate referral

Stages of the I&R/A process

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- Opening the call and establishing rapport: Contact
- Assessment of the situation
- Clarification to ensure an understanding of the situation
- Providing appropriate information and/or referrals
- Closing the call

Establishing trust and rapport

■ Building trust and rapport allows another person to feel comfortable talking to you.

■ The Community Resource Specialist's first words to the client should be an open, warm, and friendly greeting.

■ Clients often feel vulnerable and confused when contacting I&R/A services – when you make contact with the client, be sensitive to the possibility of client discomfort and uncertainty.

Welcome and Rapport

Learning about the client's situation

- Community Resource Specialists must assess the client's needs in a natural way, through active listening and good I&R communication techniques.

- Asking questions reveals the client's situation.

- When asking questions, it is important to explain to clients why you are asking them.

- Specialists need only ask questions that are relevant in making an appropriate referral.

- Sometimes, the second question is the key that unlocks the client's situation by giving them another opportunity to answer.

Assessment

Probing questions

- In some cases there may be an underlying issue that the client is not articulating.

- Specialists should tactfully ask questions, probing to explore whether there are underlying issues.

"Can you tell me more about…"

If a client chooses to ignore or otherwise avoid addressing the underlying issue, accept the decision of the client. The exception to this rule is if the Community Resource Specialist suspects abuse, exploitation, or neglect.

Assessment

Understanding the client's situation

■ Clarification within I&R/A is the process of ensuring you have an accurate understanding of the problem in order to identify an appropriate solution.

■ This stage is important. You may *think* you have understood but during clarification, you will often find out that something was misunderstood or not properly explained.

■ Two main techniques used to clarify are paraphrasing and reflection. These techniques let the client know you have been listening and that you understand their situation.

Clarification

Providing information, referrals, and assistance

- Once you have assessed and clarified the need or needs, you can provide the choice of information, referrals and/or assistance that the client needs.

- Specialists need to pay close attention to the eligibility requirements of particular services to make sure the client potentially qualifies.

- Specialists must also ensure a client can access a service. For example, are clients aware of the documentation that is required? Are there transportation needs?

Information & Referral/Assistance Provision

Information giving is the process of providing specific information such as an organization's name, contact details, address, or accessibility to the inquirer.

- For basic information giving, clients have often defined their needs prior to contacting the I&R/A service.

- Community Resource Specialists should be wary of an underlying, recurring issue that the client is not articulating.

Information Giving

Connecting the client with services that can meet their needs

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Assistance and referral giving involves assessing the client's needs and then matching them to one or more organizations capable of meeting those needs.

Professional TIP
The correct number of referrals is dependent on the client's situation, preferences, and available services. When possible, provide the client a choice of at least three appropriate referrals. However, try to avoid overwhelming the client with too much information.

Assistance and Referral Giving

Problem-solving

- Sometimes no referrals are available.
- Community Resource Specialists must be honest with clients in these situations.
- Specialists should also problem-solve with the client to see if other solutions are available

Think of a scenario in which you are not able to find a suitable referral for a client's need, how should you tell this to the client … and how might you begin the process of trying to problem-solve with the client?

Assistance and Referral Giving

Problem-solving

■ Problem-solving requires the Community Resource Specialist to explore roadblocks that may stand in the way of the client taking action.

■ The specialist should explore if and how the client has dealt with similar situations in the past.

■ The problem-solving process culminates with an action plan.

Assistance and Referral Giving

Finishing the call

- The I&R/A process comes to an end when the purpose of the contact has been established and the information and /or referrals have been made.

- In ending the contact, the Community Resource Specialist should verify the client's understanding of the situation and the information and/or referrals given.

- Encourage the client to contact the I&R/A service if the information or referral turns out to be incorrect, inaccurate, or insufficient.

Closure

Finishing the call

■Closure is more than saying goodbye.

■A good I&R closure confirms the client understands their situation, has the referral information provided, is confident of the next steps, and feels comfortable contacting the I&R service again.

■A good closure is important because it may determine whether clients follow through with the referrals, whether they call back if the referrals don't work out, or whether they call again in the future or recommend the service to others.

Closure

What about frequent callers?

- Many I&R/A services have frequent callers.
- There can be different reasons why frequent callers contact your service: mental health issues, loneliness and social isolation, memory loss/dementia, etc.
- Listen for genuine needs for referrals within these calls, including referrals to telephone assurance programs, talk/friendship lines, etc.
- While patience and empathy are important components of I&R/A calls, it may also be necessary to set clear, easily understood boundaries with some frequent callers.

"I can talk with you for the next five minutes, but you have to agree that this will be your last call today."

Closure

Resources for Social Isolation

Resources to address social isolation may be available at the national, state and community levels. Examples include:

- *Covia/Front Porch*: programs include Social Call and Well Connected (covia.org)
- *SAGEConnect*: a program that matches LGBT elders with volunteers for weekly phone calls (sageusa.org/x2-sageconnect)
- *National initiatives:* efforts like *Commit to Connect* (committoconnect.org) and *engAGED* (engagingolderadults.org) provide professionals and programs with access to resources, training, tools, peers, and promising practices
- *Telephone reassurance*: state and local programs that provide check in and reassurance calls to individuals on a regular basis

Closure

Follow-up: AIRS Standards

The I&R service has a policy that addresses the conditions under which follow-up must be conducted. The policy requires follow-up … with inquirers who are at risk and/or vulnerable and in situations where … inquirers do not have the necessary capacity to … resolve their problems

Quality indicators include:

- The primary purpose of follow-up is for the benefit of inquirers to see if their needs were met

- Follow-up is only conducted with the permission of the inquirer and never compromises inquirer safety

The Nature of I&R Follow-up

- Within I&R, follow-up is the process of contacting clients to determine if their needs have been met and if not, why not

- It is completed at the discretion of the Community Resource Specialist and according to the policies of the I&R service

- **The primary reason for follow-up is to benefit vulnerable callers in difficult situations**

Types of Follow-up

There are two types of after-call contact in I&R and they are both sometimes referred to as "follow-up":

1. "Follow-up" as according to the AIRS Standards is conducted primarily for the benefit of the client and is driven by the client's needs

2. A "follow-up" that is primarily to evaluate the customer satisfaction and service outcomes of the I&R program as part of a quality assurance exercise

These follow-ups (properly called quality assurance contacts) are usually selected as part of a random sample asking clients about the service received and the outcomes of that service.

Reasons for Follow-up

- Safety check on crisis calls

- Make sure client needs were met

- Measure service outcomes (the "what happens next" after referrals are provided)

- Inquirer satisfaction

- Verifies resource database accuracy

- Collects information on unmet needs

- Asserts the uniqueness of I&R (follow-up has always been part of I&R service delivery)

Follow-up Process

The I&R/A agency should provide guidelines that cover internal follow-up criteria and process

- **Always request and secure permission for follow-up** in a manner that allows the client to provide informed consent ("*Would it be OK if …*")

- Specialists should include all the key information in their call documentation so the client can be reminded about the reason for the original call and the Community Resource Specialist making the follow-up has the relevant background

- Generally avoid leaving voicemail messages

Follow-ups generally take place 3-7 days after the original call to allow the client time to take action (within 1-3 days in cases of endangerment).

Follow-up Outcomes

Follow-up answers the question: *"What happened next?"* And there are three main possibilities: Client contacted referrals and the need was met; Client did not contact referrals; and Client contacted referrals but their need was not met.

If the need was not met and the information provided was correct, it is important to document the reasons to see if this is part of a larger pattern. The reasons may include:

- Waiting list too long

- Service proved too expensive

- Client failed detailed eligibility assessment

In all of these cases, **additional I&R may be needed.**

Activity #1

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Navigating the I&R Process: Communication Examples Handout

"Good evening, my name is Jane. Thanks for calling Anytown I&A. How can I help you?"

"There is obviously a lot going on right now. What is the part that you really want to concentrate on first?"

"In order to find the right service to help you, I need to better understand…"

"I'm happy to look for resources for you, while I'm doing that, can I go over some demographic questions that will help me find the right resources for you?"

"There are organizations that provide household chore services for older adults. Would you be interested in that kind of help?"

"Would you like me to go over some details about the application process?"

"Thank you for calling Anytown I&A. Please call us back if the referral doesn't work out or if you need any other help in the future."

Empowerment and Advocacy

What might "empowerment" mean to you as a staff person in an organization?

What might "empowerment" mean to you as a client?

In what type of situations might a client need *extra help*?

Empowerment and Advocacy: AIRS Standards

- The I&R service ensures through training and supervision that Community Resource Specialists:
  - Suggest ways the inquirer can advocate for him or herself, when appropriate (empowerment)
- The I&R service offers advocacy, when necessary, to ensure that people receive the benefits and services for which they are eligible
- All advocacy efforts shall be consistent with written policies … of the I&R service and shall proceed only with the permission of the inquirer

Empowerment within I&R

- Empowerment helps people help themselves. *It is the essence of I&R*

- The Community Resource Specialist can provide clients with referrals to the programs to contact but also with the details of those services and the questions to ask, as well as the questions that a service might ask of them

- Empowerment involves the client being provided with choices and having the ability/knowledge to make their own decisions

- An empowered client will know how to handle the same situation on a future occasion. They can also serve as advocates for friends and family members

Client empowerment

Client empowerment means enhancing an individual's autonomy and competencies.

Community Resource Specialists empower clients by:

1) Supporting the client to identify and articulate their needs;

2) Working with the client to demonstrate the steps they need to take in order to obtain services; and

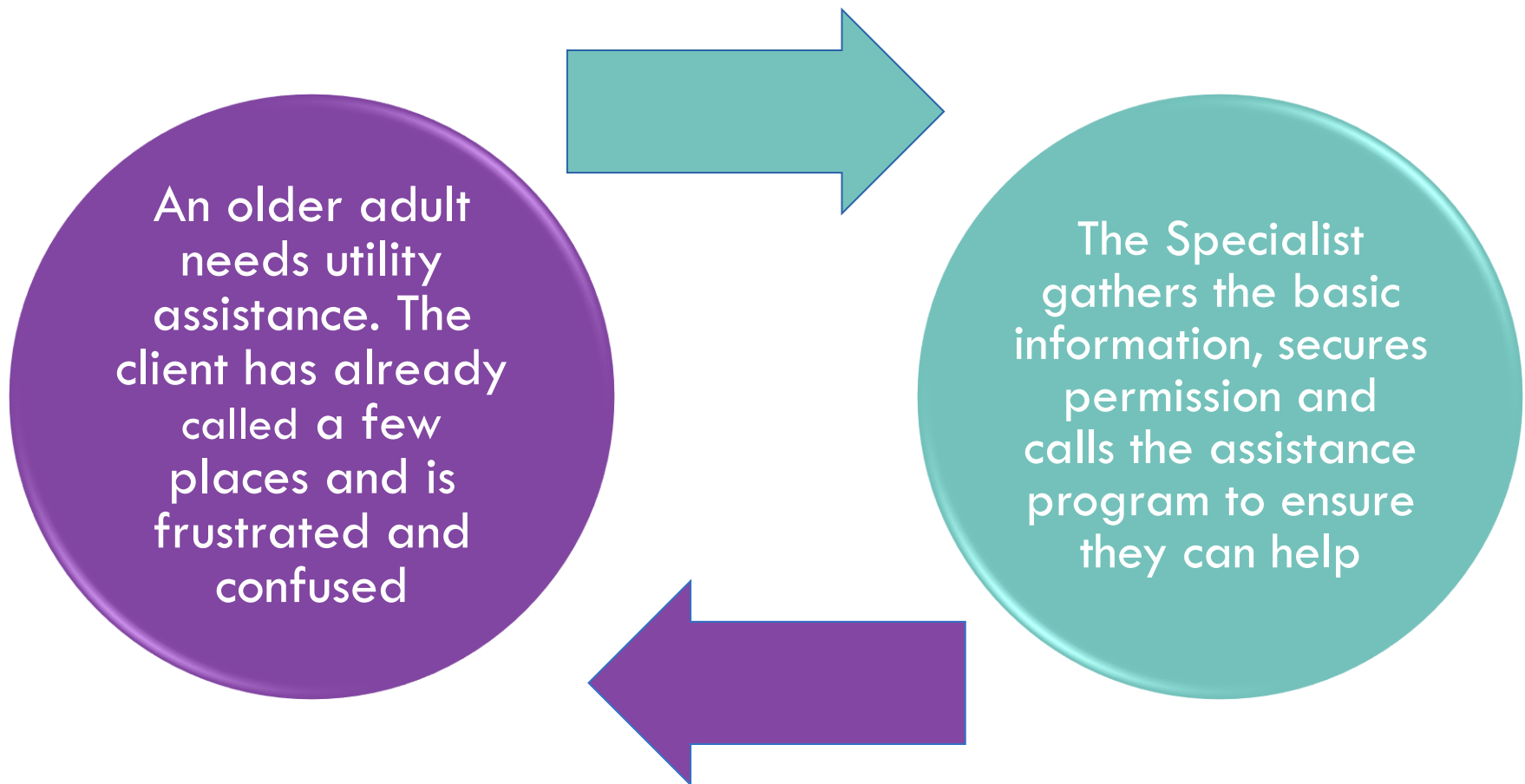3) Showing the client how to advocate for themselves.

Advocacy within I&R

- Advocacy is what happens when empowerment isn't enough

- Advocacy occurs when, *with the permission of the client*, one or more additional calls are made on their behalf

- Each I&R organization should have their own policies on when advocacy is required or recommended

- Advocacy can only occur with the informed consent of the client. That consent can be verbal and informal (e.g. *"Is it OK if I give them a call to make sure a space is available?"*)

- The act of advocacy and the circumstances/results of advocacy must be documented (including recording that consent was provided)

Advocacy often involves a **warm transfer**: a call transfer situation in which the Community Resource Specialist stays on the line until the caller is introduced and connected to an individual at a referral organization

Client Advocacy

An older adult needs utility assistance. The client has already called a few places and is frustrated and confused

The Specialist gathers the basic information, secures permission and calls the assistance program to ensure they can help

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Types of Advocacy

1. **Individual advocacy** – is a confidential process to make sure a client receives the help they need. The Community Resource Specialist represents the client on issues that relate directly to that individual; and

2. **System advocacy** – occurs when the I&R service informs the public and/or decision-makers of a situation affecting a larger group of people. System advocacy works to change attitudes, policies, systems or laws that impact the lives of individuals.

Crisis Intervention

■ What types of crises might most people experience at some point in their lives?

■ Are there crises that might occur more often to older adults, persons with disabilities, and caregivers?

Crisis Intervention: AIRS Standards

The I&R service is prepared to assess and meet the immediate, short-term needs of inquirers who are experiencing a crisis … Included is assistance for individuals at risk of suicide, homicide or assault; victims of domestic abuse … child or elder abuse; people experiencing a psychiatric emergency … and others in distress

The I&R service ensures through training and coaching that Community Resource Specialists have the intervention skills to:

❑ Recognize when an inquirer is experiencing a crisis

❑ Determine whether an inquirer is in immediate danger

❑ De-escalate the situation

❑ Help the inquirer talk about and work through their feelings as part of the assessment and problem-solving stages

❑ Keep the inquirer on the telephone pending referral or rescue

Role of I&R in Crisis Intervention

■ Community Resource Specialists may not be crisis professionals, but they will receive crisis calls and must be able to handle them

■ Many of the reasons/situations that cause people to contact I&R services are also potential triggers for crisis feelings

■ The basic communication techniques that are used by a specialist in the course of their regular calls, are also the ones used in crisis situations

*A **crisis** is a situation of acute emotional distress in which an individual experiences a temporary inability to cope. Crisis intervention is a means of providing brief and immediate assistance to individuals who are experiencing a situation that overwhelms their ability to cope.*

Objectives of Crisis Intervention within I&R

The objectives of I&R crisis intervention are:

- To immediately assess the situation to ensure the person's safety and the safety of those around them

- To defuse/calm the current emotional trauma

- To offer options and resources which may assist the individual in addressing the situation that triggered the crisis

- To provide referrals either for now or for the future and/or to help them recognize their own abilities to cope with a crisis

The general steps of I&R are a good guide: make contact and establish rapport; focus on and validate feelings; be calm, supportive and reassuring; maintain a warm and personal tone

Crisis Intervention within I&R: Risk Assessment

An I&R service is not a specialized suicide hotline.

However, a Community Resource Specialist may receive suicide calls and needs to be able to handle those situations.

The objectives, as with other crisis calls, are:

- To assess any immediate danger
- To take action to ensure that no one hurts themselves or others
- To work with the individual to defuse/calm the situation, and then
- To transfer them to a specialized service

Crisis Intervention Training

The AIRS Standards call for specialists to have annual crisis intervention professional development training. A few examples of training programs are:

- Applied Suicide Skills Intervention Training (ASIST)
- SafeTALK
- Mental Health First Aid
- Question, Persuade, Refer (QPR)

Crisis Intervention Handout

*In Case of Crisis and
I Don't Know What to Say*

Confidentiality: AIRS Standards

The I&R Service has implemented policies to ensure that the privacy, confidentiality, and security of personal inquirer information is preserved and has agreement forms that staff and others with access to confidential information sign to document their compliance. Confidential information is not communicated to others unless:

- Release of information is required by law or court order

- Careful consideration indicates the presence or risk of serious harm to the inquirer or another person

- The inquirer has given explicit permission for the information to be disclosed to another person or agency

Confidentiality within I&R

- Confidentiality in I&R is more than a courtesy … it is an all-encompassing ethical expectation

- A service bound by confidentiality ensures that the gathering of personal information is minimal and only available to those who are authorized to have access to that information

- Authorization (or access) should only be granted on the basis of a clear "need to know"

- When asking for personal information, the client always has the right to refuse and that right should be made clear to them

Confidentiality: Legal Considerations

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- There may be legal requirements that an agency must meet regarding the safe storage and eventual destruction of personal information

- If personal information is being shared with another organization, there may be additional federal stipulations that require compliance (*HIPAA Rules, for example*)

- If personal information is being stored, those individuals normally have a right to request information about themselves. The exact requirements will vary between jurisdictions. It is important for the I&R service to be aware of the privacy and confidentiality legislation that applies to them.

Guardianship and other types of substitute decision making

In the context of the I&R/A process, Community Resource Specialists serving older adults and people with disabilities should be familiar with guardianship and other types of substitute decision making. Examples include:

- Guardianship (full; limited or partial)
- Supported decision making
- Powers of attorney (health care; property)
- Representative or substitute payees
- Health care surrogate decision making
- Advance medical/health care directive

Key Communication Techniques for Community Resource Specialists

Effective communication techniques are essential to the I&R/A process – without them, Community Resource Specialists are unable to effectively connect a client with the appropriate health and social support services.

Communication Techniques

Active Listening	Minimal Encouragers	Paraphrasing/ Reflection	Prioritizing
Focus on Feelings	Empathy	Support	De-escalation
Personable Approach	Simplicity	Effective Pauses	Steering

Active Listening

Often, when others are speaking, we do not listen attentively. We are easily distracted and thinking about other things or what we plan to say next.

Active listening is a way of listening and responding to another person that improves mutual understanding. It is one of the most important concepts in I&R.

Active listening is a structured form of listening that focuses attention on the speaker and what is actually being said.

Paraphrasing

Paraphrasing involves providing a summary of what has been said in your own words. It lets you clarify what the client has said in order to avoid any misunderstanding or misconceptions. Paraphrasing lets the client know you have been listening and that you understand their situation.

Paraphrasing is a skill that enables clients to elaborate on their situations. As the client hears their story reflected back, it can help them to clarify whether that is how they are feeling and also if it sounds right.

Minimal Encouragers

Minimal encouragers are verbal encouragers that prompt a client to continue talking, letting them know you are listening, but do not interrupt their story.

"Mmm…"
"Yes"
"I see"
"Oh"
"Uh-huh"

Reflection

- Reflection involves repeating the key phrases used by the client.

- Reflection restates both the words and feelings of the client.

- A breakdown of a reflective statement will help to frame its use:

Reflective Statement	Qualifier / Intensifier	Emotion	Situation
I can hear	You are very	Upset	With your son

Prioritizing

Prioritizing helps the client break down a complex, multifaceted problem into manageable pieces in order to focus on what is most important.

Ex. "It seems there are a few concerns that you would like to address; however, we may not have time to work on all of these today. Which do you feel is the most important to start working on?"

Focus on Feelings

Focusing on feelings helps clients to get in touch with what they are feeling and lets them know that you have heard them.

Ex. "I hear that you are feeling worried…"

Empathy

Empathy is understanding the feelings of a client and being able to imagine yourself in their situation.

"I can see how this must be frustrating for you…"

Sympathy is a feeling or an expression of pity or sorrow for the distress of the client.

"I'm sorry about your sadness."

Activity #2:
Empathetic Statements

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- This sounds like a tough situation.

- It sounds like you have been going through a lot.

- That sounds so frustrating.

- I can see how important this is to you.

- I can imagine this might feel…

- That sounds difficult, let's look and see what we can do to assist with…

- It seems like that would be upsetting.

- That sounds like a rough situation to be dealing with.

- That must have been a pretty painful experience for you, you sound…

- Seems like it would be difficult not to feel...

- I can only imagine how overwhelming this feels right now.

Support

Throughout an I&R/A contact with a client it is important to provide them with support. This means reassuring the client that, given the circumstances, their feelings are understandable.

Ex. "It sounds like you have been trying very hard to cope with this."

Support provides reassurance and gives the client confidence without making false promises.

De-escalation

Community Resource Specialists will have to deal with difficult and challenging situations, such as a very agitated or angry client. De-escalation includes strategies and techniques to help a client to calm themselves. Techniques for specialists include:

- Remain calm; continue to use active listening
- Respond with empathy
- Use short sentences and simple vocabulary; speak calmly
- Do not be defensive
- Define your role
- Set limits in a respectful manner
- Provide choices

"Please tell me more so I better understand how to help you."

What about callers who are challenged by their situations?

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For some callers, it seems that *nothing works*. Such callers request solutions to their specific situation but reject your input or feel there is no way out of their situation. These callers may be angry, belligerent, or express hopelessness.

- Be polite but firm
- Practice perspective taking (understanding the situation from the caller's point of view)
- Build trust by sharing information
- Be honest; don't make false promises
- Don't argue against resistance
- Offer options; support self-efficacy

Professional TIP
Use Reflective Listening

Additional Communication Tips for Difficult Calls

There is no perfect solution for difficult behaviors, but there are strategies to make communication easier.

- Listen for clues about what is contributing to the difficult behavior. Confirm your understanding by paraphrasing what you have heard.

- Use active listening techniques so that people feel heard: paraphrasing, labeling emotions, effective pauses, open-ended questions, validation to advance the conversation (*"You seem really upset. I'd like to hear more about that…"*).

- Explore options. Acknowledge the person's reality then ask problem-solving questions to introduce options (*"What would be a first step for you?"*)

- A person is more likely to hear information if you have permission to give it (*"Would you like to know… Would you consider… May I suggest… I could share some things that other people have done in this type of situation…"*).

- Offer positive feedback to reinforce steps/actions that have been taken so far.

Tone and Speed of Voice

A Community Resource Specialist should match their own tone of voice and the speed of the conversation with that of the client.

However, when a client seems anxious or upset it is often helpful to use a lower tone of voice and slower pace of speech.

Client

Specialist
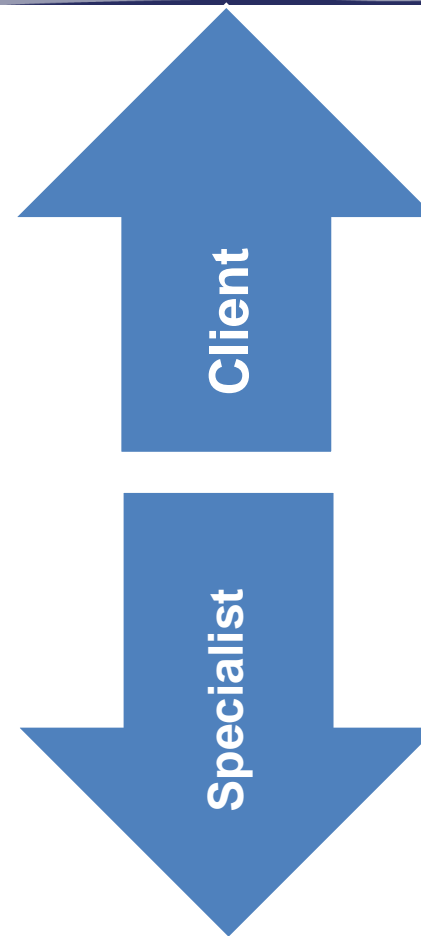
Frenzied tone of voice – speaking franticly.

Lower tone of voice – speaking in a calm manner and slower pace.

Personable Approach

Keep the conversation personable to give clients the sense that you are a real person making a real connection to their situation.

A **Personable Approach** means being friendly without being unprofessional. This is a true 'human-to-human" conversation.

How to be personable:

- Use your first name or alias

- Briefly relate to the client's situation with your own similar life example

- Give the client your uninterrupted attention

Simplicity

Simplicity is important. Use the same types of words as your client. Use short simple sentences and avoid jargon.

- Avoid using acronyms and jargon
- Use short and simple sentences
- Use the same vocabulary as the client
- Limit background noise

Effective Pauses

While long silences can be uncomfortable and should be avoided, effective pauses can be used to help clients gather their thoughts and reflect on what they have just explained.

Effective pauses should:

- Be brief – no more than a few seconds.
- Be used when the client is rushing, seems anxious, or could use time to gather their thoughts.

Steering

Sometimes a client's explanation of their situation may become scattered or they may begin speaking about things that are not pertinent to the situation.

Ex. "I wonder if you could tell me a bit more about the situation you mentioned a few moments ago…"

Steering clients back in the direction of the key topics can be useful in understanding their situation.

Open-ended vs. Close-ended Questions

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Open-ended questions help the client share their situation.

Allow for longer explanations.

"What brought you here today?"

"What would you like to do about this situation?"

Close-ended questions are used to gather specific information.

Can usually be answered with a "yes," "no," or very short answer.

"Are you married?"

"What is your date of birth?"

Avoiding Communication Blocks

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Commanding	• *"You cannot do that."*
Threatening	• *"If you don't do this, then…"*
Imploring	• *"I wish you would do this."*
Giving personalized solutions	• *"What I think you should do is…"*
Lecturing	• *"You should not have done that."*
Judging / Criticizing	• *"You shouldn't feel this way about..."*

Tips for Effective Communication with Older Adults

Along with key communication techniques, here are additional tips for effective communication with older adults:

- Use Proper Form of Address
- Be Patient and Avoid Rushing the Conversation
- Be Careful about Language
- Be Aware of Cultural and Generational Differences
- Ensure Understanding

One strategy to check for understanding is the "teach-back" method where the specialist asks the client to say what they understand from the conversation.

Tips for Effective Communication with Older Adults

Older adults may have sensory impairments that can affect communication. These tips can help reduce barriers:

- Ensure that your initial greeting includes the name of your agency or service.

- Minimize background noise as much as possible – for you and the client.

- Talk clearly and, if needed, a little slower than usual. Lower the tone (pitch) of your voice.

- If not being understood, try saying the same thing using different words.

- If the client has difficulty with letters and numbers, give a context for them *("p" as in "purple" or "two" as in "twins").*

- If possible, offer to follow up or provide additional information in writing.

Additional Tips For Effective Communication with People with Hearing Loss

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Approximately one in three people between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 have difficulty hearing (National Institutes of Health).

- Don't be afraid to ask *"Are you having trouble hearing me?"* You can also ask *"What can I do to help you hear me or understand me better?"*

- Be sure you are speaking into your headset/telephone mouthpiece/speaker

- Speak one at a time

- Allow enough time for your listener to respond

- Avoid sudden changes in topic

- Avoid sentences that go on too long

Tips for Effective Communication with Older Adults

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Cognitive impairments can also affect communication. Tips for serving older adults with such impairments include:

- If needed, help orient the client. Explain or re-explain who you are and your role.

- Provide support and reassurance.

- Use simple, direct wording. Present one question or statement at a time.

- If the client hears you but does not understand you, rephrase what you have said, or provide examples.

- Clients with cognitive impairments may have difficulty responding to open-ended questions. In these cases, consider using close-ended types of questions.

Additional Tips For Effective Communication with People with Dementia

Dementia impacts a person's ability to communicate. Patience and good communication techniques can help with understanding. Changes in communication may include:

- Difficulty finding the right words
- Taking longer to speak
- Struggling with decision making
- Relying more on non-verbal cues and gestures
- Losing train of thought easily
- Difficulty organizing words
- Speaking less often

Tips for Communication with People with Dementia

- Allow extra time for conversations
- Speak clearly and slowly
- Avoid correcting
- Use non-verbal cues and gestures
- Write down information
- Patience

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Communication and Disability Awareness

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- Listen to the person
- Presume competence
- Talk directly to the person (not their family member, interpreter, attendant, caregiver, guardian, friend, partner)
- Ask what the preferred communication style and mode is, and follow it whenever possible
- Be respectful and nonjudgmental
- Be aware of your own biases and work through them
- Ask before offering assistance, and do not touch an assistive device or service animal without permission

Communication and Disability Awareness

- For individuals with speech and language disorders, be patient and respectful as communication may take longer. Do not interrupt or finish the person's sentence. Ask one question at a time, giving the person time to respond before moving on.

- For individuals with cognitive or intellectual disabilities, avoid complex communication. Use short sentences and complete one topic before moving to the next topic. Ask the person if there is anything they would like for you to clarify. Provide step-by-step guidance if needed with information and referral giving.

Disability Etiquette Fact Sheet #17, National Disability Navigator Resource Collaborative

Communication and Disability Awareness

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When assisting inquirers with mental health conditions:

- If a person becomes upset or anxious, speak in a natural, calm tone of voice, repeat necessary information and reassure them

- If a person seems nervous or confused, be willing to break information down step-by-step

- Respect a person's choice of language (how they refer to their own needs)

- Know the local mental health crisis number to contact if needed

Disability Etiquette Fact Sheet #17, National Disability Navigator Resource Collaborative

Disability Awareness
The Importance of Language

It is important to use appropriate language when speaking to or about people with disabilities. Words have power and using inappropriate or offensive language can have an impact on how individuals relate to you.

Disability Awareness
The Importance of Language

- Two main language styles are generally used to refer to disability:

  - **Person-first language** (also referred to as people-first language) is based on the idea that disability is only one part of a person. It emphasizes disability as something a person has, rather than something a person is; in other words, disability is seen as one attribute or characteristic of a person. Examples of this include: people with disabilities, individual with cerebral palsy, or child with diabetes.

  - **Identity-first language** is based on the idea that disability is an inseparable part of a person's identity (much like gender identity or race). It emphasizes disability as a fundamental part of who a person is, rather than an attribute separate from or secondary to the person's identity. Examples of this include: disabled person, blind people, or autistic individuals.

Disability Awareness
The Importance of Language

- When speaking with an individual, it is always best to follow their lead. It is important to let the individual decide what language they are most comfortable with.

- Although many people prefer person-first language, a growing number of people are using identity-first language. If you are unsure of what language to use, *it is generally accepted to start with person-first language.*

- As you talk with the person, *listen to how they refer to their (or a family member's) disability*, and then use the same type of language that the caller uses to describe their disability or health condition.

- If you are referring to a broad community, use the language most commonly used by members of that community.

Person-First and Identity-First Language

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Instead of:	Say:
Handicapped	Person or people with a disability Disabled person
The disabled	People with disabilities Disabled people
Suffers from Afflicted with Stricken by Victim of	Person with X disability (i.e., person who had a stroke)
Deaf and dumb Deaf-mute	Person who is D/deaf or hard of hearing D/deaf or hard of hearing person
Wheelchair-bound Confined to a wheelchair	Person who uses a wheelchair Wheelchair user

Person-First and Identity-First Language

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Instead of:	Say:
Crippled; Incapacitated Invalid; Lame	Person with a physical disability Person with a mobility disability Physically disabled
Midget *(derogatory term)*	Person of short stature Person with dwarfism Little person
Slow Retarded (*derogatory term*)	Person with an intellectual disability
Crazy Insane Psycho Lunatic	Person with a mental health or psychiatric disability

Person-First and Identity-First Language

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Instead of:	Say:
Normal *(in reference to someone without a disability)*	Non-disabled
Differently abled Handicapable Special needs	Person or people with a disability Disabled person or people

The Role of Technology in I&R Communication

- For a diverse range of I&R inquirers, including individuals with disabilities, technology can play an important role in facilitating and enabling effective communication

- The AIRS Standards emphasize the use of technology to enhance information sharing while accommodating the communication preferences and abilities of clients

- Technology includes newer I&R service delivery modalities (*online chat, text messaging, email, social media platforms*) as well as assistive technology and different types of relay services (*e.g. text-to-voice, speech-to-speech, Internet Protocol, and video relay services*)

I Know You Believe You Understand

"I know that you believe you understand what you think I said, but I am not sure you realize that what you heard is not what I meant!"
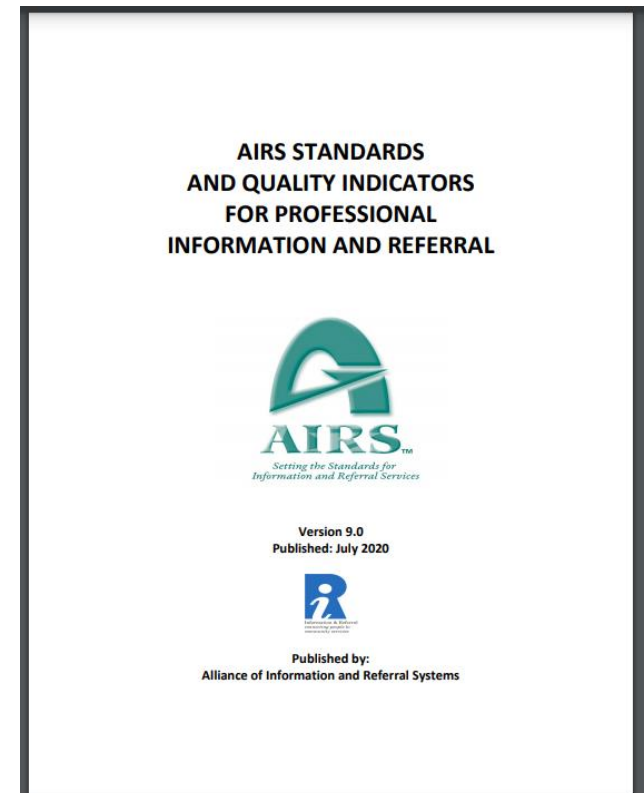
AIRS Standards and Quality Indicators for Professional I&R/A

AIRS Professional I&R Standards and Quality Indicators

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The AIRS Standards detail the expectations for an I&R service and are the foundation of quality I&R.
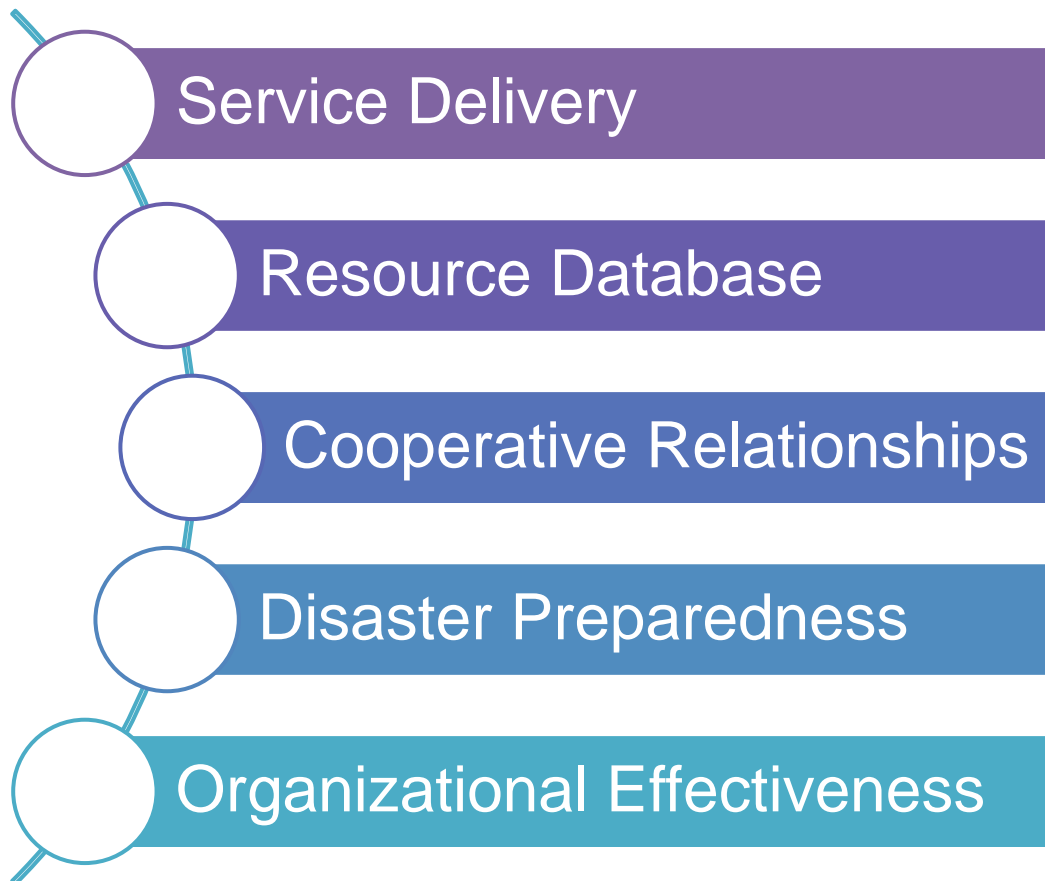
- **27 standards** covering all aspects of I&R operation

- First published in 1973

- Now in its 9th edition, published July 2020

www.airs.org/files/AIRS_Standards_9_0_Final.pdf

AIRS STANDARDS
AND QUALITY INDICATORS
FOR PROFESSIONAL
INFORMATION AND REFERRAL

AIRS™
Setting the Standards for
Information and Referral Services

Version 9.0
Published: July 2020

Published by:
Alliance of Information and Referral Systems

AIRS Professional I&R Standards and Quality Indicators

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Five Core Focus Areas

- Service Delivery
- Resource Database
- Cooperative Relationships
- Disaster Preparedness
- Organizational Effectiveness

Each focus area has a number of standards and quality indicators that define expected practices and provide concrete examples within the field of I&R. These can be used to support program development and quality improvement.

Information, Assessment and Referral Provision

The I&R service establishes and maintains rapport, conducts an assessment in which the inquirer has one-to-one interaction with a community resource specialist and provides appropriate information and referrals.

Key Quality Indicators

The I&R service:

- Uses person-centered techniques and approaches that identify the inquirer's strengths, needs, preferences, goals and values

- Provides barrier-free access to its services and makes every effort to ensure that its service is accessible from all communications devices and channels

- Offers some extended hours in consideration of inquirers who need service outside of Monday-to-Friday 9am to 5pm. The preferred option is for the I&R service to provide access to information and referral 24 hours a day, year-round

- Has implemented policies to ensure privacy, confidentiality, and security of personal inquirer information

- Has procedures for managing challenging inquiries

Service Delivery

Crisis Intervention

The I&R service is prepared to assess and meet the immediate short-term needs of inquirers who are experiencing a crisis and contact the I&R service for assistance.

Key Quality Indicators

The I&R service:

- Has crisis intervention procedures that include protocols for specific types of emergencies

- In cases of suspected child abuse or elder abuse, has protocols that comply with prevailing legislation regarding mandatory reporting

- Understands the circumstances under which a safety risk assessment is required and conducts an appropriate assessment when necessary

- Ensures that specialists have annual crisis intervention professional development training to upgrade existing skills and learn new skills

- Ensures through training that community resource specialists document crisis intervention contacts and their outcomes

Service Delivery

Independent Access to Resource Information

The I&R service provides community resource information in a variety of ways to facilitate independent access for the general public and other human services professionals.

Key Quality Indicators
The I&R service:

- Offers multiple options for the public by making all or the majority of its resource database available on the Internet at no cost
  - Includes elements that increase the effectiveness of a publicly accessible resource database like recognized best practices for accessibility for persons with disabilities
- Includes information about how to connect with a community resource specialist if consultation and guidance are required
- Maintains the principles of confidentiality
- Uses social media and other communication tools to connect with the public
- Uses APIs and other mechanisms that provide opportunities to exchange resource database information

Service Delivery

Data Collection, Analysis and Reporting

The delivery of I&R service generates valuable information about the problems/needs of a community and the availability of resources to meet those needs. The I&R service collects, analyzes and reports insightful data concerning inquirers and their needs in ways that are useful to themselves and their community partners.

Key Quality Indicators

The I&R service:

- Collects data based on agency policies and objectives and local, state and/or national/federal requirements
- Only reports inquirer data in aggregate form to protect confidentiality
- Maintains documentation on all inquiries and has a defined set of inquirer data elements that are used for reporting purposes
- Gathers data on inquirer needs to identify referral patterns, met and unmet needs, trends/gaps in service provision and demographic information

Service Delivery

Resource Database

I&R services develop, maintain, use, and disseminate accurate, up-to-date resource databases that contain information about available community resources including details about services provided and the conditions under which they are available. The resource database supports the inquirer's right to accurate, consistent, comprehensive and unbiased information…

Key Quality Indicators

The I&R Service:
- Develops and documents criteria for the inclusion or exclusion of human services agencies and programs in the resource database
- Uses the 211 LA County Taxonomy of Human Services to index and facilitate retrieval of resource information
- Ensures resource database curators follow clear rules for structuring, writing, and indexing resource database records
- Has a documented process for verifying information in the resource database that involves multiple attempts to achieve a 95% verification rate within a 12-month cycle

Resource Database

Cooperative Relationships

The cooperative relationship standards focus on the responsibilities of I&R services to work together to build a coordinated I&R system that ensures broad access to information and referral services, maximizes the utilization of existing I&R resources, avoids duplication of effort and encourages seamless access to community resource information and broad access to community services.

Key Quality Indicators

The I&R service:

- Coordinates with other I&R services to avoid duplication of effort, encourage service integration and ensure I&R is broadly available to all inquirers
- Participates in community-wide data collection, analysis, and reporting activities
- Develops cooperative working relationships with human service providers
- Works cooperatively with service providers to address issues that affect the entire community such as disaster relief, homelessness, unmet service needs and health care service delivery

Cooperative Relationships

Disaster Preparedness

The disaster preparedness standards describe the requirements an I&R service must meet in order to connect people to critical resources in times of disaster.

Key Quality Indicators

The I&R service:
- Has written disaster plans (emergency operations and continuity of operations plans) that specifically address incidents common to the area and prepare staff/volunteers for typical emergencies
- Participates in disaster response planning in their service area and establishes relationships within the community's disaster services network
- Includes disaster resources (community resources that provide services in times of disaster) in its database
- Has procedures for periodic drills, at a minimum annually, that allow staff and volunteers to practice emergency procedures

Disaster Preparedness

Disaster-Related Service Delivery

The I&R service provides information, assessment, and referral services to the community before, during and following a disaster or other emergency. Service delivery may be provided under circumstances that are more challenging and stressful than normal operations.

Key Quality Indicators

The I&R service:

- Has agreements with other I&R services that include provisions for possible relocation of staff and/or redirection of calls
- Ensures that specialists have the skills to respond effectively to people in crisis, work cooperatively with other organizations, remain flexible, and are willing to work under adverse conditions
- Ensures that specialists understand the government emergency response system and the types of services people typically need before, during and following a disaster
- Promotes mental health and wellness practices for all staff in disaster situations

Disaster Preparedness

Disaster-Related Technology Requirements

The I&R service has technology in place that enables the organization to maintain service delivery during times of disaster or a localized emergency.

Key Quality Indicators

The I&R service:
- Has regular and emergency methods of communication between staff and management for use during a disaster
- Has the technical ability to direct calls to another location (e.g., cell phones, home phones, or to another organization)
- Has the ability to access the resource database (e.g., via the Internet, a copy of the database on a computer, a directory or other print version) if regular access channels are not available
- Has established relationships with their key vendors (e.g., telephone service) to ensure that the organization is given high priority for continued service in times of disaster

Disaster Preparedness

Organizational Effectiveness Governance

The I&R service's governance and operational structure enables it to fulfill its mission. The organizational effectiveness standards describe the governance and administrative structure an I&R service needs in order to carry out its mission, including developing policies and procedures, managing finances and personnel, offering professional development, maintaining effective technology, increasing public awareness of the I&R service, and providing quality assurance.

Key Quality Indicators

The I&R service:

- Has a strategic plan to assess operational effectiveness and set meaningful goals, strategic objectives and desired outcomes
- Has a Code of Ethics that establishes fundamental values and professional standards of conduct for all staff
- Has a statement approved by the organization's governing body prohibiting discrimination in all of its forms and provides training for all staff
- Uses best practices for quality measures which may include a secret shopper program, call monitoring calibrations and working with local stakeholders

Organizational Effectiveness

Technology

The I&R service uses technology that supports the ability of staff to meet operational goals, improve access, accommodate the communications preferences of inquirers, remove barriers to information and overall assure a positive client experience.

Key Quality Indicators

The I&R service:

- Reviews how different demographic groups in the community access information and creates technology goals for the organization that reflect changing inquirer needs and preferences

- Ensures that its public website and searchable online resource database is accessible by all individuals including people with disabilities

- Has information technology, cybersecurity and cyberethics policies and practices

- Conducts technology redundancy exercises annually and documents the results

Organizational Effectiveness

Quality Assurance

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The I&R service has a quality assurance process that assesses the effectiveness of its services, its appropriate involvement in the community and its overall impact on the people it serves.

Key Quality Indicators

The I&R service:

- Identifies, defines, and measures program and key performance indicators (KPIs) for service delivery
- Identifies, defines, and measures program and service outcomes to understand and illustrate the role it plays in connecting inquirers to organizations that provide the services they need
- Involves representatives and members of the community in their quality assurance process
- Gathers feedback annually from organizations included in the resource database

Organizational Effectiveness

I&R and National Aging and Disability Networks

I&R/A is a gateway to state and local aging and disability services

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The primary purpose of aging and disability I&R/A services is to support older adults, people with disabilities, and caregivers in:

- Assessing client needs;
- Identifying the most appropriate services to meet client needs; and
- Linking clients to the agencies providing these services.

I&R/A is a mandatory service under the Older Americans Act

State and Area Agencies on Aging must develop and maintain I&R/A services within "reasonably convenient access to all older Americans."

~ 1973 amendments to OAA

I&R is a core service of Centers for Independent Living

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- CILs are grassroots, cross-disability, advocacy-driven organizations run by and for people with disabilities

- Focus on civil rights, the independent living philosophy, and inclusion

- CILs provide five core services:
  - **Information & Referral**
  - Independent Living Skills Training
  - Peer Support
  - Individual and Systems Advocacy
  - Transition

Visit www.ncil.org and www.ilru.org for information and resources, including a directory of CILs.

I&R/A is a function of ADRCs and No Wrong Door systems

- Aging and Disability Resource Centers (ADRCs) and No Wrong Door systems are intended to provide streamlined consumer access to long-term services and supports (LTSS)

- Provide access to information and offer one-on-one counseling to help people of all ages and disabilities access the full range of LTSS options, person-centered planning, and Options Counseling.

- Work in partnership with other aging and disability human service organizations, including key referral sources

I&R is provided through specialized aging and disability networks

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I&R is also a function of specialized aging and disability networks. Examples include:

- The Alzheimer's Association and local chapters
  - 24/7 Helpline: 1-800-272-3900
- The Arc and its network of state and local chapters
  - www.thearc.org
- National Alliance on Mental Illness and its network of NAMI State Organizations, NAMI Affiliates, and volunteer leaders
  - NAMI Information Helpline: 1-800-950-6264

I&R/A programs reflect key trends in aging and disability networks

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- As a core component of aging and disability networks, I&R/A programs reflect important developments occurring within these networks.

- One key development is the expectation for **person-centered** thinking, counseling, and planning.

"Underpinning successful HCBS is the importance of a complete and inclusive person-centered planning process that addresses the person's array of HCBS needs in the context of personal goals, preferences, community and family supports, financial resources, and other areas important to the person."

(Guidance to HHS agencies on implementing standards for person-centered planning)

Understanding person-centered approaches

Descriptions of person-centered approaches share common themes:

- Person-centered counseling is centered on the individual and their personal goals and desires and is much *broader in scope than any formal assessment or eligibility determination process* tied to a public or private program.

- Person-centered planning is a process that is *directed by the person* who receives the support.

- Person-centered thinking helps to establish the means for a person to *live a life that they and the people who care about them have good reasons to value*.

Principles in person-centered approaches

There are core principles that are reflected in person-centered approaches, such as:

- People are the best experts on their own needs
- Person-centered thinking considers what is important to and important for the individual
- The process starts with the person's strengths, preferences, goals, needs, and values
- The person is at the center of the planning process
- The process includes supporters chosen by the individual

Person-centered approaches: Practice models

Aging and disability network agencies are using a variety of practice models and training programs to implement person-centered approaches. For example:

- The Person-Centered Counseling Training Program for professionals in No Wrong Door systems

- Charting the LifeCourse™ and LifeCourseTools.com, a project of the University of Missouri–Kansas City Institute for Human Development

- State-developed or agency-specific training

- The Learning Community for Person Centered Practices

- National Center on Advancing Person-Centered Practices and Systems

Person-centered approaches: Skills and competencies

A range of skills and competencies support person-centered approaches. These include skills used in I&R/A practice like:

- Active listening
- Motivational interviewing
- Strengths-based thinking
- Empathy
- Individual and systems advocacy
- Cultural humility, competency, self-awareness
- Family systems dynamics
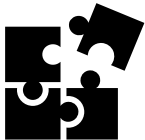- Negotiation, navigating choice
- Customer service

Person-Centered Approaches in I&R/A Practice

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Person-centered approaches help each client express or communicate what is important to them

I&R practice emphasizes respecting and prioritizing what is important to the client

Using person-centered approaches allows Community Resource Specialists to support the client's right and ability to make their own decisions

Activity #4

Create a one-page profile

The one-page profile is a tool that is used in person-centered practice. This type of tool helps to:

- determine personal goals;

- address issues of support, while encouraging empowerment and independence;

- support relationships by identifying what is significant from the person's perspective; and

- recognize strengths and how to work together.

In this activity, you will create a one-page profile about yourself in your role as an I&R/A professional.

In 1990, the AoA launched its two-pronged National I&R/A Initiative

Eldercare Locator

A national call center to provide consumer access to aging information resources nationwide

National I&R Support Center

Established to assist state and local I&R/A programs to enhance the quality and professionalism of their services.

Eldercare Locator

The Eldercare Locator provides a gateway to help older adults, caregivers, and professionals access resources and navigate aging programs and services.

- Toll-free Call Center: 1-800-677-1116
- Online chat: visit www.eldercare.acl.gov
- Searchable directory of local resources
- Tools and resources

Disability Information and Access Line (DIAL)

DIAL assists people with disabilities with vaccine access and provides referrals to state and community access points (such as CILs, ADRCs, and DD Councils) for other needs.

Phone: 888-677-1199

Email: DIAL@usaginganddisability.org

Webpage: acl.gov/DIAL

Hours of Operation: Monday – Friday

8:00 am - 9:00 pm ET

Programs and Services

I&R/A programs connect individuals and families to a broad range of community resources and services.

Examples of Programs and Services

NATIONAL
INFORMATION
& REFERRAL
SUPPORT CENTER

- Adult Protective Services
- Assistive Technology Programs
- Health Promotion/Disease Prevention Programs
- Home and Community Based Services
- Legal Assistance/Protection and Advocacy
- Long Term Care Ombudsman
- National Family Caregiver Support Program
- Nutrition Services
- Personal Care Services
- Senior Medicare Patrol (SMP)/ Medicare Fraud and Abuse
- State Health Insurance Assistance Program (SHIP)
- Veterans Directed Home and Community Based Services
- Vocational Rehabilitation

Income & Assistance Programs

- Medicare
  - Medicare Low-Income Subsidies
- Medicaid
  - Home and Community Based Services
- Social Security
  - Retirement Benefits
  - Disability Benefits
- Supplemental Security Income (SSI)

- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance (LIHEAP)
- Weatherization Assistance
- Housing Assistance
  - HUD Section 8
  - HUD Section 202
  - HUD Section 811

Improving Medicare Affordability

Medicare Savings Programs

- A set of four different programs that help eligible low-income Medicare beneficiaries with certain Medicare costs. The programs are:
  - Qualified Individual (QI)
  - Specified Low-Income Medicare Beneficiary (SLMB)
  - Qualified Medicare Beneficiary (QMB)
  - Qualified Disabled Working Individual (QDWI)

Medicare Part D Low Income Subsidy (LIS/Extra Help)

- Helps eligible low-income Medicare beneficiaries afford their Medicare Part D prescription drug costs, including:
  - Medicare Part D premiums
  - Annual deductibles; and
  - Prescription coinsurance or copayments

Resources to Promote Outreach

NATIONAL INFORMATION & REFERRAL SUPPORT CENTER

Available MEDICARE SAVINGS:

If you are low-income, a **Medicare Savings Program** may help with some of your Medicare costs.

If your monthly income is close to the limits listed below, **a Medicare Savings Program may help you.**

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Programs Pay for:
$1,660	$2,239	Part B monthly premium

*Income limits are approximated and vary by state.

If you are a **working person with a disability** and your monthly income is close to the limits listed below, the **Qualified Disabled Working Individuals Medicare Savings Program may help you.**

Monthly Income Limit* (single):	Monthly Income Limit* (married):	Program Pays for:
$4,945	$6,659	Part A monthly premium

*Income limits are approximated and vary by state.

FOR ASSISTANCE, CALL:

Current as of February 2023

ADVANCING STATES · ncoa National Council on Aging

- ▪ Web Banner

- ▪ Detailed MSP Poster

- ▪ Simplified MSP Poster

- ▪ QDWI Poster

- ▪ Tip Sheet Targeted for I&R Specialists

- ▪ Promising Practices Tip Sheets

To access these resources, visit:

www.advancingstates.org/mippa

Disability Awareness for Programs and Services

- Community Resource Specialists should understand the types of services and resources commonly accessed by people with disabilities

- The I&R/A service should ensure that programs and services for people with disabilities are included in its resource database or directory along with information on physical and programmatic access for people with disabilities

- Community Resource Specialists should recognize that people with disabilities can benefit from programs that serve a range of individuals, not only disability-specific programs

- Many people with disabilities who use I&R services have goals related to increased independence and functioning in a significant life area (e.g. community living, mobility/transportation, employment, information access/technology, community participation, health care, self-care, financial resources, and self-advocacy)

Activity #5

Review of Programs and Services Packets

For materials, visit www.advancingstates.org/initiatives/national-information-referral-support-center/ira-webinars

Exam Strategies and Practice Quiz

Strategies for Taking the Certification Exam

- Pace yourself.
- Read each question thoroughly.
- Attempt to answer each question before reviewing possible answer choices.
- Review all possible choices before making a selection.
- If you aren't sure of the answer, use process of elimination before choosing.
- Limit time spent on each question.
- Resist the urge to change your answers.
- Don't forget to go back and answer questions you skipped.

Strategies for Taking the Exam

- All parts of an answer must be true or the entire answer is incorrect.

- Be aware of words like "always," "never," "only," "must."

- Reread all questions containing negative wording, such as "not" or "least."

- Ensure that the answer completely addresses the question.

- In cases where more than one answer choice might possibly be correct, choose the best answer.

Study Resources

- **ADvancing States** (www.advancingstates.org)
  - The IQ Online Learning Center has several courses that address competencies for certification in aging and disability I&R/A
  - www.advancingstatesiq.org
- **AIRS** (www.airs.org)
  - Standards for Professional Information & Referral (www.airs.org/i4a/pages/index.cfm?pageid=3371)
  - AIRS I&R Training Manual
  - AIRS Online Training
  - Online CRS-Aging/Disabilities Practice Test ($10-$20) through AIRS (https://learn.airs.org/)

Activity #6

Practice Quiz!

Wrap-Up

- Questions
- Comments
- Evaluation

Stay Connected

- Receive Support Center updates
- Receive Advancing States' Friday Update

Visit www.advancingstates.org/community-opportunities/stay-informed or contact Nanette Relave, nrelave@advancingstates.org

NATIONAL INFORMATION & REFERRAL SUPPORT CENTER

Project managed by ADvancing States

For more information, please visit:
www.advancingstates.org

Or call us at: 202-898-2578

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