

National I&R Support Center
Webinar: Findings from the 2018 National Survey of I&R/A Agencies
January 9, 2019

Please stand by for real time captions. >> Good afternoon or good morning, welcome to our webinar participants. I am with the National I&R/A Center. This webinar will begin at 3 PM Eastern time. We will begin in about 10 minutes. Thank you. >> Welcome to participants. You have joined us for today's webinar. We are going to begin at 3 PM Eastern time so we will begin in just about five minutes. >> Hello, welcome to all of our webinar participants. I can see we still have people joining the webinar at a rapid pace so we will wait just another minute or two to allow people to join and then we will get started with today's presentation.

Welcome, my name is Nanette Relave and I manage the **National Information & Referral Support Center** administered by NASUAD. I would like to welcome listeners to today's webinar on findings from the 2018 national survey of information referral and assistance or I&R/A for short agencies. Let me cover a few housekeeping items before we get started. Slides and transcript from today's webinar will be posted to the NASUAD website within the next several days. Please visit the national supports our project on the NASUAD website and see our webpage on monthly calls. The web link will be posted in the chat box for your reference. I can see it as their. All of our listeners are on mute during our webinar to reduce background noise but we welcome your questions and comments through the Q&A function that is available on your screen. Please feel free to submit your questions at any time during today's presentation. We will address questions following today's presentation. Today's webinar scheduled for one and a half hours. A little longer than our usual webinars to allow more time for to present the data. We also have real-time captioning for today's webinar. On your screen you should be a media viewer panel on the bottom right where the captioning will appear. You can minimize this panel or have it open. It will not block the slide presentation. You may need to enter your name and organization and click submit order to view the captioning in the media viewer.

NASUAD along with the National Council on Independent Living administered the **National Survey of I&R/A Agencies** nationwide in 2018 to learn about important trends and developments in the field. The survey look at a variety of key topics. Things like referrals and service needs. Partnerships and sister building technology, quality training. Verification. Financing and sustainability and changing and demographics. During today's webinar we are going to share the themes and key findings that emerged from the survey. Serving for individuals with complex needs to assisting inquirers new ways. I&R/A programs are operating on the front lines of a changing service delivery system. I will be presenting along with my colleague Lindsay Baran who is a policy analyst at NCIL. Lindsay and I have worked closely on all phases of the survey including forthcoming written report. With that, let me jump right in. A change in policy fiscal and service delivery environment is adding more complexity to the provision of aging and disability I&R/A services. Agencies are serving more diverse consumers

and growing numbers of inquirers in a time of physical constraint to understand the changes in our survey we look at a whole variety of topics which they just described. Our survey of I&R/A professionals in aging and disability networks again is developed and administered by NASUAD in partnership and is really designed to help reflect the changing landscape of aging and disability I&R/A programs. Our 2018 survey was administered using a web-based survey instrument. It was disseminated through NASUAD and to state level agencies and directors and to agencies within aging and disability networks. And was in the field in April and May 2010. Again today we are going to share some key findings from the survey. We are also developing a comprehensive written report that will be released later this year. To assess trends and developments over time, we compare findings from the 2018 survey findings from a similar survey that was conducted in 2015 and in fact on this slide you can see a cover from the written report of our 2015 survey. Throughout this presentation, we may reference data from the early 2015 survey to highlight trends and changes over time in the field. There is a caveat though, the composition of respondents is a little different in our 2018 survey. Lindsay is going to share more in the next slide about responded to our 2018 survey.

Thanks Nanette. For the 2018 survey, as you can see on this slide we had a total of 355 respondents. Many of the respondents were from the perspectives of community organizations. The image on the slide shows the make up of the respondents was 37% respondents representing area agencies on aging or AAA. 26% representing centers for independent living, 10% representing aging and disability resource centers, 11% representing state agencies on aging or disability, and 60% representing another nonprofit organization. Interestingly any 2018 survey, more responded agencies, about 40%, served rural areas any other type of service area. Also note as Nanette mentioned, the 2018 survey saw a significant increase in the number of respondents from centers for independent living as compared to when the survey was last conducted in 2015. In 2015 survey there were 37 respondents and 2018 survey there were 93, which is a large jump. This is really exciting since NCIL and NASUAD have been partnering for several years now but it also presented an interesting challenge when trying to directly compare the results of the two surveys so for certain questions where we think this change had an impact we have tried to break down the results by agency for further comparison and you will see that in some of the slides as we move along.

Upon reviewing the data from the 2018 survey there were six overarching themes that emerged which will explore in greater detail over the course of this webinar. The six overarching themes our first funding and sustainability remains significant concerns for I&R/A agencies which I'm sure is not a price for any of you. Second I&R/A professionals are serving more individuals with multiple and complex needs. Third the role of I&R/A professionals continues to expand. Fourth the No Wrong Door model is playing a growing role in consumer access to information and services. Fifth changing expectations for effective service delivery supporting focus on training and quality assurance. And finally diverse modes of consumer access to information and assistance

are emerging in I&R/A practice. With those in mind Nanette is going to explore the first theme and report on our findings.

Thank you Lindsay. We're going to turn to our first theme on the and sustainability remains significant concerns for I&R/A agencies doing more with fewer resources is a theme that strongly emerged any 2018 survey. Fiscal constraints and resource availability both within I&R/A agencies and within the broader network of community providers are shaping concerns with agencies capacity to address the needs of individuals and families. On this slide you will see a chart that shows the top issues affecting I&R/A agents organizations that were selected by our respondents. Right here as the top issue by far away selected by 68% of our responded is on the and sustainability. Related to that 54% of our respondents also identified limited resources to serve as the top issue impacting their agencies. Other key issues probably are keeping agencies up include changes to the long-term services and support delivery system, staffing, capacity for technology improvements, the resource database, implementation of Medicaid managed care and a few other issues. We also received a letter qualitative information in the survey and anecdotal stories which help us have rich data. We will share some of the comments from respondents wrote this presentation as well. One of our respondents sure this, with us. Increasing number of clients were low income and in need of services but less funding and fewer community support agencies. Another shared increasing populations with mental health substance abuse and homelessness. We can see this theme as I mentioned doing more with fewer resources, also doing more greater needs as well and the date on this slide is also quite similar to the data from our 2015 survey. Concerns run funding and sustainability are driven in part by trends in funding for aging and disability resource centers. ADRC have become important consumer access points providing information and referrals, options counseling, decision support to individuals and families. And more consumers under age 60 are seeking assistance at this point of access. Brought federal funding for ADRC grants has decreased significantly in years while funding for no wrong door activities has been more targeted. In the survey we asked our respondents for funding trends over the past two years and this slide shows a pie chart with their responses. 22% of respondents indicated that there ADRC funding had decreased and 6% indicated that ADRC funding had been. For 28% of our respondents spending had stayed the same and 36% were unsure. 8% of our respondents indicated that funding had increased. One of our respondents share this comment. We rely on the older Americans act in some state general funds for services across the state. These funding streams have not increased but the population and cost of services have. In addition, ADRC no wrong door grant funding is. In this type of environment and some agencies are trying to leverage Medicaid resources. The administration community living is also providing resources and tools or agencies that would like to be able to leverage Medicaid resources as well.

As I have been describing agencies are operating in a changing funding landscape. Which both drives fiscal concerns of a also offer opportunities to diversify revenue and explore different sustaining different sources. One has to sure one innovative sustainability strategy being undertaken by their agencies our respondents identified

a range of strategies reflected in approach to financing and sustainability. So on the slide you can see some of the sustainability strategies that respondents share with those that are in bold reflects issues that were shared by multiple respondents or reflect trends. Things like modernizing technology, Medicaid claiming and billing, cost-sharing or fee for services. Modernizing business practices or seeking efficiencies in business practices, community partnerships, marketing and branding, serving in populations, and contracting with healthcare entities which might also be known as business acumen as some of the key sustainability strategies. One of our respondents shared we are constantly trying to update our way of collecting data to make it useful in selling the benefits of the ADRC. Another shared this particular model. We are partnering with our local hospital to provide individuals in the emergency department with information referral and assistance and community referrals. Agencies may need to incorporate some new ways of doing business to build a diversified portfolio and that is part of what we see reflected in these kinds of responses. Medicaid administrative claiming is one financing strategy that has received attention at the federal level as an avenue for sustaining and supporting and ADRC or no wrong door system. Given this emphasis on administrative claiming, the 2018 survey sought to learn more from respondents about use of the strategy. For this particular question, we asked only state respondents to report. We asked if their agency had the contract or interagency agreement with the state Medicaid agency for claiming federal matching funds or Medicaid administrative activities performed through ADRC and were no wrong door systems. At the time of our system alone state respondents that yet another eight indicated that Medicaid administrative claiming is in development. Recently as yesterday we had to infographics available on their no wrong door site had actually extended activities. I think it shows currently that 15 states are claiming and another 12 our involvement with claiming. For our respondents that told us of their state of pursuing administrative claiming we have for which types of activities does their state see claiming? What we have on the slide our the ADRC no wrong door activities or which states are seeking

Medicaid administrative claiming and it is quite a robust list here. Over half of our respondents identified services such as Medicaid outreach, options counseling, referrals related to Medicaid eligibility and enrollment, assistance with Medicaid applications, Medicaid screening, referrals or Medicaid services. Person-centered counseling and coordination of Medicaid services. These types of activities like Medicaid outreach options and person-centered counseling screening and referral and application assistance may be a natural fit for I&R/A agencies. At the same time these activities must be allowable and must be able to be allocated to the Medicaid program for administrative claiming. So it's important to keep in mind both the potential benefit but also we don't want to minimize the time and effort that is needed for this type of strategy. Medicaid administrative claiming is not the only way that agencies are serving Medicaid eligible individuals work. We asked respondents if their agency is a Medicaid provider authorized to provide services to consumers enrolled in a Medicaid home and community-based services program. Of 296 respondents, 30% yes. We asked these respondents about the services that they provide. So this

slide shows a chart that identifies the services provided to consumers enrolled in a Medicaid home and community-based services program and again here you can see there is a robust list of services. Some of the ones that were identified most frequently include case management of care coordination, functional and needs assessment, meal program, care services, care transitions, homemaker or shore service, adult day program, respite, and transportation. In this particular area it is important to keep in mind federal requirements regarding provision of conflict free services. Federal regulations that apply to states require states to separate case management and/or functional eligibility assessments from service delivery depending on the type of home and community-based services. Community agencies that are thinking about this type of opportunity it is important to keep in mind that you may need to make a decision between doing more service types of activities or those that may provide a direct service.

When we speak about a Medicaid environment, very important to be mindful of the growth of Medicaid managed long-term services. What we have on this slide is a map that shows a range of different ways that states are engaged in MLTSS or are planning to do so. I will share that this map is always changing as this environment continues to change. That MLTSS map is available on the NASUAD website and we keep it up today so that is a great place to check and see how things are changing. For example states that have current MLTSS programs mapping dates like taxes, Iowa, Tennessee, this will be couple dual demonstration programs only include those like Ohio and South Carolina. States that have MLTSS in active development include Arkansas and those where it is under consideration include states like Nebraska and Oklahoma. As 301 respondents, 56% indicated that their agency operates in a state that uses managed-care plans to deliver Medicaid services which might include long-term services and supports. We ask these respondents 25 functions that their agency performs for a state agency if they do so. This slide you can see the kinds of options they are performing for the lien date agency. I can include activities that may be familiar to I&R/A agencies like options were choice counseling, level of care assessments, consumer outreach and engagement, and functional assessments. In the other category we had activities like benefits counseling, screening, and waiver intake. A diversified funding portfolio is important for sustainability. Many of our responded agencies provide information on referral I'll probably case services. A much smaller percentage provide fee-based services themselves to individuals or families. Of 292 respondents, 20% report that their agency provides fee-based services. This is very similar to 2015 which suggests that agencies may experience real perceived barriers to offered services given the lack of growth in servings market overtime. Also as many aging and disability agencies have traditionally focused on the provision publicly funded services to lower income or other primary individuals. Some agencies may lack capacity to offer fee-based services. This could be capacity in areas like pricing, billing, marketing quality control. With the growth of commercial programs reflect the market for serving individuals and families at all income levels.

On this slide there is a chart that shows fee-based services that are offered to private pay consumers a small number of respondents whose agencies to provide fee-based services. Some of the most popular your are services like personal care, case management or care coordination, meals programs, homemaker or shore service, transportation, respite, home modifications, and health and wellness programming as well as care transitions. Some of the other kinds of services identified include things like assistive technology, assistance with Social Security disability or supplemental security income applications and technical assistance with the Americans with disabilities act. Another area that we looked at was around and practices. While NASUAD I&R/A programs individual and related services there is a growing recognition of the impact of social determinants of health. Factors like housing, employment, and nutrition at Holly health outcomes and as a result there is a growing number of initiatives the health communities model that looks to help individuals help address individual health related social history partnerships linkages and other efforts. These initiatives might also offer opportunities to partner or contract with healthcare entities. We asked our responded agency dissipates in a health initiative and 21% yes, 31% said no, 41% did not know and 7% said involvement. On this slide we provide some examples of the kinds of social determinants of health initiatives the respondent agencies participated. One example is we the respondent told us we are directly involved in the community project to connect the medical community to the social service community using our database as a foundation or resource. We also had some respondents were participating in the federal Constable communities of health demonstration. Next time going to turn it over to Lindsay to talk about our second team.

Thank you so now we're going to explore our second team which is I&R/A professionals are street were individuals with multiple and complex needs. We know that I&R/A professionals are serving more people generally but what would be found is for individuals with multiple and complex needs is an important and continuing trend shaping aging and is ability I&R/A practice. The first set in this graph shows that nearly 70% of respondents reported that they are serving more individuals with multiple and complex needs. When you break it down into groups of individuals the highest percentage of respondents recorded serving more individuals all of these categories except for a few. Unsurprisingly the number of our older adult population about 65% of respondents are serving more people 60 and older and about 55% are serving more people 80 and older. Respondents also reported serving more individuals experiencing homelessness or housing instability individuals with mental health conditions, individuals with Alzheimer's and related dementias, and people with disabilities under age 60 which we suspect is largely due to the ongoing development of ADRC and partnerships and a broad base of consumers which will also explore further later in this webinar. And the same goes for caregivers as well. The largest percentage of respondents reported serving about the same number of individuals reporting suspected abuse and neglect, veterans, and individuals with substance use disorders. Only about a quarter of respondents reported an increase in the number of individuals with substance use disorders which is somewhat surprising but it can be due to a variety of factors. It may show us these agencies and

organizations are not the primary resource on the front end for a lot of people with substance use disorders. That is a day to explore at about half of respondents doing transition issues youth, serving as a member of transition age youth. Next slide. The findings on the most frequently requested services in the 2018 survey are very similar to those in the 2015 story. In both housing assistance transportation financial assistance the top three requested services which shows the consistency of these means overtime. After those top three services, the remaining of the top 10 most frequently requested services reported in 2018 our community eight and assistance programs, homemaker services, personal care, family caregivers or, health insurance counseling, and Medicaid. These top 10 are very similar to the findings from our 2015 Survey. There are some differences in 2015 benefits analysis assistance, and utility is so for example the low income home energy assistance or four of the top 10 these slightly but not too hard on quite a lot of consistency ranked highest in 2013 and 2018 this is a busy chart the frequently requested broken down by several smaller urban area. Assistive technology care technology independent living skills. The data reflects an acute need in urban areas and those include housing assistance transportation and financial assistance. That are some similarly reflects a heightened needed rural areas which includes congregate meals and Medicare. While the overall pattern of service request is fairly similar the services reveal that geography can be a factor.

The top 10 most frequently identified elements are identified in 2018 survey reflected on the slide they were financial assistance transportation housing assistance dental care mental health services home of occasions utility assistance, homemaker services long-term care and support funding respite care. In 2015 survey the same exact top 10 was frankly identified as the origin I in a slightly different order. There is a strong connection between unmet need and most frequently requested services. The top three unmet need are also the top three most recently requested services. This findings suggest potentially significant service gaps in addressing critical aging disability programs. Just to point out several other unmet needs were identified in the comments that weren't as options. This line illustrates the I&R/A telephone call volume the past two years. As you can see a majority of respondents and 64% reported call volume was increasing. 26% reported calls were about the same. 4% said their call volume was actually decreasing in 6% did. 64% is a big percentage to do a little different but some examples of the factors that are driving increase call volume or people seeking services to stay in our homes increase awareness of programs through community outreach regular system websites and social media help with housing and basic needs, homelessness, and programming for people who are experiencing homelessness. Funding for community services people are turning to programs. Greater unmet needs and high rates of poverty and mental health needs as well. Some of the comments we received just that unmet needs will prompt multiple calls for assistance with hopes for different answer and call and in general more needs and less resources that are driving the higher call volume. Again there was that 4% of respondents who said call volume was decreasing and for that small number of respondents who reported decreasing calls a key reason for that appears

to be the availability of online information now I'm going to turn to Nanette to explore the next thing.

Thank you. We are going to jump into our third thing which is the role of I&R/A professionals continues to expand. As the needs of consumers are becoming more complex, so too are the roles of I&R/A professionals. Most specialists have multiple job responsibilities. As continuing trends of consumers' needs grow, agencies expand their scope of work including in the Medicaid arena, ADRC and all wrong door systems continue to diversify the client base, and resource limitations call for doing more with less. Throughout our survey we also see the evolution of what all the enhanced information and assistance work I&R/A role that lends the activities of options counseling, person-centered counseling, application assistance, almonds a case management and more. On this slide you'll see a chart that shares job responsibilities in addition to the I&R/A activities performed by respondents. Many of our respondents in addition to I&R/A services also provide community outreach and education, consumer advocacy, eligibility screening or determination, some are also in the role of supervisor order management. About half have activities related to the resource database and close to half also provide person-centered counseling or options counseling. On this slide we can see I&R/A professionals describing their roles in their own words and we had a lot of comments on this topic. These include things like I find that I and A options counseling are connected and more often than not a performing both of this next one we refer to options counselors as traveling. This kind enhanced I&R/A services. Anything and everything, Along the lines of calls becoming very detailed and lengthy taking a number of hours. One shared where. And I and R is always coming up. Were case management, higher acuity of calls, general responsibilities have greatly increased an application assistance due to office closures and automated phone lines. I want to pause here for it because I think speaks to the value of the person-to-person connection that is at the heart of I. Automated fundraiser phone line can provide a barrier to getting information services. When responded shared I am in a rural area question where many. Findings from our survey dovetails well with findings that came from a survey of certified information and rural specialist in aging and disabilities. That was conducted in early 18 on behalf of the lines of information referral systems or certification.

We were doing this work to help us review the credential. In this survey we asked our certificate holders does your work involve you moving between different roles and for almost all of our respondents it certainly does includes moving to roles like service coordination, working with people and families at length, engaging in person-centered decision-support and assisting clients application forms. Some of our respondents also helped to set up appointments and engaging case management. I find the last line of this chart to be particularly enlightening. Only 15% and this was of over 500 and this was of over 580 Boulder said no I'm fully focused on I&R/A work. I'm going to turn back to Lindsay to talk a little bit more about no wrong door.

Thank you. For our fourth theme which is No Wrong Door model is playing a growing role in consumer access to information and services. In many of the responses we received there was a major emphasis on the importance of consumer access systems. Most respondent agencies we partner with or oversee and ADRC and half of respondent agencies participate in a no wrong door system initiative. The influence of the No Wrong Door model is reflected in areas such as person-centered training, counseling planning, the evolution of ADRC networks into no wrong door systems, the development of state or statewide systems and infrastructure, and running partnerships and referral works. Some of the comments we received illustrate these findings. One respondent said No Wrong Door or has impacted areas of staff training on person-centered counseling, data sharing, electronic referrals, partnerships and referral. Another respondent commented we are going to be ADRC to become the states to run your which includes one toll-free number and consumer database a provider database website to be consumers and this is a long-term support. Even just always comments you can really see how involvement in the wrong is impacting any agency structure and functioning including obviously service delivery and consumer access. We also asked respondents and their agency at the provider or subcontractor was program. Of those who responded only 17% were. 52% were not present didn't know and 6% reported that becoming a veteran directed HCBS provider or subcontractor was all. Respondent agencies that serve as a provider or subcontractor reported performing activities such as assessments, case management, connecting veterans to services, information and referrals, service planning, options counseling and person-centered counseling. Some of the feedback we received help shed some light on some of the various challenges that may come from the low levels of participation with this program. One respondent said we are a provider referrals from the VA have been minimal. Is that we are tried for years to connect with the VA in our area to no avail. Other comments we received indicated that there may be an important role for federal and leadership to facilitate is. Respondent said the state office on aging has provided support to the ADRC and AAA that want to become a better directive provider. We felt with the readiness review process and policy issues that arise with the VA. Notice of their program includes statewide program management including interagency agreements with all VA medical centers in the state. We subcontract with the AAA's to perform care coronation activities, statewide billings are cemented by the state to the VA. These indicate that there could be a really important role for federal leadership in these programs.

Next a little bit more about community partnerships. Collaborated with a range of community-based organizations is important component. And the slide shows what types of community-based organizations are responding agencies and organizations are collaborating with. Collaborate with diverse types of with notable differences across agency types. AAA's and ADRC's are more likely to report collaborating with hospitals and community health centers with a growing emphasis on campuses within these agencies. Activities transition and assisting individuals to achieve goals reflected in higher levels of collaboration with vocational revalidation and employment agencies. And state agencies had a high level of collaboration with colleges and

universities which may partnership for research evaluation and demonstration activities University serving as a policy on to the state universities being involved in service delivery or for instance state ITT agencies partnering with the in their state. And that I'm going to turn back to Nanette to talk about the expectations for service delivery.

Thanks Lindsay. Turning to our fifth theme changing expectation for effective service delivery support focus on training and quality assurance. I'm going to talk a little bit about our findings on training quality assurance and certification. In our surveys across the years we do ask respondents about training for I&R/A specialist. As you can see on the chart on this slide, specialist received training in a wide variety of areas. There is a whole set of topics here. They include things like training on community resources and programs, medication skills, the process, efficacy, data collection and reporting, diversity and cultural competency, disaster preparedness, crisis intervention, person-centered counseling, case management and other types of software using the resource database option counseling. A lot of training that is being provided. Training and community resources, reflects the importance of specialist be knowledgeable about programs and services for the populations that they assist. The training focus on communication and the I&R/A process underscores the importance of foundational knowledge and skill to deliver effective I&R/A services. One of the findings is interesting has to do with the person-centered counseling options counseling. It is interesting to note the increasing prevalence of training on person-centered counseling planning and in fact at 59% of our respondents this was a little higher than training on options counseling at 52% of respondents.

As Lindsay talk about this may report no wrong door system development as well as a growing expectation for person-centered counseling at the parallel at the state level, and by community agencies themselves. We asked our state agents and respondents about that and 30 state agency respondents indicated that their agency has or is developing policies guidance to require or encourage the provision of person-centered counseling to specialist like I&R/A specialist and options counselors. A state unit on aging is continually working on a culture change where person-centered thinking and skills incorporated into all aspects of our work. Another shared person-centered counseling training is expected within three months of higher for agencies providing I&R/A services. ADRC's have the same requirements. As I mentioned we also gathered some data on certification requirements. First we will look at certification requirements within agencies themselves. 34% of our respondents indicated within their agency all specialist must become certified. At the same time 31% of respondents that my agency does not have a certification requirements. 10% responded shared a certain percentage of us was on become certified or specialist must complete training but not necessarily certification on I&R/A topics. Specialist are encouraged not required to become certified. There are some differences when the 2018 results are compared with 2015 results. This may reflect a part of the greater number of respondents in 2018. In our 2018 survey fewer respondents reported that all specialist

become certified. 34% in 2018 versus 45% in 2015. Or reported that their agency does not have a certification. 31% in 2018 versus 23% in 2015. For agencies that don't require certification, constant funding and a lack of awareness of certification are key factors. Other factors include lack of time for training and testing, or certification does not include improve quality or add value. In comments some respondents noted additional areas or certification may be required for specialist including certification around Medicare counseling. As well as ADRC and options counseling. Of 121 respondents 39% indicated that their agency also requires that certified Specialist are or become certified that certainly reinforces the theme that I&R/A specialist are wearing possible hats. We also looked at certification from the perspective of state agency practices. As states can play a role in supporting certification there are significant differences across states and the number of certified Specialist. Here on this slide we can see some of the types of policies and some state agencies have in place that may support certification. These are policies like requirements that mandate that I&R/A specialist become certified or job descriptions that require or encourage certification. Additionally contract requirements might mandate that specialist become certified or state standards may also require or encourage certification. Some agencies might also find or subsidize the cost of certification exams and so might provide training for certification.

Now looking at standards-based I&R/A services and data around the use of standards. We asked our respondents what set of professional standards for I&R/A does your agency use? Here on this slide can see what respondents shared with us. 34% used AIRS standards exclusively, x ADRC standards, 21% weren't sure, percent indicated their agency has developed its own standards, 12% use modified standards and 9% indicated their agency does not use professional I&R/A standards. It is interesting when we look at the data on ADRC standards because the development of national ADRC standards never really came to fruition. So when we think about ADRC standards we are really concerned standards of behavior at the state level. These responses are similar to our 2015 but with some changes that might be known in. In 2018 fewer respondents report using the standards exclusively.

Additionally more respondents reported that their agency had to out its own standard. Again some of these findings may reflect the fact that we had more respondents in our most recent survey. Next turning to some data on quality assurance. Our survey asked respondents that their agency has quality assurance measures for I&R/A services. 61% of our respondents . 18% no and 21% do not know. In a significant portion of our respondent agencies, QA measures are either not known or not used. Which might be a little bit concerning. Respondents that indicated that her agency does use quality assurance measures were asked to identify those measures and that's what you can see on the chart on the sliding types of quality assurance measures that agencies do use. Many agencies use customer satisfaction surveys to get quality assurance data. Agencies also use approaches like data collection and analysis follow-up calls with consumers, completes investigation, site monitoring or contract monitoring, supervisors reviewing phone calls and other sexual strategies. These findings are very similar to our

2015 survey which tells us there is a consistent set of approaches to quality assurance that agencies can use to assess the quality of their services. If this is an area where your agency would like to do more are plenty of years that you. We also asked about how quality assurance data is used. Does it make a difference? Is it used by the agency? We asked respondents their agency uses information from quality assurance measures to help support quality improvement activities. For the majority of they do use information this week. These types of activities are highlighted on this slide. For example, a number of our respondents use quality assurance for activities like to inform their training or coaching activities. To identify gaps in services. To improve service coordination, to fight friends, to help inform their policy development, to help inform outreach to the public, and to help inform technical assistance activities. Agencies also use information from quality assurance measures to help identify gaps in their resource database. Finally going to turn over to Lindsay to get us started on the file theme from our survey.

Thank you. Our final theme is the diverse mode of consumer access to information and emerging in I&R/A practice so we will explore that a little bit. The trend of agencies using social media to connect continues to increase. In 2015 64% of responding agencies said that they use social media 2018 75% say that they do. Of those that use social media most widely used platform are Facebook, Twitter, and YouTube. Other consumer access are emerging which may be especially helpful with consumers who need alternative communication options and with caregivers as well many respondents in the 2018 survey reported more followers contacts and activity is to facilitate outreach and for increase on programs and services. Will be also provides an additional Avenue of contact for assistance. One responded capture and use of social media strategies in there, this one is two years ago we did your social media at all. Now as an organization we post at least weekly. We try to post some items that are not related to her interesting are trying to catch people's attention and onto her page and we use purchased assets for the first on the market evidence is. In terms of the social networking sites that agencies use the findings in 2018 are similar to our 2015 survey. Just like in 2015 the most widely used platform surveys 90% of our respondents who did your social media, Twitter at 41% of respondents and YouTube at 17% response the by Instagram of which there is more use 2018 and 2015 and followed by LinkedIn, and then Pinterest, and Google plus. These findings are similar for 2015 survey. One interesting, we received from one of our respondents seniors love and in this rural area alert portion of them keep up with Facebook.

That leads us nicely into our next slide we asked respondents to share what example of what is working best for their organization with regards to social media use and/or management and some examples of these social media best practices are on the slide. When organization leads to the resource directory of Facebook. Another organization uses social media to recruit employment volunteers has been receiving more patience as result. Another agency using social media has resulted in increased outcomes they lose contact of you that they are posted on social. One responded said that Facebook has been effective at driving

users to their website. Another said that they use their website to get consumers wellness and resource tips. When organization so they been using Facebook to post about programs and services so that the messaging abilities? Platform will have to connect with consumers more frequently. One agency on opposing daily or write the work hours intellect more personal post including staff clients (. One responded said that posting about scams recalls and personal safety performed well on Facebook but with posting caregiver issues works particularly well. This last organization on the visual content performed better than text only post. Does include an image with your post. One other example that is not up on the slide but I did wanted to share his mother, we received about how much the use of social media can help you getting people to that an organizational's. After we hosted a conference on all reviews. Is an annual event for the past few years we averaged about 300 people last year posted daily multi event for two months prior to the event we had 614 people registered. With frequent posting they doubled their attendance at this annual event which is pretty remarkable.

Now we can move on to the next slide. These are two examples that go along with our examples from the last slide. One responded said people love seeing events and dates on our program with dogs. Clearly this is something several organizations have. Here are two examples of that on the left you see a picture posted on Facebook from the Virginia Department of aging and rehabilitation services of a black dog I can refer you to your local and the text accompanying the image talks about the services can provide and on the right is an image also unfazed from the ability center greater Toledo with a sign about therapy dogs in the background. In the 2015 survey, 115 respondents reported to us that their organization does not use social networking services to connect with consumers family members or caregivers.

This year in the 2018 survey only 80 organizations reported social media in the participation in several respondents in the comments mentioned their organization is developing social media presence. We asked these organizations why they didn't use social media and the most common given was that firewalls prevent them from visiting the sites. This reason was followed by not having the time to maintain the site , social media is experimenting by another department within the organization, having a comp policy against this, believing it not to be useful to their client, having a fear of legal issues, or simply because staff do not have the skills with a training to pursue it. Interestingly in the comments a couple of respondents noted concerns about HIPAA laws unclear how that would prevent general social media activities.

Moving on slightly from Social Media, talked about service delivery by setting type. Telephonic service delivery remains the dominant mode of providing services. Less than 2015. In 2018 we see that diverse mode of service delivery are used with greater frequency such as email and in person whether that is at a service site, and community events, and a consumer's home or another location chosen by the consumer or in a healthcare setting you by mail and fax. This might reflect a part of the growing scope of work provided by I&R/A professional such as

options counseling and person-centered counseling and the other things we asked earlier. Are less common goal are online chat, video conferencing and text messaging. Overtime there may be a small uptick in the use of text saw that a little bit but the results of the survey show there is still a lot of room for growth in both the use of text and chat.

Tell you into a little bit deeper, we took a look at online chat. Of the 32 respondents was that they do use chat, 31% have been using it less than when you're. 24% have been using it between one and two years, 21% between two and three years, and 4% have been using chat for over three years. It is clear that agencies are really different levels of maturity with use of chat so that being the case with so much variation better pure salon from a really each stage of this. And the slide shows the use of text and respondents reported use of text object. This is clearly something more agencies are just starting to use because 38% of respondents reported using text for less than one year. Have used it between one and two years. 50% were between two or three years, and then 24% have been using text for over three years. Over a third have been using test for less than a year definitely an area where we are seeing a lot of growth. Interestingly the pew research center put out a report among seniors and they found that since 2013 adults over 65 who on smart phones has risen 24 percentage. You know seniors have consistently lower rates of technology adoption much more digitally connected. Also in independent living network, sales and increasing starting to use text to provide better options for you. We're seeing is where the use of text is continuing to green traction in a sense we will continue to see service delivery. For respondents whose agencies provide I&R/A services by chat and/or text we asked them to describe your agency's experiences with these modalities. These are some of the examples we received. Someone so that most of their inquiries come from people always be services for parents are relative. Responded said they been using text alternative to the phone because many of their consumers are. Some of the text messaging is used when consumer requests and another respondents or testing requires an awareness of a different style of communication where brevity and clarity is everything. Most of the chat require the individual to, because the situation ends up being too involved for Internet-based chat. Tax increase are usually for a listing of different resources and information and similarly another respondents said database and contact information to call us. And finally another respondents said training is the theme and inquiries and usually caregivers were reaching out but over time uptick has increased as were looking for support and for a. Interestingly some respondents noted that staff use personal cell phones for tax suggesting there's not that an investment in text as a communication system but interesting in future years to see how that both over time. Now I'm going to turn it over to Nanette and she will share some of our other findings with you and start with our database funding.

Thank you Lindsay. I will take us home with the findings from resource database and a few other technology topics. Before I do not want to share with you a little bit about the tax. This is an area where we see what I would call statistically significant differences between the use

of text and the aging and disability field and tax and other sectors such as to what one services and crisis services and when we are able to look at data through surveys of membership it stands out for us. This is not in any way to undervalue the importance again that person-to-person communication or telephonic delivery? To emphasize considerations for having multiple modalities in ways that people can connect with us. And these consumers were using tax and other sectors reflects changing consumer preferences. And course these are the same consumers who may come to us at aging and disability services but preferences are being shaped now by the use of text or other modes of communication and other sectors. Something to be mindful of as we continue to move forward in our. Turning to the resource database. Which is really a critical pillar of trauma services. Whenever we do our training for resource was to help them prepare for certification we talk about coming to court pillars. They were specialist and the person-to-person encounters the other being the resource database. I will spend a little bit of time this. We asked our respondents if their agency maintains an online or electronic resource database. It was good to see that 62% of our respondents do so. 19% indicated no, 9% were unsure. 5% indicated that a resource database is development have 5% at all or. Using the 211 database. Respondents but said yes were then asked the resource database was part of a platform that was shared with other providers. And about half of those respondents said yes and for many of them shared database platform is some type of statement platform. Respondents that answered no their agency does not have an electronic resource database were asked to what is a product or system reservations use to access information programs and services. Respondents identify a variety of approaches. Including for example having a print directory. Using spreadsheets, Google, other external databases or leagues 11 database have any shared drive network. Professional relationships. Local resource guides or is one mentioned a binder with resources. The sharing resource databases or resource database information reflects another aspect of leveraging technology.

For agencies that have a resource database we asked him what types of organizations to share with which you share your research database? And similar to our 2015 survey, what really comes out is that agencies are tending to show the resource database within their network but less so across networks. Agencies reported they are most likely to share their database with the state agency, area agency on aging or aging and disability resource center. And even then a number of respondents at 32% said no we're the only agency that uses our resource database. So again to suggest a greater sharing within rather than across networks. And even then sharing is limited. Given the time effort and asked answer maintaining an up-to-date resource database this may potentially be an area for improvement both for relationships as well as through technology solution like APNs. Independent access to community resource information was added to the eighth edition of the standards, the most recent edition and reflects changes within our field and the importance of people being able to access community resource information. Reflects the value of providing community resource information in a variety of ways to help whether it is general public or other human service nationals be able to access information on community programs and services independently at a key quality

indicator that the service expands access options for the public by making all or a portion of its resource database available on the engine. So we asked our respondents is your resource database available to the public? 36% said yes. 38% no. 5% said that a public database is in development. 10% did not know percent said organization does not maintain a resource database. In the 2015 survey, 17% of respondents reported sharing a resource database with the public so this really does show some important growth where 36% of our respondents. And for close to 90% of those saying yes the resource databases available to the public in an online form. At the same time close to 40% responded agencies do not provide public access to the resource database. Yet providing consumer friendly online access to community resource information can provide a gateway for consumers to learn about and contact I&R/A programs. For agencies that do have an online resource database that is available to the public we wanted to learn a little bit more about search options. What kinds of search options you have for public users? We have a chart available on this slide that describes the search options and I respondents and respondents could select one. Many agencies have more than one way that public users can search the database. The most popular search options are search by topic, topics like housing nutrition or long-term-care, users to do a keyword search, searching by location for example ZIP Code or city name, and searching by program or organization. Smaller number of respondents indicated that they allow search by taxonomy terms, or guided search and taxonomy terms are really more design for professional use, I'm not surprised to see that is not as widely used. Consumer friendly terms. For respondents who have an online resource database, or survey asked if that database is mobile friendly or optimized for mobile use. Mobile optimization is important to both reach consumers when they are and to support search engine optimization. Research indicates that consumers older adults and people with disabilities are on mobile devices as Lindsay mentioned. For example people ages 45 to 64 are the fastest-growing graphic on the mobile to. Half of mobile users ages 55 and older on a smart phone. So can we are seeing changes among the consumers that we work with. When we asked our respondents if there resource database is mobile friendly or optimized for mobile use, 44% indicated yes. 70% said no. I presented mobile optimization is in development and 34%. With regards to search engine optimization, mobilization important factor for search results. In other words helping consumers to find a in a competitive online environments. A change to Google's methodology in 2015 preference for site mobile responsive. If your website or a resource database is not mobile friendly or mobile responsive, you are less likely to be found in your typical Google search. We also took a look at the prevalence of statewide resource databases. We asked our state agency respondents in their state has a statewide resource database programs and services. And a little over half of those respondents were 24 said yes. 21% said no, 14% indicated that a statewide database is in development presented not know. 14% of respondents said a statewide database was in the moment. This is could relate to the development of no wrongdoer systems or the ongoing development ADRC systems that are encouraging more statewide structure to facilitate consumer accident for long-term services and support.

For states that have a statewide database we wanted to learn a little but more about maintaining the database. For those respondents, 45% indicated that maintenance of database records is the house by agency staff but nearly a similar number 41% so that maintenance of database records is performed or contracted out to one or more entities. Also had some respondents who said other. For example the 211 maintains a database. One respondent described their system as follows. Estate unit on aging updates validate state and national resource listings. The ADRC sites of the validate local resource listings. Organizations can review their own listings and send updates to the appropriate resource directory specialist for review approval and publishing to the live site.

As we wrap up here I'm going to close with a couple of slides around types of software products that agencies use. In each our surveys we asked respondents to identify the software their agency uses for client tracking case management and reporting functions. As in our 2015 survey respondents were most likely to report that her agency uses aware which is known as well sky products. As we can see from the data on the slide aging and disability agencies use a variety of software products including custom software that may be developed for the day or agency. I know a little bit of products were identified like state developed software, Microsoft, management suite, agency to software, and others. In the other category, identify products that are listed on the chart as well as some additional products. There are quite a variety of different types of software products there. Some agencies use the same software for case management types of functions as they do for their resource database. Some agencies have different software products for each of those activities.

For agencies that use different software for their resource database, we ask them to identify the software that is used for the resource database again the options that were selected by respondents are shown on the chart on this slide. And they include options like agency specific software product that was developed in-house or developed for the agency and 22% and also set other. Options that we may not have offered them. 15% they developed software, 15% said Microsoft Excel and other products as well that were identified. In the other category respondents identified some products that are listed on the chart as well as for example products like Microsoft Word. Resources that may be saved on an agency server and online resources. I think what we can see is that when agencies use different software for resource database is often a Microsoft product or something that may be developed specifically for the agency.

I will end with a little bit of data about the use of taxonomy. And taxonomy is a classification system for indexing and retrieving community resource information from a resource database. Among 317 respondents, 34% reported that their organization uses a taxonomy or some type of classification system to define index and access information on programs and services. For agencies that told us that they use a taxonomy we asked what type of taxonomy or classification system used. On the pie chart. 31% of respondents said their agency uses the 211 LA County taxonomy of human services. 14% said they use a

variation on the taxonomy. 25% that they use some other type of taxonomy. Interestingly 70% of respondents said their agency created its own taxonomy and 13% were unsure. In both our 2015 and 2018 surveys, around 30% of respondents reported using the 211 LA County taxonomy of human services. In our 2018 survey however were respondents reported creating their own taxonomy. Or using another set of taxonomy. Again these are findings that may reflect a change in composition of agency was in our 2018 survey.

In the past hour and a half we have gone through a lot of data. I really appreciate all of our participants for sticking with us in learning more about key trends and developments in the field. We will post the slides from this presentation to the NASUAD website and later in the year we will have a comprehensive written report that shares more information. Before we close today's webinar, let's take a minute or two to see if we have any questions from any of our participants today. If you have a question for us, you can submit it through the Q&A function that is available on the screen. It doesn't seem that we have any questions at this point. I know it was a lot of rich data to share. Up on this slide there is contents information for myself, I am that for my colleague Lindsay. We certainly welcome you if you reflect on the data and having questions for us are certainly welcome to reach out to. Again we are going to be sharing the slides on the website but we do have a lot more data and so if there is more information they went from feel free to reach out. We are always happy to dig into the data and share information that may be helpful to your own agent the were work you are doing with stakeholders in the community. Don't hesitate to reach out. Where have you joined us today. Lindsay I don't know if you have any last words on behalf of NCIL to share your participation with the survey which was super. I think that was really exciting. >> When we participated in the survey was really interesting being involved with the survey for a second time and comparing the two data set has been testing to see how the field is you calling. I'm glad we were able to do this together and I really appreciate everybody's involvement in responding to the survey and your attendance at this webinar. Thank you guys so much.

We may have participants on today's webinar with agencies responded to history. I call it comprehensive but that is a euphemism for long. We do have a question. From one of our listeners. Any guess on when the report will be available? Can be cryptic like CMS. What do they usually say? We are still in the writing process as we had over 400 pages of data. A lot of data to work through and the report does go through a review process including federal review but is really our goal to be the findings out this your report. We always helpful to have it in hand as well as examples but is there something specific you need from us don't hesitate to reach out. We are happy to take into the data for you. And so with that, seeing no further questions, I want to thank Lindsay so much for joining me today to present the data and thank all of our participants for your participation as well and wish everyone a very good rest of the week. Thank you everybody. [Event Concluded]