Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities

May 2013

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National Association of States
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The National Aging and Disability Information and Referral/Assistance Support Center (The Support Center) is administered by the National Association of States United for Aging and Disabilities (NASUAD), with funding provided in part by the Administration on Aging, within the Administration for Community Living, U.S. Department of Health and Human Services. The Support Center provides information and referral systems design and management, service delivery, and professional staff development supports to state and local aging and disability networks. Training, technical assistance, product development, and consultation are provided to build capacity and promote the continuing development of aging and disability information and referral services nationwide.

The National Association of States United for Aging and Disabilities (NASUAD) was founded in 1964 under the name National Association of State Units on Aging (NASUA). In 2010, the organization changed its name to NASUAD in an effort to formally recognize the work that the state agencies were undertaking in the field of disability policy and advocacy. Today, NASUAD represents the nation's 56 state and territorial agencies on aging and disabilities and supports visionary state leadership, the advancement of state systems innovation, and the articulation of national policies that support home and community based services for older adults and individuals with disabilities. The mission of the organization is to design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers. For more information, contact: NASUAD, 1201 15th Street, NW, Suite 350, Washington, DC 20005, (202) 898-2578, Fax (202) 898-2583.

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Acknowledgements

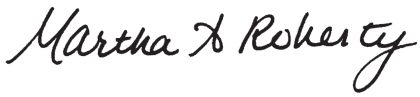
For the past several years, new state and federal programs focused on expanding home and community based services, decreased state and federal budgets, and combined federal funding streams have led to an aging and disability Network-wide movement towards the integration of aging and disability service delivery systems that have traditionally been separate. The 2012 State of the States for Aging and Disability I&R/A survey was designed to reflect the expanding scope and increased crossover between aging and disability services that is taking place within the National Aging and Disability I&R/A Network.

NASUAD would like to thank all of the I&R/A providers around the country who spent considerable time responding to this survey. NASUAD distributed the survey through a streamlined approach utilizing state I&R/A managers. NASUAD acknowledges that, in retrospect, the number of Centers for Independent Living I&R/A specialists participating in the project could have been improved if the National Council on Independent Living (NCIL) had coordinated the effort on the project's behalf. In acknowledgement of that, NCIL and NASUAD have already agreed to update this publication in 2014.

Project leadership was provided by Sara Tribe and Kelsey Walter, who were ably assisted by Grace Cho. The Alliance of Information and Referral Systems (AIRS), and Sherri Clark, Aging Services Program Specialist, ACL/AoA provided special support for this project as well.

I thank everyone involved in the production of the *Aging and Disability Information and Referral/Assistance Networks: Challenges and Opportunities* report.

Sincerely,



Martha A. Roherty
Executive Director

About This Document

This document was supported, in part, by a grant from the Administration on Aging, within the Administration for Community Living, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.

Executive Summary

The I&R/A Network is comprised of several different agency types that provide and coordinate services for older adults, individuals with disabilities, and their caregivers, including: state agencies on aging and disability (state agencies), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), 2-1-1 Call Centers (2-1-1s), Centers for Independent Living (CILs), and other non-profit human service organizations. For purposes of this report, we will use the term "Information and Referral/Assistance Network" (I&R/A Network) in reference to the broader Aging and Disability I&R/A Networks. However, we understand that there are distinct characteristics and activities for each of these networks.

In 2012, using a web-based survey instrument, the Aging and Disability I&R/A Support Center surveyed organizations nationwide that play a key service provision role within the I&R/A Network. Four overall themes emerged from the survey:

- **Theme 1. Aging and Disability Networks Continue to Integrate.** Aging and disability I&R/A organizations continue to shift from serving only older adults or individuals with disabilities to serving both populations. To fully realize this transition, I&R/A organizations must continue to cultivate stronger relationships with state and local aging and disability I&R/A partners.
- **Theme 2. The Use of Technology in I&R/A Service Delivery is Slow to Develop.** While the 2012 survey results show that strides are being made in the adoption of technology to improve I&R/A service delivery, the I&R/A Network has been slow to embrace some of the more technologically advanced forms of service provision, such as using online chat functions to communicate with potential consumers. As a whole, the I&R/A Network continues to encounter organizational barriers to using social networking sites, such as Facebook and Twitter, to promote their services and reach broader audiences.
- **Theme 3. The Role of I&R/A Organizations is Expanding.** While the provision of information, referral, and assistance remains a core service of the Aging and Disability I&R/A Network, the 2012 survey found that I&R/A services have begun to reach new populations, in part due to I&R/A agency involvement in care transitions activities, and agencies' ongoing outreach to private pay consumers.
- **Theme 4. There are Opportunities for Improved Coordination and Quality Service Delivery.** As I&R/A aging and disability organizations integrate their services, staff, and resources, they are also grappling with integrating the key tools they have traditionally used to provide accurate and timely I&R/A services. To examine this process as it evolves, the 2012 survey captured and analyzed the status of core aspects of I&R/A services, including client tracking software; resource databases and taxonomies; professional I&R/A standards; trainings and certifications; disaster preparedness activities; and quality assurance practices, finding several opportunities for improved coordination across the I&R/A Network.

Methodology

In 2012, using a web-based survey instrument, the Support Center surveyed several hundred organizations nationwide that play a key service provision role within the I&R/A Network. The survey was designed to capture the expanding scope and increasing crossover between aging and disability services that is currently taking place within the I&R/A Network, as well as the degree to which I&R/A agencies are providing and coordinating services and supports to the populations they serve.

The Support Center distributed the survey to 51 state I&R/A liaisons[1], who then forwarded it to state representatives in each of the target agency types.[2] A total of 294 respondents completed the survey, including representatives from state agencies (90 percent response rate), AAAs (18 percent response rate), ADRCs (20 percent response rate), 2-1-1s, CILs, and other non-profit human service organizations (19 percent response rate). Tribal Nations were also surveyed; however, the sample size was too small to be statistically significant (less than one percent) and is therefore excluded from this analysis.

In the report that follows, the survey data is either presented by agency type (state agency, AAA, ADRC, 2-1-1, CIL, other non-profit human service organization), or in sum (all organizations as a whole). In some cases, 2-1-1s or CILs were not included in the survey reporting because there was not enough data collected from 2-1-1 and CIL respondents.

Currently, 397 ADRCs (78 percent) are run by AAAs in 35 different states and the District of Columbia.[3] Though ADRCs are often a service of AAAs and not a separate entity, data on both were collected in order to better understand how ADRCs fit into the I&R/A landscape. Care was taken throughout the report to demonstrate the role of ADRCs in shifting the delivery of I&R/A services to a more person-centered model.

In the Support Center's survey, 54 ADRC respondents out of 101 indicated that their organization was considered both an AAA and an ADRC. Respondents in this group were counted both as AAAs and ADRCs in the survey data.

Seventy-one survey respondents indicated that they provided I&R/A services from within a non-profit human service organization[4], The Support Center surveyed these organizations to obtain a more complete picture of the entire I&R/A Network of service providers. However, due to the variety of organization types included in this group, in some survey report sections, their responses were not applicable to the particular data set, and are therefore excluded.

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[1] "State I&R/A liaisons" are employees within state agencies on aging and disability who NASUAD has identified as the head person in charge of coordination of aging and disability I&R/A services statewide.

[2] Target agency types for the 2012 survey include state agencies, AAAs, ADRCs, 2-1-1s, CILs, and other non-profit human service organizations.

[3] The Lewin Group, ADRC Semi-Annual Reporting Tool data, April 2013

[4] For this report, "non-profit human services organizations" include providers of I&R/A services, such as a county government, county service or council on aging, a senior center, a senior lunch program, an aging and disability transportation resource center, a community action agency or community center, a family caregiver support program, or faith-based services.

Background

According to the Alliance for Information and Referral Systems, "Information and referral/assistance (I&R/A) is the art, science, and practice of bringing people and services together.[5]" I&R/A is an integral part of the overall aging and disabilities I&R/A Network.

I&R/A services can be delivered through a variety of organizations and can be comprehensive in nature, serving everyone within a geographic community; or specialized, serving a particular target population. Examples of I&R/A services include information giving; appropriate service referral; advocacy on behalf of an individual; crisis intervention; conducting follow-up contacts; maintaining an accurate and up-to-date community resource database; data collection, analysis and reporting to measure the service needs of a community; developing cooperative community programming; community outreach; and emergency preparedness and disaster response.

The I&R/A Network[6] is comprised of several different agency types that provide and coordinate services for older adults, individuals with disabilities, and their caregivers, including state agencies on aging and disability (state agencies), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), 2-1-1 Call Centers (2-1-1s), Centers for Independent Living (CILs), and other non-profit human service organizations.

Each organization type follows policies and procedures for delivering I&R/A services through a semi-structured, person-centered interview process that supports and empowers clients' access to health and social support services.[7] Though the delivery of I&R/A services varies slightly from organization to organization, all I&R/A agencies strive to link people with quality services, to empower individuals to make their own decisions, and to assist people in living as independently as possible within the community.

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[5] Alliance for Information and Referral Systems, What is I&R?, May 2013: *http://www.airs.org/i4a/pages/index.cfm?pageid=3301*

[6] For purposes of this report, we will use the term "Information and Referral/Assistance Network" (I&R/A Network) in reference to the broader Aging and Disability I&R/A Networks. However, we understand that there are distinct characteristics and activities for each of these networks.

[7] AIRS Standards and Quality Indicators for Professional Information and Referral, Version 7.0, 2013

Introduction

In the ever-changing environment of long-term services and supports, it is crucial that consumers and caregivers have access to comprehensive, unbiased information about the wide range of home and community services that are available to them. The 2012 survey of state aging and disability I&R/A organizations, on which this report is based, captures the perspectives of state agencies, AAAs, ADRCs, 2-1-1s, CILs, and other non-profit human services organizations that provide information, referral, and assistance services to their communities. To better understand the different types of organizations that provide I&R/A services, we will begin by offering a comprehensive description of each of the six agency types surveyed for this report.

For purposes of this report, we will use the term "Information and Referral/Assistance Network" (I&R/A Network) in reference to the broader Aging and Disability I&R/A Networks. However, we understand that there are distinct characteristics and activities for each of these networks.

State Agencies on Aging and Disability

State agencies on aging and disability (state agencies)[8] are agencies of state and territorial governments that administer, manage, design, and advocate for benefits, programs, and services for older adults, individuals with physical disabilities, and their caregivers. Through the provision of these critical long-term services and supports, state agencies help the individuals and families they serve maintain their dignity, independence, and choice.

Since 1965, state agencies have administered Older Americans Act (OAA) programs, which remain a primary vehicle for the development, coordination, and delivery of home and community based services and supports. Through a national network of state agencies, AAAs, and service providers, OAA programs such as home care, congregate and home delivered meals, transportation, information and assistance, and case management touch the lives of older adults, persons with disabilities, and their caregivers.

Today, each state agency has an information, counseling, education, and assistance system that connects consumers with the resources and services they need to stay healthy and independent longer. By providing credible and comprehensive information about the long-term services and supports programs they administer, state agencies are empowering seniors, individuals with disabilities, and their caregivers to make informed decisions and choices about their care.

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[8] NASUAD Website. May, 2013: *http://nasuad.org/about_nasuad/state_agencies.html*

Area Agencies on Aging

In 1973, the OAA created AAAs to meet the specific needs of older adults in their communities. As part of the Aging Network, Area Agencies on Aging[9] coordinate, and often deliver, an array of home and community based, person-centered services that help older adults stay independent and healthy.

Today, many AAAs also serve individuals with disabilities and administer ADRCs. There are 629 AAAs nationwide, 397 (78 percent) of which run an ADRC.[10] As state agencies work to more fully implement the ADRC model, AAAs are becoming increasingly involved in ADRC administration and service delivery.

Aging and Disability Resource Centers

The Aging and Disability Resource Center (ADRC) Program is a collaborative effort of the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS). ADRCs were created in 2003 to support state agency efforts to streamline access to long-term services and supports. ADRCs are intended to operate as comprehensive, collaborative "No Wrong Door" programs where people of all ages, incomes, and abilities can access information and counseling on the full range of long-term services and supports available to them.

To date, all 50 states and the District of Columbia have established a total of 509 ADRCs. Though intended to accomplish the same goals nationally, ADRCs are set up differently across the country, and these models may vary within states as well. ADRCs can be brick-and-mortar establishments, but can also function as a consortium of aging and disability organizations.

Nationally, ADRC programs have taken important steps toward meeting ACL and CMS's vision by: creating a person-centered, community based environment that promotes independence and dignity for individuals; providing easy access to information and one-on-one counseling to assist consumers in exploring a full range of long-term support options; and providing resources and services that support the needs of family caregivers.[11] The duties of an ADRC professional generally includes those traditionally associated with I&R/A work, and expands this scope to include several of the tasks outlined in ADRC Options Counseling Standards (a combination of information giving, decision support, and education).[12]

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[9] Administration on Aging Website. May, 2013: *www.aoa.gov*

[10] The Lewin Group, ADRC Semi-Annual Reporting Tool data, April 2013

[11] Administration for Community Living website. April 2013. Aging and Disability Resource Center Program: *http://acl.gov/Programs/Integrated_Programs/ADRCs/Index.aspx*

[12] Aging and Disability Resource Center Website, Advanced Option Counseling Training and Resource Tools. April 2013: *http://www.adrc-tae.acl.gov/tiki-index.php?page=AdvancedOC*

2-1-1 Call Centers

2-1-1[13] is a national collaboration between the Alliance of Information and Referral Systems (AIRS), 2-1-1US, the United Way Worldwide, and the organizations and programs that manage and deliver the 2-1-1 services at the state and local levels.[14]

Services offered through 2-1-1 vary from community to community, and include providing callers with information about and referrals to human services for every day needs and in times of crisis, and for specialized I&R/A, such as support for older adults; people with physical and intellectual disabilities; children; families; caregivers; and volunteers.[15]

Centers for Independent Living

Centers for Independent Living (CILs)[16], community-based, cross-disability, non-profit organizations, were created to be run by and for people with disabilities, and to offer support, advocacy, and information on empowerment in the attainment of independence from a peer viewpoint. The establishment of CILs brought a stronger peer perspective to the discussion and execution of services for people with disabilities.

CILs are unique in that they operate according to a strict philosophy of consumer control, wherein people with all types of disabilities directly govern and staff the organization. 403 CILs are currently operating nationwide to provide peer supports, information and referrals, individual and systems advocacy, and independent living skills training. The Americans with Disabilities Act (ADA) is at the foundation of CIL advocacy activities, and CILs continue to fight to protect the rights of people with disabilities.

Due in part to their philosophy of consumer control, as well as decades of work with people with disabilities, CILs are emerging as key community partners in the expansion of ADRCs nationally. CIL staff are partnering with state agencies, AAAs, and ADRCs to help those organizations that have traditionally provided only aging services transition to providing quality I&R/A services to people with disabilities.

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[13] 211US website. April, 2013: *http://211us.org/faq.htm#whatis*

[14] AIRS Website. April, 2013: *http://www.airs.org/i4a/pages/index.cfm?pageid=3379*

[15] AIRS Website April, 2013: *http://www.airs.org/i4a/pages/index.cfm?pageid=3379*

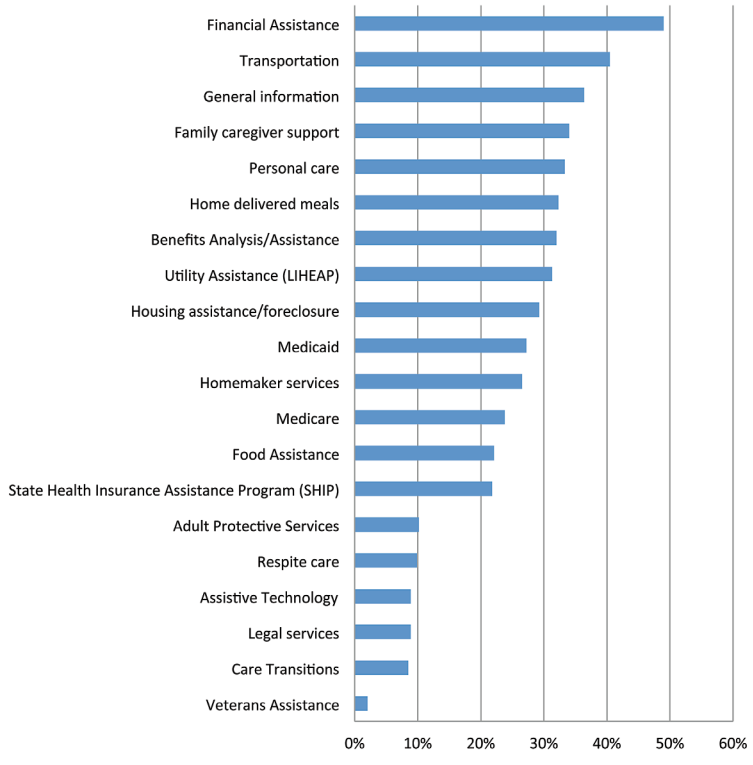
[16] National Council on Independent Living Website April, 2013: *http://www.ncil.org/about/aboutil/*

Most Frequently Requested I&R/A Services

In 2012, the top ten most frequently requested I&R/A services reported by the Aging and Disability I&R/A Network include: financial assistance; transportation; general information; family caregiver support; personal care; home delivered meals; benefits analysis/assistance; utility assistance (i.e. Low Income Home Energy Assistance Program—LIHEAP); housing assistance/foreclosure; and Medicaid

Figure 1 compares the frequency of requested I&R/A services by agency type. For state agencies, the most frequent requests are for I&R/A are financial assistance, Medicaid, State Health Insurance Assistance Programs (SHIP), and Adult Protective Services (APS). The most frequent inquiries directed to AAAs are for home delivered meals, financial assistance, and transportation, while the most prevalent requests for ADRCs are for financial assistance, benefits analysis/assistance, and family caregiver support. CILs top requests include information regarding personal care assistance, assistive technology, and housing assistance, and 2-1-1s are most likely to receive requests for help with food, utilities, and financial assistance programs.

Figure 1 ***Most Frequently Requested I&R/A Services***



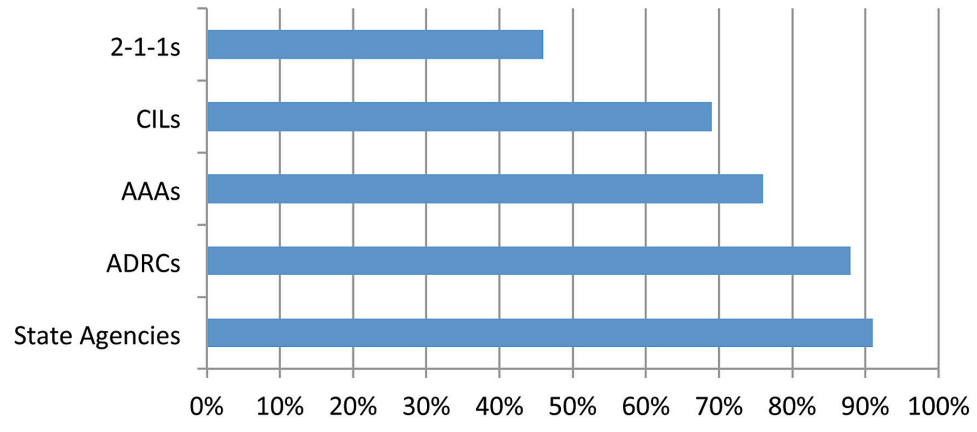
Theme 1. Aging and Disability Networks Continue to Integrate

In order to serve a broader range of consumers than ever before, state agencies and local are seeking opportunities to leverage their existing resources, often collaborating with new or traditional partners in innovative ways. The 2012 survey identified two examples of such approaches: (1) the adoption of cross-training practices among aging and disability agencies, and (2) the establishment of partnership agreements.

Aging and Disability Cross-Training

As organizations within the I&R/A Network transition from serving older adults or individuals with disabilities to serving both populations, cross-training among aging and disability agencies is becoming increasingly important. In the 2012 survey, state agencies, AAAs, ADRCs, 2-1-1s, and CILs reported strategies they have used to cross-train their aging and disability I&R/A staff, in many cases in preparation for the expansion of ADRCs in their state. Seventy-four percent of survey respondents said their agency is taking steps to facilitate cross-training on topics relevant to both the aging and disability communities. Of the six I&R/A agency types surveyed, state agencies and ADRCs were most likely to report having adopted cross-training strategies, at 91 percent and 88 percent, respectively **(Figure 2)**.

Figure 2 *Participation in Aging and Disability Cross-Training by Agency Type*



Of the state agencies that facilitated cross-training, many reported doing so by encouraging partnerships and collaborative relationships between local aging and disability organizations, such as CILs, as part of their statewide ADRC initiative. Several other state agencies said they embedded cross-training initiatives into the development of Options Counseling standards, in collaboration with CILs and ADRCs. State agencies also reported organizing regular meetings where collaboration and training could occur organically, such as ADRC partner meetings and "No Wrong Door" work groups.

AAAs and ADRCs engaged in cross-training reported that CILs played a major role in their efforts. These respondents described several partnership models among CILs, AAAs, and ADRCs that resulted in effective cross-training of aging and disability I&R/A staff, including regularly-scheduled trainings and meetings (weekly, quarterly and/or monthly); the sharing of ADRC staff between AAAs and CILs; co-location within a larger state human services department; and shadowing AAA and CIL professionals. One AAA reported that in order to ensure cross-training, all staff begin their tenure at the AAA by training as an ADRC specialist before branching into any other area of the organization.

In keeping with their stated goal of a "No Wrong Door," approach, several ADRC survey respondents noted that they attended monthly meetings or trainings where different community organizations sponsored guest speakers and requested training from community partners, such as CILs, brain injury associations, and service providers for people with intellectual disabilities, so that I&R/A specialists would know about other service options in their communities and could refer inquirers to these services when appropriate.

Partnership Agreements between Aging and Disability Organizations

In addition to cross-training I&R/A staff on aging and disability services, I&R/A organizations should also work to build stronger partnerships throughout their Network. With federal, state, and local budgets growing tighter and many states working to grow their ADRCs, the time for more efficient, effective service delivery is now, making it increasingly important for aging and disability organizations to establish formal partnership agreements.

Survey results indicate that in addition to working with the traditional I&R/A partners, some agencies are beginning to look beyond the I&R/A Network and are engaging with new entities, such as hospitals; community health centers; colleges; and universities.

Figure 3 *Partnerships within the Aging and Disability I&R/A Network*

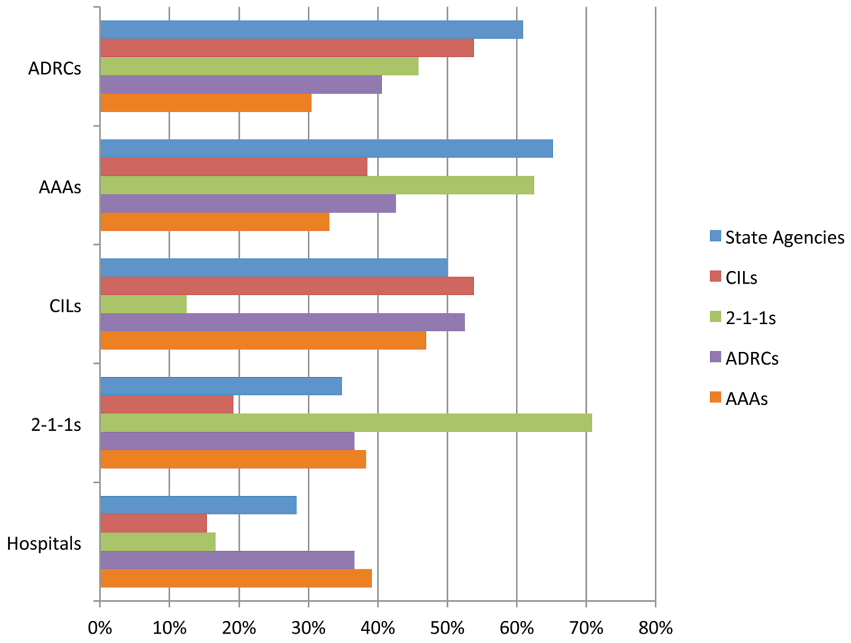


Figure 3 depicts the percentage of partnerships developed among traditional I&R/A agencies—state agencies, CILs, AAAs, 2-1-1s, and ADRCs. Of these agency types, AAAs reported the lowest rate of partnership arrangements with ADRCs. However, this is largely due to ADRCs operating as AAAs in many cases, rendering the need for any additional partnership agreement moot. CILs were identified as one of the top organizations with which each of the following agencies had partnership agreements: ADRCs (53 percent), state agencies (50 percent), AAAs (47 percent), and other CILs (54 percent).

While 2-1-1s have built strong relationships with the more aging-focused organizations within the I&R/A Network, they have not yet developed similar connections with the disability-focused agencies. In the survey, 13 percent of 2-1-1s reported having partnership agreements with CILs, while 46 percent were partnering with ADRCs, and 63 percent with AAAs. Additionally, many 2-1-1s reported partnerships with hospitals, community health centers, employment service agencies, veterans service providers, colleges, and universities.

Theme 2. The Use of New and Emerging Technologies in I&R/A Service Delivery is Slow to Develop

The Aging and Disability I&R/A Network has long used technology to maximize its impact and improve service delivery. However, technology improvements occur so quickly it is often difficult for I&R/A agencies to keep pace. In the 2012 survey, organizations were asked how they were using technology to enhance I&R/A services. While survey results show that strides are being made in the adoption of technology to improve I&R/A service delivery, the results also reveal that the I&R/A Network has opportunities for growth in this area.

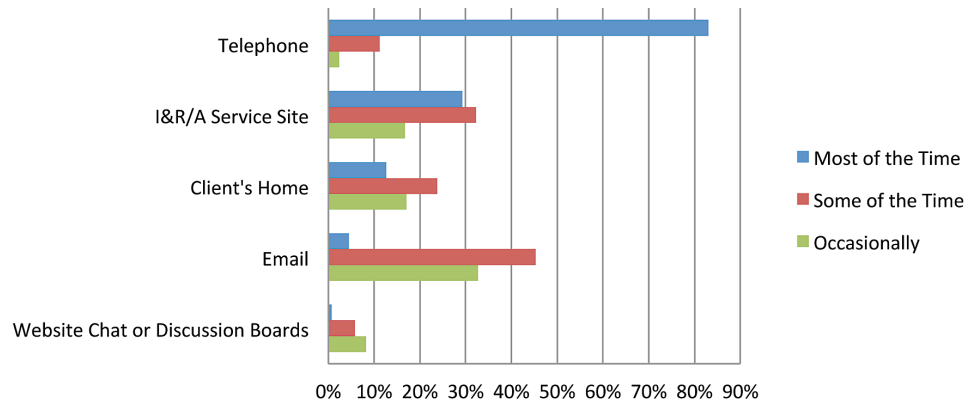
Technology is Expanding Options for I&R/A Service Provision

Traditionally, I&R/A services have been provided telephonically and in-person; the 2012 survey indicates the enduring preference among some consumers for these two mediums. Eighty-three percent of responding I&R/A agencies provided services telephonically "most of the time," while 29 percent said they provided services in-person "most of the time," and 32 percent said they provided services in-person "some of the time."

However, as access to technology has become more prevalent in recent years, I&R/A organizations have responded by providing assistance to clients through non-traditional means, such as email; website discussion boards; and online chat functions. In the 2012 survey, 45 percent of all respondents provided I&R/A services over email "some of the time," while six percent did so through online chat functions "some of the time" **(Figure 4)**. At 58 and 52 percent respectively, 2-1-1s and state agencies were the most likely of the surveyed I&R/A agency types to provide services via email "some of the time," and CILs were the most likely to provide services through an online chat feature "some of the time" (15 percent).

The survey results indicate a promising shift toward increased technology utilization among I&R/A agencies for communication with clients. However, these practices must continue and expand to adequately prepare the I&R/A Network to serve current and future populations who are increasingly reliant on technology.

Figure 4 *Settings for I&R/A Provision*



Inquiries Continue to Come Primarily from Traditional Sources

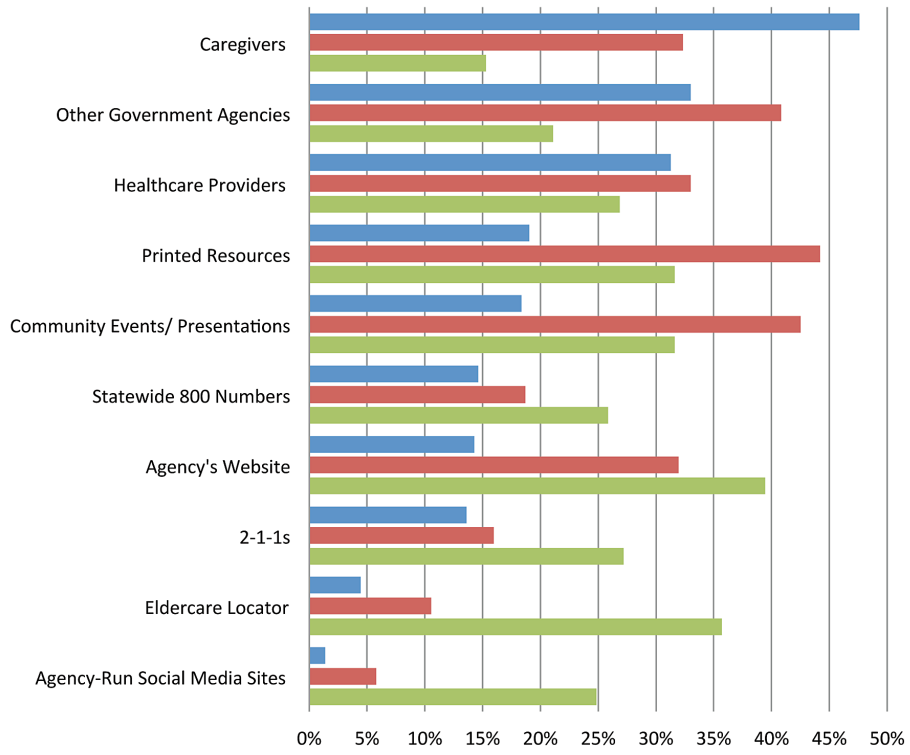
Traditional sources of I&R/A referrals continue to be the most frequent drivers of inquiries to Aging and Disability I&R/A services, including referrals made by:

- caregivers;
- government agencies;
- health care providers, such as primary care physicians, pharmacies and hospitals;
- printed resources, such as brochures; and
- community events or presentations

Only six percent of those surveyed indicated that I&R/A agency-managed social media sites, such as those with Facebook or Twitter, generated inquiries to their organization "frequently," and 25 percent reported that social media sites only "occasionally" drove such inquires **(See Figure 5).** CILs were the most likely agency type to report social media sites as inquiry drivers, with 12 percent stating that their social media accounts drove inquiries to their organization "very frequently," compared to the average for all agencies at one percent.

Statewide 800 numbers, the Eldercare Locator, and 2-1-1s were all created in an attempt to help guide clients who are unaware of the aging and disability I&R/A system in their state to appropriate I&R/A agencies. However, none of these services ranked consistently high

Figure 5 **Origin of Referrals to I&R/A Service**



among the respondents as drivers of inquiries. At 41 percent, state agencies were the most likely to report having received inquiries "very frequently" from statewide 800 numbers, in comparison to the average of 15 percent across the I&R/A Network. However, this discrepancy is largely because 800 numbers direct callers to the state agency I&R/A system, rather than to any of the other agency types surveyed.

Eleven percent of the survey respondents credited the Eldercare Locator[17], a public online and telephone service designed to connect older adults and their caregivers with community services, with driving inquiries to their I&R/A systems "frequently," and four percent said the Locator did so "very frequently." 2-1-1s were the most likely to receive Eldercare Locator-driven inquiries "frequently" at 21 percent, compared to six percent of ADRCs and eight percent of CILs.

[17] Administered by the National Association of Area Agencies on Aging with funding from the Administration on Aging within the Administration for Community Living: *http://www.eldercare.gov/ELDERCARE.NET/Public/About/Services.aspx*

On average, 14 percent of respondents said 2-1-1s drove inquiries to their I&R/A services "very frequently," while 16 percent said they did so "frequently." State agencies were the least likely to report receiving 2-1-1 generated inquiries "frequently" (7 percent) and CILs were most likely (23 percent). This variance is most likely due to the understanding among 2-1-1 operators that the service or information being requested is available at the local level.

Several opportunities for intra-Network collaboration emerged from this survey, as respondents indicated that technology is being under-utilized for referrals, and that no common referral source is widely used for both the aging and disability populations.

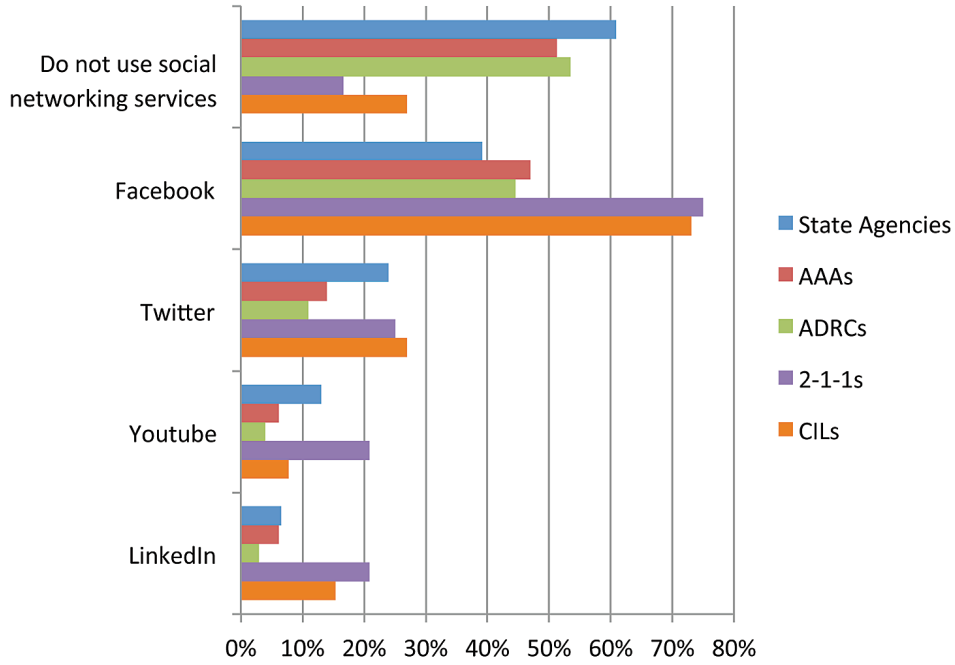
Social Networking and the Aging and Disability Network

According to a recent study by the Pew Research Center's Internet & American Life Project,[18] 67 percent of all internet users are using social networking sites. Further, 52 percent of adults age 50–64 and 32 percent of adults age 65 and over are using social networking sites. Social networking sites afford aging and disability I&R/A services a free and fast way to spread the word about their services. While use of social networking has become common place in most households and businesses, almost half (49 percent) of organizations in the Aging and Disability I&R/A Network are not using social networking sites to engage with current and potential clients.

Of those that have used social networking sites, Facebook was the most frequently used site (50 percent). Fifteen percent of respondents reported using Twitter, and less than 10 percent used Youtube or Linkedin. The three agencies most likely to report that they have not used any social networking sites were state agencies (61 percent), ADRCs (54 percent) and AAAs (51 percent) **(Figure 6)**. However, 2-1-1s and CILs are most likely to use social networking sites: Facebook (75 percent and 73 percent respectively), Twitter (25 percent and 27 percent respectively), and LinkedIn (21 percent and 15 percent respectively).

[18] Pew Research Center's Internet & American Life Project. "The Demographics of Social Media Users—2012," February 14, 2013. Duggan, Maeve; and Brenner, Joanna. Accessed: *http://www.pewinternet.org/Reports/2013/Social-media-users.aspx*

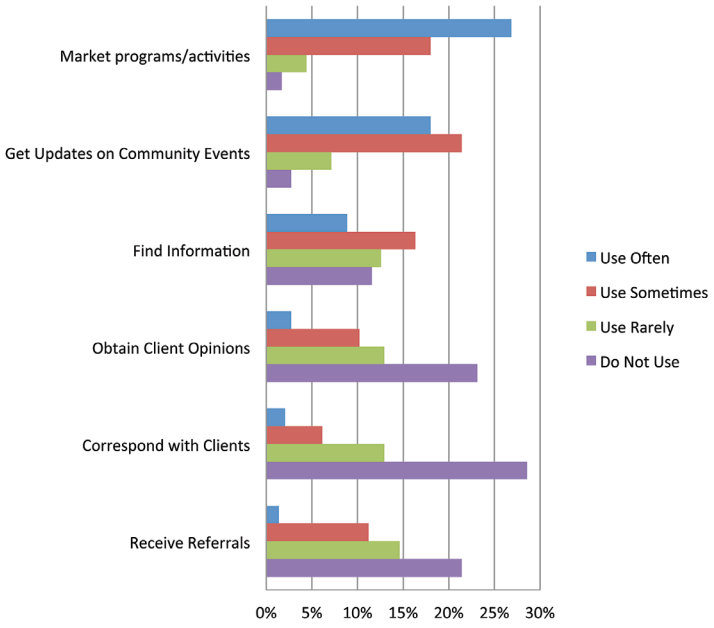
Figure 6 **Social Networking Sites Used by the Aging and Disability Network**



Organizations within the I&R/A Network reported the following reasons for not using social networking sites: lack of time, conflicts with agency policy, firewalls prevent use of the sites, staff do not have the proper skills or training, social media is not seen as useful to their clients, and fear of legal ramifications.

The organizations that reported using social media were asked several questions about their use patterns, including what activities they used social networking sites for, how often staff log onto social networking sites, and how frequently staff post new information to the sites they use. The respondents reported using their social networking sites most often for marketing their programs and services (27 percent), and for providing updates on community events (21 percent). Respondents reported infrequent use for obtaining client opinions, corresponding with clients, or receiving referrals **(Figure 7)**.

Figure 7 ***How Often Social Networking Sites Are Used for Various Activities***



Survey respondents who used social media differed on how frequently the media was updated. While 12 percent reported logging in daily to update the site, an almost equal number reported logging in monthly. Twenty-three percent reported posting new information weekly. However, use patterns varied widely by agency type. As shown in **Figure 8**, AAAs were the least likely to log onto their social networking sites, with 17 percent reporting that they used their sites less than once per week. ADRCs reported logging on multiple times per week (11 percent), as did state agencies (17 percent), while 2-1-1s reported logging on multiple times daily (29 percent) or to being continuously logged on (25 percent). CILs also reported a higher rate of use than the average, with 23 percent logging on multiple times per day, and 15 percent once per day.

As shown in **Figure 9**, AAAs, ADRCs, and state agencies reported posting new information to their social networking sites weekly 20–23 percent of the time, compared to 2-1-1s which reported updating their sites with new information weekly (33 percent) or daily (25 percent). Forty-two percent of CILs reported updating their social networking sites weekly. With the social media usage among clients and caregivers rising, it is essential for the Aging and Disability I&R/A Network to keep pace. CILs and 2-1-1s are leading the way with their social media use, and through partnerships and training, the rest of the I&R/A Network must find ways to better engage with social networking tools.

Figure 8

Frequency of Agency Staff Logging Onto Social Media Sites

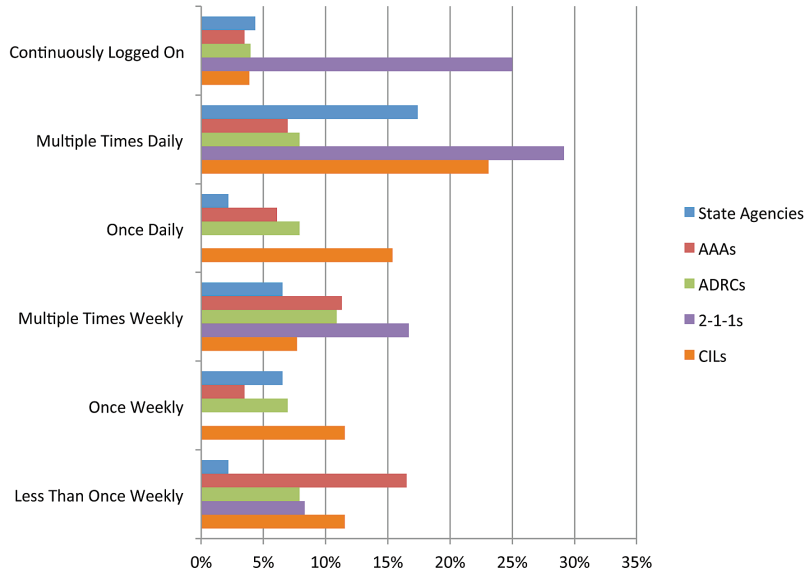
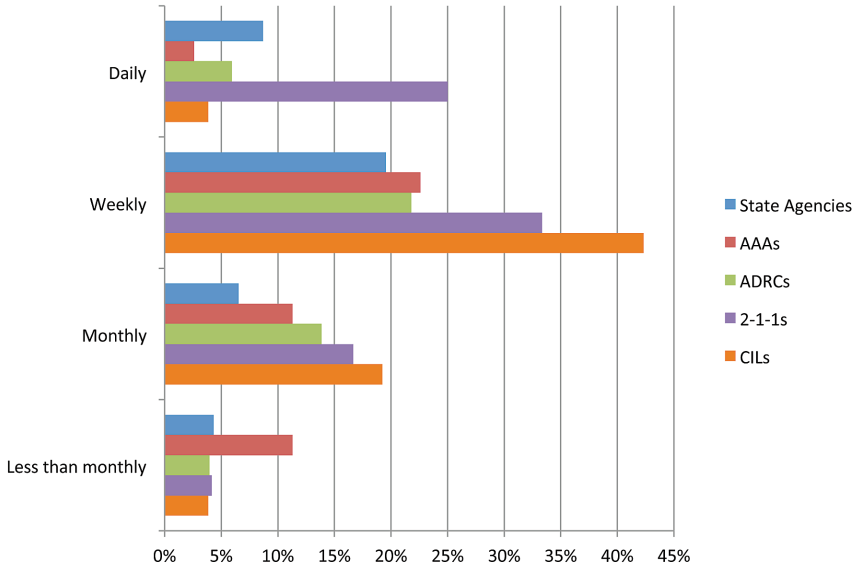


Figure 9

Frequency of Agency Staff Updating Social Networking Sites



Theme 3. The Role of I&R/A Organizations is Expanding

While the provision of information, referral, and assistance remains a core service of the Aging and Disability I&R/A Network, the role of I&R/A organizations is evolving and expanding. New technology, dwindling funding, and changing demographics are forcing I&R/A agencies to seek new, alternative funding streams and to broaden the scope of the programs and services they offer. In the 2012 survey, it was clear that I&R/A services have begun to reach new populations, in part due to I&R/A agency involvement in care transitions activities, and agencies' ongoing outreach to private pay consumers; these two areas are especially indicative of the changing role of I&R/A agencies.

Care Transitions

Care transitions services include providing the information, services, and supports individuals need to make the successful transition from a hospital or nursing facility to their home without requiring a readmission. In the 2012 survey, I&R/A agencies were asked about their organizations' roles in care transitions programs. The responses varied somewhat among agency types, and while many respondents described their official involvement with CMS and ACL programs, others reported that their organizations were heavily invested in care transitions activities for many years before CMS and ACL identified it as a model for success. CILs indicated the highest level of involvement in care transitions activities at 88 percent, followed by AAAs at 76 percent, ADRCs at 74 percent, and state agencies at 67 percent. At 21 percent, 2-1-1s were the least likely to play a role in care transitions.

Since 2003, the Administration on Aging (AoA), now part of ACL,[19] has worked with CMS to improve care transitions for individuals and their families. In 2010, ACL launched the ADRC Evidence-Based Care Transitions Program, a grant program that supports the efforts of 16 states to strengthen the role of ADRCs in implementing evidence-based care transition models. In 2012, ACL awarded funding to eight states for the ADRC Enhanced-Options Counseling Program, which seeks to improve care transitions through partnerships with local health systems, successful options counseling, and quick connections to community services and supports upon hospital or nursing facility discharge.[20]

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[19] The Administration for Community Living was created in April 2012. It brought the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities into a single agency with a goal of increasing access to community supports and achieving full community participation for people with disabilities and seniors.

[20] ACL Evidence-Based Care Transitions webpage. May 2013: *http://acl.gov/Programs/Integrated_Programs/EvidenceCare/Index.aspx*

The Community-based Care Transitions Program (CCTP), created in 2010 by Section 3026 of the Affordable Care Act (ACA) and administered by CMS, tests models for improving transitions from the hospital to home, and for reducing readmissions for high-risk Medicare beneficiaries. CCTP encourages community organizations to work together and in partnership with CMS to achieve the program's goals, which are: to improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high risk beneficiaries, and to document measurable savings to the Medicare program.[21] Eligible community based organizations such as AAAs and CILs have received grant awards from CMS to assist with the cost of initiating a CCTP.

The 2012 survey showed that I&R/A agencies held a variety of roles in the CMS and ACL initiatives, as well as in other care transitions-related activities. In particular, state agencies partnered with hospitals to improve care transitions, had Money Follows the Person (MFP)[22] Options Counselors, and engaged other transitions counselors/case managers to help people transition from institutions to the community. Some state agencies also conducted staff trainings in the Coleman Model, a four week intervention in which individuals with complex care needs receive the specific tools and supports they need to make a successful transition from hospital to home[23]; while others focused on managing and administering the activities of AAAs in their implementation of CCTP and the ADRC Evidence-Based Care Transition Program.

AAAs and ADRCs participated in the MFP Program, partnered with hospitals and other AAAs, and facilitated care transitions by providing hospitals and health centers with access to community outreach specialists and transition case managers. While some AAAs and ADRCs reported only providing care transition services to Medicaid beneficiaries or to people who could privately-pay for the service, others noted that their care transitions services were available to all nursing facility residents, regardless of payment source.

CILs also reported various levels of involvement in care transitions activities, from participating in evidence-based programs, to working on MFP, to utilizing Medicaid funding to facilitate nursing home transitions. Though CILs reported partnering with ADRCs to provide individuals transitioning to the community with independent living skills, trainings, and peer supports, CILs did not report extensive partnerships with hospitals. Several CIL respondents noted that they assist people with transition coordination regardless of funding source or the name of a program.

With the goal of helping clients remain in the community for as long as possible, care transitions services is a logical role for the I&R/A Network. However, the additional staff time

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[21] CMS Community-based Care Transitions Program Website. May, 2013: *http://innovation.cms.gov/initiatives/CCTP/?itemID=CMS1239313*

[22] Medicaid.gov, Money Follows the Persons, May 2013: *http://www.medicaid.gov/Medicaid-CHIP-program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html*

[23] The Care Transitions Intervention (CTI) Website. May 2013: *http://www.caretransitions.org/overview.asp*

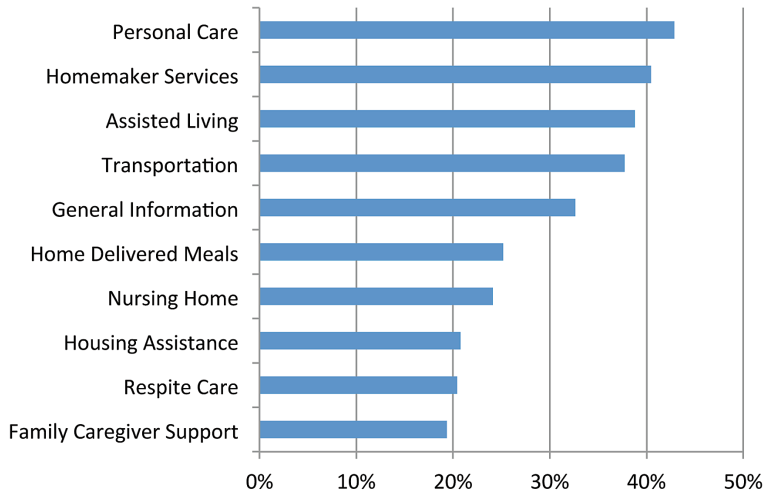
and skill requirements necessary to facilitate successful care transitions marks a potential expansion of job responsibilities for I&R/A personnel without necessarily providing additional funding. To fill this gap, and others, agencies within the I&R/A Network are exploring non-traditional ways to increase their funding levels, such as offering a private pay option to clients for aging and disability services.

Private Pay Services

Private pay services are those services that are paid for by private consumer funds rather than by public subsidy or assistance. As I&R/A agencies continue to establish themselves as a trusted source of information, referrals, and assistance, extending these services to private pay clients is a natural progression for the Aging and Disability I&R/A Network. By setting up private pay options for clients who do not meet the financial eligibility requirements for Medicaid or the targeting criteria for the OAA, I&R/A agencies would help more consumers to access services, while adding a revenue source to the I&R/A Network.

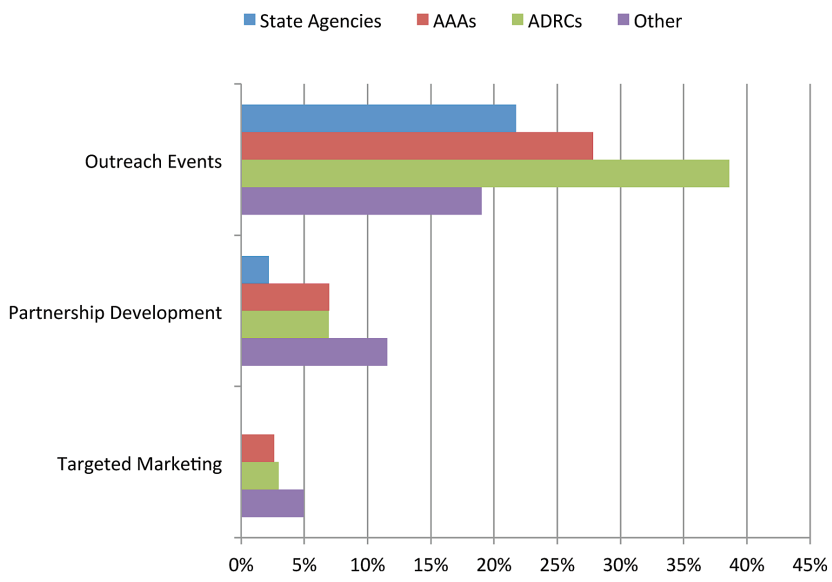
About half (46 percent) of those responding to the 2012 survey said their organization experienced an increase in private pay service requests in the last two years. Eighty-two percent of respondents reported providing information to consumers and caregivers about private pay services in the past year. According to these respondents, in 2012, the five most frequently requested private pay services were personal care (43 percent); homemaker (40 percent); assisted living (39 percent); transportation (38 percent); and general information (33 percent). **Figure 10** shows the most frequently requested private pay services.

Figure 10 ***Private Pay Service Requests***



Survey participants also reported on how their organizations conducted outreach to private pay consumers. As shown in **Figure 11**, outreach events were the most frequently reported method of doing so for all agency types, led by ADRCs at 39 percent, followed by AAAs at 28 percent, state agencies at 22 percent, and all "other" respondents at 19 percent. Also indicated in **Figure 11**, is that partnership development was the second most likely method for conducting outreach to private pay consumers. Partnerships that can facilitate the successful marketing of private pay services include relationships with hospitals, faith-based communities, senior centers, banks, public radio stations, and media outlets.

Figure 11 ***Private Pay Outreach by Agency Type***



To market I&R/A services, some state agencies hosted radio broadcasts geared toward older adults and their caregivers. One state agency conducted a forum during Older Americans Month that served as both a health fair and a chance for attendees to receive comprehensive information and consultations. Given its dual facets, the event attracted many private pay consumers, including caregivers; older adults; and people with disabilities. Another state agency is currently in the process of developing a statewide cost sharing program that will allow them to reach more private pay consumers.

Many AAAs and ADRCs reported partnering with community organizations to provide outreach to private pay consumers. Through these partnerships, I&R/A organizations were able to reach individuals by participating in events at churches, professional organizations, and hospitals, and by sponsoring classes at senior centers and local banks. One AAA gave all new clients a packet of area resources, including private pay service providers, and incorporated private pay services into a user-friendly resource guide on the AAA's website. Several ADRCs said they used Options Counselors to link consumers who do not meet the financial eligibility or targeting requirements of Medicaid or the OAA with private pay services. One ADRC reported that their I&R/A staffers must provide monthly outreach to nursing home staff and consumers about community services that are available to them, including private pay services.

Aging and disability I&R/A agencies' roles are rapidly expanding to keep up with the changing environment. During this time of transition, some I&R/A organizations are continuing to pursue opportunities for growth, through their involvement in care transitions activities and in outreach to private pay consumers.

Theme 4. There are Opportunities for Improved Coordination and Quality Service Delivery

As I&R/A aging and disability organizations integrate their services, staff, and other resources, they are simultaneously grappling with integrating the key tools that they have traditionally used to provide accurate and timely I&R/A services. The I&R/A software, taxonomies, and resource databases that agencies use in their day-to-day work vary widely within states and between agency type. Professional standards, certification, training, disaster preparation, and quality assurance practices vary widely as well.

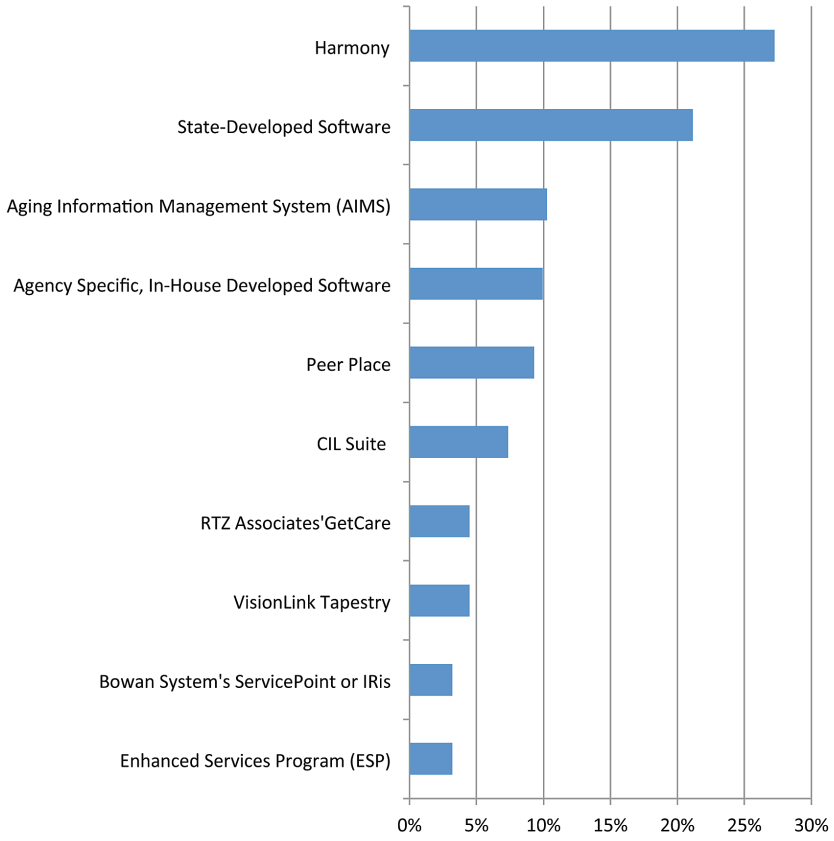
Developing successful partnerships and fostering strong collaborations across aging and disability agencies will help I&R/A agencies successfully integrate disciplines and update long-standing policies, practices, and professional resources to serve consumers of increasingly varied needs. The 2012 survey examined the following core aspects of I&R/A services from the perspective of state agencies, AAAs, ADRCs, 2-1-1s and CILs: client tracking software, resource databases and taxonomies, professional I&R/A standards, training, certification, disaster preparedness, and quality assurance practices.

Client Tracking, Case Management, and Reporting Software

Client tracking, case management, and reporting software is used to monitor the services and supports that clients access, such as case management; information and referral; in-home services; and transportation. In some I&R/A agencies, client tracking and case management software is the same or similar to their resource database software, while other organizations have separate software for separate functions. In part, the 2012 survey asked respondents which software products they used, and with which agencies they shared software products. The results indicate that there is very little software coordination and sharing among Aging and Disability I&R/A Network agencies.

State and local agencies use a wide array of software products to track the services and supports they provide to consumers. Across all agency types, **(Figure 12)** the most frequently used software packages for the I&R/A Network are: products developed by Harmony Systems (27 percent), state-developed software (21 percent), Aging Information Management System (AIMS) (10 percent), agency specific in-house developed software (10 percent), and Peer Place (9 percent).

Figure 12 ***Client Tracking, Case Management and Reporting Software Products***

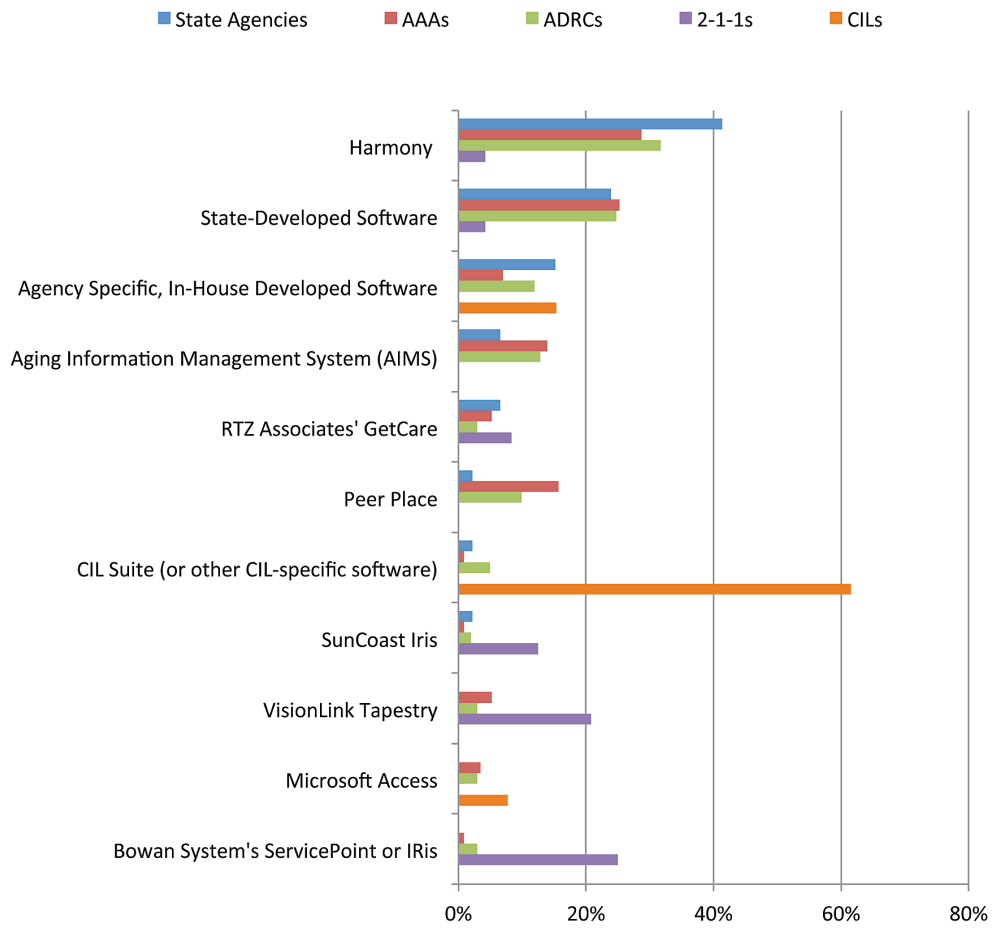


Among the respondents, state agencies (41 percent), ADRCs (32 percent) and AAAs (29 percent) were the most likely to use products developed by Harmony Systems, while only four percent of 2-1-1s and no CILs used Harmony products. Twenty-five percent of AAAs and ADRCs, and 24 percent of state agencies, used state-developed software **(Figure 13)**.

2-1-1s relied on different software than the other organizations, with 25 percent using Bowman System/IRis, 21 percent using VisionLink Tapestry, 13 percent using SunCoast Iris, and eight percent using RTM Designs Refer. Fifteen percent of CILs and state agencies said they used agency-specific, in-house developed software, and 62 percent of CILs reported using CIL Suite.[24]

[24] CIL Suite and other CIL-specific software tracks information required in their 704 Report, (Section 704 in Title 7 of the Rehabilitation Act). CIL Suite can also be used as a case management tool where case notes, I&R/A information and Independent Living plans can be documented.

Figure 13 *Client Tracking/Case Management and Reporting Software by Agency Type*



Fifty-eight percent of those surveyed indicated that their client tracking, case management, and reporting software consistently met their needs, while 32 percent said their database met their needs only sometimes, and a mere four percent of overall respondents reported operating databases that exceeded their needs.

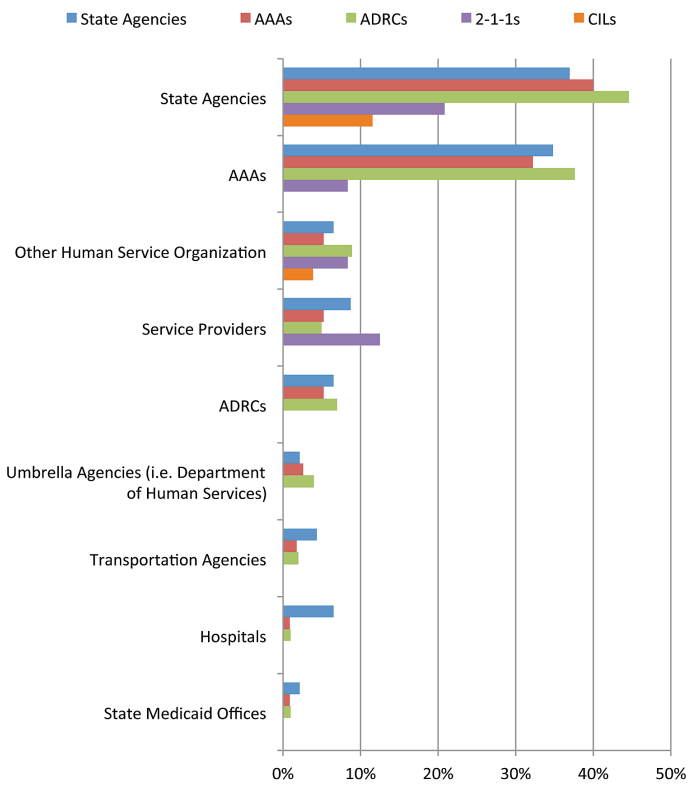
Client Tracking Software Sharing

Given the potential for partnerships across I&R/A agencies to facilitate sharing, reduce duplication of effort, and improve service delivery, the 2012 survey identified coordination between aging and disability agencies as an area for improvement in the I&R/A Network. Though some organizations reported sharing software, there was a low level of general software coordination among aging and disability I&R/A agencies.

According to the survey, nearly half of the I&R/A Network's client tracking, case management data and reporting software is linked with other agencies and human services organizations (46 percent). Forty-five percent of ADRCs, 40 percent of AAAs, 21 percent of 2-1-1s, and 12 percent of CILs **(Figure 14)** reported sharing their client tracking, case management, and reporting software with their state agency. Only state agencies reported sharing client software with CILs (4 percent).

Figure 14

Client Tracking/Case Management and Reporting Software Linkages with Other Organizations by Agency Type



After the state agencies, the second most common I&R/A agency with which the surveyed organizations shared their client tracking software were AAAs; ADRCs shared at a rate of 38 percent, state agencies at a rate of 35 percent, AAAs at a rate of 35 percent, and 2-1-1s at a rate of eight percent. 2-1-1s were the most likely to share client software directly with providers.

Notably, though ADRCs reported sharing their client software with state agencies and AAAs at relatively high rates, both state agencies and AAAs reported sharing client software with ADRCs at a very low rate, seven and five percent respectively. ADRCs are required to share their databases and client tracking systems with multiple external partners, a practice which is reflected in the survey data. Further explanation for the disparity in reported client software sharing may be attributed to conflation of ADRCs with AAAs. That is, since a majority of ADRCs (78 percent) are operated by AAAs, in answering the survey question about database sharing with other organizations, respondents may not have considered their ADRCs to be a separate entity from the AAA or states.

Resource Database and Taxonomy

In the I&R/A Network, "Resource Database" is defined as a computerized body of information about community resources for a defined population within a specific geographic area that is maintained by the I&R/A service. Resource Specialists ensure that the information contained in the database is accurate, up-to-date, and organized into a system that allows people to search for the services they need.[25]

Many I&R/A services use the AIRS/2-1-1 LA County Taxonomy of Human Services (the AIRS/2-1-1 Taxonomy) Resource Databases Taxonomy to index and facilitate the retrieval of resource information, to increase the reliability of planning data, to make evaluation processes consistent and reliable, and to facilitate national comparisons of data (AIRS Standards, 2013). I&R/A services customize the AIRS/2-1-1 Taxonomy to apply to their particular population, size, and service needs, and must have I&R/A software that supports the AIRS/2-1-1 Taxonomy in order for it to work. They must also adhere to nationally recognized principles for customization to ensure that they do not change the structure of the taxonomy.

[25] AIRS Standards Version 7.0, 2013

In 2012, according to the survey, the majority of state agencies, AAAs, and ADRCs were using the AIRS/2-1-1 Taxonomy, as were 100 percent of the reporting 2-1-1s, and 20 percent of reporting CILs. Additionally, seven state agencies, nine AAAs, and eight ADRCs created independent taxonomies, and AAAs and ADRCs were more likely than state agencies to use a taxonomy other than AIRS/2-1-1. Among the alternative taxonomies AAAs and ADRCs reported using, the most common were ESP, Harmony, SAMS, RTM Designs, and Peer Place. **Table 1** shows the distribution of taxonomy types by I&R/A organizations. It also illustrates that multiple taxonomies are often used within a single state, and that almost no states use a single taxonomy across all state and local I&R/A organizations.

CILs were most likely of all reporting organizations to use another type of taxonomy, with CIL Suite being the most common. Additionally, two state agencies developed their own classification systems, including one developed by the Missouri Department of Health and Senior Services, and another developed by Texas A&M University through the Center on Disability and Development.

Additionally, CMS has developed a Home and Community Based Services (HCBS) Taxonomy, to create a standard classification system for the broad range of terms used to describe the HCBS services being provided across the states through the 1915(c) and 1915(i) waivers. The purpose of the taxonomy is to better understand what services are being provided within a state and to compare aggregate data nationally. In order to effectively merge aging and disability services, I&R/A services should integrate this national HCBS Taxonomy into their codification procedures because its program definitions apply to services for both the aging and disability populations.[26]

[26] NASUADiQ, A CMS Taxonomy of Home and Community-Based Services (HCBS). *http://www.nasuadiq.org/course/view.php?id=16*

Table 1 *Taxonomy Classification System by Agency Type**

	State Agencies Aging and Disability				Area Agencies on Aging (AAA)				Aging and Disability	
State	**Created Stand-Alone Taxonomy**	**AIRS/211 LA County Taxonomy**	**Another Type of Taxonomy**	**Statewide Taxonomy**	**Created Stand-Alone Taxonomy**	**AIRS/211 LA County Taxonomy**	**Another Type of Taxonomy**	**Statewide Taxonomy**	**Created Stand-Alone Taxonomy**	**AIRS/211 LA County Taxonomy**
Total Reporting	**7**	**17**	**3**	**2**	**9**	**20**	**11**	**5**	**8**	**20**
Alabama			X							
Alaska		X								X
Arkansas	X									
California										
Colorado						X	X	X		X
Connecticut		X								
Delaware		X								
DC							X			
Florida						X				X
Georgia		X		X	X	X		X	X	
Hawaii		X				X				
Idaho						X				X
Illinois		X			X	X	X		X	X
Indiana						X				X
Iowa			X							
Kansas		X								
Kentucky							X			
Louisiana	X									
Maine	X				X					
Maryland										
Massachusetts		X				X			X	X
Michigan										
Minnesota		X								
Mississippi							X			
Missouri					X	X	X			X
Montana										
Nebraska	X									
Nevada										
New Hampshire		X								X
New Jersey					X		X	X		
New Mexico										X
New York										
North Carolina									X	X
North Dakota		X								
Ohio						X	X			X
Oklahoma		X			X	X				
Oregon						X				X
Pennsylvania					X	X			X	
Rhode Island		X								X
South Carolina						X		X		X
South Dakota										
Tennessee		X					X			
Texas	X	X			X	X		X	X	
Utah										
Vermont						X	X			X
Virginia	X				X	X	X		X	X
Washington		X				X				X
West Virginia	X									
Wisconsin		X				X			X	X
Wyoming			X	X		X				X

* *Plesae note, the reported data is only a reflection of the reports we received from state and local I&R/A respondents. If you believe the data for your state is incorrect, please contact NASUAD.*

Resource Centers (ADRC)		2-1-1s				Centers for Independent Living (CIL)			
Another Type of Taxonomy	Statewide Taxonomy	Created Stand-Alone Taxonomy	AIRS/211 LA County Taxonomy	Another Type of Taxonomy	Statewide Taxonomy	Created Stand-Alone Taxonomy	AIRS/211 LA County Taxonomy	Another Type of Taxonomy	Statewide Taxonomy
10	4	0	12	0	0	3	2	4	1
X							X	X	
						X		X	
X									
			X			X			
	X								
			X						
X						X			
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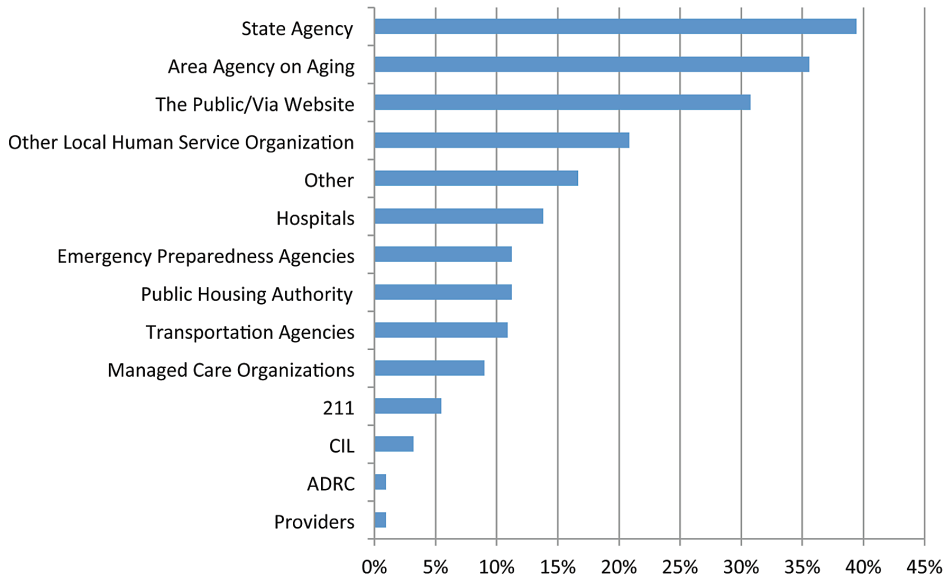
I&R/A Resource Database Sharing

In 2012, entities with which I&R/A organizations were most likely to share their resource database were state agencies (39 percent), AAAs (36 percent), the public via agency website (31 percent); and other local human service organizations (21 percent) **(Figure 15)**.

Some agency-specific variation emerged with respect to database sharing. At 50 percent, 2-1-1s were the most likely to share their resource database with the public, while all other agencies were unlikely to share their resource database with 2-1-1s. 2-1-1s, AAAs, and ADRCs were most likely to share their resource database with other local human service organizations at 25 percent, 24 percent, and 22 percent respectively. CILs were the least likely to share their database with any other organizations, though 15 percent of CIL respondents indicated that they shared their resource database with state agencies.

Though ADRCs consistently reported sharing their resource database across I&R/A agencies, as with client software sharing, very few organizations reported sharing their databases with ADRCs. As previously noted, this discrepancy may be a result of ADRCs not being considered a separate entity from AAAs.

Figure 15 *Resource Database Sharing*



The 2012 survey results on the usage and sharing of software, resource databases, and taxonomies points to the need for greater collaboration among aging and disability agencies within the I&R/A Network. Though each agency has perfected its own software and classification system over time, sharing these practices and updating existing systems to correspond with other I&R/A Network organizations will become increasingly important as the integration of aging and disability services continues.

I&R/A Standards

I&R/A standards provide guidelines, define expected practices, and serve as indicators of service quality for I&R/A organizations. The Alliance of Information and Referral Systems (AIRS) created a set of standards that have been widely used since 1973 and are currently accepted as the foundation of many I&R/A services nationally.[27] While many agencies in the Aging and Disability I&R/A Network use the AIRS Standards to support their operations, some agencies use the AIRS Standards as a template to write their own agency standards, referred to in the survey as "modified AIRS Standards." Other agencies have taken the time to write their own I&R/A standards that do not reference the AIRS Standards in any way.

Ninety-one percent of survey respondents across all agency types indicated that they used standards in their I&R/A programs, however agencies were not consistent in the standards that they used. At 48 percent, ADRCs were the most likely of all organizations surveyed to use the AIRS Standards exclusively, followed by 42 percent of AAAs and 37 percent of state agencies. CILs were least likely to use AIRS Standards exclusively, though at 24 percent said they were using a modified version of the AIRS Standards. Twenty to twenty-five percent of all organization types reported using a modified version of the AIRS Standards. CILs and state agencies were most likely to develop their own standards, at 46 and 30 percent respectively. **Figure 16** shows the variation in the use of standards across all organization types.

Standardization of I&R/A services within each state will become increasingly important as the broader aging and disability Networks continue to integrate, and as states work towards full implementation of their ADRCs. These shifting dynamics will present the I&R/A Network with opportunities for improvement and better coordination.

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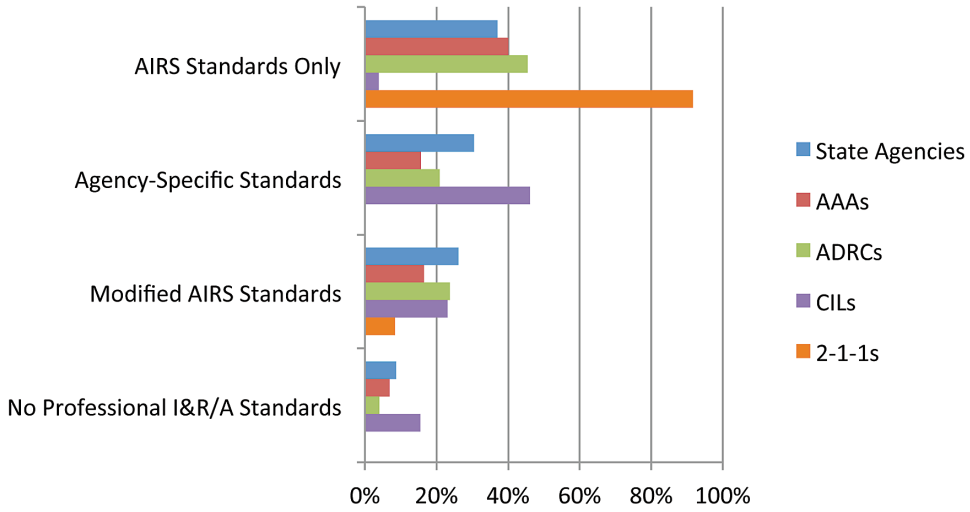
[27] AIRS Standards Version 7.0. Accessed May 2013: *www.airs.org/files/public/AIRS_Standards_7_Final.pdf*

Figure 16 *Professional I&R/A Standards Used by Agency Type*



Certification Requirements

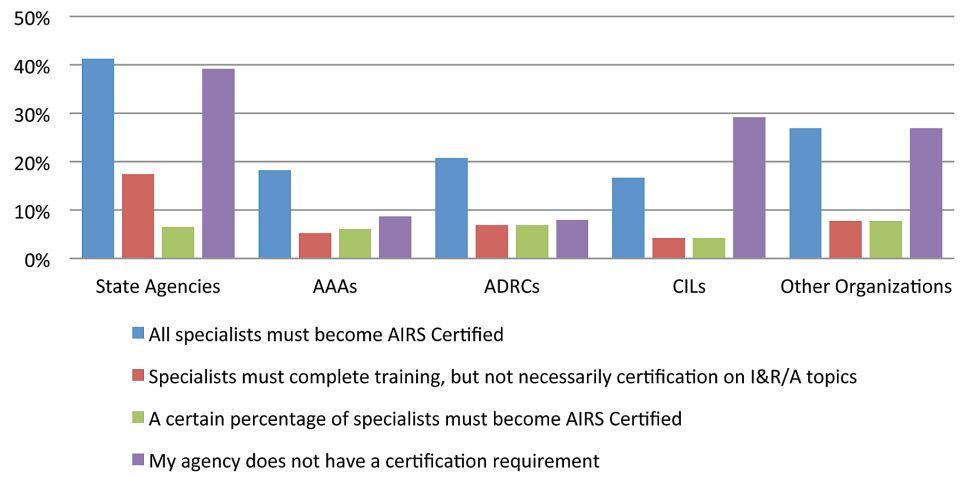
I&R/A Certification is a measurement of documented knowledge in the field of I&R/A, reflecting specific competencies and performance criteria that describe the knowledge, skills, attitudes, and work-related behaviors needed by I&R/A practitioners to successfully execute their responsibilities.[28] AIRS offers three certifications: (1) Certification for I&R Specialists (CIRS), (2) Certification for I&R Specialists in Aging (CIRS-A), and (3) Certification for Resource Specialists (CRS). Certification creates a culture of professionalism within the I&R/A Network, by confirming the I&R/A specialist's knowledge and his or her ability to perform the job.

Rather than mandating certification, some I&R/A agencies require staff to receive formal trainings on topics related to the provision of I&R/A. Eighty-one percent of those responding to the 2012 survey indicated that I&R/A specialists in their organizations were required to complete this kind of formal training.

Figure 17 illustrates certification requirements by agency type. Overall, nearly 50 percent of respondent organizations have certification requirements for staff. Of those I&R/A organizations with such requirements, 42 percent required all specialists to become AIRS

[28] AIRS Certification. Accessed May 2013: *http://www.airs.org/i4a/pages/index.cfm?pageid=3310#AIRS Certification background*

Figure 17 ***Certification Requirements by Agency Type***



certified, seven percent required a certain number or percentage of specialists to become AIRS certified (i.e. 75 percent, or 2 specialists in the entire department must be AIRS certified at any given time), and less than one percent required all specialists to become certified in something other than AIRS. An additional 10 percent of all respondents required I&R/A specialists within their organizations to complete training, though not necessarily on I&R/A-related topics.

In the 2012 survey, 41 percent of state agencies required all I&R/A specialists to become AIRS Certified, as did 27 percent of other non-profit human service organizations, 21 percent of ADRCs, 18 percent of AAAs, and 17 percent of CILs.

Thirty-nine percent of state agencies said they did not have a certification requirement, as did 29 percent of CILs and 27 percent of other non-profit human service organizations. Several CIL respondents indicated that they did not require certifications because they did not find the AIRS Certification to be applicable to the populations they serve. However, CILs did report having in place alternative training requirements that are tailored specifically to serving people with disabilities. Given this discrepancy, there is room for better coordination within the I&R/A Network to find and create more suitable certification options that encompass both aging and disability competencies.

Disaster Preparation

The I&R/A Network is well positioned to respond to disasters in communities across the country. In such situations, the role of I&R/A specialists is to ensure that an inquirer has his or her basic needs met. Specifically, I&R/A specialists can help document unmet needs in the community and can then work with emergency response teams to route resources to meet those needs. In order to be effective during a disaster, I&R/A agencies should develop a disaster response and coordination plan.

In the 2012 survey, the Support Center asked survey respondents several questions about disaster preparedness, including whether they had a Continuity of Operations Plan (COOP), a disaster preparation checklist, and which other local, state, or federal agencies each organization would coordinate with in preparation for, and during times of, disaster. Several differences emerged among the various types of I&R/A Network agencies.

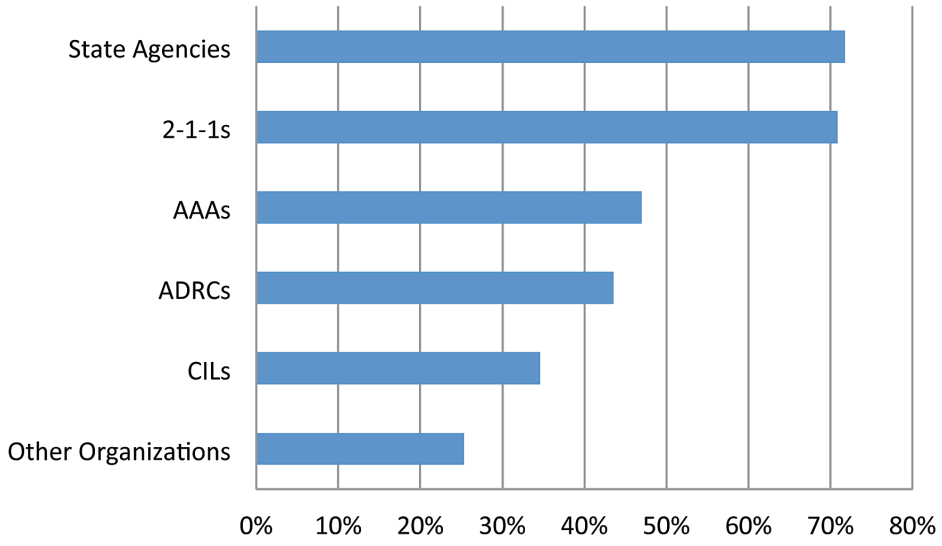
Continuity of Operations Plans (COOPs) address what staff at organizations can do to continue operating during disasters such as a floods, fires, hurricanes, or computer virus pandemics. COOPs, trainings, and exercises assist organizations in maintaining or restarting services in disaster situations.[29] In the 2012 survey, a clear majority of all organizations within the I&R/A Network indicated they had a COOP in place.

As **Figure 18** illustrates, 71 percent of state agencies and 2-1-1s have a COOP, followed by other human service organizations at 59 percent, AAAs at 47 percent, ADRCs at 44 percent, and CILs at 35 percent. In many disaster situations, agencies at the local level are better positioned to respond quickly. **Figure 18** highlights the need for local level agencies in the I&R/A Network to develop these plans.

All of the surveyed agencies were less likely to report having a disaster preparation checklist, which agencies may use to help organize themselves for various types of disasters. The relative scarcity of disaster checklists in the I&R/A disaster planning processes may be underreported in the 2012 survey, as agencies may include this tool as a part of their COOP.

[29] FEMA Website. May 2013: *http://www.usfa.fema.gov/coop/*

Figure 18 ***Continuity of Operations Plan by Agency Type***



To better understand disaster preparation coordination among Aging and Disability I&R/A agencies, the Support Center asked organizations to describe the local, state, and federal agencies they coordinate with in developing and executing disaster plans **(Table 2)**. All agency types said they coordinated with their State Emergency Management Agency (SEMA), the State Department of Health Services, the American Red Cross, and the Federal Emergency Management Agency (FEMA).

State agencies were the most likely to coordinate with AAAs and the Administration for Community Living (ACL) on disaster preparedness. AAAs, ADRCs, 2-1-1s, and CILs all reported working closely with their county Emergency Management Agency, local emergency response teams, hospitals, and their local 2-1-1s or United Way. AAAs, ADRCs and 2-1-1s also reported coordinating with National Voluntary Organizations Active in Disasters (NVOAD), a nonprofit, nonpartisan membership organization that serves as a forum where organizations can share knowledge and resources throughout the disaster cycle.[30]

[30] National Voluntary Organizations Active in Disasters (NVOAD) website. May, 2013: *http://www.nvoad.org/*

Table 2

Disaster Preparation Coordination with Other Local, State or Federal Agencies

	State Agencies	AAAs/ ADRCs	211	CILs
Local				
AAAs	X	X		
Emergency Management Agency (EMA)		X	X	X
EMS/Emergency Response/911	X	X	X	
Fire Dept	X	X		X
Hospitals		X		X
Law enforcement/Police		X		X
Nursing Facilities		X		
Red Cross Local Branch		X		
United Way/211	X	X	X	
211		X		X
Voluntary Organizations Active in Disasters (VOAD)	X	X	X	
State				
State Agency on Aging/Disability		X	X	
State Emergency Management Agency (SEMA)	X	X	X	X
State Dpt of Health Services	X	X	X	X
State/County Dpt of Public Health	X	X		
State SNAP Office	X	X		
Federal				
AoA/ACL	X			
American Red Cross - State Branch	X	X	X	X
FEMA	X	X	X	X
U.S. Dpt of Homeland Security	X	X	X	

Few I&R/A Organizations have Comprehensive Quality Assurance Practices

In the context of the I&R/A Network, quality assurance is defined as any systematic process of ensuring that an organization's I&R/A services are delivered in a consistent, high-quality manner. It is a crucial component of I&R/A service provision, and should represent a guarantee to consumers that they are receiving timely and accurate information that takes into consideration consumers' unique needs and requests.

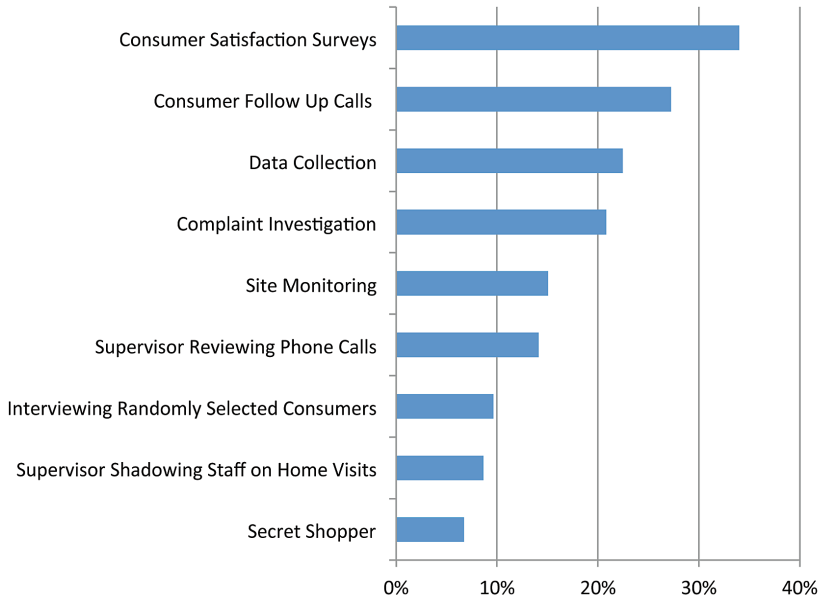
Quality assurance reporting is becoming an increasingly prevalent mechanism that funders, such as state and federal agencies, may use in evaluating how effectively I&R/A professionals are providing services. Accordingly, I&R/A organizations must be able to demonstrate that they have a system in place for performing effective quality checks, and for modifying their practices to continuously improve results.

In the 2012 survey, agencies within the I&R/A Network reported on processes they have in place for following up with consumer complaints, but the respondents conveyed very little information to the Support Center about their agency's efforts to ensure correct quality assurance measures for reporting on, and improving, service delivery. This dearth of survey responses has highlighted the need to standardize quality assurance across the I&R/A Network, in order to ensure that I&R/A services are obtaining and measuring the correct information.

Sixty-eight percent of total respondents reported that their organization had quality assurance measures, while 17 percent reported that they did not, and 15 percent did not know whether quality assurance measures existed in their organization. **Figure 19** illustrates the three most frequently used quality assurance practices, as reported by the I&R/A Network: (1) consumer satisfaction surveys, either random or scheduled client follow up calls, (2) data collection, and (3) complaint investigation.

Notably, the level of detail associated with implementing each of these quality assurance practices can vary widely depending on who completes the survey, who takes an I&R/A supervisors' call, or who reports a complaint (consumer, caregiver, or other).

Figure 19 ***Most Frequently Used Quality Assurance Practices***



The survey also included questions about measuring and standardizing consumer feedback as part of an overall quality assurance system. Respondents indicated that collecting and measuring this kind of data can be difficult, and many organizations shared details about how their agency follows up on consumer complaints. Some state agencies, for example, maintain complaint hotlines, then investigate and follow-up on consumer complaints about local I&R/A programs with an opportunity for a fair hearing, while other state agencies convene grievance committees to handle unresolved complaints. Various AAAs reported that Resource Specialists, I&R/A professionals, I&R/A supervisors, and agency directors follow up on consumer complaints. Many AAA, ADRCs and CILs reported that I&R/A supervisors are responsible for reviewing consumer satisfaction surveys and for following up with survey respondents. ADRCs, meanwhile, have some quality assurance measures built into the federal standards. One 2-1-1 agency reported offering an automated survey at the end of each I&R/A call. If a complaint were made, the 2-1-1 would then gather the survey information and forward it to the appropriate entity.

Overall, the survey results indicate a low participation rate in quality assurance practices among I&R/A agencies, and even fewer indicators of checks and balances for ensuring accurate quality assurance measures. This lack of quality assurance measures underscores the critical need for the I&R/A Network to better document the effectiveness of its services overall.

CONCLUSION

In a time of ongoing fiscal restraint, integrating and expanding service systems, and evolving technologies, the Aging and Disability I&R/A Network must continue to cultivate partnerships and opportunities that support the organizations' ability to provide person-centered access to I&R/A services. The results of the 2012 Aging and Disability I&R/A Network survey highlighted five areas of improvement for the I&R/A Network:

1. As state and local agencies and service providers increasingly provide services to older adults and people with disabilities under the same home and community based services umbrella, the I&R/A Network should continue to develop stronger partnerships among agencies serving both populations, and must work to create better cross-training for I&R/A staff.
2. As older adults, people with disabilities, and their caregivers become more familiar with non-traditional forms of communication, such as email; online chatting; texting; and social media, it is essential that the I&R/A Network improve its capacity for communicating through these platforms, and for receiving referrals and driving inquiries through technology-based avenues.
3. New technology, dwindling funding, and expanding populations are causing I&R/A agencies to seek new, alternative funding streams, and to expand the scope of the programs and services they have traditionally offered. While the survey found that some I&R/A agencies have begun working with private pay individuals and engaging in care transitions initiatives, more I&R/A agencies should be pursing these, and other, opportunities.
4. The survey examined core aspects of I&R/A services, including client tracking software, resource database and taxonomy, professional I&R/A standards, training, certification, and disaster preparedness, and found several opportunities for improving coordination among aging and disability I&R/A agencies.
5. The survey found that few I&R/A agencies have quality assurance practices, and even fewer agencies have checks and balances for ensuring accurate quality assurance measures. In an increasingly competitive era of fiscal restraint and data-driven, evidence-based programming, organizations in the I&R/A Network must work to quantify the value of the services they provide.

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