AIRS STANDARDS FOR PROFESSIONAL INFORMATION & REFERRAL

Assessment and Implementation Guide

for Older Americans Act
Information & Referral/Assistance
Programs

AIRS Standards for Professional Information & Referral

Assessment and Implementation Guide

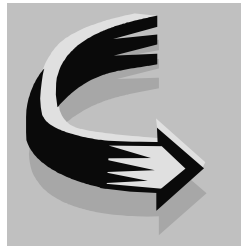*for* Older Americans Act Information & Referral/Assistance Programs

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Introduction: Background

Information and referral services and standards of operation are not new concepts. The earliest recorded information and referral service for human service programs was reportedly established in 1921. The primary focus of I&R then as it remains today was to link people with needed services.

In 1973, amendments to the Older Americans Act (OAA) required State and Area Agencies on Aging to develop and maintain I&R services within "reasonably convenient access to all older Americans." It was that same year that the United Way published the first formal standards for I&R systems and services. The Administration on Aging (AoA) was the only federal agency with a clear mandate for I&R services, and throughout the 1970s and 1980s, AoA took a leadership role in developing guidelines and technical assistance documents for aging agencies.

In 1983, the Alliance for Information and Referral Systems (AIRS), in collaboration with United Way, updated the original standards and published a study that indicated that approximately 80% of all I&R services in this country were designed specifically for older persons.

In 1988, the National Association of State Units on Aging (NASUA) completed a feasibility study and made recommendations to AoA for the establishment of a national toll-free access system. The system proposed was aimed at assisting caregivers (particularly long distanced caregivers) to link to the most appropriate information sources in the community where their older relatives resided. To assess the consistency and quality of the I&R service at the point of referral of such a national access service, NASUA conducted a series of statewide focus groups.

Based on these studies, the Administration on Aging in 1990 launched its two-pronged National I&R Initiative—the Eldercare Locator, to provide consumer access to information resources nationwide, and the National Aging I&R/A Support Center.

The primary focus of the Support Center was to enhance the quality of state and local I&R services. To initiate action, the Center's strategy was to encourage and facilitate the development by states of 3—5 year quality improvement plans for their I&R systems. To assist the states in achieving consistency in the quality of I&R program operations, the Center developed *the OAA I&R Standards*. While based on the standards developed by AIRS, the *OAA Standards* helped define the important differences between aging I&R and other information and referral services. Published in 1993, they also established the National Aging I&R Support Center's leadership role in the aging I&R network. To assist aging network I&R/A programs in achieving *the OAA Standards,* the Support Center also produced Standards assessment and implementation guides and a training curriculum.

Throughout the 1990s, the Center provided extensive training and technical assistance across the country to assist state aging I&R systems to achieve the goals outlined in the Standards. As a result of the progress made, the Center then turned its attention toward the next century and the efforts needed to keep pace with the growing

and changing population of older persons. *Vision 2010: Toward a Comprehensive Aging Information Resource System for the 21st Century*, published in 1999, became the "shared vision" of state aging networks nationwide with its emphasis on coordination and/or integration of I&R functions across many program areas.

Much has happened in the field because of advanced technologies to change how we offer I&R/A services. While not long ago most programs kept their resource information in card files, increasingly that is no longer the case. Computerized databases are the norm. In many areas of the country, resource databases are Web based and shared among programs both within the aging network and between aging I&R/A programs and other I&R services.

As sharing of resource information continues to increase, collaborative efforts between aging I&R/As and other programs will grow. In addition, efforts in establishing 2-1-1 nationally for access to information and referral services will facilitate collaboration among various I&R programs.

Although the provision of aging I&R continues to be specialized, these many advances require increased consistency in design and operation to maximize coordination and interface. Now more than ever, it is important for I&R specialists who come from diverse disciplines to function from the same frame of reference. Thus, it was concluded that, instead of revising the *OAA I&R Standards*, the aging network would be best served by adopting the AIRS Standards.

Assessment and Implementation Guide

The Support Center recognizes that OAA I&R/A programs differ across the country in their capacity to meet specific AIRS Standards. Each I&R/A program, in responding to the varied needs of the community it serves, has developed its own unique set of strengths, as well as areas where program enhancement is needed.

This guide has been designed to assist State and Area Agencies on Aging and local providers to examine their I&R/A service against each AIRS Standard and determine the extent to which the standard is met. For those programs that do not currently meet a given standard, the guide outlines specific steps the I&R/A service can take towards achieving a higher level of service and eventually meeting the standard. The highest goal is to meet the full requirements of the AIRS Standards.

The *Assessment and Implementation Guide* is a valuable tool to assist you in developing the most effective I&R/A service possible. The Support Center hopes that you will use this guide as a reference to:

- identify strengths and weaknesses in I&R/A services and systems
- clarify the mission of the I&R/A service
- develop short and long term goals and objectives
- define staff roles and responsibilities

- assess management commitment to enhancing I&R/A services
- establish a long range strategic plan for the I&R/A service
- promote systems improvement planning
- set realistic goals for implementing the Standards

Like the Standards, this *Assessment and Implementation Guide* is divided into five sections:

1. Service Delivery
2. Resource Database
3. Reports and Measures
4. Cooperative Relationships
5. Organizational Requirements

Each section of this guide includes a listing of the related standards, a general commentary on the importance of the section topic and standards, program assessment questions, and steps for implementation of the standards. In using the guide, rather than going through it from start to finish, a program may choose to focus on those priority areas needing the greatest attention to initiate their assessment and implementation activities.

AREA I:	SERVICE DELIVERY

The standards in Section I describe the service delivery functions essential for providing information and referral and assuring access for all, including a brief individual assessment of need; a blend of information, referral and advocacy in order to link the person to the appropriate service; and follow-up, as required.

The Standards

Standard 1 - Information Provision: The I&R service shall provide information to an inquirer in response to a direct request for such information. Information can range from a limited response (such as an organization's name, telephone number, and address) to detailed data about community service systems (such as explaining how a group intake system works for a particular agency), agency policies, and procedures for application.

Standard 2 - Referral Provision: The I&R service shall provide information and referral services in which the inquirer has one-to-one, human contact with an I&R specialist (paid or volunteer). The referral process consists of assessing the needs of the inquirer, identifying appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, and, when necessary, actively participating in linking the inquirer to needed services.

Standard 3 - Advocacy/Intervention: The I&R service shall offer advocacy to ensure that people receive the benefits and services to which they are entitled and that organizations within the established service delivery system meet the collective needs of the community. For purposes of these standards, "advocacy" does not include legislative advocacy (lobbying). All advocacy efforts shall be consistent with written policies established by the governing body of the I&R service and shall proceed only with the permission of the inquirer.

Standard 4 - Follow-Up: The I&R service shall have a written policy which addresses the conditions under which follow-up must be conducted. The policy shall mandate follow-up with inquirers in endangerment situations and in situations where the specialist believes that inquirers do not have the necessary capacity to follow through and resolve their problems. The policy must also specify a percentage of all other inquiries for which follow-up is required in order to assess overall service performance. Additional assistance in locating or using services may be necessary.

What is Involved in Aging I&R/A Service Delivery?

Access for All

The Older Americans Act requires that all older persons and their caregivers have reasonably convenient, direct access to free or very low cost information and referral services which are available to help them identify, understand and effectively use the programs that comprise the human service delivery system. As stated in the introduction to the *Standards for Professional Information & Referral*, it is the role of trained I&R specialists "to help people understand their problems and make informed decisions about possible solutions. They may advocate on behalf of those who need special support, and reinforce the individual's capacity for self-reliance and self-determination through education, affirmation, collaborative planning and problem solving."

In order to assure access for all, aging network I&R/A services should be available, at a minimum, during normal business hours by telephone, preferably toll-free, from all points within the service area and on a walk-in basis. Access to I&R services should be free of physical barriers to older persons and those with disabilities. Bilingual personnel and staff who are trained to work with individuals with special needs including people with hearing, vision and speaking impairments and health conditions such as Alzheimer's disease should be available to serve this population.

Information Provision

An activity is considered information provision when information is given to an older person, caregiver or another provider in response to an expressed need concerning opportunities and services available to them. Example: Ms O, an older woman, calls the I&R service to inquire where she might apply for Supplemental Security Income (SSI), and is informed by the information and referral worker of the name, address and telephone number of the appropriate SSI office to contact. This activity is considered information provision even if questions are asked about the in-take process and agency policies and procedures for applying. The example illustrates the definitive element in information provision: Ms. O, prior to requesting information, has determined her own need, namely SSI.

Key individuals and the elements involved in the process of information provision are:

➢ The inquirer: an older person who makes a direct request for information about a resource that will meet a need which is understood by the individual prior to contacting the I&R service; or an individual or agency who acts on behalf of an older person.

➢ The I&R specialist who supplies the appropriate information in response to the individual's question or calls another agency for information.

Referral Provision:

An activity is considered to be a referral when the individual's needs are determined through an assessment and the person is directed to a particular resource or choice of resources. Example: if Ms O were to call and instead of requesting information about SSI, were to indicate that she can no longer meet her financial obligations, the I&R specialist would need to assess the nature and extent of Ms O's problem to determine the actual financial needs and appropriate solution options. Ms. O may be unable to handle her medical expenses and therefore may qualify for Medicaid. Perhaps Ms. O cannot afford to eat as well or as often as she would like, in which case she may need both financial and nutritional assistance. However, if Ms O were to reveal that she could no longer maintain her automobile, then the problem might be redefined altogether as a transportation problem.

Key individuals and elements involved in the referral process are:

➢ The inquirer who describes a problem but who is unable to identify the specific nature of his/her need(s) and possible solution options.

➢ The I&R specialist who must first assess the inquirer's needs(s) and then direct the inquirer to the appropriate resource(s), either by providing the inquirer with the necessary information to make contact him or herself, or by contacting the resource(s) directly on the inquirer's behalf.

In contrast to information giving, the definitive element distinguishing a referral is that the inquirer is aware of the problem, but requires assistance in determining the specific nature of his/her need and specific solution options that may be available to resolve it (as stated or redefined); and/or in addressing additional problems which may be brought to light through the assessment process.

Information and referral should be provided in a timely manner based on the needs of the inquirer. In most cases the information will be provided at the time the inquirer makes contact with the I&R service. Where appropriate, an I&R specialist may conduct research regarding the request and get back to the inquirer in a timely fashion based on his or her needs.

Advocacy

Advocacy may be conducted to clarify communications between I&R inquirers and service providers or to effect changes in public policy relating to the needs of older people. Advocacy can involve helping an individual explain his or her situation in the "agency's language" in an effort to obtain a needed service. Or, advocacy can involve articulating the needs of a specific group of older persons to community policy makers, planners and service providers in order to develop new services, expand existing services, modify service delivery, or secure financial resources. The I&R/A service thus provides both individual advocacy (sometimes known as client advocacy) and system advocacy. These concepts are defined as follows in the *Standards*:

> Individual Advocacy: Intervention by the I&R/A service on behalf of individuals to help them establish eligibility for or obtain needed services when they have been denied benefits or services to which they are entitled, when they need assistance to communicate their needs to a service provider or otherwise effectively represent themselves or when they have a complaint about a service. Individual advocacy efforts seek to meet individual needs without attempting to change social institutions.

> System Advocacy: Actions taken by the I&R/A service to seek changes in state and/or community conditions, structures or institutions when modifications in the service delivery system are required to ensure the adequate availability of essential community services. Such advocacy may include the collection, analysis, and dissemination of data on human service needs.

Client advocacy should only be conducted in situations where individuals are unable to act on their own behalf. It is important that I&R/A specialists know when to advocate and when to empower the individual to take the necessary steps to obtain needed services though self-advocacy. On the other hand, the specialist must be careful not to fail to advocate when the situation warrants it. In all cases involving advocacy, the specialist must obtain the informed consent of the inquirer before proceeding and should involve the inquirer and the organization(s) concerned, as appropriate.

Follow-Up

Follow-up is conducted with an older person, his/her caregiver, and/or the service provider or agency to which the individual was referred, to determine whether the inquirer has received the appropriate service(s), and whether the service(s) provided were useful in meeting the individual's assessed need. If linkage to an agency was not achieved or the service(s) not provided, the reason for failure, either on the part of the inquirer or agency, must then be determined.

Key elements involved in conducting follow-up are:

> Contacting all or a sample of inquirers referred to service providers.

> ➢ Contacting all or a sample of agencies and organizations to which inquirers have been referred.

Follow-up contact provides an opportunity to assist individuals who were unsuccessfully referred, as well as individuals who received needed services but have become aware of additional needs since the original contact.

Follow-up supports both quality assurance and data collection functions. An I&R referral failure may be the result of inaccuracies in the resource database indicating a need for updating information about the agency in question; the need for a referral to a type of service other than that originally assessed; a gap in the service delivery system; the inadequate availability of a given service in a particular area; and/or the lack of responsiveness of a particular service provider to the needs of older persons. Having the above information in a usable format expands the ability of the I&R/A service to make valuable suggestions regarding ways to improve the service delivery system. It also provides ways to evaluate whether specialists are correctly assessing inquirer needs and to double check the accuracy of information in the resource database.

Assessment: Information Provision and Referral Provision

1. What type of contacts have you had with older inquirers who use your service?
   ___ Client tracking contacts (names are taken and repeat contacts are tracked for an unduplicated count)
   ___ I&R/A contacts (may be anonymous if a name is not required)
      ___ Information inquiries
      ___ Referral inquiries
      ___ Inquiries requiring advocacy
      ___ Inquiries from people in crisis
      ___ Inquiries requiring a response in a language other than English
      ___ Inquiries requiring the use of a TTY

2. Does your I&R/A service give accurate and pertinent information?

3. Does your I&R/A service encourage inquirers to call back if the information proves incorrect, inappropriate or insufficient to meet their needs?

4. Does the referral service your I&R/A staff provides for older inquirers and/or their caregivers conform to the competencies outlined in the *Standards* (e.g., professionalism, courtesy, communication skills, age and cultural appropriateness)?

5. Does the I&R/A staff make an accurate assessment of each inquirer's needs?

6. Does the I&R/A staff establish an inquirer's eligibility for a service prior to making a referral?

7. Does the I&R/A staff assist the inquirer in identifying appropriate organizations that can provide necessary services and present various approaches to addressing the problem, where possible?

8. Does the I&R/A staff provide multiple referrals when possible and desirable?

9. When appropriate, does the I&R/A staff assist inquirers in making contact with other agency staff?
   ___ Three way calling.
   ___ Notification of the inquirer's forthcoming contact.
   ___ Scheduling of appointments.
   ___ Other.

10. Does the I&R/A staff meet the needs of inquirers who are difficult (e.g., angry, hostile, manipulative), in

crisis or representative of special populations within the older adult community (e.g., people with mental health issues, older gays/lesbians, people with Alzheimer's disease or disabilities)?

11. Does the I&R/A service provide formal crisis intervention? If not, are there prearranged protocols in place to handle crises as well as a system for transferring callers in crisis to an appropriate agency?

12. Does the I&R/A staff refer to advocacy organizations to negotiate on behalf of inquirers to assist them in obtaining needed services when they cannot effectively represent themselves or when they have a complaint about a service in situations where advocacy by the I&R service is beyond what they can provide or when advocacy can be more effectively provided by another?

13. Does the I&R/A service have hours that are appropriate to the needs of the community?

14. If not available on a 24-hour basis:
    ___ Does the I&R/A service have an answering system which gives the number and hours of an organization to contact in an emergency?
    ___ Does the I&R/A service have an agreement with another organization or other means of ensuring that inquirers have access to assistance in case of an emergency?
    ___ If there is an agreement with another organization, is it documented in a formal memorandum of understanding (MOU), memorandum of agreement (MOA) or service level agreement (SLA)?
    ___ If there is an agreement with another organization, does that organization meet all Service Delivery and Resource Database standards?

15. Does the I&R service have a method for tracking call volume, number of abandoned calls, average speed of answering, average call length, and does the service have a written policy regarding acceptable waiting times and abandoned call rates?

16. Does the I&R/A service try to assure that all persons reach an I&R service? Does the I&R/A staff refer to a comprehensive I&R service or a another specialized I&R service when appropriate?

17. Are information and referral services available at little or no cost to all inquirers?

18. Does the I&R/A service provide barrier-free access to its services for individuals and groups who have special needs?
    ___ TDD/TTY access for people with hearing impairments;
    ___ Language access for inquirers who speak languages other than English;
    ___ Physical access for people with disabilities if the I&R service assists inquirers at its facility;
    ___ Other.

19. Does the I&R/A service have a written policy which ensures that the confidentiality of inquirers is preserved?
    ___ Does the policy appropriately define "confidentially", i.e., state that the identity of inquirers, their requests and the information given to them shall not be communicated to others unless:
        ___ Release of information is required by law (e.g., elder abuse reporting);
        ___ Careful consideration indicates the presence or risk of serious harm to the inquirer or another person, and then communication may be only to those who must be informed in order to reduce harm or risk;
        ___ The inquirer has given explicit permission for the information to be disclosed to another person or agency.
    ___ Are there agreement forms to indicate that staff are in compliance?
    ___ Are there agreement forms that are signed by others with access to confidential information?
    ___ Does the I&R service's confidentiality policy address the issue of written versus verbal permission?

20. Does the I&R/A service use technology that improves access to service and enhances its ability to serve inquirers efficiently and effectively while preserving the level and quality of its core services? "Technology" includes telephone systems, telephony, telecommunications, I&R software packages, directories on diskette and self-service mechanisms such as automated attendants/interactive voice response systems, fax-on-demand, community kiosks and searchable I&R databases on the Internet. Each I&R/A service must assess their unique situation to determine which technology enhancements are appropriate for use by their agency and the older consumers they serve.

___ Do all of the indirect gateways to your resource database or your I&R/A service include either e-mail access to an I&R specialist or a telephone number for such access?

___ If you have an automated attendant, can inquirers transfer to a live specialist without making another call?

___ Does your I&R/A service have a written strategy/procedure for assuring that all inquirers benefit from your use of technology?

___ Does your I&R/A service evaluate the pros and cons of new technology prior to implementation to assure that one group of inquirers does not benefit while the needs of other groups are ignored?

___ Does your I&R/A service use caller I.D. or otherwise collect identifying information about inquirers without their explicit permission? If yes, does your I&R service have policies and procedures that protect the inquirer's right to privacy/anonymity?

___ Does your I&R service have access to the Internet? How do they use it?

21. I&R/A services may also choose to make their information and/or services available to the community in a variety of other ways. The I&R/A service may:

➢ Establish a presence at community facilities where inquirers are helped face-to-face;

➢ Participate in local case management collaboratives;

➢ Compile and distribute a directory of services in print or electronic format;

➢ Make copies of its database and software available to other organizations that provide information and/or referrals;

➢ Allow the public to visit the I&R facility to use the resource database or make its information about community resources available through community-based kiosks or other similar gateways; and

➢ Make all or a portion of its database available on a Web page on the Internet.

Assessment: Advocacy/Intervention

1. Does your I&R/A service have a policy regarding advocacy?

2. Are the advocacy efforts of your I&R/A service consistent with the policies of your governing body per the *Standards*?

3. Does the I&R/A service offer advocacy on behalf of individuals in the following circumstances?

___ To help them establish eligibility for or obtain needed services when they have been denied benefits or services to which they are entitled;

___ When they need assistance to communicate their needs to a service provider or otherwise effectively represent themselves;

___ When they have a complaint about a service?

4. Do your I&R/A specialists make appropriate decisions regarding when to advocate for an inquirer and when to empower the individual to act on his or her own behalf?

5. Do your I&R/A specialists obtain the inquirer's permission before doing advocacy? Is the inquirer involved when appropriate?

6. Do your advocacy efforts include the involvement of the organization(s) concerned?

7. Does your I&R/A service provide system advocacy? Through what mechanisms?
   ___ Collection of data on human service needs
   ___ Analysis of data on human service needs
   ___ Dissemination of data on human service needs
   ___ Testimony at public hearings
   ___ Other.

Assessment: Follow-Up

1. Does your I&R/A service have a written follow-up policy?
   ___ Does the policy appropriately define follow-up to include both individuals and organizations?
   ___ Does the policy address conditions under which follow-up must be conducted?
   ___ Does the policy specify the percentage of inquiries for which follow-up is required?
   ___ Does the policy specify that follow-up shall be conducted only with the permission of the inquirer and in situations where the inquirer will clearly benefit from such an action?

2. Does your I&R/A service conduct follow-up as required by the policy?

3. Do your I&R/A specialists follow up with 100% of inquirers in endangerment situations?

4. Do your I&R/A specialists follow up with 100% of inquirers without the capacity to follow through and resolve their problems?

5. Do supervisors monitor follow-up activity?

6. How do you use information gathered during follow-up?
   ___ Improve your service?
   ___ Correct information in the resource database?
   ___ Use as a further means to evaluate the effectiveness of existing community service providers?
   ___ Add to service request/gap information to advocate for additional services?
   ___ Other.

Implementation Steps for Aging I&R/A Service Delivery

Information Provision

1. Evaluate whether your I&R/A service is providing accurate and pertinent information to all inquirers. This activity can be accomplished through general observation of the I&R/A specialists performing their roles, through role play, through staff meetings in which specific inquiries are reviewed and through general group discussions.

2. Create a policy to ensure that your I&R service encourages inquirers to call back if the information proves to be incorrect, inappropriate, or insufficient to link them with the needed services.

Referral Provision

1. Evaluate whether your I&R/A staff is correctly assessing the needs of inquirers and providing accurate and pertinent referrals to those who need them. This activity can be accomplished through general observation of the I&R specialists performing their roles, through role play, through staff meetings in which specific inquiries are reviewed and through general group discussions.

2. Provide training to ensure that paid and volunteer I&R/A specialists assisting inquirers who need assessment and referral services have the requisite knowledge, skills and work-related behaviors to provide a quality service.

3. Create a policy that clearly states that multiple referrals should be given whenever possible and desirable. The policy should direct staff to assess each caller's unique situation to identify those instances where multiple referrals may be inappropriate due to caller stress, limited English or for other reasons.

4. Provide training to ensure that the I&R/A staff understands and is correctly applying the organization's confidentiality policy. Monitor staff activity in this area to ensure ongoing compliance.

5. Provide training to ensure that, when necessary, I&R/A specialists make direct contact for the inquirer with other agencies through three-way calling, notification of the inquirer's forthcoming contact, or through scheduling of appointments.

6. Provide training on follow-up procedures to ensure that follow-up is carried out in accordance with organizational policies and the requirements of the *Standards*.

Advocacy

1. Assess whether your I&R/A staff is providing advocacy, as required, to individuals and groups of individuals who have been denied benefits or services to which they are entitled or when needed services are not adequately available through organizations that are part of the established service delivery system.

2. Conduct training to ensure that I&R/A specialists have a clear understanding of their advocacy role as it pertains to individuals served by the organization. Instruct I&R specialists in the proper advocacy procedures to use when inquirers cannot effectively represent themselves or when they have a complaint about a service. Ensure that they understand the difference between advocacy and empowerment and the circumstances in which each is warranted. Also ensure that they know when to provide advocacy directly and when to refer to another organization for this service. Training should stress that the I&R/A advocacy efforts do not include legal assistance.

3. Monitor I&R/A specialists to ensure that advocacy responsibilities are carried out whenever needed and always with the informed consent of the inquirer. All advocacy efforts should include the involvement of individuals and organizations concerned and should be consistent with policies established by the organization's governing body.

4. Train I&R/A specialists on system advocacy and the important role of data collection and reporting systems. Monitor staff for consistency in completing data collection and reporting forms.

The standards in Section II describe the requirement that the I&R/A service shall develop, maintain, and/or use an accurate, up-to-date computerized resource database that contains information about available community resources including detailed data on the services they provide and the conditions under which services are available. If the I&R service maintains a resource database of Web sites on the Internet, Resource Database Standards 5 through 9 still apply.

The Standards

Standard 5 - **Inclusion/Exclusion Criteria:** The I&R/A service shall develop criteria for the inclusion or exclusion of agencies and programs in the resource database. These criteria shall be uniformly applied and published so that staff and the public will be aware of the scope and limitations of the database.

Standard 6 - **Data Elements:** A standardized profile shall be developed for each organization that is part of the local community service delivery system or other geographic area or service sector covered by the I&R service.

Standard 7 - **Indexing the Resource Database/Search Methods:** Information in the resource database shall be indexed and accessible in ways that support the I&R process.

Standard 8 - **Classification System (Taxonomy):** The I&R/A service shall use a standard service classification system to facilitate retrieval of community resource information, to increase the reliability of planning data, to make evaluation processes consistent and reliable, and to facilitate national comparisons of data. Additional classification structures such as keywords may supplement the Taxonomy.

Standard 9 - **Database Maintenance:** The resource database shall be computerized, maintained by trained resource staff and updated through continual revision at intervals sufficiently frequent to ensure accuracy of information and comprehensiveness of its contents.

What is a Resource Database?

A resource database is a comprehensive inventory of information that identifies the opportunities, resources and services in a community, Planning Service Area or state. It contains a listing of nonprofit, government, for-profit and unincorporated agencies and organizations providing services that are relevant to the needs of older adults and their caregivers, and detailed descriptions of the services they provide and the conditions under which they are available. The needs of older adults and their caregivers may include, but are not limited to consumer information, education, employment, health, social services, housing, income, legal assistance and recreation.

The resource database should classify information by the name and nature of the agency and by types of services available. A good aging network resource database has four important qualities:

> ➤ It is comprehensive, including information related to:
> > ✓ Programs administered by the state aging network, other state agencies or contracted entities
> > > - Ombudsman
> > > - state health insurance counseling program (SHIP)
> > > - adult protective services (APS)
> > > - legal services
> > > - case managers and in-home & community based service programs
> > > - family caregiver support program

- Alzheimer's programs
- adults with disabilities programs
- Medicaid
- state pharmacy assistance programs
- other programs

✓ Other national, regional and state resources for older persons and caregivers e.g.,
  - national toll free 800 numbers: e.g., Medicare, Eldercare Locator, Social Security Administration, Administration on Aging, etc.
  - regional or state special purpose numbers

✓ In addition to traditional aging service providers, the database includes a full complement of
  - public and nonprofit providers e.g., employment, public housing, caregiver support groups, disease-specific organizations, ethnic and culturally specific resources, health promotion/ disease prevention, etc.
  - private, for-profit providers e.g., assisted living, private case management, pharmacies/ grocery stores the deliver, financial counselors, elder law attorneys, retirement planning, etc.

➢ It is up-to-date, accurate, and maintained through a regular update process;
➢ It is well-organized, with categories and an index that help users find what they are looking for quickly and easily;
➢ It has narrative descriptions which contain enough information about the eligibility criteria, hours, fees, payment sources, language availability, and other service conditions that organizations appropriate to an inquirer's specific circumstances can be easily identified.

A comprehensive, effective resource database can be implemented whether the I&R elects to become computerized or use a manual system. In all cases, specialists should be able to retrieve information by the name of the organization and known AKAs, by service category, and by target population served (with extensive cross references). Geographic access by area of location and area served are also important. If your I&R service uses a card file, rolodex, a directory or other manual system, a short alphabetical list of all organizations contained in the resource database should be maintained in the front of the file for quick reference.

The most sophisticated manual systems employ an indexing structure that provides a multi-parameter search capability (e.g., geographic area within service) which simulates an automated search. Such systems are generally limited to two or perhaps three simultaneous search keys and are most effective when there are a limited number of options for each parameter. The more complex the structure, the more time is involved in the indexing process and the more difficult it is to monitor and correct inaccuracies. Resource selection is, however, more precise. Less sophisticated manual systems allow only one search key to be employed at a time, i.e., the specialist must select a search by service or a search by geographic area served as the initial starting point. Specialists generally search using a first parameter (usually a service term) and then the second parameter (usually geographic area served) and look for resources that appear under both. An alternative to conducting consecutive searches is to read textual descriptions of agencies identified during the first search (by service) to ensure that selected organizations serve the individual's geographic area and are suitable on other grounds. In all cases, the specialist must read text to ensure that other requirements such as eligibility criteria, language availability, hours and fee structure are met. As a last resort, specialists can always "page through" the resources (body of a directory, agency description cards in the card file). The manageability of a manual system, however it is configured, is directly related to the number of records in the database. In small communities with few resources, these types of systems may be quite adequate. Construction of the indexes, however, is crucial.

Computerization becomes increasingly essential the larger and more diverse the community and the more extensive the number of available resources. Computerized systems allow for a combination of multiple search keys in a single search eliminating the need to read textual descriptions to ensure that an organization is appropriate in a particular situation. The specialist can specify a service term, a target term, a ZIP code and a language code, for example, and, if well-designed, the system will use all four search keys simultaneously to generate a match list of suitable options. Automated systems can thus support a richer, more complex indexing structure and a vastly larger number of records, though a user-friendly interface is important. The drawback of a computer system is that you cannot "page through" the resources as you can a card file or directory. If your indexing system is inadequate, you do not have a ready fall-back at your disposal.

The *Standards for Professional Information & Referral* provide an outline for the development of your resource database including a list the required data elements, secondary lists of items that a profile can include (some of which are recommended, others of which are optional) and suggestions for required and optional search keys. These are reiterated in the data element and indexing assessment sections below.

What is a Classification System (Taxonomy)?

A classification system (or service taxonomy) is a structured indexing vocabulary that allows you to <u>distinguish</u> concepts, <u>name</u> concepts and put those concepts <u>in order</u>. It is used to index and access information about a subject in a systematic, unambiguous way. When you open a directory of human services and look in the index for a list of all of the agencies which provide a particular service, the categories you look under (such as day care or counseling or case/care management), those terms, the wording that you use and the order in which they are listed -- that's a taxonomy. In a human service context, a taxonomy is a classification system that allows you to index and access community resources based on the services they provide and the target populations they serve, if any. If the terms have definitions, the taxonomy can also serve as a dictionary. Whether you have a rolodex, a directory or a sophisticated computer system, your taxonomy tells people what is in your information system and how to find it. If it is a good classification system, it will allow users to find the information they need quickly and easily. If it is a bad scheme, users may take a long time to find the information they need, or they may miss it altogether.

Depending on the focus of the information and referral service and the size, complexity and diversity of the community it serves, the classification system may vary from a relatively simple listing of services by major problem areas, to more complex multi-level, hierarchical structures. For example, I&R/A services provided at the State level or for large geographic service areas may require a multi-level taxonomy that delineates subject areas in considerable detail in order to accurately represent each of the services. However, a small rural provider may determine that its classification system need only include a single level of terms that represent broad subject areas.

It is important that the classification system for the provision of I&R/A services be uniform within a state. This allows for consistent and effective use of definitions, enhances service monitoring and facilitates the collection of uniform data which can be used for planning purposes. The State Unit on Aging may wish to have input on the designation and coordination of a classification system for use by Area Agencies and local I&R providers.

Existing I&R/A services not currently using a nationally accepted classification system are encouraged to develop a plan for selecting and converting to one within a reasonable timeframe, while new I&R/A services are strongly encouraged to adopt one of the existing national classification systems, rather than devising new ones. Existing formal classification systems include the AIRS/INFO LINE Taxonomy of Human Services or systems developed for a particular software product such as the taxonomy developed for the Atlanta Regional Commission Area Agency on Aging's software package Aging Connection Plus.

I&R/A services are, however, encouraged to develop variations in the classification system to adopt to the size, nature and organizational needs of the service area. These adaptations should only serve to make the classification system more "community-specific" and should not change the basic structure of the classification system or its related service definitions. In order to preserve a "common language" within a state or region, the I&R/A service may want to coordinate its customization efforts with other aging I&R/A providers, perhaps with guidance from the State Unit on Aging as suggested above.

Assessment: General

1. Does your I&R/A service currently have a resource database in place?

2. If yes, what type of resource information system do you have?
   ___ Computerized database maintained by our staff using custom developed I&R software.
      ___ Customized software is utilized statewide.
   ___ Computerized database maintained by our staff using commercial I&R software.
      ___ Participate in a commercial software users group.
   ___ Computerized system using a database/software provided by another organization.
      ___ The system is utilized statewide by the aging network.
      ___ The system is utilized statewide by the aging network and other I&R providers.
   ___ Subscription to an Internet-based system maintained by another organization.
   ___ Manual system, directories/other library resources.
   ___ Manual system, rolodex.
   ___ Manual system, card file.
   ___ Manual system, other.

3. If you do not currently have a database or are planning to convert from a manual system to a computerized one, have you investigated whether there are existing databases containing a comprehensive listing of aging resources in your service area that you can access as an alternative to developing your own? Have you contacted the following?
   ___ State Unit on Aging (for the entire state).
   ___ Area Agency on Aging (for the entire region).
   ___ Comprehensive information and referral program in your community.
   ___ Other.

Assessment: Inclusion/Exclusion Criteria

1. Does your I&R/A service have a written resource database inclusion/exclusion policy?
   ___ Is the policy reviewed every three years at a minimum?
   ___ What is the most recent review date for the policy?
   ___ Is it a statewide policy?

2. Does your I&R/A service publish its inclusion/exclusion policy? How is it published?

3. Does your I&R/A service verify that inclusion/exclusion criteria are uniformly applied? How?

4. Does the policy address methods for modification to meet the changing needs of all groups in the community?

5. Does the policy address inclusion of government, nonprofit and for-profit organizations and those that are unincorporated?

Assessment: Data Elements

1. Does your I&R/A have an accurate, up-to-date resource database that contains information about available community resources?

2. Does your I&R/A service have a standardized profile for each organization in the database?

3. Does each record have:
   ___ A unique record identification number?
   ___ A code for the organization responsible for maintenance?
   ___ The legal name of the organization?
   ___ AKAs, popular names and former names including acronyms, where applicable?
   ___ Program name, where applicable?
   ___ Street addresses?
   ___ Mailing addresses, where applicable?
   ___ Telephone numbers including TDD/TTY and Fax for the agency, its sites and specific services, if applicable?
   ___ A Web site address, where applicable?
   ___ Electronic mail addresses, where applicable?
   ___ Hours and days of operation?
   ___ A description of services provided?
   ___ A description of targets for services?
   ___ A description of eligibility requirements and exclusions?
   ___ A description of required documents?
   ___ A description of geographic area served?
   ___ A description of the application process?
   ___ A description of languages other than English in which the service is offered?
   ___ A description of the legal status of the organization (e.g., nonprofit, for profit, government, unincorporated group)?
   ___ A description of the fee structure for service?
   ___ A description of the method of payment accepted?
   ___ The name and title of the organization's administrator/director?
   ___ The date the information was last verified?

4. If computerized, does the I&R/A service's database software support all required data elements?

5. **Advanced I&R services** may want to consider including recommended and optional data elements.

   ➢ Recommended Data Elements:
   ___ Federal Employer Identification Number (EIN) as a unique identifier (to permit record matching to eliminate duplicates when records maintained by different local I&R services are combined in statewide I&R/A databases or to link I&R records with those in databases maintained by organizations outside the I&R field);
   ___ Facility type/type of organization (e.g., hospital, senior center, adult school);
   ___ Year of incorporation;
   ___ Program capacity/units of service (e.g., number of persons the program can serve, number of shelter beds, number of training slots available);
   ___ Flag for services that are available only occasionally;
   ___ Special secondary services provided by the agency (e.g., transportation, special meals, subsidy)
   ___ Access for people with disabilities or known barriers to such access;
   ___ Licensing/accrediting bodies and type of licensing;

___ Identification of local or national organizations with which an agency may be affiliated but whose title or acronym does not indicate this affiliation;

___ Relationship to separate, related records describing a parent agency or a child agency in situations where a very large organization has been broken up into multiple records;

___ Title and/or name of the contact person for updating the record; and

___ E-mail address and fax number, if applicable, of contact person for updating the record.

➢ Optional Data Elements:
___ Travel information such as cross streets and public transportation information;
___ Geographic latitude/longitude of organization and it's sites:
___ Length of time on the organization's waiting list;
___ Number and qualifications of staff;
___ Source of funds;
___ Annual budget;
___ Title and/or name of the person (intake worker) who will assist the inquirer; and
___ Publications available.

Assessment: Indexing the Resource Database/Search Methods

1. Is the database searchable alphabetically by organization name?

2. Is the database searchable by related acronyms or abbreviations (AKAs)? Is the AKA search integrated into the name search?

3. Is the database searchable by type of service provided?

4. Are there cross-references for service concepts (e.g., see also references, synonyms)?

5. Is the database searchable by specific target population served, where applicable?

6. Is the database searchable by geographic area or political subdivision served?

7. Is the database searchable by geographic location?

8. **Advanced I&R/A services**, especially those in larger, more diverse communities, may want to consider using additional search methods including retrieval by:

   ➢ Language(s) (other than English) in which the service is available;
   ➢ Fee structure (to allow for access to services that are available at no cost or on a sliding scale);
   ➢ Access for people with disabilities (or known barriers);
   ➢ Legal status of the organization (government, nonprofit, for-profit, unincorporated group);
   ➢ Source of funds.

Assessment: Classification System (Taxonomy)

1. Does your I&R/A use a classification system? What is its structure?
   ___ Hierarchical indexing system (i.e., with broad terms and narrower subsets)
      ___ How many levels of detail?
   ___ Keyword system
   ___ Both of the above
   ___ Other

2. What classification system do you use?
    ___ Our own system.
    ___ AIRS/INFO LINE Taxonomy of Human Service.
    ___ Atlanta Regional Commission AAA Aging Connection Plus
    ___ Other.

3. Are you using nationally accepted standard service definitions?

4. Has your I&R/A service developed variations on the classification system to adapt it to your community's size, nature and organizational needs to make the system more specific? Have those adaptations been coordinated with other I&R services in your region/state? Has the State Unit on Aging had a coordinating role in this endeavor? Have you shared local adaptations with the State Unit on Aging?

5. If you are using the AIRS/INFO LINE Taxonomy:
    ___ Does your I&R service have procedures to integrate updates?
    ___ Does your I&R service have a copy of/have you accessed the latest Taxonomy updates?
    ___ Has your resource database been updated to include updates within 6 months of issuance?
    ___ Do you report local modifications to the Taxonomy system administrator for inclusion in the master system?

Assessment: Database Maintenance

1. Is the resource database computerized or do you have a clearly written plan for computerization?

2. Is the resource database maintained by trained resource specialists (paid or volunteer)? Do resource staff have AIRS Certified Resource Specialist (CRS) status if eligible or certification through another program recognized at the national, regional or state level?

3. How often is your resource database totally updated?
    ___ Monthly
    ___ Quarterly
    ___ Semi-annually
    ___ Annually
    ___ Varies by type of resource

4. What approach is used for updating your resource database?
    ___ On-site visit
    ___ Telephone survey
    ___ Internet survey
    ___ Mail survey
    ___ Fax survey
    ___ Mail/Internet/Fax survey with telephone follow-up
    ___ Other

5. Do you use a systematic process for verifying data contained in the resource database, such as comparing data on file to written profiles submitted by the referral source or by follow-ups?

6. Is each modification of a record dated?

7. Does your I&R/A service have procedures for integrating interim changes?

8. Does your I&R/A service have procedures for identifying and adding new agencies?

9. Does your I&R/A service review all changes reported to you about an agency and its services before you make the change in your database, e.g., in Internet updating situations?

10. Does your I&R/A service have an update verification procedure, e.g., an authorized signature on update forms?

11. Does your I&R/A service have a method for safeguarding the resource database through duplication or back-up? Is the back-up kept in a secure location where it will be protected from destruction or theft?

Implementation Steps for Developing a Resource Database

1. Take a critical look at your current system for maintaining information about community services.

2. Determine how the development of a resource database fits into the goals and objectives of your I&R and your larger organization.

3. Investigate whether there are exiting resource databases that contain a comprehensive listing of organizations serving older adults and their caregivers in your service area. Possible sources include the State Unit on Aging, the Area Agency on Aging and the comprehensive I&R/A service in your community. Evaluate the suitability of these databases for your purposes and determine the conditions under which they may be available for your use. All else being equal, you should try to avoid duplication of effort in database development and maintenance. You must, however, be assured that the database you use fully meets the needs of the people you serve.

4. If you opt for developing your own system, gather data on different methods for collecting and organizing information. The National Aging I&R Support Center has a bibliographic database that lists sources of information about resource database development and related topics. Your State Unit on Aging may have similar information.

5. Define your service population(s), i.e., older persons and caregivers, and determine if your resource database will be for the full range of user audiences and topics or issue ideas. Make sure to address the needs of special subgroups within the aging population. For example, consider what your database should included to best serve grandparents raising grandchildren. How comprehensive does the database need to be to effectively serve the appropriate populations?

6. Determine the physical structure and the organization of the resource database. Determine if a manual or computerized storage approach will be used. If you are using a manual data storage system, develop a realistic timetable for moving towards a computerized system.

7. Create a resource profile based on the *Standards for Professional Information & Referral*. Required, recommended and optional data elements are listed in the assessment section above.

8. Decide on a method for obtaining information: personal interviews through on-site visits, telephone interviews, mailed or e-mailed questionnaires, or a combination of questionnaires and follow-up telephone interviews.

9. Determine the steps to follow in developing the resource database.

10. Create a timeline for developing and updating your resource database. Be sure to incorporate time for keeping the resource database current. Identify a strategic time to release your survey to avoid holidays, major community events and conferences that may negatively affect the return rate.

11. Determine the budget/resources that you will require to develop and maintain the resource database. Include the number of staff to develop and maintain the database; amount of time to conduct interviews; postage costs and other expenses, e.g., will the project involve the purchase of a service taxonomy or computer hardware and software? Will resource database computerization be coordinated with other automation or technology development efforts? Also consider the temporary use of additional phone lines and the use of volunteers to get the resource database development project completed.

12. Develop materials to accompany your profile form (e.g., text for a letter if a mail survey approach is used or a script if a telephone or on-site interview approach is used). Materials to accompany your annual survey form and copies of completed new entries (which should be mailed to the organization for their review and approval) should also be developed.

13. Begin identifying and gathering information about community resources. Conduct fact gathering sessions within your office, with other I&R services and social service agencies to determine what information is already available in the community that will help you identify organizations to include in your database. Research your own office to determine if there have been historical resource database projects and if old resource files exist in any format. Gather existing community resource directories:

   ➢ Manuals, directories and mailing lists
   ➢ Local United Way, United Fund, or other federated giving programs
   ➢ County yearbooks
   ➢ Senior citizens' guides to community resources
   ➢ Social service agency directories
   ➢ Classified telephone directories
   ➢ City and area-wide directories of community services
   ➢ City directories of clubs and organizations
   ➢ Community Action Program resource file lists
   ➢ County Coordinating Council directories
   ➢ Nursing home and residential care facility listings
   ➢ Hotline resource manuals
   ➢ Human Rights Commission resource manuals
   ➢ Alcohol and drug abuse resource directories

   Organizations to contact for existing resource directories:

   ➢ Local planning and development groups
   ➢ State and local health departments
   ➢ Local colleges and universities
   ➢ Health care system agencies
   ➢ Comprehensive and appropriate specialized I&R services in your community
   ➢ Local libraries

   Other helpful resources

   ➢ Maps of your service area
   ➢ ZIP code book
   ➢ Current telephone books
   ➢ Sample resource databases maintained by other service providers in your community

14. Develop a policy and criteria for the inclusion or exclusion of agencies and programs in the resource database as well as procedures for checking the accuracy of referral sources.

15. Make decisions about structuring records, handling complex agencies with many administrative layers and/or sites, and developing and applying indexing rules and stylistic conventions. Document decisions in a data entry manual. If the resource database is computerized, make sure to include reference to special data entry instructions, if any. If the system is manual, provide a detailed description of required indexes. Develop a quality control mechanism for reviewing the database for consistency, accuracy and correct application of rules. Problems identified during the review process should be discussed with all resource staff and/or be included on an upcoming in-service training agenda.

16. Set up policies/procedures for responding to interim information changes and totally updating the database at least annually. For ongoing updates, consider dividing the file into monthly or quarterly segments. This allows staff to spread the survey work over the course of a year and puts them in a better position to handle other important resource tasks as they arise, e.g., ad hoc changes, new entries, special seasonal programs. Create a process to verify data contained in the file e.g., comparison of individual records with the written profile that was submitted. Sending a copy of completed new entries to the organization for their review is also a good way to ensure accuracy.

17. Setting up the database: If using a manual system, create an alphabetical listing of all public and private organizations and indexes by service/problem category (with extensive cross-references), target group category and geographical/political sub-divisions. If using a computerized system, begin creating records which have appropriate narrative descriptions and indexing.

Implementation Steps for Choosing a Classification System

1. Gather information about nationally accepted service classification systems.

2. When reviewing your classification system options, use the following to help determine which will best meet your needs:

   ➢ The taxonomy must be comprehensive and feature a sound conceptual framework with a consistent structure which provides a logical niche for all human services concepts.
   ➢ The taxonomy should differentiate between the services agencies provide and the target populations they serve, avoiding the common classification pitfall of splitting services which are essentially the same only on the basis of the different groups that utilize them;
   ➢ The taxonomy should come from the perspective of how services are delivered rather than the funding streams they follow, the goals they are trying to achieve, the problems they attempt to resolve or the organizational structure through which they are delivered.
   ➢ The taxonomy should structure terms in a hierarchical arrangement, with mutually exclusive categories, which makes the logical relationship between terms an integral part of its structure, supporting easier and more flexible indexing and retrieval once the structure is understood.
   ➢ The taxonomy should have a flexible structure which permits growth and change as the human services delivery system evolves.
   ➢ Terms in the taxonomy should be clearly named and defined using simple language and should be adequately cross-referenced.
   ➢ The taxonomy should utilize broadly accepted wording for preferred terms, and standardized terminology and definitions should be adopted wherever possible.

3. Discuss variations that may be developed to adapt the classification system to meet the needs of your community and your organization, and to make it as specific as possible. Consider involving your State

Unit on Aging and other I&R services in your state/region in this process. Keep a record of changes you make so they are not lost when the taxonomy is updated.

4. Solicit the input of other I&R providers and find out what taxonomy they use.

5. Determine the cost for implementation. Cost includes gathering, updating, and assessing information according to the system's structural and functional qualities. Also included is the amount of staff time required to learn the system and the amount of time needed to use it effectively.

6. Create a timeline for implementation that includes full integration with the development of your resource database and training of paid and volunteer staff who maintain resource records or search the database as a part of the I&R process.

Implementation Steps in Customizing a Taxonomy

A taxonomy may be used by many different types of organizations, all of which have different needs. Hospitals may use it to classify medical procedures that patients need - hence there may be more detail in the health care section. The taxonomy has to be comprehensive to meet the varied needs of all users, but no one organization is expected to use it all. You can tailor the taxonomy for your own use. You can eliminate whole sections or levels of detail to make the system work for you. You can vary what you choose to do section by section. You can also change your mind if your needs change down the road or your customization needs tweaking here and there: you do not have to get it "exactly right" the first time around.

Considerations: There are a number of things that you can consider to help you structure a taxonomy to meet your community's needs. Your objective is to strike a balance between the level of indexing people want and need and what it is feasible for you to maintain. When you begin your conversion, go section by section through your file and convert one category at a time, e.g., food then shelter and so forth. Make your indexing decisions regarding each section, document your decisions for reference purposes, complete work on the section and then train your I&R staff in how to search. Make sure to involve your staff in the decision-making throughout. When you begin the conversion process with a specific segment of your file e.g., food:

1. Locate the section or sections of the taxonomy that deals with the types of resources you wish to convert.

2. Determine if there are terms in the taxonomy you can <u>eliminate altogether</u>. You may have no need for terms such as "Community Wide Storage Facilities" or terms in the "Food Production" section, for example. NOTE: For "eliminate", read "deactivate", if your system allows you to do it, not "delete" Consider the following:

    ➢ <u>What types of resources are available in your community</u>? If there are no resources in a particular category, you can probably eliminate taxonomy terms in that area with a fairly high degree of confidence.
    ➢ What are your <u>inclusion criteria</u>? There may be some types on services that you choose not to list even though they are available. Most I&R programs do not list private practitioners, for example. You can eliminate categories that are not covered by your criteria.
    ➢ What types of resources are <u>currently in your file</u>? These should be your highest priority for further evaluation.

3. Determine the <u>level of detail</u> you wish to use in the remaining taxonomy terms. Consider the following:

    ➢ <u>Begin with your current indexing system</u>. Ask yourself what is working and what is creating problems for you. Where you are satisfied with the level of specificity in your current system, look

for the comparable terms in the taxonomy and use those. Where you are dissatisfied, look at the alternatives the taxonomy offers.

➢ How specific are your requests for service? To meet the needs of your I&R staff, you will want to index your resources using terms at the level your inquirers are using. Clients without food may not care whether they get a bag of groceries or a voucher for a market, but if your caller is an agency wanting to start a food pantry, the voucher program will not help. You need to look at what people are asking for and select your level of detail accordingly. If other people are using your information or you have database partners, you will need to evaluate their needs as well.

➢ How specifically can you afford to index? Specific indexing is time consuming and requires that you know more about a resource than general indexing. It is very handy to know which food pantries have high calorie food supplements for people who have trouble keeping solid food down, but it will take a lot of effort on your part to determine initially and you will have to continue to ask as you update because a pantry might not think to tell if it has added food supplements to its stores. On the other hand, the more broadly you index, the more dependent you are on text to explain what an agency does and maintaining a lot of text is also very time consuming. If you index very specifically, you can generally get away with briefer descriptions. Finding the right balance between what you need and what you can maintain is the trick. All else being equal, err on the side of indexing more specifically than you need. You can always search for services generally if you have indexed more specifically, but if you have indexed at a broad level, there is no way you can search more specifically.

➢ Establish your priorities. Is detailed indexing more important in some areas than others? Index those sections in detail from the beginning. You can index less important records at a higher level initially and then go back through at your leisure and re-index more specifically.

4. Look for legitimate shortcuts. You may want to "crosswalk" your classification structure to the taxonomy and look for opportunities to do a machine conversion. A crosswalk takes a term from your current system and lists the possible taxonomy terms that might be equivalents. If there is only one term in the taxonomy that fits a term in your scheme, a program can be written to re-index that aspect of your file (if it is computerized). If the relationship is more complex, you will need to make indexing decisions on an entry-by-entry basis.

5. Software: Your software is important in making the taxonomy workable. If you are designing or purchasing software, evaluate how it allows you to search the taxonomy to find the terms you need. You want to be able to use the features that are available including definitions, see also references, synonym searching and keyword searching. You also want the ability to deactivate terms in the taxonomy you choose not to use in order to create more simplified displays of the taxonomy for indexing and searching purposes. If you change your mind later, you can always reactivate the terms you need.

6. A Word About Local Customization: Your ability to customize the Taxonomy by selecting the level of detail, Taxonomy sections and specific terminology you want to use (and the concomitant ability to deactivate the rest) are absolutely essential for making an indexing vocabulary of 6,384 terms manageable. Recognize, however, that the decisions you make for your agency may be very different than those made by others in your state or region if made in isolation. If you and your neighbors make radically different choices, you will have a difficult time if you ever choose to combine your databases for broader geographic coverage. The "common language" that the Taxonomy provides will be completely undermined, and you will be unable to make valid regional or statewide assessments of service availability and service gaps. If a project like this is on the horizon in your area, you may want to discuss term selection decisions with others and make a common decision about how to proceed. You may find that having the ability to discuss your options with others in the same position may reveal issues you have not considered and make your eventual choices more valid. Your State Unit on Aging may want to coordinate this effort.

Implementation Steps for Resource Database Computerization

If you are thinking about implementing a computerized resource database (and potentially, call transaction processing function), it is important to develop criteria for evaluating computerized information and referral packages to ensure that you are choosing the system that will best meet your needs. While you will undoubtedly need to make compromises -- the "perfect" system probably does not exist -- you will at least be well informed about the pros and cons of your selection and can avoid nasty surprises when you attempt implementation. Some of the things you may want to consider are as follows:

1. **Response Time**: The bottom line for any system that permits on-line searching is the response time. Instantaneous access to information is ideal, but what can you live with if you have to settle for less? You might want to specify different acceptable response times for simple searches (by agency name or service and ZIP code) and for more complex searches (those that use other search keys in addition to service and ZIP code).

2. **Size**: Does the package have upper limits in terms of the following and are those limits acceptable for your program now and in the future?

   ➢ Does the program allow you to enter an adequate number of records? Be sure to allow for future growth.
   ➢ Does the system allow you to keep an adequate number of I&R transaction records on-line?
   ➢ Does the system allow for an adequate number of users? How many people must use the system simultaneously? For searching? For updating? For running reports?

3. **Classification System**: What type of classification system can the program support?   Structured indexing vocabulary? Keyword system?

   ➢ Does the program support a multi-level hierarchical system and allow for wild card searching to permit broad and narrow searching and reporting?

   ➢ Does the program support searching the classification system itself to help I&R specialists and resource specialists identify the most appropriate term? Can they display definitions, see also references, use references?

   ➢ Does the program support linking multiple terms to create even more specific service and/or target group combinations?

   ➢ Does the program support the *AIRS/INFO LINE Taxonomy* per the criteria specified by the AIRS Taxonomy Committee and published on the AIRS Web site (airs.org)?

4. **Repeating Fields**: Does the program allow you to enter multiple parameters in a single field (e.g., Spanish, Mandarin and Cantonese in a language field) and allow you to retrieve the record if you specify Spanish or Mandarin or Cantonese? Multiple phone numbers?

5. **Geography**: Does the program provide some means of allowing you to store and retrieve agency information according to the area they serve as opposed to the area in which they are located? Can preferred area of location also be specified?

6. **Search Keys**: Does the program allow you to search for agency records using a broad enough spectrum of search keys? The fewer search keys you have, the more people will have to read as a means of selecting an appropriate agency for referral. Some of the search keys you may find useful are:

   ➢ Agency Name: Can the program retrieve records when an agency name in entered? Does the program support wild card searching of this field i.e., allow you to specify a portion of the agency name and retrieve all agency records that begin with the portion you have specified? The agency

name search should also include all AKAs. There should not be an AKA search that is separate from the name search. (If people already know which is the legal name and which are the AKAs, there would be no need to list AKAs.)

➢ Classification System Term: Retrieval by type of service the agency provides and/or target group the agency serves?

➢ Geography: Retrieval of agencies that serve the inquirer's ZIP code and preferred area of location?. The individual may need a resource that is close to work rather than home, for example.

➢ Language: Retrieval by language required by inquirer?

➢ Fees: Retrieval by fee structure the inquirer can afford (free, very low cost, sliding scale, fixed fee) and ability to indicate whether reduces fee arrangements or scholarships are ever available?

➢ Third Party Payment Type: Retrieval by type of insurance accepted?

➢ Hours: Retrieval by whether evening or weekend appointments are available? By days of the week for time sensitive resources such as food?

➢ Application Process: Retrieval which allows for specification of agencies that will handle walk-ins, provide service by telephone or in writing or have emergency intake?

➢ Eligibility: Retrieval which selects or screens out agencies based on caller characteristics including:
  ➢ Gender
  ➢ Age
  ➢ Ethnic background
  ➢ Religion
  ➢ Income
  ➢ Family composition
  ➢ Type of public assistance received

  Can the system handle both eligibility requirements and eligibility exclusions? Can the system handle excluding rather than selecting on a match? Can the system select a record if there is information in the search and a blank in the agency record? Can the system alert the user if there is a requirement in the agency record and a blank in the search strategy?

7. **Special Secondary Services**: Retrieval by whether the agency offers transportation for clients, qualifies as a "court-ordered" service, offers special meals or provides services in the individual's home.

8. **Internet Interface:** Is there a field for an organization's Internet address? Can users click on the address and move to the organization's Web site? Can questionnaires and survey documents be sent/returned via the Internet?

9. **User Friendliness**: Is the system easy to use or does the user have to master complex search routines to obtain information?

10. **Security**: Does the system have adequate protection in terms of read/write capability and general access to information (for confidentiality)?

11. **Expandability**: How easy will it be to expand the system?

12. **Responsiveness**: How responsive are the developers to input from users regarding the changes they would like in basic software capabilities?

13. **Modifiability**: How easy is it to make changes in the data base structure? Can the user add fields or expand tables without developer assistance? Will changes automatically be incorporated in reports and search routines?

14. **Programming Language**: Is the system written in a common language that other computer people can read and support if the developer goes out of business?

15. **Inquirer Data**: Does the program have a provision for collecting data about the people who call? Does the inquiry transaction process fit smoothly into the search process?

16. **Editing Capability**: Does the program provide basic word processing capabilities for people who are doing data entry? Spell checking? Canned phrases that can be stored and pasted into text?

17. **Reports**: Does the program allow you to create reports from the system?

   ➢ Directory Reports: Most agencies with an on-line system want to create and market a directory of all or a selection of the agencies in their file. Does the program have the ability to:

      1. Create agency entries formatted for inclusion in a directory.
      2. Sort the records alphabetically by agency name or by another parameter.
      3. Create index pages, generally by type of service provided and/or by geographic area served.

   Is there flexibility in:

      1. Selection parameters?
      2. Sorting parameters?
      3. Content parameters (i.e., the ability to select fields to include/exclude from the report)?
      4. Page layout and font selection?

   ➢ Agency Lists: Can you select a subset of the file by desirable parameters and sort the retrieved records in flexible ways.

   ➢ Mailing Labels: Can you create mailing labels from the agency file? Sort them alphabetically or by ZIP code?

   ➢ Client Data Reports: Can you create reports which describe the people who have called you, their need for service, their area of location, and the success or lack thereof in finding a resource to meet their needs? The organizations to which they were referred?

   ➢ Management Reports: Can you create reports which document the productivity of your phone specialist and resource staff?

   ➢ Ad Hoc Reports: Can you easily program reports that are unique to your agency, e.g., those required by your funding source(s)?

   ➢ Survey Function Support: Can you run copies of selected entries to send to agencies for survey purposes? Is there an automated process for selecting the records and printing them with a batch command? Sending them via e-mail or Fax?

18. **Training and Support:** Do the software vendors provide training and ongoing support for the system? Is there good documentation for the system? An on-line help function? Check with other users to verify that adequate support is available.

19. **Access to Your Resource Database by Others:** Does the system have options for allowing users to access your data on-line?
    - ➢ Internet access to your resource file?
    - ➢ Read-only field versions for distribution of your data?

The standards in section III describe the inquirer data collection, analysis and reporting functions of the I&R service.

The Standards

Standard 10 - Inquirer Data Collection: The I&R service shall establish and use a computerized system for collecting and organizing inquirer data that facilitates appropriate referrals and provides a basis for describing requests for service, identifying service gaps and overlaps, assisting with needs assessments, supporting the development of products, identifying issues for staff training and facilitating the development of the resource information system. Inquirer data includes information gathered during follow-up as well as that acquired during the original contact.

Standard 11 - Data Analysis and Reporting: The I&R service shall develop reports using inquirer data and/or data from the resource database to support community planning activities (or planning at other levels), internal analysis and advocacy.

What Are Inquirer Data Collection, Analysis and Reporting?

Inquirer data collection is the process of recording and organizing information about an inquirer that is obtained during a telephone or face-to-face interview. This information, termed "inquirer data", forms the basis of reports which can be used in a variety of ways that benefit older adults and their caregivers, the I&R service and the community at large. Most importantly, it is used to identify the most appropriate referrals for individual inquirers.

Inquirer data analysis and reporting is the process of developing reports summarizing inquirer data which can be used to analyze the adequacy of the service delivery system and improve the availability of critical services as well as to support the information needs of management. The reports are of great value to elected officials, advisory board members and others with decision-making authority whose role is to establish priorities for allocation of funds. They provide a basis for a variety of activities, both external and internal which may include:

> ➢ Structuring community needs assessments;
> ➢ Supporting community planning activities;
> ➢ Illustrating gaps in services;
> ➢ Supporting recommendations for modifications and improvements in the service delivery system;
> ➢ Tracking and incorporating follow-up results;
> ➢ Identifying staff training needs;
> ➢ Spotting inappropriate referrals;
> ➢ Validating the need for I&R services;
> ➢ Supporting research projects.

The I&R/A service must develop methods for data collection that support the above objectives. It is important to determine the uses of data prior to determining the types of data to collect. The *Standards for Professional Information & Referral* provides a description of information that may be collected about inquirers. Inquirer-related data elements are listed in the assessment section below.

Data collection forms should be designed to include questions that will provide enough information about inquirers' needs to assure that their needs are met. The data must also allow the I&R service to identify gaps in services, document insufficient resources, track the level of service requests, illustrate trends in unmet

needs, gather socio-economic and demographic data and develop a profile of inquirers served. This information can assist in understanding not only the needs older consumers but the demographics of the community as well. It is important for people who are going to use the data collection form to participate in developing it. In addition to helping to ensure that it is logically organized and easy to use, involving users in the development process will assure their cooperation when it is implemented. Input should also be obtained from management staff who may need statistical information gathered using the form to make decisions regarding staffing levels and other management issues. They also should have an opportunity to ensure that information that may be needed for planning purposes is being appropriately collected. While community planning needs are an important use for this information, the primary purpose of data collection is to garner enough information about older inquirers and their caregivers to help the I&R specialist address and/or resolve their problems.

Because personal information is often obtained as part of daily program operations, it is important for information and referral providers to have a written policy which protects the confidentiality of the inquirer, safeguards data collection forms and describes the conditions under which personal information can be released. Procedures must be developed for securing informed consent from the individual to release information and describe the conditions under which information may be released without consent. Confidentiality policies should include rules regarding when consent must be obtained in writing and when verbal consent is sufficient; and should be consistent with state and local laws addressing this issue.

The collection, analysis and dissemination of inquirer data provides a foundation for the I&R/A service's ability to play an effective role in system advocacy which is defined in the *Standards* as "actions taken by the I&R service to seek changes in community conditions, structures or institutions when modifications in the service delivery system as a whole are required to ensure the adequate availability of essential community services". The I&R/A service needs to be proactive in making such data available. The information must be formulated in a way that is relevant to current issues and provided on a timely basis to people identified as decision makers engaged in assessment and planning for the delivery of human services.

Assessment: Inquirer Data Collection

1. Does your I&R/A service have an inquirer data form for recording contact information? What type of data collection system do you use?
   ___ A computer system that records inquirer data as an integrated part of the search process.
   ___ Record inquirer data on a form and enter it into the computer later.
   ___ Record inquirer data on a machine readable form.
   ___ Record inquirer data on a form, but the data are not machine-readable and reports cannot be generated.
   ___ Don't keep inquirer data.

2. Does the collection of inquirer data satisfy your organization's need for information in the following areas?
   ___ Human service needs of inquirers?
   ___ Management information needs?
   ___ Community needs assessment activities?
   ___ Community planning activities?
   ___ Funding allocation decisions?
   ___ Research activities?

3. Does the collection of inquirer data provide enough information about inquirers' needs to identify the following?
   ___ Service requests?
   ___ Gaps in services?

___ Insufficient resources/service shortages?
___ Trends in community service provision/unmet needs?
___ Demographic information?
___ Development of profiles of inquirers served?

4. Does the data collection method provide enough information about the older person needing services and his/her caregiver to assist in the resolution of their problem(s)?

5. Does the data collection form allow for specification of the type of I&R service provided, e.g., information, referral, advocacy or crisis?

6. Does the data collection form allow you to track follow-up and the results of follow-up?

7. Does your I&R service have a system for securing confidential data forms and inquirer information?
___ Does the security system conform to all applicable statutes?
___ Does the security system address the storage, retrieval, use and ultimate disposition of records?
___ Does the security system preclude the release of anything but aggregate data?

8. Do you honor the inquirer's right to withhold information?

9. Is the following information included on your data collection form? NOTE: data collection policies should be based on national, state, local or agency requirements.
___ General information about the inquirer/person needing service:
    ___ City
    ___ ZIP code, postal code or other geographical area indicator.
___ Relationship of the person needing services to the inquirer (if other than the inquirer), e.g., caregiver, neighbor, friend.
___ Other information about the inquirer/person needing service:
    ___ Age;
    ___ Gender;
    ___ Language requirements (other than English);
    ___ Target population membership (e.g., disability, homeless);
    ___ First time/repeat inquirer.
___ Type of service requested for care recipient.
___ Type of service requested for caregiver.
___ Narrative description of the inquiry ("notes").
___ Referral outcome:
    ___ Referral provided; or
    ___ Service gap recorded;
    ___ Reason for gap (e.g., no agency provides the service, available services not affordable, service not available in the required language).
___ Organization(s) to which the inquirer was referred.
___ Information about the inquiry:
    ___ Type of I&R service provided (e.g., information, referral, crisis, advocacy);
    ___ Method of contact with the I&R service (e.g., letter, telephone call, walk-in, automated attendant contact, Internet Web site contact);
___ Source of information about the I&R/A service, when available. How did the older person/caregiver find out about the I&R service? (Eldercare Locator, newspaper, TV, friend, National 800 number, statewide 800 number, etc.).
___ Follow-up information:
    ___ Follow-up contact (inquirer, agency referred to or both);
    ___ Follow-up results (whether the inquirer received services and if not, why not);

      ___ Additional referrals or other actions, if any.
   ___ Client tracking/case management information which may include:
      ___ Name of the inquirer/person needing service;
      ___ Street address;
      ___ Telephone number;
      ___ Income level;
      ___ Source of income;
      ___ Case plan;
      ___ Case history.
   ___ Information automatically recorded by the system (if data collection system is automated) or printed on the form/recorded manually on each form (if not):
      ___ Unique identifier for the inquiry (transaction number);
      ___ Date of the inquiry;
      ___ Start and end times for the inquiry;
      ___ Length of inquiry; and
      ___ I&R specialist handling the inquiry.

10. Is the following information included on your data collection form for national I&R reporting purposes?
   ___ Total number of incoming calls (or other types of inquiries); and
   ___ Type of service requested or the primary needs or problems of each inquirer.

Assessment: Data Analysis and Reporting

1. Can your I&R/A service provide:
   ___ Reports regarding types of calls (information, referral, crisis and advocacy)?
   ___ Reports regarding inquirer characteristics?
   ___ Reports regarding service requests?
   ___ Reports regarding follow-up results?
   ___ Reports regarding community assets (i.e., available agencies and services)?
   ___ Reports regarding gaps/duplications in service?

2. Does your I&R/A service regularly and proactively share information gleaned from the resource database and inquirer records with other organizations in the community including community planners and funding agencies?

3. Is your I&R/A service responsive to specific requests for data to support planning needs and advocacy?

Implementation Steps

1. Take a critical look at your current inquirer data collection system and determine its strengths and weaknesses.

2. Discuss the data collection needs of your office, local and state government and the general community. Collaborate and think about ways the I&R/A service can better support community planning efforts. Take a look at census and other social service reports for demographic trends and projections regarding the older population.

3. Create a list of identified data needs and prioritize it based on what the I&R determines to be most reasonable to include on the inquirer data collection form. Also review the assessment section above for a list of information that data collection forms might include.

4. Design an inquirer data collection form that will capture all relevant data items. Be sure that the form gathers enough information to identify: gaps in service; insufficient resources; level of service requested; trends in services requested; socio-economic and demographic data; and a profile of the inquirers served in a way that is most important and useful for your community. If you are choosing software which has an inquirer data collection function, make sure all desired data elements are included and that the data entry process in well integrated with the search function.

5. Make sure that the form is designed to capture information about caregivers, particularly when referring them on for service.

6. Talk with your I&R/A staff and get their input on things that are missing from your current form. Have I&R/A specialists play a key role in testing the form for easy reading and completion.

7. Develop a written policy for the release of personal data that includes security precautions to protect and keep confidential the data collection forms and all inquirer information. Procedures for securing informed consent from the individual, and specific situations dictated by state and local laws when information may be released without consent of the individual need to be specific.

8. If you are using a shared system that keeps client records for case management or other programs, create a system to review client records on a regular basis to determine which are active and which should be made inactive. This system should consider frequency of review as well as steps to ensure accuracy.

9. Design reports documenting service use, client characteristics, unmet needs, gaps and duplications in services, or other statistics that reflect the information needs expressed by I&R staff, internal management and community planners.

10. Decide how frequently and to whom reports will be disseminated.

11. Train staff on how to be responsive to community requests for information and how to provide technical assistance to community planners in analyzing and understanding the information.

12. Consider a targeted promotional effort that will feature the availability of inquirer data information for community planning purposes.

The standards in Section IV focus on the responsibilities of the I&R service to the local I&R system, the local community service delivery system, and state, regional, and national I&R networks.

The Standards

Standard 12 - Cooperative Relationships within the Local I&R System: In communities which have a multiplicity of comprehensive and specialized I&R providers, the I&R service shall develop cooperative working relationships to build a coordinated I&R system which ensures broad access to information and referral services, maximizes the utilization of existing I&R resources, avoids duplication of effort and encourages seamless access to community resource information. I&R services within the system may choose to be "full service" programs performing all necessary I&R functions within their designated service area; or may prefer to partner with one or more I&R services to share those functions (e.g., one I&R service might build and maintain the resource database and another might assume responsibility for service delivery).

Standard 13 - Cooperative Relationships within the Local Service Delivery System: The I&R service shall strive to develop cooperative working relationships with local service providers to build an integrated service delivery system which ensures broad access to community services, maximizes the utilization of existing resources, avoids duplication of effort and gaps in services and facilitates the ability of people who need services to easily find the most appropriate provider.

Standard 14 - Cooperative Relationships Among Local, State or Provincial, Regional, National, and International I&R Providers: Comprehensive and specialized I&R services at all geographic levels (local, state/provincial, regional, national and international) shall strive to develop formal and informal working relationships with the objective of broadening the availability of information and referral to all inquirers, facilitating access to appropriate resources regardless of their origin and/or location, avoiding duplication of effort and funding, expanding the effectiveness of social analysis with more global information about needs and services, and augmenting the impact of advocacy efforts through coordination, where possible.

Standard 15 - Participation in State or Provincial, Regional, National and International I&R Associations: The I&R service shall strive to strengthen state or provincial, regional, national and international I&R networks by becoming active in planning, program development, advocacy, training and other efforts at these levels.

Why Are Cooperative Relationships Important?

Aging network I&R/A services are a part of two I&R networks, both of which require that they develop cooperative working relationships with other organizations. The OAA network has a vast information and referral system that includes services at the national, state, area and local levels which, collectively, make up the OAA I&R/A system. In addition, OAA I&R/A services are a part of the community based network of I&R programs providing services in any given service area.

Within the larger OAA network, cooperative relationships are the shared responsibility of the State Units on Aging, Area Agencies on Aging and the local I&R/A providers. Responsibilities exist at every level of the network to work cooperatively to enhance effective service provision. The OAA I&R/A must also strive for close working relationships with other aging information resource system programs i.e., ombudsman, state health insurance counseling program, adult protective services, legal services, case managers, in-home & community based service programs, family caregiver support programs, Alzheimer's programs, state pharmacy assistance programs, and others. Requirements include:

- ✓ I&R/As should receive regular training on each of the other aging programs.
- ✓ I&R/As should have a clearly defined, distinct role in providing information/assistance and protocols for referral to each specialized aging program.
- ✓ Specialized aging programs should receive training on the role of I&R/A in providing information and assistance to consumers and the protocols for referral to the specialized program.
- ✓ I&R/As and the specialized aging programs should have a designated liaison to ensure effective coordination.

The aging I&R/A also has a role in the local service delivery system requiring that they coordinate with comprehensive and specialized I&R/A programs serving their area. To ensure that older consumers and their caregivers have the broadest and most appropriate access to I&R, the aging network I&R/A service should coordinate service delivery with other I&R services and community organizations to avoid duplication, to promote and enhance service integration and to increase awareness. OAA I&R/A programs are responsible for referring inquirers to a comprehensive I&R service or another specialized I&R when it is appropriate given the caller's unique situation. In addition, the I&R/A should act as a resource and offer consultation with other organizations, including other I&R programs, on available community resources.

As one aspect of developing and maintaining cooperative relationships outside the aging network, OAA I&R/A programs should be involved in the design, development, implementation and ongoing management of statewide and local 2-1-1 to enhance access to services for older persons and their caregivers.

Assessment: Cooperative Program Development Within the Aging Network

1. Do the State and Area Agencies on Aging take the lead in facilitating coordination of aging network I&R/A efforts with those of the broader I&R system?

2. Do State and Area Agencies on Aging consider the entire community I&R system in making funding and program development decisions in I&R?

3. Do State and Area Agencies on Aging and local I&R/A programs participate in existing cooperative I&R efforts?

4. Do State and Area Agencies on Aging and local I&R/A programs serve as catalysts for new cooperative service arrangements?

5. Do State and Area Agencies on Aging take a leadership role in improving coordination within the aging information resource system?

6. Is there a shared resource database or database collaborative in your statewide aging network?

Assessment: Cooperative Relationships within the Local I&R System

1. Do you consider your I&R/A service to be a part of a larger I&R system?

2. Do you know who the following are in your community?
   ___ Generic or comprehensive I&R service;
   ___ Disability related I&R service;
   ___ Crisis intervention service;
   ___ Volunteer bureau;
   ___ Other(s) that are a part of the system.

3. Does your I&R/A service have a formal agreement (MOU, MOA, SLA) with other I&R programs in the

system (for sharing referrals, for example)?
___ Generic or comprehensive I&R service;
___ Disability related I&R service;
___ Crisis intervention service;
___ Volunteer bureau;
___ Other.

4. If 2-1-1 is in place in your area, are you a participant in the ongoing program planning and evaluation process? If 2-1-1 is not yet operational in your community, are you a participant in the planning process at the local and/or state level?

5. Does your I&R/A service participate in cooperative efforts to make I&R services broadly available to all users?

6. Is there a database collaborative in your local community?
___ Is your I&R/A service a participant?
___ Do you have a written data sharing agreement?
___ Does your I&R/A service import resource data from other organizations?
___ Does your I&R/A service export resource data to other organizations?
___ How often does the data transfer take place?
___ If there is no collaborative, is your I&R/A service working proactively to create one?

7. Does your I&R/A service participate in efforts to develop a system-wide agreement on data collection priorities?
___ Have the I&R/A services within the system agreed on a consistent method for data collection and the information to be collected?
___ Does your I&R/A service collect the inquirer data for which it is responsible?
___ Does your I&R/A service contribute its aggregate data to the community-wide pool to create a more complete picture of community needs?
___ Do the I&R/A services within the system develop community-wide reports?
___ Do the I&R/A services within the system share the reports with planning bodies, policy makers, funding agencies and others?
___ If there is no effort to develop community-wide reports, is your I&R/A service working proactively to develop agreements to produce them?

8. Does your state aging I&R/A network have a statewide data collection system which produces statewide reports on the needs of older persons?
___ Does your I&R/A service collect the inquirer data for which it is responsible?
___ Does your I&R/A service contribute its aggregate data to the state-wide pool to create a more complete picture of the needs of older consumers?
___ Are state-wide reports developed for use with planning bodies, policy makers, funding agencies and others?

9. Does your I&R/A service work cooperatively with other I&R/A services within the system to avoid duplication of effort and encourage service integration? To identify and respond to changing needs? To maximize available resources? Does your I&R/A service:
___ Participate in joint efforts to identify community I&R needs?
___ Assist the Area Agency on Aging in identification of community I&R needs?
___ Maintain current information on other local I&R services?
___ Participate in joint efforts to develop priorities for program development?
___ Suggest priorities for program development to the Area Agency on Aging?
___ Participate in existing cooperative I&R efforts?

___ Initiate new cooperative service arrangements?
___ Participate in joint decision making that addresses community-wide I&R issues?
___ Participate in joint efforts to identify, develop and maintain relationships with local policy makers and funding organizations?
___ Participate in strategies to ensure ongoing funding for I&R services that are part of the system?
___ Work cooperatively with other I&R services within the system to identify needs and respond in a timely way?
___ Participate in joint sponsorship of consultation, technical assistance or training activities?
___ Participate in efforts to coordinate publicity, public relations or marketing with other I&R services?
___ Engage in cooperative funding strategies such as sub-contracting, subscriptions or fees for service arrangements with other I&R services?
___ Have agreements with other I&R services to share facilities and equipment?
___ Have agreements with other I&R services to share paid employees and volunteers?
___ Have agreements with other I&R services to share accounting, legal, purchasing or management assistance?
___ Participate in other cooperative functional relationships?

Assessment: Cooperative Relationships within the Local Service Delivery System

1. Does your I&R/A service serve as the first point of contact for calls into a network of local service providers assisting older adults and their caregivers? If no, is your I&R/A service proactively seeking such arrangements? Can you think of opportunities for such arrangements?

2. Are any aging information resource system programs (i.e., ombudsman, APS, etc.) or other local service providers using your I&R database to serve their clients? If no, is your I&R service proactively seeking to share your database?

3. Has your I&R/A service worked with local service providers to address community issues affecting older adults and their caregivers? If no, is your I&R/A service proactively working developing these relationships? Can you think of opportunities for developing these relationships?

4. Does your I&R/A service participate in any joint service delivery arrangements with local service providers assisting older adults and their caregivers? If no, is your I&R/A service proactively seeking such arrangements? Can you think of opportunities for developing these relationships?

Assessment: Cooperative Relationships Among Local, State or Provincial, Regional, National, and International I&R Providers

1. As a local I&R/A service, do you have cooperative working relationships with I&R providers at PSA, state or national levels, e.g., the Eldercare Locator? If no, are you working proactively to identify key I&R providers at these levels? What types of relationships should you be developing?

2. Do you list any I&R providers at state, national or international levels in your database that may serve as alternative referrals when local resources are not available? What types of state, national or international resources would enhance your database?

Assessment: Participation in State or Provincial, Regional, National and International I&R Associations

1. Is your aging network I&R/A a member of a national aging association such as N4A, NASUA, NCOA or others?
2. Is your aging network I&R/A a member of a state or regional aging association?

3. Is your I&R/A service a member of AIRS?

4. Is your I&R/A service a member of your state/regional I&R association?

5. Is there a statewide database effort in your area?
   ___ If yes, is it an aging network effort or does it include all I&Rs in the state?
   ___ Is your I&R/A service a participant?
   ___ If yes, do you have a written data sharing agreement?
   ___ Does your I&R/A service import statewide data for local use?
   ___ Does your I&R/A service export local data for use by the collaborative?
   ___ How often does the data transfer take place?
   ___ If there is no statewide collaborative, is your I&R/A service working proactively to create one?

6. Does your I&R/A service provide data for U.S. Administration on Aging (AOA) NAPIS reporting system as required?

7. Does your I&R/A service participate in the AoA Performance Outcome Measurement Project (POMP) effort to collect information on client satisfaction with aging network I&R programs?

8. Is there a statewide or region-wide inquirer data collection effort in your area? If yes, is your I&R/A service a participant?

Implementation Steps for Cooperative Relationships

1. State Units on Aging, Area Agencies and local aging I&R providers should review their current roles and responsibilities within the context of the *Standards for Professional Information & Referral*, Section IV to determine if applicable requirements are being met.

2. Identify strengths and weaknesses in current cooperative working relationships within the aging network.

3. Identify strengths and weakness in current cooperative working relationships with entities outside the aging network.

4. Identify areas in which new cooperative relationships are needed, either within or outside the aging network. Develop a plan to create these new relationships.

5. Schedule regular meetings to maintain open dialogue between the parties to the cooperative agreements to assure they accomplish intended goals.

6. Review current efforts to coordinate service delivery with other I&R/A services, community agencies and similar organizations, and develop a plan to work collaboratively with other community organizations. This plan should include efforts to publicize the I&R/A system.

7. Discuss the needs of special groups and individuals with the I&R staff and including how to coordinate with community organizations that specialize in service provision to special needs populations (including people with disabilities, immigrant populations, gays and lesbian older adults etc.) to improve access. Formulate ideas into a plan of action.

8. Identify other specialized and comprehensive I&R/A services in your service area (those serving different language populations, military, library, social service, housing, etc.) and share information

about hours of operation, functions and services available. Work to channel referrals to the most appropriate I&R/A service within the system.

9. Develop plans to promote community awareness of your I&R/A and others within the system by offering consultation to organizations on available community resources. Speaking engagements, consultation, training, workshops, seminars, telecommunications, distribution of directories, promotion of databases and bulletins can all be used to increase awareness of the I&R/A services within the system, avoid duplication of services and enhance service delivery.

AREA V: ORGANIZATIONAL REQUIREMENTS

The standards in Section V describe the governance and administrative structure an I&R service needs in order to carry out its mission. Included are establishing itself as a legal entity, providing for ongoing program evaluation, developing policies and procedures which guide the organization, developing an organizational code of ethics, establishing sound fiscal practices, providing a conducive physical environment, managing personnel, providing for staff training, and increasing public awareness regarding the availability of information and referral services and their value to the community.

The Standards

Standard 16 - Governance: The auspices under which the I&R service operates shall ensure the achievement of I&R goals and meet the stated goals of funders.

Standard 17 - Personnel Administration: The I&R service shall provide a framework and mechanisms for program and personnel management and administration that guarantee the continuity and consistency required for effective service delivery.

Standard 18 - Staff Training: The I&R service shall have a training policy and make training available to paid and volunteer staff.

Standard 19 - Promotion and Outreach: The I&R service shall establish and maintain an ongoing program which increases public awareness of the availability of I&R services, their objectives and their value to the community.

Why are Space and Equipment Issues Important?

The I&R/A service requires ample space and equipment to ensure that a quality service can be provided efficiently and economically. Offices should be equipped with a telephone system that incorporates the most recent, cost effective, efficient technological developments. The selection of a telephone system or special telephone features is highly dependent on the number of phone users, method of I&R/A service provision, and the volume of incoming and outgoing calls. Features that I&R/A services have typically considered include: toll-free calling or collect calling, call waiting, call forwarding, three way calling, speed dialing, automated attendants (menu-driven system accessible by telephone that allows inquirers to select and listen to prerecorded information about specific types of services) as an alternative service option while on hold, and 24 hour answering machines.

Equipment such as desks, chairs, tables, and computers ensure the comfort and ease with which staff can perform their roles in an effective and efficient manner. Locking files and ample space considerations affect the confidential interviewing of call-in and walk-in clients and protect confidential information on inquirers.

If an I&R/A service is designed to serve walk-ins, it should be accessible by public transportation, have available parking and be located in an area that is convenient to the target population served. The office should also be free of architectural barriers to persons with disabilities per ADA requirements.

Staff Roles and Responsibilities

The I&R/A administrator and service staff have defined responsibilities, duties and qualifications. Staffing patterns of the I&R/A will vary according to the size of the service area, funding for the service and the extent to which volunteers are utilized. The information and referral service may determine the number of staff necessary, paid or volunteer, based on call volume.

Responsibilities of I&R/A personnel may differ depending on the size of the I&R/A program and the size and complexity of the community's aging service delivery system. Areas of specialization may include I&R/A telephone specialist, resource database developer, outreach worker, caregiver specialist and others. In large programs, one or more I&R/A staff members may be assigned to each of the above tasks. In smaller, less diversified I&R/A services, each staff member may have a variety of responsibilities including responding to various types of inquiries, maintaining the resource file, conducting outreach or even sharing their time with other aging network programs.

Staff should be selected on the basis of their qualifications relative to the competencies required for each position. Specific job duties are no longer a part of the *Standards for Professional Information & Referral*, though specific competencies associated with all positions have been integrated into criteria statements associated with specific standards. Review competencies in the AIRS CIRS-A certification program for aging I&R specialists and the AIRS CRS certification program for resource specialists for specifics.

Volunteers have been successfully recruited, trained and fully integrated into the day-to-day operations of information and referral services across the country for many years. Volunteers assume a wide variety of roles that take advantage of specific/special skills and competencies they bring to the organization. Volunteer roles and responsibilities may include, but are not limited to, the following: compiling and updating the resource database; providing information and referral services; maintaining records and conducting outreach.

Before initiating volunteer recruitment efforts, I&R/A services should review the *Standards* to ensure that the criteria for recruiting, training and retaining volunteers can be met.

Why is I&R Training Important?

To improve and enhance the quality of Older Americans Act Information and Referral systems and services, training of paid and volunteer staff is essential. Training can be extremely valuable for all new information and referral staff regardless of their qualifications and previous work experience. Even if new staff have previously worked for another I&R service, it is important for them to learn how things are done in their new setting. The training program should include a pre-service orientation, in-depth training in I&R skills and the aging service delivery system and ongoing in-service training to assure that staff continue to develop their knowledge and skills in the aging area. Staff should be encouraged and assisted to attend appropriate national, state and area I&R and aging network training.

The I&R/A service should develop a written training plan and standardize routine training and orientation for new staff members. The orientation should include topics such as the Older Americans Act; the National Network on Aging; the role, purpose and function of the I&R service; the role and structure of the organization's governing body; the administrative structure of the I&R/A service and the larger organization of which it may be a part; and the policies and procedures governing service delivery and other functions. Pre-service training should cover skills that are essential to good telephone contact and should be completed prior to allowing new staff to assume their duties assisting inquirers. A list of training topics is included in the *Standards*, and is reiterated in the assessment section addressing training below. On-the-job training should comprise a sequential program of increasing levels of responsibility in handling inquirers -- beginning with observation of experienced staff and ending with full, independent responsibility for handling inquirers.

Opportunities for regular in-service training are important to the growth in competence and satisfaction of the staff. In-service training can be held as a part of regularly scheduled staff meetings in which staff have an opportunity to discuss problems and successes and get peer feedback regarding call handling techniques. This type of training helps to develop a team approach to service provision which encourages mutual staff support as well as developing the abilities of individual staff members. In addition, there should also be regularly scheduled training sessions which focus on more specialized topics to refine and update staff skills

and their understanding of emerging issues. These topics could include: skills for dealing with frail and vulnerable older persons, specific advocacy techniques, changes in regulations and procedures in accessing benefits and entitlements, in-house operating procedures, areas of interest in the human service field, new laws affecting I&R/A service delivery or the availability of community services, personal skills development, and assistance in maintaining objective attitudes towards inquirer needs and the use of services. To augment the ability of staff to provide training in specialized areas, I&R/A providers may consider working with social workers, psychologists, gerontologists, lawyers, the medical community, librarians, private nonprofit organizations and government agencies. Such coordination also has the benefit of getting the word out about the I&R service to new segments of the professional and service communities.

Training specifically designed for I&R/A directors and coordinators is imperative to ensure a quality information and referral service. Topics that may be considered for management training include: working with an advisory board; supervising, motivating and evaluating staff; public and community relations; resource system design, development and maintenance; individual and system advocacy roles for the I&R/A; publicizing the I&R/A service; and understanding automation and telephone technology.

State Units on Aging should be considered a training and technical assistance resource as well as a repository of "best practices". Being aware of the "state of the art" in information and referral services throughout the state can enhance training sessions and promote collaborative efforts. Many states sponsor annual statewide training with sessions related to I&R/A for area agency and local I&R providers.

Why is I&R Service Promotion Important?

Promotion is a function that involves the use of media and other mechanisms to inform older persons, their caregivers, the general public and service providers about the availability of information and referral services. Promotional activities may include use of newspaper stories, advertisements, radio, television announcements and other similar devices that describe the service and provide information about how to establish contact with and make use of it. The I&R/A service can also make the availability of the information and referral service known by means of announcements transmitted through civic, labor, religious and business organizations and agencies serving older people.

Strategies and Techniques

There are three key elements to effective promotion of the I&R/A.

- ➢ Target Your Message: Keep it simple and to the point.
- ➢ Target The Audience: Identify special populations who can benefit from your message. Are there under-served populations you may want to focus on?
- ➢ Timing: Increase visibility by releasing information to coincide with appropriate events.

Informing individuals of the I&R/A service can be the responsibility of the I&R/A or can be provided on a state or area-wide basis. A list of variety of techniques that can be used in a publicity campaign is included in the *Standards for Professional Information & Referral* and is re-created below in the assessment section related to promotion.

Assessment: Governance

1. Does your governing body:
   ___ Provide for regular cycle of needs assessment, program planning and service delivery and conduct an annual evaluation of I&R activities? Options for needs assessment include:
      ___ Analysis of inquiries and follow-up information;
      ___ Periodic surveys;

     ___ Community networks;
     ___ Participation on task forces;
     ___ Interviews with community members;
     ___ Periodic focus groups; and
     ___ Information gathered through a Web site.
___ Formulate policies for the organization?
___ Provide human resources to adequately staff your I&R/A service?
___ Assist in procuring financial and technical assistance?
___ Promote the I&R system throughout the community?
___ Meet at least quarterly as a general body?
___ Maintain minutes of all official proceedings?
     ___ Are the minutes available for inspection by interested parties?
___ Take responsibility for contracting, adopting an annual budget, maintaining financial records and providing an annual audit?

2. Do members of the governing body serve without pay and accrue no financial benefit from membership?

3. If your parent organization or I&R/A service has a governing body that is not local or does not adequately represent the community it serves, does your I&R/A service have an advisory committee that assures sufficient local input and oversight?
    ___ Is the membership of your board/advisory committee broadly representative of the geographic area and does it include representatives of other constituent groups within the service area (e.g., people of different ethnic/social backgrounds, professionals, older persons and their caregivers, business, labor, government, education, faith groups, finance, volunteer, civic groups, and health and social service consumers)?
    ___ Do advisory committee members serve without pay and accrue no financial benefit as a result of membership (other than reimbursement of costs)?
    ___ Does the board/advisory committee have the skills to meet organizational needs?
         ___ Legal expertise (personnel, intellectual property, liability issues)?
         ___ Political connections (to keep funding/marshal support for issues, etc)?
         ___ Fundraising support?
         ___ Knowledge of aging field?
         ___ Other?
    ___ Does the board/advisory committee conduct a regular needs assessment regarding the composition of the advisory body and establish recruitment priorities?
    ___ Is there a board/advisory committee training program?
    ___ Does the board/advisory committee engage in strategic planning on a regular basis?
    ___ Are key staff involved in committee work of the board/advisory body? This creates a sense of teamwork and makes staff feel that higher management has confidence in them and appreciates their work. It also gives the Board an opportunity to work firsthand with staff they might not otherwise meet in these circumstances. It may also support the practice of promotion from within rather than an outside search should top management positions become vacant.
    ___ Does the board/advisory committee sponsor a staff recognition dinner or other recognition event? This provides an opportunity for Board members to learn more about staff accomplishments and an informal opportunity (over dinner) for staff and Board members to get to know one another.
    ___ Are staff alumni invited to recognition events?   This helps to promote a sense of history for the organization.

4. Does your I&R/A service or it's parent organization have a Mission Statement?

5. Does your I&R/A service or it's parent organization have a Constitution (Articles of Incorporation) and Bylaws?

6. Does your I&R/A service have a systematic method for program evaluation which examines its viability as an organization, the effectiveness of its services, involvement in the community and its overall impact on the people it serves?

   ___ Does your I&R/A service have written goals and objectives which reflect priorities and desired outcomes for the current year?

   ___ Does your I&R/A service conduct a regular review of accomplishments and actual outcomes relative to your goals and objectives?

   ___ Does your I&R/A service adjust service priorities based on that review?

   ___ Does your I&R/a service conduct regular needs assessments to determine whether you need to fine tune your service? At what intervals? Which of the following steps did your I&R/A service take to keep abreast of issues and needs?

      ___ Analysis of inquiries

      ___ Periodic surveys

      ___ Community networks

      ___ Participation on task forces

      ___ Interviews with community members

      ___ Periodic focus groups

      ___ Information gathered through your Web site

      ___ Other.

   ___ Does your I&R/A service have an established method of recording inquirer data that allows the data to be extracted, compiled and used to evaluate service delivery?

   ___ What methods do you use to evaluate the cost efficiency of your service?

   ___ What unit of service is tracked by your I&R/A service?

      ___ Number of individuals (unduplicated count)?

      ___ Number of incoming calls or other contacts with inquirers/one per contact?

      ___ Number of incoming calls or other contacts with inquirers/multiple per contact depending on the number of people affected?

      ___ Number of problems?

      ___ Number of transactions (incoming calls) and within transaction, number of problems.

      ___ Other.

   ___ Which types of contacts are included in your inquirer statistics?

      ___ Calls to your regular I&R line(s).

      ___ Calls to special I&R line(s).

      ___ Face-to-face contacts with inquirers.

      ___ Calls answered by your automated attendant (menu-driven phone system).

      ___ Inquiries via your Web site.

      ___ Inquiries via e-mail.

      ___ Inquiries via regular mail.

      ___ Outgoing calls made on behalf of inquirers.

      ___ Outgoing calls to verify resource information.

      ___ Other.

   ___ How do you calculate your cost per inquiry?

   ___ What is your cost per inquiry?

   ___ Does your I&R/A service conduct a regular evaluation to measure service effectiveness? At what intervals?

   ___ Does the evaluation process involve:

      ___ Inquirers?

      ___ Service providers?

      ___ Other community representatives?

   ___ Is follow-up data used in the evaluation process?

   ___ As a result of the evaluation process, are there changes in your program?

7. Does the agency/program have a policy and procedures and/or operations manual?
   ___ Does the manual include the following?
      ___ Personnel
      ___ Confidentiality
      ___ Equipment
      ___ Service Delivery
      ___ Financial Procedures
      ___ Office Procedures
      ___ Resource Database Management
      ___ Staff Use of the Internet
      ___ Emergency Operating Procedures
   ___ Have the written policies been formally adopted?
   ___ Are each of the policies dated?
   ___ Is there a written procedure for updating the manual?
   ___ Are there agreement forms to indicate that staff are in compliance?
   ___ Are new agreements signed when policies and procedures are updated?

8. Does your I&R/A service have a Code of Ethics?
   ___ Does the Code of Ethics address the following?
      ___ Personal Integrity
      ___ Professional Excellence
      ___ Relationship to Colleagues/Employees
      ___ Relationship to Inquirers
      ___ Relationship to the Community
      ___ Conflict of Interest/Personal Gain
   ___ Has the Code of Ethics been approved by the governing body of the I&R Service?
   ___ Have all staff of the I&R service agreed to follow the Code of Ethics?

9. Does your I&R/A service have a statement approved by the organization's governing body prohibiting discrimination in all of its forms and documenting its intention to comply with all laws, orders, and regulations addressing this issue?

10. Does your I&R/A service have a process for registering and resolving complaints from inquirers, staff and the community involving discrimination?

11. Does your I&R/A service have a procedure for keeping current with all laws affecting service delivery?

12. Does your I&R/A service have insurance coverage for personal and property liability?

13. Are the following financial records kept in accordance with accepted accounting standards?
   ___ Annual Budget for the I&R/A program
   ___ Financial Statement for the I&R/A program
   ___ Annual Budget for agency if different than #1
   ___ Annual Fiscal Audit
   ___ Annual Board Report.

14. Does the I&R/A service provide adequate facilities?
   ___ Is there sufficient space to ensure confidential interviewing as appropriate?
   ___ Is there sufficient space for files and technology needs?
   ___ Has the I&R/A services equipped it offices with sufficient desks, tables, chairs, supplies and lockable filing cabinets?

___ Does the I&R/A service use offices that are free of architectural barriers to people with physical disabilities per ADA requirements or its equivalent?
___ If the I&R/A service is designed to serve walk-ins, is the office accessible by public transportation and geographically convenient to the population the program is designed to serve?
___ Does the office have available parking?

Assessment: Personnel Administration

1. Does your I&R/A service have a current organization chart?

2. Does your organization chart reflect all positions within the I&R/A service?

3. Does your I&R/A service have written, dated job descriptions that are current?

4. Does your I&R/A service ensure that listings for both paid and volunteer positions are posted as broadly as possible to ensure that qualified candidates throughout the community are aware of employment opportunities?

5. Does your I&R/A service have a standardized form and screening procedure to assess candidate applications for both paid and volunteer positions?

6. Does your I&R/A service have a form for objectively measuring applicant qualifications?

7. Are there standardized, written questions and an objective rating form that are specific to each position within the I&R/A service?

8. Does your I&R/A service annually evaluate all personnel, paid and volunteer, against clearly defined responsibilities as outlined in their job descriptions?
   ___ Administrative Personnel
   ___ Service Delivery Staff
   ___ Other Staff
   ___ Volunteers

9. Does your I&R/A service have a plan for staff supervision which includes the use of standardized observation and performance appraisal forms?

10. How does your organization assess the quality of services provided by I&R/A staff?
    ___ Do supervisors observe calls or other contacts with inquirers?
       ___ Do you have an observation form that guides this process?
       ___ Does the form adequately cover the competencies related to service provision outlined in the Certified Information and Referral Specialist in Aging program?
       ___ Does the form address skills related to handling difficult inquirers, special populations within the aging community, people in crisis?
       ___ Does the form address the handling or crisis situations?
       ___ What kind of communication does the supervisor have with the specialist following the observation?
    ___ Do the supervisors review a certain number of inquirer records? What do they look for?
    ___ Are customer satisfaction survey's utilized to measure quality of service?
    ___ Other quality assurance mechanisms?

Assessment: Staff Training

1. Does the I&R/A service make training available to all staff, both paid and volunteer?
   ___ Paid staff
   ___ Volunteer staff

2. Is your I&R/A service's training program based on written predetermined training goals?

3. Does your I&R/A service's training program have written curriculum objectives for each module and are these objectives based on the Certified Information and Referral Specialist in Aging (CIRS-A) and Certified Resource Specialist (CRS) certification programs?

4. Does your I&R/A service's training program use, at a minimum, three of the following methods to address diverse learning styles?
   ___ Lectures
   ___ Audio/visual materials
   ___ Reading assignments
   ___ Oral/written exercises
   ___ Role-plays
   ___ Modeling of experienced workers

5. Do you provide an orientation for new staff? Does the orientation for all new staff members address the following?
   ___ Older Americans Act
   ___ National Network on Aging
   ___ Other federal aging programs
   ___ State specific aging programs
   ___ Role, mission and function of the I&R service
   ___ Organization/administrative structure
   ___ Policies and procedures of the organization.
   ___ History of I&R and the I&R process.
   ___ Federal/state/local laws affecting service delivery, such as:
      ___ Abuse reporting requirements:
      ___ Life threatening situations
      ___ Criminal activities
      ___ Ethical standards
      ___ Confidentiality vs. mandated reporting
      ___ Nondiscriminatory practices

6. Does your I&R/A training address the following:
   ___ Interviewing techniques and attitudes
   ___ Listening skills
   ___ Communication
   ___ Proper telephone usage
   ___ Assessment techniques
   ___ Information provision procedures
   ___ Referral provision procedures
   ___ Follow-up
   ___ Data recording
   ___ Maintenance of inquirer records
   ___ Organization of the Taxonomy
   ___ Use of the resource database
   ___ Job-related equipment and tools
   ___ Working with multicultural/ethnic inquirers

 ___ Working with special populations, difficult inquirers and people in crisis
 ___ I&R in times of disaster
 ___ Major federal and state legislation authorizing services and benefits for older adults and adults with disabilities
 ___ Federal, state, and local human services delivery system that pertains to older adults and adults with disabilities
 ___ Knowledge of the processes and issues associated with aging

7. Does your I&R/A have a sequential program of increasing levels of responsibility in handling inquirers beginning with observation ending with full responsibility for handling inquirers?

8. Does your I&R/A service provide training on resource development for appropriate staff? Does it address the following?
 ___ Overview of the local community service delivery system
 ___ Inclusion/exclusion criteria
 ___ Data elements
 ___ Taxonomy indexing
 ___ Special indexes for manual systems
 ___ Database maintenance procedures
 ___ Computerization or structure of a manual system
 ___ Development and maintenance of database products
 ___ Training in specialized areas, where warranted

9. Does your I&R/A service provide cross training with other aging information resource system programs?

10. Does your I&R/A service establish a minimum level of competency that trainees must achieve before assuming their duties?

11. Does your I&R/A service have procedures in place for handling trainees who do not demonstrate competency at the required level?

12. Does your I&R/A service use a variety of methods to evaluate trainees?
 ___ Objective methods (e.g., written tests of each trainee)?
 ___ Subjective methods (e.g., observation measures)?

13. Does your I&R/A service encourage I&R/a staff to become certified through the AIRS CIRS-A and/or CRS programs or through other aging certification programs recognized at the state or national level?
 ___ How many of your I&R/A specialists are eligible for certification through the AIRS CIRS-A program?
 ___ How many of your I&R/A specialists have been certified?
 ___ What percentage is that of your total I&R/a staff?
 ___ How many of your I&R/A specialists have been certified through another, recognized program? Which program?
 ___ How many of your I&R/A or resource specialists have been certified through the AIRS CRS or other similar program?

14. Does your I&R/A service formally evaluate its training program? How often is the training program evaluated? Is the training program modified based on the results of the evaluation?

15. Does your I&R/A service have a formal method for evaluating the performance of its trainers?

16. Do you provide in-service training opportunities for your staff to refine and upgrade their skills? How

many sessions for line staff per year? How many for management staff per year? Do the sessions address the following:

___ Emerging issues in the field of aging
___ In-house operating procedures?
___ Areas of interest in the human services field?
___ Community services?
___ Personal skill development?
___ Assistance in maintaining objective attitudes toward the inquirer's needs and use of services?

17. Does your I&R/A service provide staff with opportunities to attend other aging network training programs/conferences?

18. Does your I&R/A service collaborate on staff training programs with other aging network I&R services on an area-wide or statewide basis?

19. Does the I&R/A arrange for regular professional consultation for the entire staff when the service's supervisory staff do not have the necessary expertise?

Assessment: Promotion and Outreach

1. Does your I&R/A service have a planned program of activities to increase community awareness of I&R/A services and their objectives?

2. Does your I&R/A conduct an evaluation of available resources for handling an increase in call volume before implementing publicity plans?

3. Does your I&R/A service use various methods to publicize information and assistance ?
___ Personal contact
___ Speaking engagements
___ Community meetings
___ Public service announcements/listings
___ Radio
___ Paid advertisements
___ Television
___ Feature articles
___ News stories
___ Interviews
___ Newsletters
___ Displays
___ Telephone directory listings/yellow pages/I&R pages
___ Brochures/posters/telephone stickers, other printed materials
___ Inserts in mailings of local businesses
___ Booths at fairs
___ Internet Web pages
___ Other.

4. Does your I&R/a service have a written marketing plan for publicizing its services to special needs groups in the community such as foreign language groups, low-income, minority, low-income minority, frail, socially isolated or hearing or visually impaired?

5. Does the I&R/A encourage other aging network programs to promote and use the I&R services?

6. Does your I&R/A service collaborate with other aging network programs to jointly promote services offered?

7. Does your I&R/A use all publicity techniques as frequently and as regularly as resources permit?

8. Does the administrator of the I&R/A service evaluate the effectiveness of individual I&R promotions? If so, how often?

9. Do the I&R/A staff communicate regularly with other aging network programs, community service providers, government officials, and planning bodies to improve public relations?

10. Does your I&R/A service conduct an evaluation of its marketing plan(s)?
    ___ Does your evaluation plan include examination of inquirer demographic information?
    ___ Does your evaluation plan include reference to referral source data?
    ___ What was the objective of your marketing plan?
    ___ Was it successful?

Implementation Steps for Governance

Governing Body

1. Review the *Standards for Professional Information & Referral* to determine which of the following structures define your I&R:

    ➢ The characteristics and responsibilities of I&R/A services that are functions of incorporated nonprofit organizations;

    ➢ The characteristics and responsibilities of the governing body of nonprofit corporations; or

    ➢ The characteristics and responsibilities of an advisory committee of a multi-service incorporated organization, federal, state or local government.

2. Review the criteria to become more informed about the authority under which your I&R operates.

Finance

1. Determine if your I&R/A is operating according to acceptable accounting procedures by reviewing the procedures followed and checking with your accounting/budget office.

2. Determine if your I&R/A is adhering to Generally Accepted Accounting Principles (GAAP) and Governmental and Private Section Financial Reporting Requirements, 45 CFR Part 74.

3. Maintain proper financial records, prepare an annual budget, project future needs, explore and encourage financial development and support for continuance of the program.

Facilities

1. Assess your current space specifications. Do all staff have enough space and adequate equipment to perform their roles? Are there adjustments that must be made?

2. Create a list and prioritize changes that need to be made in space specifications.

3. Determine whether your telephone system is robust enough to meet your call volume demands and the needs of people with hearing impairments. Does it have the features that are most needed by staff to perform efficiently?

4. Evaluate whether there are ample locking files to ensure confidentiality of client records.

5. Review the Americans with Disabilities Act to determine whether your facility meets ADA requirements. Consider inviting an expert to meet with you, tour your facility and identify barriers that older persons with disabilities may encounter.

6. Create a plan to address identified barriers.

7. Obtain an answering system to operate after hours and provide basic information on the I&R/A service and a telephone number for after hour emergencies.

8. Create a plan for ongoing review of relevant technology and incorporating appropriate technology into your operations.

Implementation Steps for Personnel Administration

1. Create an organization chart for your I&R/A that reflects positions within the service.

2. Review the current job descriptions for each position to ensure that roles and responsibilities of each of your I&R/A staff are accurate and up-to-date.

3. Determine whether current roles and levels of responsibility are in line with competencies defined for the I&R/A staff.

4. Identify training and orientation that may be required to enhance and improve current roles and responsibilities and share with staff responsible for training.

6. Create a standardized form and screening procedure to assess candidate applications. Check to ensure that applicant qualifications are objectively measured.

7. Develop standardized, written questions and an objective rating form specific to each position within the I&R/A service.

8. Establish an annual evaluation plan for all personnel that ensures staff are evaluated against clearly defined responsibilities as outlined in their job descriptions.

9. Create an ongoing staff supervision plan that includes the use of standardized observation and performance appraisal forms and that assesses the quality of services provided by I&R/A staff. The observation form should cover the competencies related to service provision outlined in the CIRS-A study guide. The form should assess skills related to assisting difficult inquirers, people in crisis, and special populations within the aging community.

10. Implement periodic customer satisfaction surveys to measure the quality of service provided by I&R/A staff.
11. Assess your day-to-day I&R/A operational workload and evaluate if volunteer assistance can alleviate the workload and generally enhance the overall service. If so, consider implementing the following steps:

___ Review the *Standards* to determine whether criteria governing the utilization of volunteers can be met. Pay particular attention to criteria that relate to support requirements and incentives for retention of volunteers.

___ Evaluate your facility and determine if you have adequate space to accommodate additional staff.

___ Create a job description that details skills needed, duties to be performed and lines of supervision and communication.

___ Designate a coordinator of volunteers. Make sure that the coordinator has skills in the areas of training and supervision.

___ Develop incentives that will acknowledge volunteers as non-paid staff members and will recognize them for their time, support and efforts.

___ Recruit volunteers in those places where you will likely find persons with skills you need and "advertise" in publications they read. Many programs find their best source of volunteers are their current volunteers who are willing to recruit friends and business associates with the necessary skills. If there is a Voluntary Action Center or Volunteer Bureau in your community, it may also be a good source of volunteers.

___ Conduct interviews as you do for paid staff positions.

___ Hire and train volunteers based on the training plan developed for paid staff.

Implementation Steps for a Staff Training Program

1. Identify/prioritize the training needs of your staff. It is important to evaluate the I&R skills and expertise of the current staff as well as identify personal skills development needs.

2. Consult with neighboring I&R/A services and state and area agencies on aging for training plan ideas and to coordinate training efforts.

3. Identify existing resources for training, i.e., space, equipment, funding, community resources such as existing curriculums, training manuals, tapes, etc.

4. Refer to the ABC's of I&R training manual for training topics and modules.

5. Identify trainer resources through the National Aging I&R/A Support Center, the State Unit on Aging, the Area Agency on Aging, Administration on Aging regional offices, the United Way and the Alliance of Information and Referral Systems (AIRS), etc.

6. Set up a training plan that includes topics for pre-service as well as in-service training and a training schedule. The training plan should include on-the-job training that begins with an observation period and ends with the full, independent responsibility for handling inquirers. Consider allowing more experienced specialists to work with and mentor new staff and/or be involved in training activities as a means of motivating current staff and helping new staff adjust to the organizational culture more quickly.

7. Initiative an inservice training plan to help current staff become proficient in the competencies outlined in the CIRS-A study guide.

8. Explore formal as well as informal methods/techniques for training such as skills building sessions, presentations, guest lectures, brown bag lunch roundtables, field trips, demonstrations, conferences, meetings, discussion of difficult case examples; reading assignments; role playing, active practice in use of all forms used by the I&R films, audiotapes and videotapes.

9. Create a timeline for implementing your plan.

10. Develop a budget.

Implementation Steps for I&R/A Promotion

1. Evaluate your current I&R/A promotional efforts. Appropriate questions may include:
   - Is there a promotion plan in place?
   - Does it clearly reflect the goals and objectives of the I&R/A service?
   - Are the strategies used effective in meeting the needs of the target population?
   - Does your plan include collaborative efforts and coordination to maximize resources?
   - Does the plan target special groups?
   - Does it feature an effectiveness evaluation component?

2. Evaluate your I&R/A resources for handling an increased call volume that a promotional effort might generate.

3. Contact similar "sized" and geographically located I&R/A services and ask about their promotion activities.

4. Coordinate your promotional activities with other aging information resource system programs.

5. Define special needs groups using census tract data, Social Security offices, churches and social service agencies to target promotion efforts.

6. Review inquirer data to determine the characteristics of people in the service area.

7. Identify community organizations that may be willing/interested in working with you.

8. Include internal management and the I&R staff in discussions of various methods of publicity and determine which are appealing to your agency based on its size, resources, and the location of target populations.

9. Develop collaborative relationships through regular dialogue with community service providers, government officials, and planning bodies. Discuss ways of promoting services to maximize costs. When selecting dates for promotional events, check local community calendars and avoid dates on which community events have been scheduled.

10. Coordinate promotional activities with those occurring at national, state and area levels by staying in touch with national aging network efforts, attending conferences, discussing issues with state unit on aging I&R liaisons, and by use of national logos.

11. Develop a promotion plan that can be activated on a regular basis -- monthly, bi-monthly, quarterly, or annually -- to get the word out in the community and keep it out there. Think in terms of short and long term PR projects, e.g., short term efforts such as distributing a flyer or developing a press release and long term efforts such as a mass mail campaign.

12. Use both paid and volunteer staff in promotion efforts.

13. Choose the portions of your service area your wish to target. Who do you want to see your message? Place your message in places where your target audience will see it. Think creatively about possible vehicles for your message. It might be a brochure or videotape for free loan at your local video store. Or a flyer distributed by an organization to its employees. It might be your own radio talk show or a series of shows on a cable access channel. Or a brochure distributed by physicians and pharmacists.

14. Design an instrument to evaluate the effectiveness of promotion efforts.

Tips on Developing the Promotion Plan

1. It is important to place brochures, flyers and other promotional literature in areas such as the Social Security Office, government buildings and grocery stores that older persons and their caregivers frequent.

2. Placement of posters in places such as nutrition sites, senior centers, adult day care centers, shopping malls, laundromats, dry cleaning establishments and bus stations is also an effective strategy.

3. Presentations can be made by the I&R/A service to hospital staff, homemaker and nursing associations, medical societies, churches, charitable societies and other similar community groups.

4. Flyers can be included in mailings of items such as paychecks, social security checks, electric bills and food stamps.

5. Door-to-door canvassing by paid and volunteer information and referral staff can target frail, vulnerable older persons as well as businesses and agencies in the community.

6. Before selecting techniques to use in a publicity effort, it is important to determine the purpose of the information to be disseminated. In addition to generally making individuals aware of the I&R service, promotion efforts can address the specific needs of the target population so that individual identification with the service may be accomplished.

7. Promotional efforts should take into consideration the fact that many individuals are unaware of the specific services that are available to them. Specific services can be mentioned in order to raise consciousness about the availability of services in general.

8. It is important to mention that the I&R/A service can address a broad range of problems. Stress the point that people can contact the I&R/A whenever they have a need and should keep the telephone number handy. Use of an easy to remember acronym or an eye-catching logo help to ensure that older adults notice the I&R/A service initially and remember it over time.

9. Promotion efforts should address individuals who live in isolated rural communities and other hard to reach populations.

10. Promotion efforts should target caregivers of older persons to create awareness on their part of the availability of I&R/A services.

11. Enlist the support of other community groups and agencies to collaborate on promotional efforts, add to the information disseminated, and expand access to media and community leaders.

12. Volunteer support can be used in the development of the promotion plan as well as the distribution of promotional materials.

13. Where appropriate the aging I&R should coordinate its publicity and public relations activities with those of other aging information resource system programs.

14. Promotion efforts should take into consideration special needs groups such as people who are isolated, frail, vulnerable, low income or minorities; speak languages other than English; or have hearing, vision, ambulation, or speaking impairments.

15. It important to remember that promotional efforts, if executed properly, frequently result in the increased demand for I&R/A assistance as well as other services. The I&R/A service needs to identify available resources for handling any resulting increase in volume before implementing its marketing plan or postpone implementation if resources are not currently available.