

Vermont's Aging and Disability Resource Connection (ADRC) Evaluation
Final Report
April 30, 2009

Introduction

The Vermont Department of Disabilities, Aging and Independent Living (DAIL) received a three-year grant, funded by the Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS) to develop Aging and Disability Resource Centers (ADRC). ADRCs are to serve as visible and trusted places in the community where people can turn for information about and access to the full range of long term support options, regardless of age, disability or income.

The Vermont ADRC project sought to develop a system that provides older Vermonters, people with physical and/or developmental disabilities, and people with traumatic brain injury with the services and resources they need. In order to achieve this goal, the project focused on creating seamless access to information, referral and assistance (I/R/A) and enhanced ease in the eligibility screening and determination processes required for gaining needed services.

Vermont's ADRC project had two pilot regions: the Northeast Kingdom and the Champlain Valley. Core partners within the two regions agreed that Vermont could best achieve the project goals through a collaboration of existing service providers, in lieu of creating a stand-alone centralized location. Thus, the "C" in ADRC stands for *Connection* rather than *Center*. Core partners involved in developing this connection included:

- Area Agencies on Aging – Champlain Valley Agency on Aging (CVAA) and Area Agency on Aging for Northeastern Vermont (NEVAAA)
- Developmental Services – Northeast Kingdom Human Services (NEKHS), Howard Center, Northwestern Counseling and Support Services (NCSS), Counseling Services of Addison County (CSAC)
- Vermont Center for Independent Living (VCIL)
- Parent to Parent of Vermont (P2P)/Vermont Family Network (VFN)
- Vermont 2-1-1

At the state and pilot site levels, the ADRC project worked with core partners to achieve the following goals:

1. Visibility and awareness among the general public and target populations on how to access services
2. Consumer focus and informed choice among ADRC partners
3. Enhanced access to services
4. Efficient access to services
5. Effective access to services

The ADRC evaluation was designed to determine the degree to which the project as a whole, and its partner agencies, achieved the goals outlined above.

Methodology

Working with ADRC partners and administrative staff, Flint Springs Associates, the project evaluator, identified activities and outcomes linked to each goal. To conduct a performance evaluation, measures of activity were identified, and to conduct outcome evaluation indicators of intermediate and long term outcomes were identified.

As outlined in the following tables, the *ADRC Evaluation Plan: Goals, Activities, Measures & Indicators* outlines specific measures of activities and outcomes used in the evaluation. Methods used to gather these data included:

- Surveys and interviews to gather data directly from consumers
- Case file reviews to gather quantitative data on eligibility determination
- Structure interview to gather process data from core partners

Baseline data was collected in early 2008 and follow-up data was collected a year later. A brief description of the methods used for each data collection activity is described below.

Performance Evaluation

Process data to assess ADRC activities was gathered through:

- Core Partner Reporting Form
- Process Data Reporting Form (baseline only; at follow-up data include in Project SART report)
- Leadership Team Structured Interview

These methods are described in more detail, including copies of reporting forms and interview questions, in *Core Partner Process Data Baseline Report* (July 2008) and the *Leadership Team Structured Interview Follow-Up Report* (April 2009). The reports also provide summaries of findings.

Outcome Evaluation

Data to assess the degree to which the ADRC project achieved intermediate and long term outcomes was gathered through:

- Consumer Satisfaction Surveys – methods and results described in detail:
 - *Information, Referral and Assistance Consumer Satisfaction Survey Summary of Baseline Results (April 2008)*
 - *Information, Referral and Assistance Consumer Satisfaction Survey Summary of Results (April 2009)*

- Structured Interviews with Consumers – methods and results described in detail:
 - *ADRC Consumer Satisfaction with Access to Services Summary of Interviews with Consumers Conducted between March and April 2008* (May 2008)
 - *ADRC Consumer Satisfaction with Access to Services Summary of Interviews with Consumers Conducted between March and April 2009* (April 2009)
- Choices for Care Eligibility Determination Case File Reviews – methods and results described in detail:
 - *Vermont’s Aging and Disability Resource Connection (ADRC) Evaluation Eligibility Determination Baseline Data* (June 2008)
 - *Vermont’s Aging and Disability Resource Connection (ADRC) Evaluation Eligibility Determination Follow-Up* (April 2009)

ADRC Evaluation Plan: Goals, Activities, Measures & Indicators

Goals (Long Term Impact)	Activities/ Performance	Measures of Activities	Indicators of Intermediate Outcomes	Indicators of Long Term Impact
1. Visibility and awareness of way to access services	<ul style="list-style-type: none"> ▪ Establish ADRC model, including MOUs (criteria for who is a partner) ▪ Develop & implement marketing strategies & products ▪ Develop & implement outreach strategies 	<ul style="list-style-type: none"> ▪ # of needed MOUs in place ▪ # & types of marketing activities, products ▪ # & types of outreach activities ▪ # of participants in meetings & other educational events 	<ul style="list-style-type: none"> ▪ Staff among “critical pathways” & other providers increase referrals to ADRC agencies (<i>referral source-MDS</i>) ▪ Consumers report knowing how to get I&A through ADRC agencies, and understand array of LTC options ▪ Increase in # of calls to ADRC agencies (<i>MDS</i>) ▪ Demographics of consumers represent all target groups & diversity of populations (<i>MDS</i>) 	<ul style="list-style-type: none"> ▪ General public, consumers, “critical pathway” and other providers, state agencies report knowing how to contact agencies providing I&A and access to services through ADRC agencies
2. Consumer focus and informed choice among ADRC linked agencies	<ul style="list-style-type: none"> ▪ Consumers on ADRC statewide council and local teams ▪ Consumers participate in ADRC partner agency boards or advisory councils 	<ul style="list-style-type: none"> ▪ # of consumers participating in ADRC council and teams ▪ # of ADRC partners with consumer participants ▪ Consumer members report they are significantly & meaningfully engaged 	<ul style="list-style-type: none"> ▪ Consumers report satisfaction with responsiveness of services to needs, preferences & unique circumstances (<i>MDS</i>) ▪ Number repeat contacts (trust) ▪ Consumers use info, report satisfaction 	<ul style="list-style-type: none"> ▪ Consumers report ability to exercise informed choice in services ▪ Consumers report services address their stated needs

ADRC Evaluation Plan: Goals, Activities, Measures & Indicators (continued)

Goals (Long Term Impact)	Activities/Performance	Measures of Activities	Indicators of Intermediate Outcomes	Indicators of Long Term Impact
3. Enhanced access to services	<ul style="list-style-type: none"> ▪ Develop & implement plan to streamline intake, application, assessment & eligibility determination ▪ AIRS certification training for I&A staff at ADRC partner agencies ▪ Study, & possibly develop, electronic management for assessments 	<ul style="list-style-type: none"> ▪ Tasks outlined in streamlining work plan accomplished ▪ # of I&A staff at ADRC partner agencies w/ AIRS certification ▪ Electronic management of assessments (& other processes) established ▪ Type of assistance provided (<i>MDS</i>) ▪ # level of care determinations (<i>MDS</i>) ▪ # financial eligibility determinations (<i>MDS</i>) 	<ul style="list-style-type: none"> ▪ Consumers report satisfaction with process for intake, application, assessment & eligibility determination (<i>MDS</i>) ▪ Reduced time between application for services and determination of functional and financial eligibility ▪ # and demographics of consumers receiving services represent target groups ▪ Service providers report satisfaction with streamlined process 	Consumers have timely access (including accommodations for special needs) to services they need & request
4. Efficient access to services	<ul style="list-style-type: none"> ▪ REFER training for ADRC partner agencies ▪ Standardize use of taxonomy and labeling of resources across ADRC providers ▪ Develop and implement a process to update and maintain quality of resource file 	<ul style="list-style-type: none"> ▪ # of ADRC partner agency staff trained on use of REFER ▪ # of agencies using standard labeling and taxonomy ▪ Frequency of resource database updates ▪ Accuracy of resource database ▪ # contacts/FTE (<i>MDS</i>) 	<ul style="list-style-type: none"> ▪ Consumers report access to needed I&A without having to go through intake process ▪ Reduced number of consumer contacts to initiate intake process ▪ Reduced # of times consumers must provide same information ▪ Times for intake, application, assessment & eligibility determination are decreased 	<ul style="list-style-type: none"> ▪ Consumers access services more quickly

ADRC Evaluation Plan: Goals, Activities, Measures & Indicators (continued)

Goals (Long Term Impact)	Activities/Performance	Measures of Activities	Indicators of Intermediate Outcomes	Indicators of Long Term Impact
5. Effective access to services	<ul style="list-style-type: none"> ▪ Identify & implement ongoing cross-training curriculum ▪ Identify gaps in service coordination & develop strategies to improve access to service coordination ▪ Develop continuous quality improvement process for ADRC model ▪ Develop and implement sustainability plan for ongoing funding to support ADRC model 	<ul style="list-style-type: none"> ▪ # & types of ongoing cross-training activities ▪ # of ADRC partners represented at trainings ▪ Strategies to improve service coordination implemented ▪ # of consumers served by system -- # of assessments, # of eligibility determinations ▪ Sustainability plan implemented – ADRC model incorporated into community culture for consumers & providers 	<ul style="list-style-type: none"> ▪ Consumers report satisfaction that I&A is consist, comprehensive, accurate, useful & not biased (<i>MDS</i>) ▪ Consumers report satisfaction with simplicity of process, reduced experience of frustration & confusion (<i>MDS</i>) ▪ Consumers report information clear & simple to understand (<i>MDS</i>) ▪ Service providers report satisfaction with referrals ▪ Satisfaction with interaction among ADRC agency staff reported by consumers, as well as all ADRC agency staff and other service providers 	<ul style="list-style-type: none"> ▪ Decreased use of institutional care (<i>MDS - # institutional level of care determinations</i>) ▪ Increased availability and use of home & community-based services (<i>MDS – HCBS waiver enrollment, institutional care use, other program use</i>)

Findings

Goal 1: Visibility and Awareness

Activities

- established formal relationships among partners through an MOU which was established in April 2008
- held meetings and educational events

Outcomes

- 2-1-1 was only partner that reported increase in referrals from ADRC partner agencies
- no documented increase in referrals between ADRC partners other than 2-1-1
- ADRC partners reported improvement in the quality of referrals
- consumers knowledge of how to get information, referral and assistance (I,R&A) through ADRC partners varied on an agency by agency basis
- number of calls to ADRC partners increased
- 2-1-1 only partner with demographic information about callers to assess representation of target groups

Observations

Data gathered indicates that the project succeeded in establishing awareness of and familiarity among the partner agencies. Partners reported that they felt the quality of referrals between the agencies improved. However, there is no evidence to indicate that the number of referrals between the partner agencies increased.

Goal 2: Consumer Focus and Informed Choice

Activities

- consumers participated in the ADRC Statewide Council and on local teams
- all partner agencies have consumers on their boards or advisory councils

Outcomes

- in surveys, consumers report high levels of satisfaction with partner agency responsiveness in delivery of I,R&A
- in interviews, consumers satisfaction levels with responsiveness to request for information or services varied depending on the agency contacted
- at baseline, 40% of contacts to ADRC partners were repeat callers; at follow-up 33% of contacts were repeat callers

- in satisfaction surveys, consumers report high levels of satisfaction with the usefulness of information received
- in the structured interviews, consumers contacting all but one ADRC partner agency, reported high levels of satisfaction with the usefulness of information received

Observations

Consumer participation in ADRC state and local forums as well as on the Boards of the partner agencies was evident throughout the project. Our data gathering activities did not explore whether consumers felt engaged in the project.

Consumers reported high levels of satisfaction with I,R&A services at both baseline and follow-up. Levels of satisfaction with responsiveness and usefulness of services did not change significantly over the period of the project. In agencies where consumers reported high levels of satisfaction at baseline with responsiveness and delivery of information and referral, those levels remained constant at follow-up. Thus, it appears that project activities did not impact satisfaction levels regarding responsiveness to requests for I,R&A.

Goal 3: Enhanced Access to Services

Activities

- Measures of activities tracked through project SART, information not gathered through evaluation

Outcomes

- consumers report high levels of satisfaction with intake, application, assessment, and eligibility in all but one ADRC partner agency
- overall there was a reduction in time from application for Choices for Care (CFC) long-term care services to eligibility determination, due primarily to a reduction in processing time for financial eligibility determination at Department for Children and Families (DCF), the agency responsible for financial determination
- satisfaction with the streamlined process varied across partners – two agencies reported improved transfers, while others reported no discernable differences

Observations

Consumers reported generally high levels of satisfaction with access to services through three service networks and lower levels with one service network at both baseline and follow-up. Reports from consumers interviewed did not indicate differences in satisfaction levels for people trying to access services from baseline to follow-up. Again, these findings indicate that the project made no noticeable difference in consumer satisfaction levels.

Goal 4: Efficient Access to Services

Activities

- partners using REFER received training in the software
- agencies with REFER are using standard labeling and taxonomy
- at baseline three agencies had processes to update their database; at follow-up, three additional agencies had established updating processes

Outcomes

- overall there was a reduction in time from application for CFC services to eligibility determination, due primarily to a reduction in processing time for financial eligibility determination at DCF
- the time it took to complete clinical assessments and clinical eligibility certification for CFC services improved in one pilot site and remained stable in the other
- at follow-up clients referred by non-ADRC agencies received CFC eligibility determination in a shorter period of time than ADRC referred clients

Observations

ADRC partners engaged in activities designed to make access to services more efficient. Between baseline and follow-up, the number of agencies using REFER and its standard labeling and taxonomy increased, as did the number of agencies establishing updating processes.

As intended by the project, time from application to eligibility determination for CFC services was reduced and in one pilot site the time to complete clinical assessments and certification for CFC was reduced, while in the other site time remained the same. However, at follow-up clients referred by non-ADRC partners were determined eligible for CFC more quickly than those referred by project partners.

Goal 5: Effective Access to Services

Activities

- the project provided cross-training events to ADRC partners
- the number of ADRC partners represented at trainings was unknown
- three partner agencies adopted strategies to improve service coordination

Outcomes

- consumers report high levels of satisfaction with I,R&A services
- the complexity of needs presented and the individual ADRC agency were related to varied satisfaction levels reported by consumers regarding the simplicity of the process to access services

- among three of the five networks, consumers reported information received was usually clear and simple to understand
- ADRC partners reported improvement in the quality of referrals
- in surveys and interviews, consumers report high levels of satisfaction with the way partner staff treated them

Observations

ADRC Core Team members gave high marks to the cross-training in terms of increasing their knowledge and familiarity with the services and personnel providers at the participating agencies. Reported outcomes regarding satisfaction levels and treatment of staff, as stated above, did not change significantly between baseline and follow-up so it is difficult to say that the cross-training had an impact in that arena. However, the perception of team members that the quality of referral had improved may be a benefit of the cross-training.

Conclusion

Levels of consumer satisfaction with responsiveness and delivery of I,R&A services and with accessing services was high at the outset and did not change over the course of the ADRC project. Actual time to eligibility determination for persons seeking Choices for Care services remained stable or improved. However, non-ADRC referrals did better at follow-up in terms of time to eligibility determination than ADRC initiated referrals.

The ADRC partners report working together in limited arenas. They have been brought together through the project by cross-training events, training on REFER, and meetings of the Statewide Council, local implementation teams and the Core Leadership Team. The partners report they have gained more awareness, knowledge of and familiarity with each other and their services and believe this has impacted the quality of referrals they make within the Connection. However, it is not clear if there is interest in sustaining the partnership in any formal ways beyond the project such as new policies and procedures for coordination, or ongoing cross training activities. Few of the agencies track indicators of cross-referrals among partners.

Overall, the ADRC project made the most evident progress toward the goal of increasing awareness and visibility of ways to access services. The ADRC project implemented activities toward achieving other project goals; however the outcome data does not indicate any notable changes from baseline to follow-up.