

Vermont's Aging and Disability Resource Connection (ADRC) Evaluation
Core Partner Process Data
Baseline Report

July 1, 2008

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 aims 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 focuses 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 has two pilot regions: the Northeast Kingdom and the Champlain Valley. Core partners within the two regions agreed that Vermont can achieve the project goals best 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 include:

- 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 2-1-1

At the state and pilot site levels, the ADRC project is working 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, achieve the goals outlined above. The evaluation design includes data gathered directly from consumers through both surveys and interviews, quantitative data gathered through case file reviews, and process data gathered from project staff and core partners. The current report summarizes this latter set of process data.

Methodology

Process data to assess ADRC project goals was gathered in three ways:

1. Core Partner Reporting Form (see Appendix A) was distributed to each of the nine core partners via email. Partners returned completed forms either through email or in hard copy. Several core partners provided supporting documentation to address the reporting form items. The forms were distributed in late April, 2008 and returned by early May.
2. Process Data Reporting Form (see Appendix B) was given to the ADRC project director and pilot site coordinators to complete in mid-April. The data were provided by the end of April.
3. Leadership Team Structured Interview (see Appendix C) was conducted on May 15 with representatives of five of the core partners during a regularly scheduled Leadership Team meeting. Flint Springs Associates (FSA) staff conducted the interview and recorded responses.

Data gathered using these three strategies is summarized below in relation to each of the relevant ADRC project goals.

Results

The ADRC evaluation plan outlines specific activities intended to move the project toward achievement of each goal. The plan also identifies measures to indicate whether the activities have been successfully implemented. A copy of the Evaluation Plan table detailing goals, activities, measures and indicators can be found in Appendix A. The following discussion is based on the table in Appendix A. Each section of the discussion focuses on one project goal. Tables are provided to summarize results for each of the activities designed to move the project toward the goal, measures used to track implementation, and results from these measures at the initial base-line period (April/May 2008).

Goal 1: Visibility and awareness of how to access services

During April and May 2008, the ADRC project drafted an MOU to be used toward formalizing partnerships between the participating organizations (see Table 1). Currently, none of the partner agencies have data that indicate from which specific agencies their referrals come. Four partner agencies track whether referrals come from “agencies” or other sources. Without such data, it will not be possible to determine if there are increased numbers of referrals within the ADRC partnership agencies.

Table 1: Visibility and Awareness of How to Access Services – Establish Model

Activities	Measures	Results
Establish ADRC model, including MOUs	MOUs in place	One MOU has been drafted and finalized as of April 2008 and will be routed for signatures between all partners and DAIL.
	ADRC partner agencies and others in community increase referrals to ADRC agencies	<p>4 partners track source of referrals broadly, including “agencies”:</p> <ul style="list-style-type: none"> • CVAA – 16% • NEVAAA – 11% • P2P – on calls tracked 5% • 2-1-1 – 21% <p>2 partners identify sources of referrals but do not have data:</p> <ul style="list-style-type: none"> • NCSS • CSAC <p>3 partners do not track I/R/A referral sources:</p> <ul style="list-style-type: none"> • NKHS • Howard • VCIL

At the point of this review, the project had not yet developed and implemented marketing strategies, but was beginning to establish outreach strategies (see Table 2). A number of individuals had participated in both local and statewide ADRC meetings. All but one of the partner agencies was able to track I/R/A calls and four could track demographics of callers.

Table 2: Visibility and Awareness of How to Access Services – Developing Strategies

Activities	Measures	Results
Develop and implement marketing strategies & products	Number and types of marketing activities, products	None as of April 2008; plan to enhance existing marketing activities across partners, collaborate in marketing efforts, and enhance visibility of partner agencies as providers of I/R/A and access points for long term care
Develop and implement outreach strategies	Number and types of outreach activities	No formal outreach activities as of April 2008; Coordinators continue outreach to community stakeholders
	Number of participants in ADRC meetings & educational events	10-18 local team members 25 Statewide Council members Training 52 participants
	Number of calls to ADRC partner agencies	Total count = 35,558 for 2007 5 partners track with database: <ul style="list-style-type: none"> • CVAA – Refer – 9,281 (unduplicated) • NEVAAA – Refer – 2,257 as of 4/07 • VCIL – database – 6,463 (duplicated; 2,337 unduplicated) • P2P – database – 1,364 (unduplicated) • 2-1-1 – Refer – 15,149 (duplicated) 3 partners track with logs <ul style="list-style-type: none"> • Howard – phone log – 134 in 2 months x 6 = 804 (estimate) • CSAC – phone log – 120 (duplicated) • NCSS – waiver funding requests – 120 (unduplicated) 1 partner does not track <ul style="list-style-type: none"> • NKHS
Demographics of consumers represent all target groups and diversity of populations	4 partners track caller demographics <ul style="list-style-type: none"> • CVAA– Refer database – callers’ town of residence • NEVAAA – Refer database– callers’ town of residence • VCIL – database – callers’ race, gender, age, primary disability, town of residence • 2-1-1 – Refer database -- disability (10%); gender (70% female); age (on less than 25% of calls); town 5 partners do not track for I/R/A callers <ul style="list-style-type: none"> • NCSS • Howard • CSAC • NKHS • P2P 	

Consumer focus and informed choice among ADRC Core Partners

Consumers were well represented on the ADRC council and local teams as well as on ADRC partner agency boards and advisory groups (see Table 3). Repeat calls to ADRC partners were tracked as a measure of consumer trust in the agency. All but two of the partners were able to track repeat calls. Overall, 40% of calls to partners were repeats, ranging from 19% to 64%.

Table 3: Consumer Focus and Informed Choice

Activities	Measures	Results
Consumers on ADRC statewide council and local teams	Number of consumers participating in council and teams	11 consumers participate in local teams, Leadership Team and Statewide Council; some participate in more than one group
Consumers participate in ADRC partner agency boards or advisory councils	Number of ADRC partners with consumer participants	All core partners have consumers on boards or advisory councils; in most cases at least 50% of board members are consumers
	Number of repeat contacts to ADRC partner agency	<p>Total estimate = 14,078 (40%) for 2007</p> <p>5 partners track with database:</p> <ul style="list-style-type: none"> • CVAA – Refer – 5,202 (56%) • NEVAAA – Refer – 745 (33%) as of 4/07 • VCIL – database – 4,120 (64%) • P2P – database – 725 (53%) • 2-1-1 – Refer – 2,928 (19%) <p>2 partners track with logs</p> <ul style="list-style-type: none"> • Howard – phone log – 338 (56%) • CSAC – phone log – 20 (17%) <p>2 partners do not track</p> <ul style="list-style-type: none"> • NKHS • NCSS

Enhanced access to services

Activities to streamline intake, application, assessment and eligibility determination have been initiated. Partners report that inter-agency communications have improved, which they believe has helped staff provide better referrals (see Table 4). Four partners are using the AIRS taxonomy to track the categories of assistance provided. Two agencies track the proportion of callers who request information, referral, and/or assistance. Finally, as of April 2008, four partner agencies have AIRS certified staff.

Table 4: Enhance Access to Services

Activities	Measures	Results
Develop & implement plan to streamline intake, application, assessment & eligibility determination	Tasks outlined in plan are accomplished	See attached streamlining access workplan with a status update on what has been completed to date
	Service providers report satisfaction with streamlined process	Partners report that improved communications mean better referrals for callers; and that the Refer database provides more accurate information about resources leading to better service to callers
	Type of assistance provided	<p>4 partners track specific category of need</p> <ul style="list-style-type: none"> • CVAA (AIRS taxonomy) • NEVAAA (AIRS taxonomy) • 2-1-1 (AIRS taxonomy) • VCIL (agency categories) <p>2 partners track I/R/A requests</p> <ul style="list-style-type: none"> • P2P – I (31%); R (46%) and A (68%) • 2-1-1 – I (39%); R (58%); and A (2%) <p>4 DS partners do not have databases, report that calls are for DS service information, intake and advocacy</p>
AIRS certification training for IRA staff at partner agencies	Number of staff with AIRS certification	<p>Four of nine core partner agencies have AIRS certified staff as of April 2008:</p> <ul style="list-style-type: none"> • Howard – 1 staff member • NEVAAA – 1 staff member • CVAAA – 2 staff members • 2-1-1 – 7 staff members – 3 CIRS (Certified I&R Specialist) and 4 CRS (Certified Resource Specialist)

Efficient access to services

As of April 2008, the ADRC made progress toward the goal of efficient access to services; that is, consumers get needed services more quickly. Four of the partner agencies had trained staff on Refer; three partners were using standardized taxonomy (AIRS); and three had a process in place to update their resource data base (see Table 5).

Table 5: Efficient Access to Services

Activities	Measures	Results
Refer training for partner agencies	Number of ADRC partner agency staff trained to use Refer	4 partners agencies have total of 16 Refer trained staff (as of April 2008): <ul style="list-style-type: none"> • CVAA (10) • NEVAA (3) • Howard (3) • 2-1-1 (9)
Standardize use of taxonomy and labeling of resources across ADRC providers	Number of agencies using standard labeling and taxonomy	3 partners use AIRS taxonomy <ul style="list-style-type: none"> • CVAA • NEVAAA • 2-1-1
Develop and implement a process to update and maintain quality of resource file	Frequency of resource database updates	Three partners had process in place at start of project (2-1-1, CVAA, VCIL) and two are developing process (NEVAAA, Howard). Changes from 2007 to 2008: <ul style="list-style-type: none"> • VCIL – enhanced supervision, send surveys, call resources • CVAA – move toward statewide database with centralized updating • NEVAAA – developing regular survey schedule in addition to current ongoing input from callers • Howard – recently purchased Refer, developing update process • 2-1-1 – working with others (e.g., CVAA) to reduce redundancies in databases
	Number of contacts/FTE	<ul style="list-style-type: none"> • CVAA -- 9,281/47 = 198:1 • Howard FTE 804/178 = 5:1 • VCIL – 6,463/41.23 = 156:1 • NEVAAA – 2,257/33 = 68:1 • CSAC – 120/53 = 3:1 • P2P – 1364/8 = 171:1 • 2-1-1 – 15,149/9.6 = 1,578:1

Effective access to services

At the point of this review, the ADRC project had conducted one cross-training session with a plan to complete all cross-training by June 30, 2008 (see Table 6). The quality improvement process implemented thus far has relied on input from project participants. Partners report satisfaction with relationships and interactions among the agencies and staff.

Table 6: Effective Access to Services

Activities	Measures	Results
Identify and implement on-going cross training curriculum	Number and types of cross training activities	Part 1 curriculum completed, training held in Champlain Valley as of April 2008; Part 2 curriculum under review, training scheduled for June 2008
	Number of ADRC partner agencies represented at trainings	All nine core partners scheduled to participate
Identify gaps in service coordination and develop strategies to improve access to service coordination	Strategies to improve service coordination implemented	Activities are planned, but not currently in place
	Number of consumers served by system (assessments, eligibility determinations)	Work underway to develop retrieval method from MIS
Develop continuous quality improvement process for ADRC model	Service providers report satisfaction with referrals	Partners report no change in number of referrals from partners (2007 to May 2008) Partners report satisfaction with new relationships among agency staff which may lead to improved referrals
	Service providers report satisfaction with interactions among partner agency staff	Partners report satisfaction with relationships among agency staff (May 2008) – comments include: “get along well” “more ownership of common goal” “ability to brainstorm and plan collaboratively is great” “Coordinators have done a lot to build communication...communication builds relationships”
Develop and implement sustainability plan for ongoing funding to support ADRC	Sustainability plan implemented	Internal DAIL staff have initiated dialogue about ongoing sustainability. Plans to discuss with Leadership Team will begin in June.

Conclusion

This report provides baseline information on the implementation of Vermont's ADRC project. Data will be gathered at the conclusion of the project and compared with these baseline results in order to provide a picture of the extent to which progress has been made towards Vermont's ADRC stated goals.

In our interview with ADRC core partners, we observed that the project has not yet fully developed a collaborative culture among partners. Most partners continue to operate separately versus interdependently. To illustrate this point, none of the project partners are tracking information regarding whether and how many referrals they receive from each other.

In addition, the core partners have not agreed on a clear definition of what "streamlined access" means, what it would look like, how consumers would experience it, etc. To the contrary, when asked about streamlining access, the partners were not certain what this term meant, and each responded with different impressions and experiences. A collaborative partnership requires that all members share the same understanding of concepts, hold a vision of the preferred future and have set mutually agreed upon goals to achieve that vision. A consensus understanding of what streamlined access would mean for consumers and providers would be central to such a vision for this project.

While the ADRC partners have some way to go to develop a true collaborative, they have made substantial progress in getting to know one another, communicating more regularly, and building relationships. This is an important foundation from which to create an effective ADRC.

Appendix A

ADRC Evaluation Plan: Goals, Activities, Measures and Indicators

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 	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>)

Appendix B
Core Partner Reporting Form

ADRC Evaluation
Core Partner Reporting Form
April 16, 2008

As part of the ADRC evaluation, each core partner is asked to provide basic information about ADRC related activities. Please use the following format to provide this information to Flint Springs Associates, the independent evaluation contractor. Please return completed forms, by email or hard copy **no later than April 30**. Return to:

Joy Livingston
Flint Springs Associates

joy@madriverv.com
402 Fletcher Farm Rd., Hinesburg, VT 05461
(802) 482-5100

Agency Name: _____

Contact Person: _____ Email address: _____

1. During the calendar year 2007, how many calls came into your agency requesting information, referral or assistance accessing services?
 - a. Number of calls: _____
 - b. Is this a duplicate count? Yes____ No____
 - c. Is this count based on actual data? Yes _____ ; source of data: _____
No _____
 - d. If you cannot provide a number, please explain:

2. During the same time period (calendar year 2007), how many of the calls were repeat calls?
 - a. Number of repeat calls: _____
 - b. Is this a duplicate count? Yes____ No____
 - c. Is this count based on actual data? Yes _____ ; source of data: _____
No _____
 - d. If you cannot provide a number, please explain:

3. During 2007, how many full time equivalents (FTEs) were in your agency?
 - a. Number of FTEs _____
 - b. Comments:

4. Do you track the sources which refer callers to your agency?
 - a. No
 - b. Yes – please provide data on referral sources during 2007

5. Do you track demographics of your callers?
 - a. No
 - b. Yes – please provide data on callers’ demographics during 2007

6. Do you track the type of assistance provided to callers?
 - a. No
 - b. Yes – please provide available data on type of assistance during 2007

Please provide any further information to clarify data included in this report:

Thank you for returning to Joy Livingston no later than April 30, 2008.

joy@madriver.com
Flint Springs Associates
402 Fletcher Farm Rd., Hinesburg, VT 05461

Appendix C

Process Data Reporting Form

ADRC Evaluation
Process Data Reporting Form
April 16, 2008

To be completed by Heather, Lynne and Lynette

This form requests process data that will be used to assess ADRC progress toward goals.

Data needed:

1. Number of MOUs established through ADRC
2. Number of marketing activities initiated through ADRC
3. Number of outreach activities initiated through ADRC
4. Number of participants in ADRC activities:
 - a. Local meetings
 - b. Statewide meetings
 - c. Training
5. Number of consumers participating in ADRC Statewide Council, Leadership Team, LITs
6. Number of consumers on core partner boards
7. Number of core partner agency staff with AIRS certification
8. Number of core partner agency staff trained in Refer
9. Number of core partner agencies using standard taxonomy
10. Number of cross training activities
11. Number of ADRC partner agencies represented in cross training activities

Appendix D

Leadership Team Structured Interview

ADRC Evaluation
Leadership Team Structured Interview
May 15, 2008 (baseline)
Discussion Guide

Purpose of the structured interview:

- Assess accomplishment of ADRC project goals
- Using several different sources of information for evaluation
- Gathering information now (baseline) and at conclusion of project; since baseline was actually a while ago, we will ask about now and “at the start of the project”

Questions:

1. One goal of ADRC is to increase referrals to core partner agencies.
 - a. At the start of the project, to what extent were you satisfied with the number of referrals your agency received from other agencies in the community, particularly other ADRC core partner agencies?
 - b. To what extent did you (your staff) know how to access services through other ADRC partner agencies?
 - c. In what ways have things changed thus far in the project: number of referrals, knowledge of how to access services through other ADRC partners?
2. ADRC developed a streamlined process to enhance access to services. At this point, to what extent are you, and your agency staff, satisfied with the streamlined process?
3. To what extent are you satisfied with the interactions among staff of the ADRC core partner agencies?
4. At the start of the ADRC project, did you have a process for insuring accuracy of your resource database?
 - a. If yes, describe the process at the start of the project, and if you have made any changes.
 - b. If not, do you have a process now? What is the process, how often is the database updated?