

Aging and Disabilities Resource Center Grant Program Summary

Grant Period- July 1, 2004- June 30, 2007

Consumers, frustrated by cumbersome and fragmented access to information or services, frequently give up before finding help. The Aging and Disability Resource Center (ADRC) grant program is intended to stimulate the development of state systems that integrate information and referral, benefits and options counseling services as well as facilitating access to publicly and privately financed long term care (LTC) services and benefits. The three-year grant program is jointly sponsored by the federal Administration on Aging (AOA) and the Centers for Medicare and Medicaid, both part of the U.S. Department of Health and Human Services.

In Georgia, the twelve Area Agencies on Aging (AAAs) serve as regional single points of entry (each referred to as “Gateway”) for senior adults and caregivers, providing information, consultation, and access to a full array of private and public services and benefits. In each of the AAAs, Gateway staff handles resource and service inquiries, the majority of which are received on their toll free telephone line. Direct consultation with knowledgeable staff results in discussion about the consumer’s broader situation, resulting in the provision of more comprehensive information and assistance. Many of the staff has been certified by the Alliance for Information and Referral Specialists (AIRS). To support the system, Georgia's AAAs have developed through cooperative efforts and formalized agreements a statewide aging and long-term care database. This user-friendly system enables Gateway staff to search service categories and to create queries which generate service and referral resource reports, customized referral letters, and detailed mapping of service locations, based on individual client need. For those consumers seeking publicly funded services Gateway staff perform a brief assessment of needs using the Determination of Need-Revised (DON-R)¹ to assess functional ability and need for care. If publicly funded (non-Medicaid and Medicaid) services are available, AAA staff notify appropriate program staff or subcontract agencies to contact the new client for a face-to-face assessment, service planning and delivery. If services are not immediately available, staff enter

¹ Developed by Paveza, et.al. under contract to the Illinois State Unit on Aging for use by case managers statewide as the single assessment and eligibility determination instrument for all community based and institutional long term care services for aging and adult disability populations.

the applicant's name into the waiting list, along with the scores of functional ability and need for care obtained through the screening process.

In Georgia, approximately 15,589 individuals with developmental disabilities are living in households with caregivers aged 60 or older.² Aging parents caring for their adult children with developmental disabilities are not only faced with planning for their long term care needs, but must address their children's needs as well. Because of the strong local partnerships already established between the Area Agencies and the Developmental Disability service community in the Atlanta and Augusta geographic areas, a centralized and decentralized Resource Center model that serves both senior adults and people with developmental disabilities will be implemented by the respective AAAs. Other areas around the state will create or sustain a local aging and disabilities coalitions during the three year grant.

Intervention

Georgia's goal for this grant is to move further with implementation of a seamless, consumer - driven system of long term care options information, assistance and service. Products over the next three year grant period include:

- Development and implementation of a decentralized and centralized Aging and Disabilities Resource Center;
- Cross-training on understanding population-specific issues, needs and current service delivery systems;
- Development of protocols for staff providing Information and Assistance to individuals with developmental disabilities, older adults, families, and caregivers. Training on protocols will be available to both staff/ organizations in both service networks;
- Expansion of the nationally recognized statewide service database, CONNECT to include resources for individuals with developmental disabilities;
- Creation of a strategy to market a “one-stop-shop” or a “no-wrong-door” concept;
- Development of community coalitions to include consumers, advocates and professionals with common long term care issues and needs around the state of Georgia.

Decentralized Resource Center Model

The 10-county metropolitan Atlanta area has a population of 3.4 million people, including 33% (349,329 persons) of all Georgians aged 60 and older. This is one of the fastest older adult growing populations in the country. The Atlanta Regional Commission Area Agency on Aging (ARC AAA) and the county-based aging programs are the focal point for aging services in their region. The 2000 Census reports that 10.6% of the total population for this region (515,373) are people with disabilities over the age of 5 years. Approximately 1.58% (8,142) persons have a developmental disability.³

In the Atlanta region information and assistance is provided through the *Age Wise Connection*, the region-wide telephone service for older adults and their caregivers. Due to the high volume of calls (average 6,500 calls/month), the *Age Wise Connection* includes the ARC AAA office and tele-links to the units operated by each of the 10 county-based aging programs. Measured by responsiveness to consumers' calls, this decentralized Gateway process has proven to be highly successful.

The Atlanta Alliance on Developmental Disabilities (AADD), a non-profit charitable organization in the metro area, has provided services and advocacy that has influenced public policy for people with developmental disabilities since 1956. Utilizing the Gateway model, AADD information and assistance staff will be hired and trained by the ARC AAA. AADD will partner with ARC AAA in the cross-population training initiative (Year 1), DD protocol design and development (Years 1-3), and development of cross-referral procedures similar to existing Gateway ARC AAA/United Way-211 agreement (Years 1-3). Tele-link capabilities between agencies will assure seamless consumer experience in accessing information. ARC AAA, AADD and other local coalition members will lead in the development of a marketing strategy for their Resource Center model (Years 1-3).

² Larson, S.A., Lakin, K.C., Anderson, L., Kwak, N., Lee, J., and Anderson, D. Prevalence of Mental Retardation and Developmental Disabilities: Estimates from the 1994/1995 National Health Interview Survey Disability Supplements. *American Journal of Mental Retardation*, 106 (3), 231-252. 2001.

³ Centers for Disease Control (CDC) Prevalence Statistics. www.cdc.gov. 2002.

Centralized Resource Center Model

The Central Savannah River Area Agency on Aging (CSRA AAA) covers a 14-county region, 12 of which are rural and sparsely populated with a total population of 435,008. Fifteen percent (64,403) of the region's population are persons 60 years and older. The CSRA AAA is the focal point for aging services. Of the region's total population, 20.8% (84,330) are people with disabilities over the age of 5 years. Approximately 1.58%, or 1,332 persons, have a developmental disability.⁴

The CSRA AAA has had an established relationship with the Regional DD Board and Community Service Board for years. During 2002-03, the CSRA AAA launched expanded cooperative working arrangements through the initiation of quarterly meetings, training, coordinating, and collaborating on complex cases. Representatives from the MH/DD/AD Regional Office and direct case management staff have been involved in the identification of target population needs, program information and education, and addressing the long term support needs of clients in aging and developmental disabilities programs. The AAA is establishing partnerships with the United Way (211), the City of Augusta Housing Authority, and the local case management contractor for developmental disabilities. The partners have made consistent progress and express support for the Gateway single-point of-entry model. The centralized focus consolidates accessibility to information and services in this predominantly rural region and best fits the local need.

In addition to the current screening and assessment for the aging population, the CSRA AAA will provide centralized information and assistance and appropriate referral to DD provider agencies for face-to-face assessment, and initiation of services. Tele-link and Internet linkages will ensure that target population callers experience seamless transfer to the AAA for information and assistance consultation and service options. The CSRA AAA will contract with United Way (Year 1) to assist in the development of a seamless 211/Gateway system. As in the decentralized model, cross-training of Gateway staff and DD service providers is essential

⁴ Centers for Disease Control (CDC) Prevalence Study. www.cdc.gov. 2002.

(Years 1-3). CSRA AAA and local coalition members will lead in the development of a marketing strategy for their Resource Center model (Years 1-3).

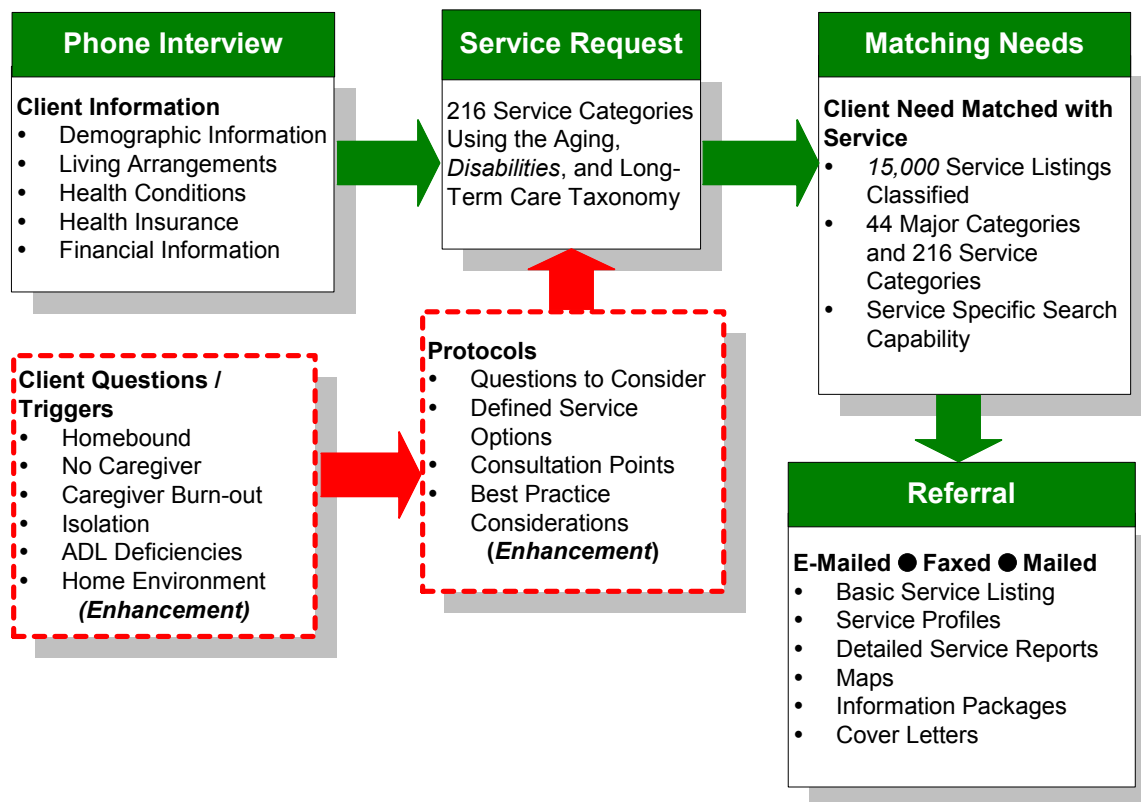
Protocol Development

In both models, information and assistance remains the critical component that assures consumers receive appropriate resource and service options.⁵ A strength of the Gateway system is that the infrastructure is the same statewide, yet the implementation is flexible to reflect regional variations, while providing a uniform experience for the consumer. The development of standardized protocols that prompt information and assistance staff to ask targeted or intensive questions will be a significant enhancement to current practice (See Figure 1). Information and assistance “triggers” identify risk and problem areas based on the initial interview data. The triggers suggest interventions or protocols which will increase staff effectiveness in identifying appropriate resources to address the consumer’s needs. Using a protocol "drill down" approach during a call, consumers in crisis, or those needing more short term case management support are promptly identified for targeted assistance. Having standardized protocols in place will reduce the need for a "grab bag" approach to consumer needs and increase consistency of information and assistance staff response. The ARC AAA will lead the development of Information and Assistance protocols (Years 1-3). CSRA AAA will also pilot the protocols (Years 2&3).

⁵ Designing the Aging Information Resource System of Tomorrow: The Vision 2010 Self-Assessment Guide. National Association of State Units on Aging, Washington DC.

Figure 1

Enhanced Information and Assistance Using CONNECT Database



Expansion of CONNECT Database

In 1982, the ARC AAA began developing a regional information and referral service for the general public. In 1996, the CONNECT database was created and is currently used statewide by all AAA Gateway staff. Numerous states, including Alabama, Illinois, Iowa, Michigan (Detroit), Missouri, New Mexico and Ohio (Toledo), have purchased the software from ARC AAA to create their own service databases.

The aging and long term care taxonomy is the classification system used to organize the information in the database. The taxonomy is a two-tiered system composed of 44 categories, 216 subcategories and over 15,000 services with both service and client components. Services maintained in the database range from adult day centers, residential options, prescription assistance programs, elder law attorneys, nursing homes, to such services as in-home hairdressers and veterinarians who make home visits. The service component features detailed

search, match and mapping capabilities, customization of screens for local use, ability to import/export data via email and direct linkage to provider web sites. The client component stores client data, tailors requests by individual need, tracks service requests, referrals, client contacts and follow-up calls. It also provides individual service referral letters and listings.

Each of Georgia's 12 AAAs collects and enters service resource data for their respective regions. ARC periodically uploads service data to the centralized database, and, through an ongoing quality assurance process, ensures the standardization and completeness of the data. AAA staff throughout the state review service-specific data updated monthly, quarterly, semi-annually, or yearly. The updated CONNECT database is electronically transmitted to AAAs across Georgia on a weekly basis. One direct product of this grant would be the expansion of the CONNECT database to include more specific information and referral resources for people with developmental disabilities, including information on vocational services, residential options and counseling services.

Local Aging and Disabilities Coalitions

Funding in this grant will also support other regions' coalition building (Years 1-3). The primary purpose of the local coalitions is to initiate grassroots discussion about the potential for collaboration between service networks. A forum to review lessons learned, benefits of each approach, challenges and opportunities for replication is proposed for the end of Year 2 (led by DHR-DAS, ARC and CSRA coalitions).

Evaluation Component

Victoria Philips, Ph.D., an assistant professor in Emory University's Rollins School of Public Health, will lead the evaluation component of the Aging and Disabilities Resource Center grant program. She will work closely with the Atlanta and Augusta regions evaluating the success of each Resource Center model.

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