

James Toews

Authorized Signature

Number: SPD-AR-10-070
Issue Date: 8/11/2010

Topic: Other

Due Date: Upon Receipt

Subject: Aging and Disability Resource Centers (ADRC)

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Oregon Disability Council, Governor's Commission on Senior Services |

Action Required: The Aging and Disability Resource Center Program (ADRC) is a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid services (CMS). The shared vision is for the ADRC to become integral components of health and long-term care reform by providing information and counseling support to seniors and people with disabilities, regardless of income, to make informed decisions to meet their needs and preferences in planning for their long term care. These person-centered systems are envisioned to optimize choice and independence; be served by an adequate workforce; be transparent, encourage personal responsibility; provide coordinated, high quality care; and be financially sustainable.

Federal grants for the ADRC were first made available to 12 states in 2003. In 2008 Oregon was awarded a three-year grant from CMS to develop a prototype ADRC in Lane County. In 2009 Oregon was awarded a three-year grant from AoA to expand the work of the CMS grant to nine additional counties (Linn, Benton, Lincoln, Marion, Polk, Yamhill, Tillamook and Clatsop). Additionally, in partnership with Multnomah County Aging and Disability Services and Washington County Disability, Aging and Veteran Services, Oregon received a Community Living Program grant in 2009. Together these grant funds will be dove-tailed to create the prototype infrastructure needed to support the ADRC model initially in the pilot areas and eventually statewide.

In moving toward the ADRC model, it was essential to include consumers,

stakeholders and community partners in discussions around the ADRC. In May 2009 a statewide ADRC Advisory Council was established to provide input and oversight in planning and development of the ADRC, attached please find a membership roster. The Advisory Council membership represents a cross section of stakeholders, both consumers and providers of services. At the February 2010 meeting, the Council agreed to contract with an independent facilitator to assist the group in developing a five-year strategic plan for implementation and state-wide roll-out of the ADRC. The Council also agreed that the strategic planning committee should be diverse both demographically and geographically and include 51% consumers. The goal is to have a working, strategic plan in place in early 2011.

Strategic Planning Initiative -In March the State Unit on Aging issued a Request for Proposal for an independent facilitator to assist in the strategic planning process for the ADRC in Oregon. Organizational Skills Associates, LLC of Wisconsin was selected. Participants in the Strategic Planning Initiative were invited based on the direction provided by the ADRC Advisory Council.

The first meeting of the Strategic Planning Initiative (SPI) was held on June 22, 2010 in Salem. The objectives of the first meeting were to 1) Develop full understanding of the Planning Initiative Charter; 2) Educate members about the vision, mission, and guiding principles for the ADRC operations in Oregon; 3) Clarify roles and responsibilities of Planning Initiative members; 4) Introduce map of strategic planning process and set expectations for success; 5) Create a communication plan to ensure consumers/stake holders are kept informed about the ADRC Planning Initiative.

The group agreed that a Common Message would be created at each meeting. These messages would be taken out into the community by the committee members and shared with stakeholders, consumers and the general public. Feedback received will be brought back to the SPI and shared to inform the work of the SPI. **Common Message # 1 is attached to this document along with a roster of SPI participants. At the request of the facilitators we ask that the Message be shared in your communities. Please take notes of input and feed back you receive around this message and report back to Elaine Young via email at Elaine.Young@state.or.us or one of the SPI members. We are also attaching a tracking form to help you record who you spoke with and the comments received. Subsequent Common Messages developed after each SPI meeting will be distributed to seek input.**

In preparation for the next meeting the SPI participants volunteered for five environmental scan groups that will gather information, create a short written report on their findings and present a short oral presentation at the next SPI meeting on August 24, 2010. The environmental scan topic areas are: 1) Service provided by ADRC; 2) Technology; 3) Population trends and Demographics; 4) Healthcare reform (legislation, policy, etc.), and 5) Partnerships. The participants selected the environmental scan topics as background information to inform the planning process.

Future meeting dates were set for August 24, October 5, November 9 and December 7. The participants also agreed that the strategic plan would be developed by March 2011 and that the document would be used extensively in developing the Oregon ADRC.

Information and Technology -The State Unit on Aging (SUA) issued a Request for Proposals and has awarded a contract to RTZ Associates to create software that will provide a client contact module for staff, a searchable resource data base and a public facing web site that will allow the public to search for resources on their own or with assistance.

Now that the contract has been fully executed with RTZ Associates we will be entering the implementation phase which will consist of the following areas:

- Install the software
- Configure screens and data fields to consistent standards
- Move the data from Network of Care to the new application
- Testing of application and data
- Training of users for use of contact module
- Documenting procedures and processes
- Go-Live of Web Page and Contact module

The implementation phase will be a concentrated, collaborative effort to provide an application and documentation within the prescribed time that reflects the common goals of the pilot ADRC and the state. There will be two groups involved in the implementation. The IT Advisory Committee of the ADRC Advisory Council will continue in its role, which is to review and consider pertinent questions or issues related to IT infrastructure needs and procurement, solicit opinions or other input from constituents, and provide recommendations to SUA. The IT Advisory Committee will meet every 6 weeks. The Implementation Team will be a new group chartered to complete work tasks that configure, test and enable the go-live of the software. They will contribute to the effort by meeting as often as needed, completing tasks, making decisions, and communicating with their respective organizations. The Team will consist of one "core" person from each pilot ADRC with other ADRC staff rotating in and out depending on the task. The Core person from each pilot ADRC will do the following:

- Select and ensure that any additional (appropriate) staff also attends work meetings - i.e., person answering phone attends meetings when making decisions about contact module entry screens.
- Maintain communications with their ADRC staff and Management.
- Make decisions in the meetings.
- Attend each implementation meeting or be available by phone.
- Assist with meeting notes and documentation, as needed.

The goal is to have the new software operational by fall 2010.

ADRC Staff Training - The ADRC pilot sites are training Information and Referral staff to become certified in the Alliance of Information and Referral Systems (AIRS). By requiring Information & Assistance/Referral (I & A/R) staff to become AIRS certified, it sets quality and assurance measures that establishes minimum qualifications for this position. AIRS training will help insure that consumers can access information, receive an assessment of need if necessary, crisis intervention, advocacy and follow-up, as necessary. Training helps staff provide information in a comprehensive, unbiased and non judgmental manner. It is expected that the pilot sites will have a total of 10 staff AIRS certified by the end of the year.

The State Unit on Aging has contracted with Portland State University to develop and deliver Options Counseling Training Curriculum. Options counseling is the cornerstone of the ADRC. The first round of training was held in June with the second training beginning in September. It is expected that by the end of the year, there will be 60 trained Options Counselors in the state who will begin to assist consumers with their long term planning needs. Options Counseling training is being offered to all ADRC pilot sites as well as Multnomah County Aging and Disability Services and Washington County Disability, Aging and Veteran Services as part of their CLP grant.

Marketing - The Marketing sub-committee of the ADRC Advisory Council is currently working with the Department of Communications to develop an ADRC brand and a strategic marketing/outreach plan that can be implemented in the pilot sites and then state wide to insure consistency in messaging. This plan will be based in part on the Formative Evaluation completed by the University of Oregon which was based on interviews and surveys of consumers and service providers in Lane county related to the ADRC. It is expected that the brand and the complete marketing plan will be completed the in August and all support materials will be prepared by late fall of 2010.

Lane County Pilot – In April Lane Council of Governments opened its ADRC and rolled out the Person-centered Discharge Planning Model in collaboration with PeaceHealth, Lane Independent Living Alliance and Lane Individual Practice Association. Since the opening in April the ADRC has had 546 contacts. These contacts are coming equally from people seeking assistance and from their family/caregivers. Overall, those making contact with the ADRC are very satisfied with the services and comments like the following are common:

“The ADRC was very helpful, had meant to send a thank you to the ADRC and indicate how valuable the home visit options counseling was. As a result of the visit and options counseling, I have life alert and wear it. I have made an appointment with an attorney regarding a Power of Attorney and Health Care Directive and was able to make an appointment at the Barger Clinic that specializes in Geriatric care. I also know that if I have further questions I can contact the ADRC with the feeling that ADRC is a knowledgeable/reliable

resource in the community.”

The two ADRC Specialists will both complete AIRS certification and Options Counseling Training by fall 2010.

North West Senior and Disability Services Pilot – has realigned management and staff assignments to create the Community Program Unit whose focus is to serve the community as a whole through I and A/R, private Admission Assessment/Pre-Admission Screening, Senior Health Insurance Benefits Assessment (SHIBA), Family Caregiver Support, Senior Peer Counseling and advocacy. A portion of this transition included the creation of an ADRC Manager position that oversees all I and A/R Specialists in the five-county service area. Centralizing and cross training of I and A/R staff has allowed for consistent and reliable Information and Assistance delivery throughout the service area. In addition to bi-lingual Russian/English Information and Assistance Specialist positions, they also added a bi-lingual Spanish/English position. All I and A/R Specialists have begun AIRS training and over 50% expect to be certified by the end of 2010. Five staff and one supervisor recently completed Options Counseling Training and NWSDS expects to begin offering Options Counseling by the first of August. The intention of NWSDS is to “open” the ADRC in the fall of 2010 with the goal to be a fully functioning ADRC by the first of the year. To that end, staff at NWSDS have begun educating Agency staff in all 5 counties and the Senior & Disability Advisory Council’s on the purpose and goals of ADRC. Finally, NWSDS has fully participated in the Transitional Care Collaborative and is in the process of developing a pilot project in Clatsop Co. to provide diagnosis-specific education and follow-up post discharge to consumers from hospital and/or skilled nursing facility.

Oregon Cascades West Council of Government (OCW) Pilot – has combined I and A/R staff and Outreach staff to create new positions called ADRC Specialists. This team will provide I and A/R services as well as Options Counseling. Again, ADRC staff will be working towards AIRS certification and two staff will begin training as Options Counselors in September. The ADRC Specialists are currently taking all phone calls on a live basis rather than having them go into an automated system to leave a message and be called back. The feedback from the community has been very positive and management feels that taking the calls live may actually reduce workload by eliminating the call backs and trying to reconnect with the consumers. OCW is also doing extensive work with community partners informing them about the ADRC and how things may look different in the future. The conversations have been very positive.

OCW is looking toward a fall opening for their ADRC with the goal of becoming a fully functioning ADRC in early 2011.

Lane County Person-Centered Hospital Discharge Planning Model - The Person-centered Hospital Discharge Planning model targets Medicaid-eligible patients with chronic conditions and/or physical disabilities. Key features of the model include

screening for high risk patients on admission, using the services of a Medicaid case manager co-located with discharge planning staff in the hospital to adjust existing care plans to support safe discharges, referring eligible patients to Lane Independent Living Alliance for Peer Support Services, conducting a post-discharge phone call with all patients to determine if the discharge plan is working, and referring patients to ADRC staff for in-home assessments and intervention if indicated. In addition, all hospital discharge planning staff are encouraged to refer patients and families to ADRC staff for Options Counseling. The model is being piloted for six months on a medical/surgery floor at Sacred Heart Medical Center at University District and the Heart & Vascular units at Sacred Heart Medical Center at RiverBend. The pilot will conclude in September 2010, at which time the partners will review the results and determine what revisions need to be made before rolling it out to a critical access hospital in the PeaceHealth system or other units at RiverBend.

Oregon Transitional Care Collaborative - Fourteen stakeholder organizations have endorsed a Transitional Care Collaborative with the goal of promoting partnerships among local health care providers and Area Agencies on Aging that ensure quality transitions across the care continuum and enable patients and their families to participate more fully in their healthcare, especially when they are leaving a hospital or a skilled nursing facility. Teams consisting of representatives from hospitals, skilled nursing facilities, physician offices, home health agencies, AAAs, etc., are being recruiting to participate in the 12-month (September 2010-September 2011) Collaborative. Five Learning Sessions will introduce community teams to the current Best Practices for improving care transitions and to methods and tools for implementing them in their local health care system.

Community Living Program Grant - This two-year grant is being implemented by Multnomah County Aging and Disability Services and Washington County Disability, Aging and Veterans Services in partnership with Providence Portland and Providence St. Vincent's. The project builds on previous AoA work to divert private pay individuals from unnecessary nursing home placements at the point of discharge from a hospital. Hospital discharge planners refer potential participants to Multnomah County's Help Desk where they are linked to a staff member in the District Office closest to their residence. This staff member has received training in Options Counseling and is tasked with linking the individual to the community services and supports that will enable them to remain in their home. The official start date for referrals was July 2010. The grant has an additional Cash and Counseling component that applies to veterans referred to Washington County via a contract with the Portland Veterans Administration. This component is still being developed.

Partnerships - All agencies are working with community partners to create Memoranda of Understanding to memorialize how the partner and the ADRC will work together to best serve consumers such as how referrals will be made and cross training opportunities.

The State will be formalizing Memo's of Understanding with key state partners such as 211, SHIBA and State Independent Living Council.

With diminishing resources and an exploding aging population it is important to stress the successes of the ADRC nationally as noted in the white paper produced by the Aging and Disability Resource Center Technical Assistance Exchange in March 2009:

“ADRCs respond efficiently to increased demand for services. On average, ADRCs report over a 300% increase in the number of contacts they receive after six months of operation. By investing in more sophisticated information technology to support information, assistance and counseling functions, upgrading telephone systems, coordinating with partnering with organizations in the community and cross-training existing staff, ADRCs have met this demand without significant increases in staffing levels.”

In Oregon as we move toward the ADRC model, it is important to realize that a strong foundation for the ADRC has been built to date. Creating a five-year strategic plan, with strong consumer input, will guide what Oregon ADRC will look like in the future. Strengthening technology support with a public facing website and a contact module for tracking clients is critical in the ADRC. Working with Portland State University to create a strong options counseling training curriculum and requiring Information and Assistance/Referral staff to work towards becoming AIRS certified will insure that staff have the tools to deliver the best possible information and counseling to consumers and their families. Also, investing in a formative evaluation from which to develop a formal marketing and outreach plan is critical in reaching our markets and making sure the messages and delivery of those messages are on target. All these pieces are essential as we embark on this new path and do so from a position of strength. While much work lies ahead, we can move forward knowing that we have put critical pieces in place to help ensure the success of Oregon's ADRC.

Reason for Action: Included above.

Field/Stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s): Elaine Young

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E-mail:	Elaine.Young@state.or.us		

ADRC Advisory Council

Name	Representing
Abushakrah, Jan <i>Interagency Executive Committee</i>	Oregon Community Colleges (Portland)
Beck, Peggie	Community Action Program East Central Oregon (Pendleton)
Carlson, Julie	Oregon Health Care Association (Springfield)
Clay-Eckton, Catherine	Multnomah County Aging and Disability Services (Portland)
Conley, Shannon	Trillium Community Health Plan/LIPA (Eugene)
Danner, Katharine	Rogue Valley Council of Governments (Ashland)
Depp, Rose Marie	Central Oregon Council on Aging (Sisters)
Durbin, Brenda	Clackamas County AAA (Oregon City)
Emerson, Lisa	Senior Health Insurance Benefits Assistance Program (Salem)
Fofana-Dura, Sue	Retired Senior Volunteer Program (Woodburn)
Gulyas, Ruth	Oregon Alliance of Senior And Health Services (Tigard)
Hastings, Danna	DHS Public Health Division Health Promotion & Chronic Disease Prevention (Portland)
McQueary, Tim	Governor's Commission on Senior Services (Sweet Home)
Martin, May	Oregon Lifespan Respite (Salem)
Quale, David	LCOG Long Term Care Committee/PeaceHealth Medical Group (Eugene)
Richards, Judi	Northwest Senior and Disability Services (Salem)

ADRC Advisory Council

Schroeder, Rodney	Northwest Senior & Disability Services (Salem)
Shrestha, Bandana	AARP (Clackamas)
Treasure, Tina	Oregon Disabilities Commission (Salem)
Volpe, Mike	Home Care Commission (Corvallis)
Welsch, Clara (Alternate is Danielle Bailey)	Oregon Office on Disability and Health (Portland)

Aging and Disability Resource Center (ADRC)

Planning Initiative

Common Message #1

June 22, 2010

1. The Department of Human Services (DHS) is convening a group of consumers and stakeholders to provide guidance and direction for creating a statewide system of aging and disability resource centers. James Toews, Assistant Director, discussed the following charge with the group:

The goal is to establish a system that further empowers consumers to make key decisions related to maintaining their desired quality of life. When fully implemented, this system of information and assistance will ensure that seniors and people with disabilities remain independent, healthy, safe, and active in their home communities.

2. The workgroup is comprised of a diverse group of consumers and key stakeholders. A roster, with contact information, is attached to this message.
3. The initial task for the ADRC Planning Initiative is completion of a strategic plan by March 2011. Once complete, the plan will be submitted to federal officials at the U.S. Administration on Aging.
4. As a first step in creating the strategic plan, planning initiative members formed work groups to study five environmental scan areas: services provided by aging and disability resource centers, technology, population trends and where people will live, health care reform (legislative, policy, etc.), and partnerships. Summaries of the key trends in each area will be presented at the August meeting.
5. Planning Initiative Members are committed to a transparent process as they make decisions and recommendations related to their charge. To help achieve this goal, a common message will be distributed after every meeting. Between meetings, members will also be soliciting feedback from consumers and key stakeholders to ensure that many voices are heard as part of the planning for statewide expansion to aging and disability resource centers.



ADRC Planning Initiative Membership

Name	Affiliation	Email	Phone
Abushakrah, Jan	Portland Community College/ADRC Advisory Council	jabushak@pcc.edu	503-977-4077
Bond, Scott	OR Cascades West/Area Agency on Aging	sbond@ocwcog.org	541-812-6008
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Bruand, Don	Rogue Valley/Area Agency on Aging	dbruand@rvocog.org	541-664-6674
Carlson, Julie	OR Health Care Assoc./ADRC Advisory Council	Julie.Carlson@pinnacle-healthcare.com	541-284-8234
Cohen, Jerry	AARP	jcohen@aarp.org	503-513-7373
Davidson, Margaret	Community Connection NE OR/Area Agency on Aging	margaret@ccon.org	541-963-3186
Depp, Rosemarie	ADRC Advisory Council	Okwithme2@msn.com	541-549-4933
Griffey, Lorraine	Elders in Action	lorrainegriffey@yahoo.com	503-666-2222
Hastings, Danna	Public Health/ADRC Advisory Council	danna.d.hastings@state.or.us	971-673-0984
Hayter, Augusta	Elders in Action	augustab@msn.com	503-233-0222
Hernandez, Mauro	Oregon Alliance of Senior and Health Services/Concepts in Community Living	mhernandez@ocliving.com	503-408-4752
Jaeger, Mary	Long Term Care Ombudsman	mary.jaeger@state.or.us	503-378-6533
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Mayfield, Roxie	Home Care Commission	rdmayfield@yahoo.com	541-688-8388
McQueaty, Tim	Governor's Commission on Senior Services/ADRC Advisory Council	timmcq3@comcast.net	541-409-3865
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Pierce, Dan	Consumer Advocate	danny_pierce@comcast.net	503-997-1966
Quale, David	Lane County Area Agency on Aging/ADRC Advisory Council	dquale@peacehealth.org	541-349-7201
Shortall, Mary	Multnomah County Area Agency on Aging	mary.e.shortall@co.multnomah.or.us	503-988-3620
Thomas, Shelia	Lane Independent Living Alliance (LILA)	sthomas@lilaoregon.org	541-607-7020
Volpe, Mike	Home Care Commission/ADRC Advisory Council	volpemr@msn.com	541-752-3833
Wendt, Liesl	21 Info	liesl@21info.org	503-416-2619
Whittingham, Esther	Consumer Advocate	whittinghamesther@yahoo.com	503-267-9119

22-Jun-10

ADRC Planning Initiative
Common Message Feedback Summary
Return the completed form via email to Elaine.Young@state.or.us

Name: _____

Date: _____

People/Groups I talked with:

- _____
- _____
- _____
- _____
- _____
- _____

AC – Aging Consumer

D – Key Decision maker

MH – Mental Health Consumer

SP – Service Provider

DD – Consumer w/ Developmental Disability

PD – Consumer w/ Physical Disability

S – Staff person

Key Themes I Heard Or Important Feedback That Was Shared

- _____
- _____
- _____
- _____
- _____

