

Oregon ADRC Application for Recognition

In order to be recognized as an ADRC in Oregon, the following application must be completed, either as a single entity, or as a consortium of entities working together, that attests to its ability to meet these expectations, and be willing to provide regular updates and/or participate in periodic reviews to assure continued adherence with Oregon standards. Please refer to the *Core Standards for Fully Functioning ADRCs in Oregon* in completing this application.

Date of application: January 28, 2013

Name, email, phone contact of person submitting application: Lee Girard, lee.girard@multco.us, 503-988-3768

ADRC

Name: Metro ADRC Consortium

Name of Lead Entity (if different than ADRC name): Multnomah County Aging & Disability Services Division (see details in application regarding the Consortium Executive Council)

Address of Lead Entity: 421 SW Oak St, Ste. 510, Portland, OR 97204

Phone: 503-988-3620

ADRC Coordinator

Name: Lee Girard (lead), Multnomah County ADS; Liz Bartell, Clackamas County Social Services; Juliann Davis, Community Action Team; Randy Mifflin, Washington County Disability, Aging & Veterans Services; Amy Camp, Independent Living Resources; Gene Sundet, APD – Clackamas; and Jessica Soltesz, APD – Washington & Columbia

Address (if different from ADRC address above): _____

Phone: _____

Email: _____

ADRC service area

Clackamas, Columbia, Multnomah and Washington Counties

ADRC location(s)

Main physical access point: See attached listing of offices organized by county

Other ADRC sanctioned offices (please include address for each office): _____

See attached listing of offices

I. Provision of ADRC Services.

Recommended page-length for this section is not more than 10 pages (excluding any attachments).

1. Provide a copy of the ADRC's marketing and outreach plan. Describe how the plan will be implemented and updated, and how ADRC will measure success of its marketing efforts.

The ADRC Operations Committee will take the lead in establishing an annual marketing and outreach plan, in consultation with the ADRC Advisory Committee.

- Develop a tool kit of marketing and outreach materials to be used and customized by local partners.
 - Conduct local focus groups with consumers and community partners to get feedback on state marketing materials to incorporate local community "identity" that appeals to various target populations (older adults, people with a variety of disabilities, culturally diverse, veterans, family caregivers, etc.).
 - Develop an electronic "tool kit" of materials that include: ADRC business cards, brochures, display banners for resource fairs, FAQs and fact sheets, and media outreach materials.
- Establish an annual plan for targeted outreach/marketing activities that address both regional and local priorities. Initial priorities for targeted outreach may include health providers & systems, veteran services and the disability network.
- Establish a regional marketing budget to expand outreach to new markets. Options may include: displays on local transit vehicles; articles, ads and inserts in local/neighborhood newspapers and culturally-specific newspapers; sponsoring educational events on ADRC-related topics; etc.
- The ADRC Operations Committee will be responsible for documenting and tracking the outcome of outreach and marketing activities, monitoring the impact of these activities on ADRC call volume and service referrals. Results will be shared with the ADRC Advisory Committee and used to adjust the plan.

2. Describe how the ADRC will utilize the ADRC statewide toll-free number.

The Consortium will list the ADRC statewide toll-free number in marketing material as the toll-free access for the 3 lead ADRC local offices receiving and responding to calls. Zip codes for the 4-county area have been provided to the State Unit on Aging for the automatic call routing process. Clackamas County Social Services will respond to Clackamas County zip codes through their Clackamas Resource Connection phone line (503-650-5622). Multnomah County Aging & Disability Services will respond to Multnomah County zip codes through their ADRC Helpline (503-988-3646) and Washington County Disability, Aging & Veterans Services will respond to Washington County and Columbia County zip codes through their main I&A phone line (503-846-3060). Each area has established protocols for facilitated referrals/transfers to local Medicaid offices and other community partners. The 3 "hubs" have also established agreements to provide basic I&R to callers from the adjoining counties and assure facilitated referrals/transfers to the other hubs or Consortium partners if the caller needs more in-depth follow up.

3. Describe how the ADRC will use RTZ resource database and client tracking system for all ADRC contacts, and maintain resource database for services and programs in the ADRC region.

For the first year, the ADRC “hubs” in each county will use the ADRCofOregon client tracking system for all information, referral and assistance calls. I&A Specialists in each Area Agency on Aging have received training on both the resource database and client tracking system. Each county has identified a staff person to be responsible for maintaining resource listings for services and programs. The Consortium has established a staff workgroup to coordinate the development of regional policies, procedures, training and quality assurance.

The goal of the Consortium is to expand access and utilization of the ADRCofOregon client tracking system to the Independent Living Resources, local Medicaid and Adult Protective Services and other key community partners. The Consortium will collaborate with the State Unit on Aging to address system capacity issues that are currently barriers to this expansion.

ADRC partners will provide regular outreach and training opportunities for staff, community partners and consumers on use of the ADRCofOregon public resource database. One example of how this is currently happening in the region is Independent Living Resources having the ADRCofOregon web-site as the home page on the computers in their computer lab that is used by participants for employment and consumer-directed activities. I&A Specialists also refer callers to the ADRCofOregon web-site as an additional source of information for future needs. Multnomah County has developed a You-Tube video, now posted on the ADRCofOregon, that shows people how to use the site effectively.

4. Describe briefly how the ADRC will provide each of the core services as described in the Core Standards for Fully Functioning ADRCs in Oregon.
 - a. Information, Referral and Awareness
 - The 3 ADRC “hubs” in Clackamas, Multnomah and Washington Counties will be the take primary responsibility for responding to calls coming in from the state-wide ADRC toll-free number, with Washington County taking the calls for Columbia County.
 - Each of the AAAs have I&A Specialists with AIRS CIRS-A certification, with all offices exceeding the state requirement for 50% of I&A Specialist staff to be certified.
 - A number of community partners & contractors in the Metro region also provide information, referral and awareness as part of the extended no-wrong-door network for the area.
 - In Multnomah County the District Senior Centers have CIRS-A certified I&A Specialists who utilize the ADRCofOregon client tracking system for referral and assistance/awareness contacts.
 - Clackamas County partners with 10 senior centers across the county who provide basic I&R and referrals to their programs. Additionally, they partner closely with the Senior Citizens Council of Clackamas County for guardianship/conservatorship and diversion services.
 - Washington County partners with a network of 7 senior centers, volunteers trained in I&R and SHIBA coordinators provide basic I&R an referrals to programs and Medicare information.

- Community Action Team partners with 5 senior centers in Columbia County. There are 3 case management and outreach staff to make home visits for OPI, MOW and respite care assessments plus provide other anti-poverty services such as energy assistance, homelessness and veterans information. The assignments for the 3 staff are geographically based though as needed, they cover for each other. The staff assigned to St Helens and Scappoose is bilingual, English-Spanish. The staff develop relationships with the senior centers within their geographical assignments.
 - ILR, 211 and Ride Connection are key regional community partner agencies for cross-referrals.
 - The Consortium develops coordinated training for I&A Specialists, to meet AIRS certification and provide professional development opportunities.
- b. Options Counseling
- All Metro ADRC partners have staff who have participated in the State's Options Counseling training.
 - The 4 AAAs have re-directed Older Americans Act funding to provide OC in their community.
 - The Consortium's Operations Committee will coordinate annual training opportunities for Options Counselors. The Consortium has 2 OC master trainers in the region. In Spring 2013 the Consortium will sponsor OC training for new options counselors, Medicaid case managers, ILR staff and options counselors from culturally-specific organizations. The Operations Committee is also planning supplemental training for OC staff, including such topics as: Medicaid, Medicare, MDS-Q, supports for veterans, etc.
- c. Streamlined Eligibility Determination for Public Programs
- All of the ADRC "hubs" currently have agreements or protocols with local Medicaid offices/programs for "pre-screening" callers for public benefits and providing a warm transfer or assisted referral for Medicaid intake.
 - The Consortium is in the process of establishing Medicaid screening by ADRC hub offices in each County that are then handed off to the Medicaid programs for completion.
 - Washington County DAVS has implemented a Benefits Enrollment Center program through a grant with the National Council on Aging. In this program, skilled volunteers provide comprehensive telephone screening for public benefits utilizing the Benefits Check-up tool. If needed, a volunteer can make a home visit or work with an individual by telephone to assist them in completing application forms and compiling documentation.
 - In Multnomah County the ADRC Helpline screen callers for Medicaid medical and LTC service eligibility and begin an Oregon ACCESS screening for individuals while making a coordinated hand-off to Medicaid intake staff.
- d. Person Centered Transition Support
- The Consortium has established the Metro Care Transitions Collaborative in partnership with 7 area hospitals to implement the Coleman Care Transitions model. The Collaborative has been awarded funding from CMS to be a Community-based Care Transition pilot provider for Medicare fee-for-service beneficiaries with the projected goal of serving approximately 1,200 individuals annually in the 4-county area.
 - The Consortium members have established formal agreements with the two Coordinated Care Organizations in the metro region (Family Care and Health Share of Oregon) that outlines responsibilities to collaborate and coordinate for nursing

- facilities transition/diversion, a form of transition support for individuals in or at risk for nursing facility placement and inclusion in CCO care transition development initiatives. Consortium representatives are sitting on Health Share of Oregon work groups pertaining to care transitions and care management coordination.
- The Consortium is collaborating with the State Unit on Aging to bring Coleman CTI training to Oregon.
- e. Health Promotion
- Metro ADRC Consortium members provide a variety of evidence-based health promotion activities, either directly or in collaboration with community partners. Following are key initiatives that Consortium members are participating in to expand the availability of health promotion activities throughout the metro region:
 - Contracting with culturally-specific organizations to provide culturally appropriate evidence-based health promotion
 - Partnering with community based organizations to pursue grant funding for health promotion activities that are targeted to local communities/neighborhoods
 - Providing information regarding locally scheduled health promotion activities to be posted on the ADRCofOregon site
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- f. Consumer Populations, Partnerships and Stakeholder Involvement
- The Metro ADRC Consortium is establishing an ADRC Advisory Committee to provide advice and input on policy and operational development and implementation of the ADRC. The Committee will have inclusive representation from a variety of populations, including: older adults, caregivers, people with disabilities (including physical, mental health and developmental/intellectual), veterans and community providers/stakeholders. The Committee will also have geographic and cultural/racial representation from across the 4-county region.
 - The Consortium, with leadership from the Advisory Committee, will also develop opportunities for broader consumer input such activities as focus groups with targeted audiences and consumer surveys.
 - Engage culturally-specific and population-specific community organizations as ADRC partners –
 - Multnomah County contracts with culturally-specific organizations to provide outreach, options counseling and evidence-based health promotion services
 - All ADRC partners have cultural competency training plans for staff
 - Consortium partners are supporting ILR in pursuing additional funding for their ADRC activities
- g. Quality Assurance and Continuous Improvement
- The ADRC Operations Committee is responsible for establishing quality assurance/improvement practices for the Consortium. The current priorities are Information & Assistance and Options Counseling. Multnomah County has piloted a monthly QA tool for I&A Specialists that the Operations Committee is considering for adoption.
 - Once protocols are adopted for tracking quality indicators the ADRC Operations Committee will compile periodic reports to share with the ADRC Advisory Committee. The groups will collaborate to identify trends or issues for follow up and make recommendations to the ADRC Executive Counsel for any significant programmatic changes that may be indicated.

5. Describe how the ADRC will serve as an access point for public programs and benefits for all populations needing long term services and supports.
 - Metro ADRC marketing materials will include targeting to families and individuals needing long term services and supports (LTSS).
 - I&A Specialists utilize standard protocols for screening individuals for Medicaid LTSS and making a coordinated hand-off to Medicaid intake staff. The Specialist may also choose to make a referral to an Options Counselor who will spend additional time working with an individual and their family/support network to explore LTSS needs and options.
 - Individuals who are found to be ineligible for Medicaid LTSS during the intake process will be given the opportunity for a referral to an Options Counselor to explore additional community options.

6. Describe how the ADRC will serve as the Local Contact Agency (LCA) for Section Q referrals.

The Consortium will establish a plan to stage roll out of the ADRC as the LCA for MDS-Q referrals. Multnomah and Washington Counties have prior experience providing options counseling for MDS-Q referrals, as a component of the ACL Community Living Program grant.

Representatives from the Medicaid Transition/Diversion programs and ADRC Options Counseling will develop an outreach & training plan and schedule for nursing facilities in the metro region. Outreach will be phased in across the region over a 24 month period to ensure adequate capacity in responding to referrals in a timely manner. ADRC Options Counselors will receive training on MDS-Q referrals and the needs of individuals in nursing facilities considering community care options. The Consortium will pilot using the Multnomah ADRC Helpline as the central number for MDS-Q referrals from nursing facilities, to process referrals to the local Medicaid and ADRC offices in each of the 4 counties. The ADRCofOregon Care Tool will be used to track clients referred through MDS-Q process.

7. Describe how the ADRC will identify and connect people who may need adult protective services to appropriate services.

The Metro Consortium utilizes the Gatekeeper Program to educate a diverse array of community organizations and partners on the signs that an older adults or people with disabilities may be experiencing abuse or self-neglect and how to make a referral. Examples of community organizations that have received training in the past year include: banks/financial institutions; utility companies; city/county code enforcement officers; postal carriers; and faith communities/congregations. The majority of Gatekeeper referrals from the community result in a referral to the local Adult Protective Services program.

All Metro ADRC I&A Specialists receive training on screening for abuse and responding to crisis calls (such as callers threatening to harm themselves or others). Staff also participate in training on how to deal effectively with hostile or difficult callers.

II. Administration

Recommended page-length for this section is not more than 7 pages (excluding any attachments).

1. Describe the ADRC's governing structure. Include a list of governing board members of the, including board member affiliations, of the Lead ADRC Entity.

The Metro ADRC Consortium is governed by an Executive Council comprised of the Executive Directors of the Area Agencies on Aging (AAAs) and the local Center for Independent Living. The Executive Council members will include:

- Brenda Durbin, Director, Clackamas County Social Services
- Barbara Wood, Human Investment Director, Community Action Team, Inc.
- Barry Fox-Quamme, Executive Director, Independent Living Resources
- Peggy Brey, Division Director, Multnomah County Aging & Disability Services
- Jeff Hill, Director, Washington County Disability, Aging & Veterans Services

The Consortium agrees to assign lead fiscal responsibility for the ADRC to Multnomah County Aging & Disability Services. Multnomah County will conduct fiscal lead responsibilities under the direction and oversight of the Executive Council.

2. Describe how the ADRC Operations Council will be involved in the planning, goal setting, program evaluation and operation of the ADRC and the process for interacting with the Lead ADRC Entity. Please include a list of the ADRC Operations Council members.

The Metro ADRC Consortium members have had separate advisory councils/committees in each county providing guidance and feedback on ADRC development activities. Starting in January 2013 the Consortium will establish a region-wide Advisory Committee to ensure consumer involvement and satisfaction.

- The regional ADRC Advisory Committee will meet at least quarterly. Each agency will provide 1 staff representative to sit on the committee and recruit 1-2 consumers/community members. At least 51% of advisory committee members will be consumers. Consumers may be older adults, people with disabilities (physical, mental/behavioral health, and intellectual/developmental), veterans, family caregivers or professionals representing the aging/disability network or healthcare.
- Consumer satisfaction surveys – partners providing core ADRC services agree to conduct standardized consumer satisfaction surveys and share summary results with the quality improvement workgroup and advisory committee.
- The Consortium, in consultation with the Advisory Committee, will annually develop additional opportunities for consumer feedback, such as focus groups, etc.

3. Describe core functions of the ADRC Coordinator, and how they will work with the Operational Council and the governing board of the Lead ADRC.

The Metro ADRC Consortium will assign an ADRC Operations Committee to coordinate the operations of the ADRC. The ADRC Operations Committee will report to the Executive Council, providing regular reports on operational activities and seeking direction and approval for any significant changes to ADRC operations. The Operations Committee will include representatives from each member organization.

4. Describe how the ADRC's organization and staffing will allow the ADRC to meet core ADRC standards.
 - Clackamas:
 - I&A Specialists - 2.5 FTE
 - Options Counseling & Care Transitions
 - Options Counseling – 0.5 FTE
 - Care Transitions – 1.0 FTE
 - Medicaid Nursing Facility Transition/Diversion – 3.0 FTE
 - Health Promotion – 0.2 FTE Program Coordination, contract with community partners for direct services
 - Supervision, training & quality assurance
 - 0.5 FTE Program Supervisor
 - 0.5 FTE Manager
 - Columbia:
 - I&A Specialists: 0.5 FTE (WCDAVS will answer Columbia Co. 1-800 calls)
 - Options Counseling & Care Transitions
 - Options Counseling - 0.25 FTE current, 0.75 FTE additional to be trained this spring. FTE will be spread across 4 – 5 outreach workers.
 - Care Transitions – 0.6 FTE
 - Medicaid Nursing Facility Transition/Diversion – 1.0 FTE
 - Health Promotion: 0.05 FTE program oversight, services contracted with 5 community senior centers
 - Supervision, training & quality assurance:
 - Program Supervisors - 1 FTE across 2 positions
 - Program Manager – 0.3 FTE
 - Multnomah:
 - I&A Specialists:
 - ADRC Helpline – 6 FTE
 - District Senior Centers – 7 FTE
 - Options Counseling & Care Transitions
 - Options Counselors – 15 FTE
 - Medicaid Nursing Facility Transition/Diversion – 9 FTE
 - Care Transitions – 2 FTE
 - Health Promotion

- 0.3 FTE Program Coordinator, contract with community partners for direct services
 - Supervision, training & quality assurance
 - 2 FTE Program Supervisors
 - 0.5 FTE Manager Sr.
- Washington:
 - I&A Specialists – 3.5 FTE
 - Options Counseling & Care Transitions
 - Options Counseling – 1.25 FTE
 - Care Transitions – 1.0 FTE
 - Medicaid Nursing Facility Transition/Diversion – 4 FTE
 - Health Promotion – 0.75 FTE Program Specialist direct service and MOU with community partners to provide services
 - Supervision, training & quality assurance
 - 1.25 FTE Program Supervisors
 - 0.25 FTE Program Manager
- Independent Living Resources:
 - I&R Specialists – 0.75 FTE (volunteers/interns)
 - Options Counseling – planning up to 1.0 FTE in the future
 - Health Promotion – 0.25 FTE
 - Supervision, training & quality assurance - 0.25 FTE

5. Describe how the ADRC will participate in statewide data collection using RTZ data to assess reach and impact of ADRC services in Oregon.

The Metro ADRC Consortium will use the ADRCofOregon for client data tracking for I&A, Options Counseling and MDS-Q referrals. The Consortium will track completeness of information collection for key data fields that will be used to assess reach and impact of Metro ADRC services. Examples of key fields include: gender, age, race/ethnicity, veterans status, referrals, unmet needs, and goals (options counseling). The Consortium will set progressive improvement goals and use the results to identify staff training and technical assistance needs.

Service utilization and client characteristics/demographics will be used to track outreach and services trends, such as: impact of marketing/outreach initiatives; effectiveness in reaching diverse populations; or unmet needs that could result in new resource development.

The Consortium will work with the State Unit on Aging to identify or add data fields to the ADRCofOregon system to track client outcomes.

6. Briefly describe the ADRC's process for handling customer complaints and grievances.
- Consortium partners will publish customer feedback phone numbers and/or e-mail addresses on marketing material, consumer program materials and agency web-sites.

- Each partner will designate staff to respond to complaints and grievances.
 - Each partner agrees to respond to complaints within 1 business day and document the findings and outcomes of all complaints. Summary information will be reviewed by the Operations and Advisory Committees at least twice annually.
 - Complaints and grievances that pertain to other agency programs and services (such as Medicaid or APS) will be referred to the appropriate program for follow up.
7. Describe how the ADRC is fully accessible to and user friendly for people with physical or sensory disabilities, who speak little or no English, or whose culture may affect their ability to use the ADRC.
- Bi-lingual/bi-cultural I&A Specialists and Options Counselors
 - Use of telephone and in-person interpreters
 - Translated marketing and outreach materials
 - Outreach articles in culturally-specific newspapers and community publications
 - Fully accessible office and meeting locations with additional accommodations available upon request
 - Contracts with culturally-specific organizations to provide outreach and ADRC services to communities of color and people with disabilities
 - Outreach and focus groups tailored to specific populations
 - Diverse representation on the Consortium's Advisory Committee