

## **1. Summary/Abstract**

Aging and Disability Resource Centers (ADRC) are being operationalized in three Area Agencies on Aging and Disabilities; an Options Counseling (OC) curriculum for both options counselors and their supervisors is being developed and evaluated; a new public-facing website, online resource database, and a client contact module will be installed this summer; and a strategic plan for operationalizing ADRCs statewide is in process. As a result, Oregon is at a critical juncture to standardize the delivery of OC services. At present, each ADRC is using different credentials and staffing ratios to predict OC services. Without mandated statewide standards, ADRC consumers will be at risk for receiving services that are dependent on local variations in program planning, budgeting, and organizational cultures. To ensure that consumers receive the same quality, competency-based services regardless of location, project partners will address the following goals and objectives: 1) Develop standards to support OC best practices by systematically identifying a) core components of six OC competencies, b) personal characteristics needed to perform successfully as an OC, c) personal characteristics needed to perform successfully as a supervisor of OC, and d) by developing state-level tools to implement practice standards for OC. 2) Implement new practice standards for OC and their supervisors in three ADRCs by a) assessing competency, b) revising training, and c) conducting a process evaluation. 3) Identify consumer outcomes of OC by a) interviewing consumers, and b) reviewing client contact data. Outcomes across all goals include competency-based practice standards, job descriptions, performance evaluation tools, OC staff who meet standards and are well supported by supervisors, and tools for assessing consumer outcomes.

## **2. Proposed Project**

### **a. Current Status and Overall Approach**

The work currently in progress to implement Aging and Disability Resource Centers (ADRC) offers a unique set of circumstances to develop and apply statewide standards for Options Counseling and Assistance (OC&A). Using funds from a 2008 Real Choices Systems Change grant and a 2009 ADRC grant, Oregon is operationalizing ADRCs in three Area Agencies on Aging and Disabilities (AAA) that cover nine contiguous counties. The sites have identified staff that will function as Information &

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Assistance/Options Counselors as well as their program supervisors. These staff and their supervisors are participating now in a beta test for an OC curriculum which is being developed and evaluated under a contract with Portland State University's Institute on Aging and the Center for Improvement of Child and Family Services. Concurrently, a new public-facing website, on-line resource database, and a client contact module that has the capacity to track and monitor OC&A service delivery is scheduled for installation beginning in late summer 2010. Finally, a process has begun to draft a Strategic Plan for operationalizing ADRCs statewide with initial recommendations for a statewide structure due in December 2010.

Thus, the State Unit on Aging is at a critical juncture to standardize the delivery of OC&A services with the ultimate goal of ensuring that consumers receive the same quality, competency-based services regardless of their location. We propose to use funding through this application to *produce options counseling (OC) standards* by identifying required competencies for both OC&A staff and their supervisors, and to formalize these competencies into position descriptions that can be evaluated by job classification experts within the state's Human Resources department. ADRC sites will use the classifications to plan and budget for their OC&A staffing requirements. Further, we will *produce tools to guide the selection (e.g., interview questions, knowledge requirements) of OC&A staff as well as performance monitoring and appraisal tools* for use by their supervisors. A second tier of competencies for staff who will use OC concepts and skills as a part of their job content (e.g., NH Diversion and Transition staff, Private Admission Assessment staff) will also be developed. The existing OC curriculum will be refined to fully address staff and supervisor competencies. It will be required for all OC&A staff; successful completion will lead to a certificate. Tier-two staff will be strongly encouraged to complete the curriculum. We will work closely with the team that is tasked with installing the client contact module (see above) to ensure the data elements required to track and monitor OC&A services are included. Finally, we will *collect qualitative and quantitative data from consumers* to determine their satisfaction with services and document the processes they experienced. These data will inform the development of continuous quality improvement systems at the state and ADRC levels.

As one of the last group of states to implement ADRCs, Oregon has clearly benefitted from all of the work that earlier groups have completed in other states. We believe that our approach to completing this project, as detailed in the Work Plan, will enable us to contribute new knowledge to the development of national standards and we look forward to being a full collaborator in that process.

**b. Goals, Objectives and Subject Areas to be Covered by Options Counseling Standards**

This project addresses three goals as summarized below; subject areas to be covered are listed under Goal 1. Specific objectives and associated tasks are presented in the Work Plan.

*Goal 1. Develop standards to support options counseling (OC) best practices.* Oregon will develop statewide standards to guide OC practices by OC&A providers and tier-two staff. Because supervisors play a critical role in the adoption of new practices, we will also develop statewide standards to guide supervisors of OC&A and tier-two staff. A competency modeling approach will be used to develop standards.<sup>1</sup> The competency modeling process will involve systematically engaging subject matter experts (SMEs), including current OC&A and tier-two staff, supervisors, Oregon Department of Human Services Human Resources staff, representatives from Aging Network partners, consumers, and national experts (e.g., established ADRC providers, technical assistance experts, stakeholders participating in development of minimum standards for OC). Interviews and focus groups with SMEs will be used to identify core components of the six identified OC competencies included in the Request for Proposals, along with the required personal characteristics needed to perform the job. This process will result in descriptions of knowledge, skills, attitudes, and other traits (KSAOs) needed by OC&As, tier-two staff, and supervisors. Additionally, SMEs will help generate behaviorally-specific descriptions of how these KSAOs are manifested on the job. The standards will address the recommended criteria and metrics published in June 2010<sup>2</sup>. The project team will work closely with national experts to insure that Oregon standards are consistent with national standards to be developed concurrently with this project.

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<sup>1</sup> Mansfield, R. S. (1996). Building competency models: Approaches for HR professionals. *Human Resource Management*, 35, 7-18; Shipman, J. S. et al. (2000). The practice of competency modeling, *Personnel Psychology*, 53, 703-740.

<sup>2</sup> Technical Assistance Exchange, ADRC, June 2010. *Fully Functioning Aging and Disability Resource Centers*.

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The **subject areas** addressed in the statewide standards will be: 1) assessment (e.g., skills in determining need for options counseling and identifying consumer values and preferences; knowledge of services needed); 2) assisting consumers to plan ahead for their long-term care (e.g., skills and abilities in application of person-centered planning practices, commitment to and valuing of consumer-directed service approaches); 3) seeking and maintaining knowledge of existing long-term services and support options; 4) skills in selecting and managing services and supports in accordance to consumer preferences; and 5) knowledge of Medicare Benefits and Options.

*Goal 2. Implement new practice standards for options counselors and for supervisors of options counselors in three ADRCs.* The statewide OC standards will be implemented in the Lane Council of Government's (LCOG) ADRC in Year 1, and in the Oregon Cascades West Council of Governments (OCWCOG) ADRC and Northwest Senior and Disability Services (NWS&DS) ADRC in Year 2. The activities to meet Goal 1 will produce several tools in support of OC standards, including job descriptions and performance evaluation tools. Implementation will begin by assessing competency of current options counselors and by piloting the newly developed performance evaluation tools. If gaps are found between standards and performance, additional educational supports will be provided, using the existing training contract to help options counselors upgrade their skills. Information from the performance evaluation process will help the project team understand more fully what is needed in the OC curriculum, which will be revised as needed. All new OCs hired throughout the state will be selected according to new standards. Similarly, supervisors will be assessed for current levels of competencies according to new supervisory standards; the training curriculum for supervisors will be modified to assure that supervisors meet standards. Throughout the implementation, process evaluation will be conducted to determine, from the perspectives of OC&A, tier-two staff, and supervisors, how implementation is progressing, what works, what doesn't work, and what needs to change to support OC standards.

*Goal 3. Identify consumer outcomes following options counseling services, including consumer satisfaction, the extent to which services were consumer directed, and progress toward meeting recommended criteria and recommended metrics for ADRCs.* To determine the effectiveness of the OC

standards, it is critically important to understand consumers' experiences. During the Implementation Phase, we will interview consumers and their family members to determine satisfaction with services, including perceptions of OC support for decisions they made, appropriateness of the processes they experienced, and recommendations for improvement. Using data generated from consumers and families, we will participate in the development of state-level systems to assure that consumer feedback is integrated into the ADRC CQI system. Interview data will lead to development of a consumer survey tool which will be tested in the last year of the project. By the end of Year 2, SPD will have the capacity to survey consumers routinely and continually evaluate how well OC&A services are working and what changes are needed within individual ADRCs to enhance services. Additional consumer-related data will be pulled from the client contact module, including number of visits/contacts, time spent with consumers, issues raised by consumers and families, referrals made, follow up activities agreed to (by consumers and ADRC staff), and identified gaps in local resources.

**c. Target Populations and Geographic Coverage**

The three ADRC sites participating in this project serve approximately 31 percent of Oregon's population in nine contiguous counties, made up of a mix of rural and small urban communities. The proportion of those 65 years and older living in these counties ranges from 11.3% to over 19%. Over 45% of older adults in Oregon have a disability; 9.3% have disabilities that impact their abilities for self care. Over 13% of adults between 18-64 years of age have disabilities and 2.2% have difficulties with self care. Consumer contact data collected from April through July 15, 2010 from LCOG, Oregon's prototype ADRC site, show that 61 percent of the consumers were age 60 and older. Forty-four percent of the consumers self-reported a physical disability or mental health concern.

We will target older adults, family members, and adults with disabilities from all income levels who face long-term transitions due to declines in functional abilities. SPD has long recognized that many are at risk for spending down resources because they have not had ready access to comprehensive and objective information. SPD intends for ADRCs to function as the local "umbrella" organization under which all consumers have access to appropriate private and publicly-funded long-term services and supports.

**d. Staffing Requirements**

At this time, each ADRC is using different credentials and staffing ratios to predict OC&A caseloads. Without mandated statewide standards, ADRC consumers will be at risk for receiving OC&A services that are dependent on local variations in program planning, budgeting, and organizational cultures. LCOG, the state’s prototype ADRC, began offering services in April 2010 without a formal outreach and marketing plan in place. In the first 3.5 months, two full-time OCs have had contact with 435 consumers (unduplicated); 17% of those received OC services and 93% received Assistance/Referrals. Both of the OCs are gaining skills and knowledge about OC practices through the OC curriculum now being beta tested. As they gain proficiency and the ADRC implements its outreach and marketing plan, we anticipate the number of consumers and services offered will increase significantly. Therefore, we do not know at this time the specific staffing ratios to consumers needed. This will be determined by the end of the project as part of the OC standards development (Work Plan, Goal 1).

**e. System Requirements**

Specific statewide system requirements will be identified to support OC positions and practices (Work Plan, Goals 1&2). This is necessary because the three ADRCs have begun to identify systems needed in their organizations, adapting their existing tools to the new practice and risking inconsistent and uneven implementation of OC standards. To ensure that a reliable and coherent statewide structure emerges from this project, the project team will coordinate activities related to systems development. Meetings will be held with ADRC staff to identify unique and common needs related to systems support for OC standards. Recommendations emerging from these meetings will be integrated into the final draft of Oregon’s Strategic plan for implementing ADRCs statewide (due February 2011). As organizations seek ADRC status in the future, they will have to show evidence of how they meet or expect to meet the standards for staff and supervisory positions, staff to supervisor ratios, and staff to consumer ratios.

Data and Information Systems. As stated earlier, Oregon is ready to install a new web-based client contact module as part of a larger public-facing website and resource database. The next step in development is to convene a committee to determine the required reports for monitoring, program

planning and evaluation purposes and identify the data elements needed to support them. The Project Manager and Evaluator will be members of this committee, sharing information about OC standards development and implementation (in Oregon and nationally), evaluation data, and recommendations of stakeholders. Active participation on this committee will ensure that the data elements required to track and to monitor options counseling services are accounted for in the system.

**f. Partnership Requirements**

The three ADRC pilot sites will be full partners in all aspects of the project (see Work Plan). LCOG will participate in the new project through an existing grant and grant dollars from the proposed project will support OCWCOG and NWS&DS staff in the roles of SMEs (see Goal 1), and in coordinating CQI and evaluation activities. Contract language will specify expectations for participating in work at the local and state levels, and attending conference calls or conferences required by work at the national level. Representatives from other Aging and Disability Network partners (e.g., Oregon 211, Centers for Independent Living, Senior Health Insurance Benefits Assistance Program, AARP of Oregon) will be included and the final standards will be incorporated in the Memoranda of Understanding between them and SPD. Other partnerships critical to the project include aligning efforts with the state’s Medicaid program to introduce NH Diversion and Transition and Private Admission Assessment staff to Options Counseling concepts and skills and encourage their use as appropriate. (These efforts are described in a separate grant application for Program C: ADRC Nursing Home Transition and Diversion Program.)

**g. Continuous Quality Improvement (CQI) and Evaluation**

SPD is in the early stages of developing the state and local infrastructure to support Continuous Quality Improvement (CQI). LCOG built a temporary ADRC consumer tracking tool to collect broad categories of data such as type of contact (phone, walk-in, email), type of consumer (self, family member), type of information request, and referrals provided. OC staff also document the results of their call-backs (post-intervention) to consumers. LCOG staff is using this rudimentary tracking tool to gauge workloads and overall consumer satisfaction with their services. When installed, the new client contact module (see above) will enable OC staff and supervisors to easily generate consumer service reports to

meet specific information needs. Content about the value and purpose of CQI and basic CQI methods (e.g., using consumer service data to identify unmet service needs) will be incorporated into revised staff and supervisor curricula.

Evaluation is a major component of the proposed project and will be conducted in partnership with Portland State University (PSU). PSU is developing and evaluating the curriculum for OC and supervisors. Results of the beta test currently underway will provide preliminary data for revising the curriculum and for understanding the issues involved with implementation of OC. The proposed project will support an expansion of this evaluation (see work plan, Goal 2), extending the contract with PSU. PSU will take the lead in directing the competency modeling process and developing OC standards. Specific plans to implement CQI practices and conduct process evaluation will be completed during the first year of the project. The process evaluation will be conducted to learn from the experiences of OCs, tier-two staff, and supervisors as they implement the new OC standards. We will learn from them about the adequacy of their training, the barriers to and facilitators for implementation, whether appropriate systems are in place to support their work, whether the tools developed meet their needs (e.g., are performance evaluation tools fair and easy to use), and what needs to be done to improve OC. The evaluation will also explore issues of importance to ADRC managers, such as the impact of new job classifications on budgeting for positions, recruiting for qualified candidates, and maintaining staffing ratios. We will seek feedback from ADRC staff via electronic surveys and face-to-face group meetings (see the Work Plan).

### **3. Organizational Capacity**

**SPD/SUA.** The Department of Human Services' (DHS) Division of Seniors and People with Disabilities (SPD) is responsible for administering programs for children and adults with developmental disabilities, and seniors and people with disabilities. SPD serves as the single Medicaid agency for services to seniors and people with physical disabilities through long-term service and support programs, and financial assistance programs. SPD is responsible for the licensing standards and inspections of care facilities including nursing homes, assisted living, residential care and adult foster homes. SPD provides

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oversight to homecare workers through training and maintenance of a worker registry. SPD serves as the Adult Protective Services agency for seniors and adults with physical disabilities.

Additionally, as the State Unit on Aging, SPD administers the Older Americans Act (OAA) and Oregon Project Independence (OPI) a state-funded in-home services program targeting people over the age of 60 who are not receiving Medicaid-funded long term services and supports. Across Oregon, SPD has designated 17 Area Agencies on Aging and Disabilities (AAA) to deliver services to local communities. Oregon Revised Statute Chapter 410 allows AAAs to choose to serve seniors or seniors and people with disabilities. It also allows AAAs to choose between administering only the OAA and OPI and also administering Medicaid programs. AAAs are designated as Type A (providing only OAA and OPI) and Type B (providing Medicaid services in addition to OAA and OPI). In locations where the AAA chooses not to administer Medicaid services, SPD has state offices providing those services.

**ADRCs.** The three ADRCs participating in the proposed project are the Northwest Senior & Disability Services, the Oregon Cascades West Council of Governments, and Lane Council of Governments. Each is a “Type B” Area Agency on Aging and Disabilities that manages both the Medicaid Long Term Care Program and OAA dollars for older adults and people with disabilities. In addition to full-service offices in their county seats, each has several satellite offices to service consumers in their outlying, rural communities.

**Portland State University.** PSU’s Institute on Aging (IOA) is a nationally and internationally recognized multidisciplinary research and training center. The IOA has a long history of designing and conducting multidisciplinary and collaborative research and training. IOA research and training projects have attracted federal, state, and local government as well as non-profit and private funding for health professional training and research and education. The Center for Improvement of Child and Family Services integrates research, education, and training to advance the delivery of services across multiple systems. The Center coordinates multi-disciplinary training and consultation services designed to promote sustainable systems changes across human service systems, including case manager and supervisor training for SPD staff to support strength-based case management throughout the state.

#### **4. Project Management and Stakeholder Participation**

The project management team will be composed of a Project Manager from SPD/SUA, a human resources (HR) representative from Oregon’s Department of Human Services, evaluators, research assistant, trainer, and industrial-organizational psychology consultant (from PSU), and ADRC partners (options counselors, advisory committee members). The project manager (PM) will monitor progress on the work plan, manage the budget, and serve as a liaison between team members, facilitating competency modeling activities and other data collection activities with ADRCs and the SMEs. The PM will participate in the process to develop minimum national standards and attend national meetings. The HR representative will serve as a subject matter expert in the competency modeling process and will develop appropriate job classifications for options counselors and supervisors of options counselors.

Because of the specialized work to produce standards (i.e., competency modeling tasks outlined above and in the Work Plan), we determined that we could best meet the goals and objectives of this by modifying an existing contract with Portland State University (PSU). The PSU project team will be responsible for implementing the work plan in collaboration with the PM, making corrections as necessary, producing reports to key stakeholders, and the final report to AoA. Products produced by PSU will include a) a report describing Oregon-specific standard operating procedures for ADRCs (for OC, tier-two staff, and supervisors), b) the evaluation plan for implementation of standards, c) a revised training curriculum that includes tools for competency assessment, d) a report describing consumer attitudes about and experiences with the OC&A services, and e) methods and tools for ongoing consumer satisfaction surveys. The PSU Evaluator will participate in the process of developing national minimal standards and attend national meetings.

The role of stakeholders (AAAs, CIL, SHIBA, and AARP of Oregon) in this project has been described above. During the project period, the PM and PSU project team will provide regular updates on their progress to the statewide ADRC Advisory Council. They will also provide updates on request from stakeholder organizations like the Oregon Association of Area Agencies on Aging and Disabilities that also have a vested interest in the final standards.