



Statewide Plan

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ADRC Statewide Plan Oregon

I. Introduction and Overview

Over the past 30 years, Oregon's Long-Term Care System has shown that most seniors and people with disabilities are capable of living in their own homes and home communities with adequate information and support services. This system, which has received national recognition, was once a comprehensive set of entitlements, a range of other services, and Case Management. Today, due to budget-driven program reductions implemented during the early part of this decade, it is a system focused on meeting the long-term care needs of significantly impaired, lower income individuals. Although these individuals continue to receive appropriate care and Case Management, many less impaired individuals are denied access to this system. Furthermore, Oregon's system is ill prepared to address the anticipated long-term care needs of both the Baby Boomers and the disabled veterans of the wars in Iraq and Afghanistan.

National studies tell us that 80 percent of caregiving is provided (and paid for) by the individual, family members and friends. Upwards of 30 percent of all households are involved in some kind of caregiving for adults with disabilities and older persons. When people begin to look for help for themselves, their spouses, an aging parent or for a person with disabilities, they do not have the information, skills or supports to make informed decisions. As a result, they often end up using more intense and expensive levels of care than are necessary. This is ironic since, over the course of the last two decades, there has been a dramatic increase in the amount of information, products, and options available to assist older people, people with disabilities, and their families to manage their care needs. The National Association of State Units on Aging (NASUA) notes: "Today, older and disabled adults and their families face a complicated array of choices and decisions about their health care, income security, insurance, housing, financial management, and long term care. Changing benefits in public programs and an expansion of private sector services contribute to this confusing consumer climate."

II. Process, Challenges

By mutual agreement, DHS Seniors and People with Disabilities (SPD) and the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) joined forces to develop strategies to enhance the service delivery system for seniors and people with disabilities. The goal is a system that has the necessary resources in place in every Oregon community to avoid the need for paid public assistance in long-term care; or if need arises, to minimize the scope and cost of such care. The objective of this collaboration is to develop a plan for the provisions of well-organized, comprehensive and intensive information and assistance on public and private sector resources and services. Planning for Oregon's enhanced services system commenced at a two-day meeting in mid-November 2007 attended by representatives from SPD and O4AD. Products of that

meeting included: vision and mission statements, sets of values and guiding principles, a list of questions to research, and the appointment of a Steering Committee. Between mid-November 2007 and the end of January 2008, the Steering Committee met three times. Three Steering Committee-appointed work groups met, as well. The Steering Committee and its work groups drew heavily from documents and research on Aging and Disability Resource Centers (ADRCs) in other states.

The draft recommendations of the Steering Committee included:

- Vision, mission, values, and guiding principles statements;
- Target populations to be served;
- Model for the delivery of services statewide;
- Services to be provided;
- Service and staffing projections;
- Infrastructure and administrative requirements, including MIS.

The work of the Steering Committee provided the basis for proposals that resulted in successful grant awards to Oregon in 2008 and 2009 to develop and pilot a prototype Aging and Disability Resource Center system for Oregon. A statewide Advisory Council was recruited and appointed in 2009 to guide the development of the ADRC; its composition is 50% consumers representing both aging and younger persons with disabilities. A complete roster, including organizational affiliation, can be found in Appendix A. The work of the Advisory Council has been guided by information gathered from potential consumers of the ADRC through the ADRC Formative Evaluation that was completed by the University of Oregon in December 2009. The ADRC Formative Evaluation can be found in Appendix B.

In 2010 the Advisory Council directed SPD to initiate a strategic planning process utilizing the skills of an independent facilitator to develop a five-year plan to implement ADRC statewide. Organizational Skills Associates, LLC (OSA) was awarded a contract in the spring of 2010 to assist SPD in the development of an ADRC strategic plan. Over the past 5 years OSA has assisted in a major restructuring of the area agency on aging system and helped establish ADRC's in multiple jurisdictions, including an eight county region in Wisconsin. A diverse group of twenty-three individuals were recruited to participate in the Strategic Planning Initiative (SPI) designated as an ad hoc workgroup of the statewide Advisory Council. A complete roster, including organizational affiliation, can be found in Appendix A.1. The SPI was comprised of consumers, agencies serving seniors and people with disabilities, advocates and other key stakeholders who understand the challenges of the long-term care system. The SPI was given the following charge to guide its work:

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 senior and people with disabilities remain independent, healthy, safe, and active in their home communities.

The SPI met five times between June 2010 and March 2011 to accomplish its charge. Each meeting lasted a full day and was facilitated by OSA. At the very first session, SPI members endorsed the importance of sharing information about the sessions and soliciting feedback from key stakeholders to help shape their decisions. A common message or meeting notes was prepared after every session and members shared this information with consumers, staff, and other stakeholders in their communities. As part of every meeting, the group was asked two questions: *who did you talk to* and *what did you learn?*

In April 2010 the SPI presented recommended strategic priorities and goals to the statewide Advisory Council for their consideration and adoption. In addition to the strategic priorities and goals, the SPI made a number of other key recommendations to help direct the ADRC expansion effort. The SPI defined core services for all ADRCs, made recommendations regarding the development of statewide standards, and clarified roles and responsibilities at the state, regional, and local levels of the ADRC system. A final set of priorities, goals and objectives was adopted by the Advisory Council at its April meeting along with identifying workgroups to develop action steps for each of the objectives.

III. Vision, Mission and Guiding Principles

Vision

Each Oregonian, through an integrated approach, has easy access to long-term support resources through comprehensive information, awareness, education and guided assistance.

Mission

To honor and support the desire of individuals with disabilities or who are aging to remain independent, healthy, safe and active in their home communities.
To provide services that promote dignity, choice, personal responsibility and quality of life.

Values

- Maximum freedom and independence
- Informed choice
- Inherent dignity of the individual
- Personal responsibility and engagement
- Culturally responsive
- Based on collaboration
- Commitment to quality

Guiding Principles

- **Easy to access comprehensive assistance to all**
 - Focusing on individualized needs, inclusive of diverse populations
 - Promoting healthy living and managing chronic conditions

- Providing information and assistance to appropriate services for seniors, people with disabilities, and their families
- **Based on collaboration and community involvement**
 - Collaborating actively with community partners
 - Communicating effectively to the public
 - Developing resources within local communities
 - Ensuring a balanced perspective and quality services by having a stakeholder council
 - Prioritizing customer satisfaction
 - Building family and community supports
- **Supporting prevention and early intervention as a strategy to reduce dependency on Medicaid**
 - Providing consistent and standardized services throughout Oregon
 - Promoting personal responsibility and individual choice
 - Contributing based on ability to pay
 - Funding based on workload, population growth and inflation
 - Transforming the current system for the future

IV. Strategic Priorities, Goals and Objectives

Strategic Priority A: Continually engage consumers and caregivers in shaping a consumer-oriented delivery system

Goal #1: To ensure the highest quality service, use a demographically and geographically diverse work group composed of service users, service providers, and staff to establish accessibility and service standards for all ADRC operations by December 31, 2011.

Approach: A Service Expectations and Standards Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal. Specific objectives under this goal are:

Objective a: Create service expectations for Information & Assistance, including how calls are answered during normal work hours and minimum qualifications for staff.

Objective b: Provide input on a client contact module to capture caller information that enables effective follow-up.

Objective c: Review and ensure a single resource database with an updating component that assures accuracy and the inclusion of resources for private paying consumers.

Objective d: Identify standards and protocols that define options counseling, including expectations for follow up with individuals receiving this service.

Objective e: Develop minimum standards for options counseling staff.

Measurement: Expectations, standards, and protocols for operations will be produced as stipulated above.

Key Dates: The deadline for completion of this goal is December 31, 2011 with monthly milestone updates.

Goal # 2: Develop comprehensive selection, training, and orientation plans based upon identified service standards to ensure skilled ADRC staff who strive to exceed consumer expectations by August 31, 2012.

Approach: A Selection, Training, and Orientation Work Group comprised of consumers, advocates, local agency leaders, and university personnel will be formed to tackle this goal.

Measurement: Comprehensive plans and programs for hiring, training, and orienting staff will be produced as stipulated above.

Key Dates: The deadline for completion of this goal is August 31, 2012 with monthly milestone updates.

Goal # 3: Create an ADRC structure that relies on consumer involvement at both the state and regional levels by December 31, 2012.

Approach: A Structure Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal.

Measurement: A structure for the Oregon ADRC system will be completed as stipulated above.

Key Dates: The deadline for completion of this goal is December 31, 2012 with monthly milestone updates.

Strategic Priority B: Build in sustainability from the start

Goal # 1: The state, in collaboration with local AAA's, Centers for Independent Living, other local agencies, key stakeholders, and consumers, will set priorities for what will be funded first using existing resources by January 1, 2012.

Approach: A Funding Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal. Specific objectives under this goal are:

Objective a: Create an implementation plan with timelines to provide a roadmap for how the expansion will unfold across the state and when & where specific services will be initiated.

Objective b: Assess local and state funding, including identifying which sources fund what activities.

Measurement: Funding priorities and an implementation plan will be set as stipulated above.

Key Dates: The deadline for completion of this goal is January 2, 2012 with monthly milestone updates.

Goal # 2: Develop a business plan for ADRCs by June 30, 2012.

Approach: A Funding Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal. Specific objectives under this goal are:

Objective a: Explore new funding opportunities to support OR ADRC programs by January 1, 2013.

Objective b: Identify key private sector partners & follow up on relationships by June 30, 2013.

Objective c: Investigate and submit foundation grant proposals by June 30, 2013.

Objective d: Develop fee for services programs by October 1, 2013.

Measurement: A business plan will be created as stipulated above.

Key Dates: The deadline for completion of this goal is June 30, 2012 with monthly milestone updates.

Strategic Priority C: Increase consumer, legislative, private sector and public awareness about ADRC's mission and services

Goal # 1: SPD and the four pilot sites will develop a marketing plan with statewide messages that can be adapted for local markets by December 30, 2011.

Approach: SPD staff and the four pilots will tackle this goal. Specific objectives under this goal are:

Objective a: Establish one brand identity, the Aging and Disability Resource Connection of Oregon, with 1 logo, 1 website, 1 phone number.

Objective b: Design specific approaches that build awareness of the ADRC mission with different stakeholder groups.

Objective c: Design specific state and local messages to spread the word about the ADRC mission.

Measurement: A marketing plan and key elements of it will be produced as stipulated above.

Key Dates: The deadline for completion of this goal is December 30, 2011 with monthly milestone updates.

Goal # 2: Engage opinion leaders and policy makers about the value of ADRCs as measured by statutory language that provides the rationale for funding support for ADRCs by Dec. 31, 2013

Approach: An Engaging Policy and Decision Makers Work Group comprised of consumers, advocates, and lobbyists will be formed to tackle this goal.

Measurement: Statutory approval for funding support will be passed.

Key Dates: The deadline for completion of this goal is December 31, 2013 with monthly milestone updates.

Priority D: Continuously improve quality of ADRC services and outcomes for consumers.

Goal # 1: Involve core stakeholders (consumers, caregivers, and others deemed appropriate) to create an evaluation plan to track ADRC outcomes by December 31, 2011.

Approach: An Evaluation Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal in conjunction with direct SPD staff involvement. Specific objectives under this goal are:

Objective a: Create a uniform approach to track and use customer satisfaction metrics across all ADRC locations.

Objective b: Develop measures to track efficiency of ADRC operations.

Objective c: Develop a process of continuous staff involvement in institutional changes that support the ADRC mission

Objective d: Develop a process to track people not being served and services not being provided/needs not being met.

Measurement: A plan for evaluating ADRC services will be in place.

Key Dates: The deadline for completion of this goal is December 31, 2011 with monthly milestone updates.

Goal # 2: To ensure sustainability, design a continuous quality improvement plan for all ADRC operations using consumer surveys and performance outcome monitoring by Dec 31, 2011.

Approach: An Evaluation Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal in conjunction with direct SPD staff involvement. Specific objectives under this goal are:

Objective a: Develop a plan to continuously review and improve training curricula.

Objective b: Develop a plan to modify and update ADRC processes, procedures, materials and guidelines.

Objective c: Develop a plan to ensure the statewide website is updated on regular basis.

Measurement: A plan for continuous improvement of all operations will be in place.

Key Dates: The deadline for completion of this goal is December 31, 2011 with monthly milestone updates.

Goal # 3: Compare outcomes, availability, and the use of the ADRC's Information & Assistance and Options Counseling services statewide with the prior delivery of Senior Information & Assistance, to determine whether service levels have improved, by December 31, 2012.

Approach: An Evaluation Work Group comprised of consumers, advocates, and local agency leaders will be formed to tackle this goal in conjunction with direct SPD staff involvement. Specific objectives under this goal are:

Objective a: Document outcomes achieved through Information & Assistance and Options counseling.

Measurement: A comparison of pre and post service levels will be completed.

Key Dates: The deadline for completion of this goal is December 31, 2011 with monthly milestone updates.

Challenges: The reliance on all-volunteer work groups in order to empower/vest stakeholders in the ADRC model as well as to contain costs presents challenges by definition with respect to commitment and quality of work. This is why a rigorous support system using SPD staff and the consultants for technical assistance has been built into the design process. In addition, the work groups will have available best practices, models, and approaches deployed by other entities and other states in this area. SPD staff

capacity will need to be evaluated and management will have to ensure that adequate time and resources are dedicated to this effort.

V. Strategic Planning Initiative (SPI) Key Recommendations

Recommendations for Core Services... All ADRCs will provide the following services targeted to help individuals and families facing long term care decisions:

- Information and Assistance
- Options Counseling
- Health Promotion
- Care Transitions

Recommendations on Statewide Service Standards:

1) Reporting

- Create uniform reporting standards for all ADRCs
- Allow for input on standards from staff/ground level

2) Training

- Develop standardize staff training, include minimum number of hours, continuing education and specified topics.

3) Quality

- Use team approach to monitoring of standards (use peers & state staff)
- Ensure consumer satisfaction is included as part of performance measures
- Consider using mystery shopper or monitored phone calls as part of evaluation
- Conduct consumer surveys statewide
- Use internet to conduct surveys

Recommendations on State, Regional, and Local Responsibilities... There should be a balance between an efficient system (minimize costs) and an effective system (deliver high quality services to consumers). Responsibilities exist at three levels:

1) State – Division of Seniors and People with Disabilities (SPD)

- Maintain a statewide governing council or advisory board, to provide ongoing input into ADRC operations
- Set overall standards for ADRC operations, in consultation with ADRC advisory and planning groups
- Assure statewide information technology and internet system
- Assure statewide standardized training
- Contract out ADRC responsibilities to administrative bodies
- Assure there is a quality measurement and improvement system

- Assure statewide marketing, messaging and branding
- Provide technical assistance as needed
- Develop new funds and sustain existing funds

2) Regional – Administration of ADRC services will be done through regional structure

- Human Resources, including policies and guidelines
- Government Relations
- Maintain data base/information technology system
- Contracting/Memorandums of Understanding
- Marketing & Community Outreach
- Fiscal management, including grants
- Operations oversight, including Quality Assurance and consumer follow up
- Resource development
- Education/Training/Development of staff

3) Local – Direct service delivery to consumers

- Services to be delivered include information and assistance, options counseling, health promotion, and care transitions
- Services could be delivered on the phone, in person and through home visits as well as through use of technology as appropriate.

VI. Recommendations for Consumer Satisfaction Indicators

SUA staff has already begun work on developing a continuous quality improvement framework. (See Priority D, Goal 1, Objective A., *Create a uniform approach to track and use consumer satisfaction metrics across all ADRC locations.*) Oregon intends to field a consumer satisfaction survey in late 2011 that will provide baseline statewide and site-specific data for a set of consumer satisfaction domains. Additional data will be drawn from the ADRC client contact module. Oregon plans to repeat the survey every two years so that comparisons over time and across ADRC sites can be made. Sites that fall below the statewide average on a specific domain will be expected to develop quality improvement plans to remedy their performance. At their 2011 Fall Meeting, the Advisory Council will be asked to review and approve the following set of consumer satisfaction indicators and recommend performance targets for each of them.

- Percent of consumers who accessed ADRC services via the website or call center who report they received the information they needed.
- Percent of consumers who accessed the ADRC website or call center in a crisis situation who received immediate attention.
- Percent of consumers who accessed the ADRC in person who report they were “satisfied” with the location, hours of operation, privacy, etc.

- Percent of consumers who accessed the ADRC in person who report they received the information and assistance they needed.
- Percent of consumers who received Options Counseling services who report they were given the information they needed to make informed decisions about long-term care services and supports.
- Percent of consumers who were successfully linked to those publicly funded programs or benefits they were eligible for or entitled to.
- Percent of consumers who were unable to manage for themselves because of multiple, complex and diverse needs and who got timely help in arranging and coordinating services.
- Estimated number of consumers who remained in the community longer than expected because of ADRC services.

VII. Progress Timeline

- **2007-2008:** SPD and O4AD initiated planning and developed a draft concept paper for creating an ADRC in Oregon;
- **2008:** SPD awarded a 3-year grant from the Centers for Medicare and Medicaid Services (CMS) to develop a prototype ADRC in Lane County AAA;
- **2009:** SPD awarded a 3-year grant from AoA to expand the work of the CMS grant to AAAs serving 9 additional counties;
- **Spring 2010:** ADRC opens in AAA serving Lane County;
- **Fall 2010:** ADRC website with searchable resource database goes live, 10 ADRC earn AIRS certification, process to develop ADRC statewide plan begins;
- **Spring 2010:** Executed contract with Portland State University to develop and provide Options Counseling training; 60 Options Counselors & supervisors trained as of May 2011;
- **Early 2011:** ADRC marketing plan and brand established; ADRC opens in AAAs serving Linn, Benton, Lincoln, Marion, Polk, Yamhill, Clatsop and Tillamook counties;
- **June 2011:** ADRC State Plan submitted to AoA;
- **Fall 2011:** ADRC Advisory Council reviews and approves service standards for Options Counseling, Information & Assistance, consumer satisfaction indicators & recommend performance targets;
- **Winter 2011:** Field a consumer satisfaction survey that will provide baseline statewide and site-specific data for a set of consumer satisfaction domains.

**ADRC Statewide Advisory Council
Member Roster**

Name	Representing	Consumer
Abushakrah, Jan Chair	Oregon Community Colleges	
Beck, Peggie	Community Action Program East Central Oregon AAA	X
Carlson, Julie	Oregon Health Care Association	
Clay-Eckton, Catherine	Multnomah County Aging and Disability Services AAA	
Danner, Katharine	Rogue Valley Council of Governments AAA	X
Depp, Rose Marie	Central Oregon Council on Aging AAA	X
Durbin, Brenda	Clackamas County AAA	
Emerson, Lisa	Senior Health Insurance Benefits Assistance (SHIP)	
Fofana-Dura, Sue	Retired Senior Volunteer Program	
Hastings, Danna	DHS Public Health Division Health Promotion & Chronic Disease Prevention	
McQueary, Tim	Governor's Commission on Senior Services	X
Quale, David	Lane COG AAA Long Term Care Committee/PeaceHealth Medical Group	
Richards, Judi	Northwest Senior and Disability Services AAA	X
Schroeder, Rodney	Northwest Senior & Disability Services (AAA)	
Shrestha, Bandana	AARP	
Templeton, Ann	AARP	X
Treasure, Tina	Oregon Disabilities Commission	
Volpe, Mike	Home Care Commission	X
Welsch, Clara	Oregon Office on Disability and Health	

Appendix A

**ADRC Strategic Planning Initiative (SPI)
Member Roster**

Name	Affiliation
Abushakrah, Jan	ADRC Advisory Council-Portland Community College Gerontology Dept.
Bond, Scott	Oregon Cascades West Council of Govt.-Area Agency on Aging
Bonnell, Sonciray	NW Portland Area Indian Health Board
Bruland, Don	Rogue Valley Council of Govt.-Area Agency on Aging
Carlson, Julie	ADRC Advisory Council-Oregon Health Care Association
Cohen, Jerry	AARP
Davidson, Margaret	Community Connections of NE Oregon-Area Agency on Aging
Depp, Rosemarie	ADRC Advisory Council
Griffey, Lorraine	Elders in Action
Hastings, Danna	ADRC Advisory Council-Public Health, Health Promotion Disease Prevention
Hayter, Augusta	Elders in Action
Hernandez, Mauro	Oregon Alliance for Senior and Health Services
Jaeger, Mary	Long Term Care Ombudsman
Lowe, Joseph	Home Care Commission
Mayfield, Roxie	Home Care Commission
McQueary, Tim	ADRC Advisory Council-Governor's Commission on Senior Services
Norr, Pam	Central Oregon Council On Aging-Area Agency on Aging
Pierce, Dan	Consumer Advocate
Quale, David	ADRC Advisory Council-Peace Health
Shortall, Mary	Multnomah County Aging & Disability Services-Area Agency on Aging
Thomas, Sheila	Lane Independent Living Alliance (LILA)
Volpe, Mike	ADRC Advisory Council-Home Care Commission
Wendt, Liesl	211Info
Whittingham, Esther	Consumer Advocate

ADRC Formative Evaluation

Executive Summary

An Aging and Disability Resource Center (ADRC) integrates aging and disability service systems so that individuals may have their needs met in one place. The ADRC model is designed to streamline access to services and acts as a clearinghouse of information on long-term supports and services in the community. In September 2008, Oregon's Department of Human Services, Seniors and People with Disabilities (SPD) Division received a three-year grant to implement a prototype ADRC in Lane County. The Community Planning Workshop (CPW) at the University of Oregon was contracted to conduct a formative evaluation of the ADRC. Formative evaluation is used to modify or improve products, programs, or activities, and is based on feedback obtained during planning and development. CPW conducted an online survey, 15 interviews, and 5 focus groups with potential users, caregivers, professionals, and partnering agencies to gather opinions on the planning, marketing, and outreach of the ADRC. Over 200 stakeholders provided input for the formative evaluation.

The purpose of this final report is to provide guidance for those responsible for implementing the ADRC. Participants gave input on how many facets of the ADRC should function and suggestions for how to market the ADRC to consumers and professionals in Lane County.

First, participants indicated some important characteristics that a public service agency should possess, which are: centralized information, a collaborative environment, individualized guidance for clients, outreach & education, and culturally competent staff with correct information. Participants from all outreach methods were excited about the concept of an ADRC. Almost all (92%) consumer survey respondents and 84% of professionals said they would use or refer a client to the ADRC after only reading a brief description of it. Almost all the partnering agencies interviewed thought the ADRC would augment the services they currently provide and would not have any negative impacts. Comments from professionals who were unsure about referring someone to an ADRC said that the following would encourage them to do so: needing to know about services the ADRC will provide, a proven record of reliability, if information is kept accurate and up to date, and the ease of accessing information.

Both consumers and professionals agreed that "ensuring people do not miss out on services that may be most appropriate for them," "making it easy to find information," and making the system easier to access are valued benefits of the ADRC. Many of the partnering agencies said that knowing that a centralized, one-stop-shop place that has critical information not only takes a burden off them, but also allows for effective transfer of clients.

The most common concern about the ADRC from partnering agencies was about

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duplication of services. These participants were cautious about the duplication of services and creating yet another silo of specialized Information & Resource (I&R) services. Another concern was that the ADRC might make referrals to the wrong agency (i.e. the agency does not provide the service that the client needs).

Participants said the name of the ADRC should be stigma-free, accessible and sound like a place you want to be; although, there was not wide consensus on what exactly the name should be. Most participants felt that the ADRC should not look like a government office, but rather like a homey coffee shop. Participants gave several suggestions about how to achieve this look and feel and other features that should be in the waiting area. Most notably, a coffee station, plants, televisions, an aquarium, computer stations, high couches that are easy to get in and out of, good lighting (in a natural or blue hue), lamps, and educational and fun reading materials. Participants also said they would prefer to be in a private location when talking with a representative about their needs.

All participants indicated that the ADRC needs to provide a variety of ways for people to access information which include: in-person using both appointments and walk-ins, over the phone using a 24-7 phone number with a live person who answers, and the internet using an easy to navigate website with complete information. Participants said they would use all these methods and which one would depend on the situation.

According to participants, having the right staff at the ADRC is important to ensure that clients feel welcome and get the correct information. Staff needs to be knowledgeable, friendly, caring, calm, nonjudgmental, respectful, and able to provide clear and accurate information. Staff needs to be trained to help clients who are frustrated with the system and who don't know how the system works. Participants suggested that volunteers could be used to speak with clients and take some of the burden off of staff.

Nearly all participants said that the referral method would depend on the situation and the individual. For simpler referrals, just giving the contact information of the other agency will be sufficient but for more complicated situations the warm or facilitated referrals will be preferable. Most importantly, the ADRC staff needs to be able to identify the needs of their clients and use the referral method that is most appropriate for that situation.

Partnering agencies said the best way to collaborate with them was to: be reliable and easy to use, keep information current, have a mutual understanding with other agencies, not forget about for-profit organizations, collaborate with clients as well as agencies, and help agencies communicate with each other.

Only one respondent to the survey said it was "very easy" to find information about long term care and support services and few said it was "easy." Participants seem to want information about long term care and support services from a trusted source. The consumers look to their doctor or friends and family members; and professionals look to

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colleagues or clients. These methods are all word of mouth related. These results show the importance of early successes for the ADRC in establishing itself, providing good customer service, and being a place people talk about in a positive way. The internet was also ranked highly by both audiences [46% of consumers (not including meal site respondents), 24% (including meal site respondents), 70% of professionals]. This result indicates the importance of a web presence for the ADRC.

In terms of communication, professionals seem to prefer more low-cost, direct communication options, while consumers prefer written materials in places they frequent and communications from people they know. These differences highlight the importance of thinking about the audience when marketing and doing outreach and not having a blanket plan for all. Participants provided many suggestions on where and when the ADRC should advertise, where and how it should conduct outreach, and where and what kind of additional marketing strategies would be successful in reaching the target populations.

Information in this document, along with input from any advisory committees, should be used to guide current and future planning efforts for the ADRC.

The full report is available at:

<http://www.oregon.gov/DHS/spwpd/sua/docs/adrc-eval.pdf>

Appendix B