Summary Findings from Selected Aging and Disability Resource Center (ADRC) Evaluations

This chart contains summary findings from evaluations of Aging and Disability Resource Centers (ADRCs) done by entities external to the ADRCs and/or for purposes beyond routine semi-annual reporting (SART).   Studies are arranged by topics covering a range of activities including: access to services, outreach and marketing, consumer satisfaction and cost effectiveness.   If you are aware other studies that should be added to this list, please e-mail the information to ADRC-TAE@lewin.com.

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
Topic: Access to Services Evaluation findings demonstrate that Aging and Disability Resource Centers (ADRCs) have successfully improved access to comprehensive, reliable and objective information about long-term care services and supports for older adults, family members, service providers and others. Factors that facilitate access to long-term care services and supports include having skilled and knowledgeable staff, developing effective, formal partnerships with other organizations, having written protocols in place regarding inter- and intra- agency communication, referrals and information sharing, and monitoring consumer feedback regarding their experiences accessing services and supports.			
Wisconsin Metastar/Wisconsin Department of Health Services, Bureau of Aging And Disability Resources	Reviewed DHS statutory requirements for Medicaid and Family Care, DHS contracts, policy and procedures. Reviewed ADRC documents and conducted interviews with ADRC staff for data collection and analysis	Contact adrc-tae@lewin.com for more information.	**Aging and Disability Resource Centers: Study of Access-2008** The findings from this extensive analysis show that ADRCs have developed and implemented policies, procedures, forms, tracking mechanisms and feedback loops which align with generally accepted practice patterns associated with supporting consumers' access to public benefits. In addition the practices show evidence of compliance with each ADRC's contract with the Department of Health Services. Despite variations in ADRC approaches to implementing its access plans and in the findings related to data analysis, in general the following, highlights of selected best practices from the report were identified at each ADRC: ▶ Extensive training and mentoring of staff prior to conducting options counseling with consumers, especially training about the fee-for-service and community waiver Medicaid categories of assistance. ▶ Direct support of consumers in obtaining verification to meet Medicaid eligibility requirements ▶ Signed memorandums of understanding and/or agreement with county Income Maintenance agencies and managed care organizations for the purpose of detailing agreements about coordination and communication related to eligibility determinations and enrollment.

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
			▶ Co-locate Income Maintenance Agency staff in Aging and Disability Resources Centers ▶ Using approved plans for assuring quality of the the Long-term Care Functional Screen that is used to determine functional eligibility ▶ Applications for publicly funded long-term care benefit programs are processed within the required 30 day timeframe ▶ ADRC staff remain constantly available to support consumers who need assistance with the financial eligibility process.
Michigan Michigan Public Health Institute/ Office Of Long Term Care Supports And Services, Michigan Department Of Community Health	Data related to consumers was collected in ServicePoint modules as entered into the system by I&A specialists and OCs. Data related to consumer satisfaction was collected using phone interviews. Finally, information related to the LTCC system development, both from a state and local perspective, was obtained through meeting notes and bi-annual reports.	Report at: http://www.adrc-tae.org/tiki-download_file.php?fileId=28274	**Single-Entry Point Program Evaluation of Long-Term Care Connection 2009** This report is a snapshot of data collected through various methodologies and mainly covers the period from October 1, 2007 to September 30, 2008 (FY 2008). In FY 2008, the LTCCs served 23,680 consumers who made 31,712 contacts. Surveys: Consumer surveys show a high rate of satisfaction for I&A and OC services provided through the LTCC. Over 90% of consumers indicated that information provided by the LTCC through either I&A or options counseling is helpful, accurate, timely and is used to make long term care decisions. Over 90% of consumers also indicated that staffs were knowledgeable, respectful, friendly and trustworthy. Options counselors have also supported and assisted consumers in the development of care plans and taking actions to access services. About 90% were satisfied with the assistance they received and over 90% would recommend the LTCC services to others. Case Studies : Case reviews were conducted on those individuals who were randomly selected for options counseling interviews. Two trends are documented : first, consumers develop an ongoing relationship with the LTCC; 45.2% make repeat contacts into I&A when new needs emerge. Second, it was discovered that I&A and OC aren't necessarily discreet events; some needs are met by an I&A specialist while others by the OC assigned to the case. This

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
			flexibility results in using information & resources in a timely & efficient manner. Overall: The LTCC sites have each been successful in their mission to be the SPE as the ADRC within each of their regions, even though they have used diverse implementation models. Consumers are learning about the LTCC mainly through sources linked to word-of-mouth and personal contact with health and human service professionals or family and friends. Less than 10% of callers have learned about the LTCC through the media. They have built integrated systems which provide information, education, counseling, eligibility screening and assistance in accessing services for long term care consumers in their regions. Options counseling provides a unique service to support consumers and families in the decision-making process, without bias or promoting specific services or providers. An integrated information system was implemented across the LTCC sites allowing all data related to the consumer being collected in one place, and shared among various specialists working with the consumer and family. For the first time, information about what consumers perceived as their needs and preferences and how they accessed services as a result of their interaction with the LTCC could be linked. The usefulness of the I&A system is demonstrated by a 31.3% incidence of repeat contacts to the LTCC.

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
Topic: Outreach, Marketing & Serving Diverse Populations In providing funding for ADRCs, the Administration on Aging envisioned that the programs would be highly visible sources of information about long-term care services and supports and that they would be available and accessible to people in every community in the US. At varying levels, all ADRCs have engaged in extensive outreach and marketing campaigns that were based on systematic planning and strategic outreach to older adults and people with disabilities. Although community education and awareness remains an ongoing process, many people in need of long-term information, services and supports have been made aware and have benefitted from ADRCs operating in their communities.			
Wisconsin The Lewin Group/ Wisconsin Legislative Audit Bureau	Case studies, document review and analyses of administrative data.	Evaluation of the broader Family Care program including ADRCs documented in four reports found at: http://dhs.wi.gov/ltcare/ResearchReports/Index.htm Annotated History of Wisconsin's ADRCs (summarizing findings from The Lewin Group's evaluation of Family Care): http://www.adrc-tae.org/tiki-download_file.php?fileId=2806	**Wisconsin Family Care Final Evaluation Report** The measures in this study focused on several domains of ADRC activity: 1) access to information: 2) the range of outreach activities the Resource Centers pursued; and 3)) the number of contacts per capita for each of the target populations relative to Department of Health and Family Services (DHFS) established standards. Both indicated Resource Center success.
Topic: Consumer Satisfaction Over the past six years, ADRCs have evaluated consumer satisfaction with services and supports as the primary mechanism for assessing the quality of their operations, programs and staff. ADRCs have evaluated several domains of consumer satisfaction at regular intervals during project implementation and have reported their findings to the Technical Assistance Exchange, the AoA, their local and state governing bodies, policymakers and their peers. The goal of measuring consumer satisfaction with services is to obtain information that enables the ADRCs to improve the quality of their programs and services. Domains that have been measured to assess consumer satisfaction with services include: willingness to refer a friend or relative to the ADRC; staff responsiveness to consumers' unique situations, values and preferences; staff respect and			

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights

knowledge; level of helpfulness of ADRC services with decision-making; ease of access to ADRC information and supports; degree to which the ADRC assisted the consumer with making an informed decision about their long-term care needs and overall consumer satisfaction. ADRCs have used diverse strategies to assess consumer satisfaction with services including mail, e-mail, in-person, web-based and telephone surveys to obtain information. In some cases low levels of consumer satisfaction with services were reported, however, dissatisfaction was most often attributed to lack of community based services or lack of direct service providers.

| **Wisconsin**
Analytic Insights/Wisconsin Department of Health Services | Mixed methods grounded methodology which included interviews with ADRC directors and staff at each of the 18 participating ADRCs, focus groups with ADRC customers and a telephone survey of a total of 1,673 customers, stratified by ADRC and weighted proportionately to ensure representativeness | Executive Summary of Report at:
http://www.adrc-tae.org/tiki-download_file.php?fileId=28163

Amy Flowers 2008 PPT Presentation of study at:
http://www.adrc-tae.org/tiki-download_file.php?fileId=27544 | **Aging and Disability Resource Center Evaluation: Study of Consumer Satisfaction 2008**
This research sought to identify the specific elements that lead customers to express satisfaction in a number of different ways.
▶ Customers described themselves as "very satisfied" in a number of domains including the usefulness of the help they received, whether the ADRC did not meet, met or exceeded their expectations, whether the ADRC was able to help resolve the customers' situation (outcome) and the willingness to recommend the ADRC to someone else.
▶ WI's ADRCs overall are rated very highly by customers on helping them to make their own, informed decisions. Although many ADRCs do a formal follow-up, often sending a brief customer feedback survey by mail, a personal call from the I&A specialist enables customers to address any barriers they may have encountered.
▶ Some of the highest ratings involved comparisons of the availability of ADRC staff to other social service agencies in terms of accessibility. Just as lack of access is often experienced as disempowering, access is empowerment. These findings were confirmed in the quantitative data, where customers' ratings of the accessibility of the ADRC office building and staff strongly impacted Empowerment domain ratings.
▶ Prompt action, home visits and the formal evaluation of staff performance all contributed to favorable ratings of the ADRC in terms of customer satisfaction. |
| **New Hampshire**
University of New Hampshire Survey Center - New | Random digit dial survey of residents, sample size 542 | UNH presentation of baseline findings at: http://www.adrc-tae.org/tiki-download_file.php?fileId=915 | **Project Evaluation 2004**
At baseline in 2004, evaluators in New Hampshire found that 82% of the people they surveyed were not familiar with the ADRC, 45% reported that they were not likely or probably would not call the ADRC and 37% reported that they were |

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
Hampshire Institute for Policy and Practice			unsure or did not have an opinion regarding their trust in information provided by the ADRC. These baseline data provided information about where to focus marketing and awareness initiatives. Subsequently, during project implementation up through 2008, ADRC pilot sites consistently continued to monitor consumer satisfaction and to report findings on their semi-annual reports to the Technical Assistance Exchange. These findings revealed significant shifts in consumer perceptions of trust, awareness and use of ADRC services with high percentages of consumer satisfaction across the board
Vermont Flint Springs Associates/ Vermont Department of Disabilities, Aging and Independent Living (DAIL)	Survey: Consumer satisfaction with information, referral & assistance Survey: Consumer satisfaction with accessing services Case file review: measuring streamlining access	Contact adrc-tae@lewin.com for more information. 2008 Presentation at: http://www.adrc-tae.org/tiki-download_file.php?fileId=27291	**Vermont's Aging and Disability Resource Connection (ADRC) Evaluation I&R/A Consumer Satisfaction Survey 2008** ► Consumers are generally able to talk with an I&R/A provider right away. In the few core partner agencies, if consumers must leave messages, providers generally call back "right away." ► Nearly all I&R/A consumers feel that the providers understand what is wanted in the inquiry and are satisfied with the information they receive. ► I&R/A consumers do not experience communication problems with core partner agencies. **Vermont ADRC- Evaluation Experiences in Assessing Services and Consumer Satisfaction, May 2008** Presentation describes results of preliminary evaluation of data and records to uncover needs and improvements that impact program development. Baseline data indicate that core partner clients are satisfied with I&R/A services and interactions with staff, but some program and records management processes need to be improved.
Georgia Planning and Evaluation Section, Quality Assurance	The Quality Assurance Team (QAT) in collaboration with the Program Development and Operations Section (PDOS) conducted a mail-out survey to	Report at: http://www.adrc-tae.org/tiki-download_file.php?fileId=27251	**Gateway Consumer Satisfaction Survey Report, SFY '07** ► Data were collected from individuals listed in AIMS as using Gateway Services between 7/1/06 and 6/30/07. The number of surveys distributed to the 12 AAAs varied from 248 to 333 each. There was a 23% response rate.

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
Team	Georgians who have used this service to obtain assistance. ▶ The survey tool was developed by the QAT with an overall focus on accessibility (ease in contacting the counselor), efficiency, competency, respect, consumer participation and choice. Questions were designed to survey consumers calling for themselves or on behalf of others needing assistance.		▶ Responses were overwhelmingly positive (87% -94%) for most questions. ▶ The two questions on the survey addressing satisfaction in service outcome, received the lowest percentages for the most positive option. "I am satisfied with my overall health or social service outcome" received 76% satisfaction and "I received the help I needed from the agencies or resources I was given" received 78% satisfaction. ▶ A wide range of comments were received. ▶ Numerous comments related to the quality of, or the lack of, ongoing services rather than comments to the information received. ▶ Out of 840 surveys returned, 34 commented they were still on the waiting list. One respondent had been on the waiting list since July 2005.

Cost/Cost Effectiveness & Sustainability

As integral components of ongoing long-term systems care change at the state and national levels, ADRC activities link to other initiative that seek to reduce reliance on costly and less consumer-focused care. ADRCs are expected to demonstrate cost effectiveness and sustainability for a number of reasons: they do not create new systems, but build-- for the long-term--on existing long-term care service systems; they streamline access to assessments, eligibility determinations, and enrollment, thus reducing staff burden and increasing the efficiency of these processes; they promote service delivery that maximizes consumers' independence and provide options to enhance living in community rather than in more costly institutions; and they implement informed decision-making that identifies and solves problems more efficiently and/or earlier in the long-term care continuum and so are likely to delay or prevent more expensive intervention. Nevertheless, ADRC activities are taking place in a shifting policy environment characterized by several initiatives aimed at lowering long-term care costs and shifting the focus of services to increased independence and community-based care. In this environment it is difficult to isolate the specific cost efficiencies of ADRCs or to attribute any one ADRC function to increased cost effectiveness in a particular service area. Nevertheless, public and private funders are asking ADRCs to show how their programs are achieving cost savings. Moreover, in the current economic environment, ADRCs are seeking to demonstrate cost effectiveness as an important component of sustaining their programs and securing resources for the future. Presently, demonstrating the cost effectiveness of the ADRC program is a "work in progress" and studies are in development to examine this. The HMA study is presented as an example of a strategy and findings regarding measuring ADRC cost effectiveness. The Georgia study demonstrates new approaches to sustainability and expansion by exploring a creative partnership between the ADRC and the Care-Net program.

| **Michigan**
Health Management | Evaluators at HMA used Medicaid claims data used to compare LTCC (ADRC) regions | Report at:
http://www.adrc-tae.org/tiki-download_file.php?fileId=28272 | **Cost Effectiveness of Michigan's Single Point of Entry or Long Term Care Connection Demonstration - 2009** |

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
Associates/ Office Of Long Term Care Supports And Services, Michigan Department Of Community Health	to other parts of the state. The evaluation is based on less than a year of full implementation of their ADRC model, because some of the important elements were phased in later in the pilots. Currently (2009), this is probably the most rigorous and thorough to date in any state. (That said, it still has some unanswered questions.)		The HMA cost effectiveness analysis was designed to determine whether, as a result of the operation of the LTCC demonstration, the Michigan Medicaid program experienced reductions in long term care costs that equal or exceed the amounts paid to the LTCC agencies for the Single Point of Entry work. ► Overall Medicaid LTC costs were not lower in the LTCC areas. Therefore, they generally conclude that the initiative has not been cost effective to date. ► However, they also find that more people have transitioned out of nursing facilities and that the nursing facility level of care criteria are being more rigorously enforced in the LTCC areas. These effects have just not had enough time to work their way into the expenditure data. ► The evaluators conclude that, going forward, "the LTCCs can be expected to generate sufficient savings in long term care costs to fully support their operations. The net result is not only a (small) cost savings to the state budget but also a better continuum of care for elderly and disabled individuals that need some degree of long term care supports and services."
Georgia Georgia Health Policy Center/ The Georgia Department of Human Resources Division of Aging Services	In order to evaluate the implementation of the ADRC at the expansion sites in Northeast Georgia, Southern Crescent, and Coastal AAAs, evaluators collected primary and secondary programmatic data by the following means: 1. Review of relevant ADRC program materials from local sites, the Georgia DAS, and the federal AoA; 2. Observation of relevant ADRC state working group and quarterly partners meetings;	Report at: http://www.adrc-tae.org/tiki-download_file.php?fileId=26897	**Georgia Aging and Disability Resource Connection, 2007 – Expansion Evaluation** ► Program models vary in organizational structure, and sites have implemented either a decentralized model or a blended model that combines elements of the centralized and decentralized approaches ► Most CARE-NET members interviewed at the three expansion sites were able to describe the mission of the ADRC. Many informants talked about a "one-stop shop" and a collaboration that will reduce duplication of services and "stop people from falling through the cracks." ► Informants interviewed at the three expansion sites consistently reported that the local CARE-NET has expanded its mission to incorporate the objectives of the ADRC. ► Informants at each of the three sites believe that bringing the ADRC under the "umbrella" of the CARE-NET encourages the CARE-NETs (which were more focused on the aging population) to expand their missions and focus on developmental disability issues as well.

State/Evaluator	Methodology	Reference (Please e-mail adrc-tae@lewin.com for further information)	Report Name & Highlights
	3. Review of expansion site proposals for stated vision, mission, values, goals, activities, and objectives. 4. Site visits and interviews with key informants from the two ADRC pilot sites in Atlanta and the CSRA; Site visits and interviews with key informants from the three expansion sites in Northeast Georgia, the Southern Crescent and Coastal areas. 5. Semi-structured interviews conducted with ADRC staff at each site as well as with selected ADRC Advisory Board members.		▶ Informants across the three sites agreed that the CARE-NET is an appropriate entity to serve as the Coalition because it is an existing collaboration that brings together key partner agencies that are actively involved in providing long-term care as well as information to the ADRC's target populations. The creation of a formal connection between the ADRC and the CARE-NET enables local long-term care and caregiving agencies to receive regular information about the ADRC and its services. ▶ In two of the three expansion sites, ADRC staff spoke of their desire to have an advisory body that is dedicated more exclusively to providing guidance to the ADRC. At one site, program staff discussed plans to convene an "ADRC Subcommittee" of the CARENET Coalition that will focus on issues related to the ADRC.