

NCIL ADRC Task Force

ADRC Survey

Results as of April 2, 2014; 52 Responses

The NCIL ADRC Task Force gathered responses from CILs and SILCs to a survey regarding ADRCs. Fifty two responses were collected, which is 13% of NCIL member CILs and SILCs. The survey covered several topic areas, including CIL/SILC involvement in ADRCs, partnerships, ADRC structure and components, and the impact of collaborating with an ADRC on consumers. Results showed that of the 52 responses, 35 (67.3%) indicated that their CIL/SILC was currently in a relationship with an ADRC, but only 14 (29.8%) are full and equal partners. Survey results showed that the level of CIL/SILC involvement and inclusion in ADRCs greatly varies, and for many, these relationships and systems are still developing. There is still quite a long way to go until ADRCs are able to fulfill the principles of the NCIL ADRC position paper. Survey results are below.

1. Is your CIL/SILC currently in a relationship with an ADRC?

- YES: 35 (67.3%)
- NO: 17 (32.7%)

Because:

- We have not been asked to participate: 7 (63.6%)
- There is no ADRC in our service area: 2 (18.2%)
- We were asked to participate but have chosen not to: 2 (18.2%)

Because:

- AAA not willing to cooperate
- We have repeatedly asked to participate and been refused. We have asked NYS to intercede but they have been unwilling to require the County ADRC to work with us.
- State no longer has money for ADRC but would like us to continue providing services and completing reports
- We were participating but they were requiring us to participate in at least 8 different ADRC's. This took too much staff time. we did not see much happening within that structure. Also the ADRC's wanted to utilize our I&R numbers in their count
- We had a small grant of around \$7000. per year for 3 years which ended 09/29/12 -- - nothing for this year and the previous funds were too small to do much.
- Significant push back from AAA's and do not view CIL's as a qualified partner.
- Data collection appears to be a sticking point in Virginia.
- As a SILC, doesn't make sense to be involved directly.
- ADRCs are local Wisconsin. Centers have relationships with them and we try to follow the policy implications of those relationships
- Changes in current funding requires us to bill a minimum of 27 hours/week. Also the ADRCs had an expectation that we should be a part of 8 ADRCs because of our service area. We do not have the manpower, plus they want all of our statistics for their reports.

2. What is the relationship between your CIL/SILC and the ADRC?

- We are a full and equal partner: 14 (29.8%)
- We are a sub-contractor: (17.0%)
- Our CIL/SILC is the ADRC: 3 (6.4%)

- Other: 32 (68.1%)
 - We subcontract from Area Agency on Aging & are a key ADRC partner
 - Nothing
 - Part of a statewide network
 - SILC ED is Co-Chair on the Leadership Team with AoA in the state development
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 - There are no partnerships, just two entities
 - They won't even TALK to us or let us sit on the local advisory group (Long Term Care Council)
 - We collaborate with ADRC which is the Area Agencies on Aging
 - Contract is over and there is no more money to support ADRC
 - We are no longer participating but still affiliated with 2 ADRCs
 - We are not reimbursed for nursing facility transition services into the community
 - We were equal partners, however HHS has contracted with AAA
 - They said there is no money available for CILs. They call themselves the ARC, not ADRC. We were invited to about 4 meetings then either the meetings stop or we are not told about future meeting. No way are we even close to being an equal partner. The ADRC in our area is the Alliance for Aging. They do not serve anyone under age 50 so a lot of people needing long term supports are left out.
 - We participate in monthly meetings but do not feel the ADRC group values what an Independent Living Center does. The services of the ADRC (ARCH) is duplicating what we do and not the best use of time and money.
 - Have no idea if there is any "formal" ADRC in our area in Ohio.
 - We are a referral source
 - As a SILC staff serve on the statewide leadership team. We have been involved in development of the evaluation model and defining our states standards
 - Our SILC has no relationship at this time.
 - Even tho it is reported that there are ADRCs covering the state, that statement is not accurate.
 - Employment arrangement with AAA for an IL Specialist
 - We co-locate staff and are considered a partner but are not funded for time spent in the ADRC office. The CIL has an active member on the ADRC and we work well with our local AAA Board.
 - All but one of the 9 GA CILs has a small contract to assist with MFP or to do SMP.
 - Advisory Board Member
 - We are responsible for all training done for the partners
 - We are a CIL where there is an ADRC located
 - Weak
 - SILC is on ADRC Advisory Council but not much of the "D" yet.
 - The Area Agencies on Aging are the lead.
 - We are a member of their advisory council
 - Our SILC funds one ADRC and has received funding to strengthen others.
 - We are equal partners. We pulled out of all ADRCs with the exception of one which is covered by our core service staff.

3. What is the current operational stage or status of your ADRC? (17 individuals skipped this question.)

- Design (recruiting members/ partners; working on logistics and processes, etc.): 8 (22.9%)
- Development (members/partners are meeting; systems are being tested, etc.): 2 (5.7%)

- Implementation (consumers are being served; systems are operating): 25 (71.4%)
 Comments:
 - Implemented 1/1/2013
 - Nothing. AAAs want it that way
 - About 70% of the state has some level of ADRCs. Systems have been designed and have differences based upon individual/local needs.
 - Funding is over after a year of design, development and implementation
 - We just incorporated, after 9 years.
 - Redoing
 - They are recruiting members. Now I don't know what they are doing as we have been left out of the process. They do not know anything about the ADA or serving people with disabilities.
 - Our ADRC (ARCH) is currently out of funds and looking at designing a new system, members are already in place.
 - Our CIL had to do all the initiation of meetings with our local Area Agency on Aging---not much came of it. At the state level they did nothing! Sent out a grant with great promises to hold meetings; conduct trainings, etc, but nothing---absolutely nothing was done by the folks in Ohio.
 - Michigan has ADRCs in all of the above categories
 - Not sure
 - Hard to explain
 - Some CILs are working well with ADRC and others are not
 - You would have to ask them
 - Don't know
 - There are two pilot ADRCs in the state, run by AAAs.

4. Does the CIL/ADRC partnership embrace the following guiding principle? (NCIL's guiding principles were listed but not in an easy to read format.)

- YES: 23 (60.5%)
 - NO: 15 (39.5%)
- Comments:
- However, the local AAA is a bit shaky on the idea of "dignity of risk"
 - In theory...practice is evolving
 - Moving forward in some parts of the state than others
 - No, our local ADRC is medical model
 - The ADRCs in NYS are not required to include us at the table.
 - Mostly
 - We have a strong ADRC in San Francisco and the ILC and AAA are true partners.
 - Not sure I understand the question. The SILC and CIL both follow those guidelines but that is not how our ARCH was providing services in the past.
 - No partnership
 - The question is garbled
 - Not fully. There is a commitment to person-centered planning but not control. Policy decisions tend to focus on the aging population's needs.
 - Not sure
 - Don't understand statement
 - Level of IL knowledge among AAA staff is varied, but they are trying
 - But putting this into practice is a challenge with our ADRC partner (a AAA).
 - ADRCs are housed in Aging and do not understand IL yet.
 - Two of our CILs are ADRCs

- The staff serving aging folks in the past are now trying to serve people with disabilities but it's difficult to make that mental/emotional change when you're used to being risk-averse and caretakers.
- Don't know
- The process involving collaborative partners has not developed to the point where choice and control are an option. Currently, it would seem that if contact is made with any ADRC partner, the process of choice and control is lost.

5. Which of the following elements does your ADRC have?

- A phone number that is identified as the ADRC: 27 (61.4%)
- A physical location that is identified as the ADRC: 21 (47.7%)
- Paid staff working on the ADRC: 28 (63.6%)
- An advisory board, the majority are individuals served by the collaborative: 12 (27.3%)
- An advisory board, the majority are NOT individuals served by the collaborative: 17 (38.6%)
- An email address identified as the ADRC: 14 (31.8%)
- A website specified for the ADRC: 22 (50.0%)
- Materials that market the ADRC to consumers: 20 (45.5%)
- Materials that market just some of the ADRC programs to consumers (i.e. Options Counseling): 12 (27.3%)
- Serve people with disabilities of all ages: 29 (65.9%)
- Provides a cross-referral system so the consumer only has to tell his/her story once: 19 (43.2%)
- Provides information so each ADRC member/partner is familiar with each others' services: 27 (61.4%)
- Focuses on access to long-term care: 29 (65.9%)
- Has a shared referral resource database all ADRC members/partners can access: 13 (29.5%)
- Provides cross-training between aging and disability service providers: 22 (50.0%)
- Currently provides funding to the CIL/SILC: 9 (20.5%)
- Previously provided funding to the CIL/SILC but does not now: 8 (18.2%)
- Currently does not provide funding to the CIL/SILC but there are specific plans in place for that to happen in the future: 3 (6.8%)
- Allows permission from the consumer for members/partners to share information about the other members/partners: 19 (43.2%)
- Utilizes a Memo of Agreement or other signed "contract" between members/partners regarding the provision of services: 25 (56.8%)
- Does your CIL/SILC provide Options Counseling as a member of the ADRC: 18 (40.9%)

6. Which model does your ADRC consider (advertise) itself?

- Single Portal or Single Point of Entry: 8 (17.0%)
- No Wrong Door: 25 (53.2%)
- Neither: 1 (2.1%)
- I'm not sure: 13 (27.7%)

7. Rank your level of agreement with each statement:

Collaborating with ADRC increases our consumers' self-assessment of increased independence:

- Strongly Disagree: 6
- Disagree: 6
- Undecided/Unsure: 24
- Agree: 5
- Strongly Agree: 6

Collaborating with ADRC improves our ability to serve our consumers:

- Strongly Disagree: 6
- Disagree: 7
- Undecided/Unsure: 12
- Agree: 14
- Strongly Agree: 8

Collaborating with ADRC increases our community's inclusion and accessibility for pwd and seniors:

- Strongly Disagree: 6
- Disagree: 5
- Undecided/Unsure: 13
- Agree: 14
- Strongly Agree: 8

We rarely or never collaborate with ADRC:

- Strongly Disagree: 20
- Disagree: 13
- Undecided/Unsure: 4
- Agree: 5
- Strongly Agree: 6

We are involved in the state/area ADRC planning process:

- Strongly Disagree: 7
- Disagree: 7
- Undecided/Unsure: 8
- Agree: 13
- Strongly Agree: 12

Our CIL expects to continue collaborating with the ADRC:

- Strongly Disagree: 3
- Disagree: 4
- Undecided/Unsure: 14
- Agree: 12
- Strongly Agree: 15

Our CIL has received referrals that we would not receive without being a part of the ADRC:

- Strongly Disagree: 11
- Disagree: 7
- Undecided/Unsure: 12
- Agree: 12

- Strongly Agree: 6

Our experience with the ADRC has been positive:

- Strongly Disagree: 6
- Disagree: 6
- Undecided/Unsure: 15
- Agree: 14
- Strongly Agree: 7