

Connecticut ADRCs

Contact: Beverly Kidder D.S.W., Agency on Aging of South Central CT, New Haven, CT 06511

(203) 785-8533, bkidder@aoapartnerships.org

Contact: Eileen M. Healy, Executive Director, Independence Northwest, Inc., Naugatuck (Waterbury), CT

(203) 729-3299 (V), (203) 729-1281 (TTY), eileen.healy@independencenorthwest.org

How and why did your partnership begin?

The state of CT received a grant for nursing home diversion. A portion of the funding was directed to develop an ADRC in CT. Previous grant applications for ADRC start up funds were rejected and this represented an opportunity to develop a new resource. The desire for an ADRC was established previously at a statewide conference of agencies representing aging, disability, healthcare and social services. The Agencies on Aging and Centers for Independent Livings believed they were the logical, key partners in an ADRC and as a result memorandums of understanding were established.

How do you work together?

In CT we have three unique models which address the needs of the individual geographic regions. In the New Haven location, information counselors from the AAA & the CIL are co-located. They each provide I&A, and refer between themselves based on the issues presented by the consumer. They each conduct in-depth, in-home assessments. Sometimes they both participate in the assessment process, when the individual's needs indicate.

In the Hartford area, the AAA has contracted a portion of the aging services component to another private, non-profit. That agency conducts the assessments. The I&A component is completed by SHIP counselors at the AAA and information counselors at the CIL.

In Waterbury region, the CIL & AAA share I&A and assessment responsibilities but are not co-located on a regular basis. Joint assessment is completed as indicated by client need. They each conduct in-depth assessments, frequently in the consumer's home. They co-sponsor a series of 6 workshops for consumers, agencies and family members during the summer.

On a daily, weekly, monthly bases?

Contact between partners in New Haven is daily. Meetings between partners are at least monthly, but since we work together on innumerable committees it is more often

weekly. In addition, we meet twice a month with our SUA as part of our regional work group or our statewide work group or any one of the statewide committees such as training manual development, policy development, standards etc.

In Hartford contact is frequent. The offices of the AAA were moved to the same building as the CIL, facilitating face to face contact. Contact between managers of the CIL and AAA is at meetings and in committee activity.

In the Waterbury region contact is daily, based on the needs of the consumers contacting the ADRC. Cross training occurs twice a month and monthly meetings are held which include the SUA.

Do you share a database?

For the New Haven ADRC we have a shared database. We do not share data on other agency clients who are not part of the ADRC. Waterbury area doesn't currently have a database.

How do you share referrals?

In New Haven, calls come in through the statewide I&A line staffed by SHIP counselors. The statewide number determines where the caller is from and re-directs the call to their local AAA. After screening and responding to general questions, individuals with disabilities and older adults are informed about the ADRC and are transferred to an ADRC counselor. Telephone technology enables a seamless transfer, irrespective of where the counselor is physically located at any given time. After talking with the ADRC counselor, if the need for an assessment, options counseling or any other additional services manifests itself, the counselor fielding the call will determine whether the consumer would be best served by AAA or CIL, or both together. (About 50% of the calls require both agencies.)

Can you give an example of how your agencies work together with a consumer?

Michael was referred to the ADRC by the VNA who was removing in-home services because they determined the client was in an "at risk" situation and they didn't want the liability of perpetuating a dangerous situation. Michael is morbidly obese, has multiple physical illnesses, lives in the basement level of his sister's home. He is no longer able to climb the stairs to the upper level of the home. The bathroom and bathing facilities are on the second floor of the home. As a result he uses a portable commode and was getting help from the VNA with hygiene. His hygiene was not adequate and he was developing skin lesions from the bacteria. The VNA was concerned about his ability to safely exit the home in case of fire.

The referral came to the AAA because of the VNA's relationship with the AAA. Michael

is in his 30s. The AAA info. Counselor had several questions about safety, access, and services. The info counselors from both the AAA and the CIL made a home visit. They recognized the role depression played in the situation and the importance of empowering Michael to satisfy his desire to remain at home, while addressing the safety and hygiene issues. Working jointly with Michael they developed a plan that utilized a behavioral contract to provide supportive services; they arranged for transportation to a facility where he could be bathed; they worked with a home-modification program to get a ramp into the house to gain access to the upper level. All of this resulted in a dramatic change in the depression and served as a spring board to motivate Michael toward a healthier lifestyle.

Can you talk about specific grant programs that you have coupled with the ADRC initiative such as MFP or Options Counseling?

In CT the ADRCs are recipients of both MFP funding and options counseling funding. The initial options counseling project involved the development of an options workbook to be used with consumers and caregivers. It was developed by a team of SUA reps, AAAs and CILs. The MFP ADRC funding is new and in the process of initial implementation. It will require adjustment to the current model of ADRC and can best be viewed as part of a continuum of services that includes initial general information, screening, assessment, diversion, and community re-entry.

The Waterbury ADRC has obtained a grant from a community foundation to create an ADRC website that serves as a gateway to the individual partners' websites and may also serve as an initial screen to assist a consumers to identify which partner may better suited their needs.

How are your Title III funds used? Do they complement the ADRC?

In S.C. IIIB dollars are used to provide info; IIIE funds are used to provide respite and information for caregivers; IIIC funds are used to provide nutrition assessment and education. ADRC consumers frequently use IIIE services IIIC and IIIB but only those who are older (60+) or caregivers of older adults. Similar funding options exist at each AAA.