The Right Information at the Right Time: Findings on Agency Collaboration from the I&R/A National Survey

NATIONAL COUNCIL ON INDEPENDENT LIVING

ADVANCING STATES

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Introduction

Collaborative relationships are integral to effective Information and Referral/Assistance (I&R/A) service delivery. As a gateway to state and local aging and disability services, I&R/A programs engage in partnerships with a range of organizations, including other organizations within the Information and Referral sector, to respond to community needs and connect individuals to services. In this capacity, I&R/A programs also play an important role in aging and disability consumer access systems which provide information, counseling, and connection to long-term services and supports. Additionally, I&R/A programs are engaging in newer partnership models that are intended to facilitate information exchange and referral pathways.

Across different collaboration models, I&R/A services in the aging and disabilities networks reflect foundational elements of practice. I&R/A is a system, service, and process under the Older Americans Act (OAA) that connects older adults and caregivers to information, services, and community resources. Through information-giving, assessment, assistance and referrals, and follow-up, individuals are connected to needed services and to opportunities in their communities. Likewise, Information and Referral (I&R) is a core service of the Independent Living Program under the Rehabilitation Act. When provided by a Center for Independent Living, I&R empowers individuals with disabilities by connecting them to essential resources and supports. This service enables consumers to access benefits, programs, and tools needed to achieve their goals while fostering self-determination and community participation through informed decision-making.

This issue brief will explore the topic of collaboration in several key areas including community partnerships, collaboration with 211, participation in Aging and Disability Resource Center (ADRC) networks and No Wrong Door (NWD) systems, and engagement in newer collaborative models. This brief is part of a series of issue briefs that draw from the Aging and Disability 2023 Information & Referral/Assistance National Survey.[1] This survey, conducted by ADvancing States in partnership with the National Council on Independent Living (NCIL), was designed to assess the state of I&R/A programs and systems serving older adults, people with disabilities, families, and caregivers. The survey captures the perspectives of state agencies on aging and disability, Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and other nonprofit human service organizations that provide or oversee I&R/A services. The 2023 survey builds on a 2018 survey of aging and disability I&R/A programs as well as a 2021 I&R/A technology survey, allowing for the identification of trends and developments over time. The 2023 I&R/A Survey gathered quantitative and qualitative data on a range of topics presented in the issue brief series that covers service delivery, quality assurance, technology, and agency collaboration.

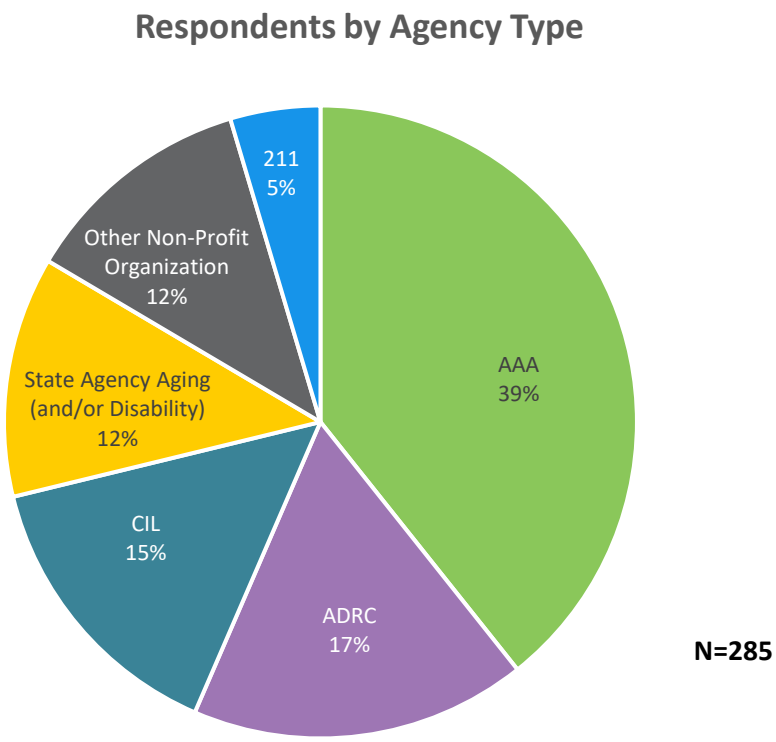
[1] For additional issue briefs in the series, visit https://www.advancingstates.org/initiatives/information-and-referralassistance/resources

Methodology and Respondents

ADvancing States' National Information & Referral Support Center developed the instrument for the 2023 I&R/A Survey with input from a workgroup of national, state, and local aging and disability professionals. In collaboration with NCIL, the survey was administered to agencies primarily within the aging and disabilities networks that provide or oversee I&R/A services. Responses were collected through a web-based survey tool in April-May of 2023. To assess the landscape of I&R/A programs and systems, the survey gathered data in several key areas including job responsibilities, service needs and unmet needs, partnerships, quality assurance, training, and information technology. This issue brief presents data on collaborative relationships at the community and systems levels.

A total of 285 respondents completed the survey, including representatives from state agencies on aging and disability, AAAs, ADRCs, CILs, 211 services, and other non-profit organizations. See Figure 1 for respondents by agency type. 211 is a Federal Communications Commission designated 3-digit number for health and human services information and referrals. 211 programs provide information and referral (I&R) services to all community members in areas served by 211.[2] It is helpful to keep in mind that while respondents could only select one agency type for their organization, some respondents likely work in organizations that include more than one type of agency. For example, a respondent may work in a AAA that is also the lead agency for an ADRC.

Figure 1



[2] The 211 service is provided by more than 200 local organizations across the United States.

Description: *Figure 1 is a pie chart of survey respondents by agency type. There was a total of 285 respondents. 39% of respondents were from a AAA, 17% of respondents were from an ADRC, 15% of respondents were from a CIL, 12% of respondents were from State Agency on Aging and/or Disability, 12% of respondents were from other non-profit organizations, and 5% were from 211 agencies.*

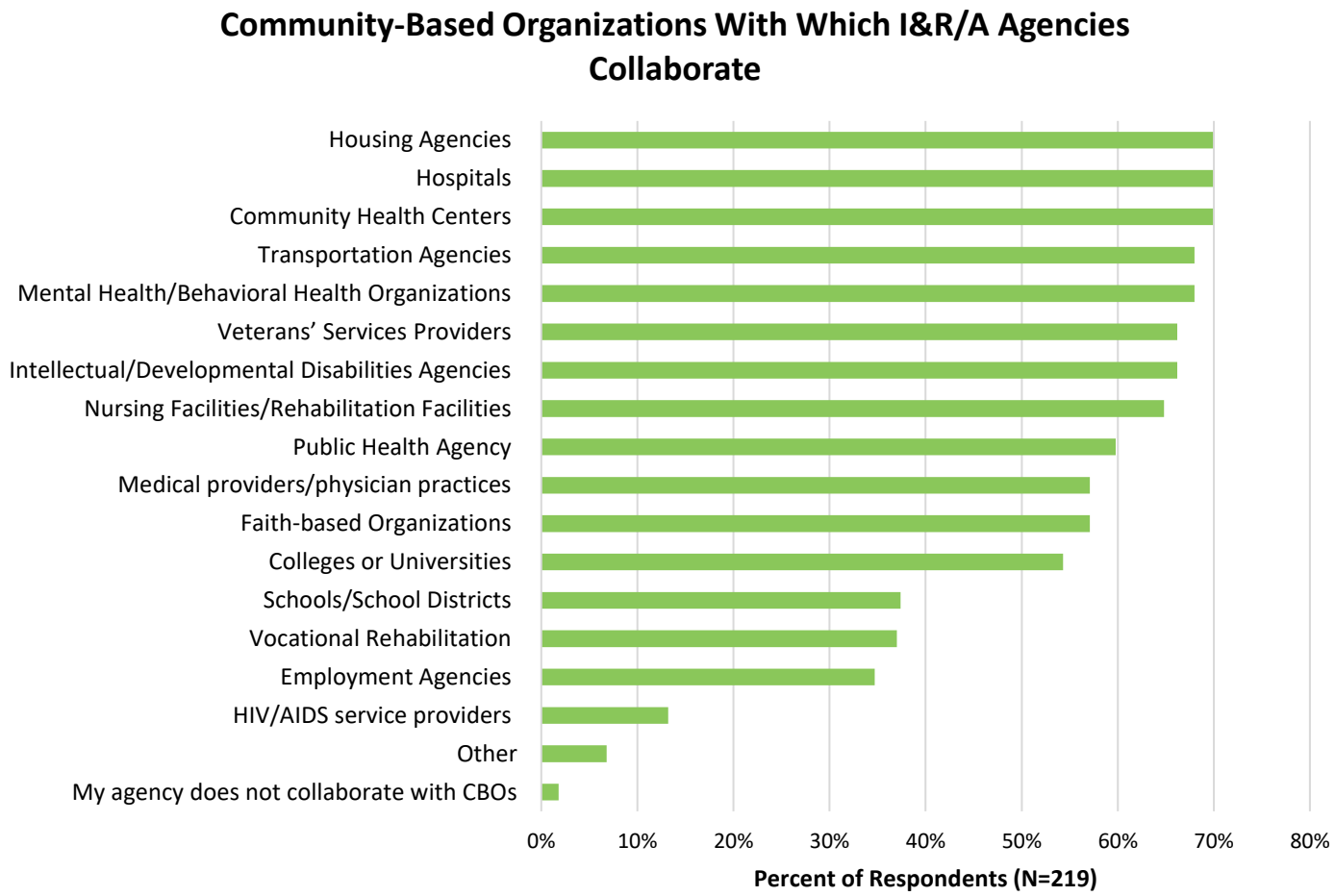
Additionally, survey respondents were also asked to identify their agency's service area type. Almost half of respondents (48 percent) indicated that their agency serves urban and rural areas, for example, a multicounty mix of urban and rural areas. Twenty-one percent serve a statewide area, 20 percent serve a rural area, and eight percent serve a large urban area. Less than five percent of respondents reported that they serve "other," a small urban area, a national area, or a frontier area.

Community and 211 Partnerships

Partnering with a range of community organizations, and with other types of I&R services, is important to both enhancing consumer access to information and referrals and to building the capacity of I&R/A programs to effectively serve individuals and communities. Additionally, the Standards for Professional Information and Referral emphasize the importance of cooperative relationships with service providers and within the I&R system.[3] As described in the Standards, I&R services at the community, state, and national levels "work cooperatively with one another to establish and maintain working relationships while also participating in the broader service delivery system in their own community."[4] Cooperative relationships help to foster a coordinated I&R system and broaden access to community services. As shown on Figure 2, survey respondents reported that their agencies collaborate with a variety of community-serving organizations. This may indicate efforts to engage with organizations that provide or fund services in high demand or in areas of unmet needs (e.g., housing, transportation, and mental health). Collaboration might also speak to services or initiatives that I&R/A agencies are engaged in, such as transition services to assist individuals to leave institutional or hospital settings for community living or to support youth as they move past secondary schooling. Figure 2 includes several types of healthcare-related organizations such as hospitals, community health centers, nursing facilities, medical providers, and public health agencies. This data suggests an orientation toward healthcare partnerships. In recent years, aging and disability network agencies have been encouraged to explore such partnerships to strengthen access to community supports that may improve health outcomes. The data shown on Figure 2 might also reflect participation in a consumer access system such as a No Wrong Door system that brings together referral providers and community organizations to support different populations.

[3] Inform USA. (July 2024). Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 10.0). Available at https://www.informusa.org/standards
[4] Ibid, 34.

Figure 2



Description: Figure 2 is a bar chart representing responses (N=219) about the types of community-based organizations that I&R/A agencies collaborate with. The top 10 types of community-based organizations selected by respondents were housing agencies, hospitals, community health centers, transportation agencies, mental health/behavioral health organizations, veterans' services providers, intellectual/developmental disabilities agencies, nursing facilities/rehabilitation facilities, public health agencies, and medical providers/physician practices.

While the data shown on Figure 2 suggests that respondent agencies collaborate with community organizations across different sectors, there is some variation based on the type of respondent agency. For example, CIL respondents were more likely to report collaborating with schools/school districts and with Vocational Rehabilitation than respondents from other types of agencies. This finding likely reflects the role of CILs in supporting youth transition. Respondents from 211 programs were more likely to report collaboration with public health agencies (reported by over 90 percent of 211 respondents). This may result in part from partnerships developed or strengthened during the pandemic to provide consumer information and outreach. Both CIL and 211 respondents were much more likely to indicate a relationship with a workforce agency. Both types of organizations serve youth and adults who may be seeking employment. Respondents from AAAs reported collaboration with medical providers and physician practices at a higher level

than respondents from other types of agencies. As noted earlier, aging network agencies have looked to the healthcare sector for service growth opportunities whether through community collaboratives, direct engagement with providers or health plans, or other models. In another example, AAAs and ADRCs reported higher levels of collaboration with veterans' services providers. These types of agencies may participate in a Veteran-Directed Care program or other initiative to serve veterans and/or caregivers.

The 2023 I&R/A Survey looked at collaboration with community organizations as well as collaboration within the I&R system. As noted earlier, collaboration within the I&R system can support effective and efficient service delivery to improve consumer access and reduce duplication of effort.[5] In particular, the survey addressed collaborative relationships between aging and disability I&R/A agencies and 211 programs. In the 2023 survey, of 221 respondents, 58 percent reported that their agency collaborates with a 211 service. Thirty-two percent reported no collaboration with 211 and 10 percent of respondents were unsure. In the 2018 survey of aging and disability I&R/A agencies, 55 percent of respondents reported that their agency collaborates with 211.[6] This trend data suggests the steady overall continuation of relationships between aging and disability I&R/A programs and 211 services. As shown in Figure 3, among all agency types, apart from other non-profit organizations, at least half of respondents reported that their agency collaborates with a 211 service. Aside from 211 services themselves, CIL respondents were the most likely to report collaboration with 211 followed by ADRCs and AAAs. For CILs, access to a 211 resource database may be an important element of collaboration with 211. In the 2018 survey, AAAs and ADRCs were most likely to report such collaboration (at the same percentages as in the 2023 survey).

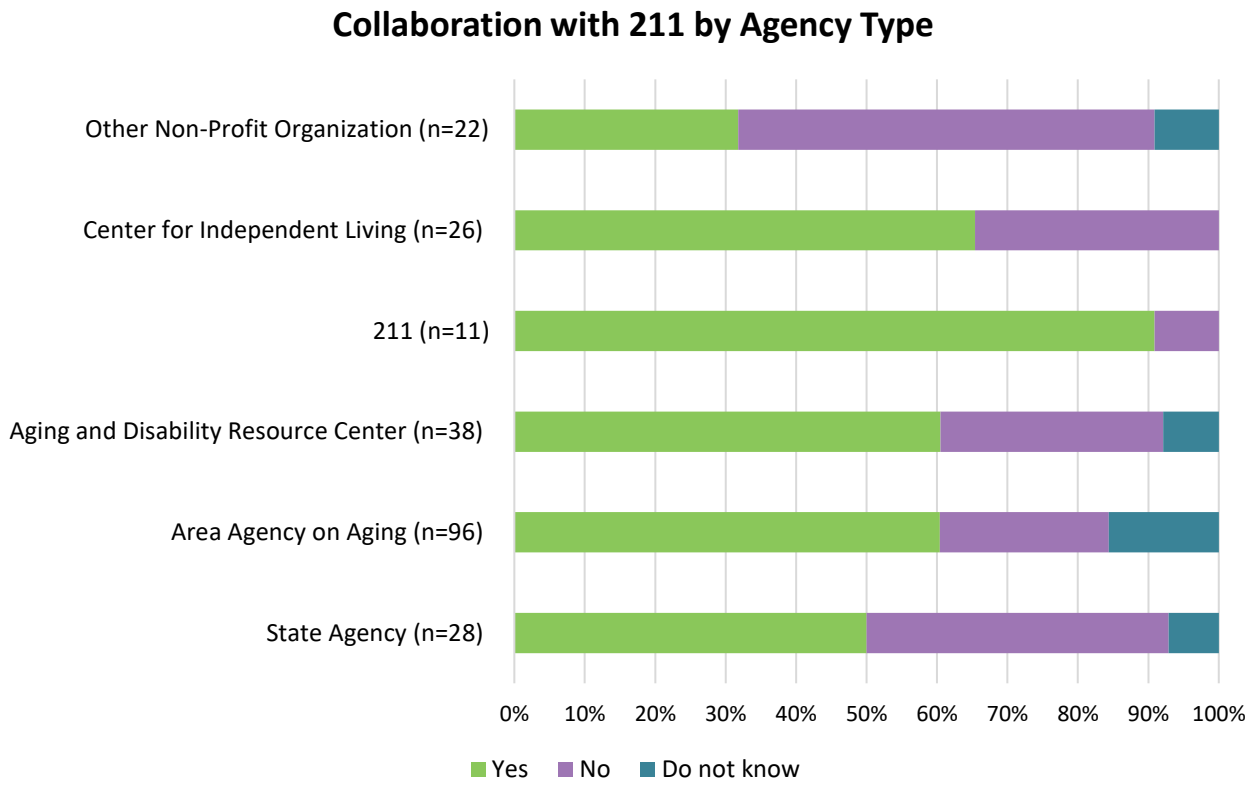
To further explore collaborative relationships with 211 services, the 2023 survey asked respondents whose agencies collaborate with 211 to identify activities on which their agencies collaborate (Figure 4). As in prior surveys, referrals were the most prevalent cooperative activity reported between respondent agencies and 211 services. Other areas of collaboration reported by at least a quarter of respondents include the resource database, call handling, participation in an Inform USA state affiliate (formerly known as AIRS affiliates), agency/staff cross training, and community activities. In these areas and others, data from the 2023 survey indicates higher levels of collaboration than reported in the 2018 survey. While the overall level of collaboration is comparable between the 2018 and 2023 surveys, the extent of collaboration appears to be deeper as reflected in the 2023 data. For example, in the 2018 survey, 22 percent of respondents reported collaborating on agency/staff cross training while in the 2023 survey, this was reported by 29 percent. Seventeen percent of respondents indicated collaborative community activities in 2018 while 27 percent reported this in 2023. The 2023 survey also found increased levels of collaboration on the resource database. The 2023 data on resource database and contact handling collaboration (see Figure 4) is especially noteworthy as these activities represent the core functions of an Information and Referral service. Also of note is the role of state agencies in such collaborative activities as suggested by the survey data. For example, among agency types, respondents from state agencies were the most likely to report collaboration on activities including call handling, data sharing, the resource database, disaster preparedness/response, and

[5] Ibid, 35.

[6] ADvancing States (formerly NASUAD). (2019). Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance. Available at https://www.advancingstates.org/hcbs/article/complex-needs-and-growing-roles-changing-nature-information-and-referralassistance/

even handling contacts by chat or text. While the data cannot pinpoint the reasons for this, it is possible that state activities in recent years to foster No Wrong Door (NWD) consumer access systems have increased engagement with 211 services. The state examples provided below in this brief highlight ways that state NWD systems partner with 211 services. Survey data on NWD is also provided in the next section of the issue brief.

Figure 3



<u>Description:</u> Figure 3 is a horizontal stacked bar chart titled "Collaboration with 211 by Agency Type" that shows the level of collaboration reported across six different agency types. Each bar is divided into three color-coded segments:

- *Green = "Yes" (collaborate with 211)*
- *Purple = "No" (do not collaborate)*
- *Blue = "Do not know"*

Each agency type includes the number of responses. From top to bottom, the chart includes:

1. *Other Non-Profit Organization (n=22) – 32% Yes, 59% No, 9% Do not know.*
2. *Center for Independent Living (n=26) – 65% Yes, 35% No.*
3. *211 (n=11) – 91% Yes, 9% No.*
4. *Aging and Disability Resource Center (n=38) – 61% Yes, 32% No, 8% Do not know.*
5. *Area Agency on Aging (n=96) – 60% Yes, 24% No, 16% Do not know.*
6. *State Agency (n=28) – 50% Yes, 43% No, 7% Do not know.*

Figure 4

Description: Figure 4 is a bar chart of collaborative activities between respondent agencies and 211 (N=126). The top ten collaborative activities were referrals, the resource database, call handling, an AIRS affiliate, agency/staff cross training, community activities, disaster preparedness and/or response, data sharing, data reporting, and call handling after hours.

Survey respondents were also provided an opportunity to share qualitative comments and further describe how their agency collaborates with 211 and how such collaboration impacts I&R/A services. The qualitative comments also suggest that ADRC and NWD activities may be a mechanism for collaboration; some respondents noted that 211 is or will be joining the ADRC. More broadly, the qualitative data supports findings from the quantitative data in regard to areas of collaboration. In reviewing the qualitative comments, several themes emerged addressing information sharing, the database, agreements, referrals, training, and joint initiatives. Respondent comments point to the importance of information sharing and database inclusion or integration. Agencies may seek to ensure that their services are included in 211 databases for public access. Some agencies maintain and update their information, while others rely on 211 agencies to maintain databases. In certain cases, the 211 resource database serves as the primary tool for agencies looking up services for consumers. Comments from respondents also note a role for agreements and Memoranda of Understanding (MOUs) in supporting collaboration. These agreements may specify that 211 will direct aging- and disability-related calls to appropriate

agencies while those agencies, in turn, refer individuals to 211 for other services.

Another significant theme is referral systems and call handling, mirroring the quantitative data. Some respondents identified that their agencies contract with 211 to handle a portion of their I&R calls, and many respondents noted referral pathways with 211. Training and coordination efforts are evident in the comments, as collaboration may include joint training sessions to help 211 staff better understand aging and disability resources. Meetings and advisory committees, including ADRC-related committees, further enhance coordination and alignment of services. Finally, some respondents described joint initiatives and special programs that have emerged from these partnerships. For example, several agencies collaborate with 211 on broader community information exchange initiatives, while certain states have contracted with 211 to manage specialized services like Traumatic Brain Injury (TBI) resource centers.

"As a Center for Independent Living, the Center collaborates with 211 to ensure that individuals with disabilities are able to access appropriate services and resources. This collaboration enables the Center to provide comprehensive and up-to-date information and referral services to individuals with disabilities in the community. The Center and 211 collaborate through a partnership that includes sharing of resources, staff training, and coordinated efforts to ensure that individuals with disabilities are able to receive the assistance they need. This collaboration has resulted in improved access to services and resources, reduced duplication of efforts, and increased efficiency in providing information and referral services."
- CIL respondent

In addition to describing how agencies collaborate, the qualitative data also highlighted several key impacts that collaboration with 211 has on service delivery. These impacts include improvements in service access, efficiency, accuracy, and coordination. At the same time, several challenges and limitations were also identified, such as inconsistent referrals or referrals where clients are ineligible for services. Impacts of collaboration on I&R/A service provision are presented below, drawing from respondents' comments.

1. Enhanced Access to Information and Services

- Collaboration expands the availability of I&R services by ensuring that information about aging and disability programs is accessible through 211 databases.
- Agencies receive more referrals, allowing them to reach more individuals who need services.
- Collaboration may improve service access for certain groups, such as individuals with disabilities or veterans.

Examples from the qualitative data:

- "The 211 resource directory is used on [the state's No Wrong Door] website. We partner with 211 to build and maintain our resource directory to aid residents with connecting to long-term services and supports."
- "We get routine referrals from 211 plus we use their search to locate any resources we may not be aware of or refer to regularly."
- "We developed a referral system with area 211 agencies for them to send us callers in need of assistance from our agency."

2. Improved Efficiency and Streamlined Referrals

- Referral agreements and Memorandums of Understanding (MOUs) help ensure that individuals are directed to the right agency more efficiently.
- Some agencies contract with 211 to handle a portion of I&R calls.
- Shared databases may reduce duplication of work by allowing I&R/A agencies and 211 to access up-to-date resource information.

Examples from the qualitative data:

- "We contract with 211 to handle a majority of our AAA I&R calls."
- "Through a signed MOU we are able to share client information with 211 to provide the clients with wrap around services."
- "211 maintains the database. There is a link between their database and the digital intake system that we use."

3. Increased Accuracy and Consistency in Information

- Collaboration can help to maintain community resource information, reducing outdated or incorrect referrals.
- Staff training and cross-agency coordination improve the accuracy of information shared with the public.
- Standardized referral pathways help expedite information and referral giving.

Examples from the qualitative data:

- "We keep each other up to date on our programs and services so callers to our agency and to 211 are provided accurate resource information."
- "Ongoing communication with 211 improves the types of calls received and helps eliminate inappropriate referrals and calls."
- "We provide presentations about our current services to help them be better able to refer to us."

4. Strengthened Community Partnerships and Knowledge Sharing

- Cross-agency collaboration and involvement in coalitions or committees allow organizations to share practices, training opportunities, and service updates.
- Partnerships help to ensure a more coordinated approach to I&R service provision and referrals.
- Co-location may foster closer working relationships and easier real-time coordination.

Examples from the qualitative data:

- "The ADRC Director and the 211 Director are on several coalitions together. Close contact between the two agencies is maintained."
- "They are part of our ADRC Advisory Committee and meet quarterly to provide updates. We attend many of their events and vice versa."
- "211 is housed in our same building. We share resources and referrals."

NWD System Collaboration with 211: State Examples

New Hampshire: Partnering for Community Resource Information

New Hampshire's Aging and Disability Resource Centers are a partnership between the New Hampshire Bureau of Adult & Aging Services (BAAS) and a statewide network of community-based resource centers. The ADRCs (formerly known as ServiceLink) provide I&R/A, Options Counseling, a family caregiver program, the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol (SMP). Through the ADRCs, people can view resource lists, search for available resources, and/or call a toll-free number to connect with a specialist.

BAAS has been in partnership with 211 for twelve years through a contractual relationship that is renewed regularly. This partnership provides for a searchable resource database that is up to date, relevant, comprehensive, and applies directly to disability and aging services. New Hampshire's ADRC database is a statewide database that supports the ADRC network. 211 helps to maintain the ADRC database, which is focused on the aging and disability networks and is separate from the 211 NH database. ADRC partners also help to maintain resources in the database, as they have access to community-centered information (for example, when programs open or close, when there is a waiting list for services, etc.). ADRC staff engage with 211 to update profiles and information in the resource database as needed. Additionally, 211 provides technical assistance for onboarding ADRC staff into the I&R documentation system and 211 employs a full-time staff person and a supervisor to help manage the ADRC database, which has contributed to a positive working relationship. The 211-liaison staff also ensure that 211 contact specialists understand referral pathways for long-term services and supports (LTSS)-related calls so that callers are directed to local ADRCs as ADRC staff can provide more in-depth assistance with LTSS needs.

Nebraska: An ADRC Partnership

Nebraska's Aging and Disability Resource Center serves Nebraskans 60 years or older, people with disabilities of all ages, family members, and caregivers. Local ADRCs provide services including I&R/A, options counseling, benefits assistance, and more. Consumers can access the ADRC through a toll-free number, online resources, and local access points.

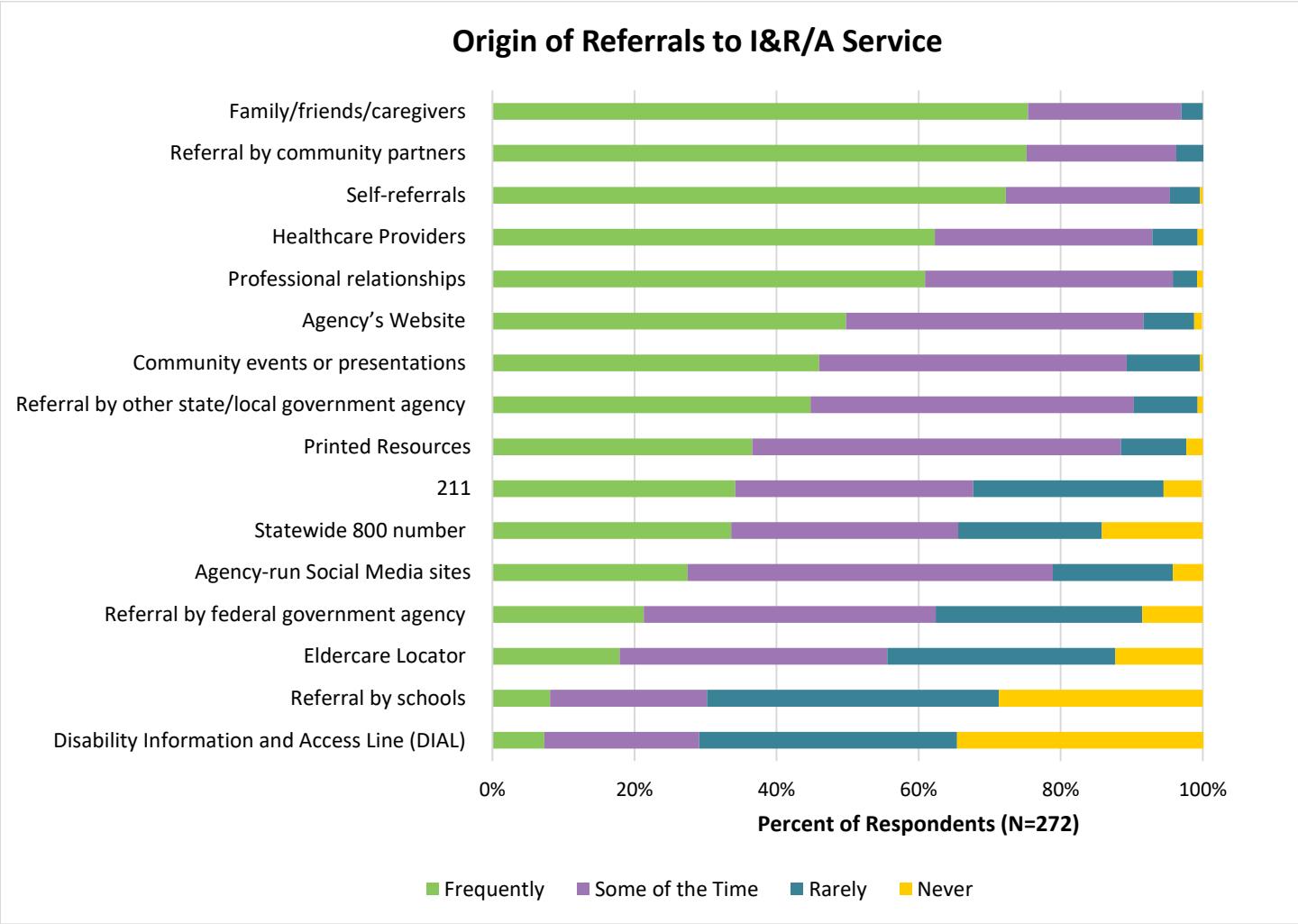
Nebraska is a relative newcomer to the NWD/ADRC system and this state-funded system continues to evolve. Nebraska 211 became an ADRC partner in fiscal year 2024. 211 works with 12 other ADRC partners across the state. ADRCs must provide at least one service from among the following services: I&R, Options Counseling, Transitions Support, Benefits Assistance, and Mobility Training. Within the ADRC, 211 chose to provide I&R and benefits assistance and these services are provided statewide. Additionally, 211 now provides the statewide ADRC resource database to minimize duplication of effort in maintaining community resource information.

To facilitate collaboration and referral pathways, the State Unit on Aging maintains ADRC programmatic resources on a shared site for all ADRC partners. Among these resources are ADRC Partner Program At A Glance documents which facilitate referral pathways within the ADRC network (for each ADRC partner, the document provides a program overview, target population(s), ADRC services, and non-ADRC services). Other efforts also support relationship building among ADRC partners. Monthly consumer review meetings are open to staff from all of the ADRCs. Each month, several ADRCs start off with a reminder about who they are, the services they provide, and any new information. ADRC staff can request peer assistance with cases (for example, seeking peer input on common challenges such as housing or transportation). Quarterly ADRC leadership team meetings allow for input from program leaders on common issues such as marketing, IT, and website resources. Through these efforts, ADRC partners are forming a true NWD for individuals seeking assistance.

As indicated by the survey data and findings on community and 211 partnerships, collaborative relationships can promote access to information and services. In particular, collaborative relationships are an important source of referrals to I&R/A services. Seventy-five percent of survey respondents reported that community partners frequently drive referrals to their agency (Figure 5). In the 2023 survey, key drivers of referrals to I&R/A services include the following:

- Family, friends, and caregivers
- Community partners
- Self-referrals
- Healthcare providers
- Professional relationships
- Agency website
- Community events
- Referral by state or local government agencies

Figure 5



<u>Description:</u> Figure 5 is a horizontal stacked bar chart titled "Origin of Referrals to I&R/A Service" that displays the sources from which respondents report receiving referrals to Information and Referral/Assistance (I&R/A) services. The chart reflects responses from 272 participants, with each horizontal bar segmented into four color-coded response categories: Green: Frequently; Purple: Some of the Time; Blue: Rarely; and Yellow: Never. The chart highlights that family/friends/caregivers, community partners, and self-referrals are the most common sources, while federal sources, schools, and the Eldercare Locator and DIAL are least used. Further analysis of this chart is in the main text.

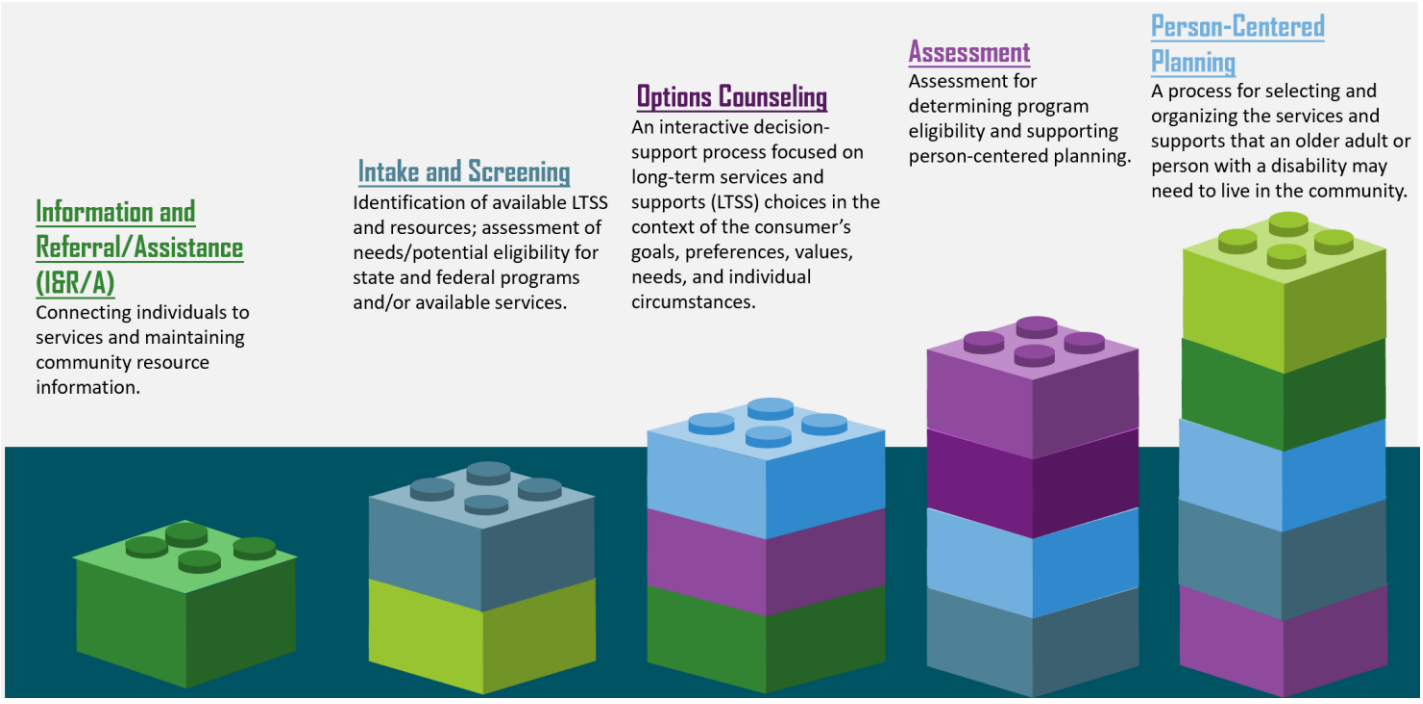
These findings are similar to those in the 2018 I&R/A Survey. In both 2018 and 2023, survey respondents reported that family, friends and caregivers; community partners; self-referrals; healthcare providers; and professional relationships are frequently sources of referrals to I&R/A services. In the 2023 survey, however, agency websites appear to play a stronger role in driving referrals. At the same time, community events and printed resources remain valuable ways to reach individuals, suggesting that multichannel outreach is important to connect people to services. In reviewing the findings, it is important to keep in mind the roles of referral organizations. National services such as the Eldercare Locator direct individuals to their local and state access points like AAAs and direct caregivers to appropriate access points in their care recipients' communities. In this regard, such services may play a vital role in connecting people to their local I&R/A programs when individuals might not have natural community connections through, for example, family or healthcare providers or for long-distance caregivers. Overall, the survey findings indicate that investing in cooperative relationships can pay off in strengthening referral pathways and service connections.

Participation in ADRC Networks and No Wrong Door Systems

As noted in the section above, Standards for Professional I&R emphasize the importance of system building through coordinated partnerships. Within the aging network, this approach builds on the long-standing infrastructure established under the Older Americans Act, which provides for information and assistance (I&A) services to help older adults understand available supports and connect to community resources. For I&R/A programs serving older adults, people with disabilities, and caregivers, participation in broader systems-building initiatives may occur through involvement in an Aging and Disability Resource Center (ADRC) network and/or No Wrong Door (NWD) system. ADRCs and NWD systems are intended to help individuals learn about long-term services and supports options, make informed choices, and work towards their personal goals.[7] I&R/A services are often integral to ADRC and NWD efforts. Aligning these functions across systems strengthens the reliability and efficiency of resource navigation, regardless of the entry point through which an individual seeks help.

Information, referral and awareness are among the core functions of an ADRC. NWD systems, while shaped by state governance, partners, and community needs, are centered on four key elements including public outreach and coordination with key referral sources. The graphic below, developed by ADvancing States, illustrates that I&R/A services are a foundational building block of NWD systems.

Building Blocks of ADRC/NWD Consumer Access Systems



[7] U.S. Department of Health and Human Services (March 2025). No Wrong Door Fact Sheet. Available at the NWD Technical Assistance Community at https://www.ta-community.com/

<u>Graphic 1 Description:</u> A graphic illustrating the building blocks of an ADRC/NWD consumer access system. The building blocks are represented by stacks of colorful blocks, each labeled with a different phase of the process:

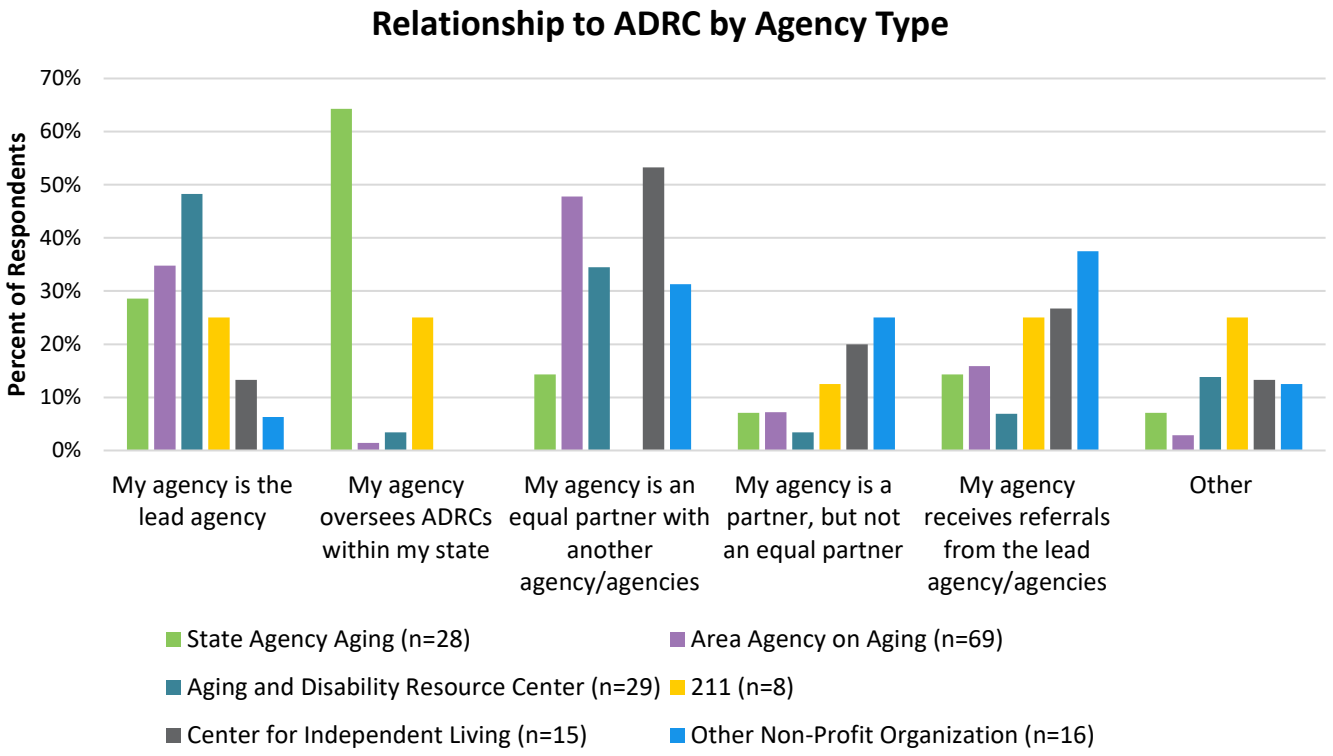
1. *Information and Referral/Assistance (green blocks): Connecting individuals to services and maintaining community resource information.*
2. *Intake and Screening (dark blue blocks): Identification of available LTSS resources and assessment of eligibility for state and federal programs.*
3. *Options Counseling (dark purple blocks): A decision-support process to help consumers make informed choices about LTSS based on their goals, preferences, and circumstances.*
4. *Assessment (light purple blocks): Processes for determining program eligibility and supporting person-centered planning.*
5. *Person-Centered Planning (light blue blocks): Organizing services and supports tailored to the needs of older adults and people with disabilities.*

Findings from the 2023 I&R/A Survey affirm that I&R/A services play a role in ADRC and NWD initiatives, though there is variation among respondents. Of 219 respondents overall, 77 percent reported that their agencies participated in an ADRC network and 52 percent reported participation in a NWD system. Related to ADRC participation, 31 percent reported that their agency is the lead agency, 13 percent indicated that their agency oversees ADRCs in their state, 36 percent that their agency is an equal partner in an ADRC, 10 percent shared that their agency is a partner but not an equal partner, 18 percent reported receiving referrals from the lead agency (or agencies), and 9 percent indicated 'other' (e.g., receives information, receives occasional referrals, participates on an ADRC advisory council).

Looking at relationships to an ADRC by agency type (Figure 6) provides a more nuanced picture of the roles of respondent agencies within ADRC networks. For example, ADRC respondents (not surprisingly) and Area Agency on Aging (AAA) respondents were most likely to report that their agency serves as the lead ADRC agency. State agencies might also serve in this role but primarily provide oversight to ADRCs within a state. CIL respondents[8] and AAA respondents were more likely to report being an equal partner in an ADRC. To a lesser degree, CILs, along with other non-profits, were also more likely to report that their agency is an ADRC partner but not an equal partner, suggesting varied relationships to ADRCs. Other non-profits were most likely to report that their agency receives referrals from the lead agency (or agencies).

[8] It is important to note that the overall number of CIL respondents to this survey question is small.

Figure 6



Description: Figure 6 is a clustered vertical bar chart titled "Relationship to ADRC by Agency Type" that compares how six types of agencies describe their relationship with Aging and Disability Resource Centers (ADRCs). Each relationship category includes color-coded bars for the following agency types: green – State Agency Aging (n=28); purple – Area Agency on Aging (n=69); teal – Aging and Disability Resource Center (n=29); yellow – 211 (n=8); gray – Center for Independent Living (n=15); and blue – Other Non-Profit Organization (n=16). State Agencies most often oversee ADRCs, while ADRCs themselves are frequently the lead agency. Area Agencies on Aging and Centers for Independent Living are more commonly equal partners, and Other Non-Profits and 211s often receive referrals or define their role as "Other." Further analysis of this chart is in the main text.

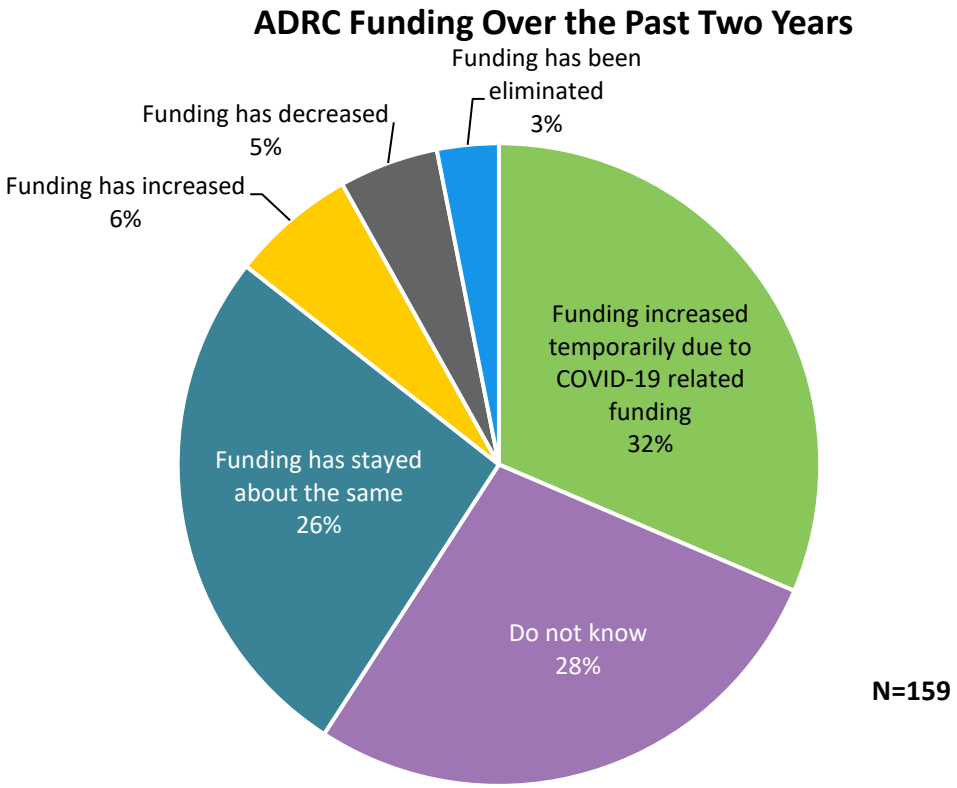
Respondents were also provided an opportunity to share additional, qualitative information on their agency's role or partnership in an ADRC network. Some respondents reiterated that their agency is the designated ADRC, serving as an access point for aging and disability-related services through I&R/A services, options counseling and benefits assistance. Other respondents described themselves as partners in an ADRC system. Partner roles might include cross-agency liaison, referral partner, or member of advisory or governance committees. Whether directly referencing a NWD system or not, many responses highlighted NWD principles such as universal access to information and referrals, coordinated entry points, and, in some cases, shared systems. The qualitative comments allude to different funding approaches to support ADRC functions. In some cases, ADRC functions may have diminished or stalled due to a lack of continued investment.

Comments also suggest that the structure of ADRCs varies. Some states have more fully coordinated networks while in other areas, ADRCs are more decentralized. Beyond core services such as I&R/A and options counseling, survey findings indicate that ADRC partners may engage in additional activities such as regional planning (e.g., regional transportation planning), participation in coalitions, and outreach. Throughout the comments, interagency and cross-sector relationships emerge as a key element of effective ADRC networks.

As called out in the qualitative comments, funding is a factor in the scope and sustainability of ADRC initiatives. Survey respondents whose agencies operate an ADRC or participate in an ADRC network were asked to identify the trend of funding for ADRC activities (at the time of the survey, respondents were asked about this funding trend over the past two years). As shown in Figure 7, the availability of funding for pandemic response had an impact on ADRCs.[9] Thirty-two percent of respondents indicated a temporary funding increase due to pandemic-related funding. Twenty-six percent of respondents reported that funding remained about the same. Smaller percentages of respondents indicated that funding had decreased (five percent), been eliminated (three percent), or increased outside of pandemic-related funding (six percent). Over a quarter of respondents (28 percent) were unsure of funding trends for ADRC activities. In the 2018 I&R/A Survey, a similar percentage of respondents reported that funding for ADRC activities had stayed about the same (28 percent in the 2018 survey). However, substantially more respondents in 2018 reported that funding has decreased (22 percent). This finding reflected a broader trend in funding for ADRC grants. In light of this, the infusion of pandemic relief funding into ADRC networks offered an opportunity to strengthen emergency response capacities and develop additional approaches to serving individuals which may continue to the present (for example, leveraging virtual communications and addressing social isolation).

[9] In 2020, the Administration for Community Living made available an ADRC/NWD System funding opportunity to all states and territories for critical relief funds for COVID-19 pandemic response.

Figure 7



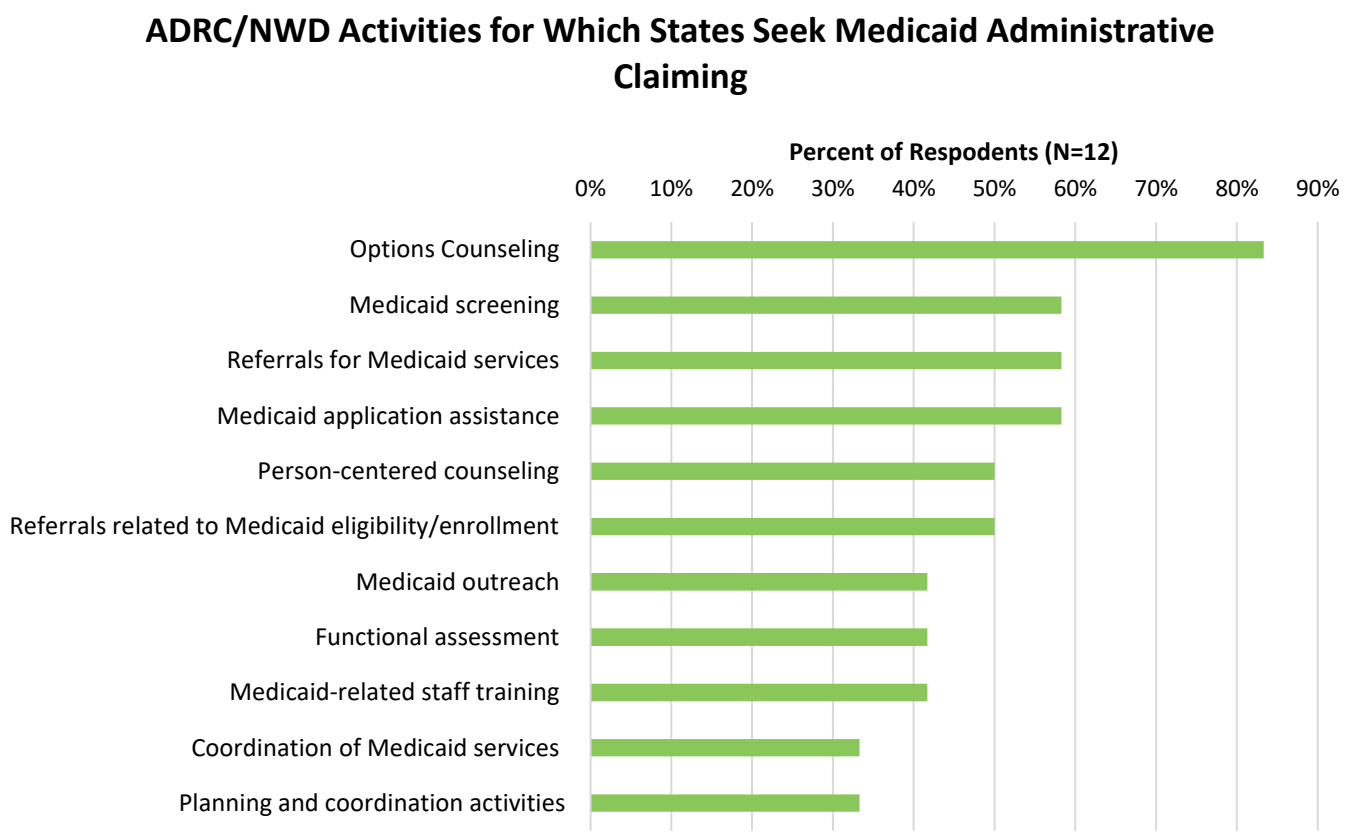
<u>Description:</u> *Figure 7 is a pie chart titled "ADRC Funding Over the Past Two Years" displays the distribution of responses from 159 participants about changes in funding for Aging and Disability Resource Centers (ADRCs). Each colored slice represents a different response category with a percentage label. The chart segments are as follows:*

- *Green (32%) – "Funding increased temporarily due to COVID-19 related funding" (largest slice)*
- *Purple (28%) – "Do not know"*
- *Teal Blue (26%) – "Funding has stayed about the same"*
- *Yellow (6%) – "Funding has increased"*
- *Gray (5%) – "Funding has decreased"*
- *Bright Blue (3%) – "Funding has been eliminated" (smallest slice)*

In qualitative comments on ADRC funding trends, several respondents pointed to the need to pursue multiple revenue sources for a more sustainable ADRC. For example, a state unit on aging respondent shared "ADRCs are required to participate in Medicaid Administrative Claiming. This has increased funding in the network overall." Medicaid Administrative Claiming (MAC)[10] is a funding source addressed in the 2023 survey. Survey respondents from state agencies on aging and disability were asked if their agency has a contract or interagency agreement with the state Medicaid agency for claiming federal matching funds for Medicaid administrative activities performed through ADRC and/or NWD systems in their state. Of 30 respondents, 40 percent reported that their agency has a contract or agreement for MAC for ADRC/NWD activities and another 10 percent indicated that this was in development. Twenty-seven percent of respondents indicated 'no' and 23 percent were unsure. Respondents that indicated 'yes' to MAC were further asked to identify the types of ADRC/NWD activities for which their state seeks Medicaid administrative claiming (Figure 8). As seen in Figure 8, there is a range of ADRC/NWD activities for which agencies may seek claiming and these activities may reflect core ADRC/NWD functions such as options counseling/person-centered counseling, referrals, and outreach. Additionally, I&R/A staff may have a valuable role in supporting claiming. A resource from the Administration for Community Living (ACL) on *Leveraging Medicaid Administrative Claiming for No Wrong Door Systems* identified the types of staff contributing to claiming as well as a range for claiming amounts drawing from state experiences. The chart on Staff Types Claiming (see Appendix A) indicates the degree to which I&R/A staff and person-centered counselors engage in activities that may contribute to claiming. While claiming does take planning, time, effort, and collaboration – and activities must be allowable and allocable to the Medicaid program for administrative claiming – it is a strategy that can advance ADRD/NWD system sustainability.

[10] Federal matching funds under Medicaid are available for costs incurred by a state for administrative activities that directly support efforts to identify and enroll potentially eligible individuals into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan. To the extent that ADRC/NWD System staff perform administrative activities under a contract or interagency agreement with the state Medicaid agency that are in support of the state Medicaid plan, and meet the necessary requirements to identify the expenditures incurred for those activities, federal reimbursement may be available for a share of those expenditures. Such activities could include, for example, outreach, referrals, person-centered counseling, and staff training. Additional information on No Wrong Door System and Medicaid Administrative Claiming Reimbursement Guidance is available from the Centers for Medicare & Medicaid Services.

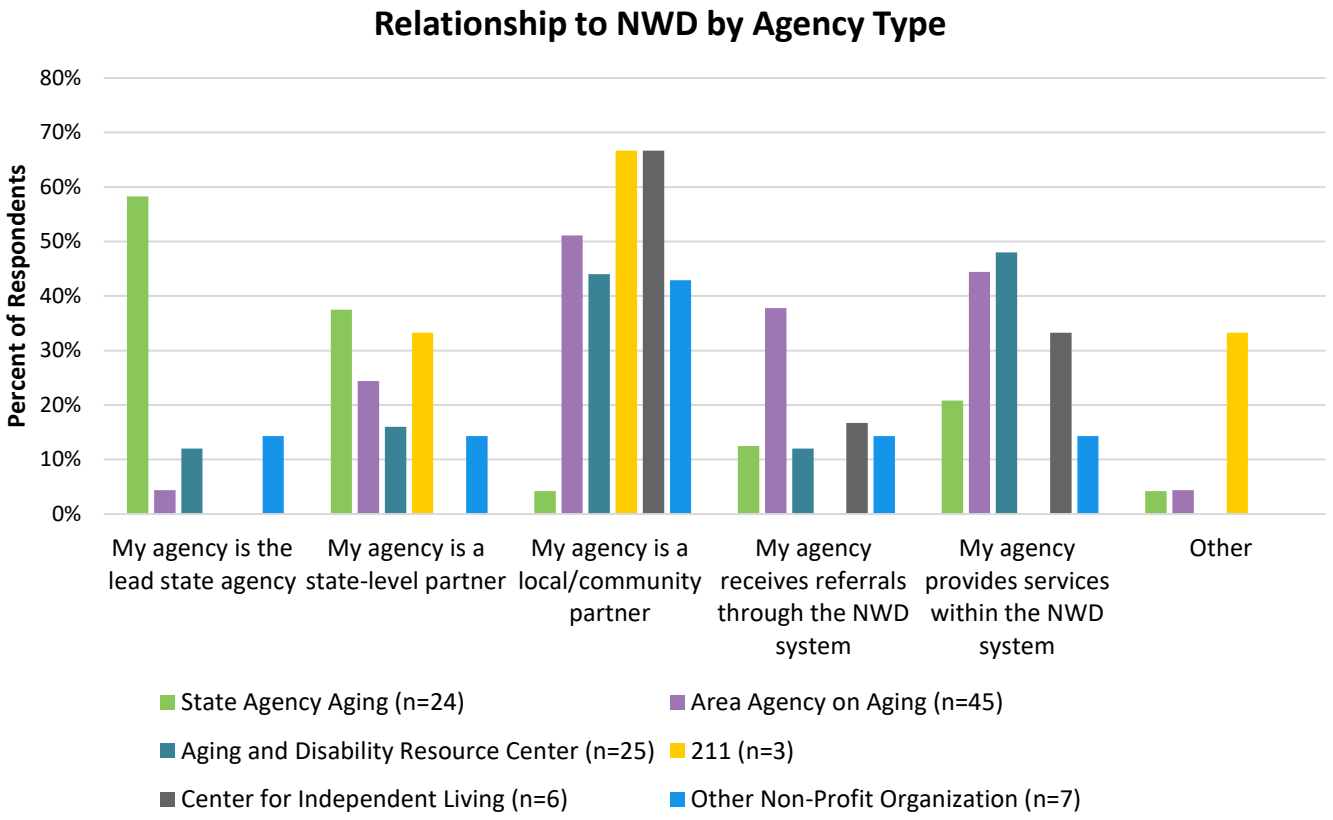
Figure 8



Description: Figure 8 is a bar chart titled "ADRC/NWD Activities for Which States Seek Medicaid Administrative Claiming" that shows types of activities for which states seek federal matching funds (N=12). The top 10 responses are Options Counseling (83%), Medicaid screening (58%), referrals for Medicaid services (58%), Medicaid application assistance (58%), person-centered counseling (50%), referrals related to Medicaid eligibility/enrollment (50%), Medicaid outreach (42%), functional assessment (42%), Medicaid-related staff training (42%), and coordination of Medicaid services (33%).

Along with gathering information on participation in an ADRC network, the 2023 I&R/A Survey also collected information on participation in a NWD system. As noted earlier, 52 percent of respondents indicated that their agency participates in a NWD system. Twenty-three percent indicated 'no,' 22 percent were unsure, and four percent shared that their state does not have a NWD system. Figure 9 shows the relationship to a NWD system by the type of respondent agency for those agencies that are part of a NWD initiative. Given that state governance and administration are key elements of NWD systems, it is not surprising that state agency respondents were most likely to report that their agency is the lead state agency. The data also suggests that agencies may play various roles in NWD systems. For example, AAAs reported serving as local NWD partners, providing services within the NWD system, and receiving referrals through the NWD. Across different roles, I&R/A services likely remain an important front door to NWD consumer access systems.

Figure 9



<u>Description:</u> Figure 9 is a clustered vertical bar chart titled "Relationship to NWD by Agency Type" that illustrates how six different types of agencies describe their roles within the No Wrong Door (NWD) system. Each group of bars corresponds to one of the categories, and each bar is color-coded by agency type: green – State Agency Aging (n=24); purple – Area Agency on Aging (n=45); teal – Aging and Disability Resource Center (n=25); yellow – 211 (n=3); gray – Center for Independent Living (n=6); and blue – Other Non-Profit Organization (n=7). State Agencies often act as lead agencies or state-level partners. 211s and Centers for Independent Living predominantly serve as local/community partners. ADRCs and Area Agencies on Aging report mixed roles, including providing services within the NWD system. Additional analysis of this chart is in the main text.

Survey respondents were invited to share additional qualitative information on their agency's participation in a NWD system. Responses highlight several themes regarding roles in NWD systems. Some respondents indicated involvement in governance structures, such as state advisory councils or NWD grant initiatives, where they contribute to planning and system coordination. A number of responses described agencies' roles in making and receiving referrals, often emphasizing collaboration with other organizations to ensure that individuals are connected efficiently to appropriate services. This cross-agency referral process reflects the role of referral services in NWD systems and helps support the NWD mission of minimizing the complexity individuals face when seeking services and supports. Several respondents also noted that their

staff are trained in the NWD approach, embedding person-centered practices into daily operations and working to ensure consistent service delivery (a respondent shared that the NWD approach is "foundational in counselor training"). In comments, technology emerged as both a facilitator and a challenge within the NWD framework. For example, technology may be used to enable electronic referrals. At the same time, technology tools that are outdated or not maintained might hinder NWD system goals. Direct assistance to individuals was an important theme in respondent comments. Respondents described how their agencies help individuals and caregivers by providing information, guiding them through application processes, and offering person-centered counseling (a respondent noted "We make every effort to provide and/or connect individuals and caregivers with information and resources to ensure that they get what they need/request."). Finally, while most responses were supportive of the NWD system, a couple of respondents expressed concerns about its utility (i.e., increased workload or limited perceived benefit). These views may reflect variability in how agencies perceive alignment with and engagement in NWD systems.

"Disability Hub MN and the Senior LinkAge Line are Minnesota's ADRC and NWD system. Both services work independently and jointly to ensure people get the right information at the right time and help people get connected to the correct lead agency."
- State Agency respondent

Data findings overall on participation in ADRC networks and NWD systems underscore the importance of referral services and I&R/A professionals in supporting consumer access systems. This dovetails with data from the 2023 survey on the job responsibilities of I&R/A professionals.[11] Most respondents reported that they have job responsibilities in addition to I&R/A activities and, as shown in Figure 10, these other responsibilities often include tasks that are integral to the core functions of ADRC networks and NWD systems such as options counseling, person-centered counseling, assessment, eligibility screening, and service coordination.

Figure 10

Job Responsibilities in Addition to I&R/A

Over 60% reporting:	Over 50% reporting:	Over 30% reporting:
Community outreach and education	Person-centered counseling	Case management or service coordination
Eligibility screening and/or determination	Options counseling	Vaccination information; vaccination access assistance
Assessment (e.g. needs assessment)	Resource database management or maintenance	Medicare counseling
Consumer advocacy	Supervision/management	Care transitions

[11] ADvancing States and the National Council on Independent Living (April 2024). Service Delivery in the Aftermath of a Pandemic: Findings from the Information and Referral/Assistance National Survey. Available at https://www.advancingstates.org/sites/default/files/IR%20Service%20Delivery%20Issue%20Brief%202024%20FINAL.pdf

Description: Figure 10 is a table of job responsibilities in addition to I&R/A reported by respondents. Over 60% reported community outreach and education, eligibility screening and/or determination, assessment, and consumer advocacy as additional job responsibilities. Over 50% reported person-centered counseling, options counseling, resource database management or maintenance, and supervision as additional job responsibilities. Over 30% reported case management or service coordination, vaccination information, Medicare counseling, and care transitions as additional responsibilities.

Partnerships in Practice

Collaborative I&R/A initiatives continue to evolve as programs, partnership models, and technology adapt to community needs and sustainability considerations. The last section of this issue brief will share survey findings on two types of initiatives – closed-loop referral systems and healthcare contracting initiatives.

Closed-Loop Referral Initiatives

Closed-loop referral systems reflect a more recent trend intended to facilitate the exchange of information among client-serving organizations. Technology is often an important supporting component of these systems but engagement of partners, policies and procedures, and other factors shape the effectiveness of such initiatives. Closed-loop referral systems typically allow referral providers and referral organizations to share and access referral information and client status updates. I&R/A programs, service providers, and healthcare entities, for example, might participate in a closed-loop referral system in a community or state as part of a care coordination initiative, community information exchange, or No Wrong Door system. Closed-loop systems might also be used to strengthen communication and information exchange within community networks. There may also be state agency-led initiatives to support statewide closed-loop referral systems.

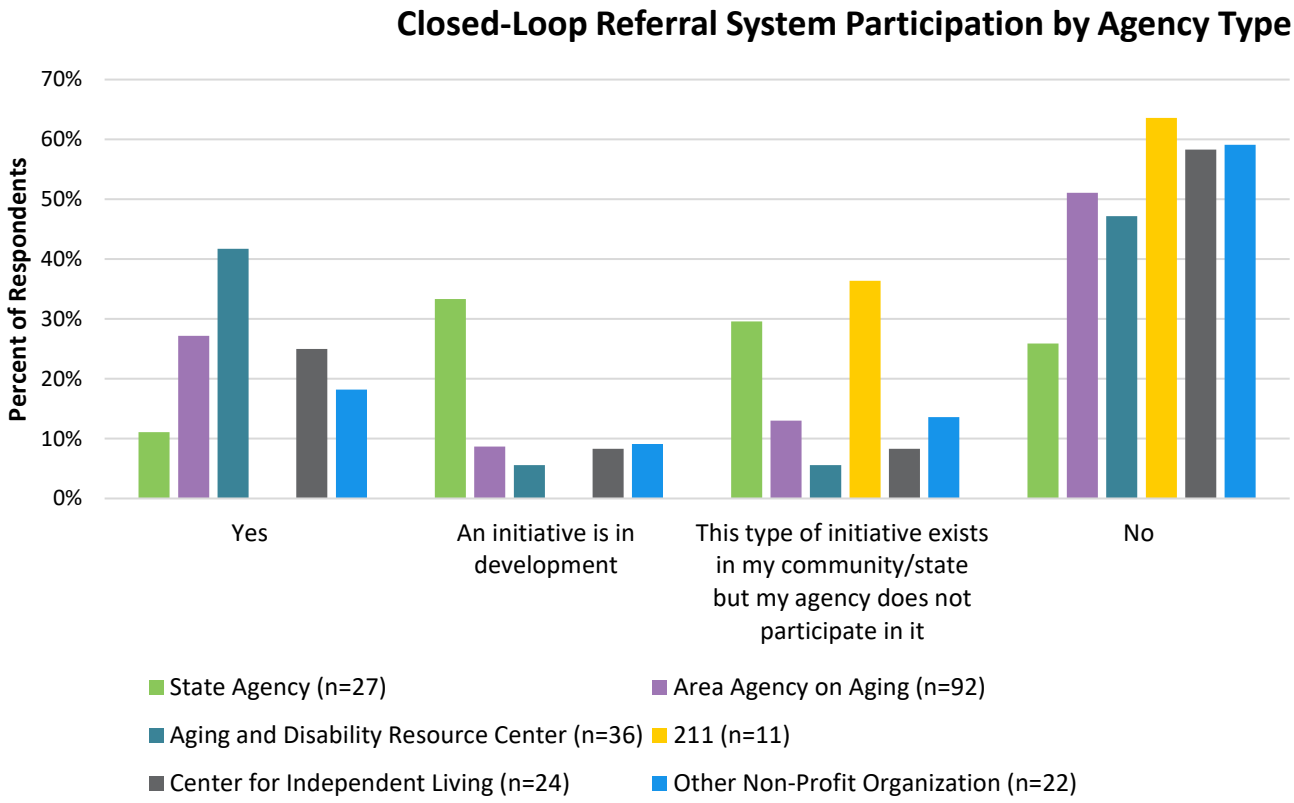
In the 2023 I&R/A Survey, respondents were asked if their agency participates in any initiatives that use a closed-loop referral system. Of 212 respondents, 25 percent responded 'yes,' 11 percent indicated that such as initiative was in development, 15 percent reported that this type of initiative exists in their community or state but their agency does not participate in it, and 50 percent responded 'no.' In the 2021 I&R/A Technology Survey, the first time that data on participation in closed-loop referral systems was collected through an ADvancing States survey, 20 percent of respondents reported that their agency participated in an initiative that used a closed-loop referral system while nine percent indicated that such an initiative was in development.[12] On shown in Figure 11, participation in closed-loop referral system initiatives varies by agency type. For example, ADRC respondents were more likely to report that their agency participates in such an initiative. State agency respondents were most likely to indicate that this type of initiative was in development.

Respondents who reported that their agencies participate in closed-loop referral initiatives were also provided an opportunity to briefly describe the initiative and any ways that I&R/A services are part of it. Similar to qualitative findings from the 2021 I&R/A Technology Survey, comments from respondents suggest that there is not a universal understanding of closed-loop referral initiatives and that this concept may have different meanings to different agencies. In describing closed-loop referral initiatives, respondents identified activities or elements such as warm transfers, referral pathways, No Wrong Door systems, online referral forms or portals, and community collaboratives. Several respondents called out specific software platforms that support closed-loop systems (e.g., Unite Us, WellSky). For example, an Area Agency on Aging respondent shared "One of our county areas uses WellSky for this purpose. Another of our counties uses Unite Us.

[12] ADvancing States. (October 2021). A New Standard of Innovation: Findings from the I&R/A Technology Survey. Available at https://www.advancingstates.org/sites/default/files/u33914/Final%20IR%20Technology%20Survey%20Issue%20Brief%202021.pdf

Additionally, one county area has a closed loop system that we are a part of that is specific to EMS, law enforcement, and key social service agencies." Some respondents pointed to healthcare or LTSS-related referrals, underscoring the role of healthcare entities (e.g., managed care organizations) as referral partners in closed-loop initiatives. At the same time, closed-loop initiatives may be driven by community needs and help to stitch together community networks. As described by another AAA respondent, "We share a closed-loop referral system with other AAA agencies, community resource agencies, Meals-on-Wheels agencies, and other agencies who provide in-home care case management. We can all view referrals and track client needs/progress notes."

Figure 11



<u>Description:</u> Figure 11 is a vertical bar chart titled "Closed-Loop Referral System Participation by Agency Type" that shows how different agency types are involved in closed-loop referral systems. Each group of bars corresponds to a category, and each colored bar represents one of six agency types: green – State Agency (n=27); purple – Area Agency on Aging (n=92); teal – Aging and Disability Resource Center (n=36); yellow – 211 (n=11); gray – Center for Independent Living (n=24); and blue – Other Non-Profit Organization (n=22). ADRCs are most likely to participate in closed-loop referral systems. State Agencies more often report that initiatives are in development. 211s, Centers for Independent Living, Other Non-Profits, and Area Agencies on Aging report higher levels of nonparticipation in closed-loop referral systems.

Washington State's Resource Data Collaborative
With sponsorship from the Washington State Department of Health, Health Care Authority and Department of Social and Health Services, the Washington Resource Data Collaborative formed to facilitate an integration initiative among multiple statewide resource referral and social service partners. The purpose of the Resource Data Collaborative (RDC) is to establish a community-led resource directory data ecosystem in which information about health, human, and social services can be shared. Key partners include entities responsible for the largest resource directories in the state – Community Living Connections, the aging and disability resource network under the Washington State Department of Social and Health Services; 211; and Within Reach which serves families and communities in the state. The RDC initiative seeks to define core standards to enable cooperation, explore and test approaches to data sharing, and support a statewide strategy to promote coordination among partners. This work is intended to support deeper data stewardship and governance relying on community partners to oversee defined standards, practices, and accountability to community resource and referral information systems.

For the Community Living Connections (CLC) network, being part of this ongoing conversation around a data collaborative has been important and offered an opportunity to engage more deeply with partners on issues affecting the maintenance of community resource information. For example, CLC, 211, and Within Reach have made significant progress on establishing a minimum data set, an essential component for data sharing. Participating in this initiative is also catalyzing improvements to the CLC database. The work is providing an impetus to create greater consistency in the database through a shared style guide, inclusion criteria, and protocols for taxonomy use.

Healthcare Contracting Initiatives

I&R/A programs have a long history of connecting individuals to services that address non-medical drivers of health outcomes (i.e., drivers such as nutrition, housing, employment, and social connections). Recognition of the role of these drivers of health outcomes has fostered initiatives that seek to address non-medical needs through screening, referrals, information exchange, service provision, and other connections between community organizations and healthcare entities. The 2023 survey asked respondents about their organization's engagement in contracting arrangements with healthcare entities as shown in Figure 12. Such arrangements may involve participation in a community care network or hub that centralizes contracting, administrative, and other functions with a lead entity to support a network of community-serving organizations. As in other areas of the 2023 survey, the data also points to variation by agency type. For example, AAAs and CILs were most likely to report that their organization contracts with one or more healthcare entities. CILs along with other non-profit organizations (aside from AAAs and ADRCs) were most likely to indicate that their organization is interested in contracting with healthcare entities but had not taken steps in this direction yet. While a small number of respondents, 211s were more likely to indicate no contracting arrangements with healthcare entities, though this response was recorded by all agency types to some degree.

Figure 12

Engagement in Contracting Arrangements with Healthcare Entities

Engagement in Contracting Arrangements with Healthcare Entities	Percent of Respondents (N=217)
Yes, my organization contracts with one or more healthcare entities	26%
Contracting with healthcare entities is in development	3%
My organization is interested in contracting with healthcare entities but has not taken steps in this direction yet	6%
Yes, my organization participates in a community care network/hub that contracts with one or more healthcare entities	5%
My organization is participating in developing a community care network/hub to contract with one or more healthcare entities	6%
No	37%
Do not know	20%
Other	5%

Description: Figure 12 is a table depicting engagement in contracting arrangements with healthcare entities. In order of highest to lowest percentages of respondents is as follows: no (37 percent); yes, my organization contracts with one or more healthcare entities (26 percent); do not know (20 percent); my organization is interested in contracting with healthcare entities but has not taken steps in this direction yet (6 percent); my organization is participating in developing a community care network/hub to contract with one or more healthcare entities (6 percent); yes, my organization participates in a community care network/hub that contracts with one or more healthcare entities (5 percent); other (5 percent); and contracting with healthcare entities is in development (3 percent).

Respondents were invited to briefly describe any contracting arrangements with healthcare entities or participation in community care hubs. One noteworthy element of the qualitative data is the range of services and supports that respondents identified in their descriptions. These include, for example, case management, referrals, home assessment, transition services (transition to community living), care coordination, nutrition services, social connection, options counseling, transportation, health and wellness education, behavioral health, home modifications, health literacy, and veteran-directed care. While this suggests different opportunities for engagement, a few respondents also noted concerns (such as conflict of interest or, as one respondent shared, "we tried a few years back and they did not see the value of our services"). A few examples from the survey are highlighted below:

- "We are in conversation with a local hospital system to create a referral process between the hospital and the I&A program."
- "Our agency contracts with multiple health organizations in the metro area to have Resource Specialists work within medical practices within the health organization to provide resources to older adults."
- "My state aging agency partners with several state healthcare agencies as a part of cross collaboration network building and to share resources and referrals that are beneficial to

our local level partners. These agencies include departments of healthcare services, social services, and rehabilitation."

These examples highlight the roles that referral provision and resource navigation can play in arrangements with healthcare entities, pointing to opportunities to leverage the core capacities of I&R/A programs.

Conclusion

Findings on agency collaboration from the 2023 I&R/A Survey confirm that well-coordinated partnerships are vital to delivering effective I&R/A services within the aging and disability networks. The data highlight that collaboration is not a one-size-fits-all approach; instead, it encompasses a spectrum of arrangements, from local community-based partnerships to participation in larger systems like ADRCs and NWD. Notably, collaboration within the I&R/A sector itself is just as important as working with external community providers, as it helps foster clear referral pathways for individuals and families.

Survey data reveal that agencies across different types benefit from partnering with an array of organizations. Collaborative activities—such as shared resource databases, staff cross-training, and mutual referral agreements—demonstrate the field's commitment to improving service efficiency, reducing duplication of efforts, and ensuring accurate information is available. Qualitative findings further illustrate that collaboration extends beyond formal agreements, encompassing relationship-building activities like advisory committees, coalition work, and shared trainings. These relationships build trust, expand knowledge-sharing, and help agencies to deliver the right information at the right time.

Overall, the findings suggest that collaboration is both a strategy and a necessity in an increasingly complex service environment. Agencies that invest in building and sustaining collaborative relationships may be better positioned to respond to the evolving needs of the communities they serve. Continued support, innovation, and investment in collaborative models will be key to ensuring that I&R/A programs remain adaptable, responsive, and impactful.

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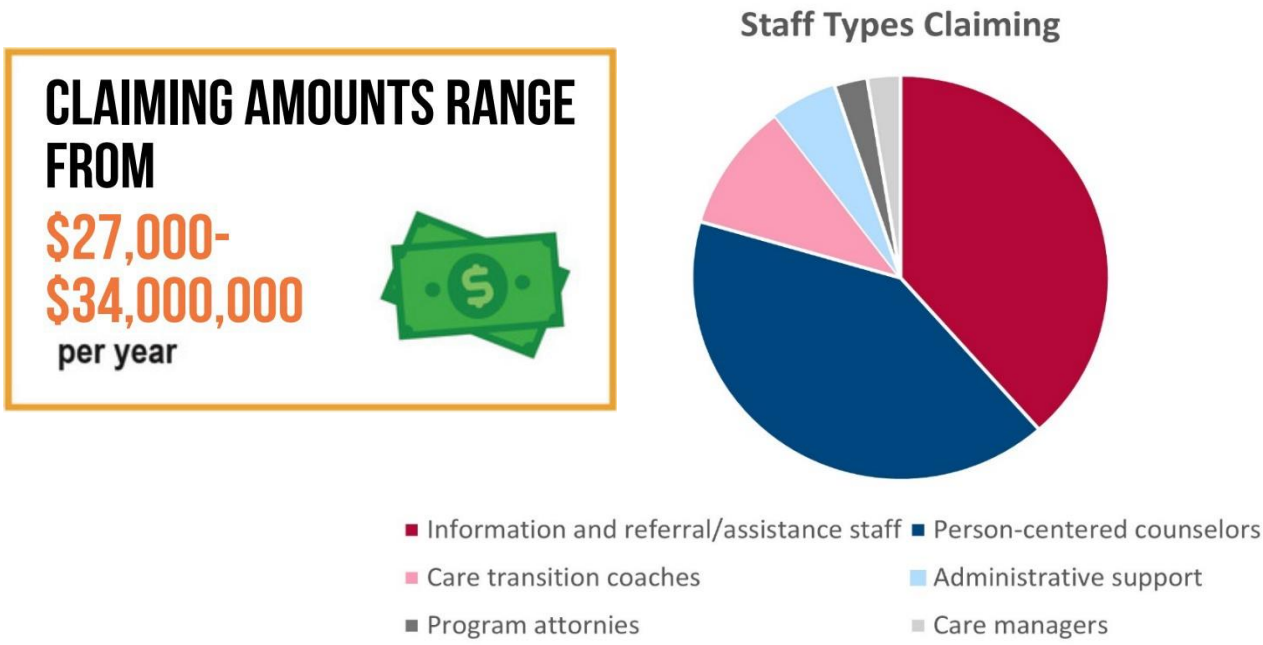
The National Information and Referral Support Center is administered by ADvancing States, with funding provided in part by the Administration on Aging within the Administration for Community Living, U.S Department of Health and Human Services. The National I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide. Inform USA, USAging, and the National Council on Independent Living (NCIL) are key partners in the success of the Center.

ADvancing States represents the nation's 56 state and territorial agencies on aging and disabilities and long-term services and supports directors and supports visionary leadership, the advancement of systems innovation and the articulation of national policies that support long-term services and supports for older adults and people with disabilities. ADvancing States' members administer services and supports for older adults and people with disabilities, including overseeing Older Americans Act (OAA) programs and services in every state. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering long-term services and supports (LTSS) for people who are older or have a disability and their caregivers.

The National Council on Independent Living is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the United States. Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL advances independent living and the rights of people with disabilities and envisions a world in which people with disabilities are valued equally and participate fully.

Appendix A

Leveraging Medicaid Administrative Claiming for No Wrong Door Systems, Administration for Community Living (September 2024). Visit the NWD Technical Assistance Community for the full resource.



Description: The image is split into two main sections. The left section is a box with a white background and orange border that contains a bold text that reads: "Claiming Amounts Range from $27,000 – $34,000,000 per year" and an icon of stacked green dollar bills is shown to the right of the text. The right section is a pie chart titled "Staff Types Claiming" that illustrates the proportions of different staff roles involved in claiming. The chart is divided into colored segments with a legend below:

- *Dark red – Information and referral/assistance staff*
- *Dark blue – Person-centered counselors*
- *Pink – Care transition coaches*
- *Light blue – Administrative support*
- *Gray – Program attorneys*
- *Light gray – Care managers*

The chart visually highlights that Information and referral/assistance staff and Person-centered counselors make up the majority of staff types claiming Medicaid administrative match for No Wrong Door activities, with other staff types representing smaller proportions.