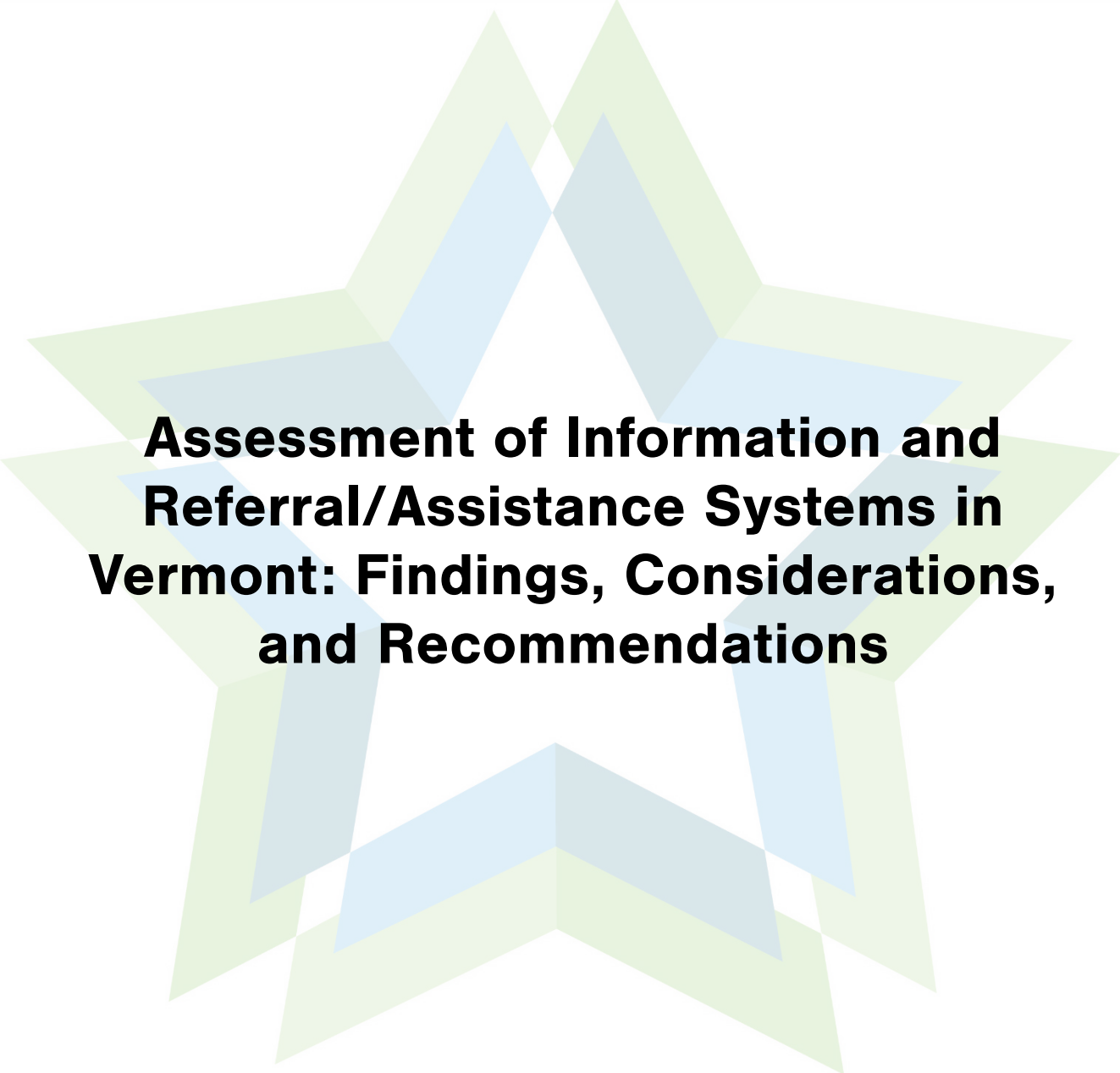


# Assessment of Information and Referral/Assistance Systems in Vermont: Findings, Considerations, and Recommendations





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## Background and Introduction

Vermont's Adult Services Division (ASD), within the Department of Disabilities, Aging and Independent Living (DAIL) in Vermont's Agency of Human Services (AHS), oversees programs and services for older Vermonters and Vermonters with physical disabilities. DAIL/ASD has led the development of Age Strong VT, Vermont's first multisector plan on aging. This plan provides a vision for building an Age-Friendly State through objectives and strategies related to aging well, including access to 'Coordinated and Efficient Systems of Services, Supports and Protections.'<sup>1</sup>

DAIL, through the development of the multisector plan on aging, identified navigation challenges experienced by individuals seeking help and services. In 2022-2023, the Age Strong VT Advisory Committee conducted a baseline assessment of how Vermonters experience aging, and what is working or not working for them. Feedback indicated that it is challenging for Vermonters, families, and caregivers to find services and to navigate Vermont's complex system of supports, services and protections, beginning with accessing Information & Referral/Assistance (I&R/A) across a variety of AHS entry points, including 211, The Helpline, and Vermont Helplink.

Noting room for growth and improvement, Age Strong VT called for contracting with an independent agency to assess the current AHS I&R/A systems and identify strengths and weaknesses in the current systems. DAIL engaged ADvancing States, in partnership with its subcontractor, Inform USA, to complete this assessment and provide findings, considerations, and recommendations. The assessment focused on I&R/A services provided by Vermont 211, the state's five Area Agencies on Aging (AAAs), and the Vermont Helplink<sup>2</sup>; these are referred to as the seven participating agencies in this report.

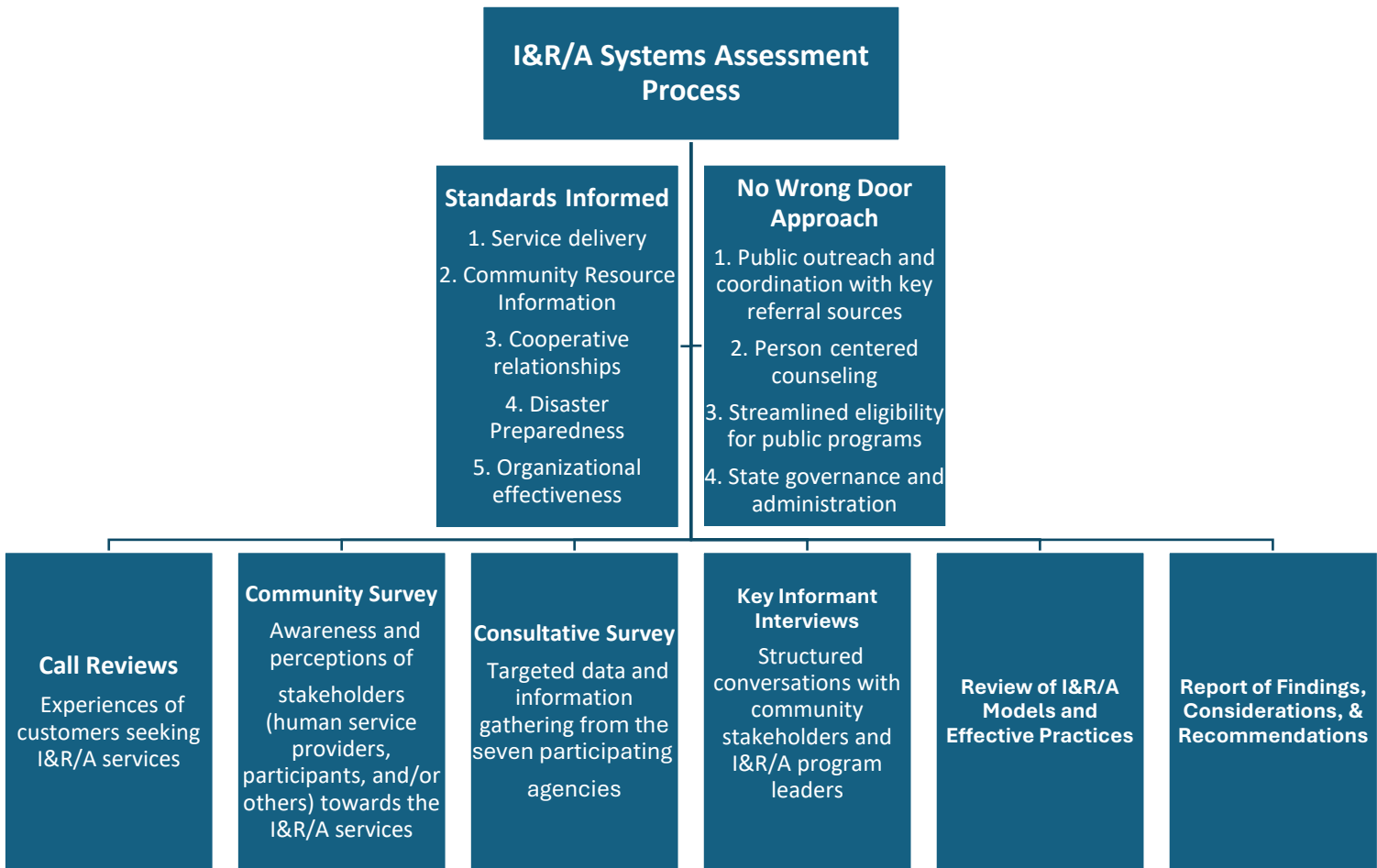
The following graphic outlines the approach the ADvancing States and Inform USA project team used in developing this assessment report of findings, considerations, and recommendations on improvements that can be made across Vermont's I&R/A systems.

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<sup>1</sup> Age Strong VT - Vermont's Multisector Plan on Aging: 2024-2034. Available at <https://www.healthvermont.gov/sites/default/files/document/hpdp-bh-age-strong-roadmap2024-2034.pdf>

<sup>2</sup> VT Helplink is the statewide, public resource for finding substance use treatment and recovery services, see <https://vthelplink.org/>

Figure 1



*Description:* Figure 1 is a graphic outlining the assessment process used in this project. The graphic identifies the components of standards-informed I&R/A practice, the key elements of a No Wrong Door approach, and the phases of the I&R/A assessment process. This information is described in the text below.

### **Standards-Informed and No Wrong Door Approach**

The ADvancing States/Inform USA project team used a Standards-driven approach to assess the state of Vermont’s I&R/A systems. For over 50 years, the Information and Referral field has been aptly guided by Standards and Quality Indicators for Professional I&R (the Standards).<sup>3</sup> These Inform USA Standards (formerly known as the AIRS Standards) are the foundation of I&R service delivery and provide quality benchmarks for community navigation services. These Standards have been adopted by I&R programs across the sector – including 211, aging and disability, and specialized services – and are supported by ADvancing States as the professional foundation of I&R/A services. The Standards are also the foundation of I&R credentialing programs for agencies and for specialists. The Standards strengthen consistency in program design and operations which can enable greater coordination and alignment within a system of

<sup>3</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). Available at <https://www.informusa.org/standards>

I&R/A services.

The purpose of this report is to share findings, considerations, and recommendations for improvements across the I&R/A system. The recommendations for improvement are based upon the Inform USA Standards. The core components of the Inform USA Standards include:

1. I&R/A service delivery;
2. community resource information;
3. cooperative relationships across services;
4. disaster preparedness; and
5. organizational effectiveness.

Additionally, while this I&R/A assessment was not designed to encompass a No Wrong Door (NWD) gap analysis, the ADvancing States/Inform USA team has identified potential areas to support the state in beginning a NWD approach to a consumer access system. The findings, considerations, and recommendations for improvements keep in mind the value of an aligned NWD consumer access system. Key elements of a NWD System include:

1. *Public outreach and coordination with key referral sources*: The purpose of outreach and coordination activities is to inform individuals about the NWD System, the services and assistance provided through the system, and to ensure that the NWD System is recognized as a trusted resource, especially among the underserved and hard-to-reach populations, such as low-income and limited English-speaking populations.
2. *Person-centered counseling (PCC)*: Person-centered counseling is a core tenant of the NWD System. This approach to consumer counseling includes unbiased objective information on a range of options, regardless of payor, including private pay or publicly funded options, as well as resources available in the community. It helps individuals to weigh their goals, values, preferences, available supports, and plan for long-term services and supports (LTSS).
3. *Streamlined eligibility for public programs*: The NWD System is uniquely situated as not only an access point to LTSS, but also to provide streamlined eligibility to public programs and benefits. The NWD may act in various roles of benefits access such as: Medicaid application assistance, referral to local systems for additional public benefits support, provision of eligibility information and education, disability benefits specialists, advocacy, or sharing information on rights. The person-centered counseling discussion is a baseline on which NWD may leverage and share information for individuals on public programs and benefits that would most benefit that person within the state system.
4. *State governance and administration*: State governance and administration are key elements of NWD System design. Involvement of state leadership across agencies serving LTSS consumers as well as caregivers is necessary to effectively develop and maintain a NWD System. In addition, a state's NWD System may include partner organizations such as Aging and Disability Resource Centers (ADRCs), Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), Developmental Disability agencies, Medicaid agencies, and behavioral health organizations, each serving individuals with LTSS needs.

## ***Phases of the I&R/A Assessment***

This assessment of I&R/A services involved a multiphase approach drawing on the process used in Inform USA accreditation. This field-tested process allowed the project team to gather quantitative and qualitative information from multiple sources to assess foundational areas of I&R/A services, from the consumer experience and collaborative relationships to community resource information and more. The phases of the assessment are briefly introduced below and described further throughout this report.

### **Call Reviews**

In the call review phase, through a secret shopper process, a sample of I&R/A calls were reviewed to evaluate the client experience. Calls were conducted using an independent third-party contractor who provided a numeric score using a standardized scale. Calls were further reviewed and scored by an experienced Inform USA Accreditation Reviewer.

### **Community Survey**

During this phase of the assessment, a survey of community organizations within the Vermont social services sector was conducted. A survey was completed for each of the seven participating agencies to better understand the experiences of community partners.

### **Consultative Survey**

During the consultative survey phase, the seven participating agencies completed a structured questionnaire targeting core elements of I&R/A systems. Questions covered areas including service delivery, community resource information, disaster preparedness, organizational effectiveness, and accessible communication.

### **Key Informant Interviews**

The key informant interviews included structured interviews to allow for deeper conversations with program leaders, managers, or others at identified agencies that are part of or engage with the I&R/A system. These conversations were held with community stakeholders as well as leadership and staff at the seven participating agencies.

### **Review of I&R/A Models and Effective Practices**

Informed by areas of identified needs or gaps through earlier phases, the project team identified approaches, models, and practices to help inform quality improvement of the I&R/A system. ADvancing States and Inform USA have access to a deep repository of information on I&R/A services through methods such as national surveys, peer networking and information sharing, conference proceedings, engagement with select states on consumer access system development, core resources on effective I&R/A practices, and information on practices from accredited agencies which represent high-quality I&R services.

### **Report of Findings, Considerations, and Recommendations**

Following the phases identified above, the project team summarized key findings from the following phases of the work: community survey, call reviews, consultative survey, and key informant interviews. Informed by identified areas of strengths and needs, i.e. what is working and what is not working in the current system, as well as promising models and approaches from the field, the project team has identified findings, considerations, and recommendations for improvements across the I&R/A system, keeping in mind the value of an aligned NWD consumer access system.

# Call Review Evaluations, Findings and Recommendations

## Overview

Effective call handling is the heart and very essence of a quality information and referral program. Organizations like Vermont 211, the five Vermont AAAs and Vermont Helplink Alcohol and Drug Support Center all provide important information and referral services to area residents.

As part of the overall Vermont I&R/A assessment, call reviews were made during a three-week period in June of 2024. Calls were placed to the five Vermont AAAs, Vermont 211 and Vermont Helplink. In total, 41 calls were made to these agencies with an average median score of 87.5 percent.

Call reviews are considered to be a best practice for the field of Information and Referral (I&R) service delivery and are routinely used as part of the [Inform USA Accreditation process](#).

## Process

Call Information Sheets were distributed to the seven participating agencies explaining the purpose and process for the call reviews. The agencies were asked to provide their 10-digit telephone number to reach the I&R service, their regular hours of operation and the type of inquiries the service typically receives. Agencies were informed that their own individual results would be shared with them upon completion of the project. The purpose of the call reviews was not to compare I&R programs to one another but to get an overall sense of how calls are being handled and the quality of their overall service delivery. Call scenarios were developed for each of the participating agencies based upon their service area and the types of calls they receive.

ADvancing States and Inform USA contracted out the call reviews to an experienced and qualified third party (Spot Check) who makes the call and then evaluates how the calls were handled by the I&R Specialist. The same calls are also reviewed and scored by an experienced Inform USA Accreditation Reviewer to ensure consistency and oversight.

Each call is graded and given a numeric score based upon a number of pre-determined quality indicators. There are certain elements of call handling that, when present, give the person seeking assistance the best chance possible for making a difference in their situation. The Call Reviewers are looking and listening for a number of different elements in quality call handling practice. These include but are not limited to:

- a warm, friendly and appropriate greeting
- application of active listening skills
- proper assessment and interviewing techniques
- appropriate referrals
- an offer of follow-up if appropriate

For a complete list of quality call handling practices, please see Appendix A.

## Findings/Strengths

In the majority of instances, calls were answered quickly (usually in under a minute.) In all calls, the name of the agency was provided and sometimes the I&R Specialist would use their name.

The call reviews demonstrated that the I&R Specialists have a good understanding of the I&R process and the required skills for effective service delivery. Some of the specific comments from the reviewers include the following:



*“The I&R Specialists were friendly and provided appropriate referrals to agencies to address the caller's needs. Clarifying questions were asked when necessary to ensure the Specialists understood the caller's need.”*

*“The Specialists did an above-average job of establishing rapport and displaying appropriate levels of empathy on the calls in this batch. The tone and pacing were very good as well. There was a strong conversational tone putting the caller at ease.”*

*“Great listening skills with appropriate use of empathy and well phrased probing questions asked of callers. The Specialist also offered an email option for sharing complex resource information.”*

*“Clarifying questions were asked in all calls and at times additional questions were asked to better understand the needs of the older adult. Referrals were appropriate for the need in all of the calls.”*

Overall, the call reviews showed that the I&R Specialists performed well. Twelve calls were scored an A, 21 calls were scored a B and four calls were scored a C. Four calls were not scored because they were immediately transferred elsewhere. The call calibration system used to evaluate the calls follows.

### **A – Excellent Performance**

#### **The I&R Specialist provided excellent service in all aspects of the call.**

Community Resource Specialist welcomes the client in a clear voice with good tone. Rapport continues when exploring the reason for the call. Questions are relevant. The communication is friendly, appropriate and empathetic. The assessment feels like a natural conversation. Clarification takes place to ensure the Specialist understands the client's needs. Helpful resources are retrieved and shared with the caller in the context of informed choice. If no resources exist, the Specialist explains the situation and engages in problem-solving. If demographic questions are asked, their purpose is explained to the caller and they will be placed at an appropriate moment. The call ends in a respectful and supportive manner that optimizes success and encourages future trust/calls. A follow-up call is offered when warranted.

### **B – Good Performance**

#### **The I&R Specialist was clear and consistent, and went above expectations**

Exhibits most of the components listed above but may fail to rise to the level of an A call because a few of the key features are missing and/or not conducted properly. For example, there may be unneeded and unexplained early questions, the clarification step may be missed, the call may not end properly, etc. However, there is a clear sense that the caller received good help in a professional manner.

### **C – Satisfactory Performance**

#### **The I&R Specialist met requirements but did not exceed them.**

Similar to a “B” call but missing more components. At the end, there may be some uncertainty about whether the client experienced a solid process but did not get the best possible information; or else, the client received the right information but the Specialist does not quite engage the client in the way the I&R prefers.

### **D – Unsatisfactory Performance**

#### **The I&R Specialist mismanaged the call and did not meet most of the requirements.**

This is a call missing nearly all of the components of good I&R. The tone comes across as disinterested and intrusive. Irrelevant questions are asked. The client is not heard. There is an absence of clarification. Referrals do not come quickly and are not the best ones to share, and there is a sense that the Specialist is glad to end the call. Essentially, there is a clear sense that the caller did not receive any meaningful help.

### ***Opportunities for Improvement/Recommendations***

While no calls received an unsatisfactory grade, there is and always will be room for improvement. While the call reviews demonstrated solid call handling, some specific areas were identified for improvement.

#### **Consistency in the Greeting**

There was a wide variation in the initial greeting and introduction of the agency and the I&R service even within the same agency. In some calls the I&R Specialist identified their agency and themselves by name. In other cases this was not done. The four important elements of a greeting should include a salutation, name of the agency/service, the name of the I&R Specialist and offer of assistance.

The initial words a client hears set the tone for the entire interaction. An engaging and friendly greeting helps to put customers at ease, indicating that they are in capable hands. Positive first impressions are not just about politeness; they are about showing professionalism and the willingness to assist, which encourages trust and confidence in the service provided. Agencies should have clear and consistent guidelines regarding how they want the calls to be introduced and answered.

#### **Consistency in the Call Closing**

There was also lack of consistency and wide variation in how calls were closed. Rather than saying, "have a good day" or "good luck," establishing a consistent closing of all calls would be beneficial such as encouraging the caller to call back if the resources provided did not work or if additional needs arise.

Closure is important because it is the last contact a client has with the I&R service and may determine whether they follow through with the referrals they have received, whether they call back if the referrals do not quite work out, whether they call again in the future or whether they recommend the service to their friends and family. A good general rule is to always allow the client to end the interaction first.

#### **Follow-Up**

Follow-up is a critical standard for professional information and referral.<sup>4</sup> There was not one single offer of follow-up in all of the calls that were placed to the seven agencies. Some of the call scenarios could have warranted an offer of follow-up. Follow-up may help ensure that clients do not fall between the cracks. The I&R service should have a policy that addresses the conditions under which follow-up is conducted. Not only does it let an agency know callers are receiving the assistance they need but it also ensures that the resource information provided was accurate. The Inform USA Standard and Quality Indicators on follow-up do not require a certain number of follow-up contacts. They do indicate that a follow-up policy should, for example, offer guidance on the timeframe for follow-up as well as identify priority situations.

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<sup>4</sup> Inform USA. (July 2024). Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 10.0). The provision of follow-up is addressed comprehensively in Section 1, Service Delivery, Standard 4, Follow-Up. Available at <https://www.informusa.org/standards>

The policy should require follow-up with inquirers who are at risk and/or vulnerable and in situations where the specialist believes that inquirers do not have the necessary capacity to take the needed actions to resolve their situation. Additional assistance in locating or accessing services may be necessary. Follow-up is simply the best way to measure impact and outcome. This is especially true for individuals who may not have further engagement with an agency (for example, individuals who are not referred to other agency services such as options counseling).

Follow-up also aligns well with the NWD approach by attempting to ensure people in need do not fall between the cracks and get access to important services.

### **Access**

In some cases, it was difficult to connect with an I&R Specialist. Some calls went directly to voice mail, some calls appeared to be handled by a receptionist and some calls were immediately transferred somewhere else. This is not an ideal situation. Clients should have immediate and direct access to an I&R Specialist. Voice mails often result in a protracted game of telephone tag. This process could be discouraging to individuals needing assistance, particularly those who may face barriers to accessing services or are otherwise reluctant to seek help from an agency.

To help mitigate the potential impact of callbacks and delays, there are approaches that agencies can consider. One option would be to employ a 'callback' in queue approach. This option is used in a variety of customer service environments. Callback in queue allows a client to request a callback, be provided with an estimated time for the callback and enter the number where they would like to be called. Clients prefer this feature as it allows them to get on with their day, while still retaining their place in the call queue. Other approaches may include, for example, options for self-referrals, use of pre-recorded audio information during times of high call volume, and enhancing website content such as through frequently asked questions (see, for example, the [Caregiver Corner](#) available from the Eldercare Locator).<sup>5</sup>

Through a subsequent phase of the I&R/A assessment project that involved interviews with key stakeholders, the project team heard a consistent theme that reaching out to ask for help from formal institutions is not easy for many Vermonters. They feel more comfortable accessing local, grassroots, community-based services or seeking assistance from family, friends or neighbors. When help seekers do reach out for assistance, it is critical that the I&R service be accessible and available in a timely manner. This is a key driver of client satisfaction.

Voicemails are not the preferred method of accessing I&R services. The Inform USA Standards are clear that the preference is for inquiries to be handled in real time/live answer by an I&R Specialist. Help seekers are often reluctant to leave a message, unsure when or if their message will be returned. Leaving a voicemail can be an intimidating and pressure-filled process, particularly in a professional setting.

Most phone systems transcribe voicemails now, so chances are some staff are not even listening to the message but reading a (possibly incorrect) text version instead.

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<sup>5</sup> Ibid. See Section 1, Service Delivery, Standard 5, Independent Service Delivery Methods, for approaches that facilitate individuals to access information on community programs and services.

## Depth of Information

While referrals were provided for each call scenario, how they were provided varied significantly. In some calls, just basic contact information, such as a telephone number, was provided. More could have been done in some calls to educate and empower clients by imparting information such as eligibility criteria, application procedures, hours of operation and a more detailed description of what the agency is able to offer.

When possible, at least three appropriate referrals should be provided in order to offer the client an effective choice. Too many referrals are likely to overwhelm a client although sometimes, a single referral is the only option available. When clients have options, they often feel more empowered. I&R Specialists should also need to make clear that the referrals are just that – they are not recommendations, endorsements, or guarantees of service. It is important not only **where** the client is being referred to but **how** the referrals are being made. Within this context, it is also important that I&R Specialists are trained on conflict of interest to support informed choice. This may be especially relevant for multiservice agencies that provide I&R. While referral options may include an agency’s own services, these should be offered in a way that supports choice rather than obligation. The I&R Specialist should provide context for the referrals and explain why the referrals were identified.

It is also a good practice to cite the source of information being provided. This may include addressing where the information is coming from, for example is information from an internal database, an online internet search, or a printed directory? Clients must be able to trust the information being provided.

## Ongoing Quality Assurance

As noted earlier in this section of the I&R/A assessment report, call reviews are considered to be a best practice for the field of I&R service delivery. This concept is reflected in the Inform USA Standards and Quality Indicators for Professional Information and Referral. Standard 25 addresses quality assurance in I&R service delivery and incorporates call reviews as an oversight quality indicator; a quality indicator that speaks to supervision, coaching, and training.

Bringing call reviews into quality assurance (QA) practice may enable I&R/A services to monitor and support improvements in the process and competencies of contact handling over time. Additionally, this QA practice can allow agencies to keep an eye on *access* considerations as described earlier. This I&R/A assessment project, through the call review phase, has modeled an approach to call reviews. Agencies can also learn about call review effective practices from their peers at the community and state levels. See, for example, Appendix B which shares one example of a call review evaluation form used by an AAA in another state.<sup>6</sup>

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<sup>6</sup> This call review evaluation form is used by an area agency on aging in Michigan in support of its ‘secret shopper’ quality assurance practice. This QA practice utilizes volunteers to make secret shopper calls using scenarios developed for the volunteers. Volunteers use the evaluation form to assess the performance of the I&A specialists. The feedback is analyzed quarterly and shared with the I&A team to improve performance and focus on training topics.

# Community Survey Results and Recommendations

## Overview

During the second stage of the Age Strong I&R/A assessment, a survey of community organizations within the Vermont social services sector was conducted. The process was designed to ascertain and examine the experiences of individuals representing community organizations with the I&R/A system and to determine what is working well and potential areas for improvement.

A survey was designed in an online survey tool which had five questions and took approximately three minutes to complete. It used a mixture of open and closed ended questions as well as rating scales. Each of the seven participating agencies were asked to distribute the survey broadly to reflect the range and diversity of community organizations in their service areas, such as food programs, housing programs, home health programs, independent living facilities, etc. Two out of the seven participating agencies, VT211 and VT Helplink, have formal electronic resource databases. Therefore, they were given the option to distribute the survey themselves or send an email list to the project team for distribution. Both organizations chose to have project staff disseminate the survey.

## Process

The survey was open for approximately three weeks, and the initial goal was to gather 50 responses across the seven agencies. A total of 125 responses were received. For the five Area Agencies on Aging, the sample sizes ranged from 5-24 with a combined total of 70 responses received. For Vermont 211, over 50 responses were received, and for the Helplink, one response was received.<sup>7</sup> The project team is unaware of how many community organizations/contacts were sent the survey by each agency, so acknowledges that this is a point in time sample and may not be statistically significant.

## Aggregated Responses for the Area Agencies on Aging

The responses for the five AAAs have been aggregated. The project team recognizes that they are five distinct agencies with different service areas and needs. They operate in different communities with different partners and resources. Below is an overview of the aggregated results for each survey question.

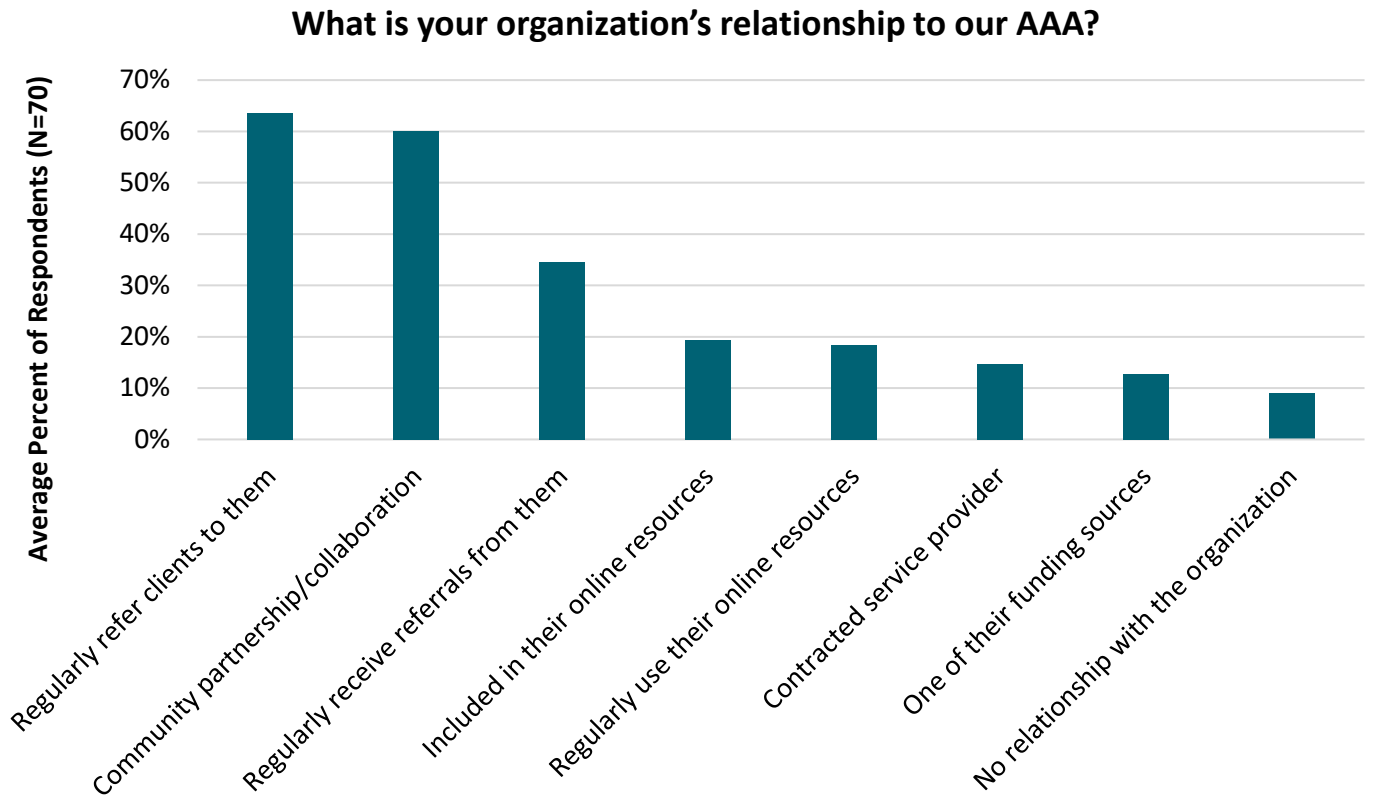
### Question 1: Organization's relationship to the AAAs

Over 60 percent of survey respondents said they regularly refer clients to the AAA, and 60 percent have a partnership or collaboration with the AAA (see Figure 2).

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<sup>7</sup> There was only one community survey received pertaining to Helplink and the respondent stated they were unable to evaluate the overall service. Therefore, the project team was unable to extract meaningful data from this phase of the assessment for Vermont Helplink.

Figure 2



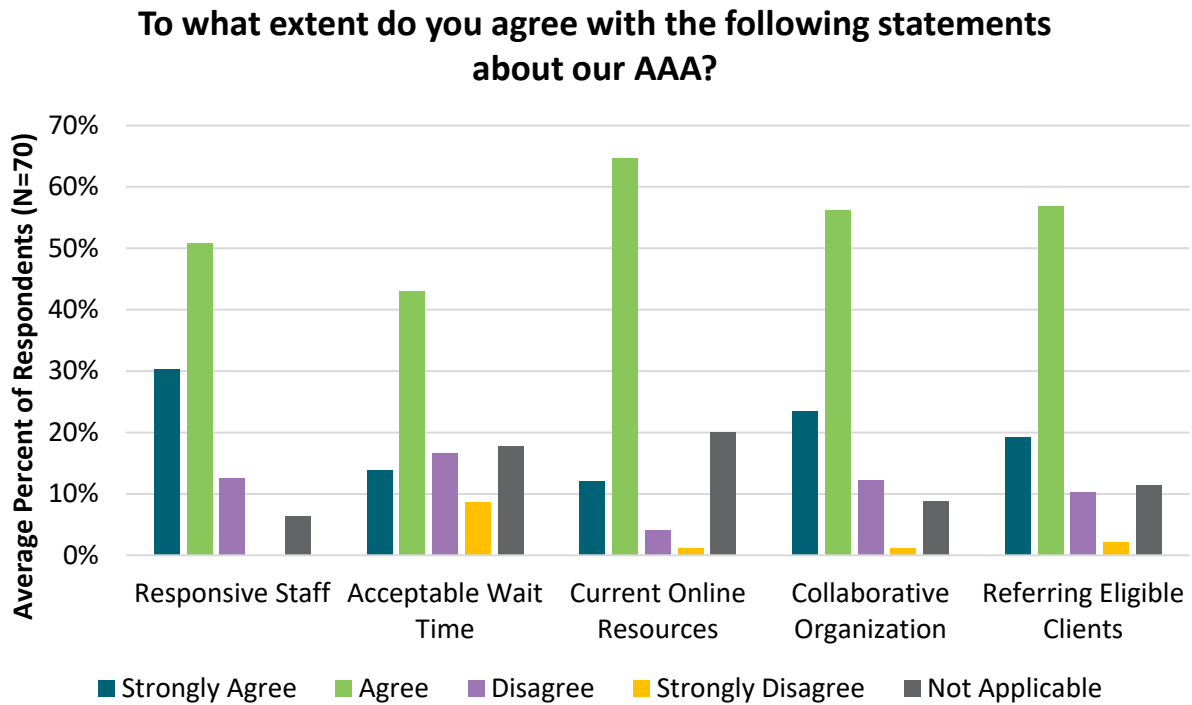
*Description:* Figure 2 is a bar chart of the relationship of respondent organizations to the AAA. The top five responses were: regularly refer clients to them, community partnership/collaboration, regularly receive referrals from them, included in their online database, and regularly use their online resources.

#### Question 2: Agreement with Statements about the AAAs

The majority of respondents “agreed” with a variety of statements (see Figure 3):

- 50 percent rated responsiveness of staff as “agree”
- 43 percent stated the wait time was acceptable
- 65 percent said the online resources are current
- 56 percent said the organization is collaborative
- 57 percent said they are referring eligible clients

Figure 3



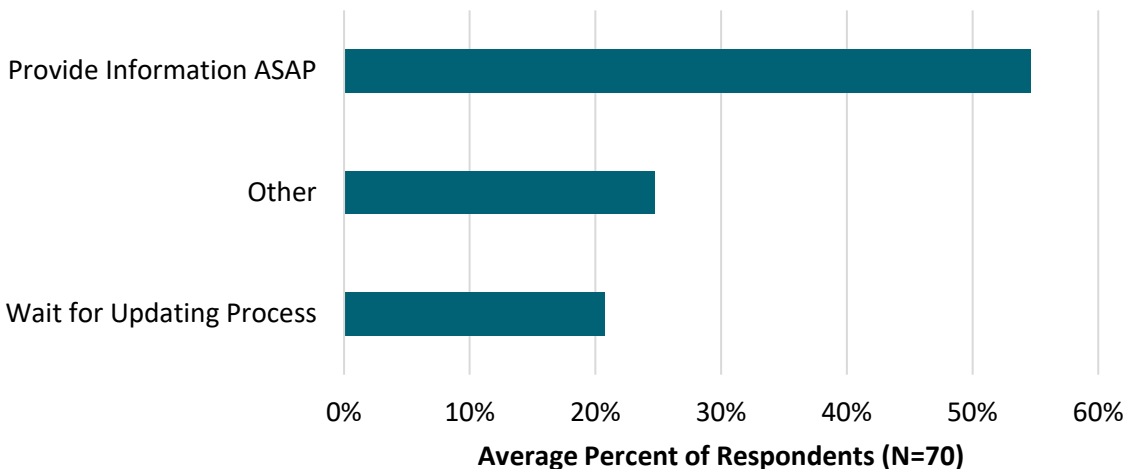
*Description:* Figure 3 is a bar chart representing responses on the extent to which respondents agree with statements about the AAA. Statements are: responsive staff, acceptable wait time, online resource are current, collaborative organization, and refers eligible clients. The chart shows that over 50 percent of respondents agree that staff are responsive, online resources are current, the organization is collaborative, and the organization refers eligible clients.

### Question 3: Updating AAAs with Information Changes

When asked about how community organizations keep resource information up to date, the majority, over 50 percent, said they provide the information to the AAA as soon as possible. Over 20 percent said they wait for the AAA to reach out to them to update their information and almost 30 percent responded “Other” (see Figure 4). In those responses, there was a variety of responses including that it depends on the type of information or the working relationship with the organization. Some respondents mentioned they are unsure or do not participate in the process of sharing updated information. Others mentioned there is no structured process and several responses highlighted issues with the timeliness and consistency of communication, including not receiving timely updates or updates not being applicable when they were eventually shared.

Figure 4

**When service/program information changes at your organization, do you contact our AAA to provide us with updated information, or do you wait until we contact you?**



*Description: Figure 4 is a bar chart representing how respondent organizations address service/program information changes; do respondent organizations contact the AAA to provide it with updated information or do they wait until the AAA contacts them? The chart shows that 55 percent of respondents provide information as soon as possible, 21 percent wait for the updating process, and 25 percent report other. Description of responses to ‘other’ is in the main text.*

**Question 4: Overall Service Rating of AAAs**

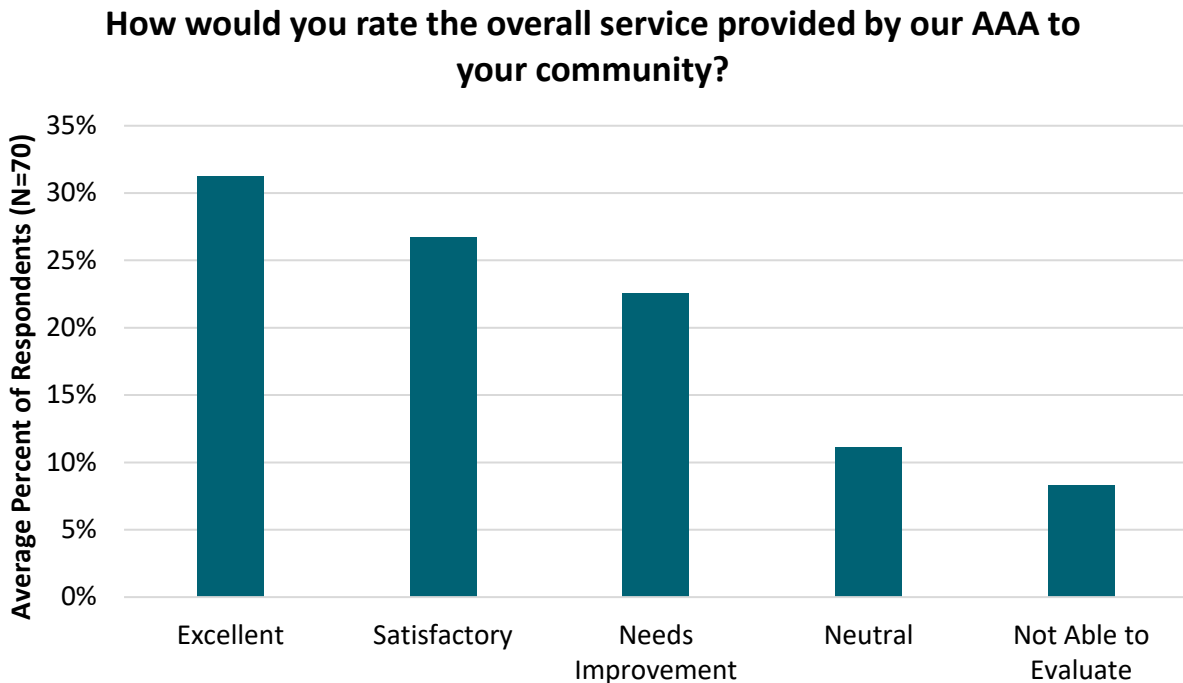
The survey asked participants to rate the overall service provided to the community by the AAAs. The average percent ratings were as follows: 31 percent “excellent”; 27 percent “satisfactory”; 11 percent said “neutral”; 23 percent “needs improvement”; and 8 percent “not able to evaluate” (see Figure 5). While the majority reported excellent or satisfactory, the needs improvement group had a notable quantity of responses. When a “needs improvement” rating was given, respondents were given the option to provide additional information. The main concerns highlighted include:

- **Communication and Responsiveness:** Many noted issues with communication, including slow response times and a lack of timely follow-up. Some respondents felt that staff were unresponsive or that there was a lack of proactive communication.
- **Case Management:** There were concerns about the adequacy of case management services. Respondents mentioned that case managers were overworked, leading to delays in service delivery and inadequate support. There were also mentions of insufficient coordination between case managers and other community organizations.
- **Service Quality:** Feedback indicated variability in service quality depending on the staff member involved. Some respondents felt that services lacked consistency and that more training or better systems were needed to handle complex cases.



- Resource Availability: Several respondents highlighted a lack of sufficient resources or staffing, which affected the ability to meet the needs of the community effectively. This included both direct service staff and administrative support.

Figure 5



*Description: Figure 5 is a bar chart representing respondents' rating of the overall service provided by the AAA to the community. The chart shows that 31 percent rated overall service as excellent, 27 percent rated it as satisfactory, 23 percent reported that overall service needs improvement, 11 percent reported neutral, and 8 percent reported not able to evaluate.*

#### Question 5: Additional Comments about AAAs

Lastly, respondents were provided the opportunity to share any additional comments regarding the Vermont AAAs. Here is a sample of quotes received about the services:

- "They are an integral part of our Community Health Team. Our Providers, staff, & especially our patients, ALL speak very highly of them. I am an RN Care Coordinator at a primary care practice & refer to them routinely with positive results & feedback. They go the extra mile, so even if they don't have the answer &/or able to provide the resource they always collaborate, provide other options, & do so in a professional, caring, & nice manner. Their team is Great!!!!"
- "I think the case managers could reach out more to agencies and give out more referrals."
- "The staff are professional, knowledgeable and kind. I enjoy working with this group very much!"
- "Thank you for all you do. You are a valuable partner."
- "It would be much more efficient for case managers to utilize the same system, removing the need for a data entry person and allow better/more streamlined communication and

collaboration with other service providers.”

- “They are extremely helpful to the senior community.”

Many respondents appreciated the professionalism and helpfulness of staff, and some were satisfied with the breadth of services offered. A recurring theme was the need for improved communication. Case management was mentioned as lacking sufficient resources to meet the needs of the community and suggestions for proactive outreach were also identified.

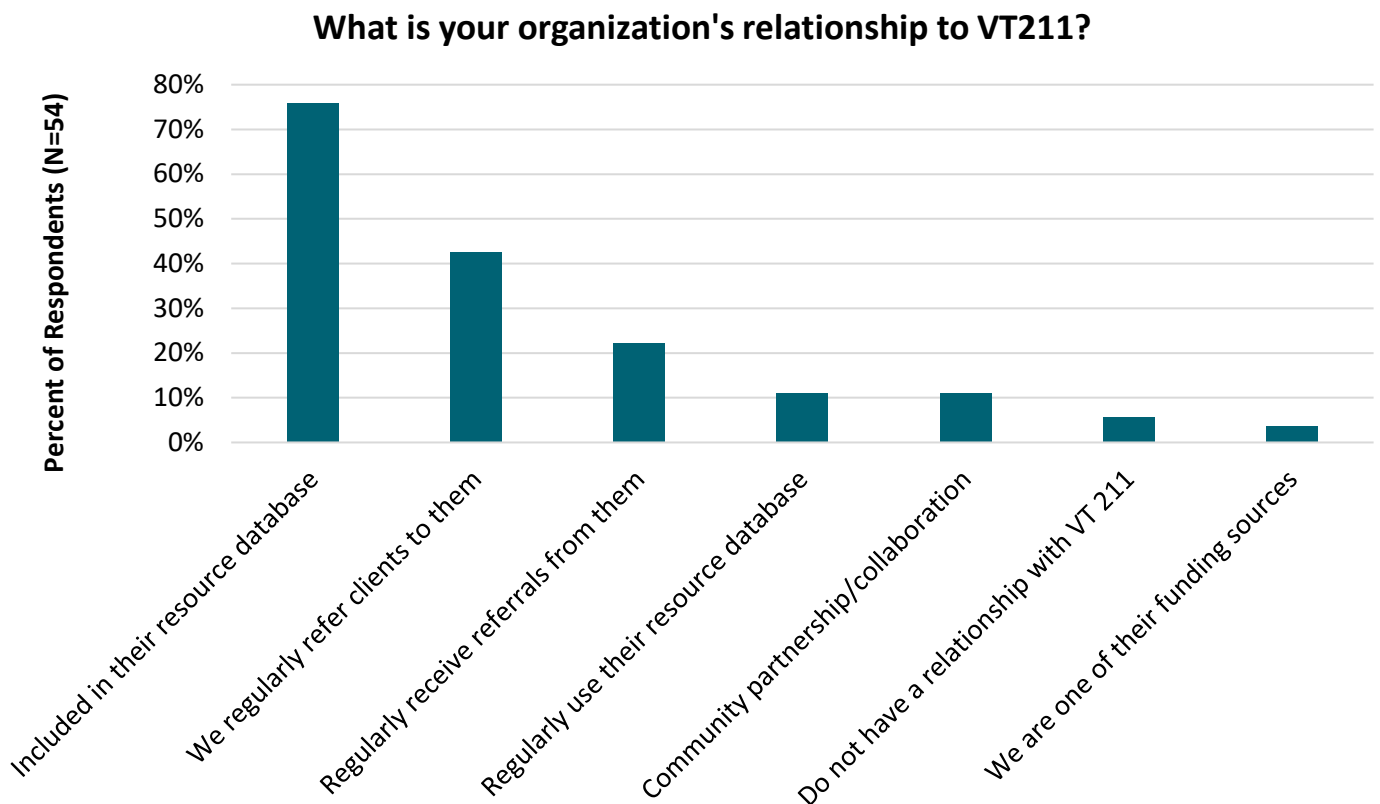
## Responses for Vermont 211

Due to the unique, statewide nature of the services of Vermont 211, their results are shared separately from the other participating agencies. Fifty-four responses were received, the largest sample set in the Community Survey phase. An overview of the results for each question follows:

### Question 1: Organization’s relationship to Vermont 211

Over 70 percent of survey respondents for VT211 were included in the resource database, and just over 40 percent of them stated that they regularly refer clients to VT211 (see Figure 6).

Figure 6

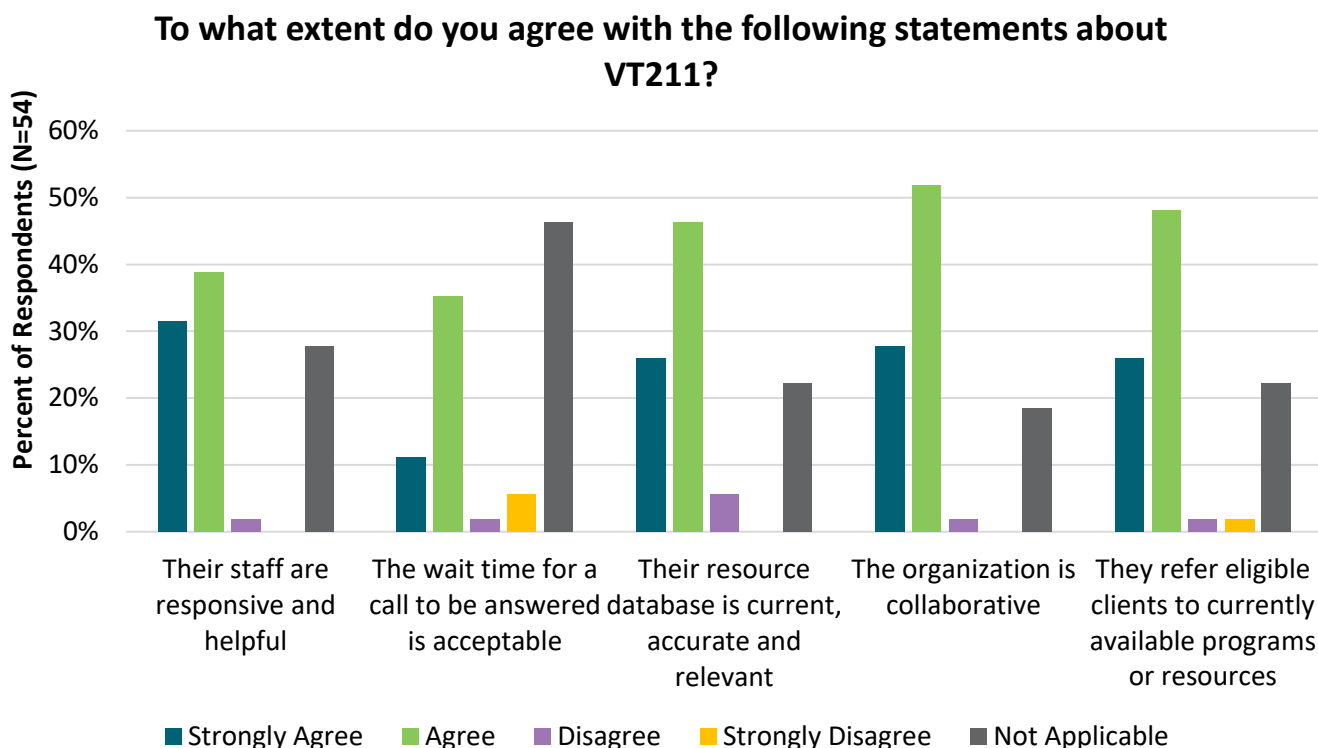


*Description:* Figure 6 is a bar chart of the relationship of respondent organizations to VT211. The top five responses were: included in their resource database; regularly refer clients to them; regularly receive referrals from them; and regularly use their resource database, and community partnership/collaboration.

## Question 2: Agreement with Statements about VT211

Almost 70 percent of respondents said that the staff are responsive and helpful, and the majority reported that the VT211 resource database is current, accurate, and relevant. Also, the large majority said they collaborated with the organization and found that VT211 referred eligible clients to resources. There were a notable number of individuals who selected “not applicable” on the ratings, which might indicate a lack of direct interaction with VT211 on the part of the respondent (see Figure 7).

Figure 7



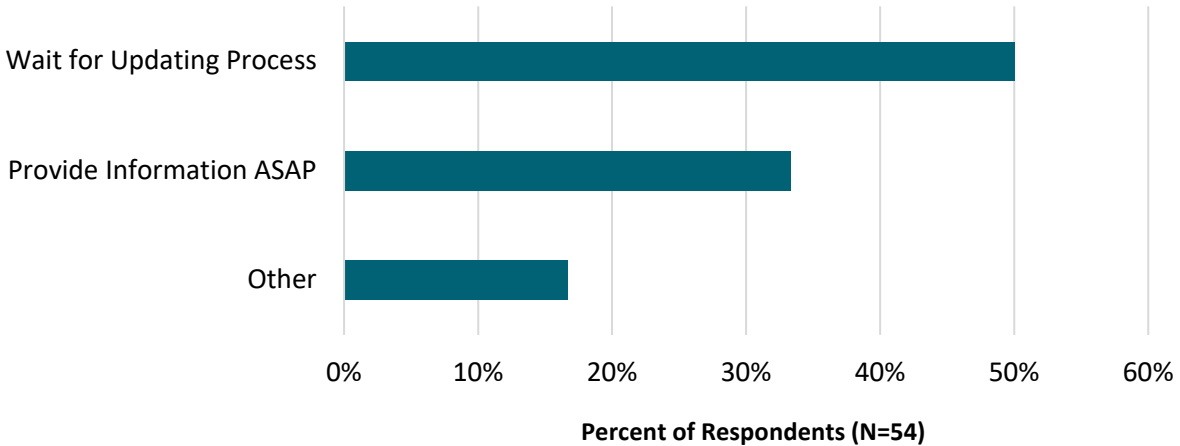
*Description:* Figure 7 is a bar chart representing responses on the extent to which respondents agree with statements about VT211. Statements are: responsive and helpful staff; acceptable wait time for a call to be answered; resource database is current, accurate and relevant; collaborative organization; and refers eligible clients to available programs or resources. The chart shows that a majority of respondents reported that the staff are responsive and helpful; that the VT211 resource database is current, accurate, and relevant; that VT211 is collaborative; and that VT211 referred eligible clients to resources.

## Question 3: Updating VT211 with Information Changes

Half of those surveyed indicated that they wait for VT211’s updating process in order to provide updates (see Figure 8). It should be noted that VT211 has a formal updating process, where organizations are contacted on a regular basis, typically annually via email, in order to verify the information previously listed in the database.

Figure 8

**When service/program information changes at your organization, do you contact VT211 to provide them the updated information, or do you wait until they contact you?**

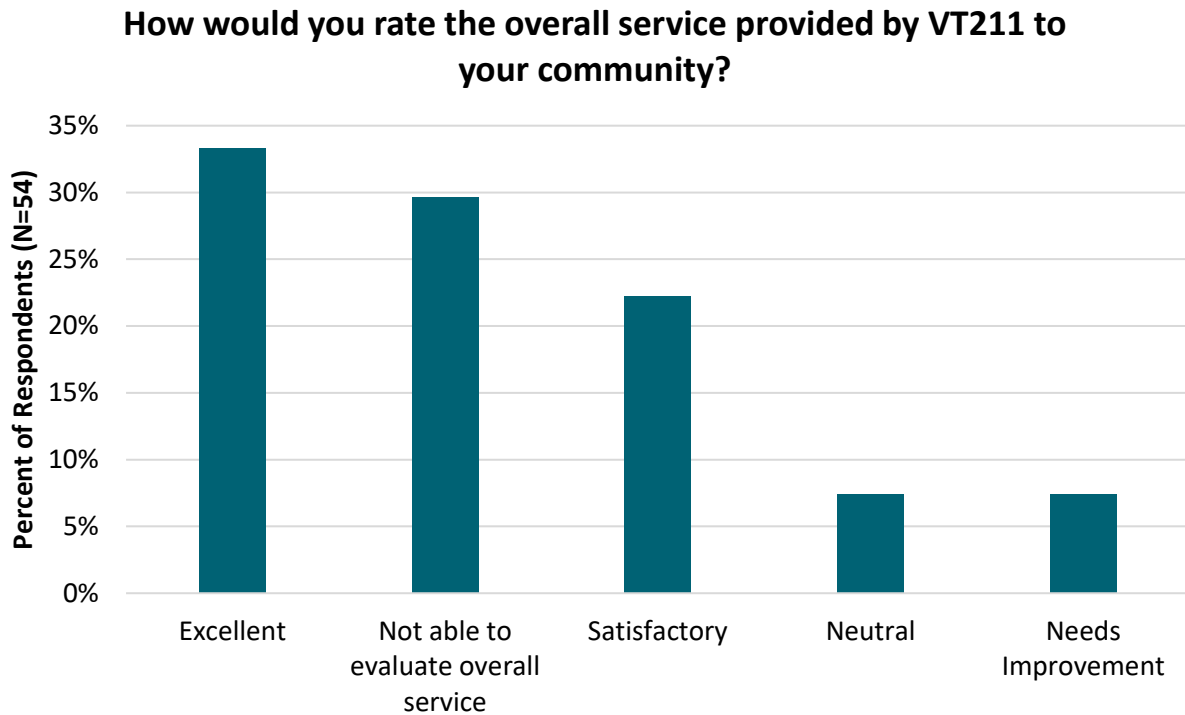


*Description:* Figure 8 is a bar chart representing how respondent organizations address service/program information changes: do respondent organizations contact VT211 to provide it with updated information or do they wait until VT211 contacts them? The chart shows that 50 percent of respondents wait for the updating process, 33 percent provide information as soon as possible, and 17 percent reported other.

**Question 4: Overall Service Rating of VT211**

Over 55 percent of respondents rated the overall services provided by VT211 as either “excellent” or “satisfactory.” Seven percent were neutral, 7 percent said “needs improvement” and 30 percent reported “not able to evaluate overall service” (see Figure 9). In comments on “needs improvement,” several respondents indicated a need for more inclusion of local initiatives and services, particularly addressing the needs of older adults or caregivers.

Figure 9



*Description:* Figure 9 is a bar chart representing respondents' rating of the overall service provided by VT211 to the community. The chart shows that 33 percent rated overall service as excellent, 30 percent reported not able to evaluate, 22 percent rated it as satisfactory, 7 percent reported neutral, and 7 percent reported that overall service needs improvement.

#### Question 5: Additional Comments about VT211

Lastly, respondents were provided the opportunity to share any additional comments regarding Vermont 211. A sample of quotes received about the services follows:

- "211 is an amazing resource and we are grateful to have them in our community!"
- "I am really glad you are back to 24/7 coverage. Thank you."
- "I love the newsletter you send out with what types of requests you are getting. It's a great read and a great reflection of community needs."
- "211 is invaluable and should be funded and supported in order to sustain the services they provide to individuals in our community."
- "VT211 is only as good as the info they receive. Please continue to reach out for updates annually so that people looking for resources are able to get the latest info. Thanks."

Many respondents appreciated and acknowledged the importance of 211 as a community asset. There were some areas for consideration including room for improvement in resource accuracy and some suggestions for improving the usability of the VT211 website, especially for older adults and those unfamiliar with digital resources.

## ***Recommendations***

The [Standards and Quality Indicators for Professional Information and Referral](#) are created and updated by Inform USA and this assessment uses these Standards as benchmarks for quality services. Standard 25 covers a variety of quality assurance practices for an organization ranging from their service delivery and resource database to community impact. Specifically Standard 25.9 states that “The I&R service involves community agencies, stakeholders, and/or the general public in their quality assurance process and uses the feedback received to make improvements and program modifications” and specifically mentions the use of online surveys as one option for data collection.

As an industry best practice, it is important that organizations providing I&R/A in Vermont continue to elicit feedback from their communities, both individuals being served as well as other social service organizations. Their perspective provides insight to issues that organizations, busy in the day-to-day operations, might be unaware of that sometimes have significant impact on services. This project has modeled one way organizations in Vermont can hear from their respective communities. The project team encourages I&R/A programs in the state to consider implementing a similar practice as they move forward. The importance of community relationships in Vermont may make such a practice even more meaningful to the operations of I&R/A services.

# Consultative Survey Summary and Recommendations

## Overview and Process

For the consultative survey portion of the assessment project, the seven participating agencies were sent an online survey/form with several open-ended questions aimed at gathering current I&R/A practices in Vermont. Each organization was allowed one response to the survey, and 100 percent of the seven agencies responded. Organizations were given the option to upload a job description for I&R/A staff, and all of the seven agencies did so. The information shared in these surveys gave great insight into how the organizations perceive the services they provide, including the elements that are going well/effectively meeting the needs of older Vermonters and some areas for consideration.

Throughout this assessment, the Inform USA Standards have been used as benchmarks in evaluating the work of Vermont I&R/A organizations. The Standards are broken up into five overarching sections, including Service Delivery, Resource Database, Cooperative Relationships, Disaster Preparedness and Organizational Effectiveness. Within each section, there are the corresponding Standards, 25 total, and within each Standard, there are a number of Quality Indicators that go into greater detail regarding common best practices.

Each of the survey questions corresponds to an Inform USA Standard, section of the Standards, and/or Quality Indicator(s). The findings below begin with an overview of the corresponding Standard(s) and are followed by a summary of the seven participating agencies' responses, which have been aggregated for anonymity. When an example or direct quote is used to help further illustrate the work being done, they have been included with permission from the respondent(s).

## Consultative Survey Findings and Recommendations for Standards-Driven Practices

### Section 1: Service Delivery

This first section of the Standards is related to Service Delivery and includes best practices that focus on the I&R/A process for call handling, as well as ensuring that individuals have multiple ways to access services. The seven participating agencies shared about their operations in regard to the following service delivery Standards:

#### Standard 1: Information and Referral/Assistance Provision

Standard 1 is the heart of I&R/A with recommendations about how people, through one-on-one interactions, get their needs met and connect with appropriate support.

Standard 1, Quality Indicator 3 encourages I&R services to be provided during publicized service hours (striving for access to information 24/7), and during off hours, for information to be available through use of online resources, recordings on voicemail, i.e. where to call for immediate assistance, interactive voice response options, etc.

The seven participating agencies had some slight variation in their hours of service availability. One of the organizations currently has 24/7 service and another one will by the end of the year. Other agencies operate during regular business hours, and during the afterhours, have a voicemail with a prompt that the inquiry will be returned the following business day. One organization shared that in their afterhours voicemail recording, that individuals are directed to call 911 if an emergency and 211 for resources. Some

organizations also provide an email online or online form for people to reach out after business hours, and these organizations said responses are provided the following day. It should also be noted that staffing may impact service delivery, particularly as some organizations have staff solely focused on providing I&R/A services, and staff at other organizations are responsible for additional functions such as options counseling.

Standard 1, Quality Indicator 5 states: “The I&R service ensures barrier-free access for individuals and groups who have diverse needs including access via applicable technology and/or communication methods for people with hearing or speech impairments, language access for individuals who speak languages other than English, and access for people with disabilities.”

When surveyed, a few organizations mentioned using TTY and relay services. One organization mentioned having materials in large print and braille. Two organizations mentioned screen-reader-friendly websites, one specifically mentioned alt text online, and another talked about a new website that will have features for people with visual impairments. One mentioned providing American Sign Language (ASL) interpreter services. One organization mentioned working with local/community groups to reach various groups effectively and another one mentioned providing staff training in using the technologies.

In regards to barrier free access for individuals for whom English is not their first language, all organizations stated that they provide some level of interpretation service. Several telephonic interpretation services were listed, via Language Lines, Vermont Interpreter Referral Service, Boostlingo, Language Link (x2), two organizations employ staff that speak a language(s) other than English, and one provides language translation for written materials and in-person interactions. One service offers translation on their website with the exception of resource information.

Additionally, the large majority of organizations mentioned providing some cultural competency training for staff regarding working with diverse populations. Although Vermont has a fairly homogenous population, some organizations have put extra effort into ensuring their staff and services are responsive to minority populations. Two of the AAAs have web pages devoted to the LGBTQIA2+ population. One participating agency recently conducted an equity assessment regarding how diverse populations want to access their website. Another example is Senior Solutions that, “Most recently, we partnered with Bellows Falls Pride to host Mark S. King, an international speaker and author of ‘My Fabulous Disease’, as a guest speaker on HIV and Aging at the Bellows Falls Opera House. Currently, our staff are working in partnership with Dartmouth College on the development of a project to engage local Indigenous communities, particularly the nearby Abenaki people. Our goal is to create a program that connects with older adults in these communities to better understand what the aging process is like for them and to determine what unique needs exist.”

#### Standard 2: Client Advocacy

Standard 2 highlights advocacy as a best practice, and states that, “The I&R service offers client advocacy, when necessary, to ensure that people receive the benefits and services for which they are eligible.” Having an advocacy policy is important so that all staff are



aware of when and how additional support should be offered. Advocacy is only conducted with the permission of the client.

The seven participating agencies shared that when advocacy is required, warm transfers are often utilized to connect the individual with greater support. One stated that when advocacy is needed, they call other agencies on the person's behalf. Almost all organizations mentioned having supervisor involvement in complex cases requiring higher-level intervention. One organization, Age Well, shared how they handle situations when the advocacy needs of the individual exceed their internal capacity: "if an individual's advocacy needs exceed our service limits, we refer them to specialized advocacy organizations and ensure they are connected to the appropriate resources, following up to confirm they continue to receive the necessary support."

### Standard 3: Crisis Intervention

In Standard 3, organizations are encouraged to be "prepared to triage and address the immediate short-term needs of individuals who are experiencing a crisis." The organization should have crisis intervention procedures as well as protocols and tools in place to support connecting with 911 or other emergency services. This Standard also speaks to following local laws for mandatory reporting of suspected abuse, neglect or self-neglect situations.

The seven participating agencies reported that callers in crisis are referred to appropriate agencies, such as 911, 988, or local mental health services, most often via warm transfer. One organization, Age Well, said that they conduct an immediate assessment of safety and offer follow up to "ensure the caller has connected with necessary services". Also, in their survey, Vermont 211 mentioned "staff then debrief and receive support from the program supervisor."

All organizations mentioned a process that involves making a report to the appropriate authorities: Adult Protective Services (APS) or law enforcement, etc. AAAs are the designated agencies for self-neglect in Vermont. One organization, Southwestern Vermont Council on Aging, talked about continuing to support these cases/clients through their case management or options counseling service if appropriate for further support.

### Standard 5: Independent Service Delivery Methods

Standard 5 has multiple Quality Indicators outlining how I&R/A programs should provide "Independent Service Delivery Methods" to allow individuals to access information about services through means other than traditional phone calls. It is a best practice for programs to provide multiple avenues for people to access services and the Standards outline several options including social media, websites with support information, online resources, printed directories, texting and online forms.

All I&R/A services are accessible via phone in Vermont, including a statewide toll-free number. Some organizations offer online forms or accept email inquiries, two agencies offer text, another one looking to start soon, two offer chat, and several offer in-person assistance. One organization stated that they offer home visits "if needed/desired by the consumer."

All seven participating organizations have websites with varying degrees of community resource information. One organization provides the public the ability to search by category, with icons, while the majority of other programs' websites contain information about their internal programs. Some organizations have general community resource information listed; most of the time it contains basic information such as name, phone and website. A few organizations talked about having a published "resource guide." It is also noteworthy that VT211 has the ability to segment its resource information into "internal resource directories, that are not public, but a partnership to help support the work of Help Me Grow and 988."

#### Standard 6: Service Delivery Data Collection, Analysis and Reporting

Standard 6 speaks to the unique and critical role that I&R/A programs have collecting and sharing data. The data they are able to collect sheds light on the programs/needs of a community, and can help evaluate if the available resources are meeting the needs. Organizations should have set data points that they collect and track at regular intervals including items such as number of contacts, type of contacts, met or unmet needs, complaints/compliments, website traffic, etc. This information is important both internally for setting benchmarks and externally for communicating issues to stakeholders.

The seven participating agencies shared that they do track general call data such as call volume, caller needs, and demographics, and some agencies track additional details dependent on the needs of the call. One specific example to highlight comes from Age Well regarding what they track and how they use the data: "Age Well creates reports to track data such as call volume, number of contacts and emails, caller needs, and demographic information. These reports help us analyze trends, assess service effectiveness, and improve our operations. We share these reports with stakeholders, including funders, to demonstrate our impact, provide transparency, and support our funding and advocacy efforts. Additionally, we use the data internally to make informed decisions and enhance the quality of our services." Another example comes from one participating agency in regards to their frequency and method for sharing reports: "We share monthly reports to funders that include web visits, call data, primary substances, referrals, number of follow up calls. Funders also have access to all of our tableau dashboards that have 10+ dashboard views of referrals, call data, program data, etc."

## **Section 2: Resource Database**

The second section of the Inform USA Standards is devoted to resource information. The resource side of I&R/A is an important one, and the quality indicators go into greater detail about best practices for managing resource information. At a minimum, I&R/A organizations should have policies and procedures in place to help ensure the quality, consistency, accuracy and relevance of community resource information.

#### Standard 7: Inclusion Criteria

It is a best practice to identify which resources are appropriate for inclusion in an organization's resource lists. It is also best practice to publish this so that the general public can be fully informed as to what types of resources would or would not be offered. This helps to ensure that services listed in directories are relevant, credible, and aligned with the organization's mission, and community needs.

During the surveys, some organizations shared that they have documented inclusion criteria, and some stated they are published for the public via their website. The project team recommends that inclusion guidelines are developed, if not in place already, reviewed on a regular basis, and made more readily visible on organizational websites.

#### Standard 10: Content Management

The content management standard advises organizations to have “update verification procedures that ensure the accuracy of each database record.” It is critically important for the person needing help that resource information is accurate. The best way to update the data is to have someone from that organization verify it on a regular basis; best practice is that resources should be reviewed annually.

Many resources for the AAAs are updated based on networking, feedback from clients, community meetings, and partnerships with state and local agencies. Northeast Kingdom Council on Aging shared, “We find that the resources are ever changing and so our close knit community affords more accurate information by staying connected with community partners.” One example of a structured updating process is 211. During the survey, they shared, “Resources are primarily updated through our vendor's web survey system, also by phone and email for follow up. They are updated on a rolling basis annually, unless agencies update more frequently or if there have been changes to a program or agency.” For the I&R/A system in Vermont, the project team would recommend the development and/or review of policies and procedures regarding quality assurance practices for resource information.

### **Section 3: Cooperative Relationships**

The third section of the Inform USA Standards highlights the importance of developing and maintaining cooperative relationships, both within the I&R/A system and with service providers.

#### Standard 12, Quality Indicator 2

This quality indicator states: “The I&R service coordinates its service delivery with other programs in the area to avoid duplication of effort and improve access to services.” It is best practice for comprehensive and specialized I&R programs to work together so as to most efficiently use resources, and most effectively get people the help they need.

During the surveys, the seven participating agencies shared their efforts to build relationships in the human service systems in Vermont. One agency works with statewide partners on topics such as housing, disasters and mental health issues, and others work on a local level. Many stated that they work with the state and other community partners to identify community needs, and coordinate support. It was noted in the cooperative relationship responses, that relationships may be stronger between organizations and community providers, than within the I&R/A system.

### **Section 4: Disaster Preparedness**

Being prepared to help in times of disaster is a critical role for I&R/A services as identified in the Inform USA Standards. Section 4 “Disaster Preparedness” encourages organizations to be prepared to help those in need by disaster planning and having relationships with emergency and relief organizations.

#### Standard 14: Disaster Planning

Under this Standard, Quality Indicator 2 specifically addresses having a “business continuity plan which has provisions for continued operations for the service (e.g., redirection of calls, remote work, continuing to update community resources, training and onboarding temporary staff). This plan may include written agreements with other I&R services.”

When asked about disaster preparedness, several of the seven participating agencies shared that they have a Business Continuity Plan in place to maintain services during disasters. Northeast Kingdom Council on Aging responded, “We have full ability to work remote at the drop of a hat.” A few organizations have recently updated or are revising their plans, one respondent was “unsure” about the plan and another one did not respond as having a plan. Central Vermont Council on Aging shared their Continuity of Operations Plan (COOP) that covers all the important topics including: potential hazards; critical assets; other external assets; critical operations (internal); internal protocol in case of emergency; critical operations (programmatic); program protocol in case of emergency; public health emergency; order of succession and delegation of authority; emergency contact information; and a list of critical partners and their contact information. Also, a few organizations maintain agreements with community partners and agencies to ensure service delivery continues during emergencies.

### **Section 5: Organizational Effectiveness**

This last section of the Standards covers a wide range of best practices for ensuring that the organization is running in the most efficient and effective way possible, for today and for time to come. For the purposes of this assessment, organizations were asked to respond to the following four topics:

#### Standard 21: Technology

I&R/A services can be enhanced by having sufficient technological tools. This is a consideration in Standard 21 of the Inform USA Standards. Organizations would do well to have a strategy regarding maintaining the technology, evaluating new technologies, and ensuring that personally identifiable information is protected.

The survey showed that there were a number of different software systems in use by Vermont’s I&R/A programs including WellSky, PeerPlace, Azure, Adobe, Teams, Slack, Gmail, and Microsoft Office products (Word, Excel, etc). WellSky and PeerPlace are the most prevalent amongst the AAAs. The platforms are used for client data management, service tracking, and community resource management. Specialized software helps organizations efficiently manage client interactions and track service delivery. It is also an important consideration that the software allows for the data to be extracted in meaningful ways.

#### Standard 23: Staff Training

Standard 23 highlights the importance of providing onboarding training for new hires as well as ongoing training for existing staff and volunteers. It is important to align the training with best practices in the field, accommodate different learning styles, and to evaluate the training to see if it is sufficiently preparing individuals for their roles.

Survey responses shared that during onboarding, new staff undergo orientation to the organization and shadow experienced staff members. Training covers office procedures, software, and the referral process. Most organizations also include specialized training on service delivery, some incorporating trainings provided by Inform USA in the content. Most organizations mentioned that their staff are encouraged to obtain the certification through Inform USA when they are eligible. Only two organizations identified having staff sign confidentiality agreements during onboarding and on an annual basis. This is an important consideration when working with vulnerable populations.

#### Standard 24: Promotion and Outreach

Having outreach plans and evaluating them, adapting outreach for special populations and strengthening public relations with key stakeholders all fall under this Standard. Investing in these efforts can produce valuable results such as improving relationships, growing awareness, and ultimately increasing the number of people who reach out for help when they need it most.

The seven participating agencies shared examples of the work they do to raise public awareness, primarily through social media (Facebook, Instagram), community events, newsletters, flyers, and online resources. One organization, Senior Solutions, has outreach workers that have office hours in senior serving organizations e.g. senior centers, food pantries, etc.

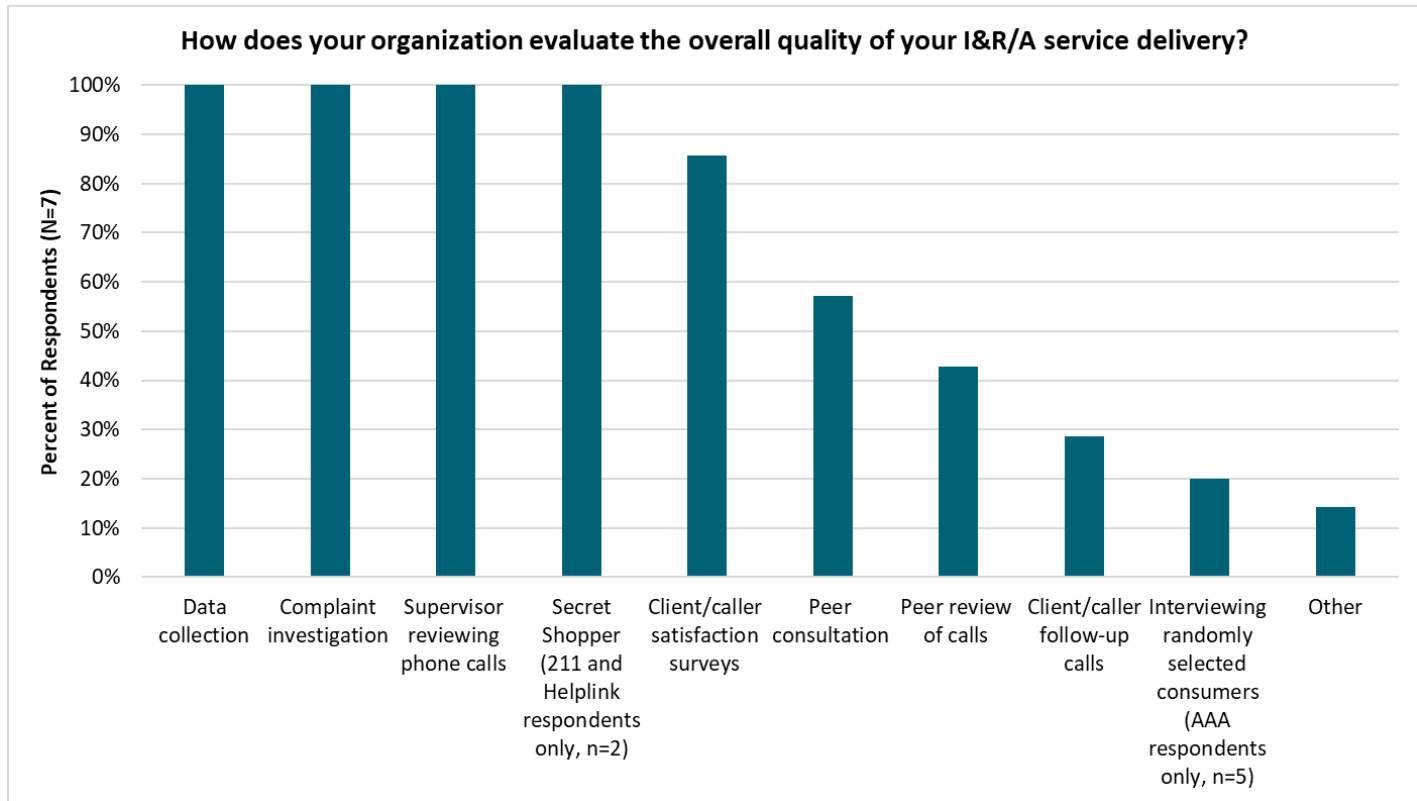
#### Standard 25: Quality Assurance

This standard sets the expectation that the “I&R service uses quality measures and performance metrics to evaluate operational effectiveness, enhance decision making, improve accountability, set meaningful goals and strategic objectives, and articulate outcomes in key areas of its operation.”

The chart below (Figure 10) shows that data collection, complaint investigation and having a supervisor review phone calls are three quality assurance practices reportedly utilized by all seven participating agencies.

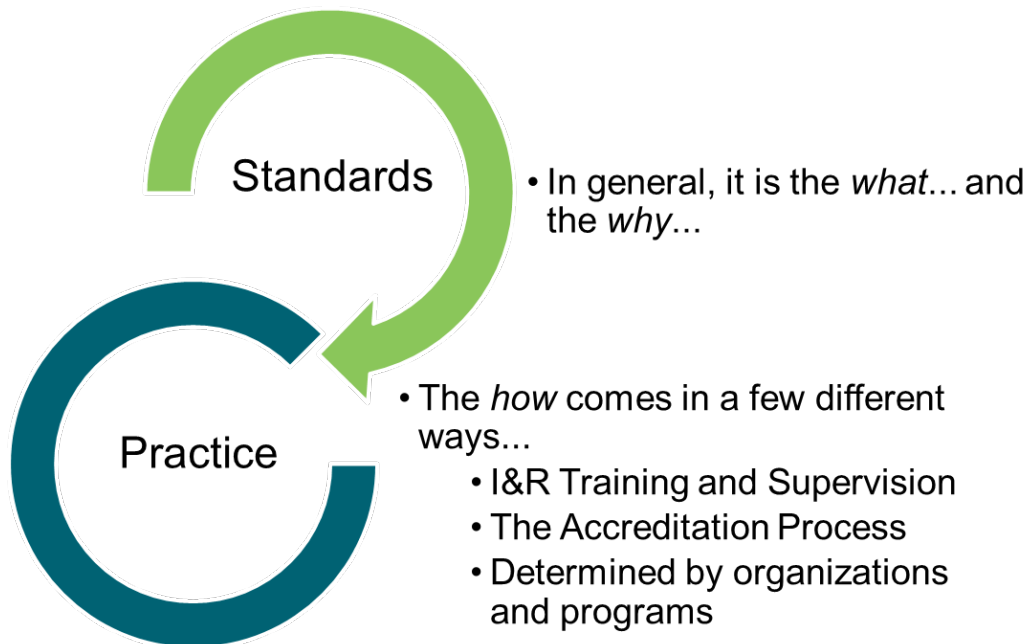
During the survey, organizations also stated that they regularly evaluate staff performance through case reviews, supervision, and some agencies use call monitoring or call recording for ongoing training/supervision/quality assurance. Consumer satisfaction surveys and data collection are also used to assess service quality.

Figure 10



*Description:* Figure 10 is a bar chart representing responses (N=7) about the ways that organizations evaluate the overall quality of their I&R/A service delivery. The top five evaluation methods were data collection, complaint investigation, supervisor reviewing phone calls, secret shopper (211 and Helplink respondents only), and client/caller satisfaction surveys.

The Inform USA Standards provide the “what” and “why” for information and referral services (i.e. it is important to track Key Performance Indicators... for quality assurance purposes). However, the “how” is determined through local policies and procedures.



*Description:* The graphic features two interconnected circles: a green circular arrow labeled "Standards" pointing clockwise, and a teal circle labeled "Practice" running counterclockwise.

- The "Standards" section explains: "In general, it is the *what...* and the *why...*"
- The "Practice" section explains: "The *how* comes in a few different ways..." followed by bullet points:
  - "I&R Training and Supervision"
  - "The Accreditation Process"
  - "Determined by organizations and programs"

During the consultative surveys, *all organizations said they use professional standards provided by Inform USA for their I&R/A services.* While this phase of the assessment only highlighted a number of Standards, the use of the Standards by comprehensive and specialized, state and local I&R/A services in Vermont is an important finding as it means the I&R/A system as a whole has subscribed to the same benchmarks for quality. They provide common language and guidance for best practices.

Based on these surveys, the project team observes that many organizations are working toward aligning their practices with portions of the Standards. The project team applauds these efforts and encourages continued development and refinement of services toward this end. This work can elevate the system as a whole, and ultimately the services received by older Vermonters.

# Key Informant Interviews: Findings, Considerations, and Recommendations

## *Overview and Process*

To gather further insight into I&R/A services in Vermont, the project team conducted key informant interviews with program leaders, managers, or others at identified agencies that are part of or engage with the I&R/A system. These conversations were held with community stakeholders as well as leadership and staff at the seven participating agencies. The project team developed interview protocols to allow for structured conversations that blended open-ended questions with follow-up on particular topics.

During the month of July 2024, interviews were held with stakeholders representing several sectors relevant to I&R/A services.<sup>8</sup> In some cases, interviewees represented programs or agencies that administer specialized I&R services. In August of 2024, the project team conducted interviews with program leaders at the seven participating agencies. Interviewees may have included managers and I&R specialists. A conversation was also held with program leaders at the Department of Disabilities, Aging, and Independent Living. In total, the project team had conversations with 29 stakeholders, bringing diverse perspectives to this assessment of I&R/A systems.

## *Interviews with Community Stakeholders*

The interviews with community stakeholders addressed topics including information access, cooperative relationships and referral pathways, outreach, and perceived systemic challenges and areas for improvement.

### **Information Access**

As stated in the Inform USA Standards, organizations that deliver information and referral services optimize access to community information and resources for all people.<sup>9</sup> In the interviews, community stakeholders were asked their perceptions of consumers' awareness of where to turn for needed information. Many stakeholders shared their perception that individuals often struggle to access information on community services. There may be a lack of awareness about where to turn for information as well as a lack of awareness of I&R/A services as a resource for community information. This may even impact professionals. As one interviewee shared, "The people who serve the people don't always know where to turn." At the same time, information access may also reflect behaviors and attitudes around help-seeking. More than one stakeholder noted that individuals may be reluctant to reach out for help. This reluctance may speak to the value of offering different ways for individuals to access information on community services.

While many stakeholders pointed to challenges with information access, there was also recognition and examples provided of local, community-centered outreach. Additionally, a number of stakeholders called out VT 211. As VT 211 plays a centralized role in addressing disaster response, notably in light of repeated flooding, there may be greater recognition of this statewide I&R service. This function of 211

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<sup>8</sup> Interviewees represented sectors including elder justice/protective services; disability rights; independent living; child development and family supports; Alzheimer's disease and related dementias; the AAA network; meal programs; senior centers; supportive housing; and behavioral health.

<sup>9</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). See Section 1: Service Delivery. Available at <https://www.informusa.org/standards>



may raise its visibility more broadly. However, several stakeholders shared that, while VT 211 is known for disaster response, there may not be as much overall awareness of 211 as an access point for general community resource information.

Stakeholders were also asked about channels for information access. The Inform USA Standards speak to the provision of multi-channel access to information and referral services, such as access by telephone, email, chat, text, and website.<sup>10</sup> The Standards also emphasize meeting the needs and preferences of diverse groups in regard to information access.<sup>11</sup> Conversations with stakeholders indicated that preferred methods of accessing I&R services vary, depending on factors such as age, location, and access to technology. While phone and in-person interactions remain important, particularly for serving older adults, there are emerging preferences for additional access channels such as email and text. Several stakeholders noted differences among generations and suggested that, as one interviewee put it, “a nice marriage of all of these options would be ideal.” Stakeholders also pointed to the digital divide that may especially impact rural areas. For some individuals, phone calls and personal interactions may be more trusted channels. At the same time, as one interviewee noted, certain channels such as email or text can offer more anonymity, “It is hard to ask for help. People have pride.” Additionally, channels such as email can offer a follow-up option for providing needed information. A few stakeholders made sure to call out that paper remains important (for example, senior newsletters and mailers). In describing how their own programs may serve individuals, some stakeholders noted offering varied channels of access to information.

Taken as a whole, the input from stakeholders suggests, in keeping with the Standards, that multi-channel access that is responsive to individuals’ needs and preferences is a path forward for information access. One interviewee shared, “We have to do it all to meet generational needs,” while another commented that, “Vermont needs to prepare for the future where Vermonters will want more immediate access to information.” Providing information access that is aligned with individuals’ needs and preferences also reflects an important tenant of NWD consumer access systems.

### **Cooperative Relationships and Referral Pathways**

Across all phases of the I&R/A assessment, the data suggests that relationships are at the core of Vermont’s I&R/A systems. This emphasis on relationships is mirrored in the Inform USA Standards, which dedicates a section to cooperative relationships within the I&R system and with service providers.<sup>12</sup> Both of these perspectives were reflected in the stakeholder conversations as several stakeholders represented service providers and, in some cases, their agencies provide specialized I&R services.

Stakeholders were asked about relationships, both formal and informal, with I&R programs such as those represented by the seven participating agencies as well as, if applicable, their experiences with I&R services. Many of the relationships were described as informal. While this may contribute to less structured referral pathways, these informal relationships may also reflect the community-centric, grassroots nature of cooperative relationships in Vermont. One interviewee shared, “Vermonters love grassroots, community-based solutions.” Several stakeholders spoke about the role of community

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<sup>10</sup> Ibid.

<sup>11</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). Section 5: Organizational Effectiveness.

<sup>12</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). Section 3: Cooperative Relationships.

meetings and committees in information sharing and in both fostering and sustaining relationships. Participation in community meetings may be an easier fit for some I&R/A services than others. In particular, the statewide I&R services may have less participation in community events without intentional efforts and staff focused on community engagement.

Regarding experiences with I&R services, the information gathered through the conversations with stakeholders indicates varied and mixed experiences. Some stakeholders reported positive and ongoing interactions while others mentioned issues such as concerns with response times. Additionally, experiences may reflect underlying gaps in the social service system which are beyond the purview of I&R programs but can affect perceptions of resource navigation services. Given that a number of stakeholders represent organizations that serve older adults, it is not surprising that stakeholders pointed to ongoing engagement with the state's AAAs i.e., referrals, regular communication.

Some stakeholders also spoke of referrals to 211 and noted 211's updating process (one interviewee shared, "211 is very good with updates."). A stakeholder noted that 211 and the AAAs are their go-to. As 211 maintains a statewide database, this provides an avenue for information access. One stakeholder commented that the 211 online database is comprehensive but can also be overwhelming. Of note, the majority of stakeholders did not indicate experience with the Vermont Helplink. This could reflect several factors such as a preference for local resources, lack of familiarity with the Helplink, and a lack of community presence. As described throughout this report, community connections appear to be pivotal for relationships and referral pathways.

Continuing on this topic of referral pathways, findings from the stakeholder interviews suggest that referral patterns vary. Many stakeholders indicated that their agencies maintain community resource information internally and/or they turn to community partners. A couple of interviewees noted that when they do not know where to turn, they will look to 211. Additionally, it may be a struggle to identify where to refer people to. In terms of receiving referrals, some stakeholders were not able to comment on receiving referrals from the seven participating agencies. Others indicated receiving referrals from the AAAs and, at times, from 211. The quality of these referrals varies as described by stakeholders. One interviewee noted that the AAAs make effective referrals to caregiver programs. Another shared that the AAAs refer individuals to their agency who are in need of case management, a service not provided by the agency. As one interviewee remarked, poor referrals waste time and effort, suggesting a need for a more systemic approach. In terms of approaches, it was noted that the online community partner referral form introduced by the AAAs has been helpful. Information gleaned from stakeholders also suggests the desire for referral pathways that directly connect individuals to the appropriate service providers. I&R programs are intended to be an access point that brings people and services together. Direct connections to community services, appropriate referrals, and warm handoffs can help to reduce the frustrations of navigating social services.

## **Outreach**

The Vermont I&R/A system plays a needed role in connecting individuals to community services, but its overall impact is tied to awareness of the system as an available and trusted access point for information and assistance. The Inform USA Standards recognize the importance of promotion and outreach, encouraging I&R services to have outreach programs to increase public awareness of the organization, its services, and the value and impact of I&R on individuals, families, and communities.<sup>13</sup>

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<sup>13</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). Section 5: Organizational Effectiveness.

Additionally, public outreach is a key element of NWD systems. In these systems, I&R/A programs are both critical outreach partners and access points to information on LTSS through engagement with individuals and community resource information.<sup>14</sup>

In the key informant interviews, stakeholders were asked about their awareness of outreach/marketing campaigns to bring awareness to I&R/A services. Stakeholders were also asked about their organization's own efforts to provide outreach and/or training to I&R/A programs to increase knowledge of community services. On the issue of public outreach, the input from stakeholders overall suggests limited broad-based outreach activities. One interviewee commented that they cannot recollect any recent marketing campaigns. It is important to keep in mind that capacity for marketing and outreach are connected to staff and budgetary resources. It was noted, for example, that greater marketing was seen during the Covid-19 pandemic when the aging and disability networks had additional resources for vaccine outreach. Stakeholder input also pointed to a greater degree of advertising for Vermont 211. Additionally, as described throughout this report, local, community connections appear to have a significant role in outreach.

While recognizing the importance of community-centered outreach, there may also be opportunities to gather ideas from other state NWD systems. The federal Administration for Community Living (ACL) hosted a NWD sustainability webinar series in 2024 and dedicated one webinar in the series to [public outreach](#). This ACL webinar even identified the role of state multisector plans for aging in setting goals for outreach. This dovetails with Vermont's multisector plan which calls for an accessible I&R/A system that all Vermonters know how to access. One approach that some state NWD systems use is a shared brand to identify trusted NWD partners and bring more awareness to these access points. This approach may also provide opportunities for shared marketing.<sup>15</sup> See below for examples of NWD 'brands' from several states.

#### State NWD Systems – Examples from Virginia, New Hampshire, and Washington State



**COMMUNITY LIVING  
CONNECTIONS**  
— LINKING YOU TO —  
Personalized Care & Support Options

<sup>14</sup> Administration for Community Living. (April 2024). NWD Sustainability Series: Peer Action Learning (PAL) Hour Public Outreach. Available at <https://www.ta-community.com/t/g9ym8t0/no-wrong-door-sustainability-series-public-outreach-pal>

<sup>15</sup> The potential benefits of brand identity can be seen, for example, in the 211 network which, while operated by community organizations across the country, has broad-based reach and marketing.

*Description: A text box with examples of state No Wrong Door brands, logos and taglines from Virginia (Virginia No Wrong Door Access Options Answers), New Hampshire (ServiceLink Aging & Disability Resource Center), and Washington State (Community Living Connections Linking You to Personalized Care & Support Options).*

On the topic of providing outreach and/or training to I&R/A programs to increase knowledge of community services, stakeholders shared examples of how their organizations seek to increase awareness of their services. These examples may be similar to how I&R/A programs themselves conduct outreach as there is a significant focus on community relationships and activities. For example, some interviewees noted participating in community meetings or quarterly aging network meetings. Several described providing presentations or training. One interviewee shared how their organization has an online newsletter, training, and a robust website and social media presence to be resources for their partners. At the same time, a couple of stakeholders indicated that there could be more outreach to improve knowledge of community services and even to improve understanding of the AAAs and their services. One interviewee noted, “We could improve on this. This is a challenge. There’s a lack of knowledge on what we offer. We would welcome outreach opportunities.”

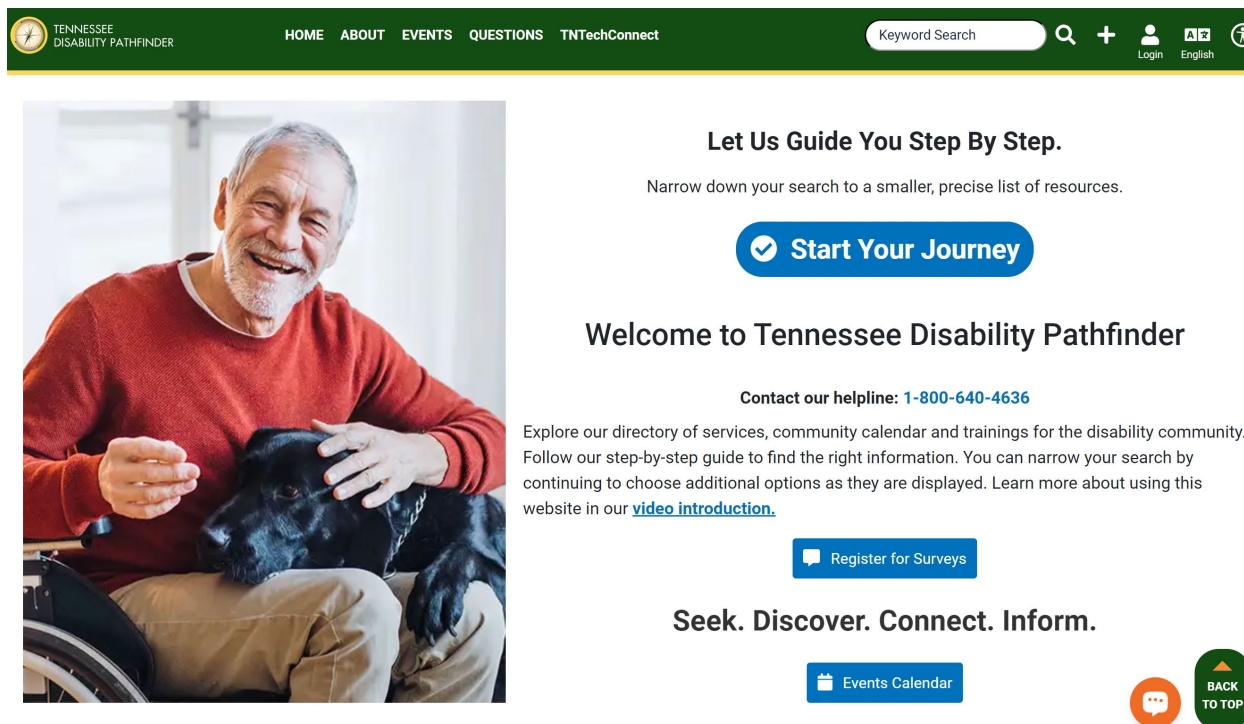
### **Systemic Challenges and Areas for Improvement**

Stakeholders were offered an opportunity to share their perceptions of gaps or unmet needs in the I&R/A system in Vermont, suggestions for what would make it easier for Vermonters to learn about and connect to social services, and any other observations. Taken together, input from stakeholders addressed several themes: resource and capacity gaps; access to community resource information; and data sharing to improve the referral process and outcomes.

Many stakeholders spoke about resource and capacity limitations within the broader network of social services or within the I&R/A network. While such resource limitations are not unique to the state, several stakeholders pointed to issues that may be impacting Vermont’s communities. For example, one interviewee noted that many community programs are small with very limited resources. Several stakeholders commented on the lack of affordable, supportive housing. Another stakeholder noted that there is very little funding to address self-neglect, which is relevant to this assessment as, in Vermont, the AAAs are the designated entities to serve individuals experiencing self-neglect. In some cases, stakeholders spoke of resource gaps affecting specific populations, such as people with neurodevelopmental disabilities. The difficulty in facilitating care transitions due to housing and resource limitations was also noted. In terms of capacity limitations impacting the I&R/A network, the issue of staffing was raised. One interviewee noted, “Staffing is a big issue collectively”. Staff turnover was identified as an issue that can lead to challenges in maintaining relationships, knowledge transfer, and effective referrals.

Information access issues were rephrased by many stakeholders as they reflected on gaps and areas for improvement. In their comments, a number of stakeholders broached the idea of a trusted hub or clearinghouse for community resource information. Comments included, for example, “There should be one clearinghouse – a trusted resource.” “Have a consensus for a definitive ‘home’ for community resource information.” “It would be so much more efficient if one organization maintained resource information.” Some comments seemed to suggest a single resource hub while others implied that a resource hub may be population-specific or community-specific. One interviewee called out duplication of effort in maintaining resource information. Reducing duplication of effort is a concept embedded in the Inform USA Standards while the Standards also recognize that the I&R/A network in any state or

community is likely comprised of multiple I&R/A providers that form a formal or informal system. The Standards speak to collaboratives or partnerships to minimize duplication of effort and achieve broader coverage of different types of community resources.<sup>16</sup> Keeping the Standards in mind, and the vision of Age Strong Vermont, program leaders at all levels in Vermont may wish to consider ways to foster or enhance such relationships, build on existing efforts, strengthen connections to community access points, and gather ideas and inspiration from examples from other states and communities. Several examples of informational resource hubs were even mentioned during the interviews with community stakeholders and program leaders.<sup>17</sup> One example highlighted was the [Tennessee Disability Pathfinder](#) which helps individuals and professionals find and access resources.



Let Us Guide You Step By Step.

Narrow down your search to a smaller, precise list of resources.

[Start Your Journey](#)

## Welcome to Tennessee Disability Pathfinder

Contact our helpline: 1-800-640-4636

Explore our directory of services, community calendar and trainings for the disability community. Follow our step-by-step guide to find the right information. You can narrow your search by continuing to choose additional options as they are displayed. Learn more about using this website in our [video introduction](#).

[Register for Surveys](#)

**Seek. Discover. Connect. Inform.**

[Events Calendar](#)

[BACK TO TOP](#)

***Description:** The image shows the homepage for Tennessee Disability Pathfinder, featuring an older man smiling in a red sweater, seated in a wheelchair with a black dog resting its head on his lap. The text at the top says, "Let Us Guide You Step By Step," encouraging users to "Start Your Journey" to find resources. Below, it welcomes visitors to "Tennessee Disability Pathfinder," offering a helpline number (1-800-640-4636) and inviting users to explore their directory of services, community calendar, and training opportunities. There are buttons for "Register for Surveys" and "Events Calendar," and the tagline "Seek. Discover. Connect. Inform."*

In a similar vein, a recurring suggestion from stakeholders was the need for better data sharing, collaboration, and a more connected system that would allow for smoother handoffs and improved

<sup>16</sup> Inform USA Standards and Quality Indicators for Professional Information and Referral, Version 10.0 (July 2024). Section 3: Cooperative Relationships, Quality Indicator 12.5.

<sup>17</sup> Interviewees mentioned examples from Tennessee, Minnesota, and Massachusetts (<https://www.mass.gov/>). Visit <https://www.advancingstates.org/initiatives/information-and-referralassistance/state-contacts> to connect to examples.



tracking of referrals. Stakeholders noted persistent siloes that create challenges for individuals who need to navigate multiple systems. As one interviewee shared, when they hear from individuals, these people have already made multiple calls, “It’s kind of shocking. People are used to having to make many calls.” Another stakeholder commented that, “there is some disjointedness among the area agencies on aging. They may each seek solutions on their own.” While these types of issues may be longstanding in social service systems, a number of stakeholders expressed the desire for data-sharing mechanisms to ‘close the loop,’ streamline I&R, and better understand the effectiveness of resource navigation. Comments included: “Having a feedback loop, knowing if the referral is appropriate.” “It would be great to have a feedback system. Are we throwing people out into the ether?” “Being able to see the whole person.” “Having a way to reach out and ask about complicated cases.”

It is an interesting time to consider potential avenues forward with significant national attention on social determinants of health and models of data exchange, such as community information exchanges. This current focus offers opportunities to learn about such models and to understand the levels of effort and investment that may be needed.<sup>18</sup> At the same time, the project team would encourage stakeholders at all levels to consider opportunities to build on existing and emerging practices. For example, in the spring of 2024, a Community Care Hub infrastructure and innovation grant was awarded to an organization in Vermont and is supporting the Vermont Aging Network Consortium whose goals include reducing duplication of effort. Additionally, efforts to increase collaboration can benefit from bringing people together. For example, one stakeholder offered the idea of a Vermont Information and Referral Summit. As other states have convened I&R/A summits and conferences, there are ideas from peers for bringing the field together this way.

### ***Interviews with the Seven Participating Agencies***

As noted earlier in this section of the report, interviews were also conducted with staff from the seven participating agencies. Staff who participated in these interviews may have included agency leaders, program managers, and community resource specialists. The interviews offered an opportunity to build on information collected through the consultative surveys and gather additional input on key components of I&R/A programs. In aggregating and summarizing findings from these program interviews, this section of the report will focus on thematic findings to complement the summary of the consultative surveys. Several themes emerged from the program interviews, capturing strengths as well as challenges or pain points in the following areas: staff development and training; partnerships and community connections; I&R data and community resource information; service system capacity, gaps, and unmet needs; and sustainability and innovation.

#### **Key Program Assets – Staff Teams and Staff Development**

A person-to-person connection is at the heart of I&R/A services which positions community resource specialists as one of the most valuable assets of any I&R/A program. When asked to identify overall strengths of their I&R/A services, many program leaders and managers at the seven participating agencies called out their I&R/A team. Interviewees reported staff cohesion with a focus on teamwork, collaboration, and flexibility. As one program manager shared, “the strength is in the people.” Another commented that their greatest strength is the “ability to pull together in times of short staffing and open enrollment.” A program leader noted that the contact center manager is exceptional at creating a team

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<sup>18</sup> For information, visit, for example, ONC at <https://www.healthit.gov/health-equity/social-determinants-health>, the Partnership to Align Social Care, <https://www.partnership2asc.org/>, and CIE San Diego, <https://ciesandiego.org/>.

environment for remote staff. Interviewees also spoke about specific qualities of their I&R/A staff. These qualities often reflected a person-centered approach. Comments included, for example, that staff have a “heart-centered approach” and lead with empathy and validation; staff are very client-directed, listen for underlying needs, and try to be responsive; and staff dig deeper to find community services given a lack of equitable access to resources in the most rural parts of the state. A couple of interviewees described staff or workflow models that support program goals. For example, one agency leader discussed how their program recently merged their outreach and I&A teams, allowing for greater community engagement and visibility. At the same time, challenges with staffing were also acknowledged, particularly staff turnover as well as managing periods of high contact volume. These types of challenges heighten the importance of staff onboarding, training, and development.

Based on the program interviews, the seven participating agencies appear to have a strong commitment to training and staff development. Along with onboarding, staff are provided with opportunities for continuous learning through national, state and local programs as well as supported through supervision and, as identified by some interviewees, peer support. Program managers described onboarding practices that may blend training with on-the-job learning. For example, one interviewee described an onboard process that involves job shadowing with three different specialists for a 2-3 week window followed by new specialists themselves taking calls and being shadowed. In terms of ongoing training on skills and competencies, many interviewees mentioned training through Inform USA and the Vermont Association of Area Agencies on Aging (V4A) as well as continuing opportunities to learn about community resources. One program leader noted that their organization uses Inform USA for the “training classics.” Training might also be targeted to developing specific competencies such as person-centered thinking.

Along with training, supervisory practices were mentioned by a number of program leaders and managers. One program leader described how high standards for the I&R/A team are reinforced by diligent supervision including regular meetings with staff for case reviews. A program manager identified a need to grow their supervisory and management team. Professional certification is also part of staff development for most of the participating agencies. The project team would encourage all participating agencies to incorporate support for certification into their staff development plans. Certification builds skills, confidence, and consistency into I&R/A practice. Several interviewees identified areas of need regarding staff training. For example, while V4A is an important training resource, it does not house much I&R-specific training. One program manager described challenges with training on resources in the absence of a formal resource database. A training gap on the topic of de-escalation/managing challenging contacts was raised. For topics such as this, a shared approach to meeting training needs could benefit the I&R/A system as a whole.

### **Partnerships and Community Connections**

Across all phases of this I&R/A assessment, the role of community partnerships and engagement has been emphasized. This theme was clearly identified in the interviews with the seven participating agencies. Throughout the state, and particularly in deeply rural areas, outreach into the community is part of building trust and referral pathways. In regard to engagement between the AAAs and community partners, findings from the interviews with community stakeholders and with program leaders mirror each other in their focus on community meetings and events, outreach, and networking. One program leader shared that their agency has a solid network of community partners that meet regularly, supports problem-solving, and speaks to the rural nature of their service area. Additionally, there was recognition of the value and uptake of the online referral form for community partners, as one interviewee shared,

“This has been very successful.”

As with the community stakeholder interviews, the program interviews reprised discussion of a gap with the statewide I&R services. As one AAA program manager noted, there is not the same depth of partnership with the statewide I&R services. This can impact referral pathways. At the same time, in conversations with the statewide I&R services, there was acknowledgment that community outreach and connections are important factors in referral relationships. Each service is seeking to address this in sustainable ways; one will be starting a micro-champions program. Relationships with statewide services were not the only ones identified for improvement. More broadly, findings from the interview phase suggest that cooperative relationships within the I&R/A system could be strengthened across comprehensive, specialized, and crisis services and even within aging network I&R/A providers. As recognized by the Inform USA Standards, cooperative relationships help to build a coordinated I&R/A system. These relationships can also enhance the reach and accessibility of the I&R/A system.<sup>19</sup>

### **Strengths and Limitations – Community Resource Information and I&R Data Systems**

Information drives I&R/A services, including information on community services, information on individuals served, information on community needs, and more. Building on the consultative surveys, conversations with the seven participating agencies further explored strengths, limitations, and needs regarding community resource information as well as data systems.

In the area of community resource information, findings from the program interviews underscore the local, community-centric nature of both collecting and housing such information. On the aging network side, the AAAs do not share a database, and community resource information is often gathered through community connections and maintained by staff at each agency. One interviewee shared, “Staff are fantastic about communicating changes in resource information. They participate in community meetings which provide an opportunity to learn about what is new with programs.” In some agencies, there may be a lead staff for maintaining or organizing resource information. Other agencies may divide responsibilities based on, for example, categories of services or geography. Whatever the approach, it is important, in keeping with I&R Standards, that agencies establish policies, procedures, and metrics to ensure the quality of community resource information. The statewide I&R services maintain statewide resource databases. One interviewee noted that, “The very local, smaller resources can be a challenge to gather information on,” and described how they may rely on information sources such as newsletters and bulletins for such resources. One I&R service is planning to launch a new public database later in 2024.

As the Inform USA Standards encourage I&R/A services to minimize duplication of effort and recognize the level of effort needed to maintain community resource information, program leaders were asked about the utility of a shared database, particularly for the aging network. Responses reflected a range of opinions. A couple of interviewees could foresee of benefit of a shared database: “Developing a shared aging network database would be an amazing benefit.” “A statewide resource directory that is maintained and updated would be an asset, complemented by local resources.” Others expressed concerns about such an effort, especially considering the very local nature of resources: “In our area, a shared database may not be the best option.” “The idea of a shared directory – it’s hard to do. There is 211 but information has to be maintained.” One interviewee noted that there had been an effort to develop a statewide directory several years ago, but the effort was not successful. Another shared that

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<sup>19</sup> For example, one program manager noted their agency’s relationship with the Vermont Association for the Blind and Visually Impaired to support individuals.



there are conversations on having a more unified approach to both resource data and client data. As noted earlier in this report, program leaders at all levels can engage in dialog on viable approaches to maintaining community resource information that recognize the unique nature of community services in the state while seeking to minimize duplication of effort. For national data related to this topic, see the issue brief *A New Standard of Innovation: Findings from the I&R/A Technology Survey* from ADvancing States' National Information and Referral Support Center.<sup>20</sup>

Data gathered through I&R/A contacts generates valuable information on client and community needs. One program leader shared that their data is invaluable; it supports advocacy and partners. Another described using I&A stories to inform funders about community needs. Technology systems are an integral part of data collection and analysis. In light of this, the program interviews gathered information on the effectiveness of the current data systems in data collection, analysis, and reporting. It may be helpful to note that most of the AAAs use software from the same vendor. Several AAA program leaders shared that their data system allows them to access I&R data, for example, on contacts, needs, and demographic information. No data system is without potential areas for improvement, and issues were noted such as being able to build specific data reports. Program leaders also noted issues such as limited capacity to see a comprehensive picture of clients. Concerns were identified for other software systems as well, such as ensuring the accuracy of the data or wanting to make better use of telephony data. One program manager described an equity assessment conducted for priority populations which helped to identify gaps in data (e.g., gender orientation, tribal status). This type of initiative may offer ideas to other I&R/A programs.

In the interviews, program leaders also touched on other systems and called out, for example, improvements to the helpline. One interviewee noted that they can monitor the helpline on their email system which helps to manage call volume. Another described how their phone system, implemented a couple of years ago, provides better metrics for calls and allows for queuing. The project team would encourage the participating agencies to share examples of where their systems are working effectively to support peer learning.

### **Service System Capacity, Gaps, and Unmet Needs**

Conversations with the seven agency leaders echoed those with community stakeholders regarding service system capacity, gaps, and unmet needs. As one leader shared, "Where the rubber meets with road is with resource availability." Housing, mental health, technology access, and care transitions were identified as areas of need. A number of interviewees mentioned housing as an area with unmet needs, particularly in serving older adults and people with disabilities experiencing homelessness. Lack of housing resources can also impact transitions of care. Mental health needs were called out, including among those in the homeless population. It was noted that digital access issues can make it hard for some residents to connect with community resources. "Accessing services is hard without access to and familiarity with technology. We need to ensure those without technology can retain access to information and services." Several interviewees spoke about how gaps and unmet needs impact I&R/A services. For example, one shared that, "It can be hard to do warm handoffs. There can be long wait lists." Another noted the struggle in a rural state with systems that are either very local or statewide.

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

Along with discussing service system capacity issues, program leaders and managers also touched on gaps within the I&R/A system. One interviewee expressed a desire for a better community among the system. Within the AAA network, one program leader commented that, “every agency does it differently,” leading to different experiences and expectations for clients. Several interviewees spoke to the lack of a shared system for client and community resource information even among the AAAs. One noted that conversations on information sharing have occurred for years. It was suggested that an improved system for information sharing could expedite referrals as well as better identify the outcomes of referrals. It is also worth noting that there may be a lack of coordination or knowledge of closed-loop referral initiatives such as a potential effort through the software firm findhelp.

### **Sustainability and Innovation**

Throughout the interviews, program leaders, managers, and staff conveyed an orientation to program quality and improvement as well as problem-solving. In this section of the report, practices have been called out such as developments with staff teams, improvements to technology, i.e. telephony systems, and the launch of online referral forms. A range of promising practices were shared during the conversations. Along with those mentioned, others included, for example, using rubrics for staff self-evaluation and self-reflection, integrating person-centered thinking into policy and staff expectations, and creating standards for I&A services. The project team encourages the seven participating agencies to leverage opportunities for peer sharing and learning as well as collaborative problem-solving focused on I&R/A practices and innovations. Vermont I&R/A programs have a history of knowledge sharing with the field at large. Program staff have presented on Inform USA webinars and conferences for example. This same knowledge transfer can benefit the I&R/A community within the state.

The program interviews also suggest that the participating agencies are positioning their work for sustainability and growth. In particular, agencies are engaging with the healthcare sector in a myriad of ways. One interviewee shared that their program has an outpost at a medical provider for greater access to their services in remote areas. Another described having relationships with all the hospitals in their service area and looking at opportunities such as embedding a staff person in a hospital discharge team. The Accountable Communities for Health model has allowed for engagement with diverse health and social care partners including in shared referral systems. The [Vermont Aging Network Consortium](#) seeks to further pursue opportunities to address health-related and social care needs. As one interviewee shared, aging network program leaders looked at the realities of funding and sustainability in creating the consortium. Along with other goals, the consortium will look to strengthen equitable and consistent service delivery across the state.

The interview phase of the I&R/A assessment points to a service system that is community-focused and person-centered. I&R/A programs are characterized by a focus on staff development and, in many cases, an emphasis on community partnerships. However, challenges such as limitations in community resources and unmet needs, gaps in information and data sharing, and a need for strengthened cooperative relationships across I&R/A programs present ongoing hurdles. At the same time, the willingness of community stakeholders and of agency leaders and staff to engage in this assessment along with an orientation toward program and network improvement suggest opportunities to foster a more integrated I&R/A system.

## No Wrong Door (NWD) Considerations

In conducting this assessment of Vermont's I&R/A system, the project team was asked to identify potential areas to support the state in beginning a NWD approach to a consumer access system. In the report's findings, considerations, and recommendations for improvements, the project team has reflected the value of an aligned NWD consumer access system. Keeping in mind the findings and themes identified in the phases of the assessment, this section of the report focuses more directly on several NWD considerations. In identifying considerations, the project team recognizes that NWD development requires both system change and system building which are long-term investments of time and effort. The NWD considerations were also informed by the interviews with program leaders, who were all asked for their insights into what could strengthen a NWD approach in Vermont.

These conversations revealed that there are significant areas of need even in order to establish the foundation for a NWD system. As one program leader shared, "NWD was aspirational once upon a time. I haven't heard the term in years." Others shared that they might not know the 'doors' or that there are limited doors. In terms of moving forward, program leaders suggested steps such as better articulation of the NWD including what entities are part of the NWD, training on NWD partners and referral pathways, and improving knowledge on how to refer individuals to the right doors.

In light of these findings, the project team offers several considerations to assist state and local agencies in beginning to set the foundation for a NWD consumer access system. These considerations include building on the I&R/A assessment, NWD system mapping, and collaborating to develop state standards for I&R/A services.

### ***Build on the I&R/A Assessment***

This I&R/A assessment offers a potential springboard to developing certain key elements of NWD systems, including *coordination with key referral sources* and *state governance*. With the investment in this assessment, the project team encourages state and community-serving agencies to focus on the standards-driven recommendations contained in the report. Strong Information and Referral/Assistance services are foundational building blocks of NWD systems (see below for ADvancing States' building blocks of NWD systems graphic). Through cooperative relationships, these I&R/A services form the network that provides effective consumer access to community resources. Additionally, the project team encourages state and community leaders to leverage the Age Strong Vermont Multisector Plan on Aging for sustaining a focus on I&R/A as a core component of a consumer access system. In conversations with state leadership, it was noted that the concept of a NWD system was built into the objectives and strategies of the Age Strong Plan.

Finally, the project team would suggest that the I&R/A assessment project, with its collaboration at the state level between the Department of Disabilities, Aging and Independent Living, the Department of Children and Families, and the Vermont Department of Health, offers a model for building a governance partnership. A collaborative state governance structure is an essential component of a NWD system. The project team would encourage these state entities to explore ways to continue working together in support of an effective I&R/A system and in setting a foundation for a NWD governance structure that should include other state agencies that administer LTSS programs.

## Building Blocks of ADRC/NWD Consumer Access Systems

*Person-centered thinking is infused throughout all stages.*

### Information and Referral/Assistance (I&R/A)

Connecting individuals to services and maintaining community resource information. Identification of services to meet an individual's needs and connecting individuals to agencies providing those services.

### Intake and Screen

Identification of available LTSS and resources; assessment of needs/potential eligibility for state and federal programs and/or available services.

### Options Counseling

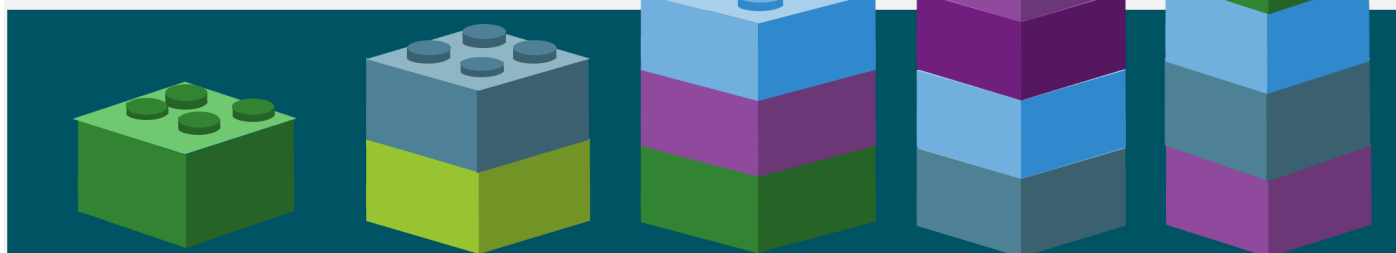
An interactive decision-support process whereby consumers, family members and others are supported in their deliberations to determine long-term services and supports (LTSS) choices in the context of the consumer's goals, preferences, values, needs, and individual circumstances.

### Assessment

Assessment tool(s) and processes for determining program eligibility and supporting person-centered planning.

### Person-Centered Planning

Person-centered planning (PCP) is a process for selecting and organizing the services and supports that an older adult or person with a disability may need to live in the community.



*Description: 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 community resources, identifying needs, and linking to appropriate agencies.*
- 2. Intake and Screen (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 and their families make informed choices about LTSS based on their goals, preferences, and circumstances.*
- 4. Assessment (light purple blocks): Tools and 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.*

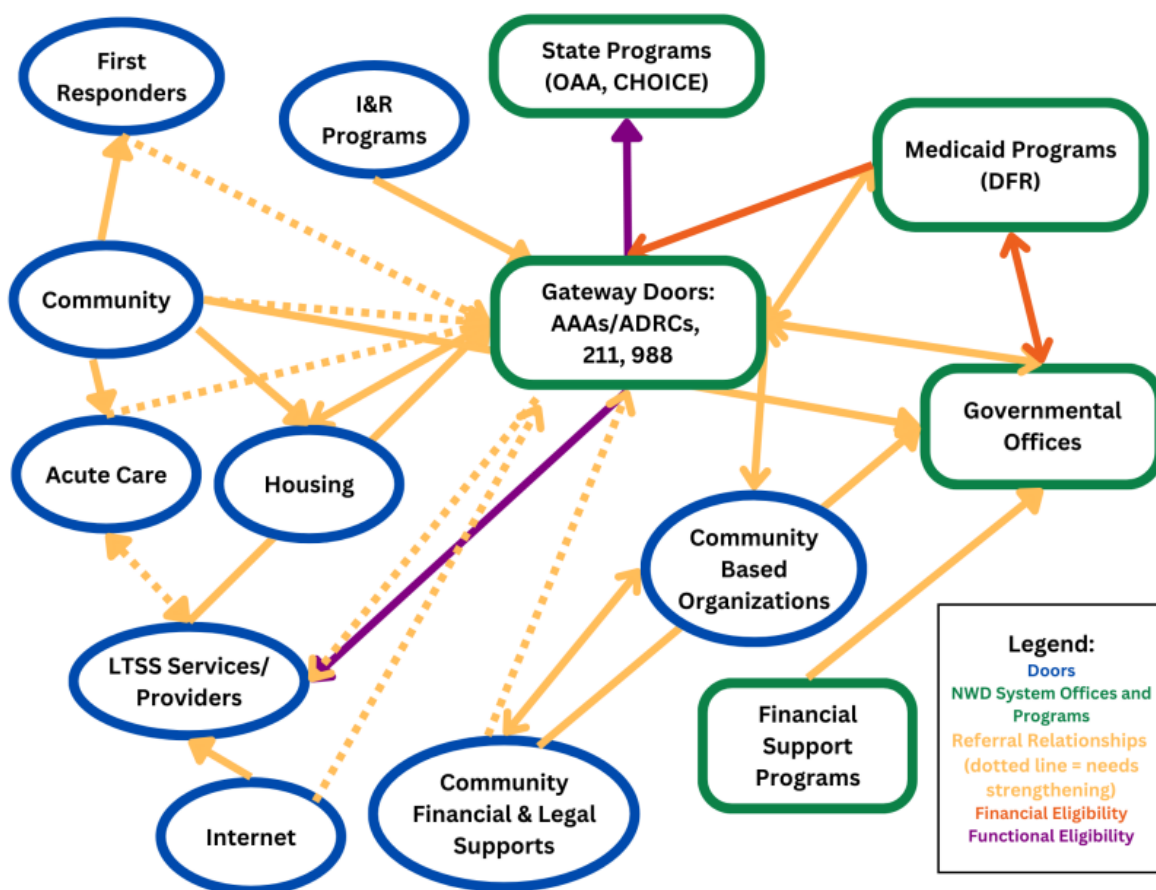
*The graphic emphasizes that person-centered thinking is infused throughout all stages.*

## **No Wrong Door System Mapping**

To help in articulating the 'doors,' i.e. consumer access points, that may form a NWD system, the project team would encourage the state to consider undertaking a NWD system mapping initiative. This could assist in addressing the need for a better understanding of access points and referral relationships. While there is not a single tool or process for NWD system mapping, leaders in Vermont can learn from the recent experiences of grantees of ACL's NWD Governance Grant. These grantee states conducted NWD mapping and analysis using various approaches. This activity helped states to articulate access

points, referral pathways, the customer’s journey, and system gaps – knowledge that informs the path forward for system building. More information, examples, and findings from the Governance Grant NWD System Mapping initiative are available from the [NWD technical assistance community](#). One example, Indiana’s NWD system map, is shown below. This state’s example illustrates how a mapping initiative can help to articulate a NWD system’s ‘doors,’ referral relationships including those that need strengthening, and even eligibility determination pathways. It is worth noting that the gateway doors are comprised of I&R/A programs/agencies. Through this effort, Indiana stakeholders identified system gaps such as the need for additional governing body members and flow of accurate information across agencies, between doors, and out to consumers.<sup>21</sup>

### Indiana’s No Wrong Door System Map



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*Description: "Indiana’s No Wrong Door System Map" shows the interconnected pathways within the state’s system for accessing long-term services and supports (LTSS). The map features various entities represented by oval shapes and connected by arrows, indicating relationships and referral processes.*

- *Gateway Doors: At the center, represented by a green rectangle, are the Gateway Doors, including AAAs/ADRCs, 211, and 988.*

<sup>21</sup> Caregiver Governance Grant: NWD System Initial Mapping Findings. (July 31, 2024). Available at <https://www.ta-community.com/t/35ym7q4/caregiver-governance-grant-nwd-system-mapping-findings>

- *Connections: The Gateway Doors connect to multiple entities such as State Programs (OAA, CHOICE), Medicaid Programs (DFR), Governmental Offices, Community-Based Organizations, Financial Support Programs, Community Financial & Legal Supports, LTSS Services/Providers, Housing, Acute Care, Community, Internet, I&R Programs, First Responders*
- *Arrows: Solid and dotted arrows indicate referral relationships, with dotted lines representing areas where the relationships need strengthening.*
- *Legend: The legend explains the meaning of the different arrows and connections, including those representing financial and functional eligibility.*

*This map was created by the University of Indianapolis Center for Aging & Community.*

In preparation for a mapping initiative, it may help to identify NWD system access points based on a functional analysis. For guidance on this, see the ACL NWD resource [Access Functions within a State's No Wrong Door \(NWD\) System/Aging and Disability Resource Center](#) (see Appendix C). This resource provides a list of access functions to help inform the identification of organizations that serve as NWD access points. These access functions include, for example: provide statewide and/or local information, referral and assistance (I&R/A) programs and outreach through statewide toll-free numbers, so that staff and volunteers working for these entities can appropriately and quickly refer individuals to LTSS; and provide other services that support individuals of all populations and their caregivers seeking assistance in navigating health and social care services.

### ***Development of State Standards for Information and Referral/Assistance***

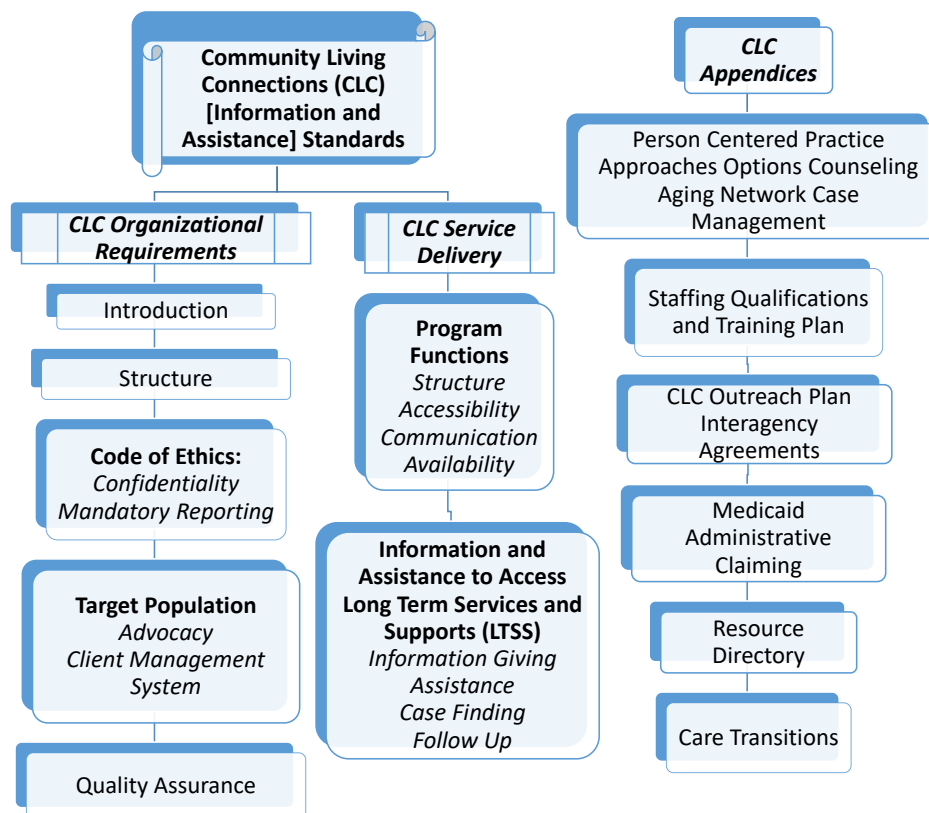
This assessment project and report reflect a standards-driven approach to I&R/A services. As noted throughout the report, the Inform USA Standards for Professional I&R are the foundation of I&R service delivery and provide quality benchmarks for community navigation services. Along with supporting the development and quality improvement of I&R/A programs, the Standards can also provide a foundation for statewide and/or system-wide standards for I&R/A services. Given that all seven participating agencies reported that their organizations use professional standards provided by Inform USA for their I&R/A services, the project team would encourage consideration of the role and potential development of state-level standards, particularly for aging network I&R/A services. For the existing state I&R services, state contracts incorporate standards-driven expectations. For the aging network, shared standards could elevate expectations for consistent and quality I&R/A service delivery by building on the common foundation of I&R Professional Standards. Additionally, the Older Americans Act (OAA) final rule emphasizes the use of methods to ensure and measure quality in aging network services; establishing shared standards could help to support this goal for I&R/A services, a core service under the OAA. The project team would strongly encourage such an initiative to be undertaken as a collaborative process between state and community program leaders.

To inform consideration of state or system-level standards, program leaders can learn from other state examples. For example, Washington State recently released [updated program standards](#) for the state's Community Living Connections (CLC), which is the state's ADRC/NWD initiative that includes Information and Assistance. These standards are influenced by the Inform USA Standards and by federal program requirements. The CLC Standards address organizational requirements, service delivery, and include several appendices on topics such as person-centered assistance, outreach, and care transitions (see the graphic below). The CLC Standards are designed to provide best practices and guidance for the state's



ADRCs, while still respecting the uniqueness of each ADRC. Importantly, the State Unit on Aging collaborated with a workgroup comprised of staff from the AAAs to update the CLC Standards.

### Framework for Washington State’s Community Living Connections Standards



*Description:* This graphic is a chart of the organizational structure of Washington’s Statewide Community Living Connection (CLC) Program Standards. The standards have two main categories. The first category labeled ‘CLC Organizational Requirements’ includes an Introduction and Structure and has two sub-categories, Code of Ethics and Target Population. The second category labeled ‘CLC Service delivery’ has two sub-categories, Program Functions, and Information and Assistance to Access Long Term Services and Supports (LTSS). There is an additional section for CLC appendices.

In concluding this assessment report, the project team has offered Vermont several considerations for creating a foundation for a NWD consumer access system. Over the course of this assessment, the project team has identified many strengths of Vermont’s I&R/A system as well as systemic challenges identified by numerous stakeholders. While strengthening I&R/A services is an ongoing process, Vermont’s community and person-centered approach to serving individuals is an asset that can carry the system forward on its journey of improvement.

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## Appendix A

### *Characteristics of a Good I&R Call (Key Elements)*

During the Call Review Phase, Inform USA looks to see that the staff of the I&R agency are able to provide the inquirer with quality information and referral services. The list below includes some of the characteristics of a good call that a reviewer would expect to hear from the staff of an Accredited agency.

Community resource specialists are expected to:

- Use an appropriate greeting
- Demonstrate active listening throughout the call
- Establish dialogue and ask correct questions to determine client needs
- Confirm/clarify the need
- Demonstrate a willingness to help
- Use appropriate tone, pace, volume, and inflection throughout the call
- Use short, simple sentences where possible
- Inspire confidence and trust
- Demonstrate politeness and courtesy
- Show empathy throughout the call
- Avoid slang, personal opinions, religious or political statements
- Control silence gaps but avoid irrelevant conversation. It is a kind gesture to explain potentially longer periods of silence to the caller, such as “I am happy to help look for resources, there may be some silence while I search our database.”
- Avoid talking over the caller
- Appropriately gather customer demographics for assistance and do so only after conveying that the caller’s need is the most important part of the call. Explain reasons/provide context for asking demographic and other questions.
- User proper hold procedures
- Give context for referrals before providing
- Provide resources and/or information that matches the client’s need
- Provide an appropriate level of detail on any resource(s) offered
- Confirm callers’ understanding of the resources provided and the plan for moving forward
- Offer a follow-up call if applicable
- Use appropriate closing such as thanking them for calling today, asking if there is anything else you can help with, inviting them to call back during XYZ hours if they need any other assistance, etc.

## Appendix B

### Secret Shopper Process

To gauge the quality of the I&A service that is being delivered, a test call or “secret shopper” will anonymously contact the Information and Assistance department.

Each call must receive a score of 10 or greater to be acceptable. If a score of 10 or greater is not achieved, the secret shopper will conduct at least one more call to see if a score of 10 will be achieved.

Valley Area Agency on Aging	
Date	
Time	
Name of mystery caller	

Was the phone answered by a live person? (i.e. no IVR)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, was the call returned within 24 to 48 hours	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Greeting/Rapport						
Clearly identified agency/program name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
I&R Specialist provided own name	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Offer of assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>

Assessment of Need						
Mystery callers concerns/requests were clearly acknowledged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
I & A Specialist understood caller's request	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Assessed for additional needs if appropriate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>
Speaking voice was clear and engaged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
I & A Specialist was attentive to the caller's needs or request	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Appropriate procedures were used if you were put on hold or subjected to silence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Referral Provision	
I & A Specialist avoided giving advice/personal opinions	Yes <input type="checkbox"/> No <input type="checkbox"/>
I & A Specialist provided all necessary information about resources (name, phone, hours, service program, documents, any eligibility info) <b><u>did you get what you need to use information provided</u></b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I & A Specialist offered more than one referral when appropriate.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Collection	
<u>Asked demographic information</u>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
What are your long-term in-home care programs?	
Waiver <input type="checkbox"/> Care Management <input type="checkbox"/> Senior Millage <input type="checkbox"/>	
What are my options for senior living facilities?	
Adult Foster Care <input type="checkbox"/> Senior Retirement Communities <input type="checkbox"/>	
Call Closing	
I & A Specialist offered follow up call	Yes <input type="checkbox"/> No <input type="checkbox"/>
I & A Specialists educated mystery caller to call back if any if any further assistance is needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thanked for calling	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overall comments on call handling:	
<p style="text-align: center;"><b>Each Yes or NA response is worth 1-point – Total Points</b></p>	

## Appendix C



# Access Functions within a State's No Wrong Door (NWD) System/Aging and Disability Resource Center

Organizations within a state's No Wrong Door (NWD) System serve as known, trusted community resources that empower, educate and assist individuals with disabilities, older adults and caregivers with obtaining needed long-term services and supports (LTSS). To identify which organizations serve as NWD access points, consider those that perform the following access functions:

- Provide statewide and/or local information, referral and assistance (I&R/A) programs and outreach through statewide toll-free numbers, so that staff and volunteers working for these entities can appropriately and quickly refer individuals to LTSS.
- Help individuals or caregivers, regardless of their income or program eligibility, to avoid unnecessary placement in nursing homes and other institutional facilities. Help individuals with LTSS needs who are already residing in these types of facilities to transition back to the community and support caregivers throughout the process.
- Assist with immediate LTSS needs through efficient assessments and eligibility determination processes across multiple programs.
- Facilitate the successful transition of individuals with LTSS needs from hospitals and other health care settings back to the community and support caregivers through the transition.
- Facilitate the transition of youth with significant disabilities who have completed their secondary education or otherwise left school to postsecondary life and support their caregivers through the transition.
- Hold formal agreements with local Veterans Administration (VA) Medical Centers to assist the VA in implementing the Veteran-Directed Care (VDC) Program and other VA home and community-based services programs.
- Provide Person-Centered Counseling (PCC) to ensure that the person with LTSS needs directs the PCC process and support their caregiver as appropriate. Person-Centered Counseling may include:

- Conducting personal conversation that includes elements of screening and assessment to confirm that the person needs LTSS and to determine if they have any needs that require immediate action;
  - Recording the person's goals, preferred methods for achieving them and developing a description of the services and supports needed to successfully achieve the person's goals;
  - Assisting the individual (and caregiver, if applicable) in determining how best to pay for and arrange the delivery of services, including helping the individual assess the sufficiency of their own personal resources;
  - Assist the individual and caregivers with obtaining services through public programs for those who appear eligible for one or more public LTSS options such as Medicaid, Older Americans Act, Independent Living Programs, state revenue programs, and Veterans programs; and
  - Follow-up with the individual and others as appropriate, including the case manager of relevant public program(s), to help ensure the LTSS identified in the individual's person-centered plan are initiated and meeting the individual's needs. Follow-up also involves being available to assist the individual in making adjustments to their services plan as their personal goals and preferences change.
- Conduct formal assessments and/or determining an individual's eligibility required by any state administered program that provide LTSS, including Medicaid.
  - Other services that support individuals of all populations and their caregivers seeking assistance in navigating health and social care services.