



# NW-AIRS News

Dear NWAIRS Members:

I write this having just returned from the 2009 AIRS Annual Conference held this year in Reno, Nevada. In a span of just five days, 500 I&R specialists, program managers and advocates representing organizations across the country (and world!) attended meetings and workshops, networked intensely, and heard about advances and innovations in our field. There were tracks dedicated to aging and disability services, 211, disaster response and crisis services, military support, taxonomy and technology. It was difficult to choose among the many great offerings and quite inspiring to observe the breadth and diversity of programming from I&Rs!

This issue contains stories and updates from programs throughout the Northwest. Helping people connect with critical resources is more important than ever in this current economic climate. Reports from providers in our region indicate that call volumes are up even as funding for 211 and Senior I&A programs remains flat or, in some cases, is drastically cut. Increasingly, we are called on to engage in advocacy at home and in Washington, DC. Our goal is twofold: get the message out about the benefits of our essential services, and request appropriate funding to meet the growing need for information and access to services. AIRS has increased its advocacy efforts and presence on Capitol Hill, and in upcoming months will be calling on us all to support them with phone calls and message to legislators.

All of us on the Board of Directors are committed to helping members in this region access technical information and training in support of your certification and accreditation goals. To that end, NWAIRS offers yearly scholarships of up to \$500 each in Idaho, Oregon and Washington for member organizations who would like to present training on any topic related to I&R in their communities. We will also assist if you are interested in sponsoring a certification examination in your area. For more information about training scholarships or sponsoring an exam contact me – or any board member – and we'd be happy to help you.

Many thanks for your membership and support.  
Julie Johnson  
President, NWAIRS

**NW-AIRS strives to:**

- Promote excellence in the field of information and referral.
- Provide a vehicle for peer support, regular communication, and training.
- Support cooperation between information and referral providers.

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## AIRS AFFILIATE NEWS



*Bringing People and Services Together*

**RENO, NV** — The AIRS Affiliate Council comprises representatives from 28 state and regional associations in the US and Canada and serves in an advisory capacity to the AIRS Board. The Council meets bi-annually to exchange information and inform each other about what is happening on national and local issues. The following information was shared at the last meeting in Reno on May 30, 2009.

Version 6 of the AIRS Standards was released in January 2009. The full report as well as a summary of the changes is available on the AIRS website, [www.airs.org](http://www.airs.org). AIRS has focused on increasing the quality and reliability of its certification instruments, and a new certification test for CIRS will be released soon. Staff representing state units on aging from around the country met in May to participate in a job task analysis with the goal of using real life knowledge and competencies to improve metrics for CIRS-A testing. An improved CIRS-A exam will be developed based on their work. There is also agreement among the affiliates on the need for improved training and support of Certified Resource Specialists and the AIRS Taxonomy Committee is fo-

cused on addressing that need.

In the last year, AIRS has adopted an active advocacy agenda led by its policy consultant, Bob Blancato, principal of Matz Blancato and Associates, a public policy and association management firm in Washington, DC. Although the economy is the primary focus in this Congress, AIRS continues to work to build support for the passage of the Calling for 211 Act. Washington's Patty Murray is a sponsor of the Senate bill and Representative Eshoo of California is a sponsor in the House. The Bill needs co-sponsors in both the House and Senate; AIRS members are urged to contact their House member and Senators to ask them to join as co-sponsors of the legislation. On the aging side, AIRS is partnering with the National Association of State Units on Aging (NASUA) and the National Association of Area Agencies on Aging (N4A) to advocate funding for the expansion of aging and disability resource centers, as well as support for Project 2020. AIRS, with its national network of members and affiliates, is well-positioned for advocacy work. We need to learn to use our numbers and our voices more effectively.

*Submitted by Julie Johnson, Northwest Regional Council*

## WIN211 FEATURED IN 3-PART SERIES

WIN211 was a featured resource on KCTS9's "Tough Times" 3-part series on Personal Finance, Homelessness and Unemployment. Check it out at [www.kcts9.org](http://www.kcts9.org)



## AGING & DISABILITY RESOURCE CENTERS IN THE NORTHWEST

The Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS), both part of the U.S. Department of Health and Human Services, launched the Aging and Disability Resource Center (ADRC) grant initiative to promote the integration of long-term care information and referral services, benefits and options counseling services, and access to publicly and privately financed services and benefits for those in need of long-term supports and their families. Forty-five states and territories have developed or are in the process of developing ADRCs, including Alaska, Idaho, Oregon, and Washington.

The Lewin Group contracts with AoA to provide technical assistance to states and local ADRCs. Currently, they are providing ADRC overview training so that new ADRC staff and partners or other interested organizations can orient themselves to ADRC program goals, system design options, best practices and other resources. Information can be found on the ADRC technical assistance site, <http://www.adrc-tae.org>. Registering on the site as an ADRC partner within your state will provide enhanced access to events and resource information.

Aging Information and Referral/Assistance (I&R/A) has evolved to become an essential component of ADRCs, and throughout the country is now serving younger persons with disabilities. Individuals with long term support needs are assisted to delay or avoid higher cost public and private care options through streamlined access to home and community-based support options, including community-based disability organizations.

Through the work of the National Aging I&R Support Center, the National Association of State Units on Aging (NASUA) has been invested for almost two decades in promoting professional development of I&R/A and ADRC specialists. Part of this effort has been its dedication to increasing certification of aging I&R professionals through the AIRS CIRS-A testing. In 2000 to 2001, in collaboration with AIRS, NASUA convened an aging network workgroup to develop the initial CIRS-A framework. The workgroup identified essential competencies and detailed out a job task analysis. As I&R/A, single point of entry, and ADRC programs evolve in the states, NASUA and AIRS would like to capture new competencies and skill sets needed for an accurate and credible certification in line with the ADRC initiative. In conjunction with the 2009 AIRS conference, NASUA and AIRS are gathering a new aging network workgroup made up of representatives from states that have demonstrated a commitment toward the CIRS-A. This group will meet for two days to begin updating the CIRS-A competencies, skills sets, and job task analysis. Their efforts will be supported by a psychometrician engaged by AIRS.

In the month of April, representatives from Alaska, Idaho, Oregon, and Washington, shared information on their ADRC projects with the Northwest Older Workers Coalition, a group of Senior Community Service Employment Program (SCSEP) grantees and subgrantees in those states. A common theme among the presenters was the need for expanded information technology capacity, beyond what they currently are using. Future conversations are anticipated.



## WASHINGTON ADRC UPDATE

Considering the state's \$9 billion deficit, the state is considering how the ADRC pilot site

in Pierce County, Washington, will be funded over the next biennium – several ideas are being discussed for probable implementation. Meanwhile, Washington State is continuing its planning process for developing a statewide online ADRC Client Management Information System and Resource Database. On a very positive note, Washington State has been informed that the State Unit on Aging and the

SHIBA HelpLine will be awarded two-year combined funding of \$370,844 under the Medicare Improvements for Patients and Providers Act (MIPPA) for Beneficiary Outreach and Assistance. This grant is funded jointly by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). Its purpose is to provide outreach and to assist Medicare beneficiaries access Medicare Part D, the Low Income Subsidy program and Medicare Savings Programs. Some of the funding is specifically designated for the ADRC pilot site.



## IDAHO ADRC UPDATE

For the period October 2008 to September 2009, Idaho is on a no-cost extension for their AoA/CMS grant and is taking this time to analyze their progress and consider how best to move forward.

They have recognized that a great deal of good work has been done, but if there are changes to be made, now is the time to do so. As a result, the Idaho Commission on Aging has begun taking a more prominent role in the state's ADRC initiative in collaboration

with the state's Medicaid agency. The state plans to build on the good things already in place, expand the ADRC's web-base capabilities, more clearly differentiate the ADRC identity and functions from other I&R activities in the state; and broaden its exposure. They are taking steps to expand statewide, including considering how best to serve rural and frontier portions of the state. As part of the pilot ADRC project, the Area Agency on Aging of North Idaho in Coeur d'Alene, Idaho has been a great partner in helping define how Idaho can improve and expand its ADRC efforts.



## OREGON ADRC UPDATE

Under the CMS 2008 Real Choices Systems Change grant Oregon is in the initial planning and development phase of

their ADRC initiative. Some initial planning was begun four to five years previously, and some of those components are coming to fruition, including an advisory group and task oriented committees. As part of the planning

process they are also completing a readiness assessment. They are reviewing their current Information Technology systems and determining if changes need to be made, including their online resource directory. The ADRC pilot project will be located with the Lane Council of Governments Division of Senior and Disabled Services in Eugene, Oregon. They are initially planning on one urban central site and five rural outstations.

## WIN211 BY THE NUMBERS



From January 1 through March 31, 2009 WIN211 received 98,533 telephone calls, averaging 1540 calls each weekday from WA residents; overall 1st quarter 2009 call volumes are up 10% over 1st quarter 2008. The [www.win211.org](http://www.win211.org) online resource database received 37,408 visits, averaging 416 visits/day. This is an increase of 22% over 1st Qtr. 2008 website activity!

## 211info AND OR211 COMBINE FORCES

**PORTLAND, OR**—Calls to 2-1-1 have increased 47% over the past six months as requests for rent assistance, food, utility assistance and low-cost health care are on the rise in the Portland metro area. More than 62,000 calls for basic needs were answered by the

211info call center in Portland between October 2008 and March 2009. 211info and OR 211, two previously separate nonprofit organizations, integrated operations effective April 1, 2009, in response to growing demand for information

*(Continued on next page)*

## 211info PROMOTES FORECLOSURE EDUCATION



**Portland, OR**—Foreclosure is a problem that has been steadily growing over the last year. In Oregon the increase in the number of foreclosures

has been gradual but is now a significant concern.

Over a year ago the Oregon Department of Consumer & Business Services saw what was happening around the country and started planning for Oregon. Particularly interested in finding the best vehicle to educate the public and steer them away from scams and false advertising, the department wanted a single, local number to give out to the public; enter 211info. Because Oregon does not yet have a statewide 2-1-1 system, we decided to use our statewide maternal and child helpline called Oregon SafeNet.

To get ready for calls we first added all the HUD certified counseling services and the national HOPE Hotline to the database. We expanded our needs list to include both mortgage default and foreclosure. We also added a drop down list of reasons why someone might be in default or foreclosure. Finally, our Call Center staff was

trained on foreclosures and on our role in helping Oregonians find appropriate help.

What's happened over the last year? One year ago in April, we took a total of 5 foreclosure related calls. This past April we took 123 calls. We've learned over the last year that callers are primarily in trouble due to job loss and not generally due to unaffordable, adjustable mortgages. We're also learning that people may be embarrassed or in denial. They may feel that there are no options until it's too late. Our hope is that we can help people get help earlier in the process.

With a year of experience and excellent reporting back to the State, 211info is now viewed as an important partner in our community. We helped organize and promote a day-long foreclosure clinic in Portland and just completed an RFP with the city of Portland to help promote our line and the various counseling programs.

Our ultimate hope is that this problem will turn around in the near future but, in the meantime, we will continue to play a critical role connecting people with appropriate counseling and legal services.

*Submitted by Laura Kuperstein, 211info*

*(Continued from "Foreclosure Help," page 5)*

resources and a recognized need to build 2-1-1 capacity for the state. The two Boards of Directors recognized the opportunity to leverage their common purposes and strengths at a time when financial resources are tight.

The integrated organization will retain the name 211info and have an expanded purpose: to provide people throughout Oregon and Southwest Washington with comprehensive information and referral to human and community services, both in non-emergencies and intermittently in times of emergency. With unemployment over 12% and more families facing financial insecurity, the 2-1-1 community information and referral helpline can be the first line of defense.

Launched in May 2004 by the United Way of the Columbia Willamette, 2-1-1 service is currently available from 211info in six Oregon counties (Clackamas, Washington, Multnomah, Deschutes, Crook and Jefferson) and four Washington counties (Clark, Cowlitz, Skamania and Wahkiakum). "Community services are difficult to access anywhere, and the absence of a central number in rural parts of the state makes the challenge even greater. 211info has experience operating a call center supported by quality, professional staff. With additional resources, 2-1-1 can be provided so all Oregonians have access to localized health and human service information," said Vic Falgout, Program Director, United Community Action Network.

*Submitted by Laura Kuperstein, 211info*

## OFFERING HELP FOR HARD TIMES

**Snohomish County, WA** — Local communities are experiencing business closures, lay-offs, foreclosures, bankruptcies, and other stressful negative economic conditions. These emergencies are causing many households to use social services for the first time ever. This new influx of households with needs have rapidly over-taxed the existing social services and community resources in most communities. In addition, they are taking service capacity, funding, and low-cost affordable housing that was originally used primarily by the low-income and homeless in our communities.

The Workforce Development Council of Snohomish County decided to get ahead of the curve in August 2008 by inviting social services agencies and funders to help develop solutions for emerging concerns. By September, a group of agencies, colleges and funders began meeting weekly to develop a response. Very quickly we all discovered that capacity was not available in the community to deal with all of the problems, so we developed an easy to use self-help tools. This has greatly reduced the demand on information & referral staff, case management staff, funders and other providers. United Way of Snohomish County raised targeted dollars to help develop our products; soon after we launched [www.helpforhardtimes.org](http://www.helpforhardtimes.org), a website

targeting those recently laid-off or unemployed and orients them to what they need to do in the first 30, 60, and 90 days to take advantage of all that is available. It also links them to all relevant providers of services and resources. We developed marketing materials and had a kick-off press conference.

While many of the newly needy are technology literate, many are not, so we spent time assisting workforce development agencies, Employment Security and other targeted agencies to meet the new demands. A Rapid Response Team within Workforce Development Council, for example, was given new tools, brochures, and strategies for responding effectively and efficiently when a layoff was impending. The group became known as the "Help for Hard Times" Workgroup. The group continues to meet and develop more strategies to capture ARRA and other funding, to advocate for funding for providers, to fine tune our products, and stay innovative in the field!

United Way of Whatcom County hosts a Help For Hard Times webpage on their [www.unitedwaywhatcom.org](http://www.unitedwaywhatcom.org) website.

*Submitted by Bill Brackin, Volunteers of America North Sound 2-1-1*

## ON THE MOVE IN OREGON

*“On the Move in Oregon” (OTM) is based on a Money Follows the Person grant that is funded by the Federal Centers for Medicare and Medicaid Services (CMS). The funding for the “On the Move in Oregon” program is available from the second quarter in 2008 through September 2011. The project will demonstrate that the long-term institutionalized population can be served in community based care settings with supports and services. (<http://www.oregon.gov/DHS/spd/mfp/>)*

Melissa Wall had an opportunity to interview Heather, a Transition Coordinator, who works with Case Managers from NorthWest Senior and Disability Services to transition clients from a Nursing Facility or other institutional setting into the community.

**Can you give me an example of a case that you worked on from start to finish, to better understand the process and the work that is put into each case? Who were the key players in the case?**

I received a referral from a Case Manager (I can receive a referral from anyone) with a brief description of the barrier to transitioning. I then triaged to determine if the barrier can be met through traditional services (special needs or other offered services) or if the need can only be accomplished through OTM funds. A case example is a sister whom was interested in providing care for her brother who was in a Nursing Facility but the home needed some modifications. The home needed a ramp and a bathroom modification. He also needed some equipment that wouldn't be covered through Medicaid. A bed had already been purchased for him two years ago but we weren't able to locate it. Medicaid would not purchase another one. We modified the home and purchased needed equipment. In this case a technology assessment was also completed to see if he would benefit from any new technologies such as voice recognition or adaptive equipment.

The first step is to meet with the client and determine what is important to the client and what their preferences are. If the client wants to participate in the OTM project then I review their care needs and consult with the Occupational

Therapist/Physical Therapist and/or the Social Worker at the Nursing Facility. I also contact any family or friends that they want included. I develop a narrative care plan and do an assessment (CAPS2) if necessary. Then attempt to find placement or coordinate needed supports for moving back home. This includes coordination of anything from home modifications to assuring the client has silverware and a stocked cupboard. Some needed items are acquired through Goodwill and other non-profit organizations and some are purchased directly with OTM funds. Each case is different and develops in coordination with the individuals current needs and possible future needs to assure a sustainable placement. Direct oversight occurs for one year after the move then the OTM program ends and the individual transfers seamlessly into traditional Medicaid services.

**What is the reaction from the client once they are moved from the Nursing Facility to a community based care setting?**

They are extremely happy.

**Do you have any other information you would like to add about the program?**

There are basic qualifiers such as residing in an institution or Nursing Facility for six months or more (prior to participating in OTM). Participants must also qualify for Medicaid and be service eligible with a Service Priority Level (SPL) of 1-13. Potential participants should also have a desire to move into their own home, a rental, a family member's home or an Adult Foster Home of 4 or fewer clients.

*Submitted by Melissa Wall, NorthWest Senior & Disability Services*



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*\*At the time of printing, Nina's position at Idaho DHW had been eliminated. We will provide more information as it becomes available.*

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Volunteers of America Western Washington, *Everett*  
Washington County Disability, Aging & Veteran Services, *Hillsboro*  
Washington Information Network 2-1-1, *Renton*  
Western MT Area VI Agency on Aging, *Polson*  
White Bird Clinic, *Eugene*  
WITHINREACH, *Seattle*

Have a story idea for the next NW-AIRS newsletter? Know of a program or staff person you'd like to see in the spotlight? Contact Sarah Marshall at [smarshall@crisisclinic.org](mailto:smarshall@crisisclinic.org). Your participation is much appreciated!