DSHS ADRC EXPANSION PLAN

Partnership Meeting #2 Notes

- Selena: Is this an opportunity for missing partners? Yes
- Selena: What about associations for hospice providers and departments of health?
    - Not sure, will check
- Bob: Advocacy groups/Dis. Right Orgs. have a tremendous amount to offer to the ADRC staff
- MS: Is there value in establishing state relationships? Does it filter down to the local level or percolate up?
    - Bob: For State organizations, its better to take a "both/and" approach – some are top down, some might percolate up?
    - Emily: Easily sidetracked worrying about bringing smaller partnerships to the table. Need to create partnerships with big organizations first. In Oregon, we've created the initial large partnerships, then working continually with the other agencies. But the critical partnerships are necessary for the connection of services "foundational partnerships". Be wary of getting flooded – recognize who the top agencies are.
- Bob: Credibility and Trust will be a challenge for all local implementation
- Heather: Every county or region have parent coalitions – coalition – have been a real asset.
- Bob: To generate a positive relationship, a lot what we've tried to do is be present
- Heather – important to help ILCS with marketing to ensure credibility and trust
- Susan: Shared system was an initial goal – we are requiring a ERS? Compatible taxonomy and ERS certified staff. Challenge is, even if you meet those standards – the vendors say they can work together, but it's hard to get them to do extracts and fees that match. We don't want duplicate work?
- Mark: Can we combine ADRC with resource directory component?
    - Susan: No, but we've looked at Washington Connections – we haven't looked at it matching with provider 1, but it'd be great if it could.
- Emily: If you can work with community partners who you know you'll be working closely with, shared system. People get confused, so work closely with that partner.
    - Susan: Establish a shared process for updating
    - Emily: In OR, there is larger variation between county, that gets difficult for the caller. Working with each county, or however it's broken up, to narrow down a detailed MOU process. There needs to be an MOU process for all of these partners.
    - Emily: Work with community partners to let them know we'll be making these referrals – rationale for why choosing one over the other can be confusing
- Bob: There is a template MOU, but we invited them to morph it, to include basic information about their organization. So every MOU is a little different but it enhances buy-in.
- Emily: OR - They tailor it to each agency

- Susan: ADRCs are already the sponsors for SHIBA – there is already a natural partnership
- Chelene: Hospital Association could help identify avenues for communication: councils who meet on a regular basis, could meet the planners and introduce topics in new areas
    - Chelene: Association does not get involved in the local operations – challenge
- Chelene: Something that has the Hospital Association's name on it – a simple MOU.
- Bob: Got a grant to work with three hospital systems in Pierce County.
- Selena: Is there any potential with the transition acitvities that are part of the hospital contract, provide co-training opportunities?
    - Chelene: Will look into connecting that work
- Selena: We consider ADRCs as partners
- Linda: Language can be a challenge for ensuring people can access what they need – marketing can be a key vehicle to ensure people are willing to contact
- Susan: DD council really looks at policy and recommendations – Building Trust website is the partnership to provide information services support.
- Susan: VDHS program is offered to eligible veterans
- Susan: Part of the marketing process is having representative come and talk about what they do (Ombudsman)
- Linda: Respite Care Coalition is still in the forming process – it's not completed yet
    - Susan: This is a planning document – where can we go from here?
- Cathy: The 3rd component of the national DD Act that Janet is referring goes by the label, UCEDD, which stands for University Centers for Excellence in DD Education, Research and Service
- Mark: PeaceHealth in Whatcom Co. also has an info sharing agreement with HCS/AAA, where our CMs have a single user station access. May be a stretch to go to ADRC, but FYI there's another successful example.
- Susan: May be more opportunities for IT that we are not aware of.
- Bob: IPAC – it is totally a local level issue, it has to happen at that level
    - Susan: That is correct, but the local levels bundle up to the IPAC
- Next Steps for moving ADRC along
    - Kathy: Helpful to see the variety of agencies out there – if we want to get to a point where we can all work together, I'd like to see examples of MOUs
    - Chelene: Develop a blurb to get the hospital interested in hearing about this kind of work – in a way that she can sell it – connecting hospital to ADRC
    - Heather: Get letters together to cite some good examples
    - Mark: Take a good, thorough look at the existing partnerships and the ones we look at on a regular basis, make sure we are enhancing. MOUs can help bolster needs assessment process

- Selena: The power of a 1-pager that succinctly describes what ADRC provides, what they bring to the table, and why that should matter to the partner. Business case and description of what that partnership can produce. People are busy – any way to distill down to an elevator speech is really helpful.