

# Washington State's Community Living Connections (Aging and Disability Resource Center)



## MARKETING PLAN

July 2013





## CLC EXPANSION PLAN MARKETING WORK GROUP

The CLC Expansion Plan Marketing Work Group was a collection of community stakeholders and advocates, coordinated by the Department of Social and Health Services' Aging and Disabilities Administration, who met four times during 2012 to help establish a statewide CLC marketing strategy and approach. The group was instrumental in providing input and developing content for the Marketing Plan. Group members included:

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Additional feedback and input on the marketing plan was provided by a broader group of community stakeholders and advocates during the December 2012 Planning and Policy Committee Conference.

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# WASHINGTON STATE COMMUNITY LIVING CONNECTIONS

## MARKETING PLAN

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## I. INTRODUCTION TO ADRCs (CLCs) & THIS MARKETING PLAN

### What is an ADRC?

Aging and Disability Resource Centers (ADRCs) are a federal initiative for empowering consumers to successfully navigate and access public and/or private long-term and home or community-based services and support. They provide consumers with the tools and knowledge they need to choose the best path for themselves, drawing from a broad network of partners and service providers. ADRCs serve individuals, and their representatives, of all ages and with all types of disabilities, regardless of income. Ultimately, they streamline access to supports and services for consumers to ensure they receive the “right service at the right time.” ADRC sites are located in close proximity to the populations that they serve and are tailored to meet the needs of their local communities.

### ADRCs (CLCs) in Washington

Washington State was awarded its initial ADRC grant from the Federal Administration on Aging (AOA) in 2005. Pierce County was selected as the first pilot site and began infrastructure, partnership, and process development, with the site officially opening in 2006. In 2009, Washington was awarded an AOA-funded ADRC Expansion Grant that required the development of a 5-year ADRC Statewide Expansion Plan. Three additional pilot areas began the planning and development to become ADRCs, with all opening within the next few years. There are currently four pilot ADRC sites in Washington, covering 16 counties. Washington’s ADRC networks are built on the infrastructure of the state’s Area Agencies on Aging and their Senior Information and Assistance programs. In an ADRC, this foundation is expanded through the development of authentic partnerships that serve persons of all ages and disabilities. ADRCs are locally operated but must adhere to statewide standards.

In 2010, the ADRC Planning and Policy Committee was established to help the Department of Social and Health Services’ (DSHS) Aging and Disability Services (ADS) Aging and Long-Term Support Administration (AL TSA – formerly ADSA) create a 5-year business plan for the statewide expansion of ADRCs. The Expansion Plan was submitted and approved in 2011, with the implementation process beginning shortly afterwards. The purpose of the Plan is to achieve statewide coverage by well-functioning ADRCs in 5 years, and a complete statewide network of fully functional ADRCs in ten years. The current implementation process includes the establishment of topical workgroups to lay groundwork in four key areas: partnerships, standards, funding, and marketing.

Washington State’s ADRC program is called *Community Living Connections (CLC)*. This convention is used throughout the remainder of this document.

Provided below are the Vision Statement, Mission Statement, and Partnering Philosophy for the Washington State CLC program:

#### **Vision Statement**

Individuals and families confronting challenges around disabilities and aging throughout Washington State can easily access relevant options for services and supports that maximize independence and quality of life in their home and community.

#### **Mission Statement**

CLCs provide quality information and education about disability and aging supports and services, as well as assistance to access them.

#### **Partnering Philosophy**

We are better together; collaborative partnerships support high quality, responsive and accountable service delivery.

## Why Focus on Marketing?

In Washington State, there is virtually no built-in brand awareness around CLCs. Many individuals and service providers are unaware of the program and the pending evolution of Senior Information and Assistance programs across the State to CLCs serving individuals of all ages and with any disability. Building public awareness and visibility through brand identification and coordinated access processes is critical to the success of the effort. Marketing will occur statewide through efforts by Washington State agencies and locally by the CLCs themselves. Funding for marketing at both levels will be limited.

This Marketing Plan will serve to inform and guide statewide and local CLC promotional efforts by establishing a strong statewide brand, identifying target markets and key messages, and developing baseline marketing materials and strategies that can be customized for local markets. The Plan will be instrumental in coordinating State and local outreach efforts, and will aim to reduce costs for local agencies and their partners. As CLCs will promote end use awareness of both public and private providers, private providers may participate in CLC marketing, outreach, and public information efforts as part of local coalitions.

Local Area Agencies on Aging with established brands will be able to incorporate the statewide CLC brand under the umbrella of their organizational brand. By adopting elements of the Washington State CLC brand, they will be able to signal to end users that they are participants in a high-quality statewide network and so conform to specific standards.

## Role of the Marketing Plan

The purpose of this Marketing Plan is to provide consistent statewide guidance for how marketing will be done at the state and local levels. It establishes brand and core messages, identifies and describes target audiences, provides a range of tools and templates, and describes how promotional efforts will be tracked and evaluated. Most of the marketing efforts to promote CLC services in Washington will be done at the local level, by individual CLCs acting independently. These efforts should be aligned with, informed by, and assisted by State efforts.

The graphic on the following page highlights the Marketing Plan's role in informing both state-level and local marketing and promotional efforts:

## Federal ADRC Program



- ▶ Program Definition and Criteria of Fully Functioning ADRCs
- ▶ National Brand and Logo
- ▶ Technical Resources
- ▶ Brand Guidelines
- ▶ Templates/Tools/Resources

## Washington State Community Living Connections: Linking You to Personalized Care & Support Options



### State-level Marketing Plan

- ▶ Core Brand
  - » Key Messages
  - » Logo and Colors
- ▶ Identify and Research Target Markets
  - » Profiles
  - » Suggested Messages
- ▶ Recommended Promotional Strategies
- ▶ Metrics and Evaluation
- ▶ Templates/Tools/Resources

*guidance for State-level promotional efforts*

### State-level Promotional Efforts

- ▶ Target Audiences
  - » State Policy Makers
  - » Funders
  - » Regional Partners
  - » Others

*templates, tools, and guidance for local CLCs*

CLC

CLC

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### Local Marketing Plans

- ▶ Local Brand Aligned with State Brand
  - » Refined Key Messages
  - » Logo and Colors
- ▶ Refined Target Markets
- ▶ Promotional Efforts
- ▶ Metrics and Evaluation

### Local Promotional Efforts by Each CLC

- ▶ Target Audiences
  - » Providers
  - » Intermediaries
  - » Clients/End Users
  - » Others

More General; Lesser  
Promotional Effort

More Specific; Greater  
Promotional Effort

Source: BERK, 2013



## II. OBJECTIVES OF CLC MARKETING EFFORTS

**Goal of CLC Marketing Efforts:** To raise awareness of CLCs among various groups and promote CLC services and benefits to potential clients and their families or representatives, partners, legislators, caregivers, and other identified groups.

***Primary Objectives:***

- Encourage potential clients and their families or representatives to turn to their local CLC when they need help.
- Highlight the benefits of partnering with local CLCs to service providers and caregivers.
- Promote benefits and create awareness of CLCs among policy makers to pave the way for expansion and sustainability.

### III. WASHINGTON CLC CORE BRAND & KEY MESSAGES

This section describes the statewide brand and core messages that are to be used in marketing efforts by the State and local CLCs. The purpose of developing a statewide brand is to ensure CLCs are presented in an aligned fashion across the State, creating assurances to clients and potential clients that each local CLC is sanctioned by the State and part of a Washington State (and federal) network of high-quality organizations that adhere to established high standards.

While adherence to the statewide brand and core messages is mandatory, individual promotional campaigns at either the State or local level may emphasize various elements of the overarching Washington State CLC brand at different times. Local CLC branches are strongly encouraged to develop campaigns that best suit their region and to emphasize messages that are most likely to resonate with their target audiences.

#### Name, Logo, Website, and 1-800 Number

##### Name

In Washington State, the ADRC program is named **Community Living Connections** and the tagline is *Linking You to Personalized Care and Support Options*.

##### Logo

The State logo is displayed below. Local ADRCs can choose to display their local logo as the primary logo on marketing materials; however, in these cases, the State and Federal logos are to be displayed as secondary logos. Displaying these logos is important, as they indicate to consumers that the local program is part of a State and Federal network. Please go to [the Washington State ADRC Project Web Page](#) to access the Community Living Connections logo graphic options.



The national ADRC logo, designed to complement existing logos or other branding developed by state and local ADRCs, is shown below. If used as either a primary or secondary logo, it must remain unaltered. Please go to [The National ADRC Logo Web Page](#) to find out more about the logo, appropriate use, and alternate formats.



In addition, all marketing materials will include a link to the statewide CLC website and 1-800 number, once available.



## Local CLC Co-branding

When producing marketing materials, it is important for local CLCs to make clear that they are tied to the state CLC and national ADRC programs, while also maintaining and projecting their unique local identity. Co-branding with state and local logos can be an effective way to achieve these goals. As noted above, local CLCs can choose to display a local CLC name and logo as primary; however they must also display the state logo and name as secondary. Another alternative is to present the state logo and name as primary and the federal logo and name as secondary. If displaying all three logos, it is important to consider size and location of each, so they are complimentary and not confusing to the reader.

## Website

The statewide public-facing website will be configured to provide statewide information, links to each of the local CLCs, and a searchable database of geographically-specific community resource information.

## 1-800 Number

The statewide 1-800 number automatically connects the caller to their local CLC. If the consumer and CLC specialist determine a need to facilitate a warm transfer to another person or organization, or add additional parties to the call, the specialist can employ a conference call function to connect to the party(ies).

## Voice and Communications Approach

The following guidelines summarize the recommended voice and approach when communicating about CLCs in Washington. In summary, **all local and State campaigns should be consistent in terms of being accessible, telling real stories about real people, and being outcome-focused.**

- Use accessible, easy to understand language.
- Use real people, real quotes, and real examples.
- Use people-first language in all marketing materials. See **Section E** of the **Appendix** for guidelines on using people-first language.
- Focus on clients' real experiences and testimonials.
- Tell personal stories and use novella-like formats.
- Use images of people who look like the target consumer population – multicultural, spanning the lifespan, and with diverse abilities.
- Be as specific to CLC services as possible – avoid generic images or slogans.
- Speak to action and results, and show anecdotal examples of successful outcomes.

## Core Messages

*There are four core messages that ground the Washington CLC brand:*

- 1) CLCs are **effective** in producing results and getting people the help they need.
- 2) CLCs provide an **individualized** and **person-centered** approach tailored to each client's specific situation, preferences, and goals.
- 3) CLCs are **objective** and unbiased, focused solely on meeting clients' needs without any conflict of interest.
- 4) CLCs foster **independence** by providing high quality and relevant consumer education and supporting the ability to choose from a range of options (i.e. options counseling).

The over-arching CLC brand incorporates all of these core messages. **Local CLC branches can choose which elements to emphasize**, depending on the characteristics of the local audiences they are trying to reach.

The core messages are described in more detail below:

### **1) CLCs Will Connect You with Available Services and Supports (*CLCs are effective*)**

We want potential clients to know that CLCs *work* and that they can go to a network of CLC partners to get the help they need. Since much of the target population is unfamiliar with CLC services, as well as long-term service and support options, it is critical for marketing materials to establish that CLCs provide quality, effective services delivered by well-trained staff. They are places where older adults and people of all ages with disabilities can go to receive practical and meaningful assistance. The expertise of CLC staff is critical, and it should be emphasized that CLCs are effective because staff are knowledgeable and well-versed. In addition to educating audiences about the services CLCs provide, marketing materials should establish that CLCs are trusted by users both in Washington and nationwide, and have proven to be effective across the board.

### **2) CLCs provide Friendly, Personal Service Tailored to Your Needs (*CLCs offer individualized service*)**

Another key message is that CLC network services are individualized to meet each client's unique circumstances. CLC staff members are trained to listen to client's goals, needs, and preferences; then research relevant service and support options; and work with them to create a personalized action plan. The services provided will be tailored and person-centered. Clients will be respected as the experts in their own lives because they know their own capabilities and challenges, as well as what works best for them.

### **3) CLCs Provide Objective, Unbiased Information and Assistance (*CLCs are objective*)**

Clients will understand that CLCs focus on providing objective, unbiased information, and that staff have no financial incentive to favor one service over another. Information provision, options counseling, and access assistance are based entirely on conversations with the client that establish their desired goals, preferences, and needs. CLC network staff members have a great understanding of what services are available and will assist the client to analyze and make decisions from a range of options, depending on what the client has indicated is both needed and wanted.

### **4) You Get to Choose (*CLCs provide independence*)**

This message emphasizes that, when working with a CLC, clients and their families are the ones who choose how to proceed, including working with partner agencies. The CLC provides guidance and outlines a range of options and potential avenues within the CLC partner network, while the client drives the process. The client maintains his or her independence and dignity, and is able to make an informed decision through the help of the CLC network. This message speaks directly to options counseling (a centerpiece of CLC services), which is a decision-support process that provides the end-user with the best possible information regarding what his or her long-term care options are, allowing the client to deliberate and make a decision independently. This message also speaks to care transition coaching, in which the client leads the process and is coached to achieve successful independent action.

## **Examples of Effective Campaigns & Images**

Listed below are examples of images that speak to the core statewide CLC messages, using clear language, telling real stories, and highlighting successful outcomes:

- Image of a person with a disability holding a key and smiling, with the caption "This is the key to my house. The CLC helped me find the housing program that made this home possible."
- Image of a smiling person with a disability working at a fast food establishment, with the caption "This is my son on the job at [insert fast food establishment]. The CLC helped us find the employment program that was right for him."

- Image of an older person sitting in a comfortable living room receiving care and smiling, with the caption “The CLC listened to me and helped me understand how I could stay at home and still get the help I need.”
- Image of a person with a disability or an older adult reviewing hospital discharge papers, with the caption “Thanks to my CLC Care Transitions Coach, I feel more in control of my own health and haven’t had to go back to the hospital.”
- Image of [several options – listed below] speaking with an ADRC specialist, options counselor, or care consultant, with the caption underneath “Struggling with who to call?”
  - a person with a physical disability
  - an older adult
  - a daughter/son of a frail older adult
  - a grandparent with a young child with a developmental disability
  - a parent with a child with a developmental disability
- Image of a person in a wheelchair using the electric lift of his/her van, with the caption “Because of the CLC, I was able to find an Independent Living Specialist who helped me understand that many things in life are still possible, even after my car accident.”

## IV. TARGET AUDIENCES: MESSAGING & CHANNELS

The core messages and brand described in the previous section represent core and common elements of CLC marketing efforts in Washington State. As CLC marketing must address a broad range of audiences, both State and local marketing efforts will also require a targeted approach that adjusts media and message appropriately.

A **target audience** or **target market** is a specified group for which messages and materials are designed. Target audiences are defined by distinguishable and noticeable aspects based on where they live and/or factors related to their age, culture, written and spoken language needs, position and role, economic circumstances, health or disability, or lifestyle preferences.

Different target audiences have distinct characteristics and needs. Messages and channels of communication may resonate strongly and be effective for one group, but fall flat with another. Thus, CLC marketers must be aware of who they are speaking to and customize messaging and channels of communication accordingly. Just as importantly, the CLC marketers coordinating these state and local efforts must consider *why* they are marketing to each group. Depending on the target audience, the goal of the marketing materials could vary significantly. For example, when marketing to potential clients (i.e. end users) the main purpose is to encourage them to reach out to the CLC when they need help. However, when marketing to policy makers, the purpose is to demonstrate that CLCs are worthy of policy and funding support.

In Washington State, we have identified four general categories of target audiences. Within each of these categories, there are a number of specific sub-audiences. The four general categories include:

- Policy Makers/Regulators
- Partners/Providers
- End Users
- Intermediaries/Influencers

The matrix in Appendix F highlights marketing objectives, key messages, primary channels of communication, and communication methods/tools for each specific market under the general categories listed above. It is designed to serve as a valuable reference tool for the State and local CLCs as they produce targeted marketing materials and develop marketing campaigns aimed at specific audiences.

## V. METRICS FOR EVALUATION

The following metrics will be used to track and assess the success of this Marketing Plan and statewide CLC marketing efforts overall. These metrics will be used to evaluate State and local performance outputs (efforts and activities) and outcomes (the impact or results of those outputs). They include both subjective indicators and quantifiable measures.

- **Consistency in marketing efforts statewide**
  - Are local efforts consistent with the Marketing Plan, including branding guidelines?
  - Is the State logo being used effectively and correctly?
  - Are the website and 1-800 number appropriately referenced in state and local marketing collateral?
- **Outputs: are we seeing an appropriate level of activity?**
  - Summary count of State-level marketing engagements
  - Summary count of local marketing engagements
  - Summary count of positive news features
  - Summary count of partner organizations participating in marketing efforts
- **Outcomes: on an annual basis, are we experiencing a statistically significant positive impact from this activity?**
  - Is awareness of CLCs increasing among key stakeholders (among policy makers, partners, intermediaries, providers, and end users)?
  - Are more providers joining the CLC network?
  - Is use of CLC services increasing?
  - Is use of CLC services increasing among specific populations and marketing cohorts?
  - Are successful outcomes being achieved for individuals?
  - Are successful outcomes being achieved for partner organizations?

## VI. APPENDICES: TOOLS & TEMPLATES FOR LOCAL CLCS

This Appendix includes potential tools and templates for the benefit of local CLCs. They are designed to assist local CLCs in easily and efficiently developing marketing materials aligned with the core brand. Included in this section are:

- A. A brief “Marketing 101” primer (including key terms and steps for developing a local marketing campaign)
- B. A link to the National ADRC Technical Assistance Exchange website
- C. Guidance for choosing and utilizing various marketing mediums
- D. Summary documents and resources
- E. Guidelines for using people-first language
- F. Target Market Matrix

### Appendix A: Marketing 101

#### Key Terms

Below are some basic definitions of key marketing terms, some of which have already been discussed in previous sections. Local CLC staff developing marketing campaigns and materials should be familiar with the terms and concepts below.

**Marketing:** The activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large. (American Marketing Association)

**Marketing Plan:** A guide to how marketing will be accomplished. A marketing plan establishes brand, identifies and describes target audiences, determines promotional strategies, and describes how promotional efforts will be tracked and evaluated.

**Brand:** A brand is the sum total of every experience people, consumers, clients, and target populations have with a company or organization and their products and services. While desired brands are created and shaped, most importantly, real brand lives in the minds of consumers or clients. In the case of CLCs, the brand should convey a sense of the key offerings: the core “CLC philosophy” and desired outcomes for clients.

**Target Markets/Target Audiences:** Marketing is not about you. It is about your target audiences and their needs, preferences, role, and information processing habits. A target audience or target market is a specified group for which messages and materials are designed. Target audiences are defined by distinguishable and noticeable aspects based on where they live and/or factors related to their age, culture, written and spoken language needs, position and role, economic circumstances, health or disability, or lifestyle preferences.

**Promotion:** The publicization of a product, organization, or service to increase awareness and use or sales. Promotion includes all the ways available to make a product and/or service known to and purchased or used by customers and clients.

**Advertising and Public Relations:** Promotional messages delivered via various print and non-print media, including newspapers, the Internet, TV and radio, events, etc. While advertising is paid, PR is free, but may require an investment of staff time and energy to achieve.

**Channels or Media:** Methods of communicating with target audiences, directly or indirectly.

## Steps for Developing a Local Marketing Campaign

Provided below is a suggested outline of steps in developing a local marketing campaign. These steps are based on the “Marketing to External Audiences” provided on the ADRC Technical Assistance Exchange website. Please consult the paper for greater detail and further explanation: [Marketing to External Audiences](#).

**1) Define your target.** Who are your target markets? Determine who you are trying to reach. Each campaign will likely include materials that are geared towards a broader audience, as well as materials that are tailored for specific audiences and markets. Use the matrix in **Appendix F** to identify which groups you want to target with the campaign and appropriate media and messages for them.

**2) Profile your target.** Gain a better understanding of your broader eligible population, as well as the target audiences you have chosen to market to. Every CLC will cater to its particular local population, with key differences in factors such as race or ethnicity, income, average educational attainment, rural or urban population, and various cultural elements.

As a local CLC, you have the best understanding of your population. It is up to you to make sure you know your population’s needs, preferences, and habits. Along with inherent knowledge, it can be helpful to use Census and other demographic data or (if possible) surveys and interviews to research and learn more about your eligible population. Similarly, when you are creating materials for a specific audience, make sure you know as much about the group as possible. Ultimately, the more you understand and know about who you are marketing to, the more likely your campaign is to resonate and be effective.

**3) Develop Materials.** Once you have determined who you are trying to reach and have learned as much as you can about their needs and preferences, it is time to begin producing materials. The overarching approach, messaging, and brand should align with the elements outlined in **Section III**. However, as a local CLC, you are encouraged to emphasize messages most likely to resonate with your target audiences and to develop language and messages that best suit your population and region. Use the guidelines in **Appendix C** to determine which marketing media you should utilize as part of your campaign. The vehicles you choose should get your message across effectively, cause your audience to pay attention, and reach them where and when they will be most receptive to the message.

**4) Pretest Materials.** If possible, it is always best to share your prototype materials with members of your target audience(s) to receive input and feedback and to gauge how effective your materials are. Pre-testing can be done through focus groups, interviews, self-administered questionnaires, and readability testing. Once feedback has been received, you must determine whether you want to revise your materials, and how you will do so.

Key areas to consider when receiving feedback on pretest materials are:

- *Are the messages comprehensible?* Do members of the targeted audience understand the language being used? Is the key messaging coming through?
- *Are the messages on target?* Does the audience find the messaging persuasive? Do they react as intended? Are there any parts of the messaging they do not relate to?
- *Are the materials appealing?* Does the audience like how the materials look? Do they attract positive attention? Is the design appealing?
- *Are there mistakes in the materials?* The audience may be able to find mistakes that were missed by those producing the materials.

**5) Prepare for Campaign Implementation.** Before implementing the campaign, you will need to plan around a number of key areas. Each of these questions must be addressed before moving forward with the campaign:

- How will you produce and disseminate materials?

- How will you generate media coverage for your campaign?
- Have you built the internal capacity to ensure that you and your staff are prepared to manage the campaign (e.g. media inquiries, questions from the public, increased volume of calls)?
- Will you get partner organizations involved in the campaign? If so, how?
- How will you monitor and evaluate the effectiveness of your campaign? (Consider metrics such as call volume, providers in the CLC network, and feedback from partners. See **Section V** for additional ideas.)

## Appendix B: Key Resource: Technical Assistance Exchange (TAE) Website

The Technical Assistance Exchange (TAE) website is sponsored by the US Administration on Community Living and provides an enormous amount of resources for CLC program administrators and staff. It is an excellent resource for CLC information generally and includes various resources relevant to marketing, including instructional briefs and papers, example materials, other states' plans, and a range of additional valuable materials. Local CLCs are encouraged to first consult the TAE website when additional information or support around marketing efforts is needed. The link to the website is: [www.adrc-tae.org](http://www.adrc-tae.org)

## Appendix C: Guidance for Specific Media

An integrated marketing campaign can include a broad array of different media and collateral. It is important to recognize the advantages and disadvantages of each type of media, when choosing the right format for the message. Different types of messages benefit from different mediums, and even more importantly, you will likely reach different audiences depending on the vehicle you choose. For example, if you are trying to reach older adults, print advertisement may be more effective than social media. It is critical to consider who your audience is, as well as the depth and breadth of your message, when deciding *how* you will convey that message. In addition to locally produced marketing materials, CLC's can adopt canned materials produced by the state, including a brochure and a print advertisement.

Provided below is a list of common vehicles used in marketing campaigns, as well as a description of how and when each medium may be used most effectively. Also included below are sample templates for CLC brochures and print advertisements.

### Website

A website is the best place to provide detailed information about CLCs and to make a strong, compelling case to potential clients and other target audiences about their benefits. Those who go to the website are likely already interested in CLCs and looking for more information, so do not hesitate to elaborate and delve into specific details about the program. Take advantage of the ability to include nested links and pages so visitors to the website can easily find what they are looking for.

Consider a website an appropriate medium to reach a relatively broad spectrum of interested parties. While some older adults and persons with disabilities seeking help may be less internet-savvy, they often have caregivers or others in their life that will access the internet to obtain more information.

Developing a successful website requires some financial investment and technical expertise, as well as a good understanding of design elements and website navigation issues. Above all else, a website should be easy to use, and information should be easy to obtain. It does not have to be fancy, but it should be clear and easy to navigate. It is important that efforts are made to make the website accessible to those who are sight or hearing impaired.



## Brochure

Print brochures are also a good medium to provide relatively detailed information about CLCs and their benefits. However, given the limited space for text (in comparison to a website), the messaging must be more pointed and condensed. In addition, those who pick up brochures in doctors' offices or health clinics may not necessarily be aware of what a CLC is or may not have much initial interest in the program. Therefore, brochures should include clear, introductory text up front and make an attempt to quickly convey to the reader *how* CLCs work and *why* CLCs might matter to them. Following this initial text, the brochure can delve into more specific detail about the different components of the program and how it operates. The benefits and positive outcomes of the program should be emphasized. The focus of the brochure can be about the CLC generally or a specific component of the program, such as options counseling.

Like a website, brochures can reach a relatively broad audience (depending on where they are distributed). They are an especially good way to reach out to older adults, who are more accustomed to and comfortable with traditional print media. Producing a brochure requires relatively little financial investment or expertise, but a good understanding of brochure design and formatting is important. A template for a sample CLC brochure, to help guide local CLC efforts, will be provided by ADSA.

## Print Advertisement

With print advertisements, the messaging must be more direct and succinct than brochures. While the medium does allow for some detail through paragraphs of text, they are typically a secondary element. The focal point of a print advertisement should be a compelling image and/or phrase that is likely to attract the attention of your target audience. Since they will likely be flipping through a magazine or newspaper when they encounter a print advertisement, the image and phrase (or phrases) must be poignant enough for them to take notice. Highlight successful outcomes of individuals working with CLCs (see "Examples of Effective Campaigns & Images" in **Section III**) and present key benefits simply and concisely.

Print advertisement allows you to target specific audiences, depending on where you choose to publish your message (e.g. local publications geared towards people with disabilities or older adults). Carefully consider who your message is targeting and research which publications may be most appropriate for reaching that audience. Similar to brochures, print advertisements can reach a relatively broad spectrum of people, but are particularly effective in reaching older adults.

The costs of producing and publishing print advertisements in local publications are relatively low, but a good understanding of how to design an effective print advertisement is important for producing an effective product. A template for a sample CLC brochure, to help guide local CLC efforts, will be provided by ADSA.

## Radio and Television Spots

Radio and television spots allow very little room for details or specifics, but work well to tell short, compelling stories and provide a high-level description of the purpose and benefits of the program. Radio stories can clearly depict how someone could successfully contact the CLC and receive assistance. They are especially effective with certain age groups, cultures and for those with low literacy skills. When repeated over several days and at different times in the day, radio spots can pave the way for individuals who at first are uncertain, to feel more comfortable contacting the CLC. These media are great ways to reach a broad audience and a large number of people, including friends and relatives of people who could benefit from CLCs. It is likely, however, that the majority of people who listen to or watch the spot will have no interest in CLCs. In addition, running spots on local radio and television stations can be costly. Radio stations will have good expertise in creating effective short stories to meet specific target audiences and can develop a package that fits an organization's budget. Producing a television commercial requires a significant amount of technical expertise and investment in production. For more affordable television marketing, CLCs can contact their local cable stations for potential spots on their public access

channels. Both media can be highly effective tools for raising awareness about CLCs. However, radio spots will likely be more realistic for most CLCs, given limited marketing funds and the high cost of television advertising.

### **Social Media Campaigns**

Social media campaigns through Twitter, Facebook, and other options allow for short, succinct messages to be sent in real time, providing a great medium for awareness-raising and sending brief reminders. While social media tools do not support in-depth descriptions, they do support links to more detailed web pages or documents.

Social media campaigns are a highly effective way of reaching a younger demographic, but are unlikely to receive significant traction among older adults. Setting up and maintaining a social media campaign requires continual attention and investment of staff time. CLCs that consider this option will want to ensure they have sustainable, skilled, and dedicated staffing to keep the messaging fresh and up-to-date.

## **Appendix D: Concise Summaries to Be Used in Marketing Materials**

Provided below are some concise summaries of key CLC functions and talking points, presented in “plain speak.” This text may be incorporated directly into written marketing materials or used as brief talking points for oral presentations.

### **An Overview/Introduction to CLCs**

The Community Living Resources (CLC) Program is designed to help people of all ages, incomes, and disabilities (and their families) get the home and community supports and services that they need. The program helps individuals and their families by providing information about possible services and supports, and by linking people to the services and supports that they choose. A process that could otherwise be very challenging and even overwhelming can be made much easier by engaging a CLC to guide people through options and help them make the best decisions for their future.

### **Summaries of Specific CLC Functions/Services**

#### ***Providing Information and Awareness***

People of all ages, disabilities, and income levels know they can turn to their local CLC network for reliable information about many types of home and community-based services and supports as well as residential options. CLC information and awareness services are there to educate the public about service options and where to turn for help in navigating the complex array of long-term services and supports. CLCs also provide personalized assistance to individuals so they can find their way through the maze of organizations and agencies that offer services and supports, and to help them better understand eligibility issues and applications that could otherwise seem overwhelming.

This service includes the easily accessible Community Living Connections website for individuals seeking information, as well as service organizations, private businesses, and the general public. It provides a range of general information, educational materials, and research, including links to partners, downloadable and electronic applications forms, opportunities to connect directly to a local CLC, a searchable statewide resource directory, and much more. A self-service portal will provide the means to confidentially share information, request assistance, and submit applications, as well as tools for customized searches of the resource directory.

#### ***Options Counseling and Assistance***

The CLC Options Counseling and Assistance service is designed to help individuals of all income levels learn and make informed decisions about immediate and ongoing support options. The CLC Options Counselor helps the individual connect to those services and supports that best meet their personal needs and preferences. Options Counselors guide individuals through hard questions and difficult decisions so that they can make the best possible

choices for their own future. They use an approach that is person-centered and directed by the individual, resulting in a plan of action that best fits each individual's unique situation, preferences, and needs. Options Counselors have successfully completed a national training and certification program.

Options Counseling includes the following steps: 1) A personal interview to discover strengths, values, and preferences of the individual and the usage of screenings for public programs, 2) a decision support process which explores resources and service options and supports the individual in weighing pros and cons, 3) developing steps toward a goal or a long term support plan and assistance in applying for and accessing support options when requested, and 4) quality assurance and follow-up to ensure supports and decisions are working for the individual.

### ***Person-Centered and Evidence-based Care Transitions***

Care transitions happen when an individual moves from one provider or setting to another (e.g., from hospital to home or nursing home, or from facility to home and community based services). For people living with serious and complex illnesses, these transitions are especially challenging and are often prone to errors. Medication errors, poor communication and coordination between providers, and an increase in preventable negative events have drawn national attention to efforts to improve the safety and effectiveness of care transitions. Providers understand that poor transitions can have negative outcomes, but struggle with a lack of collaboration across settings, limited resources, and a growing aging population with multiple chronic conditions. Evidence-based Care Transition models are proven to create positive outcomes for both individuals and healthcare providers, including reduced re-hospitalizations.

CLC Care Transition Coaches first meet individuals while they are still in acute care or long-term care settings and then follow them intensively over a period of approximately one to three months after they've transitioned to their new setting or provider. The main goal is to ensure that individuals and their caregivers understand post-discharge instructions for medication and self-care, recognize symptoms that signify potential complications requiring immediate attention, and make and keep follow-up appointments with their primary care physicians. In addition to a reduction in re-hospitalization rates; individuals indicate they feel more empowered to be full partners in their own care and caregivers indicate that they are more able to provide help that genuinely augments their loved one's own autonomy and abilities.

### ***Care Coordination***

After participating in Options Counseling and in order to remain in their home or community, some individuals may need multiple services and/or related activities performed on their behalf and are unable to obtain the assistance on their own. They also may not have family or friends who are able and willing to provide adequate assistance. In these cases, CLC Care Coordination may be available to provide a longer-term, person-centered plan of care that allows them over time to achieve the highest level of independence possible. In some CLCs, the organization may use this term for a staff who assists an individual from intake, helps them through options counseling and assistance, and provides longer-term assistance as needed.

### ***Quality Assurance and Continuous Quality Improvement***

Quality Assurance and Continuous Improvement are a part of every ADRC system and help ensure that services meet the highest standards, as well as ensure the public and private investments in ADRCs are producing measurable results.

Washington State's CLCs use an electronic information system to track individuals served, services provided, performance outcomes, and costs; in order to continuously evaluate and improve the CLCs and service delivery. At both the state and local level, processes are in place to obtain input and feedback from individuals and their families, as well as partnering organizations in the CLC network - its operations, services used and ongoing development.

Every CLC should have measurable performance goals and indicators related to its visibility, trust, ease of access, responsiveness, efficiency and effectiveness. CLCs routinely track and monitor consumer demographics and individual-level outcomes such as diversions from institutional care, Care Transitions, the impact of Options Counseling on individuals, as well as systems-level outcomes such as service utilization by setting and cost-savings.

### **Talking Points for Engaging with Policy Makers**

Below are some key talking for explaining to policy makers why CLCs are important.

- The timely support that CLCs help to provide can prevent or delay the need to access government services, saving federal, state and local funds and resources.
- Fully functional CLCs are an efficient and effective use of State funding that improve citizens' quality of life and lessen the strain on the State's social service network.
- By linking consumers with services and supports that match their specific priorities and preferences, CLCs have the ability to assist individuals to remain at home or in their communities.
- CLCs help bring together human and health services to better coordinate care across the lifespan, across settings and within local communities, thereby reducing waste and duplication of efforts.
- CLCs use formalized Quality Assurance and Continuous Quality Improvement methods, measurable performance goals, and indicators related to its visibility, trust, ease of access, responsiveness, efficiency and effectiveness.
- All CLC Options Counselors complete a national training and certification program.
- CLCs utilize evidence-based Care Transition models and coaches are formally trained in the models.
- CLCs serve persons of all economic brackets, providing unbiased and comprehensive information, expert advice, and decision-support services.
- The CLC website and resource directory contain information about public AND private-pay services and supports that help individuals remain at home, in the community; or when needed, choosing a higher level residential community.

### **Talking Points for Engaging with the Local Business Community**

Businesses can partner with CLCs by helping to facilitate, sponsor, or promote CLC activities. They can provide valuable insight into marketing to the private pay population and the local workforce. Below are some talking points regarding potential benefits to businesses partnering with CLCs.

- Your expertise, input and feedback about CLC services can help the CLC better serve your local community.
- Becoming a sponsor for a CLC service or activity helps get your name out as a business that cares about the community it serves, as well as providing exposure to previously untapped community members that may be interested in your services.
- Partnering with a CLC helps your constituents receive the trusted services they depend on from you, as well as exposes them to additional service and support options they might otherwise not be aware of.
- Helping to promote CLCs can improve your brand as a business that cares about the community and raise awareness among employees, their family members, and the general community about CLC services.

## Appendix E: Guidelines for People-First Language

The Washington State Developmental Disabilities Council and Self Advocates in Leadership Coalition provide the following guidelines for using people-first language. All State and local CLC marketing efforts should make sure to use people-first language in all marketing materials.



People-first language uses words that reflect awareness, dignity and a positive attitude about people with disabilities. Emphasis is placed on the person first, rather than the disability. Example: "John is a writer who has a disability," rather than "John is a disabled writer." By using people-first language, we gently create awareness that the focus/subject is the person, thereby demonstrating respect toward that person.

### People-First Language Preferred Expressions

<b>Say/Write...</b>	<b>Instead of...</b>
Child with a disability	disabled, invalid or handicapped child
Individual with cerebral palsy	palsied, CP or spastic
Person who has....	Afflicted, suffers from, victim of
Nonverbal (with speech)	mute or dumb
Child(ren) with autism	autistic
Developmental delay	slow or retarded
Emotional disorder/mental illness	crazy or insane
Deaf or has a hearing impairment	deaf and dumb
Communicates with sign language	signer
Uses a wheelchair	confined to a wheelchair
Has a cognitive disability	retarded
He has epilepsy	epileptic
Adult with Down syndrome	mongoloid, suffers from Down syndrome
Has a learning disability	is learning disabled
Has a physical disability	is physically disabled/crippled
Non-disabled	normal, healthy
Congenital disability	birth defect
Condition	disease (unless it is indeed defined as a disease)
Seizures	fits
Cleft lip	hare lip
Has mobility impairment	lame or crippled
Paralyzed	invalid or paralytic
Has quadriplegia	quadriplegic
Has paraplegia	paraplegic

Source: Washington State Developmental Disabilities Council, 2012

## Appendix F: Target Markets Matrix

In Washington State, we have identified four general categories of target audiences. Within each of these categories, there are a number of specific sub-audiences. The four general categories include:

- Policy Makers/Regulators
- End Users
- Partners/Providers
- Intermediaries/Influencers

The matrix below F highlights marketing objectives, key messages, primary channels of communication, and intermediaries for each specific market under the general categories listed above. It is designed to serve as a valuable reference tool for local CLCs as they produce targeted marketing materials and develop marketing campaigns aimed at specific audiences.

Specific entities listed under each of the headings are meant to be a starting point that can be built on. For additional ideas of organizations, go to [http://www.sos.wa.gov/library/wa\\_orgsubjects.aspx](http://www.sos.wa.gov/library/wa_orgsubjects.aspx) to find a list of Washington association and organization websites by subject.

The following color key is used to identify whether audiences should be targeted by the State, local CLCs, or both:

Audience should be targeted by State	Blue
Audience should be targeted by local CLCs	Yellow
Audience should be targeted by both State and local CLCs	Green

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
1) Policy Makers/Regulators					
1A	<b>Governor's Office, and Legislature</b> (State efforts: educational focus, responding to informational requests)	<ul style="list-style-type: none"> <li>• Become knowledgeable about ADRCs (Community Living Connections) and successful outcomes</li> <li>• Provide policy and funding support.</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs are an efficient and effective use of State funding that can help leverage personal and/or private options for LTSS.</li> <li>• CRCs serve all populations.</li> <li>• CRCs partner with individuals to address their LTSS needs, often avoiding the need for Medicaid coverage.</li> <li>• CRCs partner with the private sector.</li> <li>• Washington State is a national leader in rebalancing the Medicaid LTSS system. Now is the time to turn our attention to the pre-Medicaid population, helping them find cost-effective and quality alternatives to Medicaid funded LTSS.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual reporting mechanisms</li> <li>• Briefings to Assistant Secretary, Secretary and Governor's office as appropriate or requested</li> <li>• Briefings to Legislature or meetings with Legislators or staff as requested</li> <li>• Legislative Hearings</li> </ul>	<ul style="list-style-type: none"> <li>• ALISA Assistant Secretary, HCS Director, and SUA Office Chief</li> <li>• Legislative aids</li> <li>• Aging &amp; Disability Advocacy Organizations</li> <li>• Aging &amp; Disability Advisory Councils</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
1B	<b>Governor's Office, and Legislature</b> (Local efforts)	<ul style="list-style-type: none"> <li>• Become knowledgeable about ADRCs (Community Living Connections)</li> <li>• Provide policy and funding support.</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs are an efficient and effective use of State funding that can help leverage personal and/or private options for LTSS.</li> <li>• CRCs serve all populations.</li> <li>• CRCs partner with individuals to address their LTSS needs, often avoiding the need for Medicaid coverage.</li> <li>• CRCs partner with the private sector.</li> <li>• Washington State is a national leader in rebalancing the Medicaid LTSS system. Now is the time to turn our attention to the pre-Medicaid population, helping them find cost-effective and quality alternatives to Medicaid funded LTSS.</li> </ul>	<ul style="list-style-type: none"> <li>• Annual and more frequent reporting mechanisms</li> <li>• Briefings to Legislature</li> <li>• Meetings with Legislators or staff</li> </ul>	<ul style="list-style-type: none"> <li>• Policy advisors</li> <li>• Legislative aids</li> <li>• Local Aging &amp; Disability organizations (e.g. AAAs, CILs, DD, etc.)</li> <li>• Constituents</li> <li>• Local advisory councils,</li> <li>• Local elected officials (county/city),</li> </ul>



	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
1C	<b>State Colleagues</b> (State efforts) <ul style="list-style-type: none"> <li>• DSHS               <ul style="list-style-type: none"> <li>○ Aging &amp; Disability Services (ADS)                   <ul style="list-style-type: none"> <li>▪ Aging and Long-term Support Administration (ALISA): HCS &amp; RCS</li> <li>▪ Behavioral Health and Service Integration Administration (BHSIA): DBHR and Alcohol/Substance Abuse</li> <li>▪ Developmental Disabilities Administration (DDA)</li> </ul> </li> <li>○ Children's Administration</li> <li>○ Economic Services Administration</li> <li>○ Indian Policy Advisory Committee</li> <li>○ Rehabilitation                   <ul style="list-style-type: none"> <li>• State Council on Independent Living</li> </ul> </li> </ul> </li> <li>• Healthcare Authority (HCA)</li> <li>• Dept. of Veterans Affairs</li> <li>• Dept. of Health</li> <li>• Office of the Insurance Commissioner (OIC)/Statewide Health Insurance &amp; Benefits Advisors (SHIBA)</li> <li>• Employment Security</li> <li>• Department of Commerce               <ul style="list-style-type: none"> <li>○ Developmental Disabilities Council</li> <li>○ LTC Ombudsman</li> </ul> </li> <li>• State Long-term Care Ombudsman</li> <li>• Certified Guardianship Program</li> <li>• Office of Civil Legal Aid                (<a href="http://www.ocla.wa.gov">Http://www.ocla.wa.gov</a>)             </li> </ul>	<ul style="list-style-type: none"> <li>• Support CLC implementation and coordinate related efforts to improve the consumer's experience learning about and accessing LTSS.</li> <li>• Encourage entities funded by state agencies to engage with their local CLCs</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs provide a valuable service and are a worthy effort.</li> <li>• CLCs serve all populations.</li> <li>• CLCs help people get to the right resource at the right time, recognizing individuals' unique needs and matching them to those with the expertise in serving specialized populations.</li> <li>• Rather than replace current expertise, CLCs facilitate a more responsive, relevant, and efficient LTSS system by getting to that expertise more quickly.</li> <li>• Find areas of collaboration to reduce costs and duplication; and improve consumer experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Interagency briefings &amp; meetings</li> <li>• Memoranda of Understanding (MOUs)</li> <li>• Cross-Training</li> <li>• Coordinated/Shared messaging for local partners/subcontracted entities</li> <li>• Marketing collateral</li> </ul>	<ul style="list-style-type: none"> <li>• Agency leadership</li> <li>• DSHS/ADS Website and CLC Website</li> <li>• Brochures, fact sheets</li> <li>• Outcome reports</li> <li>• CLC Statewide Planning &amp; Policy Committee Members (agency representatives)</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
1D	<b>Federal representatives</b> (Local efforts)	<ul style="list-style-type: none"> <li>• Provide ongoing and sustainable ADRC funding to all States.</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs are effective and efficient, serving all populations by providing personalized options counseling and assistance to understand and access LTSS, thereby reducing the need for more expensive or restrictive care, whether paid for with public and private funds.</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-annual grant Reports</li> <li>• National Meetings</li> <li>• Localized Case scenarios</li> </ul>	<ul style="list-style-type: none"> <li>• State and local elected officials</li> <li>• constituents,</li> <li>• advisory councils</li> <li>• national, state, and local aging &amp; disability advocacy organizations</li> <li>• private aging, disability, and LTSS businesses</li> <li>• Healthcare associations</li> <li>• Quality Improvement Organization</li> </ul>
1E	<b>Local government officials</b> (Local efforts)	<ul style="list-style-type: none"> <li>• Provide ongoing and sustainable ADRC funding to all States.</li> <li>• Provide ongoing technical assistance and support for ADRC expansion and implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs will help our local community by improving social services and health care.</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing Collateral</li> <li>• Presentations to local leaders</li> <li>• Localized Case Scenarios</li> <li>• Marketing Collateral</li> <li>• Local Outcome Reports</li> <li>• Listing of Local Partners</li> <li>• Cross-agency coordination Scenarios</li> <li>• Site visit Invitations</li> </ul>	<ul style="list-style-type: none"> <li>• Local aging &amp; disability advisory committees</li> <li>• Local aging &amp; disability coalitions</li> <li>• Constituents</li> <li>• Local government agency leadership</li> <li>• Local Health Care Providers</li> <li>• CLC Website</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
<b>2) Partners/Providers</b>					
<b>2A</b>	<b>State level service providers and provider organizations or associations</b> (State effort) <ul style="list-style-type: none"> <li>• 211info &amp; WIN 211</li> <li>• ACIL-Washington</li> <li>• Disability Rights of Washington</li> <li>• PAVE (Family to Family Program)</li> <li>• Lifespan Respite Coalition of Washington</li> <li>• State Long Term Ombudsman</li> <li>• Traumatic Brain Injury Hotline</li> <li>• Home Care Association of Washington</li> <li>• Children's Home Society of Washington</li> <li>• Easter Seals</li> <li>• Washington Library Association</li> <li>• Within Reach</li> <li>• Washington Coalition of Sexual Assault Programs (WCSAP)</li> <li>• Parent Trust</li> <li>• Parent Help 123</li> <li>• Washington Connections</li> <li>• Washington Healthplanfinder</li> <li>• WHF Personal health Advocates</li> </ul>	<ul style="list-style-type: none"> <li>• Support CLC implementation and coordinate related efforts.</li> <li>• Develop Partnership Agreements as appropriate.</li> <li>• Encourage local-level CLC partnership engagement to learn about each other, coordinate cross referrals and develop partnership agreements</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs are channels for engaging clients and there is great potential for shared resources &amp; infrastructure.</li> <li>• Creating networks of CLC partners reduces the confusion faced by our constituents when navigating across systems and helps them understand and access services more efficiently</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing Collateral</li> <li>• Meetings with potential providers</li> </ul>	<ul style="list-style-type: none"> <li>• DSHS/ADS Website</li> <li>• CLC Website</li> <li>• DSHS/ADS Staff</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2B	<b>Area Agencies on Aging (AAAs)</b> (State effort)	<ul style="list-style-type: none"> <li>Embrace the CLC concept and effectively implement it throughout the Planning and Service Area (PSA) .</li> </ul>	<ul style="list-style-type: none"> <li>CLCs will enhance and improve the services provided by the AAAs;</li> <li>they continue the functionality of providing information and assistance and will expand the population served.</li> </ul>	<ul style="list-style-type: none"> <li>W4A meetings</li> <li>Management Bulletins</li> <li>Statewide Meetings</li> <li>Statewide and localized Training: Administration and Service Delivery</li> <li>Readiness Reviews</li> <li>Local Plan Development</li> <li>Technical Assistance</li> <li>Mentoring</li> </ul>	<ul style="list-style-type: none"> <li>DSHS/ADS Website</li> <li>CLC Website</li> <li>Policies and Procedures</li> <li>Management Bulletins</li> <li>Technical Assistance Tool Kits and Templates</li> </ul>
2C	<b>Veterans Administration (VA) Health Services</b> (State and Local effort) <ul style="list-style-type: none"> <li>U.S. Veterans Health Administration</li> <li>Veterans Integrated Health Network (VISN) 20</li> <li>Veterans Medical Centers</li> <li>Local Veterans Centers</li> </ul>	<ul style="list-style-type: none"> <li>Participate with Washington State to expand Veteran's Options Counseling and the VHA/ADRC Veterans Directed Home Services (VDHS) program statewide.</li> </ul>	<ul style="list-style-type: none"> <li>CLC Options Counseling and VDHS reduces overall costs for Medical Centers.</li> <li>Veterans at risk of institutional care can remain in their own homes.</li> </ul>	<ul style="list-style-type: none"> <li>Research study results from other states;</li> <li>VHA aggregate outcome reports</li> <li>One-one communications with VAMCs</li> <li>VISN/ALTSa meetings</li> <li>Coordination with Oregon State's ADRC program with VAMCs covering areas in both states (Walla Walla and Portland)</li> <li>Coordination with Washington State VDA and VAMCs to provide training to local Veteran's Centers</li> </ul>	<ul style="list-style-type: none"> <li>VA/Veterans Health Administration (VHA)</li> <li>Local CLCs and Sponsoring organizations</li> <li>DSHS/ADS ALTSa staff</li> <li>Washington State Department of Veterans Affairs (VDA)</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2D	<b>Indian Tribes</b> (Local effort)	<ul style="list-style-type: none"> <li>Tribes and ADRCs collaborate so that tribal members have improved experience in understanding and accessing LTSS.</li> </ul>	<ul style="list-style-type: none"> <li>CLCs can help the Native-American community have improved understanding of, and access to, health care and social services.</li> <li>Tribes can help CLCs understand how best to serve their members.</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with tribal leaders</li> <li>Marketing Collateral</li> <li>Presentations to tribal communities</li> <li>CLC Website and Resource Directory</li> <li>Individualized assistance</li> <li>Cross-Training</li> <li>Tribal Outreach</li> </ul>	<ul style="list-style-type: none"> <li>National Indian Council on Aging</li> <li>Local representatives to the Washington State DSHS Indian Policy Advisory Committee</li> <li>Tribal membership in local AAA/ ADRC and other related advisory councils or collaboratives</li> </ul>
2E	<b>Local chapters of professional associations</b> (Local effort) <ul style="list-style-type: none"> <li>Northwest AIRS</li> <li>Western Region Geriatric Care Management (WRGCM)</li> <li>National Association of Social Workers (NASW) Washington Chapter</li> <li>Bar Associations</li> <li>Volunteer Administrators</li> <li>Certified Move Managers</li> </ul>	<ul style="list-style-type: none"> <li>Co-support and collaborate on shared professional development, training, and community event opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>CLCs work with healthcare and social service professionals to connect patients/clients to community services and supports that help improve health outcomes for shared patients/clientele, as well as whole communities.</li> </ul>	<ul style="list-style-type: none"> <li>CLC Website</li> <li>Outreach and Education</li> <li>Marketing Collateral</li> <li>Discuss shared needs and collaboration options</li> <li>Collaborative Training</li> </ul>	<ul style="list-style-type: none"> <li>Champions within the associations</li> <li>Known colleagues already aware of ADRC services</li> <li>Local health and social service coalitions/networks</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2F	<b>Local private pay associations or members of state/national associations:</b> (Local effort) <ul style="list-style-type: none"> <li>• Western Region Geriatric Care Management (WRGCM)</li> <li>• Bar associations</li> <li>• Society of Certified Public Accountants,</li> <li>• Home care associations</li> <li>• Human Resource Management Associations</li> <li>• Credit Management</li> <li>• Insurance and Financial Advisors</li> <li>• Adult Day Services</li> <li>• Counseling Associations</li> <li>• Daily Money Managers</li> <li>• Chambers of Commerce</li> <li>• Fraternal and Sorority Organizations</li> <li>• National Association of Elder Law Attorneys</li> <li>• Washington State Association of Senior Centers</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with local CLCs to:               <ul style="list-style-type: none"> <li>○ Educate consumers</li> <li>○ Share or develop tools</li> <li>○ Develop cross referral protocols</li> <li>○ Shared participation and/or sponsorship in Community events (health fairs, resource fairs, education events, etc.).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with CLCs will expand consumers' understanding of private pay options and tools for analyzing and choosing services that best meet their needs .</li> <li>• Associations will see improved community understanding of their member qualifications and services.</li> <li>• Consumers will have the tools to choose qualified, ethical, and credentialed services.</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with leadership</li> <li>• Brochures</li> <li>• CLC Website: inclusion of association(s) in online CLC Resource Directory</li> <li>• Inclusion of "How to Hire" tools on CLC Website</li> </ul>	<ul style="list-style-type: none"> <li>• Local Coalitions and advisory committees</li> <li>• Known colleagues already aware of CLC services</li> <li>• CLC and CLC Sponsoring agency staff</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2G	<b>Local Human Service providers</b> (Local effort) <ul style="list-style-type: none"> <li>• Non-profit organizations</li> <li>• Private for profit organizations</li> <li>• Disability Services Network</li> <li>• Aging Services Network</li> <li>• Children's Services Network</li> <li>• Employment One Stops</li> <li>• Credit Counseling</li> <li>• Legal Services</li> <li>• Certified Guardians</li> <li>• Long Term Care Ombudsman</li> <li>• Home and Community Services</li> <li>• Independent Living Housing</li> <li>• Low-income Housing</li> <li>• Transportation</li> <li>• Translators and Interpreter Services</li> <li>• Parent to Parent</li> <li>• Family to Family</li> <li>• Law Enforcement</li> <li>• Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Partner with local CLCs.</li> <li>• Clarify referral protocols.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with CLCs will generate community understanding of each organization's services, costs, and access processes.</li> <li>• CLCs help you to better serve the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Interagency meetings</li> <li>• Marketing Collateral</li> <li>• Cross-training</li> <li>• MOUs (as appropriate)</li> <li>• Participation in CLC online Resource Directory</li> <li>• Invitations to participate in coalitions/collaboratives</li> <li>• Shared Marketing</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborating organizations</li> <li>• Provider Networks and Coalitions</li> <li>• CLC and Sponsoring Agency Staff</li> <li>• Community Leaders</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2H	<b>Local Healthcare Providers:</b> <ul style="list-style-type: none"> <li>Residential Care</li> <li>Nursing Facilities</li> <li>Hospitals;</li> <li>Emergency Response (EMTs/Fire Departments)</li> <li>Private clinics;</li> <li>Community Health Clinics</li> <li>Home Health/Hospice;</li> <li>Physical, occupational &amp; speech therapists;</li> <li>Dentists,</li> <li>Dental hygienists, etc.</li> <li>Community Behavioral &amp; Recovery Health Network</li> <li>County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Partner with the CLC to improve care transitions between settings.</li> <li>Help sponsor and/or participate in the development and implementation of evidence-based models (e.g. Care Transition Intervention®).</li> <li>Co-sponsor public education and wellness events.</li> <li>Participate in improving outcomes for individuals with chronic disease.</li> <li>Participate in shared advocacy efforts.</li> <li>Participate in grant proposals for improved systems of care.</li> </ul>	<ul style="list-style-type: none"> <li>CLCs can bring together the local health and community-based providers to improve outcomes for shared patients and the community as a whole.</li> <li>CLCs share many of the same goals as the healthcare community.</li> <li>CLCs can provide entrée into a wide array of home or community-based and long term services and supports.</li> <li>Partnering with CLCs may lead to additional collaborations that may benefit both.</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with leadership</li> <li>Marketing Collateral</li> <li>CLC Web Site</li> <li>Invitations to participate in local planning efforts</li> <li>Collaborate on consumer education events and products</li> <li>Participation in CLC Resource Directory</li> <li>Participation in staff meetings</li> <li>Outcome reports and studies from evidence-based models, other states, and local projects</li> </ul>	<ul style="list-style-type: none"> <li>CLC champions within the healthcare community</li> <li>CLC and CLC Sponsoring Agency staff</li> <li>CLC advisory committee or coalition members</li> <li>Local healthcare provider collaboratives</li> <li>Regional health networks</li> <li></li> </ul>



	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
21	<b>Legal Advocacy Groups</b> (State and Local efforts) <ul style="list-style-type: none"> <li>Disability Rights of Washington (DRW)</li> <li>Northwest Justice</li> <li>Columbia Legal Services</li> <li>Northwest Women's Law Center</li> <li>Professional Guardian Association</li> <li>Children's Advocacy Centers of Washington</li> <li>Alliance for Legal Justice (30 stateside, specialty and volunteer lawyer programs): <a href="http://www.allianceforequaljustice.org/">http://www.allianceforequaljustice.org/</a></li> </ul>	<ul style="list-style-type: none"> <li>Partner at the state level to share information with local CLCs about each group's focus, scope, services and referral protocols, as appropriate.</li> <li>Partner with local CLCs to better serve community members.</li> </ul>	<ul style="list-style-type: none"> <li>Partnering with CLCs will help in your marketing efforts: the CLC network will understand what you do and make appropriate referrals.</li> <li>CLCs help you to better serve the community.</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with leadership</li> <li>Marketing Collateral</li> <li>Invitations to participate in CLC Planning and Policy Committee as well as in local planning efforts</li> <li>Collaborate on consumer education events and products</li> <li>Participation in CLC Resource Directory</li> </ul>	<ul style="list-style-type: none"> <li>DSHS/ADS Staff</li> <li>CLC Statewide Planning &amp; Policy Committee</li> <li>CLC Website and Resource Directory</li> <li>Local CLCs and Sponsoring Organizations</li> <li>CLC state and local partners</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2J	<b>Population-specific Advocacy Groups and Councils</b> <ul style="list-style-type: none"> <li>Washington Association of Area Agencies on Aging (W4A)</li> <li>Association of Centers for Independent Living in Washington (ACIL-WA)</li> <li>State Council on Independent Living</li> <li>State Council on Aging</li> <li>Developmental Disabilities Council (DDC)</li> <li>AARP Washington</li> <li>Brain Injury Association of Washington</li> <li>ARC of Washington</li> <li>Alzheimer's Associations</li> <li>LeadingAge Washington</li> <li>Children's Alliance</li> <li>Low Vision/Blind</li> <li>Deaf and Hard of Hearing</li> <li>Eldercare Alliance</li> <li>National Alliance on Mental Illness (NAMI)</li> </ul>	<ul style="list-style-type: none"> <li>Partner with the CLC network (state &amp; local)</li> <li>Participate in the Statewide CLC Planning and Policy Committee.</li> <li>Join with others to support common interests and/or legislation.</li> <li>Disseminate information about CLCs.</li> <li>Promote CLCs to potential end-users.</li> <li>Advocate for CLC funding and statewide expansion.</li> </ul>	<ul style="list-style-type: none"> <li>Partnering with the CRC network will ensure the needs of special populations are included in state and local planning efforts as well as in operational practices and outcomes.</li> <li>Partnering will foster communication about shared goals, interests; and initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Multi-level Interagency meetings</li> <li>Marketing Collateral</li> <li>Cross-Training</li> <li>Participation in CRC planning, development, implementation, and ongoing performance outcome reviews;</li> <li>CRC participation in Advocacy Group events and meetings</li> </ul>	<ul style="list-style-type: none"> <li>CLC Statewide Planning and Policy members who represent special populations</li> <li>Marketing Collateral</li> <li>DSHS/ADS Website</li> <li>CLC website</li> <li>Other state/local CLC partners</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
2K	<b>Local Special Populations Advocacy Organizations and Coalitions</b> <ul style="list-style-type: none"> <li>• Aging</li> <li>• Functional Disability</li> <li>• Intellectual &amp; Developmental Disability</li> <li>• Disease-specific</li> <li>• Ethnic and Language Diversity</li> <li>• Homeless</li> <li>• Low Income Housing</li> <li>• LGBT</li> <li>• Children</li> <li>• Refugee</li> <li>• Behavioral Health</li> <li>• Easter Seals</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs have the ability and expertise to help all populations access wanted and needed services and supports.</li> <li>• CLCs support the current infrastructure of subject matter experts and professionals by helping streamline access to relevant services and supports; while reducing public confusion about who to contact and how to access them.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering with the local CLC network will ensure the needs of special populations are included in local planning efforts as well as in operational practices and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>• Participation in local CLC advisory council, collaborative, or consortium</li> <li>• MOUs</li> <li>• Marketing Collateral</li> <li>• Cross-training</li> <li>• One-on-one meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Local Provider Networks</li> <li>• Consumers</li> <li>• Community Leaders</li> <li>• CLC and Sponsoring Agency Staff</li> <li>• CLC partners</li> <li>• CLC Consortium and/or Advisory Council Members</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
<b>3) End Users</b>					
<b>3A</b>	<b>Older Adults and Persons with Disabilities</b> (State and local efforts)	<ul style="list-style-type: none"> <li>• Reach out to local CLC network when they need information and/or assistance.</li> <li>• Encourage peers to contact the local CLC network.</li> <li>• Participate in local CLC planning efforts.</li> <li>• Volunteer at CLC events.</li> </ul>	<ul style="list-style-type: none"> <li>• The CLC is a trusted resource that will provide you and your family and friends with objective personalized assistance to understand and access wanted and needed services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>• General media</li> <li>• Printed brochures in clinics, libraries</li> <li>• Outreach events</li> <li>• Educational events</li> <li>• Website</li> <li>• Social Media</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare community</li> <li>• Legal services (public and private)</li> <li>• Financial advisors</li> <li>• Accountants</li> <li>• Faith communities</li> <li>• CLC health and human services partners</li> <li>• AAA Advisory Council members</li> <li>• 211s</li> <li>• TBI Resource Center</li> <li>• Military family service centers</li> <li>• Libraries</li> <li>• Veteran's Centers</li> <li>• Military Family Service Centers</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
3C3B	<b>Family Members and Caregivers of Older Adults, Persons with Disabilities, and Children; including Kinship Caregivers</b> (State and local efforts)	<ul style="list-style-type: none"> <li>Contact CLCs to learn about long term service and support options and to access those wanted and needed options.</li> </ul>	<ul style="list-style-type: none"> <li>CLR CLC is a trusted resource that will provide you objective personalized assistance to understand and access wanted and needed services and supports.</li> </ul>	<ul style="list-style-type: none"> <li>General media</li> <li>Printed brochures in clinics, libraries</li> <li>Website</li> <li>Social media</li> </ul>	<ul style="list-style-type: none"> <li>Doctors, lawyers</li> <li>Accountants</li> <li>Faith communities</li> <li>Organizations serving older adults</li> <li>Advocacy organizations</li> <li>State and Local Government Agencies</li> <li>CLC health and human services partners</li> <li>Employer Associations</li> </ul>
3E	<b>Culturally Diverse and Limited English Populations</b> (Local effort)	<ul style="list-style-type: none"> <li>Contact CLCs to learn about long term service and support options and to access those wanted and needed options.</li> </ul>	<ul style="list-style-type: none"> <li>CLRs are effective ways to promote your services.</li> </ul>	<ul style="list-style-type: none"> <li>Relationship-building and outreach with community leaders of diverse populations</li> <li>Relationship-building with business owners serving diverse populations</li> <li>Partnership development with cultural and language-specific social service organizations</li> <li>Language-specific Outreach: radio novellas Outreach to School counselors, faith communities or other gathering places, and community health clinics</li> </ul>	<ul style="list-style-type: none"> <li>CLC and sponsoring agency staff</li> <li>CLC partners</li> <li>Culturally diverse business community</li> <li>Local Media (review data and develop outreach plan)</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
<b>4) Intermediaries/Influencers</b>					
<b>4A</b>	<b>Healthcare associations and other healthcare-related organizations</b> (State and local efforts) <ul style="list-style-type: none"> <li>• Qualis Health</li> <li>• WA State Hospital Association</li> <li>• Regional Health Networks</li> <li>• Washington Health Foundation (WHF)</li> <li>• Washington Rural Health Foundation</li> <li>• Washington Adult Day Services Association</li> <li>• Washington State Hospice 7 Palliative Care organization</li> <li>• Washington State Medical Association</li> <li>• Washington State Pharmacists Association</li> </ul>	<ul style="list-style-type: none"> <li>• Provide collaborative input into CLC statewide/local planning, development, and implementation.</li> <li>• Disseminate information about CLCs to association members or colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>• CLRs will help your patients receive the care and services they need</li> <li>• CLCs can help improve care transitions and reduce re-hospitalization rates</li> <li>• CLCs can support reduction in ER visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings with medical professionals and hospital leadership</li> </ul>	<ul style="list-style-type: none"> <li>• State and local SUA, AAA and CLC staff</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
4B	<b>Human Services Community</b> (Local effort)	<ul style="list-style-type: none"> <li>• Provide collaborative input into local CLC planning and development.</li> <li>• Disseminate information about CLCs.</li> <li>• Promote CLCs to potential end-users.</li> <li>• Participate in CLC networks as full partners.</li> </ul>	<ul style="list-style-type: none"> <li>• CLRs can help persons with disabilities and older adults receive the services and assistance they need, while providing them with dignity and choice.</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings</li> <li>• Email or mailings</li> <li>• Website</li> <li>• Brochures</li> <li>• Cross-trainings</li> <li>• Collaboratives</li> </ul>	<ul style="list-style-type: none"> <li>• CLC and sponsoring agency staff;</li> <li>• CLC community partners and advisory council members;</li> <li>• Provider networks and coalition</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
4C	<b>Business Community</b> (Local effort)	<ul style="list-style-type: none"> <li>• Participate in developing private pay options for families and individuals facing challenges aging and disability.</li> <li>• Work with CLCs and other local health and human service organizations to meet the needs of vulnerable populations.</li> <li>• Disseminate CLC information to employees.</li> <li>• Assist in developing sustainable CLCs.</li> <li>• Participate in CLC Resource Directory as a LTSS provider, a sponsor, or both.</li> </ul>	<ul style="list-style-type: none"> <li>• CLCs provide employees and their families with a place to turn when they are faced with decisions about caregiving or their long-term service and support needs.</li> <li>• CLCs support sustainable communities by helping people remain in their own homes and communities.</li> <li>• CLCs support aging-in-place, healthy communities, and livable communities.</li> </ul>	<ul style="list-style-type: none"> <li>• General media</li> <li>• Outreach to business associations</li> <li>• Marketing Collateral</li> <li>• Brainstorming Sessions</li> <li>• Website</li> </ul>	Chambers of commerce and other business, fraternal, sorority and human resource professional associations, economic development councils



	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
4D	<b>Faith Communities</b> (Local effort)	<ul style="list-style-type: none"> <li>Disseminate information about/promote CLR to potential end-users.</li> </ul>	CLRs can help older adults in your congregation get the resources and services they need, while maintaining their dignity and independence.	<ul style="list-style-type: none"> <li>Meetings with local interfaith associations, individual faith community leaders, Pastoral Counselors, and Parish Nurses</li> <li>Collaborations on community events</li> <li>Printed brochures</li> <li>Website</li> </ul>	CLC and sponsoring agency staff; CLC community partners and advisory council members

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
4E	<b>Higher Education</b> (State and local efforts)	<ul style="list-style-type: none"> <li>Disseminate information about/promote CLRs to potential end-users.</li> <li>Offer and promote classes and programs that help promote participant directed and person-centered LTSS.</li> <li>Participate in grants that help achieve the national ADRC fully functional criteria.</li> <li>Participate in CLC Planning and Policy Committee.</li> </ul>	<ul style="list-style-type: none"> <li>CLCs can help students with disabilities get the resources and services they need, while maintaining their dignity and independence.</li> <li>CLCs utilize evidence-based models to reduce re-hospitalization rates and increase patient activation.</li> <li>With the age-wave and ongoing increase in the population of persons with disabilities, education is needed to adequately serve them.</li> </ul>	<ul style="list-style-type: none"> <li>Meetings with university/college leadership</li> <li>Website</li> <li>Outcome reports</li> <li>Involvement in grant proposal design, implementation, training, and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>State DSHS/ADS staff;</li> <li>CLC and local sponsoring agency staff</li> <li>CLC state and local partners</li> <li>CLC healthcare and social service partners</li> </ul>

	Target Audience	Goal (Response we hope to see)	Key Messages	Communication Methods and Tools	Communication Channels
4F	<b>Advocacy Groups and Individuals</b> (Local effort) <ul style="list-style-type: none"> <li>Local agency Advisory Councils</li> <li>Special Population Advocacy groups</li> <li>Constituent Advocates</li> <li>Membership in Statewide Advocacy Groups</li> </ul>	<ul style="list-style-type: none"> <li>Understand what the CLC does and how it can serve an advocacy groups constituents.</li> <li>Learn about how CLCs can partner with the group to support advocacy efforts (e.g. the CLC can refer individuals needing advocacy or wanting to participate in advocacy activities).</li> <li>Participate in disseminating information about and promoting CLRs to potential end-users.</li> <li>Partner in shared advocacy efforts.</li> <li>Participate in the CLC resource directory.</li> </ul>	<ul style="list-style-type: none"> <li>CLCs can help persons with disabilities and older adults receive the services and assistance they need, while providing them with dignity and choice.</li> <li>CLCs streamline access to services and supports by reducing the need for duplicative calls to multiple organizations.</li> <li>CLCs work in partnership with many organizations within each community building a no-wrong-door CLC network .</li> </ul>	<ul style="list-style-type: none"> <li>Marketing collateral</li> <li>Scenarios</li> <li>CLC Website</li> </ul>	<ul style="list-style-type: none"> <li>State and national level advocacy groups partnering with the national ADRC or state CLC initiatives.</li> <li>National level funders partnering with the national ADRC initiative.</li> </ul>



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