

ADRC EXPANSION PLAN
PARTNERSHIP TOPICAL WORK TEAM – MEETING #1
February 22, 2012 | 2:00 pm to 4:00 pm

MEETING OBJECTIVES

- Share context and objectives for the project.
- Launch Work Team effort.
- Begin discussions of work products.

AGENDA

2:00 Greetings & Introductions

- Review agenda

2:15 Overview of ADRC Expansion Planning

- Overview of what ADRCs are
- Where we've been and where we are today
- Implementation Planning: Schedule & Role of Topical Work Teams
- Q&A

2:30 Partnership Work Team Scope of Work

- Review Task Understanding, Scope of Work, & Deliverables
- Review Meeting Schedule
- Q&A

2:45 Discuss Talking Points: the Benefits of Partnerships

- Review related inputs: Belief Statement and other
- Define audience for and purpose of talking points
- *Why are partnerships important to ADRCs?*
- *What are the benefits to participation for partners? How can ADRC's engage partners in a compelling and successful approach? What do potential partners need to hear?*

3:00 Discuss Preliminary Map of Partnerships

- Types of partnerships
- In what areas are partnerships needed (state and local distinctions as well as programmatic/functional distinctions)?
- What organizations should be included?
- At a high level: what forms may these partnerships take (time, financial support, other)?

3:30 Prepare for Next Meeting

- Tools and templates to support local partnerships: what is needed?
- What state level partnerships can we help advance?

4:00 Next Steps & Adjourn

Welcome!

***WASHINGTON STATE
ADRC PLANNING & POLICY COMMITTEE
ADRC EXPANSION PLAN IMPLEMENTATION***

***PARTNERSHIP
TOPICAL WORK GROUP***

FEBRUARY 22, 2012

Understanding ADRCs in Washington

Overview

- What is an ADRC
- What is WA doing with ADRCs
- Recap of the WA ADRC Strategic Plan

Why do we need ADRCs

Overview

- ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports.
- Through integration or coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long term supports, and help people more easily access public and private long term supports and services programs.

What do ADRCs do?

ADRCs provide consumers with the tools and knowledge they need to choose the best path for themselves...

In collaboration with partners...

Person-centered...

Consumer-directed...



National Vision for ADRCs

Aging and Disability Resource Centers...

Every community in the nation

Highly visible and **trusted**

People of **all incomes and ages**

Information on the **full range** of long term support options

Point of entry for **streamlined access** to services



Defining Characteristics of ADRCs

National Vision

- Seamless system from consumer perspective
- High level of visibility and trust
- Proactive intervention into pathways for services and supports
- Integration of aging and disability service systems
- Formal partnerships across aging, disability and Medicaid
- All income levels served

More a process than an entity

Operating Components of ADRCs

National Vision

- **The five operational components of ADRC programs:**
 - Information & Awareness
 - Options Counseling
 - Streamlined Access
 - Person-centered Care Transitions
 - Quality Assurance & Evaluation

Washington State

ADRC Progress 2005 - 2009

- **2005:**
 - Washington State is awarded its initial AoA and CMS funded ADRC Grant
 - Pierce County ADRC selected as first pilot site and began infrastructure, partnership and process development
 - **2006-8:**
 - Pierce County ADRC officially opens 7/1/2006
 - Pierce County continues development: target population expansion, partnership expansion, community resource listings, staff training, social marketing, and service data management/reporting.
 - **2009:**
 - Washington State is awarded AoA-funded 3-year ADRC Expansion Grant
 - Three new pilot areas participate and begin planning/development.
 - Northwest Regional Council (Whatcom & Pierce Counties)
 - SE Washington Aging & Long Term Care (Walla Walla and Yakima Counties)
 - Aging & Long Term Care of Eastern WA (Ferry, Pend Oreille, Spokane, Stevens and Whitman Counties)
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Washington State

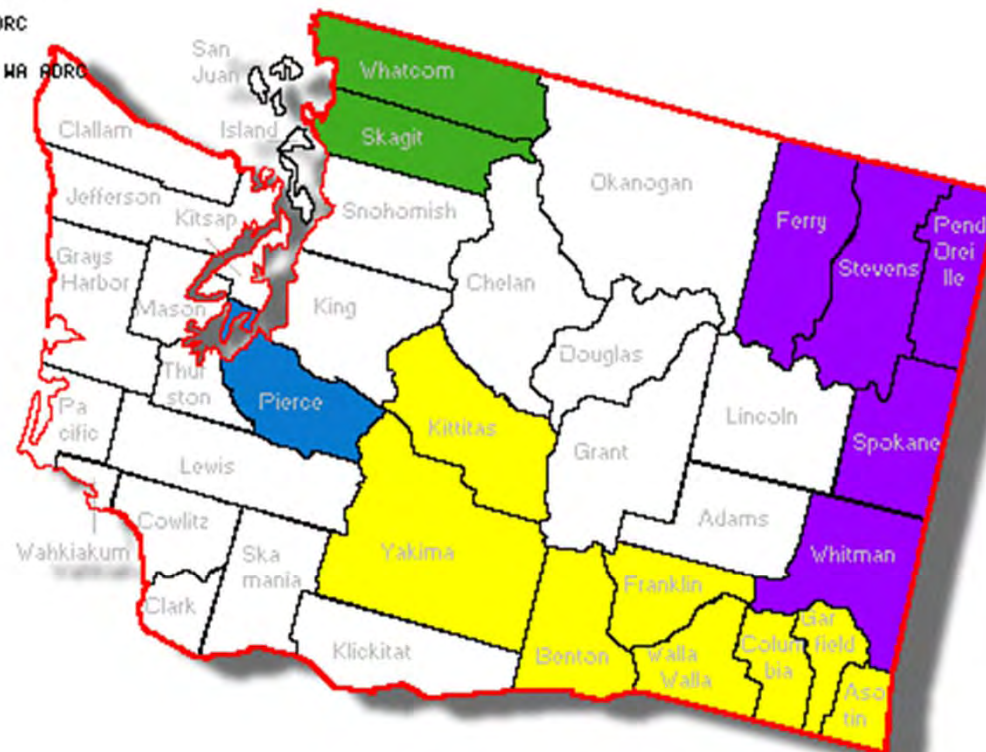
ADRC Progress 2010 - Current

- **2010:**
 - SE WA ALTC's ADRC officially opens 8/1/2010
 - NWRC's ADRC officially opens 10/01/2010
 - The ADRC Planning and Policy Committee is established to help ADSA create a 5- year business plan for statewide expansion of ADRCs. Its first meeting is May 24, 2010.
 - Washington State is awarded a 2-year AoA-funded Evidence-based Care Transitions grant. Two ADRCs are participating: NWRC and SE WA ALTC.
 - NWRC ADRC establishes its Care Transitions Program in Whatcom County
- **2011:**
 - NWRC Expands its Care Transitions Program to Skagit County
 - ADSA submits its 5 year plan for statewide ADRC expansion to AoA. It is officially approved later in the year.
 - The ADRC Planning and Policy Committee kicks off the ADRC Statewide Expansion Plan Implementation process, establishing five topical workgroups to help meet the plan's objectives.
 - SE WA ALTC initiates its Care Transitions Program in Yakima and Benton/Franklin Counties
 - Several Area Agencies on Aging submit applications for ACA Section 3026 funding .
- **2012:**
 - ALTCEW's three subcontractors officially open their ADRCs on 1/1/2012.
 - Two ADRC PPC Topical Work Groups (Partnerships & Standards) begin in February

ADRC Pilot Site Locations

Washington State ADRC Pilot Sites

- - NWRC ADRC
- - Pierce County ADRC
- - SE WA ALTC ADRC
- - ALTC Eastern WA ADRC



Washington State's
Aging and Disability Resource Center

EXPANSION PLAN



FINAL
March 24, 2011

Washington Statewide Expansion Plan

How Will We Get There?



- Vision
- Mission
- Philosophy
- Objectives
- Partnerships
- Workplan

Vision, Mission, & Philosophy

HOW WILL WE GET THERE?

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

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

PHILOSOPHY

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

Strengths

- **AAA organizational and service capacity**
- **Existing information and assistance infrastructure**
- **Multitudes of potential service partners**
- **ADRC pilot sites**

Challenges

- **Information and assistance confusion**
- **System integration (aging and disability)**
- **Cultural and service population competency**
- **Operational Challenges**
 - **Statewide coordination**
 - **Funding**
 - **IT**
 - **Staffing and training**
 - **Marketing and outreach**
 - **Outcome measurement**

Expansion Strategy

- **Incremental Approach**
 - **What can be done in the near term (5 years)**
 - **Longer term goals (5+ years)**
- **Phase 1: Build ADRC Capacity**
- **Phase 2: Expansion to “well functioning” ADRCs**
- **Phase 2: Transition to “fully functioning” ADRCs**

7 Objectives

OBJECTIVE SUMMARY

Objective 1
DEVELOP & ENGAGE PARTNERSHIPS

Objective 2
ENSURE PROGRAM CONSISTENCY,
QUALITY & ACCESSIBILITY

Objective 3
COMMUNICATION & MARKETING

8

AGING AND DISABILITY SERVICES ADMINISTRATION
ADRC Expansion Plan

Objective 4
DEVELOP & SUPPORT STATEWIDE INFORMATION &
TECHNOLOGY INFRASTRUCTURE

Objective 5
LEVERAGE, PROCURE & SUSTAIN FUNDING

Objective 6
MEASURE ADRC OUTCOMES FOR THE PURPOSE OF
QUALITY IMPROVEMENT

Objective 7
STREAMLINE AGING AND DISABILITY INFORMATION &
ASSISTANCE SYSTEM

9

AGING AND DISABILITY SERVICES ADMINISTRATION
ADRC Expansion Plan

Five Topical Work Teams

- 1. Partnerships**
- 2. Standards**
- 3. Marketing**
- 4. IT Infrastructure**
- 5. Funding**

Washington State Expansion Workplan



- Achieving statewide expansion of well-functioning ADRCs in 5 years
 - ▶ Parallel work in all objectives at both state and local levels
 - ▶ Partner involvement also at state and local levels
- Achieving a complete statewide network of fully functional ADRCs in ten years

Why focus on partnerships?

- ADRCs seek to streamline access to information, assistance and long term services and supports for older adults, people with disabilities, and their families.
- These comprehensive efforts requires strategic partnerships at both the state and local levels, as well as solid working agreements among state agencies, local health and human services authorities, service providers, and other private partners.

ADRC EXPANSION PLAN

Partnership Topical Work Team Scope of Work

Task Understanding

Washington State's Aging & Disability Resource Connection (ADRC) strategy uses the existing Information and Assistance (I&A) service infrastructure provided by the state's 13 Area Agencies on Aging (AAAs). Each AAA operates through local partnerships unique to the communities they serve. The current pilot efforts to this point have sought to implement the AAAs' ADRC programs using and expanding on their existing service networks; be they centralized or decentralized. In either case, the AAAs and their ADRCs have needed to make effective use of each area's services and expertise through the development and cultivation of service partnerships.

ADSA envisions the expansion of the ADRC program to proliferate along these same lines; keeping in mind that over time as the local systems evolve, there might be opportunities for new partnerships and configurations at both the state and local levels that would facilitate achievement of a more streamlined and efficient system for consumer access and community engagement, while emphasizing the particular expertise of each partner.

Scope of Work

This Work Team will advance efforts made in ADRC planning process to engage state-level and statewide organizations in collaborative efforts to facilitate an integrated ADRC service delivery system. The group will work with ADSA and to define and engage partners at the state level that can be used as leverage at the local level.

Deliverables

- A. Establish a roadmap/framework of partnerships at the state level that can be used at the local level:
 1. Develop talking points around the benefits of and need for partnership
 2. Map desired state level partnership and the terms that should exist between them
 3. Develop tools/templates for local partnerships and map their needs
- B. Facilitate memoranda of understanding between ADSA and state level partners (ADSA to close deals and enter agreements)

**ADRC Expansion: Partnership Work Team
Meeting #1: February 2012**

Membership

- Janet Adams, Developmental Disabilities (ADSA)
- Emily Berndt, 211info
- Selena Bolotin, Qualis Health
- Trina Forest, ACIL-WA
- Mark Hammond, Home & Community Services (ADSA)
- Cathy Knight, W4A
- Kara Panek, Behavioral Health and Recovery (ADSA)
- Linda Porter, Lifespan Respite Coalition
- Bob Riler, Pierce County (AAA)
- Chelene Whiteaker, Washington State Hospital Association
- Alfie Alvarado-Ramos, Department of Veterans Affairs
- Heather Hebdon, Washington PAVE
- Patt Earley, Aging and Long Term Care Eastern Washington

Meeting Plan

Meeting 1 February 22, 2012	<ul style="list-style-type: none">• Overview, introductions• Discuss talking points: the benefits of partnerships for ADRCs and potential partners• Discuss preliminary map of partnerships
Meeting 2 March xx, 2012	<ul style="list-style-type: none">• Review and revise draft talking points and draft map of partnerships• Discuss tools and templates to support local partnership development: what is needed?• Discuss state level partnerships that could be advanced by this group
Meeting 3 Date TBD	<ul style="list-style-type: none">• Review and revise draft tools and templates for local partnerships• Discuss status of state level partnership development
Meeting 4 Date TBD	<ul style="list-style-type: none">• Review and revise final products<ul style="list-style-type: none">• Talking points• Map of partnerships• Tools and templates for locals• Summary of Work Team's efforts

PARTNERSHIPS

Material Developed by the LEWIN GROUP

Partnership Activities

- Formal agreements
- Formal referral protocols
- Co-location of staff
- Cross-training staff
- Joint marketing and outreach activities
- Collaboration on client services
- I&R resources are shared Sharing client data
- Compatible IT Systems
- Client data shared
- Regular communication



Critical ADRC Partners

- Area Agencies on Aging
- Centers for Independent Living
- State Health Insurance Assistance Program (SHIP)
- 2-1-1
- Adult Protective Services
- Medicaid
- Services providers (e.g. senior centers, home health agencies)
- Providers along critical pathways to LTSS (e.g., hospital discharge planners, physicians)

Average # of Formal ADRC Partners at State Level	9
Average # of Formal ADRC Partners at Local Level	8

Other Agencies

- Other aging and disability service providers
- Employment
- Housing
- Transportation
- Social Services
- Advocacy groups
- Long term supports and services providers (e.g., home health agencies, nursing facilities)
- Critical pathway providers (e.g., hospital discharge planners, physicians)

Types of Organizations Partnering with ADRCs

(SART April 2011)

	Most Reported Partnerships	Least Reported Partnerships
STATE	State Medicaid Agency (43 Grantees)	Doctor's Office (4 Grantees)
	State Health Insurance Assistance Program (42 Grantees)	Workforce Investment Board (5 Grantees)
	Area Agency on Aging (38 Grantees)	Alternative Residential Center (5 Grantees)
	Centers for Independent Living (34 Grantees)	ICF/MR (6 Grantees)
	State Unit on Aging (34 Grantees)	Accountable Care Organizations (7 Grantees)
LOCAL	State Unit on Aging (39 Grantees)	Accountable Care or Managed Care Org. (12 Grantees)
	Center for Independent Living (38 Grantees)	2-1-1 (12 Grantees)
	State Health Insurance Assistance Program (37 Grantees)	ICF/MR (12 Grantees)
	State Medicaid Agency (35 Grantees)	Alternative Residential Center (11 Grantees)
	Senior Centers (35 Grantees)	Hospital Association (10 Grantees)

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Lessons Learned about Partnerships

- Involve partners early in the planning process
- Set clear and realistic expectations for partners
- Recognize and account for differences in staff and organizational capacity across organizations
- Focus on similarities between organizations and where mission, values and goals align
- Pick a specific project to work on together to get started
- Be aware of differences in terminology or interpretation (client, peer, consumer-direction, case management, peer counseling)
- Collaboration makes you stronger and helps you serve your community better
- Collaboration is critical to sustainability

Suggested Memorandum of Understanding Elements

- I. Purpose: State what the MOU will address. Some suggestions:
 - a. The primary purpose of the MOU (e.g. Coordination)
 - b. Relationship between the Parties
 - c. Responsibilities of the Parties
- II. The Parties
 - a. Name all parties participating in the MOU
 - b. Describe the parties: history, type of organization, population & geographical area served
- III. Operating Principles: shared vision and goals of the parties
- IV. Organizational Needs: acknowledgement of each party's organizational needs/requirements/strengths and designation of lead organizations in specific situations
- V. Methods of Cooperation: Clarify areas of agreement and expectations for cooperation
- VI. Functional Elements
 - a. Decision-making methods (i.e. consensus, Roberts Rules, other)
 - b. Representatives
 - c. Meetings
 - d. Cross Training
 - e. Specific areas of responsibility for each Party
- VII. Period of Review: annual, biannual... E.g. This MOU will be officially reviewed in two years. Amendments may be considered at any time and enacted based on the consensus of the parties
- VIII. Legal Effect: Notation that not legally binding if that is the case.
- IX. Termination: E.g. Either party may terminate this agreement with 90 days written notice with or without cause.
- X. Allocations of Funds: If funds are involved, how parties will decide on allocation
- XI. Notices: Names, contact information of individuals requiring notice if the MOU changes, need review or is terminated
- XII. Signatures
- XIII. Appendixes: Information necessary for execution of the MOU – i.e. staff roles and contact information, branch office information, meeting schedules, cross-training plan, etc.