Washington State
Department of Social & Health Services

Washington State's

Aging and Disability Resource Center

EXPANSION PLAN

FINAL

March 24, 2011

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Washington State's
Aging and Disability Resource Center

EXPANSION PLAN

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Letter of Submittal

To: Kathy Greenlee, Assistant Secretary
Administration on Aging
US Department of Health and Human Services

From: Members, Washington State Aging & Disability Resource Center (ADRC) Planning and Policy Committee (PPC)

RE: ADRC Statewide Expansion Plan

Enclosed for your consideration are a vision, mission, and roadmap for statewide expansion of ADRCs in Washington State over a five-year period. Our charge was to review, research, and suggest ways ADRCs could be implemented by evolving the Senior Information and Assistance program currently administered through the state's network of Area Agencies on Aging (AAAs). The ADRC Planning and Policy Committee's efforts complement other state rebalancing and restructuring efforts already achieved and currently underway.

The PPC members approached the charge from diverse backgrounds, expertise, and perspectives. Our plan was developed after much research and constructive discussion. The PPC met numerous times over 10 months to create a plan that, upon implementation, will move Washington's ADRCs forward toward statewide coverage and effective service to individuals of all ages and circumstances.

The plan presents seven major objectives and 37 implementing strategies that address the steps needed to transform how Washington delivers information and assistance services to residents with aging or disability needs. Our strategies specify needed work on operational, marketing, funding, and information technology aspects of ADRCs. Most importantly, we address the substantial commitment and partnership among the state's aging and disability community that ADRCs will need. The successful implementation of this plan will require strong partner involvement and coordination to share expertise and resources, to develop new ways of doing business, and to collaborate on finding new funding streams and opportunities.

With this plan, our charge has been fulfilled. We are ready to provide any assistance we can in support of Washington State's efforts to implement the plan.

Thank you for the opportunity to serve the Aging & Disability Services Administration, the Administration on Aging, and the people of Washington State.

Aaron Van Valkenburg	**David Maltman**	**Don Moreland**	**Greg Danielson**
Gretchen Thatcher	**Julie Gray**	**Kara Panek**	**Kathryn Carlton**
Louise Ryan	**Marijean Holland**	**Nick Beamer**	**Patricia Hunter**
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Cc MaryAnne Lindeblad, Assistant Secretary
Aging & Disability Services Administration
Washington State Department of Social and Health Services

INTRODUCTION TO ADRCs

What is an ADRC?

The Aging and Disability Resource Center Program (ADRC), a collaborative effort of the Administration on Aging and the Centers for Medicare & Medicaid Services, is designed to streamline access to home and community supports and services for consumers of all ages, incomes and disabilities, and their families.

ADRCs serve as integrated points of entry into the long-term and home or community-based service and support system and are designed to address the frustrations many consumers and their families experience when they need to obtain information and access to those services and supports.

What are the benefits?

Often a small amount of information or support can help persons and caregivers understand and access needed services and supports that help them live in least restrictive and preferred settings

This timely support can also prevent or delay the need to access government paid services. By linking consumers with services and supports that match their individualized priorities and preferences, ADRCs have the ability to assist individuals to remain at home or in their communities.

By facilitating access to these services, ADRCs support individual self-empowerment and quality of life.

Some of the key organizations providing disability or aging Information and Assistance in Washington State.

- Senior Information and Assistance (I&A)
- Family Caregiver Support I&A
- Kinship Navigator
- Centers for Independent Living
- 2-1-1s
- National Alliance on Mental Illness
- Mental Health Action
- WA Behavioral Health Council
- State Health Insurance and Assistance
- Traumatic Brain Injury Helpline
- Advocacy and Protection
- Developmental Disability Organizations
- Alzheimer and dementia consumer health charities
- Deaf and Hard of Hearing
- Low Vision/Blind Services
- Veterans Services
- Department of Vocation Rehabilitation
- Long-term Care Ombudsman
- Child Resource and Referral
- Disease Specific Foundations and Societies
- Community Mental Health Organizations
- Crisis Clinics
- Local Chapters of the National Alliance on Mental Illness (NAMI)

What are the services?

ADRCs provide four key services to consumers: Information, Referral, and Awareness; Options Counseling and Assistance; Streamlined Eligibility Determination for Public Programs; and Person-Centered Care Transitions Supports.

Information, Referral, and Awareness

ADRCs serve as highly visible and trusted places where people of all ages, disabilities and income levels know they can turn for objective information on the full range of home and community supports and service options.

The ADRC's information, referral, and awareness services are designed to help consumers navigate the variety of agencies and organizations offering services and supports with differing eligibility criteria, application processes, and cost sharing requirements for public pay, private pay, and local community or faith-based resources.

Options Counseling and Assistance

The ADRC Options Counseling and Assistance function provides person-centered counseling and decision support, including one-on-one assistance, to consumers and their family members and/or caregivers.

Streamlined Eligibility Determination for Public Programs

The Streamlined Eligibility Determination for Public Programs serves as a seamless point of entry to all publicly funded long-term services and support options, including those funded by Medicaid, the Older Americans Act, and other state and federal programs and services.

Person-Centered Care Transitions Supports

Transitions between care settings are risk points in the system that can break the continuity of care. The Person-Centered Care Transitions component of the ADRC creates formal linkages for people transitioning from one setting of care to another or from one program payer to another.

Where are we today with ADRCs in Washington?

The state currently has several quality information and assistance services for both older individuals and persons with disabilities. These services provide a high level of service tailored to the specific needs of their constituents. In an effort to bring these services under an ADRC program, the State has recieved grant funding for four ADRC pilot sites in Washington.

These pilot programs build on the existing Senior Information & Assistance infrastructure, administered by Area Agencies on Aging. Through expanded partnerships of local aging and disability networks, the State hopes to create an integrated statewide ADRC system that better serves persons of all ages with disabilities.

What are the key challenges facing ADRC expansion?

Information and Assistance Confusion

From the consumer perspective, the current landscape of long-term supports and options is complex. There are multiple eligibility criteria, many different agencies/providers, and separate funding sources for a number of similar long-term supports and services. Currently, there is no single publicized information line or website available for home, community and residential services and supports that serve individuals, regardless of age or disability type.

Integrating Aging and Disability Information & Assistance Services

Having the capacity to provide comprehensive information, person-centered options counseling, and streamlined access to long-term supports and services requires ADRCs to partner with a variety of groups, including state agencies, local health and human services authorities, disability organizations, advocacy groups, as well as public and private pay service organizations and providers.

Continous Need for Cultural and Service Competency

In the future, older adults and persons with disabilities will further differ from today's population in terms of their race, family structure, socioeconomic status, education, geographic distribution, and openness regarding their sexual orientation. The ADRC program will need to show a high degree of cultural and language competency. ADRCs will also need to embrace the distinct culture and identity among persons with disabilities.

Statewide Coordination

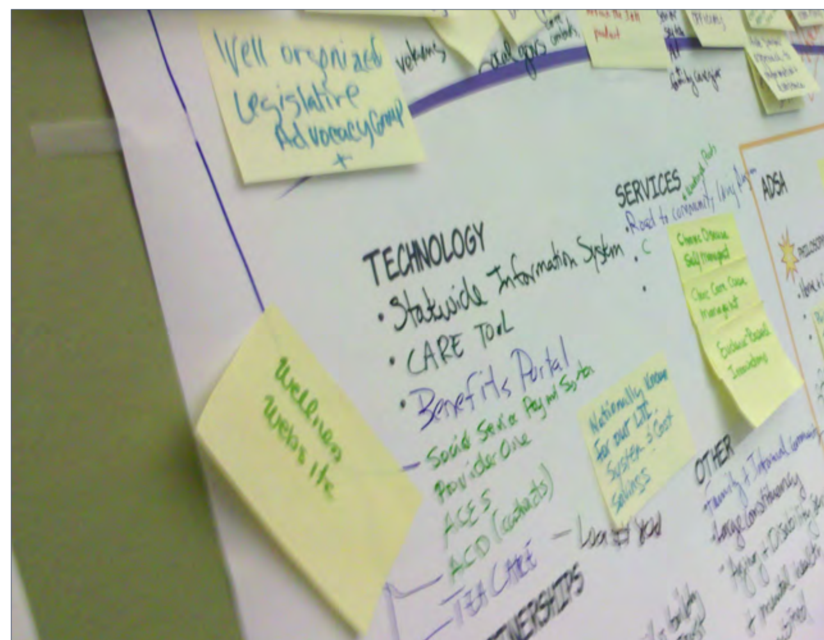
While ADRCs will have core standards and requirements, multiple organizations may partner to offer ADRC services leading to local service delivery variation. Increasing the number of state and local partners will necessitate greater communication and coordination.

Funding and Sustainability Challenges

Beyond the ADRC grant funding, ADSA does not have any new secure or sustainable revenue source to fund the intended expansion and evolution of ADRC services.

Marketing and Outreach

There is no built-in brand awareness around ADRCs in Washington State. Many populations and other service providers are unaware of what is available to them across the State and in their communities. Building public awareness and brand identification will be important.



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.

OBJECTIVE SUMMARY

Objective 1

DEVELOP & ENGAGE PARTNERSHIPS

Objective 2

ENSURE PROGRAM CONSISTENCY, QUALITY & ACCESSIBILITY

Objective 3

COMMUNICATION & MARKETING

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

Objective 1

DEVELOP & ENGAGE PARTNERSHIPS

State Level

STRATEGY 1: Convene an ADRC advisory committee to meet regularly and discuss:

- Statewide ADRC Expansion Plan implementation strategies.
- Unique perspectives on statewide ADRC expansion progress and outcomes, as well as related acknowledgement of best practices and potential new quality improvement strategies.
- Information about services and supports provided by different groups.
- Opportunities for enhanced partnerships and collaboration, including leveraging funding, facilities, and program offerings.
- Strategies to further facilitate and provide support for local ADRC partnership development.
- Current or developing service delivery issues.
- Utilize resource directory reporting to analyze gaps as well as the presence of same/similar services located in specific geographical areas to inform ADRC partnership activities and improve customers' experiences.

STRATEGY 2: Engage state-level and statewide organizations in collaborative efforts to facilitate an integrated ADRC service delivery system

- Identify and engage essential state level partners.
- Draft state-level partnership agreements to support local partnership development for maximized utilization of mutual resources, program and access consistency and non-duplicative quality metrics.
- Execute state-level partnership agreements that may include but would not be limited to the following:
  - Development of ADRC standards with full participation of partners at all stages, and agreement by partners to periodically participate in forums to review ADRC standards and evaluate results, service gaps and duplication.
  - Agreement to provide subject matter expert "banks" for interim period of time to support ADRC disability competency achievement (since this is a new competency for ADRCs).
  - Agreement to help in development of training curriculum, and in development of a sample or template programmatic cross-training plan for local ADRC use and individualized execution.
  - Periodically review and revise the state-level partnership agreement.
  - Agreement to participate in a state-level cross-training.

At a minimum, ADRC should seek to partner with:

- State Medicaid Home & Community Services and Community Services offices
- Centers for Independent Living
- Statewide Health Insurance Benefit Advisors
- Children and family services
- Legal Advocacy Agencies
- Division of Developmental Disabilities
- Mental Health Organizations
- Disability and disease specific organizations and agencies
- Veteran's Services
- Tribal Governments

Local Level

STRATEGY 3: **Develop local partnership agreements**

- Strive for an integrated network of services: organizations working in close partnership and understanding as integral elements of a whole and more efficient system that is dedicated to ensuring people have easy access to the services they want and need.

STRATEGY 4: **Establish protocols for referring individual consumers to partners**

- Facilitate the formation of local coalitions or advisory committees of ADRC partners and other interested stakeholders to:
  - Provide advice on local ADRC development.
  - Participate in quality improvement processes.
  - Assist with the development of surveys and other feedback instruments used by the ADRC and its partners. Use data collection to determine if referrals are successful and where more cross-training is needed.
  - Problem-solve service gaps as well as service overlaps.

STRATEGY 5: **Conduct systematized assessment of local partnership resources**

- Develop strategies and structures specifically for local partnership communications to address resource coordination, resolution of barriers, etc.
- Work with partners and customers to gain knowledge and understanding about available community resources as well as observable community resource gaps (surveys and forums).

STRATEGY 6: **Recognize Partner Service**

- Create a local program that recognizes the participation and efforts of ADRC partners.

Partnership agreements could cover:

- Clarified roles and responsibilities
- When possible, shared funding
- In the absence of shared funding, develop incentives for partner involvement - both parties should benefit from a partnership
- Shared space
- Shared knowledge - Hold joint training
- Shared services - copying, phone
- Shared technology - computers, internet

Objective 2

ENSURE PROGRAM CONSISTENCY, QUALITY & ACCESSIBILITY

State Level

STRATEGY 1: Finalize program standards

- Lead the collaborative efforts to define core competencies and program standards that allow for local tailored programs, supporting flexibility for each community to design their ADRCs while achieving consistent statewide service, quality, and accessibility requirements.
- Ensure that options counseling and assistance standards are not in conflict with national standards.

STRATEGY 2: Conduct Readiness Assessments

- Provide an ADRC Readiness Assessment template to be used by proposed ADRCs to self-assess the readiness of their local network to become fully functional.

STRATEGY 3: Disseminate instructions for ADRC development

- Provide written guidance and technical assistance to AAAs for developing individual ADRC Implementation Plans.

STRATEGY 4: Regularly review and revise program standards

- Regularly convene partners to review core competencies and program standards in relation to anticipated performance outcomes and revise them as needed for ongoing quality improvement.
- Monitor program results to inform the standards review and revision process.

STRATEGY 5: Support Alliance of Information and Referral Systems (AIRS) credentialing

- Work with local ADRCs to encourage and facilitate AIRS certification of ADRC staff. Develop a standard stating that AIRS certification credentialing is expected within the first two years of hiring, or within three years for current staff.
- In 10 years, or when an ADRC is fully-funded, examine whether to require ADRCs to become AIRS accredited organizations as part of becoming fully functional.

STRATEGY 6: Provide supportive training

- Develop and support an ADRC core competency master trainer training program to be completed by local ADRC staff.

Local Level

STRATEGY 7: Meet ADRC Fully Functional Criteria

- In the next five years ADRC programs will be well-functioning. Well-functioning is defined by significant progress towards meeting the ADRC Fully Functional Criteria.
- In the next 10 years all ADRC programs will meet Fully Functional Criteria, as funding allows.

STRATEGY 8: Tailor ADRC program to meet local community needs

- Involve local constituents and consumers in ADRC program planning
- ADRC program will be included in AAA area plan community needs assessment.
- ADRCs will collaborate with other ADRCs in order to share efficiencies, innovative partnerships, and develop unique program design elements for adoption of best practices.

Objective 3

COMMUNICATION & MARKETING

State Level

STRATEGY 1: Work with partners to develop an ADRC brand that is consistent, easy to remember, and provides a clear identity as a statewide program

- The brand should be instantly recognizable and lend itself to multiple uses and formats, and at a minimum, should define a name of the statewide program and a tagline that can be tailored to local networks that facilitate easy identification via all forms of media.

STRATEGY 2: Work with partners to develop a statewide marketing and education plan

- Develop 2-3 key messages that clearly differentiate ADRC from other information and referral programs such as 2-1-1.
- Develop targeted messages for individuals with disabilities and aging populations, their representatives and caregivers, service providers and partners, and the general public.

STRATEGY 3: Develop tools and materials to support local ADRC marketing and education efforts.

- Develop material, including handouts and Public Service Announcements (PSAs), that inform different audiences about the availability and unique aspects of ADRC and how it can be accessed.
- Create customizable templates and media tool kits for ADRCs to adapt and use in their respective communities.
- Create basic information/material translated into multiple languages for ADRCs.
- Ensure that local marketing efforts are not in conflict with statewide efforts.

STRATEGY 4: Implement a statewide public information and education campaign

- Work with traditional media channels to disseminate PSAs, advertising, and other education and marketing information.
- Procure some targeted internet search advertising and use search engine-optimization techniques.
- Develop some level of web–based, user-centered, interactive, and information-sharing resources for public users of the statewide ADRC website.

Local Level

STRATEGY 5: Work with partners to implement a statewide information and education campaign

- Create fact sheets and education materials for local, state, and federal leaders.
- Develop methodology to analyze statewide data collected in the statewide information system, and share aggregate data and analysis with ADRC partners.
- Demonstrate ADRC benefits including improved services, improved quality of life outcomes, and "savings" of ADRC programs.
- Tailor materials developed in public information and education campaign.

Objective 4

DEVELOP & SUPPORT STATEWIDE INFORMATION & TECHNOLOGY INFRASTRUCTURE

State & Local Level

STRATEGY 1: Implement a web-based statewide information system that supports ADRC expansion

- The system will meet ADSA's essential information system functionalities: client management information, searchable resource directory database, reporting and measurement, and consumer self-service.
- The web-based statewide information system will be fully accessible to people with disabilities. Partners will be consulted in design, development, and implementation of the system, in order to identify and eliminate barriers to access.
- Create the capacity for the system to allow providers and other partners to have limited access to the data in the database and to encourage them to update their own information.
- Make available data to local ADRCs for reporting and quality improvement efforts.
- Provide statewide and local oversight over resource content in statewide information system.

STRATEGY 2: Regularly review and improve statewide information system

- Provide some level of oversight to ensure information is up-to-date and accurate.
- Initiate a facilitated change control process to prioritize, review, and coordinate system improvement requests.
- Continually evaluate the use of technologies to ensure better user compatibility and experience.
- ADRC will identify local resources for inclusion in the statewide resource directory

A Statewide ADRC website should address the following components or interfaces:

- Self-service/self-help functionality
- Multiple languages, video for signing/subtitles, and other accessibility software
- Opportunities for users to provide feedback
- Opportunities for users to provide information, particularly so that ADRC can initiate contact
- Self-assessment tools and support
- General information, education, and research
- Webcasts, podcasts
- Explicit terms of service, explicit privacy statement
- Fundraising/donations page
- Links to partners
- Opportunity for peer support
- User forums
- Downloadable and electronic form applications
- Social networking component

STRATEGY 3: Simplify Access to ADRCs

- Consider establishment of a statewide (800) number that seamlessly connects callers to their local ADRC, while maintaining local ADRC direct phone number access.
- Coordinate with other telephone systems such as 2-1-1 and the Statewide Health Insurance Benefits Advisors (SHIBA, the state SHIP).
- Telephone system will be accessible to all persons and have a relay or TDD interface and language bank.
- Develop a professional, statewide ADRC website with a highly accessible customer-focused user interface that easily connects users to relevant resources and services
- Website functionality should use best practices to reach target populations.

STRATEGY 4: Coordinate with other information and benefit portals

- At a minimum, the system will link to other relevant information and benefit systems in order to better serve clients and allow for the collection of data that could inform marketing efforts.
- Research, review and coordinate the implementation of strategies and tools for more seamless connections with other information and benefit portals.

Objective 5

LEVERAGE, PROCURE & SUSTAIN FUNDING

State Level

STRATEGY 1: Pursue federal and state tax supported funding streams

- Demonstrate the cost avoidance and savings of ADRC interventions to the State and Federal government programs.
  - Define the beneficiaries of ADRC services and communicate the findings.
  - Demonstrate system savings of ADRC interventions.
- Demonstrate the public value of ADRC services for State general fund support.
  - Define how the public benefits from ADRC services and communicate the findings to advocacy groups and state legislators.
  - Demonstrate cost avoidance and cost savings of ADRC interventions.

State & Local Level

STRATEGY 2: Work with partners to pursue one-time funding opportunities

- Continue to monitor and apply for federal and non-profit/foundation fund sources.
  - Apply for CMS Section Q grants using the role ADRCs play in client transitions.
  - Review Healthcare Reform for potential funding/grant opportunities.
  - Engage with foundations and for- and non-profit organizations to identify potential in-kind goods and services donations.

STRATEGY 3: **Pursue fee supported funding streams**

- Work with partners to research and disseminate strategies and methodology options that can be used for local solicitation of payments.
- Identify services and circumstances for which sponsorships could be developed or small fees could be charged.
- Assess the feasibility of non-governmental organization (NGO) funding. This action would explore whether or not an NGO could work with ADSA, AAA, and partners to use more flexible funding sources.
- Explore working with employers and health insurers to provide reimbursable or for pay services related to home and community supports and services.
- Explore working with hospitals in providing reimbursable or for pay services on care transitions.
- Explore using the ADRC resource directory to develop and sell local current and relevant ADRC "resource guide books".
- Explore charging partners for participation in one or more of the ADRC IT functionalities: client management, resource directory, self-service, and reports/measures.

STRATEGY 4: **Explore strategies to lower the cost per client of ADRC services by exploring innovative modes of service delivery**

- Work at the state level with state educational institutions to develop permanent internship and practicum opportunities.
- Work with partners to share costs of service delivery (i.e. co-location of services).

Objective 6

MEASURE ADRC OUTCOMES FOR THE PURPOSE OF QUALITY IMPROVEMENT

State Level

STRATEGY 1: **Monitor ADRC programs against the program standards, providing technical assistance, training and guidance as needed or requested**

- ADSA will provide the necessary state program guidance, technical support, and monitoring of ADRC performance.
- State-level agencies will provide direct oversight to the local organizations they fund, and their subcontractors.
- Organizations contracted to provide federal and state funded ADRC services directly to consumers will follow the state ADRC standards and participate in ADRC monitoring activities.

STRATEGY 2: **Regularly assess the quality of ADRC programs**

- Develop methods to measure the quality of the customer experience at ADRCs.
- Involve constituents and consumers at the state and local level in the assessment of ADRCs

STRATEGY 3: **Regularly assess the performance outcomes of the ADRC programs**

- Develop methods to measure the performance outcomes of the ADRC program.

STRATEGY 4: **State Program Partners should participate in continuous quality improvement processes**

- Partners will share high-level program improvement and monitoring outcomes to acknowledge good practices and strategize shared quality improvement opportunities.
- ADSA will periodically gather data from ADRCs in aggregate format and share with State advisory committee (ADRC PPC).
- ADRC PPC would share their own observations, review ADRC aggregate information, identify best practices/positive outcomes, and strategize quality improvement opportunities.

Methods to measure the customer experience could include:

- Host regional listening sessions to solicit feedback from partners, clients, and community members about successes and challenges of ADRCs
- Site inspections or "Secret shopper" programs
- Monitor ADRC programs to demonstrate they have met program requirements. In addition to specific state and federal program standards, the ADRC programs should demonstrate both the qualitative and philosophical aspects of their program.
- Host annual meeting of ADRC sites and their partners around collaborative learning (challenges, shared learning, and new strategies)
- Provide targeted assistance to ADRCs for program improvement through data analysis and potential interventions

Demonstrated successful outcomes could include:

- The ADRC is well-known and well-trusted by the public.
- Qualitative and quantitative evidence-based measures that show services result in maintained or improved quality of life for their clients.
- Services are culturally relevant, with the ability to serve every socio-economic or ethnic group in their community.
- Evidence of a person-centered perspective and consumer driven philosophy.
- Evidence of reliability, responsiveness, and an efficient, effective, and empathetic assistance program.
- Evidence of follow-up with consumers to determine perceived quality of assistance provided by ADRC partners.
- Procedures for receiving feedback on the appropriateness of referrals to and from partners and consumers were in place.
- Regular coordination and meetings with partners had taken place to discuss performance and opportunities for improvement

Local Level

STRATEGY 5: **Measure the customer experience**

- Utilize national and state evaluation tools to measure the customer experience and satisfaction with ADRC services.
- Develop supplemental evaluation tools to evaluate customer experience and satisfaction with ADRC services unique to the local area.

STRATEGY 6: **Demonstrate performance outcomes**

- Utilize national and state evaluation tools and develop local measures that evaluate ADRC performance outcomes.
- Develop supplemental evaluation tools to evaluate performance outcomes.

STRATEGY 7: **AAAs will monitor local ADRC subcontracted services against the program standards, providing technical assistance, training, and guidance as needed or requested**

- AAAs will monitor local ADRC subcontracted services against the program standards and participate in ADRC quality improvement activities.

Objective 7

STREAMLINE AGING AND DISABILITY INFORMATION & ASSISTANCE SYSTEM

State & Local Level

STRATEGY 1: Evaluate the role ADRCs have in addressing the information and assistance challenges faced by Washington residents

- Utilize the ADRC advisory committee policy group with expertise in aging, disability, and information and assistance services to address this objective.
- Provide the necessary theory and data needed to evaluate the effectiveness and efficiency of aging and disability I&A services in Washington.

STRATEGY 2: Reduce duplication and leverage resources from the consumer perspective

- ADRC advisory committee members will collaborate to develop strategies for:
  - Reducing the confusion around system entry points and navigation pathways.
  - Local partnership agreement template development that would include promotion of non-duplicative relationships and opportunities for resource leveraging.
  - Providing technical assistance and training to support ADRCs and essential partners, to coordinate their services, leverage resources, and execute partnership agreements.

STRATEGY 3: Identify opportunities to deliver more effective and efficient information and assistance services to target populations

- Identify duplicative and overlapping services and recommend changes to the system that best utilize the ADRC service structure.
- Monitor federal and state health care reform efforts for opportunities to leverage ADRC services more fully.

"Helping Communities and Organizations Create Their Best Futures"

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Introduction to ADRC

A NATIONAL MOVEMENT

The Aging and Disability Resource Center Program (ADRC), a collaborative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to home and community supports and services for consumers of all ages, incomes and disabilities, and their families. The ADRC initiative, launched in the fall of 2003, supports State efforts to develop information and assistance programs at the community level that help people make informed decisions about their service and support options and to access those options. States are using ADRC funds to integrate, better coordinate, and expand their existing systems of information, assistance, and access.

ADRCs serve as integrated points of entry into the long-term care service system and are designed to address the frustrations many consumers and their families experience when they need to obtain information and access to supports and services. In many communities, long-term support and services are administered by multiple agencies and have complex, fragmented, and often duplicative intake, assessment, and eligibility functions. Figuring out how to obtain services can be difficult. A single, coordinated system of information and access for all persons seeking long-term and home or community-based services and supports minimizes confusion, enhances individual choice, supports informed decision-making, and reduces or avoids overall system costs.

THE MODEL

The ADRC initiative is part of a nationwide effort to restructure services and support for older adults and persons with disabilities of all ages through the development of effectively managed person-centered service systems at national, state, and local levels. ADRCs employ these person-centered concepts to provide quality consumer information, referral and awareness; and options counseling and assistance. ADRCs are envisioned to:

- Optimize choice and independence;
- Provide service through a qualified and adequate workforce;
- Be transparent and unbiased in the manner with which information, referral, and awareness; and options counseling and assistance are provided;
- Encourage personal responsibility;
- Provide linkages to coordinated, high quality care;
- Be financially sustainable; and,
- Utilize information technology.

ADRCs respect and support an individual's right to live their lives in accordance with the Independent Living Philosophy, and are designed to be flexible and responsive to the needs of individual consumers. As a result, ADRCs enable people with mental illness, dementia, developmental disabilities, and/or disabilities due to aging and other conditions to better self- or family-direct their long and short-term services and supports, and to exercise self-determination in meeting present and future needs. The

same concepts apply to family caregivers and designated decision makers, when an individual is unable to delegate or provide for his/her own care.

They also seek to involve consumers, partners, and stakeholders in the design, development, implementation, and on-going service provision to uniquely serve their communities. ADRCs employ a continuous quality improvement (CQI) process that entails consumer, partner, and stakeholder feedback and employs technology to measure outcomes. ADRCs are located where they can have the geographic reach to serve persons in every community. ADRCs have the capacity and resources to sustainably offer supports and services over time.

ADRCs can meet their goals through a variety of service delivery configurations. Nationally, there is latitude in how states implement ADRC programs: models range from being highly centralized to being decentralized with multiple local organizations sharing responsibilities.

SERVICES

ADRCs provide four key services to consumers, caregivers, and service professionals: Information, Referral, and Awareness; Options Counseling and Assistance; Streamlined Eligibility Determination for Public Programs; and Person-Centered Care Transitions Supports.

Information, Referral, and Awareness

ADRCs serve as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn for objective information on the full range of home and community supports and service options. Providing information and assistance is central to supporting individuals, families, and friends in caring for themselves or their loved ones. Information must be unbiased, accurate, and easily available to all ages and income levels.

The ADRC's information, referral, and awareness services are designed to help consumers navigate the variety of agencies and organizations offering services and supports with differing eligibility criteria, application processes, and cost sharing requirements for public pay, private pay, and local community or faith-based resources.

Options Counseling and Assistance

The ADRC Options Counseling and Assistance function provides person-centered counseling and decision support, including one-on-one assistance, to consumers and their family members and/or caregivers. While a basic ADRC service, options counseling is a unique opportunity to support people at times of critical decision-making (helping them sort through the maze of information and options available). Additionally, the ADRC Options Counseling function is specifically designed to help individuals regardless of their age, income, or disability to understand the full range of services and supports available in their community; evaluate how those options relate to their particular needs, preferences, and circumstances; and make informed decisions about obtaining and managing the options that best meet their needs, either with their own private resources and/or through one or more public or private programs.

Streamlined Eligibility Determination for Public Programs

The Streamlined Eligibility Determination for Public Programs component of an ADRC is defined by its ability to serve as a **seamless point of entry** to all publicly funded long-term and home or community-based service and support options, including those funded by Medicaid, the Older Americans Act (OAA), and other state and federal programs and services. Seamless point of entry means that consumers experience an uninterrupted pathway to services for which they are eligible, even though behind the scenes, multiple coordinated steps may be involved.

Person-Centered Care Transitions Supports

Transitions between care settings are risk points in the system that can break the continuity of care. Health care professionals don't always have access to (or are not aware of) all of the resources available to support care transitions for their constituents. The discharge process can be overwhelming for patients and family members, making it a critical time to provide relevant information and decision support.

The Person-Centered Care Transitions component of the ADRC creates formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one program payer to another. If people have information, access, and support to manage their own care, and understand when and who to contact for support once they leave (or enter) acute and institutional care; they can be successful in remaining in their homes and communities as long as possible. If this can be achieved, it has the added benefit of reducing hospital/institutional readmissions while improving medical outcomes and quality of care.

MAJOR BENEFITS OF SERVICES

Often a small amount of information or support can help individuals and caregivers understand and access needed services and supports that help them live in least restrictive and preferred settings; as well as prevent or delay their need to access government paid services. By linking consumers with services and supports that match their individualized priorities and preferences, and by following up with them to determine outcomes, ADRCs have the ability to provide optimal and timely support which may assist in allowing individuals to remain at home or in their communities. By facilitating access to these services, ADRCs support self-empowerment as people seek to optimize their quality of life.

ADRCs are part of larger national and state efforts to help individuals plan for their long-term and home or community-based service and support needs in order to avoid or delay spend-down to Medicaid eligibility and/or unnecessary institutionalization while increasing quality of life. Mortality and morbidity, and their associated costs to individuals and society, are exacerbated when consumers and their caregivers are unable to navigate the complex system of long-term and home or community-based services and supports in an effective or an efficient manner, often resulting in the purchase of more services than are necessary or at a higher level of care than is necessary. ADRC interventions and services can lead to significant cost savings for both private-pay individuals and public systems because of more cost-effective use of health care resources and delayed or reduced use of public benefits.

ADRCs in Washington State

CURRENT SITUATION

Currently, Washington has many robust and quality information, referral, and assistance services (I&R/A) for older adults and persons with disabilities. However, these services involve multiple access points, numerous eligibility criteria, multiple agencies/providers, and different funding sources. Navigating multiple I&R/A systems and service options can be challenging: many consumers and their families experience frustration and difficulties when attempting to access these systems for help, including understanding even the most basic service options. Due to its high cost and limited personal choice, there is a continual need to reduce the reliance on institutional care by increasing the number who are aware of and can access home and community based services and supports. Individuals who can pay for their own long-term services and supports need information and person-centered decision-making support to plan for the arrangement and procurement of appropriate and preferred services and supports over time. With these limited public and private resources, there is an immediate need to develop an integrated system that delivers efficient and cost-effective home and community supports and services to the residents of Washington State.

Listed below are some of the key organizations providing I&R/A services to persons with questions about disability or aging services.

- Senior Information and Assistance (I&A)
- Family Caregiver Support I&A
- Kinship Navigator
- Centers for Independent Living
- Disability Rights Organizations
- Legal Services Organizations
- 2-1-1s
- National Alliance on Mental Illness
- Mental Health Action
- WA Behavioral Health Council
- State Health Insurance and Assistance
- Traumatic Brain Injury Helpline
- Advocacy and Protection
- Development Disability Organizations
- Alzheimer and dementia consumer health charities
- Deaf and Hard of Hearing
- Low Vision/Blind Services
- Veterans Services
- Department of Vocational Rehabilitation
- Long-term Care Ombudsman
- Child Resource and Referral
- Disease Specific Foundations and Societies
- Community Mental Health Organizations
- Crisis Clinics

SYSTEM STRENGTHS: INFORMATION AND ASSISTANCE IN WASHINGTON

The state currently has several quality information and referral/assistance services for both older individuals and persons with disabilities. These I&R/A services provide a high level of service tailored to the specific needs of their constituents. While many of their constituent needs differ by their experiences of aging and disability, these I&R/A service providers share common philosophies and culture that align with the national ADRC model.

These services and organizations embrace a person-centered care philosophy that supports people living as independently as possible and improving their quality of life. Since most service provision is at the local level, these organizations have extensive knowledge of the communities they serve. Further, many of these I&R/A services have formed both formal and informal partnerships with service providers in efforts to better serve their constituents.

Washington State Department of Social and Health Services, Aging & Disability Services Administration (ADSA) administers a well-established statewide infrastructure of Older Americans Act programs and services, general state and Medicaid funded home and community-based and institutional services and supports, developmental disabilities programs, and mental health.

In terms of I&R/A services, ADSA provides oversight and support to Area Agencies on Aging (AAAs) in their administration of OAA and state-funded Senior Information & Assistance (I&A), which often also includes Family Caregiver Support I&A, Kinship Navigator, and State Health Insurance Assistance Program (SHIP) services. The network of AAAs is the only statewide infrastructure that has state level and local support in each of the 39 counties in Washington State to provide individualized, in-person I&A services, including home visits as appropriate. ADSA has procured a statewide information system that will support ADRC client data management, self-service opportunities, a resource directory, reporting, and program evaluation.

ADSA's Division of Behavioral Health and Recovery (DBHR) provides oversight for the community mental health system, including the statewide crisis services system, and ADSA's Division of Developmental Disabilities (DDD) provides oversight for local developmental disability services. Additionally, the agency has existing ties to other statewide agencies, aging and disability organizations, and I&A/R service organizations, including, but not limited to: Centers for Independent Living, Disability Rights of Washington (Advocacy and Protection), SHIBA (state SHIP), the Developmental Disability Council, the Arc of Washington, the National Alliance on Mental Illness and their local affiliates, 2-1-1s, the TBI Council, Department of Veterans Affairs, Long-term Care Ombudsman, and Child Resource and Referral.

ADRC PILOT SITES AND STATEWIDE EXPANSION

In 2005, ADSA received a CMS/AoA ADRC grant to pilot a single ADRC site in Pierce County. ADSA followed up the initial pilot with a successful grant application in 2009 to include three additional pilot sites. The 2009 grant effort also set out to achieve significant progress toward statewide expansion of Washington State's ADRC program. ADSA's approach is to initiate and evaluate the expansion of ADRCs and demonstrate the efficiencies and effectiveness ADRCs achieve by employing person-centered principles in navigating long-term and home or community-based service and support options. The grant objectives are to:

1. Achieve significant progress in establishing three new ADRC pilot sites;
2. Convene a statewide ADRC planning and policy committee;
3. Develop a five-year operational plan and budget for achieving statewide coverage of fully functional ADRCs;
4. Facilitate training and technical assistance for ADRC pilot site staff and partners;
5. Enhance interagency relationships and partnerships with disability, long-term supports and options experts, and advocacy organizations;
6. Evaluate the impact of the ADRC program; and,
7. Disseminate project information.

The three new ADRC pilot site locations are: (1) Northwest Regional Council ADRC (Whatcom and Skagit Counties); (2) Southeast Washington Aging & Long-term ADRC (Yakima and Walla Walla Counties); and Aging & Long-term Care of Eastern Washington ADRN (Ferry, Pend Oreille, Spokane, Stevens, and Whitman Counties)

This ADRC Expansion Plan acknowledges and incorporates all the grant objectives above, but specifically accomplishes objectives: (2) convene a statewide ADRC planning and policy committee; and, (3) develop a five-year operational plan and budget for achieving statewide coverage of fully functional ADRCs.

Expansion Strategy: Evolve AAA Senior I&A and expand partnerships

MOVING FORWARD WITH ADRCS IN WASHINGTON

ADSA's approach for statewide ADRC expansion builds on the existing Senior Information & Assistance operational infrastructure, administered by AAAs. Through expanded partnerships of local aging and disability networks, ADSA hopes to create an integrated statewide ADRC system that better serves persons of all ages with disabilities. ADSA made this decision based on two major factors.

Ability to leverage Senior I&A coverage and organizational capacity. AAAs currently have the most extensive statewide capacity and operational infrastructure to deliver ADRC services. They currently provide information and assistance in every county of Washington State through the thirteen AAAs operated/sponsored by county governments, regional councils of government, and tribes. A citizen advisory council guides the work of each AAA. Also, since the 1980s, AAAs have served adults with disabilities under home and community-based programs funded by Medicaid and state dollars. They also administer Family Caregiver Support Programs that serve kinship caregivers of children with special needs and unpaid caregivers of any age caring for adults.

In addition to the Senior I&A service described below, the following AAA services are available in most communities.

- Access Services, including:
    - Outreach
    - Case Management
    - Transportation
- Community-based Services, including:
    - Senior Nutrition Services
    - Caregiver Support
    - Employment and Volunteer Services
    - Adult Day Services
    - Health Promotion/Disease Prevention
- In-home Services, including:
    - In-home Care
    - Additional services to support independent living
- Elder and Individual Rights Services

Ability to leverage financial investments. Information & Assistance is a federally mandated Older American Act program. Senior I&A and Family/Kinship Caregiver Support programs combined represent an $8.4 million Federal and State annual investment in information and assistance services. The AAA infrastructure provides the strongest foundation for expanding ADRCs statewide and presents an opportunity to leverage existing infrastructure rather than build a new system or duplicate the existing systems. With the likelihood of limited ADRC funding, the AAA infrastructure was deemed the most cost-effective means of delivering these services.

IMPORTANT DIFFERENCES BETWEEN SENIOR I & A AND ADRCS

While there are many service detail similarities between an ADRC and Aging Information & Referral/Assistance, the two programs have four main differences. First, the ADRC program definition expands Aging Information & Referral/Assistance services to serve people of all ages with disabilities through coalition-building and genuine partnerships with those having expertise about the individuals being served.

Second, an ADRC provides a seamless point of entry to all publicly funded long-term services and support options, including those funded by Medicaid, the Older Americans Act (OAA), and other state and federal programs and services accomplished through specific agreements and practices coordinated with eligibility determiners.

Third, the ADRC conducts a more robust standardized person-centered options counseling, individualized decision support, and assistance to help individuals of all financial circumstances understand and access home and community-based supports and services; or when needed, institution-based care. Consumer outcomes are tracked and used for quality improvement processes.

Fourth, ADRCs have formal procedures for person-centered care transitions assistance for individuals and their families to support successful hospital and other facility discharge processes; and to proactively assist in the delay or avoidance of nursing facility placement.

AN INCREMENTAL APPROACH TO NEAR-TERM ADRC EXPANSION

Washington has one established pilot ADRC site in Pierce County; two additional pilot areas that have recently launched, and one just on the verge of a public opening. Further, ADSA has committed funding for ADRC IT infrastructure. Even with these efforts in place, statewide ADRC expansion faces a challenging way forward made considerably more difficult in uncertain economic times and stressed government budgets.

Beyond the existing grant funding and current federal and state investments, ADSA has no identified or sustainable source available to fund either the expansion or the continued operation of the existing pilot sites. While this expansion plan makes an explicit priority to secure sustainable funding streams, it is not clear if and when those sources will materialize given the current economic conditions.

In Washington State, AAAs deliver Senior I&A services across a spectrum of centralized (e.g. a single provider in an AAA service area) and decentralized systems (e.g. multiple providers in an AAA service area). Therefore, state ADRC coverage is dependent on this arrangement – meaning ADRC expansion is essentially a local service with smaller geographic coverage areas.

Under these circumstances, ADSA expects ADRC expansion to occur in an incremental fashion as funding and other resources allow. While ADSA will be making near-term investments in IT infrastructure, it will only be able to leverage those investments once resources are available to create the capacity to deliver services in communities throughout Washington.

THE ESSENTIAL NATURE AND ROLE OF ADRC PARTNERSHIPS

Each AAA operates through local partnerships unique to the communities they serve. The current pilot efforts to this point have sought to implement their ADRC program using their existing service network;

be it centralized or decentralized. In either case, AAAs (and, now ADRCs) have needed to make effective use of an 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 system evolves, there might be opportunities for new partnerships and configurations that would facilitate achievement of a more streamlined and efficient system for consumer access and community engagement.

Key ADRC Expansion Challenges

There are a host of major challenges that ADRC statewide expansion will need to address.

INFORMATION AND ASSISTANCE SERVICE CONFUSION

From the consumer perspective, the current landscape of long-term supports and options is complex. There are multiple eligibility criteria, many different agencies/providers, and separate funding sources for a number of similar long-term and home or community-based services and supports. Currently, there is no single publicized information line or website available for home, community and residential services and supports that serve individuals, regardless of age or disability type. Nationally, the services, accessibility, and benefits of Information & Assistance services (like the planned Washington ADRC) are poorly understood by the general public, government officials, and even partnering organizations.

INTEGRATING AGING AND DISABILITY INFORMATION & ASSISTANCE SERVICES

Having the capacity to provide comprehensive information, person-centered options counseling, and streamlined access to long-term supports and services requires ADRCs to partner with a variety of groups, including state agencies, local health and human services authorities, disability organizations, advocacy groups, as well as public and private pay service organizations and providers. These organizations have differing philosophies on the provision of short- and long-term supports and services. Bringing them together in partnership with the ADRCs will require significant effort.

Using the AAA system to implement ADRC services will require them to develop partnerships among diverse constituencies at both the state and local levels. These partnerships will prove critical to successful expansion of the project by including the independent living philosophy and specialized knowledge and supports for unique or targeted populations.

CONTINUOUS NEED FOR CULTURAL AND SERVICE POPULATION COMPETENCY AND IMPROVEMENT

The U.S. and State population is becoming increasingly racially and ethnically diverse. In the future, older adults and persons with disabilities will further differ from today’s population in terms of their race, family structure, socioeconomic status, education, geographic distribution, and openness regarding their sexual orientation. The ADRC program will need to show a high degree of cultural and language competency. These issues vary at the local level depending on multiple factors including geography, community demographics, and local culture.

Distinct culture and identity among persons with disabilities will need to be acknowledged and addressed by the ADRC. Further, the ADRC and its service partners will need to embrace the independent living philosophy that states people with disabilities are the best experts on their needs, and therefore necessitate a lead role designing their personal solutions.

There is a need to understand the issues of families and caregivers of children with special needs. Supportive services tend to be unique to children with disabilities, and may, in consequence, be more likely to be overlooked. The ADRC will need to understand these service issues in order to better serve these children and their families.

The ADRC program will need to better demonstrate an understanding of the unique and varied issues of the aging population, including ageism. There are many complex personal and social reactions related to aging, physical decline, mortality, and needed medical care that can lead to stereotyping. The ADRC and its partners will need to work collaboratively to address these conceptions and service needs. At the same time, the ADRC program will need to continually evolve in order to understand and respond to changes and preferences of the generations of individuals it serves.

OPERATIONAL CHALLENGES

While building on the AAA and Senior I&A infrastructure for ADRC expansion has significant advantages, there are operational challenges resulting from how individual I&As have evolved over the last thirty years. AAAs in Washington have differing levels of capacity, coverage, and mechanisms of service delivery. Further, Washington's ADRC approach will include state policy guidance, technical assistance, and oversight layered on top of a decentralized AAA service model where there is local variance in service delivery. The ADRC expansion is intended to increase program consistency throughout the state and to incorporate greater partnerships among aging and disability organizations while still facilitating local flexibility.

Statewide Coordination

While ADRCs will have core standards and requirements, multiple organizations may partner to offer ADRC services leading to local service delivery variation. Increasing the number of state and local partners will necessitate greater communication and coordination, including the establishment of formal written agreements and protocols. Client and resource information may be shared among formal partners, requiring data sharing agreements.

Funding Opportunities and Sustainability Challenges

The 2009 grant provides limited funding to the three new pilot ADRC sites in Washington, with a small amount of technical assistance funding for the state's original pilot site and the statewide association of Centers for Independent Living. While Administration on Aging grant funds assist Washington in designing and implementing ADRC sites, the initiative also requires the State to develop a plan to sustain the key activities through system redesign, creating efficiencies, expanding partnerships, and determining funding mechanisms.

In this current state budget cycle, state funding is facing reductions and whole programs stand to be cut. Because the budget prospects appear bleak for the future, ADRCs will also face the challenge of assisting customers in making linkages to a diminished menu of services, and uncertainty about the continued viability of services where they are identified.

Beyond the ADRC grant funding, ADSA does not have any new secure or sustainable revenue source to fund the intended expansion and evolution of ADRC services. Health care reform and state revenue shortfalls mean future resource commitment from the federal and state government is uncertain. Additionally, State budget shortfalls and poor economic conditions also put current funding for services offered through AAAs at risk while the need and demand for public home & community-based services and supports is increasing.

Information Technology

Technology will need to be accessible to a broad range of populations with a variety of technical expertise and special needs. There will be need for a telephone system that will seamlessly connect people to their local ADRC.

Procurement of a client management, web-based resource directory, and self-service and reporting system is complete and will be implemented in mid to late 2011. With implementation, there are likely to be technical issues around sharing data and/or linking different systems among AAAs, the State, and other community organizations that may want to participate and/or partner. Ongoing IT needs include routine and necessary improvements.

Staffing and Training

Qualified and professional ADRC staff capacity will need to be developed through training and attaining subject matter expertise. There could be delays in hiring or replacing key local or state ADRC staff due to budget constraints, hiring freezes, and budget restrictions. Also, due to current budget shortfalls, organizations are likely to suffer overall from insufficient staff capacity.

Marketing and Outreach

There is no built-in brand awareness around ADRCs in Washington State. Many populations and other service providers are unaware of what is available to them across the State and in their communities. Building public awareness and brand identification will be important. The state and proposed ADRC organizations are likely to have limited funds to do outreach; however, there will be a need for coordination and clarity around the nature of state and local marketing and outreach efforts. In times of limited resources, it is more important than ever to pool resources and take advantage of coordinated document and media development.

Additionally, since ADRCs seek to increase access not only to public services, but also to private service providers, those providers may desire to participate in the ADRC marketing, outreach, and public information efforts as part of local coalitions.

Difficulty Measuring Outcomes

ADRCs comprise one component of the complicated and constantly evolving social service system that includes short and long-term care services and supports. Washington State is simultaneously pursuing multiple initiatives to promote home and community-based services, and the private market adapts to consumer preferences and financial opportunities, resulting in many intervening variables that make it difficult to determine the direct impact of the State's specific ADRC initiative. There is a major challenge in controlling for the impact of the fluctuation of public funding of human services since these changes have downstream impacts on other services/programs. Distinguishing the effect of ADRC services from other State initiatives that promote home and community-based services and Medicaid diversion presents a major challenge.

While the overall system cost per individual due to ADRC interventions may decrease, that cost is diffused across multiple organizations and agencies so the benefit to society as a whole may not be

apparent in decreased costs to one or two specific agencies. There is a need to determine a reliable and validated method to measure cost-avoidance and savings.

It is anticipated that ADRCs will be better able to connect a consumer with a service that is acceptable to him/her, with an outcome of being more effective in meeting his/her needs. There is a need for a statewide ADRC information system that can demonstrate increased acceptability and efficacy of supports where they are accessed through an options counseling or other ADRC process, in comparison with services accessed by consumers without ADRC assistance.

State ADRC Expansion Plan

EXPANSION PLAN IMPLEMENTATION

Given the state's starting point for this venture and the scale of statewide ADRC expansion, the implementation of the seven goals described in this expansion plan will need the commitment of substantial resources and time to complete the undertaking. With this in mind, the expansion plan sets out a phased implementation schedule. This incremental approach presents the best opportunity for achieving well-functioning ARDCs in five years and fully functional ADRCs in ten years. The sequencing of implementation can be divided into three distinct phases.

Plan strategies are separated out into state and local levels. ADSA will have primary responsibility for leading implementation of state-level strategies, and local ADRC sites will be responsible for implementing local level strategies. For a handful of strategies, a shared implementation responsibility is identified.

Phase 1: Building ADRC Capacity

This phase seeks to lay the ground work for ADRC expansion by investing in the functional criteria and technical infrastructure that will serve as the platform for local ADRC expansion. It seeks to establish ADRC state policy and planning guidelines, develop essential state partners, create the statewide IT infrastructure, develop the marketing framework, advocate for sustainable funding, and build the evaluative and quality improvement processes. Strategies in this phase are scheduled to take place in the first two years (e.g. 2011 and 2012).

Phase 2: Expansion of Well-Functioning ADRCs

This phase supports the proliferation of well-functioning ADRCs throughout Washington State. By using the capacity, partnerships, and infrastructure created in Phase 1, the work in Phase 2 allows ADSA to work with AAAs on creating and expanding their ADRC services with the goal of being well-functioning. Strategies in this phase are scheduled to start implementation after Phase 1 has been implemented (e.g. 2013 through 2015).

Phase 3: Transition to Fully Functional ADRCs

Phase 3 is the final phase oriented around moving the existing well-functioning ADRC system to meeting the fully functional criteria. The strategies in this phase seek systems level improvements and actions that move the state towards full ADRC coverage. Strategies in this phase are scheduled to take effect outside the first five years of the plan (e.g. 2016 and beyond).

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.

Objective #1

DEVELOP & ENGAGE PARTNERSHIPS

STATE LEVEL

Strategy 1: Convene an ADRC advisory committee to meet regularly and discuss:

- Statewide ADRC Expansion Plan implementation strategies.
- Unique perspectives on statewide ADRC expansion progress and outcomes, as well as related acknowledgement of best practices and potential new quality improvement strategies.
- Information about services and supports provided by different groups.
- Opportunities for enhanced partnerships and collaboration, including leveraging funding, facilities, and program offerings.
- Strategies to further facilitate and provide support for local ADRC partnership development.
- Current or developing service delivery issues.
- Utilize resource directory reporting to analyze gaps as well as the presence of same/similar services located in specific geographical areas to inform ADRC partnership activities and improve customers' experiences.

Strategy 2: Engage state-level and statewide organizations in collaborative efforts to facilitate an integrated ADRC service delivery system

- Identify and engage essential state-level partners.
- Draft state-level partnership agreements to support local partnership development for maximized utilization of mutual resources, program and access consistency and non-duplicative quality metrics.
- Execute state-level partnership agreements that may include but would not be limited to the following:
  - Development of ADRC standards with full participation of partners at all stages, and agreement by partners to periodically participate in forums to review ADRC standards and evaluate results, service gaps and duplication.
  - Agreement to provide subject matter expert "banks" for interim period of time to support ADRC disability competency achievement (since this is a new competency for ADRCs).
  - Agreement to help in development of training curriculum, and in development of a sample or template programmatic cross-training plan for local ADRC use and individualized execution.
  - Periodically review and revise the state-level partnership agreement.
  - Agreement to participate in a state-level cross-training.

LOCAL LEVEL

Strategy 3: Develop local partnership agreements

- Strive for an integrated network of services: organizations working in close partnership and understanding as integral elements of a whole and more efficient system that is dedicated to ensuring people have easy access to the services they want and need.

Strategy 4: Establish protocols for referring individual consumers to partners

- Facilitate the formation of local coalitions or advisory committees of ADRC partners and other interested stakeholders to:
  - Provide advice on local ADRC development.
  - Participate in quality improvement processes.
  - Assist with the development of surveys and other feedback instruments used by the ADRC and its partners. Use data collection to determine if referrals are successful and where more cross-training is needed.
  - Problem-solve service gaps as well as service overlaps.

At a minimum, ADRC should seek to partner with:

- State Medicaid Home & Community Services and Community Services offices
- Centers for Independent Living
- Statewide Health Insurance Benefit Advisors
- Children and family services
- Disability and disease specific organizations and agencies
- Division of Developmental Disabilities
- Legal Advocacy Agencies
- Veteran services
- Mental health services
- Tribal Governments

Partnership agreements could cover:

- Clarified roles and responsibilities
- When possible, share funding
- In the absence of funds sharing, develop incentives for partner involvement. Both parties should benefit from a partnership
- Share space
- Share knowledge - Hold joint training
- Share services - copying, phone
- Share technology - computers, internet

Strategy 5: Conduct systematized assessment of local partnership resources

- Develop strategies and structures specifically for local partnership communications to address resource coordination, resolution of barriers, etc.
- Work with partners and customers to gain knowledge and understanding about available community resources as well as observable community resource gaps (surveys and forums).

Strategy 6: Recognize Partner Service

- Create a local program that recognizes the participation and efforts of ADRC partners.

Objective #2

ENSURE PROGRAM CONSISTENCY, QUALITY & ACCESSIBILITY

STATE LEVEL

Strategy 1: Finalize program standards

- Lead the collaborative efforts to define core competencies and program standards that allow for local tailored programs, supporting flexibility for each community to design their ADRCs while achieving consistent statewide service, quality, and accessibility requirements.
- Ensure that options counseling and assistance standards are not in conflict with national standards.

Strategy 2: Conduct Readiness Assessments

- Provide an ADRC Readiness Assessment template to be used by proposed ADRCs to self-assess the readiness of their local network to become fully functional.

Strategy 3: Disseminate instructions for ADRC development

- Provide written guidance and technical assistance to AAAs for developing individual ADRC Implementation Plans.

Strategy 4: Regularly review and revise program standards

- Regularly convene partners to review core competencies and program standards in relation to anticipated performance outcomes and revise them as needed for ongoing quality improvement.
- Monitor program results to inform the standards review and revision process.

Strategy 5: Support Alliance of Information and Referral Systems (AIRS) credentialing

- Work with local ADRCs to encourage and facilitate AIRS certification of ADRC staff. Develop a standard stating that AIRS certification credentialing is expected within the first two years of hiring, or within three years for current staff.
- In 10 years, or when an ADRC is fully-funded, examine whether to require ADRCs to become AIRS accredited organizations as part of becoming fully functional.

Strategy 6: Provide supportive training

- Develop and support an ADRC core competency master trainer training program to be completed by local ADRC staff.

LOCAL LEVEL

Strategy 7: Meet ADRC Fully Functional Criteria

- In the next five years ADRC programs will be well-functioning. Well-functioning is defined by significant progress towards meeting the ADRC Fully Functional Criteria.
- In the next 10 years all ADRC programs will meet Fully Functional Criteria, as funding allows.

Strategy 8: Tailor ADRC program to meet local community needs

- Involve local constituents and consumers in ADRC program planning.
- ADRC program will be included in AAA area plan community needs assessment.
- ADRCs will collaborate with other ADRCs in order to share efficiencies, innovative partnerships, and develop unique program design elements for adoption of best practices.

Objective #3

COMMUNICATION & MARKETING

STATE LEVEL

Strategy 1: Work with partners to develop an ADRC brand that is consistent, easy to remember, and provides a clear identity as a statewide program

- The brand should be instantly recognizable and lend itself to multiple uses and formats, and at a minimum, should define a name of the statewide program and a tagline that can be tailored to local networks that facilitate easy identification via all forms of media.

Strategy 2: Work with partners to develop a statewide marketing and education plan

- Develop 2-3 key messages that clearly differentiate ADRC from other information and referral programs such as 2-1-1.
- Develop targeted messages for individuals with disabilities and aging populations, their representatives and caregivers, service providers and partners, and the general public.

Strategy 3: Develop tools and materials to support local ADRC marketing and education efforts.

- Develop materials, including handouts and Public Service Announcements (PSAs), that inform different audiences about the availability and unique aspects of ADRC and how it can be accessed.
- Create customizable templates and media tool kits for ADRCs to adapt and use in their respective communities.
- Create basic information/material translated into multiple languages for ADRCs.
- Ensure that local marketing efforts are not in conflict with statewide efforts.

Strategy 4: Implement a statewide public information and education campaign

- Work with traditional media channels to disseminate PSAs, advertising, and other education and marketing information.
- Procure some targeted internet search advertising and use search engine-optimization techniques.
- Develop some level of web–based, user-centered, interactive, and information-sharing resources for public users of the statewide ADRC website.

LOCAL LEVEL

Strategy 5: Work with partners to implement a statewide information and education campaign

- Create fact sheets and education materials for local, state, and federal leaders.
- Develop methodology to analyze statewide data collected in the statewide information system and share aggregate data and analysis with ADRC partners.
- Demonstrate ADRC benefits including improved services, improved quality of life outcomes, and "savings" of ADRC programs.
- Tailor materials developed in public information and education campaign.

Objective #4

DEVELOP & SUPPORT STATEWIDE INFORMATION & TECHNOLOGY INFRASTRUCTURE

STATE AND LOCAL LEVEL

Strategy 1: Implement a web-based statewide information system that supports ADRC expansion

- The system will meet ADSA's essential information system functionalities: client management information, searchable resource directory database, reporting and measurement, and consumer self-service.
- The web-based statewide information system will be fully accessible to people with disabilities. Partners will be consulted in design, development, and implementation of the system, in order to identify and eliminate barriers to access.
- Create the capacity for the system to allow providers and other partners to have limited access to the data in the database and to encourage them to update their own information.
- Make available data to local ADRCs for reporting and quality improvement efforts.
- Provide statewide and local oversight over resource content in statewide information system.

Strategy 2: Regularly review and improve statewide information system

- Provide some level of oversight to ensure information is up-to-date and accurate.
- Initiate a facilitated change control process to prioritize, review, and coordinate system improvement requests.
- Continually evaluate the use of technologies to ensure better user compatibility and experience.
- ADRC will identify local resources for inclusion in the statewide resource directory.

A Statewide ADRC website should address the following components or interfaces:

- Self-service/self-help functionality
- Multiple languages, video for signing/subtitles, and other accessibility software
- Opportunities for users to provide feedback
- Opportunities for users to provide information, particularly so that ADRC can initiate contact
- Self-assessment tools and support
- General information, education, and research
- Webcasts, podcasts
- Explicit terms of service, explicit privacy statement
- Fundraising/donations page
- Links to partners
- Opportunity for peer support
- User forums
- Downloadable and electronic form applications
- Social networking component

Strategy 3: Simplify Access to ADRCs

- Consider establishment of a statewide (800) number that seamlessly connects callers to their local ADRC, while maintaining local ADRC direct phone number access.
- Coordinate with other telephone systems such as 2-1-1 and the Statewide Health Insurance Benefits Advisors (SHIBA, the state SHIP).
- Telephone system will be accessible to all persons and have a relay or TDD interface and language bank.
- Develop a professional, statewide ADRC website with a highly accessible customer-focused user interface that easily connects users to relevant resources and services
- Website functionality should use best practices to reach target populations.

Strategy 4: Coordinate with other information and benefit portals

- At a minimum, the system will link to other relevant information and benefit systems in order to better serve clients and allow for the collection of data that could inform marketing efforts.
- Research, review, and coordinate the implementation of strategies and tools for more seamless connections with other information and benefit portals.

Objective #5

LEVERAGE, PROCURE, AND SUSTAIN FUNDING

STATE LEVEL

Strategy 1: Pursue federal and state tax supported funding streams

- Demonstrate the cost avoidance and savings of ADRC interventions to the State and Federal government programs.
  - Define the beneficiaries of ADRC services and communicate the findings.
  - Demonstrate system savings of ADRC interventions.
- Demonstrate the public value of ADRC services for State general fund support.
  - Define how the public benefits from ADRC services and communicate the findings to advocacy groups and state legislators.
  - Demonstrate cost avoidance and cost savings of ADRC interventions.

STATE & LOCAL LEVEL

Strategy 2: Work with partners to pursue one-time funding opportunities

- Continue to monitor and apply for federal and non-profit/foundation fund sources.
  - Apply for CMS Section Q grants using the role ADRCs play in client transitions.
  - Review Healthcare Reform for potential funding/grant opportunities.
  - Engage with foundations and for- and non-profit organizations to identify potential in-kind goods and services donations.

Strategy 3: Pursue fee supported funding streams

- Work with partners to research and disseminate strategies and methodology options that can be used for local solicitation of payments.
- Identify services and circumstances for which sponsorships could be developed or small fees could be charged.
- Assess the feasibility of non-governmental organization (NGO) funding. This action would explore whether or not an NGO could work with ADSA, AAA, and partners to use more flexible funding source.
- Explore working with employers and health insurers to provide reimbursable or for pay services related to home and community supports and services.
- Explore working with hospitals in providing reimbursable or for pay services on care transitions.
- Explore using the ADRC resource directory to develop and sell local current and relevant ADRC "resource guide books".
- Explore charging partners for participation in one or more of the ADRC IT functionalities: client management, resource directory, self-service, and reports/measures.

Strategy 4: Explore strategies to lower the cost per client of ADRC services by exploring innovative modes of service delivery

- Work at the state level with state educational institutions to develop permanent internship and practicum opportunities.
- Work with partners to share costs of service delivery (i.e. co-location of services).

Objective #6

MEASURE ADRC OUTCOMES FOR THE PURPOSE OF QUALITY IMPROVEMENT

STATE LEVEL

Strategy 1: Monitor ADRC programs against the program standards, providing technical assistance, training and guidance as needed or requested

- ADSA will provide the necessary state program guidance, technical support, and monitoring of ADRC performance.
- State-level agencies will provide direct oversight to the local organizations they fund, and their subcontractors.
- Organizations contracted to provide federal and state funded ADRC services directly to consumers will follow the state ADRC standards and participate in ADRC monitoring activities.

Strategy 2: Regularly assess the quality of ADRC programs

- Develop methods to measure the quality of the customer experience at ADRCs.
- Involve constituents and consumers at the state and local level in the assessment of ADRCs

Methods to measure the customer experience could include:

- Host regional listening sessions to solicit feedback from partners, clients, and community members about successes and challenges of ADRCs
- Site inspections or "Secret Shopper" programs
- Monitor ADRC programs to demonstrate they have met program requirements. In addition to specific state and federal program standards, the ADRC programs should demonstrate both the qualitative and philosophical aspects of their program.
- Host annual meeting of ADRC sites and their partners around collaborative learning (challenges, shared learning, and new strategies)
- Provide targeted assistance to ADRCs for program improvement through data analysis and potential interventions

Strategy 3: Regularly assess the performance outcomes of the ADRC programs

- Develop methods to measure the performance outcomes of the ADRC programs

Strategy 4: State Program Partners should participate in continuous quality improvement processes

- Partners will share high-level program improvement and monitoring outcomes to acknowledge good practices and strategize shared quality improvement opportunities.

- ADSA will periodically gather data from ADRCs in aggregate format and share with State advisory committee (ADRC PPC).
- ADRC PPC would share their own observations, review ADRC aggregate information, identify best practices/positive outcomes, and strategize quality improvement opportunities.

Demonstrated successful outcomes could include:

- The ADRC is well-known and well-trusted by the public.
- Qualitative and quantitative evidence-based measures that show services result in maintained or improved quality of life for their clients.
- Services are culturally relevant, with the ability to serve every socio-economic or ethnic group in their community.
- Evidence of a person-centered perspective and consumer-driven philosophy.
- Evidence of reliability, responsiveness, and an efficient, effective, and empathetic assistance program.
- Evidence of follow-up with consumers to determine perceived quality of assistance provided by ADRC partners.
- Procedures for receiving feedback on the appropriateness of referrals to and from partners and consumers were in place.
- Regular coordination and meetings with partners had taken place to discuss performance and opportunities for improvement

LOCAL LEVEL

Strategy 5: Measure the customer experience

- Utilize national and state evaluation tools to measure the customer experience and satisfaction with ADRC services.
- Develop supplemental evaluation tools to evaluate customer experience and satisfaction with ADRC services unique to the local area.

Strategy 6: Demonstrate performance outcomes

- Utilize national and state evaluation tools and develop local measures that evaluate ADRC performance outcomes.
- Develop supplemental evaluation tools to evaluate performance outcomes.

STRATEGY 7: AAAs will monitor local ADRC subcontracted services against the program standards, providing technical assistance, training, and guidance as needed or requested

- AAAs will monitor local ADRC subcontracted services against the program standards and participate in ADRC quality improvement activities.

Objective #7

STREAMLINE AGING AND DISABILITY INFORMATION AND ASSISTANCE SYSTEM

STATE & LOCAL LEVEL

Strategy 1: Evaluate the role ADRCs have in addressing the information and assistance challenges faced by Washington residents

- Utilize the ADRC advisory committee policy group with expertise in aging, disability, and information and assistance services to address this objective.
- Provide the necessary theory and data needed to evaluate the effectiveness and efficiency of aging and disability I&A services in Washington.

Strategy 2: Reduce duplication and leverage resources from the consumer perspective

- ADRC advisory committee members will collaborate to develop strategies for:
  - Reducing the confusion around system entry points and navigation pathways.
  - Local partnership agreement template development that would include promotion of non-duplicative relationships and opportunities for resource leveraging.
  - Providing technical assistance and training to support ADRCs and essential partners, to coordinate their services, leverage resources, and execute partnership agreements.

Strategy 3: Identify opportunities to deliver more effective and efficient information and assistance services to target populations

- Identify duplicative and overlapping services and recommend changes to the system that best utilize the ADRC service structure.
- Monitor federal and state health care reform efforts for opportunities to leverage ADRC services more fully.

Work Plan Implementation Schedule and Monitoring

The expansion plan sets out a phased implementation schedule. This incremental approach presents the best opportunity for achieving well-functioning ARDCs in five years and fully functional ADRCs in ten years. The sequencing of implementation can be divided into three distinct phases. The implementation of the strategies defined above lay out a path towards creating fully functional and sustainable ADRC services in Washington State. In order to ensure that the implementing parties make progress toward this ultimate goal, the Expansion Plan includes a series of achievements that define and measure the progress made toward implementing the seven objectives. These measures mark the critical achievements that reflect success towards this endeavor.

The following section lists strategies by their timing. Following each objective is a list of plan implementation achievements designed to demonstrate implementation progress and success.

Objective 1: Develop and engage partnerships	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Convene an ADRC advisory committee to meet regularly	■	■	■	■	■	■
Strategy 2: Engage state-level and statewide organizations in collaborative planning	■	■	■	■	■	■
Local Level						
Strategy 3: Develop local partnership agreements	■	■	■	■	■	■
Strategy 4: Establish protocols for referring individual consumers to partners		■	■	■	■	■
Strategy 5: Conduct systematized assessment of local partnership resources		■	■	■	■	■
Strategy 6: Recognize partner service	■	■	■	■	■	■
Objective 1 Implementation Plan Achievements						
• Creation of State level partner group that meets regularly	◆					
• Creation of initial formal statewide ADRC partnership agreements	◆					
• ADRC sites demonstrate evidence of effective local partnership agreements		◆				
• Development of partnership assessment and feedback tools			◆			

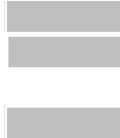
Objective 2: Ensure program consistency, quality, and accessibility	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Finalize program standards	■					
Strategy 2: Conduct readiness assessments	■	■	■	■	■	■
Strategy 3: Disseminate instructions for ADRC development	■	■	■	■	■	■
Strategy 4: Regularly review and revise program standards		■	■	■	■	■
Strategy 5: Support Alliance of Information and Referral Systems credentialing	■	■	■	■	■	■
Strategy 6: Provide supportive training	■	■	■	■	■	■
Local Level						
Strategy 7: Meet ADRC fully functional criteria					■	■
Strategy 8: Tailor ADRC program to meet local community needs	■	■	■	■	■	■
Objective 2 Implementation Plan Achievements						
• Adopted program standards	◆					
• Development of ADRC implementation and training materials			◆			
• Completion of second group ADRC readiness assessments			◆			
• Completion of all ADRC readiness assessments					◆	
• ADRC program included as part of AAA area plan community needs assessments						◆

Objective 3: Communication and Marketing	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Work with partners to develop an ADRC brand	■	■				
Strategy 2: Work with partners to develop a statewide marketing and education plan						■
Strategy 3: Develop tools and materials to support local ADRC marketing and education efforts		■	■	■	■	■
Strategy 4: Implement a statewide public information and education campaign						■
Local Level						
Strategy 5: Work with partners to implement a statewide information and education campaign		■	■	■	■	■
Objective 3 Implementation Plan Achievements						
• ADRC branding plan developed		◆				
• Development of tools and materials to support local ADRC marketing and education efforts			◆			
• ADRC sites demonstrate successful information and education performance outcomes			◆			
• Development of a statewide marketing and education plan						◆

Objective 4: Develop and support a statewide information and technology infrastructure	2011	2012	2013	2014	2015	2016+
State & Local Level						
Strategy 1: Implement a web-based statewide information system that supports ADRC expansion	■					
Strategy 2: Regularly review and improve statewide information system				■		■
Strategy 3: Simplify access to ADRCs	■	■	■	■	■	■
Strategy 4: Coordinate with other information and benefit portals	■	■	■	■	■	■
Objective 4 Implementation Plan Achievements						
• Procurement of a web-based statewide information system that supports ADRC expansion	◆					
• Development of a statewide ADRC website		◆				
• Create a plan for statewide ADRC telephone system		◆				

Objective 5: Leverage, procure, and sustain funding	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Pursue federal and state tax-supported funding streams	■	■	■	■	■	■
State & Local Level						
Strategy 2: Work with partners to pursue one-time funding opportunities	■	■	■	■	■	■
Strategy 3: Pursue fee-supported funding streams	■	■	■	■	■	■
Strategy 4: Explore strategies to lower the cost per client of ADRC services	■	■	■	■	■	■
Objective 5 Implementation Plan Achievements						
• Demonstrate evidence of pursuit of one-time funding opportunities	◆					
• Demonstrate the cost avoidance of ADRC interventions to the State and Federal government programs			◆			
• Demonstrate the public value of ADRC services for State general fund support			◆			

Objective 6: Measure ADRC outcomes for the purpose of quality improvement	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Monitor ADRC programs against the program standards	■	■	■	■	■	■
Strategy 2: Regularly assess the quality of ADRC programs	■	■	■	■	■	■
Strategy 3: Regularly assess the performance outcomes of ADRC programs	■	■	■	■	■	■
Strategy 4: State Program Partners should participate in continuous quality improvement processes			■	■	■	■
Local Level						
Strategy 5: Measure the customer experience	■	■	■	■	■	■
Strategy 6: ADRCs will be required to demonstrate program outcomes	■	■	■	■	■	■
Strategy 7: AAAs will monitor subcontracted ADRC services against program standards	■	■	■	■	■	■
Objective 6 Implementation Plan Achievements						
• Develop methods to measure the ADRC program quality		◆				
• Develop methods to measure the quality of the customer experience at ADRCs		◆				
• Assess how ADRC services are improving health and quality of life outcomes			◆			

Objective 7: Streamline Aging and Disability Information and Assistance	2011	2012	2013	2014	2015	2016+
State Level						
Strategy 1: Evaluate the role ADRCs have in addressing state I&A challenges						
Strategy 2: Reduce duplication and leverage resources from the consumer perspective						
Local Level						
Strategy 3: Identify opportunities to deliver more effective and efficient I&A services						
Objective 7 Implementation Plan Achievements						
• Task ADRC advisory committee to evaluate state aging and disability I&A						

Current Accomplishments

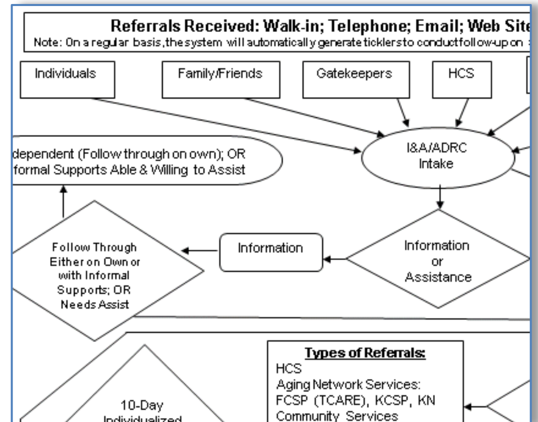
During the planning process, ADSA has advanced several elements of ADRC expansion in the State. Listed below are selected accomplishments.

Procurement of Statewide ADRC Information System and Workflow Map

ADSA has completed its vendor selection for a statewide information system For many years, there has been a long term vision to have easy access to client data, increased efficiency in data management, resource information, and the ability to look across the scope of consumers to better understand their needs, and identify gaps in service options at the local level as well as statewide.

The information system includes a client management function, an ADRC resource database that is consumer friendly, State and National Aging Program Information Systems reporting functionality, and a public "self-service" access capabilities and secure client document "self-storage".

The ADSA statewide information system project team has completed business rules and a workflow map for the system.



Partial screen capture of the completed work flow map.

Development of ADRC Cost Model

Partial screen capture of the cost model.

ADSA is currently adapting an Excel-based cost model developed by the ADRC program in Wisconsin. The budget tool provides a population-based method for estimating staff-costs driven by persons seeking services at an ADRC. The tool is flexible and allows different assumptions about consumer utilization rates, ADRC activities, and staff costs.

Adaptation of ADRC Cost Savings Tool

An Excel-based calculator tool (developed by The Lewin Group in 2008) has been adapted to current conditions in Washington State to assess the potential of ADRC services to reduce Medicaid spending. The tool is designed to assist the ADRC expansion effort in demonstrating and communicating the value of single entry points to their community supports and services systems.

Partial screen capture of the cost saving tool.

Five-Year Financial Plan

CURRENT BUDGET UNCERTAINTY

The recession of 2008 continues to have a lasting impact on state government revenues. The 2011 Washington State legislative session has been propelled by declining revenue forecasts against the backdrop of significant cuts to health and human service across the Washington State Department of Health and Human Services (DSHS) since 2009. Going into the current legislative session, the department remains at the center of the state budget discussion, with proposed program cuts that could impact service and support options, and ADRC expansion plans. The existing and proposed cuts come at a time when there is increasing demand for social welfare programs as the state's residents grapple with the economic fallout and prolonged insecurity.

LEVERAGE ASSETS AND PARTNERSHIPS

Given the current economic uncertainty and budget situation, DSHS and ADSA are unlikely to receive additional state funding to support the expansion of ADRC in the state over the 2011-2013 budget biennium. Therefore, the strategy over the next two years is to leverage the existing I&A assets in the state. Specifically, the strategy focuses on the items that can be accomplished without additional monetary commitments. The largest commitment the state has in the existing system, Senior I&A, is currently funded at $8.4 million a year and has statewide coverage through the AAA network. In additional, ADSA has invested Older American Act Title IIIB Administrative funds, MIPPA, and ADRC grant funding to support four pilot ADRCs from FFY 2010-12.

To leverage this base I&A infrastructure, the ADRC expansion will include, but not be limited to, the following investments: a statewide information system capable of meeting ADRC needs, disability and aging partnership development, streamlining data management and program reporting, staff training via Webinars, support for ADRC brand development, and local planning for I&A system redesign. Additionally, ADSA will continue to look for one-time funding opportunities through:

- Additional federal ADRC funding support;
- Funding for care transitions activities;
- Funding opportunities under the newly revised Minimum Data Set 3.0 (MDS 3.0) Section Q ;
- Funding opportunities through the implementation of the CLASS Act; and
- Funding opportunities that become evident through implementation of the Affordable Care Act.

COST ESTIMATING OF ADRC EXPANSION

Based on the experience of the Pierce County ADRC pilot site, ADSA has developed a policy-level estimate of the funding needed to achieve statewide ADRC expansion within a five-year period. The state estimates that it would need to add an annual amount of approximately $8.2 million to the current system in order to transition the state's Senior I&A programs to well-functioning ADRCs. The funds would provide some investments in planning, partnership development, and increased direct services to the increasing older adult population and to persons less than 60 years of age.

In the fall of 2011, ADSA will have a better sense of the state budget situation and anticipated baseline biennial state funding. To support this budgeting work, ADSA will survey Washington's AAAs between the spring and fall of 2011 regarding service demand by population, staff capacity, average time per ADRC function, and current cost structures and allocations. The data captured in this survey will be used to test current assumptions, drill down to specific costs associated with statewide ADRC expansion, and be used to prioritize incremental investments to Washington's ADRC system.

MOVING TOWARD FINANCIAL SUSTAINABILITY

A major objective of the Expansion Plan is to move toward funding sustainability. In an effort to generate sustainable funding in the long-term, ADSA must develop a strong policy and business case to promote public and private investments into the system. It is anticipated that these investments will occur through either tax or fee revenues. On the tax side, the ADRC will need to make a case that its services do at least one of the two things in order to substantiate a subsidy from local, State or Federal governments:

- Provides services that lead to cost avoidance for state general funds, Medicare, Medicaid, and/or local spending; or
- Delivers services to users that ultimately lead to the efficient and effective use of public and private resources.

On the fee side, the ADRC expansion will need to find ways to "charge" for some of its services. These fees can be related to the services it provides (i.e. providing options counseling, case management, care transitions, or other services to certain organizations or private businesses), or by appropriately monetizing some of its resources that may be of value to other parties (i.e. participation in the statewide ADRC information system, private business consultations).

The strategies laid out in this Expansion Plan address the needed steps to move the Washington State ADRC program towards financial sustainability.

List of Appendices

Description of Planning Process

List of PPC Members

ADRC Terminology Survey

Beliefs on Partnerships Statements

Appendix: Description of Planning Process

The members of the Washington State Aging & Disability Resource Center (ADRC) Planning and Policy Committee (the Committee) engaged in a 10-month planning process to develop the ADRC Statewide Expansion Plan. The ADRC Statewide Expansion Plan is a five-year operational plan and budget for achieving statewide coverage of well functioning ADRCs. The objective of the planning process was to create a plan to move Washington’s ADRCs forward toward statewide coverage, design an effective service to individuals of all ages and circumstances, and create a commitment to partnerships.

The Committee draws on a diverse membership of aging and disability groups representing constituent, public and private perspectives. The Committee met for five full-day workshops between May 2010 and January 2011. In addition to the full committee workshops, subcommittees worked between meetings to further committee work and to engage in preliminary discussions prior to consideration by the full committee.

Appendix: ADRC Planning and Policy Committee Members[1]

Alfie Alvarado-Ramos, *Washington State Department of Veterans Affairs*

Nick Beamer, *Aging & Long Term Care of Eastern Washington (AAA)*

Selena Bolotin, *LICSW, Qualis Health*

Shirley Bondon, *Office of Public Guardianship*

Lori Brown, *Southeast Washington Aging & Long Term Care (AAA)*

Penny Condoll, *Constituent, Washington Traumatic Brain Injury Strategic Partnership Advisory Council*

Greg Danielson, *Washington Society of Certified Public Accountants*

Victoria Doerper, *Northwest Regional Council (AAA)*

Trina Forest, *Association of Centers for Independent Living in Washington*

Julie Gray, *National Association of Professional Geriatric Care Managers*

Marijean Holland, *Washington State Office of the Insurance Commissioner, Statewide Health Insurance Benefits Counselors*

Robert Honan, *Washington State Independent Living Council*

Patricia Hunter, *Alzheimer's Association, Western & Central WA Chapter*

Toni Johnson, *Homeless/Housing, Washington State DSHS Executive Administration*

Carolyn Jones, *DSHS Children's Administration*

Joel Loiacono, *Alzheimer's Association, Inland Northwest Chapter*

David Lord, *Disability Rights of Washington*

Sheryl Lowe, *American Indian Health Commission for Washington State*

Richard Lundgren, *Constituent (family caregiver)*

David Maltman, *Washington State Developmental Disabilities Council*

Don Moreland, *Constituent, Washington State Council on Aging*

Kathryn Carlton, *Constituent, Washington State Mental Health Planning and Advisory Committee*

Kara Panek, *Washington State DSHS-ADSA Division of Behavioral Health and Recovery*

Julio Quan, *Constituent, Retired (Former Director Centro Latino)*

Gretchen Thatcher, *Constituent, Central Washington Disability Resources (CIL)*

Deborah Roberts, *Washington State DSHS-ADSA Division of Developmental Disabilities*

Louise Ryan, *Washington State Long Term Care Ombudsman*

Aaron Van Valkenburg, *Pierce County Community Connections Aging & Long Term Care (AAA)*

Mary Wolney, *P.S. Attorney at Law, Elder and Disability Law*

Staff:

Bea Rector, Washington State DSHS ADSA HCS State Unit on Aging

Susan Shepherd, DSHS ADSA HCS State Unit on Aging

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[1] This list includes members that contributed to the plan but may not have been able to participate in all planning meetings.

Appendix: Aging and Disability Terminology Survey

To illustrate the importance of words and terminology used by potential ADRC partners, the PPC took a survey available through the ADRC Technical Exchange website. The following section is a reprint of the instructions and summary of their responses. [2]

Instructions:

This survey was created in response to grantee requests in order to stimulate thought and discussion surrounding the different words and terminology used by ADRC partners to refer to themselves, each other, the people they work with, and the services and supports they provide. People who have career backgrounds in aging, disability, and other specialties often use different words to refer to the same things, or they may use the same words but intend different meanings. Because language is constantly evolving, ADRC partners may not be able to agree on a standard set of words to use, but should strive for a greater understanding of what words are most appropriate in certain settings.

Place an “**X"** in the column that best matches your preference for each word.

Words are categorized by the type of person or thing they describe.

Blank spaces are provided for you to fill in other words you use that fit each category.

Underneath each section, you are asked to identify your preference for the word or words you would most like to see used widely by ADRCs, and also to share your reactions to any specific terms from each list.

[2] The survey was adapted from survey developed by The Lewin Group for ADRCs

1. My background/experience is in:

19% Aging Services

15% Independent Living

12% Developmental Disabilities Services

15% Mental Health Services

0% Receiving Services or Supports

27% Providing Services or Supports

12% Other:

2. I have encountered miscommunication due to terminology:

0% Never

0% Rarely

75% Occasionally

25% Frequently

3.

	People Receiving Services or Supports…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
A	Client	15%	38%	23%	15%	8%
B	Consumer	15%	54%	8%	23%	0%
C	Customer	8%	31%	54%	8%	0%
D	Individual	25%	50%	8%	8%	8%
E	Peer	15%	31%	38%	8%	8%
F	Participant	27%	45%	27%	0%	0%
G	Member	0%	21%	64%	7%	7%
H	Person We Support	0%	0%	54%	38%	8%
I	Person We Work With	8%	15%	46%	31%	0%
J	Care Recipient	0%	21%	36%	29%	14%

	People Receiving Services or Supports…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
K	Loved One	0%	17%	58%	25%	0%
L	Person With A Disability	15%	23%	38%	15%	8%
M						
N						

4.

	Service or Support Staff…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
A	Service Coordinator	8%	75%	17%	0%	0%
B	Navigator	8%	31%	46%	15%	0%
C	Counselor	0%	23%	38%	38%	0%
D	Peer	8%	17%	33%	25%	17%
E	Peer Counselor	8%	33%	33%	8%	17%
F	Technician	0%	8%	31%	31%	31%
G	Support Coordinator	8%	69%	15%	0%	8%
H	Care Manager	0%	38%	38%	8%	15%
I	Case Manager	0%	15%	38%	31%	15%
J	Senior Care Coach	0%	7%	43%	36%	14%
K	Senior Advocate	0%	29%	43%	14%	14%
L	Broker	0%	0%	36%	43%	21%
M	Support Broker	0%	7%	43%	29%	21%
N	Independent Living Specialist	27%	33%	33%	0%	7%
O	Aging Specialist	0%	15%	54%	23%	8%

	Service or Support Staff…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
P	Resource Specialist	23%	31%	38%	8%	0%
Q	Program Specialist	0%	42%	50%	8%	0%
R						
S						

5.

	People Over Age 60…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
A	Elder	8%	25%	42%	17%	8%
B	Elderly	0%	8%	33%	42%	17%
C	Older Adult	8%	58%	25%	0%	8%
D	Older American	8%	8%	58%	17%	8%
E	Senior	9%	64%	0%	27%	0%
F	Senior Citizen	0%	8%	77%	15%	0%
G	Aging Adult	0%	8%	42%	50%	0%
H	Aging Community	0%	18%	45%	27%	9%
I	Aged	0%	0%	17%	75%	8%
J	Geriatric	0%	8%	33%	50%	8%
K	Frail	0%	0%	50%	0%	50%
L	Old	0%	0%	17%	33%	50%
M						
N						

6.

	Types of Disabilities…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
A	Mental Illness	0%	25%	50%	17%	8%
B	Poor Mental Health	0%	8%	17%	50%	25%
C	Mental Health Issues	8%	67%	25%	0%	0%
D	Physical Disabilities	17%	75%	8%	0%	0%
E	Functional Impairment	0%	58%	17%	25%	0%
F	Mental Disability	0%	17%	42%	33%	8%
G	Developmental Disability	18%	45%	27%	0%	9%
H	Intellectual Disability	14%	29%	43%	7%	7%
I	Mental Retardation	0%	0%	27%	36%	36%
J						
K						

7.

	Aspects of Services or Supports…	Strongly Prefer	Prefer	Neutral	Oppose	Strongly Oppose
A	Support	8%	67%	25%	0%	0%
B	Care	8%	25%	33%	25%	8%
C	Assistance	8%	50%	42%	0%	0%
G	Services	18%	55%	18%	9%	0%
D	Long-Term Care	0%	33%	42%	25%	0%
E	Long-Term Supports	0%	25%	50%	25%	0%

	Aspects of Services or Supports…	**Strongly Prefer**	**Prefer**	**Neutral**	**Oppose**	**Strongly Oppose**
F	Long-Term Planning	0%	50%	42%	8%	0%
J	Assessment	8%	31%	54%	8%	0%
K	Counseling	8%	17%	58%	17%	0%
L	Case Management	8%	8%	33%	50%	0%
M	Continuum	0%	18%	55%	27%	0%
N	Service Coordination	18%	73%	27%	0%	0%
O	Person-Centered Planning	0%	18%	64%	0%	0%
P	Consumer-Direction	0%	45%	45%	9%	0%
Q	Participant-Direction	0%	25%	42%	33%	0%
R	Self-Direction	8%	42%	33%	17%	0%
S	Consumer Control	0%	25%	50%	17%	8%
T	Right to Risk	0%	33%	25%	25%	17%
U	Right to Fail	0%	17%	25%	25%	33%

8. What are the five words or terms you find most confusing, unclear, or ambiguous?

Care recipient, person centered care, right to fail, right to risk, spend down waiver, peer developmental disabilities, long-term care, client, consumer, survivor, consumer direction, peer technician, broker counseling, technician, person centered care, resource specialist

9. What are the five words or terms you find most offensive? What other words would you like people involved in ADRC projects to NOT use?

Old, case management, mental retardation, right to fail, poor mental health, case manager, client, care giver, adult family homes, sufferer, long-term, aging, retarded, frail

Appendix: Beliefs on Partnership Statements

On September 14, 2010 the Planning & Policy Committee discussed the role of partnerships in providing services offered by ADRCs. The discussion included a brainstorming component designed to generate information on committee member's beliefs about partnerships. Partnerships are critical to statewide ADRC expansion, the brainstorming exercise was designed to build a common understanding of what partnerships mean to committee members, the role of partnerships in ADRC expansion, and the qualities that make for effective partnerships.

This appendix presents key themes from the discussion. The key themes are:

Partnerships will improve ADRC services for individuals and families.

Committee members believe that partnerships can make an ADRC "greater than the sum of its parts" and are "essential" to ADRC success. The committee believes that aging and disability support services are alike enough that partnerships among service providers will bring many benefits. Additionally, committee members believe specialized expertise and philosophies among AAAs and disability groups will complement one another.

There are many types of partnerships.

Committee members believe that partnerships can come in many forms. ADRCs have open partnership policies with multiple service partners. Committee members believe ADRC's should be a "coalition of partners."

Standards for ADRCs must foster and engage integration of aging and disability groups.

AAAs are situated across the state and have an infrastructure existing through the State. Committee members believe that ADSA program standards for ADRCs must enable or require integration of aging and disability groups in the ADRC coalition of partners.

Partnerships can link local and state functions.

Committee members believe that local relationships should be the foundation of partnerships. In addition, state-level partnerships are necessary to address service overlaps and resource allocation and to achieve potential economies of scale.

Where there is statewide coverage, committee members expect there will still be some level of coordinating with local partners, though the amount will vary.

Effective partnerships require specific elements of commonality between partners.

Committee members identified many elements that partners should have in common to build effective partnerships. Specific elements mentioned included:

- Shared vision, purpose and values.
- Shared target population.
- Shared resources such as expertise, funding and space.

Effective partnerships will bring mutual benefits to partners and require an understanding and competency in all services across partners.

Committee members believe that partners must have mutual benefits and contributions. A partnership is effective when partners see an improvement in their service delivery.

Committee members believe that ADRCs must have subject matter experts as partners, and all partners should have an understanding and competency in each other's services.

Partnerships must be representative of aging and disability expertise as well as the communities they serve.

Committee members believe the collation of partners that make up an ADRC must include one or more disability organizations AND one or more aging organizations. Partnerships must honor the different philosophies partners bring to the table and should reflect the diversity of the community they serve.

Effective partnerships require good organizational cooperation and communication.

Committee members identified key requirements for effective partnerships. Communication was the most common feature mentioned. Committee members believe partnerships must have open and honest communication, including formal communication such as Memorandum of Understandings, as well as informal communication. Communication must be clear, concise and periodic.

In addition to clear communication, committee members identified the following as key requirements for effective partnerships:

- Clear roles.
- Shared decision making.
- Conflict resolution protocols.
- Built on honesty and trust.