



**TEXAS AGING AND DISABILITY
RESOURCE CENTER**

THREE-YEAR STRATEGIC PLAN

2016-2018

April 4, 2016



Introduction

The Texas Department of Aging and Disability Services (DADS) received funding from the Administration for Community Living (ACL) for building a strategic plan for the successful and sustainable operation of the Texas aging and disability center no wrong door system. DADS contracted with Leavitt Partners, a consulting firm that specializes in health care systems, to conduct listening forums across the state, identify goals and objectives and develop the initial timeline for the strategic plan.

In August 2015, DADS gathered input on how to improve the aging and disability resource center (ADRC) system from stakeholders, including ADRCs, partner organizations, local community members and other social service agency participants. DADS hosted five in-person listening forums throughout the state as well as two statewide webinars. DADS also gathered stakeholder feedback from a number of other venues, including an ADRC Advisory Committee meeting, an ADRC Coalition meeting and a designated email address. Each event was well attended, with some having upwards of 70 stakeholders. Through these meetings and comments, DADS obtained substantive and comprehensive insight on improvements to the ADRC system to ensure the Texas No Wrong Door system continues to be successful. Once the strategic plan was drafted, the ADRCs and the ADRC Advisory Committee provided additional input, which was incorporated into the final version of the strategic plan.

As part of the strategic plan, the Texas Health and Human Services Commission/DADS and the ADRCs will promote awareness of the ADRC program and improve outreach to underserved populations. With a focus on ensuring quality services, program metrics will be established for core services. In addition, funding and allocation methods will be assessed to safeguard the program's sustainability.

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[Vision, Mission and Values]

Vision:

Aging and disability resource centers (ADRCs) will support the Texas No Wrong Door (NWD) system by serving as a key point of access to person-centered long-term services and supports (LTSS) specialized information, referral and assistance. Through strong community partnerships fostered by the ADRCs, all individuals and caregivers, regardless of age, income and disability will receive consistent and comprehensive information about the full array of options for private and public, community-based LTSS.

Mission:

To serve as a highly visible, trusted resource for assistance with access to the full range of community-based LTSS options via a no wrong door model for all individuals regardless of age, income and disability.

Values:

- Person-centered
- Builders of community collaboration and partnerships
- Focused on the inherent dignity of the individual
- Culturally competent
- Structured to support consumers in making informed choices
- Easily accessible and highly visible
- Objective
- Responsive
- Data informed
- Committed to quality

The proposed Texas ADRC system vision, mission and values align with and support the vision and mission of the Texas Health and Human Services Commission (HHSC) as developed by the Texas Department of Aging and Disability Services (DADS).¹

¹ DADS vision and mission statements from Texas State Plan on Aging 2015-2017 available at: www.dads.state.tx.us/news_info/publications/planning/stateplanonaging/2015-2017/context.html.

Goals and Objectives

I. ADRCs foster strong community partnerships.

A. Formalize the roles of the ADRC Advisory Committee.

1. Formally define the committee's authority and scope of responsibility.
2. Formalize the working relationship of the committee with the ADRC Coalition.
3. Create formal committee bylaws (in accordance with HHS Circular C-022).²
4. Create a committee administrative structure.
5. Review and formalize appointments in accordance with established bylaws.
6. Select committee leadership in accordance with established bylaws.
7. Train the committee members on the ADRC system, committee responsibilities, committee bylaws and other information needed so the committee can fulfill its scope of responsibility.

Outcome:

By Aug. 31, 2016, the ADRC Advisory Committee is formally established and has fully trained membership that meets regularly. It is actively engaged in setting its agenda and providing meaningful information and advice to the program. The ADRC Advisory Committee is organized in accordance with HHS guidelines and its continued operation is formally supported by the Texas Health and Human Services system.

B. Promote awareness of the ADRC system.

1. Review and update ADRC marketing material and messaging.
2. Develop a set of public talking points that clearly identifies and delineates the role of ADRCs as compared to other agencies or programs.
3. Task the members of the ADRC Advisory Committee with informing their respective agencies and organizations about the ADRC mission and initiatives.
4. Leverage existing newsletters or other forms of regular communication circulated among all involved agencies or programs to provide information on ADRCs.



² www.hhsc.state.tx.us/news/circulars/C-022.pdf

Outcome:

By Nov. 30, 2017, key representatives from state agencies and other programs can articulate to their staff that ADRCs are the primary system for information, referral and assistance about accessing community-based LTSS options.

C. Support ADRCs in improving and formalizing relationships with other LTSS agencies or programs, including

- 2-1-1, area agencies on aging (AAAs) and local intellectual and developmental disability authorities (LIDDAs) and mental health authorities;
 - Veterans organizations, hospitals and centers for independent living (CILs);
 - State agencies and programs such as HHSC Medicaid or CHIP, HHSC Office of Eligibility Services (specifically the Medicaid eligibility division) and the Texas Department of Family and Protective Services; and
 - The Medicaid enrollment broker and managed care organizations (MCOs) participating in the Texas STAR+PLUS Medicaid managed care program.
1. Develop a training tool kit with targeted information on ADRC core functions and roles to be used by ADRCs when educating LTSS agencies or programs, community partners, MCOs and others.
 2. Help ADRCs facilitate connections with LTSS agencies or programs at the local level.
 3. Assist ADRCs and agency counterparts in developing a common understanding of each other's roles and in exploring where on-going coordination is beneficial.
 4. Assist ADRCs and agency counterparts to evaluate approaches to maintain open communication, efficient referral and information sharing and effective service provision, including opportunities for co-location.
 5. Support ADRCs and agency counterparts in formalizing relationships where appropriate (also see Goal IV, Objective A).³

Outcome:

By Aug. 31, 2018, ADRCs have documented formal and informal relationships with other LTSS agencies or programs.

³ For example, veterans organizations could pay ADRCs for making referrals and assisting individuals with applications; hospitals could pay ADRCs for assisting with lowering hospital readmission rates; MCOs could contract with ADRCs to provide referrals to the state's enrollment broker during enrollment events for individuals who are Medicaid eligible, but not enrolled; MCOs could also contract with ADRCs to advise and train MCO service coordinators on the needs of target populations or non-Medicaid services and resources.

D. Support the ability of ADRCs to identify, target and increase services provided to underserved populations.

1. Continue to work with ADRCs to identify populations that encounter barriers accessing the LTSS system.
2. Have ADRC Advisory Committee members identify ways to improve the provision of services to all populations.
3. Work with ADRCs to explore formalizing communication channels with Native Americans, minority and special population groups.
4. Identify and partner with state resources that can assist ADRCs by providing training materials and proven outreach methods for underserved populations.
5. Assist ADRCs in the development of a training plan for targeting underserved populations.
6. Assist ADRCs in the development of an outreach plan for targeting underserved populations.
7. Approve ADRC training and outreach plans.



Outcomes:

By Aug. 31, 2018, ADRCs have HHSC- and DADS-approved training plans for working with people in underserved populations who are accessing the ADRC system. By Aug. 31, 2018, ADRCs have HHSC- and DADS-approved plans to increase outreach to underserved populations.

II. ADRCs provide consistent and comprehensive person-centered specialized information and referral (I&R).

A. Promote person-centered specialized I&R training to support ADRCs in providing statewide, standardized and optimal I&R.

1. Establish core standards for I&R, including evaluating the use of existing credentialing programs.
2. Evaluate training needs with input from ADRCs.
3. Determine mode of training, including potential training resources.
4. Create training curriculum with input from the ADRC Advisory Committee and ADRCs.
5. Work with ADRCs to create training-related schedules and plans.
6. ADRC staff is trained in person-centered I&R.

Outcomes:

By Aug. 31, 2018, ADRCs are provided with well-structured, person-centered specialized I&R training.

B. Review and refine performance metrics to monitor how well each ADRC provides specialized I&R and move the system toward a seamless, effective and person-centered NWD structure.

1. Review nationally accepted I&R performance standards that align with the Texas ADRC program.
2. Review the capacity of ADRCs to collect and report necessary data for performance metrics.
3. Determine performance metrics that best evaluate ADRC performance on core I&R standards and align with ADRCs' existing capabilities to collect and report the data.
4. Create a performance metrics reporting tool for ADRC use.
5. Disseminate and provide training on adopted performance metrics.
6. Begin collecting data on performance metrics and provide information to HHSC/DADS and the ADRC Advisory Committee.

Outcomes:

By Aug. 31, 2017, establish I&R performance metrics to evaluate ADRC performance in meeting the mission, vision and values of the ADRC system. By Aug. 31, 2018, ADRCs begin collecting data on the performance metrics, which will be regularly reported to HHSC/DADS and the ADRC Advisory Committee.

III. ADRCs support a person-centered assistance service delivery model.

A. Obtain statewide consensus, acceptance and implementation of an ADRC person-centered assistance service delivery model that promotes the provision of consistent core services across ADRCs, while allowing individual ADRCs to maintain local flexibility.

1. Review nationally accepted person-centered assistance definitions and functions.
2. Analyze how the current ADRC functions align with broader person-centered assistance definitions (e.g., LTSS referrals, administration of the LTSS screen, and housing navigation and local contact agency as defined by the Money Follows the Person grant, etc.).
3. Evaluate how person-centered assistance can align with and support care transitions and evidence-based interventions.
4. With input from the ADRC Advisory Committee and the ADRCs, determine how the Texas ADRC system will define state-supported "person-centered assistance."
5. Create a document that lists and defines core ADRC person-centered assistance functions.



6. Evaluate person-centered assistance training needs with input from ADRCs.
7. Evaluate the resources needed for ADRCs to implement the core service delivery.

Outcomes:

By May 30, 2017, ADRCs have collaboratively agreed on the definition of person-centered assistance and have access to the document that lists and defines core person-centered assistance functions.

B. Review and refine existing performance metrics and determine the capacity of ADRCs to collect and report on new program metrics to support and improve the delivery of ADRC person-centered assistance.

1. Evaluate existing system functionality related to core ADRC functions, data tracking and reporting capabilities.
2. Determine what person-centered assistance information should be tracked and reported by ADRCs.
3. Evaluate processes needed for accurately tracking and reporting (e.g., referrals made, received and closed within the system).
4. Work with each ADRC to determine the capability of their existing system software to track and report needed data.

Outcome:

By Aug. 31, 2018, ADRC-specific plans to collect and report on person-centered assistance performance metrics are established.

IV. ADRCs deliver services supported by sustainable and sufficient funding strategies.

A. Maximize funding from other entities where appropriate.

1. Identify additional funding opportunities to be pursued (e.g., service charges, developing new programs, etc.).
2. Create future funding plan(s) that include evaluating necessary policies and processes to be implemented (e.g., time tracking, time studies, etc.).

Outcomes:

By Feb. 28, 2018, funding opportunities are identified. By Aug. 31, 2018, plans are developed for contracting, charging for services and leveraging funds.

B. Evaluate ADRC appropriations per service level.

1. Reevaluate funding models and formulas and create a standard process for evaluating funding models and formulas.
2. Update estimated costs and revenue needs for providing state-supported core functions.
3. Review available funding levels to ensure funding is adequate to meet the budget level requirements, revise as needed.

Outcomes:

By Aug. 31, 2017, there will be a standard process for evaluating funding models and formulas.

MEDIA SERVICES 16D0568 • JUNE 2016

