INTRODUCTION

The purpose of this strengths, weaknesses, opportunities, and threats (SWOT) analysis of the California ADRC program is to inform how the California Department of Aging (CDA), Area Agencies on Aging (AAAs), Independent Living Centers (ILCs), and affiliated ADRC stakeholders can achieve statewide ADRC coverage and advance a future statewide No Wrong Door (NWD) system.

TABLE OF CONTENTS

This SWOT assessment consists of three parts. The first involves a summary of stakeholder and focus group interviews with key stakeholders of the ADRC program. The second involves a summary of promising practices of other states' ADRC and NWD programs, initiatives, and systems. The third part involves a gap analysis of California's ADRC program, a desk review of the California ADRC program (e.g., policies, practices, data, etc.), and the synthesis of the research from parts one and two above.

PART 1: KEY INFORMANT INTERVIEW SYNTHESIS

1.1. Introduction

The first phase of the SWOT assessment involves interviewing stakeholders in and peripheral to the ADRC program. Thirty-seven individuals were interviewed, representing AAAs, ILCs, ADRC sites, and ADRC Advisory Committee Ex Officio members.

This synthesis presents insights from stakeholders regarding their experiences with, perspectives of, and desired futures for the ADRC program and a prospective NWD system for California. The following themes emerged from the interviews:

1. There is broad belief in and support for the ADRC model.
2. Formal relationships are critical for the program's expansion and success.
3. Some Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) lack confidence and readiness to pursue or sustain ADRCs.
4. The budget and funding scheme must expand and improve.
5. Designation criteria, requirements, and support may need to change.
6. More state-level stakeholders and champions are needed.
7. There are conflicting views on ADRC branding and marketing.
8. A statewide NWD system is desirable but currently hard to imagine.

1.2. Theme 1: *There is broad belief in and support for the ADRC model.*

AAAs and ILCs are primarily driven by their missions, which align with the ADRC model. ILCs empower people with disabilities to make decisions that promote their independence, accessibility, and participation in the community. AAAs support the holistic health, well-being, and independence of older adults. These parallel missions align and complement the ADRC's purpose to bridge gaps and reduce barriers between aging and disability services and broader home- and community-based services and supports. Despite limited financial incentives, stakeholders recognize the functional value ADRCs have in enhancing and expanding the quality of services. Many AAAs

and ILCs not on a path to becoming Designated ADRCs still see the model's value and desire to adopt it or parts of it for their communities.

Some AAAs and ILCs were the original champions for ADRCs in California. There is longstanding support for the ADRC model among many aging and disability organizations, some of which are no longer involved in the program. California's AAA and ILC networks have spent considerable time and effort trying to advance ADRC funding, policy, and formalization. Interest in ADRCs grew as national entities, including the Administration for Community Living (ACL) and the Veterans Health Administration (VHA), promoted ADRCs as a mechanism to improve the quality and consistency of services across silos in systems across the continuum of care. While ILCs, AAAs, their respective state trade organizations, and executive-appointed state council entities have been early champions for building the ADRC model in California, this support has waned over the years due to leadership changes, shifts in strategic priorities, and the growing role that CDA has played as an overseer of the program.

> *"Nobody paid us to do the work that we did for the first five years. It's what we felt we needed to do as AAAs and ILCs, so we did."*

ADRC core functions reflect common AAA and ILC objectives. The four core functions of ADRCs - Enhanced Information and Referral, Options Counseling, Short-Term Service Coordination, and Transition Services - are perceived by many AAAs and ILCs as high-value activities that are logical components of their service offerings. They welcome the ability to provide or contract out for the four functions if there are sufficient financial and human resources to deliver and administer these services.

1.3. Theme 2: *Formal relationships are critical for the program's expansion and success.*

The legacy and quality of the AAA-ILC relationship can determine an ADRC's success. Relationships are typically initiated by one or more

proponents of an ADRC from one or more core partner entities. A positive relationship typically develops through shared interest, outreach and communication, exploring prospective ADRC-related roles and responsibilities, compromise, and ongoing communications to develop and manage ADRC efforts. Some stakeholders are challenged by the lack of rules or guidance relating to core ADRC partnerships; others prefer the flexibility to determine the best partnership structure and roles and responsibilities for an ADRC program. Those challenged by the flexible structure attribute their challenges to local competition between agencies, power dynamics, disagreement over fiscal leadership, and historical breakdowns of relationships between agencies.

"To me, an ADRC is one mission. Regardless of the organization across the street having a whole different mission, we all have the same mission if we are all under the umbrella of an ADRC."

For AAAs and ILCs that haven't had any experience (or positive experiences) working together, there is a lack of understanding of each other's work, including the culture of aging or disability, the history of their fields and practices, and their philosophies and values. AAAs and ILCs may have different levels of capacity and workflow processes that present an operational imbalance. Many AAAs are accustomed to operating as a service delivery organization and contractor that pays other direct service organizations for regional services. This challenges some AAAs to operate as equal partners with an ILC in the ADRC context instead of a contractor.

ADRC-CDA relationships are strong. Many AAAs and ILCs recognize CDA's ADRC team as instrumental in advancing ADRCs in recent years. Many applaud efforts by CDA to formalize and improve the ADRC program and are hopeful of the program's future direction. Stakeholders believe that the ADRC team is eager to support stakeholders and is responsive to their needs. For example, the ADRC team has helped remedy conflicts between core partners, convening ADRC sites for group dialogue, facilitating best practice and peer learning sessions, and offering resources to develop ADRC partnerships and activities. AAAs and ILCs expect CDA to continue this role into the future.

"I've worked with many state agencies, and CDA's ADRC team has been the most supportive and responsive. It's been an incredibly positive experience."

State-level relationships may need to be strengthened. CDA's efforts to support and expand ADRCs in the last few years have been a positive change. However, other state agencies and departments should become stronger partners in the program's evolution. Among many ILCs, the Department of Rehabilitation is seen as absent from the governance and vision of the ADRC program. This and the Department of Aging's formal oversight of the program concern many ILCs as it can perpetuate views of an imbalance of priorities that favors aging over disability.

"Structurally, there isn't equitable representation, and CDA is the house of the ADRC.
Could DOR play a larger role? Absolutely."

From the local to the state level, aging and disability cross-training is necessary. Many stakeholders from Designated ADRCs attribute the strength and success of their partnerships to a good understanding of their partners – what they do, why they do it, and how. In the early stages of relationship building, this is fostered through open dialogues between organizations, including site visits, shadowing, and sharing the basics of their organizations' histories, cultures, philosophies, values, and practices. Positive relationships are sustained through ongoing communications and a shared desire for collaboration and influence over the program's design and management. Some see opportunities for similar approaches at the state level between CDA and DOR.

"If we had more education on what ILCs do and what AAAs do, and emphasize that this is a core partnership, and not one organization managing another, things would've been better for us."

1.4. Theme 3: Some AAAs and ILCs lack confidence and readiness to pursue or sustain ADRCs.

Some question the need for and benefit of becoming a Designated ADRC. Some organizations that once operated an ADRC have stepped away from the program due to leadership changes, strategic reprioritization, challenging relationships with the core partner(s), lack of funding, and administrative burden. Some organizations are still providing ADRC-related services but prefer not to apply for the Designated status to maintain control and avoid the administrative requirements and costs associated with the program.

Designation requirements deter ADRC growth and challenge morale. AAAs and ILCs are daunted by recent decisions to change ADRC designation criteria and reporting requirements. Part of this dissatisfaction is around required data being arbitrary and having minimal utility value to the ADRCs. There are also challenges with outdated and manual data collection, monitoring, and analysis systems. Some ADRCs have lost their Designated status because of changing requirements, while others, as stated above, have retreated from the program to avoid the administrative requirements. There is an insufficient financial incentive to offset the additional costs of strengthening administrative capacity and hiring well-qualified staff to satisfy these requirements.

> *"If you've already got relationships where the AAA and ILC are communicating with each other, and now you're facing adding in state requirements, state reporting, more layers of work, there's really no incentive to do this. There's certainly no financial incentive."*

The financial sustainability of the program is of great concern. Aside from ADRC sites that rely on substantial local funding, AAAs and ILCs share anxiety about the program's long-term financial sustainability due to the funding allocation system and program budget. This is preventing some potential ADRC sites from moving forward on ADRC organizing and planning while forcing others to question their decisions to create and hire new ADRC-specific

positions that are reliant on this funding. There are also some erroneous assumptions among the AAA and ILC communities about the program's funding and long-term sustainability (or lack thereof), such as a belief that the program will not have future funding.

> *"If CDA and the state really believes in a No Wrong Door System, then you're going to have to fund it. If they're not willing to fund it, I'll walk away without even batting an eyelash."*

Community resource gaps and shortages limit ADRC efficacy. AAAs and ILCs serving rural Californians are challenged to spread across large low-density counties with fewer potential partners and community resources. Geographic isolation, limited transportation options, limited housing options, and lack of high-speed internet in rural areas present challenges for ADRCs to effectively interface with clients and respond to their needs. In urban and suburban areas, affordable and accessible housing shortages also limit some AAAs' and ILCs' confidence in safely transitioning clients into the community. A strong resource navigation and referral system rely on available community resources.

1.5. Theme 4: The budget and funding scheme must expand and improve.

The ADRC budget needs to increase. ADRC sites are allocated a base amount of funding for Emerging and Designated status based on a limited state budget. The potential for available funding incentivizes some AAAs and ILCs to organize and plan for the development of an ADRC, but the limited funding is widely known and acts as a deterrent when that funding runs out. Many AAAs and ILCs are aware of how funding for each ADRC shrinks as the number of ADRCs increases, which disincentivizes ADRCs from advocating for scaling the program. Aspiring ADRCs also perceive their potential future Emerging and Designated status as pulling money from existing ADRC sites - and that they would be subject to the same fate in following years as newer ADRCs become recognized and pursue funding. A larger budget would demonstrate

commitment from CDA and the state and enable sites to build stronger infrastructure, hire more administrative and program staff, and expand partnerships and funding opportunities.

> *"You can't grow a statewide network with a finite amount of money so that every time you add a part of the network, you reduce the money across the board. That won't sell the model."*

A future ADRC funding structure must encourage equity and growth across the network. A more comprehensive and solutions-oriented funding formula could incentivize ADRC growth and recognize the variation of costs attributed to ADRC infrastructure building and service delivery. Some ADRC functions require more effort than others, and the volume and mix of these services should be accounted for in future funding schemes. A future formula could also emphasize equity by accounting for local and regional variations in vulnerability to natural disasters and public health crises, the prevalence of marginalized populations, added costs in rural areas, and each organization's access to local and regional funds for their programs and operations. Alternative financial management, leadership, and regulatory structures should also be explored, such as:

- Adding DOR as a parallel ADRC funder and overseeing the funding of ILCs
- Funding for all ILCs and AAAs in ADRCs instead of one lead entity
- Incorporating ADRC functions into the core services and activities of ILCs and AAAs, mandating qualifying organizations to provide the same standard set of services

Alternative funding is viable for some ADRCs but will require capacity building. Many AAAs and ILCs braid public and private funding to support their ADRC operations and activities; others are less experienced in how to use non-specified ADRC funds for ADRC-related activities. Some ADRCs are exploring Medicaid Administrative Claiming (MAC) and considering CalAIM-driven opportunities to diversify funding for their activities. These activities may only be

for AAAs and ILCs with the infrastructure, strategic awareness, and proactive spirit of generating opportunities and earning new revenues. These pursuits have been challenging with underwhelming results, particularly for smaller ADRCs with less capacity and fewer resources to explore. ADRCs need startup funds to reach the capacity to make alternative revenue streams feasible and guidance from CDA on promising pathways and practices toward greater financial sustainability for their ADRC programs.

"The state's looking at Medi-Cal as a revenue source for us, which isn't bad because I think we should be exploring it. I held off on applying for CalAIM this year. I've jumped into things like this before. I know this is going to be a bear of a process. And I decided I'm going to wait."

1.6. Theme 5: Designation criteria, requirements, and support may need to change.

Future requirements should be informed by active and prospective stakeholders. Emerging and Designated ADRCs require significant effort for administration and day-to-day maintenance and management. This administrative effort exhausts staff capacity that could be diverted to serving consumers or building infrastructure such as training, community engagement and outreach, community partnership development, working to increase call volumes, and private funding efforts such as public and private grant writing. This effect is compounded within nonprofit organizations that employ staff with multiple job functions and have fewer resources than government-based organizations. CDA can secure input from ILCs, AAAs, and ADRCs to redesign reporting requirements to capture meaningful performance measures for the state and ADRC sites. While some sites have developed and/or adopted working data collection and reporting systems for their ADRCs, many ADRCs struggle in this arena and welcome efforts of common data management systems.

"Come visit us, spend some time here. And don't spend time here from a regulatory perspective, but just come and observe and really listen to the

requirements that have been put on paper. Some rules prevent us from getting the job done."

More training and guidance are needed. AAAs and ILCs recognize the value of the tools and resources provided by CDA and peer ADRCs and would like to see even more guidance and training from the CDA ADRC team and more training opportunities within the ADRC designation process:

General training and guidance wanted from the CDA ADRC team:

- Equitable governance, partnerships, contracting strategies, and best practices
- Shared workforce and co-location strategies
- Managing and reporting data among partners
- Service definition glossary
- Financial management strategies and best practices
- Funding ADRC activities with the Older Californians Act and Older Americans Act funds

Training that could be incorporated into ADRC requirements:

- History, culture, common terminologies, and common practices of ILCs
- History, culture, common terminologies, and common practices of AAAs
- Person-centered counseling
- Basics of customer service

For AAAs and ILCs in the early stages of ADRC consideration or development, there needs to be more understanding of the introductory tools and resources CDA has developed and made available to the network in recent years. Many AAAs, ILCs, and ADRC sites in this early-stage category are unaware of the CDA ADRC team's ability to provide technical support to ILCs and AAAs.

There is minimal support for a statewide mandate for ADRCs. AAAs and ILCs do not support mandating ADRC activities unless expansion of and changes to the budget and funding formula are made. If a future ADRC program were to become a mandated service for AAAs and ILCs, preserving elements of the program's current flexibility is a common desire, including allowing AAAs and ILCs to determine regional ADRC managerial boundaries to meet the unique needs of each county or proximal group of counties. AAAs and ILCs also want to see ADRC funding remain flexible to cover infrastructure development and maintenance as well as direct services provision across ADRC service categories. Designating one type of organization, such as AAAs, to serve as fiscal leads for ADRC core partnerships could pose power imbalance challenges and add to the tensions in some AAA-ILC relationships.

"The solution must be - not a dictate or a mandate - but strong encouragement. And that strong encouragement would come by more financial incentives and performance metrics."

"States with successful ADRCs and No Wrong Door Systems, those generally were created under mandates from the governor or the legislature saying, 'You're going to do this now.' Whereas if it is voluntary or a grassroots effort, some will do it well, others won't."

1.7. Theme 6: More state-level stakeholders and champions are needed.

The governance structure of the ADRC program needs to fully reflect the culture and identity of ADRC partners and consumers. The ADRC's governance bodies could better reflect the consumers being served in the program by collecting and incorporating more ADRC consumer data (e.g., demographic data, consumer satisfaction levels, etc.) and greater representation in the program's governing structure. While many AAAs and ILCs are pleased to see the state invest funding and resources into ADRC efforts, some believe the program may be too aging-centric due to CDA's leadership and oversight and the limited visibility and inclusion of disability stakeholders. Some believe this dynamic carries into local- and regional-level

politics where, in some regions, AAAs are seen as having more control than their ILC counterparts in the ADRC context. In other regions, however, it is not uncommon for ADRC development and management efforts to be spearheaded by ILCs.

> *"I think some structural things need to happen at the state level. Maybe with the support of the Governor and department leaders, they could move towards a true one door, no wrong door model of governance."*

The ADRC Advisory Committee is well respected but could take on a more integral role. The Advisory Committee is an important component of the program's governance, and committee members represent different factions of the aging and disability networks. Stakeholders suggest changes to improve the ADRC advisory committee, including.

- Better reflection of the diversity of community partners of ADRCs
- Better representation of the diversity of consumers served by ADRCs
- More internal engagement from and external promotion by ex-officio members

> *"The Advisory Committee needs to understand what their leadership role is and how they could take control over what should and shouldn't happen and what could benefit them by having state-level departments being partners in this."*

Ex officio Advisory Committee members could play an active role. While the Department of Rehabilitation (DOR) and the Department of Healthcare Service (DHCS) is defined, in statute, as collaborators of the ADRC program, stakeholders wish to see greater involvement and buy-in of these entities. Many consumers served by ADRCs are Veterans that are or could also be served by Veterans Affairs (CalVet), but this agency isn't very engaged with the ADRC program. There is limited engagement from these and other state-level ex officio members on the Advisory Committee. This is attributed to a lack of staff capacity within these entities, the ADRC program ranking low on (or absent from) their strategic priorities, and limited opportunities to integrate into the

program. Greater representation of stakeholders at the state level would set a positive example of the type of collaboration that the ADRC model promotes.

1.8. Theme 7: There are conflicting views on ADRC branding and marketing.

Some prioritize form over function. At the AAA, ILC, and state level, there are conflicting views on the need for and extent to which ADRCs should be branded and marketed separately from the organizations delivering the services. Some focus on building a single ADRC brand and identity to raise awareness of the resource and function in their communities. These sites are motivated to increase brand recognition of the ADRC and position themselves as the community go-to place for older adults, people with disabilities, and caregivers to navigate long-term services and supports (LTSS). Outreach and marketing efforts focus on building communications strategies and tactics directly to the public and through local institutions and organizations. This approach may confuse the public regarding the difference between the ADRC and the core partners' organizations, which concerns some stakeholders. It could also challenge organizations to determine how best to market their other programs and services and guide consumers to their call centers to access those services.

"I think there has to be some marketing and making sure people understand what an ADRC is."

Some prioritize function over form. Other ADRC sites consider the branding of an ADRC as secondary to the model and its function within their organizations. Most consumers are unfamiliar with ADRCs or indifferent to the distinctions of the ADRC program. They are more concerned with receiving answers to their questions and navigating their options. Within these ADRC sites, there is a greater emphasis on strengthening collaboration, workflows, and processes among partners and creating a high-quality experience for the consumer than creating an ADRC as a singular branded entity. These sites rely on the brand identities of their organizations and partners to promote and

provide their ADRC-related activities and may position their ADRC as a program within their agencies instead of a separate entity.

> *"I don't think the consumer really cares whether it's ADRC or No Wrong Door, or Hubs and Spokes, or AAA or whatever you want to call it. They don't care. They just want to be served in the easiest way possible."*

A rebrand may be needed, but clarity on branding and marketing is critical. There is interest in strengthening the identity and awareness of ADRC functions statewide rather than locally. ADRCs are not well known by the public or other organizations in their communities. Given the interest in the model and growth to operationalize more ADRCs, there is an opportunity to rebrand the program at scale with a more meaningful name. Stakeholders want a name for ADRCs that connects to their goals and objectives, or at least to the concept of an ADRC. Some refer to Marin's "One Door" ADRC effort as inspiration, which has a unique identity that floats atop its core partners. California's First 5 Network also inspires stakeholders with its widespread name recognition and successes in advancing its mission in each county.

1.9. Theme 8: A statewide NWD system is desirable but currently hard to imagine.

What is the difference between ADRC and NWD? Many need clarification about the difference between the ADRC and NWD models. When provided with the Administration for Community Living's definition of NWD, many agree with the concept but are challenged in seeing how California's fragmented ADRC program can evolve into a statewide system with greater integration of long-term services and supports stakeholders. Limited comprehension of the NWD system model and its differences from the ADRC model limits the ability of the network to support the state's long-term NWD vision. Stakeholders want a clear explanation of the NWD vision, the evolution of the ADRC program, and how they fit together. Stakeholders suggest creating a visual and manual with definitions for the NWD system and ADRC program to help them comprehend and communicate to local staff and stakeholders.

"We need clarity about what's different within an ADRC and NWD than what communities are already doing. And then if it's decided that the vision really should be more and better than what everyone's doing, funding to help get there and funding to sustain it."

The prospect of a funded mandate requires careful consideration. Achieving a statewide network of ADRCs may hinge on the required participation of AAAs and ILCs in the ADRC program and/or defining ADRC functions as AAA and ILC core services – something many are reluctant to support. A requirement like this must be backed by adequate funding and implementation time to build infrastructure and staff operations – and garner buy-in from AAAs and ILCs. More robust funding and formalization of the program may incentivize core partners to overcome relational gaps and barriers to establishing an ADRC; it could also force AAAs and ILCs to compete directly for funding if the lead entity aspect of the program remains. Some believe it would be difficult to require participation for AAAs and ILCs without making ADRC functions core services for both AAAs and ILCs. If this were to happen only for AAAs, ILCs worry that the program's future would strengthen for older adult consumers and weaken for people with disabilities.

A statewide network should be consistent and standardized, with room for local expertise. Achieving statewide ADRC coverage with comprehensive, consistent, and high-quality ADRC functions requires stronger policies and standards of practice. This would include standardized and required training, standard definitions that bridge the aging and disability fields, and centralized and standardized operational protocols or systems. CDA could develop or fund courses and credentialling to improve consumer experience and ensure that ADRC staff are trained. A shared data management system is imperative for the success of ADRCs and for achieving a statewide system to support the adoption of universal service definitions between different entities and reduce the burden of data reporting. Interoperability can enable more seamless collaboration between core and extended partners. While there is support for greater standardization, stakeholders also recognize the importance of flexibility

for ADRCs. Stakeholders want to retain the local expertise of empowering the consumer and understanding connections within the community.

"We want statewide standardization with local customization. That's the secret sauce - having local agencies and their consumers lead and inform it. But there needs to be statewide consistency across all the programs."

1.10. Conclusion

Instill confidence in the program's sustainability. Additional infrastructure, support, and resources are needed to expand to a statewide ADRC network. Adopting a shared data management system, guidance on branding and marketing, stronger standards, continued technical assistance, and greater funding and incentives will strengthen the program's foundation and demonstrate to AAAs and ILCs that the program is stable. Existing gaps in the ADRC network are due to poor working relationships between the core partners and a lack of trust in the financial feasibility of the program.

"Help us to envision how we would change our contracts and how a future system would work together. What does that look like? I don't know that CDA hasn't thought about it, or they just don't want to say it, but they must have a long-range vision for this."

Meet AAAs and ILCs where they are. AAAs and ILCs want to be understood by each other and CDA, especially concerning their services, histories, and philosophies. The network has tremendous variation in strategic, technical, and resource-based readiness, but there is a unifying common thread of interest in and support for the essential functions and philosophy of an ADRC. ADRCs do not want to endure frequent changes to requirements and administrative requests – some would like to have existing rules and regulations grandfathered in for a period of time if new rules and regulations are imposed. Most ADRCs have spent considerable time, energy, and resources on building their operations, brand identities, and coordinated systems; centralized statewide solutions that could make the fruits of those efforts obsolete could

jeopardize morale and willingness to invest in future local infrastructure. The decision on how best to brand and market ADRC or future NWD services to the public should also factor in the needs, challenges, and preferences of AAAs and ILCs.

> *"People say creating an ADRC is like building a whole new organization. I don't want to build a whole new organization. I just want to enhance what we have already going on."*

Allow collective ownership in the program. Given the grassroots legacy of the ADRC program in California, AAAs and ILCs are generally aligned with and buy into the model. Stakeholders want shared ownership in the vision for a statewide NWD system and want opportunities to be involved in designing or redesigning a future NWD system. This could inspire and build upon a local and regional commitment to and investment in the ADRC model, such as diversified funding efforts, expanded community partnerships, incorporating ADRC and NWD activities in planning efforts, and embedding ADRC and NWD activities as entryways into direct, funded, and peripheral programs and services.

> *"I'm going to give CDA credit because they're willing to fight for ADRCs today, but I think it would be a gross oversight to say CDA made this happen - it is the AAAs, C4A, and the ILCs. We drove the bus, pushed legislation, pushed, pushed, pushed. And CDA kind of went along and agreed to it."*

Preserve flexibility while building a stronger foundation. ADRC stakeholders want the program to expand into a robust NWD system. The path there will need to balance the strengthening of the program's foundation (e.g., funding, policies, practices, training, centralized infrastructure, etc.) with flexibilities that allow for stakeholder- and community-specific needs and preferences (e.g., efficient reporting and administrative requirements, stakeholder-defined ADRC regions, flexible spending of ADRC-specific state funds, and guidance on how to expand and braid funding, etc.). The ADRC program is ripe for improvement and expansion. Given the level of interest among AAAs and ILCs, and the growing need and demand from older and

disabled Californians, family caregivers, and professionals, the question is not *if* the ADRC program should expand and advance but *how*.

> *"The beauty of a no wrong door is it's aligning the systems that already exist. And we want that on the state level, we want that on the local level, all the way down to that very individual seeking services."*

PART 2: PROMISING PRACTICE RESEARCH SUMMARY

2.1. Introduction

Our promising practices research summary provides insights into how California can achieve statewide coverage of Aging and Disability Resource Connection sites and the prospective evolution of the ADRC program into a statewide No Wrong Door (NWD) system. The summary is a synthesized review of state-level planning materials, case studies, policies, and profiles of ADRC and NWD-related programs and initiatives. It showcases common and promising practices from various states that have built and sustained ADRC and/or No Wrong Door systems. Our desk research was complemented by interviews with subject matter experts and practitioners within the realm of ADRC and NWD systems at state and national levels. See Appendix A for a list of subject matter experts that were interviewed and states that were studied.

We define **common practices** as policies, standards, models, and activities designed, planned, and/or implemented across multiple states examined. We define **promising practices** as policies, standards, models, or activities that have contributed to the successful design, planning, and/or implementation of a program or initiative based on anecdotal evidence and/or quantified results in AARP's Long-Term Services and Supports (LTSS) Scorecard. We consider ADRC/NWD programs and initiatives to be **successful** if they are functioning at a statewide level, operationally and financially sustainable, meeting desired consumer and/or systems-level outcomes, and/or if they are within a state that

scored in the top quartile under ADRC/NWD Functions in the AARP LTSS Scorecard (2020).[1] The promising practices fall into six areas:

1. Governance & Oversight
2. Partnerships
3. Funding
4. Capacity Building & Support
5. Information Systems
6. Communications

ADRCs and NWDs are separate but related models that overlap in many ways; many states and local agencies use them interchangeably and there is not a clear distinction between the two in how they are used in practice across states.

2.2. Terminology

ADRC program: State-level policies and practices guiding and funding ADRC-related activities.

ADRC functions: **Services, relationships, philosophies, and site-level activities relating to the four** functions of an ADRC as defined by the California Department of Aging (CDA):

- Enhanced Information and Referral
- Options Counseling
- Short-Term Service Coordination
- Transition Services

No Wrong Door (NWD) model/system: A coordinated system of organizations that provides information, assistance, and entry points to individuals needing public and/or privately funded resources relating to long-term services and supports (LTSS). ACL defines NWD systems as having four key functions:

- State Governance & Administration
- Person-Centered Counseling
- Streamlined Eligibility to Public Programs
- Public Outreach & Coordination with Key Referral Sources

Long-Term Services & Supports: Services used by individuals of all ages with functional limitations and chronic illnesses who need assistance to perform

daily activities. LTSS are provided in institutional settings (such as nursing facilities) and home- and community-based settings. The fundamental goal of LTSS is to help individuals with functional limitations go about their daily lives safely while maintaining the quality of life and maximizing independence in their preferred community setting.

2.3. Governance & Oversight

Multi-agency governance at the state level is critical to success. States with robust ADRC/NWD systems that score high on the LTSS Scorecard benefit from having multi-agency governing bodies, including the State Unit on Aging, state Medicaid agency, state agencies representing individuals with physical disabilities and intellectual/developmental disabilities (I/DD), and state mental health services authorities.[2] State-level governing bodies institutionalize interagency communication, collaboration, and coordination to strengthen the ADRC/NWD system financially and operationally, expanding their focus beyond program administrators into LTSS systems strategies.[3] There are three ways state-level ADRC/NWD governing bodies are created: through executive action (see **Rhode Island**[4] and **Nevada**[5]), through legislative action/statute (as in **California**[6] and **Wisconsin**[7]), or through state agency-led collaboration and partnership development (see **Virginia**[8]).

A state-level team oversees system planning and operations. State-level ADRC/NWD teams are designed based on current and anticipated strategic and operational goals and objectives of state ADRC/NWD efforts, pairing the system's needs with personnel with core competencies and passion for improving LTSS. In states that have established statewide ADRC/NWD systems, at least some staff will have worked within ADRC/NWD sites before joining a state-level team. State-level teams oversee operations of the state's ADRC/NWD efforts, short- and long-term planning, and quality improvement. Below are roles that maintain, coordinate, and expand an ADRC/NWD system:

Systems Roles	Processes Roles	Oversight Roles	Planning Roles
• Accounting • Reporting • Resource Directory • Software • Training Curricula	• Contracting • Monitoring & Evaluation • Policy & Procedure Updates • Quality Assurance	• District Managers • Policy & Compliance • Special Projects • Technical Assistance • Trainings	• Disaster Preparedness, Response, and Recovery • Fundraising / Grant Writing • Program/Network Expansion • Strategic Partnerships

Stakeholders are integrated into the design, planning, and implementation of a statewide system. ADRC/NWD system stakeholders represent the voices, experiences, and perspectives of the individuals that utilize and organizations that occupy aspects of a state's LTSS system. These stakeholders have a strategic and/or mission-driven interest in an ADRC/NWD system's structure, policies, and practices. Identifying and including diverse stakeholders ensure that the NWD system is built, governed, and adapted by and for those who utilize, provide, and refer to LTSS.[9] Below are examples of stakeholders in state ADRC/NWD systems:

Examples of Public Agency Stakeholders	Examples of Private Stakeholders	
• Adult Protective Services • City and County Governments • Housing Authorities • Intellectual and Developmental Disabilities (I/DD) Agencies • Medicaid Offices • Mental / Behavioral Health Agencies • State Unit on Aging	• 211s • Alzheimer's & Dementia Groups • Area Agencies on Aging • Blind & Visually Impaired Groups • Brain Injury Groups • Consumers • Deaf & Hard of Hearing Groups	• Independent Living Centers • Long-Term Care Ombudsman Programs • Rehabilitation Services Providers • State Association of AAAAs • State Health Care Associations • State Associations of Health Plans

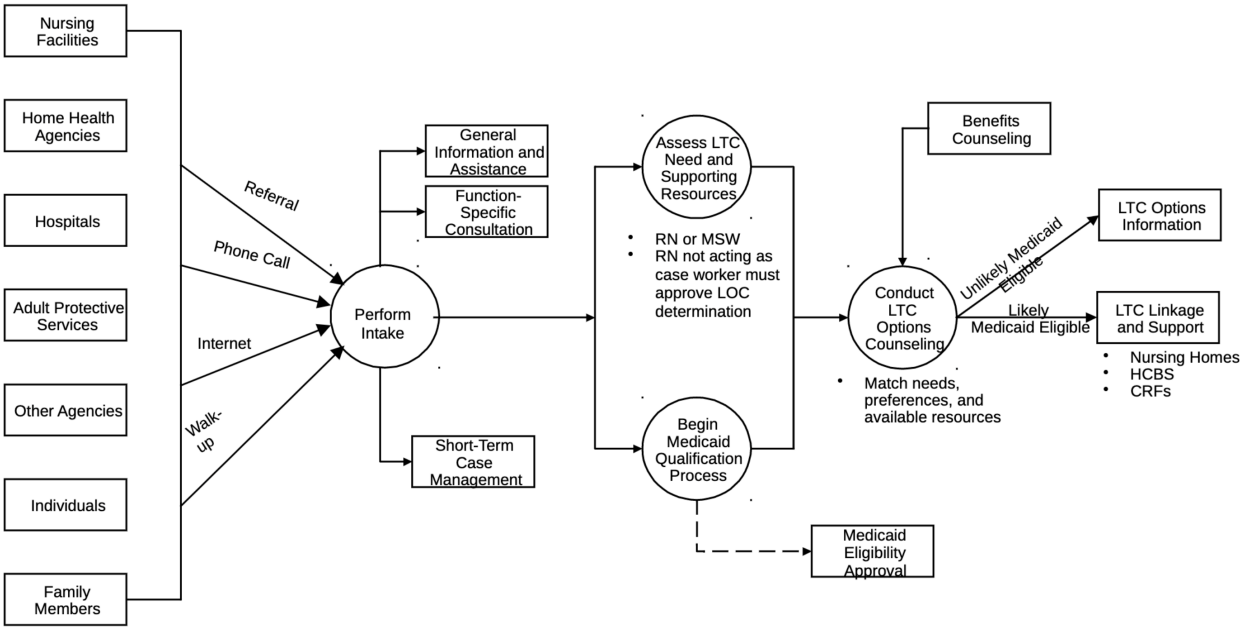
Examples of Public Agency Stakeholders	Examples of Private Stakeholders	
• Physical Disabilities Agencies • Transportation Agencies • Veterans Affairs Offices	• Elder Justice & Advocacy Groups • Faith Communities • Home Care / In-Home Services / Hospice Groups	• State Associations of Long-Term Care • State Council on Independent Living • Tribal Authorities • Veterans Advocacy Groups

Statewide coverage is achieved through program policies. States that have accomplished statewide ADRC/NWD coverage have public and program policies, diversified funding strategies, and strong programmatic oversight. Some states, such as **Colorado** and **Virginia**, incorporate ADRC/NWD functions and obligations into their state and federal funding-related contracts with community-based disability and/or aging services providers, requiring them to take on the ADRC/NWD-related functions as core services. Other states, such as **Wisconsin** and **New York**, release ADRC/NWD-specific requests for proposals (RFPs) for prospective sites to apply for – in most cases, with the first right of refusal offered to AAAs. States incorporating ADRC/NWD obligations into their contracts allocate state-designated funding for ADRC/NWD-specific activities. For RFP-based approaches, an ADRC/NWD-specific budget is utilized, but allocations might involve a baseline amount that can increase based on each applicant's budget proposal. **Wisconsin** uses a Scope of Services agreement for ADRCs, through which sites commit to the program's requirements outlined in the state's ADRC Operations Manual.[10] [11]

A strategic plan helps communicate, guide, and advance a statewide system. Through policy and practice goals and objectives, high-functioning states develop strategic plans that follow the SMART framework: **s**pecific, **m**easurable, **a**chievable, **r**elevant, and **t**ime-bound goals and objectives. States' strategic processes begin with stakeholder engagement through consumer and organizational needs assessments, review and feedback, and participation in advisory committees and workgroups. In collaboration with stakeholders, state

leadership teams define strategies, goals, and priorities aimed at creating or strengthening the pre-determined elements of their ADRC/NWD system.[12] While many states develop strategic plans devoted to their ADRC/NWD aspirations, high-level ADRC and NWD goals and objectives are incorporated into State Plans on Aging. **Virginia** includes its NWD growth and sustainability plans into their State Plan on Aging;[13] **Washington** creates a separate strategic development and expansion plan.[14]

Statewide systems rely on local sites to develop and sustain local networks. A NWD system is only as strong as the ties between its constituent parts – the organizations helping people navigate and access LTSS. ADRC/NWD sites must build formal and informal partnerships and relationships across local institutions and community based LTSS systems. Balancing foundational requirements (e.g., certain types of partners) and flexibility in ADRC/NWD policies allow local sites and systems to adapt to their community's needs, resources, and assets. The local governing bodies of ADRC/NWD sites are required to represent the stakeholders of the local LTSS system. Some states, such as **New York**, define the types of stakeholders on local governing boards (e.g., local "Long Term Care Councils") of ADRC/NWD sites.[15] The ADRC operational flowchart below, used by **Wisconsin**, demonstrates the LTSS network-oriented expectations of ADRCs:



ADRC Operational Flowchart (Wisconsin)[16]

Performance metrics help states monitor and manage system performance. Established statewide ADRC/NWD systems rely on performance measurement, monitoring, and management to generate administrative efficiencies, ensure quality and effectiveness, and gauge success at the state and local levels. State agencies and local partners can identify key performance indicators (KPIs) and stakeholders to ensure the program generates the expected outcomes and results. State teams can use local KPIs to monitor and manage local performance and roll up into statewide performance measures. Many states will include performance goals and objectives in their ADRC/NWD strategic plans and/or governing documents. **Washington**[17] and **Wisconsin**.[18] **Nebraska**[19] analyzes its ADRC/NWD system performance and publishes the results in an annual report. Consistent data collection and analytics generate sophisticated reporting demonstrating a system's return on investment, such as in **Wisconsin**, **Virginia**,[20], and **Oregon,** where researchers found a 16-to-1 return on investment in the state's ADRC program.[21]

Consumer-Level KPIs	Marketing & Promotion KPIs	Process-Level KPIs
• Consumer needs / referrals • Consumer experience • Consumer self-reported outcomes • Consumer demographics • Consumer net promoter score	• Volume of website visits • Volume of calls • Volume of emails	• Caller type • Mode of contact • ADRC site compliance • Transitions initiated & completed • Type & volume of services provided

Common types of local and state-level KPIs

Case Study: Connecticut's Governance Strategy
Connecticut developed a governance strategy as a component of a broader NWD expansion strategy, which included the following strategic pillars:

- Assessing systems-level readiness for change*
- Identifying key stakeholders with a common vision/mission
- Identifying leverage points to advance goals and objectives
- Identifying existing, latent, and needed circles of influence

* *Assessing systems-level readiness for change means gauging the degree to which state-level healthcare and human services policies and practices create opportunities for improving the navigation of and access to long-term services and supports.*

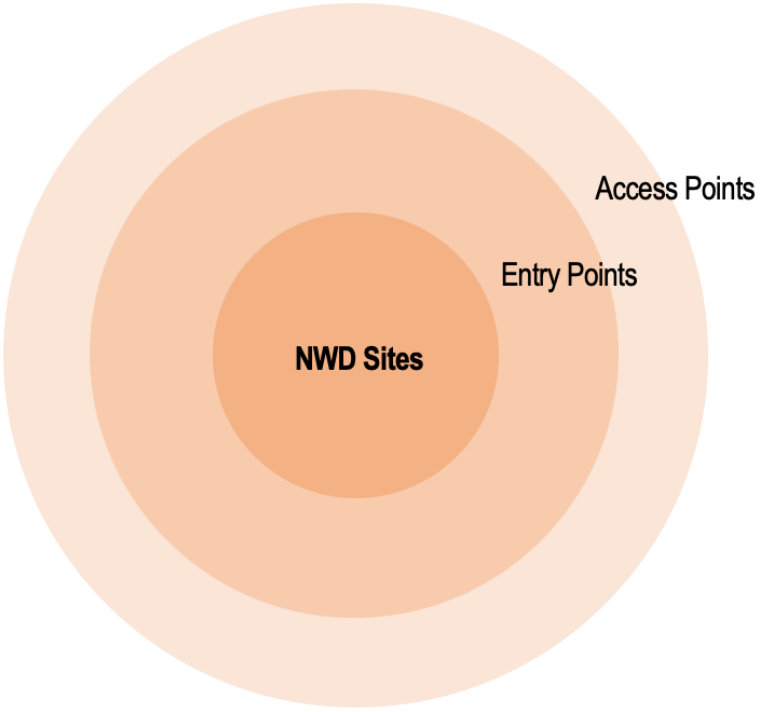
2.4. Partnerships

Institutional relationships and partnerships are critical. The ADRC and NWD models demand that agencies and organizations at the state and local levels work together to improve how consumers navigate and access LTSS. In **Virginia** and **Wisconsin**, aging and disability programs oversight is combined

under one agency, a convenient arrangement when attempting to standardize practices and processes that bridge aging and disability networks. In **New York** and **Minnesota**, these are separate. In **Colorado**, the agency overseeing the NWD is the state's Medicaid agency (a rare example).[22] For states where aging and disability are not in the same agency and/or Medicaid agencies are not operating the NWD effort, such as **Ohio** and **Alabama**, maintaining partnerships is critical to meaningful systems development.

Entry points and access points are the "doors" of a No Wrong Door system. Local ADRC/NWD sites responsible for operations of system activities lead efforts to expand and enhance how residents in their communities navigate and access LTSS. This is done through network-building with organizational partners that serve as entry or access points in a NWD system. In most states, organizations are designated to carry out local ADRC/NWD organizing, facilitating, and administration, as well as delivering or contracting out core services and functions of a local ADRC/NWD site, such as person-centered options counseling and care transitions.

To become embedded in its local LTSS system, a site must develop and foster coordinated relationships and partnerships with many organizational stakeholders within and peripheral to the LTSS care continuum. Entry points are organizations operating within the LTSS environment that conduct screenings, case management, care coordination, and/or referrals; these can include community health centers, senior centers, veterans organizations, case



management agencies, home health and home care agencies, and community health worker programs. Access points operate peripheral to the LTSS system but work with populations needing LTSS, including housing organizations, transportation providers, and churches. Their role is to know how and when to make referrals into the system.

ADRC/NWD leaders market to prospective entry and access point organizations. Well-functioning systems attract and retain community partners as entry and access points. For example, entry and access point organizations want to join a NWD system because it will improve their services, consumer experiences, and outcomes. Some states need help attracting partners into their NWD systems; others have waiting lists to incorporate new organizations. Most states and local sites continuously conduct community outreach to consumers and organizational audiences to generate awareness about their resources and attract more partners into the system. In **Virginia**, over 500 organizations are active members in their NWD system; some pay into the system to benefit from it.

Case Study: Entry and Access Points in Illinois. Illinois identifies two types of stakeholder organizations in its NWD system plan: Entry Points and Access Points. Entry Points are organizations that work directly with people in need of information, counseling, and assistance accessing public and/or private LTSS and might include:

- Community mental health centers
- Managed care plans
- Hospitals and health systems
- Veterans Affairs Offices
- Home health agencies

Access Points are organizations that may often engage with people who may need LTSS but may not know where or how to refer people for more information or assistance, and might include:

- Local housing authorities
- Police precincts
- Corrections and jail systems
- Transportation providers
- Faith communities

Partnerships with resource and referral-based systems and organizations expand NWD reach. Although most 211s do not focus on LTSS information and assistance, many ADRC/NWD sites partner with local and regional 211s as entry or access points. Some state-level ADRC/NWD systems have integrated with state-level 211 systems to incorporate information and assistance about ADRC/NWD resources, leveraging their resource directories, call center infrastructure, and resource and referral capabilities. **Virginia** and **North Carolina** maintain 211s as principal NWD partners; **Connecticut** and **New Hampshire** integrate 211 and NWD resource databases; and **Oregon** reserves a seat for 211s on the ADRC Strategic Advisory Council. States like **Washington** and **Wisconsin** encourage ADRCs to collaborate with their 211s. At the heart of **Virginia's** NWD system infrastructure is a public-private partnership between the state's Department for Aging and Rehabilitative Services (DARS) and a resource directory nonprofit, VirginiaNavigator, which houses three NWD pillars of Virginia's resource directory: *disAbilityNavigator*, *SeniorNavigator*, and VeteransNavigator.[23]

Case Study: Embedding Veterans Services in State No Wrong Door Systems. While the Veterans Health Administration is a strategic NWD partner at the federal level, few states have embedded veterans' services into their statewide ADRC/NWD systems. Virginia's NWD has three portals for target consumers – aging, disability, and veterans. **Minnesota** previously had three co-branded portals in its NWD system that have evolved into specialized identities. With federal Enhanced Options Counseling grant funding, **Vermont** is piloting a Veterans Independence Program through its ADRCs.

2.5. Funding

States progressively build their ADRC/NWD infrastructure and capacities with federal funding. One-time public and private grants are not a reliable source of operational funding; however, they are valuable for accelerating program development and building ADRC/NWD systems infrastructure. Federal funding opportunities have catalyzed most state efforts. States that continue to

participate in pilot programs and take advantage of similar funding opportunities maintain some of the most coordinated and high-achieving ADRC/NWD systems in the country. States that pursue federal funding inconsistently and states that have failed to secure sustainable funding solutions from elsewhere experience stunted growth and development. Federal funding for ADRC/NWD system development is derived from the following sources:

- **Grants**: Over the last 20 years, the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS), and Veterans Health Administration (VHA) have released ADRC or NWD-focused grants to help states and localities build, test, and formalize a variety of policies, practices, and partnerships.[24]

- **Medicaid rebalancing**: CMS has offered federal demonstration programs to rebalance Medicaid spending (i.e., increase community based LTSS and decrease institutional LTSS). Rebalancing opportunities involving ADRC/NWD models include the Money Follows the Person (MFP) demonstration and Balancing Incentive Program (BIP).[25] [26]

- **One-time funding opportunities**: States have also taken advantage of limited funding opportunities to enhance their ADRC/NWD systems. Recently, states, including **Connecticut**, **Massachusetts**, and **New York**, have used American Rescue Plan Act (ARPA) funds to improve their ADRC/NWD systems.[27] **Wisconsin** and **New Hampshire** are developing public awareness campaigns.[28] **Wisconsin, Minnesota,** and **New Mexico** are developing statewide information systems to enhance resource navigation, reporting, and data sharing capabilities.[29]

Sustainable ADRC/NWD systems braid multiple funding streams. Many states guide ADRC/NWD sites to support themselves by braiding federal, state, and local funding. Braiding coordinates two or more funding streams but maintains each stream's connection to its source and constraints on those funds. ADRC/NWD are more sustainable when local sites effectively braid public and private funding from sources including:[30]

- **Federal Older Americans Act (OAA) funding***:* The OAA allows for funding ADRC core functions through Title III-B supportive services, including case management, information and assistance, outreach, and self-directed care.[31]

- **State general funding**: **New York** and **Wisconsin** have established permanent state ADRC/NWD funding from state general funds. State funding for ADRC/NWD sites is allocated based on a formula funding. Some states will ask sites to submit annual budgets via a standard form to demonstrate how they will braid state funds with other funding. Some sites may ask for less than what is allocated, and others may ask for the allotted amount or more. The state will determine the final allocation for each site based on their budget request and application. **New York** releases an RFP for the 59 counties, with the AAAs given the right of first refusal for submitting a bid.

- **Local funding:** Many ADRC/NWD sites housed in local government receive general funding to help cover the direct or indirect costs of their ADRC/NWD-related activities.

- **Private grants, donations, and sponsorships**: Philanthropic foundations, individual or corporate donors and sponsors, and certain entry-point partners are viable funders for scaling and sustaining ADRC/NWD systems. **Virginia** frames its funders and supporters as investors in its system, recognizing that their contributions generate returns for people, communities, and the state. In **Colorado**, the Colorado Health Foundation was a funder of early ADRC development efforts for several years.[32]

Investors

No Wrong Door is a Return on Investment

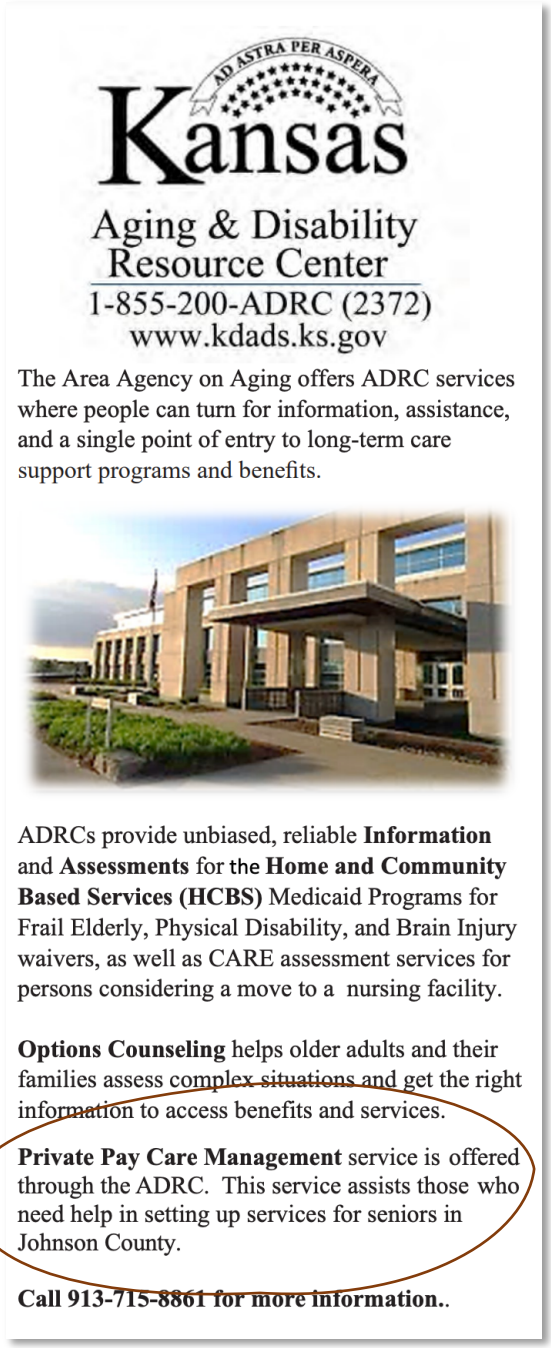
No Wrong Door is a wise investment for foundations, sponsors, corporations, and government partners because of its overarching goal: to help older adults and individuals with disabilities remain in their homes and communities.

The network of providers use No Wrong Door's robust technology as a virtual long-term services and supports system. It allows partners to keep the priority on the preferences of the individual, all while expanding access, improving quality of life, and helping contain costs.

Continue reading to learn more, or **click here** to download the content of this page for easy reference.

A screenshot from Virginia's "Investors" page on its No Wrong Door website, which targets and recognizes foundations, corporate sponsors, public funders, and in-kind partners as system investors.

- **Private pay***:* Establishing private pay lines of service is one strategy some ADRC sites develop to reach more affluent consumers while sustaining or expanding services for less-affluent consumers. Private pay is allowed under the Older Americans Act and leaves the option to adopt the practice up to state units and local agencies.[33] **Wisconsin** has successfully implemented a private pay model for Options Counseling services that allows non-Medicaid eligible individuals to receive high-value services and for ADRCs to offset costs, increase community impact, and reduce spend-down and burden on the LTSS system.[34] In **Kansas**, AAAs and their ADRCs are encouraged to develop private pay options for their services (see brochure to the right).[35]


AD ASTRA PER ASPERA
Kansas
Aging & Disability Resource Center
1-855-200-ADRC (2372)
www.kdads.ks.gov

The Area Agency on Aging offers ADRC services where people can turn for information, assistance, and a single point of entry to long-term care support programs and benefits.

ADRCs provide unbiased, reliable **Information** and **Assessments** for the **Home and Community Based Services (HCBS)** Medicaid Programs for Frail Elderly, Physical Disability, and Brain Injury waivers, as well as CARE assessment services for persons considering a move to a nursing facility.

Options Counseling helps older adults and their families assess complex situations and get the right information to access benefits and services.

Private Pay Care Management service is offered through the ADRC. This service assists those who need help in setting up services for seniors in Johnson County.

Call 913-715-8861 for more information..

- **Earned revenue contracting with healthcare organizations**: ADRC/NWD sites are positioned and qualified to partner with health plans and healthcare providers to help people, their families, and medical professionals navigate and access various resources. Especially for healthcare organizations that serve a high share of older adults, people with disabilities, or veterans, partnering with an ADRC/NWD site establishes strong community care coordination partnerships in resource navigation, benefits assistance, case

management, and care transitions. ADRCs in **Oregon** have pursued contracts with health systems and hospitals as the pandemic demonstrated the need for greater coordination and provision of home and community-based services.[36] In **New York**, ADRCs incorporate services into the state's Community Care Connections program, which integrates community-based social workers and nurse care coordinators into medical care systems.[37]

- **Medicaid Administrative Claiming (MAC)**: Public outreach, service coordination, person-centered counseling, facilitating Medicaid eligibility, training, program planning, and quality improvement are billable MAC activities. As of 2021, sixteen states successfully leveraged MAC to fund ADRC/NWD activities, recouping between $500,000-$2,000,000 annually.[38] **Alabama** used its MAC revenue to develop an interoperable care management IT system, facilitating standard social determinants of health (SDOH) screenings and assessments with person-centered planning and service delivery tracking to Medicaid- and non-Medicaid-eligible beneficiaries. **Alabama** ADRC sites use the system to manage programs and services across braided funding streams. **Massachusetts** uses MAC revenues to support Medicaid eligibility and enrollment technical assistance and training for ADRC/NWD staff across the state.

- **Managed Long-Term Services & Supports (MLTSS)**: In **Wisconsin**, ADRCs in every county and Aging and Disability Resource Specialists in each tribal territory serve as entry points to the state's Medicaid-funded, managed long-term care system, providing options counseling and enrollment services. The ADRCs coordinate with OAA programs and, in more than two-thirds of counties, are integrated with them, ensuring that older adults of all ages, abilities, and economic circumstances have access to information and services.[39]

2.6. Capacity Building & Support

Established states continuously test, enhance, and advance policies and practices. In states that have developed successful statewide ADRC/NWD systems, a continuous improvement tactic is to pilot new ideas and practices at some local sites before determining if and how they should be incorporated across an entire network.[40] NWD systems, like the LTSS systems, are complex. This demands an approach to strategic planning and implementation that combines firmness and flexibility with capacity building that differs from how state units and state agencies might operate with fewer complex programs. States that have incorporated their ADRC/NWD systems into aspects of their federal and state-funded aging programs, such as **Wisconsin**, **Washington**, and **Virginia**, have been able to grow in scale and impact.

Training standards ensure consumers have higher quality and consistent services. Most statewide ADRC/NWD systems rely on basic training requirements of ADRC/NWD consumer-facing staff. Some states require training standards without providing resources or access to training; a growing share of states offer at least some required training to staff, volunteers, and organizations fulfilling ADRC/NWD obligations. **Oregon** and **Wisconsin** train volunteers akin to State Health Insurance Assistance Program (SHIP) counselors for some ADRC/NWD services.[41] [42] **Virginia** utilizes an online learning management system and portal to provide training to its network.[43]

AIRS certification and accreditation are standards for ADRC/NWD staff and organizations. Most successful states require certification from the Alliance of Information & Referral Systems (AIRS) for staff involved in information, assistance, and referral services. The standards and curriculum define the I&R process, establish database development criteria, incorporate technology ethics and codes of conduct, introduce crisis and disaster competence, and oversee quality assurance and evaluation processes.[44] Community Resource Specialist— Aging/Disabilities (CRS-A/D) certification builds on AIRS training competencies to strengthen aging and disability-related

skills and knowledge. ADvancing States offers a free basic training curriculum for CRS-A/D certification through 17 courses. Subjects include an introduction to the OAA, the IL movement, elder abuse, affordable housing, Medicaid, cultural competency, and behavioral health crisis management.[45] In addition to staff becoming AIRS certified, organizations can become AIRS accredited by meeting certain standards.

Person-centered counseling is a commonly required competency. Person-centered counseling (PCC) is at the heart of consumer encounters within a NWD system. **Massachusetts** and **Wisconsin** scored the maximum points on the PCC element of the LTSS Scorecard. The policies and practices within these states are consistent with the PCC key element function. Both offer robust training opportunities to staff, stakeholders, and organizations across their states.[46] **Virginia** has statewide person-centered options counseling standards required by AAAs and ILCs. **Like several other states, Washington** has developed a person-centered training curriculum based on materials from the Boston University Center for Aging and Disability Education and Research and the University of Minnesota (U of MN). **Connecticut** offers NWD staff to test their knowledge and receive certification without going through training. **New Hampshire** requires staff working with State Health Insurance Assistance Program, Senior Medicare Patrol, and Veterans-Directed Home and Community-Based Services programs to be trained in PCC.

Case Study: State-Level Partnerships to Advance Person-Centered Counseling Competencies in Connecticut. **Connecticut's** Department of Aging and Disability Services, Department of Social Services, Department of Mental Health and Addiction Services, Department of Developmental Disabilities, Department of Labor, the University of Connecticut Center for Excellence in Developmental Disabilities, and the State Department on Education are working together to improve person-centered thinking and practices in the state. These agencies jointly applied for and were selected to receive training and technical assistance from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

Rural sites need additional capacity-building support and assistance. Serving rural communities with ADRCs can be challenging for partners due to limited resources stretched over large geographic areas. Consumers need help accessing rural ADRC services due to limited broadband access and unreliable transportation. Many states, including **Texas**, adjust their funding formulas, adding weights to ADRCs serving rural communities. Other states, such as **New York,** utilize an RFP-based approach that works well in rural communities because it draws interest from organizations and/or groups of organizations with the capacities and interest to lead an ADRC/NWD site. State entity staff may need to spend more time helping rural communities strategize, build infrastructure, and develop and sustain local partnerships.

Tools, guides, and peer support contribute to sustainability. As with any complex, large-scale human services program, stakeholders need guidance, support, and assistance. In addition to training and technical support, states develop tools, guides, and special forums for stakeholders to advance and enhance their capabilities. **Washington** has developed and published a tool kit for implementing care transition interventions.[47] **New Hampshire** utilizes a peer support model to facilitate continued learning and development of person-centered counseling.[6] New Hampshire also developed the Level One Screening tool, an eligibility tool for Medicaid-funded HCBS.[48] In addition to Medicaid LTSS, the screening tool will identify a full spectrum of options based on an individual's needs and goals. In **Georgia,**[49] and **Washington,**[50] state agencies partnered with AAAs and other stakeholders to offer annual conferences on ADRC/NWD functions, concepts, and infrastructure building open to interested or participating stakeholders. Events help ADRC/NWD sites reach a broad audience of prospective and active entry and access point organizations.

Case Study: Making Quality Improvement a Requirement. It is stated in **Wisconsin's** ADRC Scope of Services that all sites must engage in and document continuous quality improvement activities utilizing state approved methods and documentation. At least one focused performance improvement

project is required of ADRC sites annually to improve quality and customer satisfaction.

2.7. Information Systems

Centralized IT systems are critical infrastructure. Valuable and essential components of shared IT systems include shared, interoperable client management portals and a central resource directory that is consumer-facing and professional-facing. Most states with mature NWD systems have integrated their ADRC/NWD IT systems with the systems they use to track and report OAA- and state-funded services and activities. Components of ADRC/NWD IT systems utilized in established states include:

- Up-to-date statewide database for institutional and community-based public and private pay LTSS resources.
- Standard language with local flexibility for special projects, unique areas, or populations of focus.
- Online consumer consent forms to share personal information among partners and providers.
- Database that tracks consumer data and provider service metrics for performance and billing.
- Standard tools for assessment and eligibility determination for consumers.
- Consumer self-screening, self-assessment, and self-referral to programs and services.
- IT system access/licenses for entry and access point organizations to utilize the resource directory for clients, update the resource directory, generate referrals, and/or manage clients in the system.

States leverage data to generate and demonstrate value. With robust centralized technology, states and local sites can effectively administer services and focus on quality and growth objectives. This requires a series of steps to

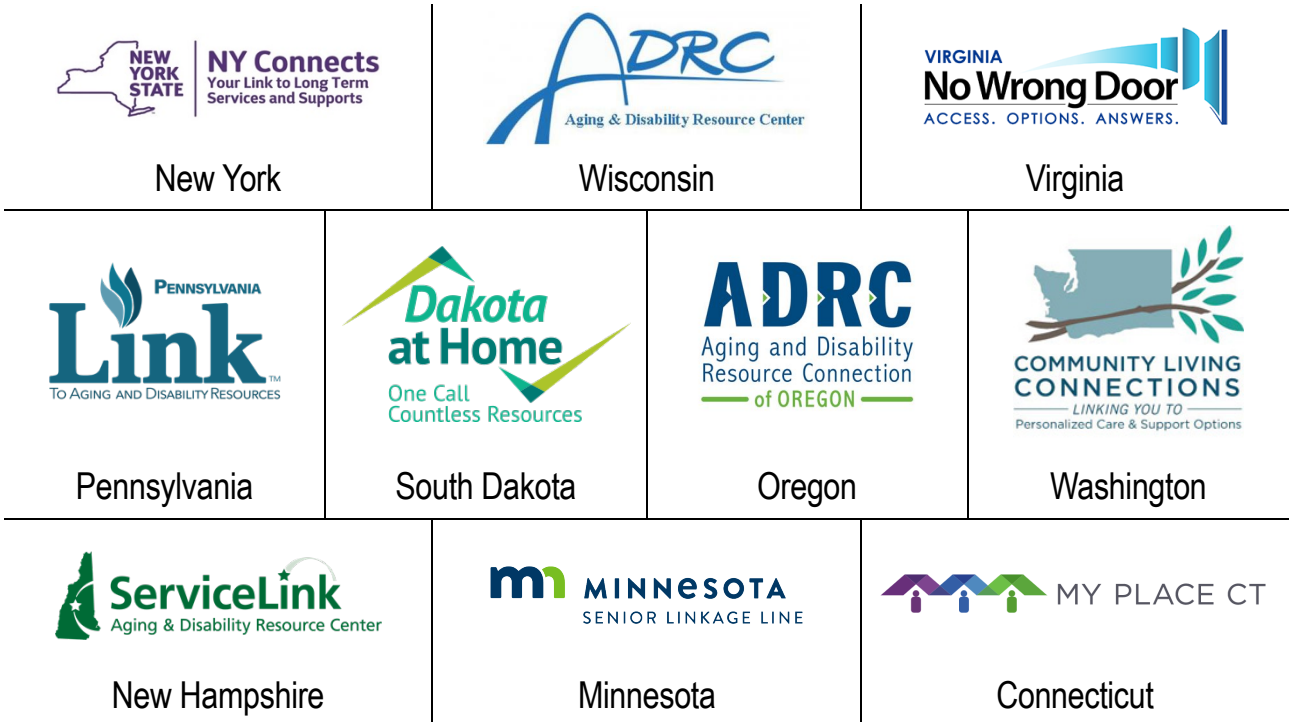
develop processes and practices to measure performance, collect and organize data, monitor performance, and determine how performance will be managed for improvement rather than simply compliance.[51] States with advanced IT systems and operations, such as **Virginia**, are developing ways to generate predictive insights from their databases to inform the quality of their screening and assessment tools. **North Carolina's** NCCARES360 is a shared technology platform powered by Unite Us, serving as a resource directory, assessment platform, and referral tracking system.[52] NCCARES360 and Virginia NWD have sustained the maintenance and growth of their technology systems and networks by appealing to auxiliary partners, large and small.[53] Nonprofits, hospitals, social service organizations, local government bodies, and other entities interested in utilizing these technologies can become system users if they abide by data privacy agreements, training standards, and user costs.

IT systems are a central focus of strategic planning. Among states that have developed NWD systems, their information technology platforms are central to operational and growth strategies. Some states that have invested in their IT systems incorporated those systems into a business model. For example, LTSS organizations in **Virginia** pay to join the system to benefit from its resource directory and functionality. IT strategies are bidirectional too. Some states incorporate their ADRC/NWD sites into health IT systems and information exchanges. In **Oklahoma** and **Maryland**, health IT systems generate referrals that alert NWD sites when a patient or consumer is admitted or discharged from a hospital.[54]

2.8. Communications

To communicate effectively, models must be well-defined and understood. According to ACL's definitions, ADRCs and NWDs are separate but related models, yet many states and local agencies use them interchangeably.[55] This may be attributed to the evolution of the two models, where ADRCs were introduced several years before the NWD model in the aging and disability fields. For states that invested in ADRC systems, such as

Wisconsin, they may prefer to keep the name for a system that has seemingly outgrown the federal definition; or are unable to use the NWD moniker due to another field that has appropriated it (e.g., children's services in Wisconsin). ACL, the Centers for Medicaid and Medicare Services (CMS), and the Veterans Health Administration (VHA) adopted the NWD model as a systems-change initiative to build on the work of ADRCs in helping older and/or disabled consumers navigate and access LTSS. Understanding the differences between ADRC and NWD models is a first step in communicating the goals and objectives of statewide systems development efforts to stakeholders.



Examples of Statewide ADRC/NWD Branding

Public awareness is created through branding and coordination at the state and local levels. States with established statewide ADRC/NWD systems have developed a brand and identity transmitted through a name, logo, toll-free

number, and website. States require local sites to adopt elements of state-level branding in their local branding and marketing efforts. A unified brand helps local and state leaders communicate consistently across an entire state, building credibility as a trusted source of information and increasing awareness of services.[9] Statewide communication efforts utilize standard messaging, templates, planning tools, and resources for local partners to adapt for their campaigns and target audiences. Local sites illustrate their affiliation with the larger statewide system while maintaining their local identity and value as an organization. Many sites utilize co-branding to achieve this goal, displaying the name and logo of the local organization as well as the statewide system branding.

Some states differentiate aging, disability, and veterans entryways into their systems. While most states design their ADRC/NWD systems to combine aging, disability, and in some cases, veterans in their branding and messaging, some states separate them. **Virginia** relies on an IT system for all three but splits the consumer-facing elements into separate identities for older adults, people with physical and intellectual/developmental disabilities, and veterans.[56] **Minnesota** has taken a similar approach, but the identities have evolved from shared branding to unique branding across aging, disability, and veterans NWD entry points.[57]

Virginia (left) and Minnesota's (right) three parallel consumer portals to their No Wrong Door systems.

The evolution of Minnesota's disability component of their NWD system – past (left) and present (right).

Marketing and communications plans focus on stakeholder engagement to drive program expansion and sustainability. States will develop and deploy internal and external marketing and communications strategies to establish roles and responsibilities within the system and establish messaging and trust with consumers. Channels include websites, statewide toll-free numbers, print advertisements and materials (newspapers/magazines, brochures, pamphlets, magnets, etc.), radio and television exposure, and digital/social media campaigns. Successful states retell the personal stories of consumers who have benefitted from the services. State-level marketing plans and campaigns target audiences with general information about the program and program-level stakeholders (state policymakers, potential funders, or regional partners) with messaging to promote the success and support of the program.[58] Local efforts are tailored to communities, cultures, needs, consumers, families, and active and prospective entry and access point partners. **Washington** has a sophisticated ADRC/NWD system strategic marketing plan that articulates marketing and outreach roles and responsibilities of stakeholders of the system – including public awareness and outreach, partnership development, and policy and funding advocacy.[59]

Marketing and communications tactics utilize multiple channels. Radio and television advertisements are too short for specifics about accessing LTSS services, but many local sites secure free interview spots on local media to talk

about their services. States and local sites utilize print advertisements and inserts in newspapers and magazines. Some states create promotional templates for local partners to use in local media outlets. Local print advertisements allow for direct messaging to populations through channels geared to the audience of interest, like individuals with disabilities, ethnic/racial backgrounds, and people with dementia. Printed materials – brochures, pamphlets, refrigerator magnets, etc., are crafted for audiences and placed in community gathering locations. Campaigns through social networking platforms such as Twitter, Facebook, YouTube, TikTok, or others can help send messages and support links to other websites. These channels are effective among younger audiences and are geared toward friends and family caregivers, but older adults are becoming more present on these platforms.[60] Social media campaigns target audiences and are less costly to produce and disseminate. Internal marketing is another useful activity that promotes ADRC messaging to employees within a single organization, partner organizations, or state agencies. Internal marketing fosters employee cohesion, encourages consistent messaging, and promotes the brand to agency partners and consumers.

The **Pennsylvania** Department of Aging launched a statewide campaign to increase awareness of its ADRC program, *PA Link*. Marketing messages feature the personal experiences of consumers accessing community-based LTSS services. **Virginia** released a video series representing themes from consumers, providers, communities, and investors, demonstrating how their NWD system has positively impacted those who use LTSS services, their families and caregivers, and healthcare providers.[61] As part of targeting efforts toward investors, one video highlights the appeal, data support, and ROI of NWD as an investment for funders.[62] **South Dakota** improved (27%) on the 2020 LTSS Scorecard ADRC/NWD function partly because of their *Dakota at Home* outreach campaign.[63] **Washington** developed a marketing plan to expand its ADRC program throughout the state. The plan guides state and local communication strategies and provides tools and resources for local sites to develop their strategy.[64]

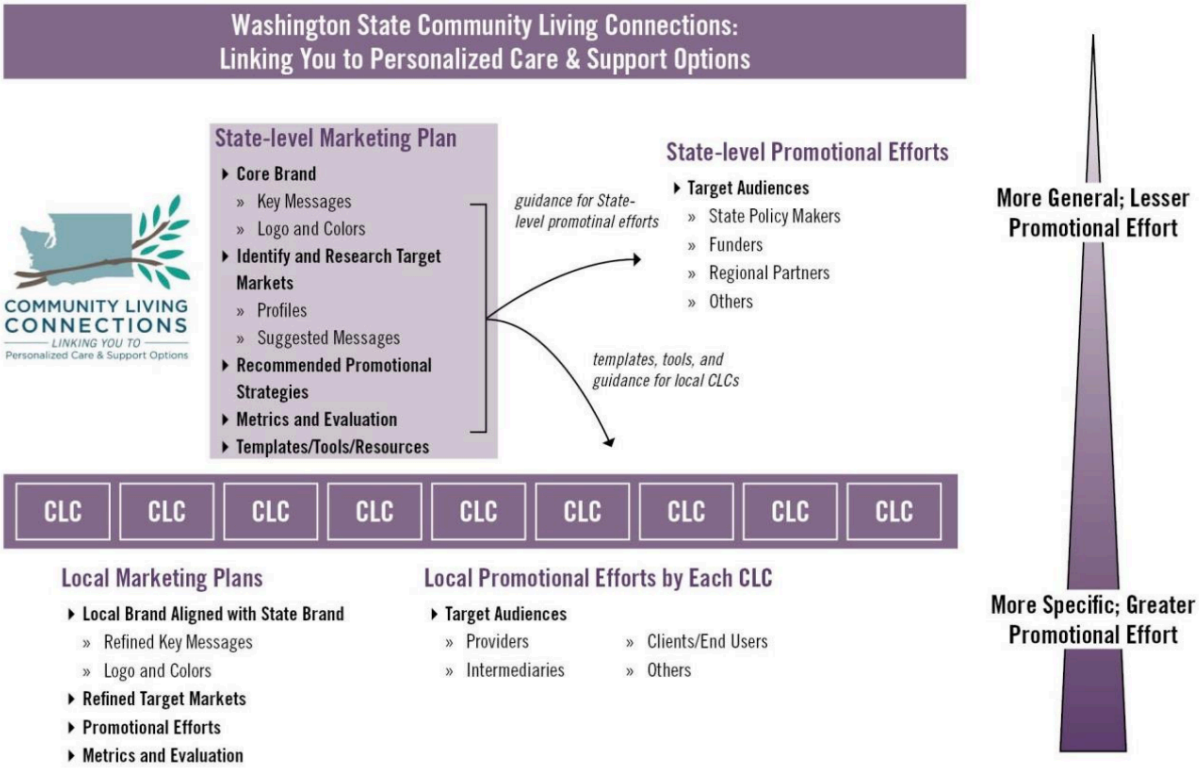


Diagram of the Washington ADRC program's marketing and promotion framework.[65]

Images from Pennsylvania's statewide campaign to promote its ADRC program, PA Link.

Promotional campaign performance informs statewide strategies. Marketing efforts raise awareness of ADRCs among various groups and promote services and benefits to targeted audiences. Evaluation metrics for communications and outreach activities measure impact and understanding among potential consumers, their families, caregivers, and other providers. Evaluation metrics include:

- Consistency of branding and messaging among local ADRCs throughout the state
- Display of and reference to the statewide website and toll-free number by local sites
- Frequency of state and local outreach engagements
- Website visits
- Call volume
- Email volume
- Increased provider/partner network members
- Services sought

Multiple communication modalities are offered to consumers. ADRC/NWD sites must make it possible for prospective consumers to find and access their services in many ways. This means that how consumers find and access services must reflect the identities, needs, and preferences of target consumers. Materials and methods for outreach must be accessible to all types of consumers. Because most ADRC sites operate during normal business hours, some systems encourage users to schedule a call. Online chats are available through the web portal with limited hours. Some web portals enable self-service functions for consumers, providers, and families to navigate the resource directory and make self-referrals.

A statewide toll-free number and website ensure everyone can access information and assistance. Robust NWD systems utilize a single, statewide toll-free number that refers callers to the appropriate local entity or a centralized

call center as a fallback. This number may be unique to the ADRC program or utilize existing call centers such as 211. A statewide website and portal can provide information and messaging about the ADRC/NWD mission, services, and resources. Successful websites, such as those used in **Connecticut**[66] and **Minnesota**[67], are accessible, easy to navigate, house a resource directory, and direct users to local ADRC/NWD sites. ADRC/NWD website components include:

- Self-service/self-help functionality
- Feedback opportunities
- Self-assessment tools and support
- Pre-recorded webinars
- Terms of service & privacy statements
- Fundraising/donations page
- Links to partners
- Class signups
- Opportunities for peer support
- User forums
- Downloadable and electronic form applications
- Social networking components
- Online live chat functi

2.9. Conclusion

As each state's healthcare and human services systems are unique, so are its ADRC and NWD systems. Yet across all states with established and mature ADRC/NWD systems, there are several common and promising practices:

1. They incorporate ADRC programs within a broadened LTSS systems approach in developing their NWD system.

2. They rely on many state and local-level institutional stakeholders for governance, planning, implementation, and ongoing operations.

3. They optimize and maximize centralized and interoperable IT systems creating data tracking and reporting efficiencies while enhancing consumer experiences and administrative performance.

4. They braid multiple federal, state, and local public and private funding sources.

5. They pilot policies and practices to improve and evolve with the LTSS system and policies.

6. They are committed to improving their state's LTSS system and are often elements of state-level LTSS reform efforts.

PART 3: SWOT ASSESSMENT

3.1. Introduction

A **SWOT assessment** is a framework for identifying and analyzing a program, organization, or system's **s**trengths, **w**eaknesses, **o**pportunities, and **t**hreats. A primary goal of a SWOT assessment is to increase awareness of critical factors

that contribute to strategic planning and decision-making. SWOT assessments offer strategic considerations but not commitments. This SWOT assessment was conducted with two overarching goals:

1. Inform the strategic and tactical ways the CDA and its partners can achieve and sustain statewide coverage of ADRCs in the short-term (1-3 years).

2. Inform how CDA and its partners can develop and integrate its ADRC program into a broader No Wrong Door (NWD) system.

This SWOT assessment comprises six overarching categories with sub-categories (see below). The assessment highlights ADRC program policy and practice strengths, weaknesses, opportunities, and threats at the subcategory level:

A. GOVERNANCE & ADMINISTRATION	D. CAPACITY BUILDING & SUPPORT
1. Regulatory Oversight	1. Pilots & Continuous Improvement
2. Strategic Planning & Implementation	2. Training Standards
3. Stakeholder Buy-in	3. Trainings Systems & Processes
4. Opt-in & Flexibility	4. Rural Capacity Building
5. State-level Team	5. Tools, Guides & Peer Support
6. Performance Measures	
7. Statewide Consumer Access	

B. PARTNERSHIPS

1. Formal Partnerships
2. Entry & Access Points
3. Public-Private Partnerships

C. FUNDING

1. Statewide Funding Allocations
2. State Funding Strategies
3. Local Funding Strategies

E. INFORMATION SYSTEMS

1. Central Resource Directory
2. Central IT System
3. Leveraging Data

F. COMMUNICATIONS

1. Branding & Identity
2. Marketing & Outreach to Consumers
3. Marketing & Outreach to Organizations
4. Marketing & Communications Plans
5. Consumer Contact Modalities

California's ADRC program and its infrastructure are evolving. Many of the opportunities identified in this assessment are not new to California, but represent areas, that, if more robustly developed and broadly distributed, could help achieve sustainable statewide ADRC coverage. This assessment is structured to provide insight into achieving the goals stated above. The supporting evidence of these findings can be reviewed in the two research-based reports published in 2022: the ADRC Stakeholder Interview Synthesis (November 2022 – section 1 above) and ADRC/NWD Promising Practices Summary (December 2022 – section 2 above).

3.2. SWOT Assessment

A. Governance & Administration

Governance and administration entail the oversight and stewardship of the ADRCs and ADRC program. This includes strategic planning and implementation, establishing formal and informal stakeholder buy-in and partnerships, the design of the program's policies, the personnel involved in the program's development and sustainability, how the program is monitored and measured, and how the program can evolve to achieve the desired goals and objectives of its stakeholders.

1. Regulatory Oversight

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• ADRC policy and practice mechanisms are in place. • A state administrator of the ADRC program exists (CDA).	• Some ILCs and AAAs see ADRC designation and reporting requirements as too demanding; this prevents some from opting into the program. • With the program residing at CDA, there is concern that some ILCs are not encouraged to develop ADRCs without DOR's joint formal involvement in the program.	• Reporting requirements could be simplified based on feedback from ADRC sites. • Given the critical role ILCs play in the definition of an ADRC in California, the Department of Rehabilitation (DOR) could play a greater role in the planning and operations of the program with CDA. • Other state agencies could be designated as core partners in a NWD system.	• Without policy and practice changes responding to the needs and preferences of AAA/ILC stakeholders, the program may lose support from the network. • Designation and reporting requirements perceived as being overly burdensome could prevent potential partners from joining the ADRC network.

2. Strategic Planning & Implementation

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Planning, implementing, overseeing, and coordinating funding for a statewide NWD system is written into state statute (SB 453). • California has an existing ADRC Strategic Plan. • The ADRC Advisory Committee is involved in shaping the ADRC Strategic Plan. • This SWOT assessment can bridge to existing strategic and tactical frameworks for ADRC and NWD development.	• State agency partners are not specified in the ADRC Strategic Plan. • The ADRC Advisory Committee does not consistently monitor ADRC Strategic Plan implementation. • The level of ADRC interest and readiness among all AAA and ILC stakeholders has not been tracked and inventoried.	• A more detailed ADRC Strategic Plan that includes tasks, timelines, stakeholders, and responsible parties could help communicate strategic objectives and set priorities for the ADRC team. • Alignment between the ADRC Strategic Plan and strategic goals of entities represented on the ADRC Advisory Committee could be explored and leveraged. • CalHHS could incorporate elements of the ADRC strategic plan into its own strategy.	• Focusing on short-term ADRC development without accounting for long-term NWD system development may hinder NWD development. • Without consistent strategic governance among non-CDA stakeholders, there could be less buy-in and investment in strategic imperatives. • If the future ADRC strategy is not aligned with other state agencies and departments' strategic goals and objectives, it could lack broad LTSS connectivity.

3. Stakeholder Buy-In

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• ADRC Advisory Committee engages a diverse group of stakeholders that represent consumers, providers, and state and local government.	• Concern among some ILC stakeholders about their and DOR's limited representation and roles in the program. • Limited involvement of broader LTSS stakeholders in the program. • Limited involvement of consumers in program policies and practices.	• DOR could be defined as a key stakeholder with opportunities for input into program design, planning and implementation. • Stakeholder representation on the ADRC Advisory Committee could evolve as the ADRC program evolves. • The ADRC Advisory Committee could evolve into a NWD Advisory Committee with LTSS representation. • AAA and ILC advisory councils and boards could inform ADRC design, planning, and implementation activities.	• Excluding stakeholders who represent the LTSS care continuum could limit the program's ability to serve more consumers in a coordinated way. • Limited stakeholder buy-in could jeopardize the ability to advocate for public and/or private funding increases. • A lack of consumer perspectives could limit the ability of ADRCs to be designed and implemented with person-centered practices.

4. Opt-in & Flexibility

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Local sites have the flexibility to develop and sustain their networks. • Design and operational flexibility in the program are satisfactory to many sites given the limited financial resources available.	• Some AAAs/ILCs are not interested in or able to formalize ADRC activities due to resource limitations, workforce shortages, lack of appropriate information systems infrastructure, administrative burden, and competing priorities. • The voluntary, opt-in nature of the program creates challenges for achieving sustainable statewide coverage.	• ADRC program policies and/or practices could be modified to ensure that all Californians can access ADRC services regardless of where they live in the state. • AAAs and/or ILCs operating in each county could either be required to manage an ADRC site or be invited to respond to an RFP released by local ADRC leadership.	• Continued flexibility on training and operations standards jeopardizes high quality and consistent ADRC consumer experiences across the state. • Based on current program design, coverage gaps could persist via sites that may never opt in and sites that can eventually opt out. • Too much local flexibility can hinder the program's integrity in terms of its identity, quality, and consistency.

5. State-Level Team

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Many of the CDA ADRC Bureau team staff are from the ADRC	• Perceived lack of disability expertise on CDA ADRC Bureau team.	• CDA could hire a disability specialist or modify an existing role to provide disability-related expertise.	• The disconnect between daily operations and longer-term strategic goals of

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
network and are aligned with the mission of ADRCs. • ADRC and CDA ADRC Bureau relationships are positive. • The ADRC Strategic Plan recognizes the importance of a state-level ADRC operations team.	• Perceived competition for funding between CDA ADRC Bureau team growth and ADRC site growth. • Lack of understanding among some stakeholders of the value of the CDA ADRC Bureau in supporting and enhancing local ADRC efforts. • Some disconnect exists between the CDA ADRC Bureau team's daily administrative work and broader strategic goals for the program.	• A staff member from DOR could be co-located with the ADRC team. • Funding logistics for CDA ADRC staff and ADRC sites could be clarified. • The strategic and operational value of the CDA ADRC Bureau could be better demonstrated and communicated with underdeveloped ADRC sites. • CDA ADRC Bureau staff could become more engaged in and familiar with ADRC strategic planning and implementation.	the program at the state level could jeopardize the ability to implement strategic imperatives. • Sustainable statewide ADRC coverage is threatened by the absence of articulated priorities and a roadmap at the state level.

6. Performance Measures

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The ADRC strategic plan presents a framework for performance measurement, monitoring and improvement. • The Data and Outcomes Workgroup in the ADRC Advisory Committee provides a mechanism to monitor data and identify areas for improvement.	• Reporting does not capture all ADRC activities, consumer experience, satisfaction, or outcomes. • Lack of a centralized ADRC data management system prevents the ability to store and monitor performance at the local, regional, and state levels. • Consumer population profiles / demographics are not captured at the county level.	• Measure return on investment (ROI) in counties that have been served by Designated ADRCs for more than a year. • Build the case for sustainability by measuring extent to which ADRCs have impacted Medi-Cal rebalancing efforts. • To measure program impact, develop output and outcome measures with AAAs and ILCs. • Require ADRC performance data to gauge extent to which target population is accessing ADRC services at the county level.	• Separating ADRC performance from AAA and ILC performance prevents ADRC activities from becoming integrated in AAA and ILC operations. • Not measuring ADRC performance at the county level limits the ability to assess quality and access to services in multi-county ADRCs.

7. Statewide Consumer Access

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There is interest and support from core partners in the concept and mission of ADRCs.	• The model of the ADRC program does not outline a path for statewide	• Centralizing infrastructure and resources such as a directory, referral systems, training, and technical	• A mandate or RFP approach to achieving ADRC

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The goal of statewide ADRC coverage is mentioned in multiple state-level strategic planning documents, including the Master Plan for Aging. • There are other statewide systems and programs in place that could help inform the development of ADRCs (e.g., HICAP, Caregiver Resource Centers, CalFresh, etc.).	consumer access, given the optional nature of the program and a flat funding formula.	assistance could offset local costs to develop and manage ADRCs. • An ADRC development strategy specific to rural counties could accelerate and enhance efforts to close ADRC coverage gaps. • State policy could mandate and develop a path for ADRC statewide coverage with a funding formula that reflects local need.	statewide coverage risks creating ill will from some existing and prospective sites, especially if funding allocations are not tied to policy changes.

B. Partnerships

Partnerships entail the state and local-level, formal and informal, and public and private partnerships that are core to the ADRC program model. As the ADRC program evolves into a broader NWD system, partnerships within each county will be fundamental to success.

1. Formal Partnerships

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The ADRC Advisory Council, which consists of a	• Non-AAA and ILC stakeholders are not formally embedded in the ADRC program.	• CDA could align the ADRC Strategic Plan with the strategic plans of other state agencies.	• Other state agencies and departments may be developing

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
variety of aging- and disability-related stakeholders convene regularly. • AAAs and ILCs are required to be local core partners in the program. • CDA is facilitating the development of a NWD State Leadership Council to diversify and formalize the governance of a future NWD system.	• State statute does not include other state agencies in the oversight and administration of the ADRC program (only collaboration with DOR and DHCS). • Many AAAs and ILCs do not understand each other's programs, services, or philosophies. • The ADRC model and purpose are not universally understood among all existing and prospective stakeholders.	• State agencies on the ADRC Advisory Committee (and affiliated programs and community organizations) could be considered ADRC/NWD access and entry points. • ADRCs could become more directly involved in future Medi-Cal rebalancing programs and initiatives. • Representatives of the ADRC Advisory Committee could join LTSS advisory workgroups/committees and vice-versa. • Cross-training on the history of programs/services, and philosophies of AAAs and ILCs could accelerate relationships between organizations.	processes and infrastructure similar to ADRCs that could confuse consumers and/or draw financial resources from AAAs/ILCs. • Medi-Cal reform could happen without including ADRCs, missing critical opportunities for ADRCs to attract new funding and become more embedded in the state's LTSS care continuum.

2. Entry & Access Points

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• ADRCs are encouraged to	• Rural counties have unique challenges with financial	• CDA could provide stronger guidance on	• Prospective ADRC entry and

establish Extended Partners with local organizations that serve older adults and/or people with disabilities.	resources and the availability and accessibility of ADRC-related services and providers. • ADRCs are not required to partner with non-AAA or ILC organizations in their communities, limiting the quality and consistency of local ADRC networks. • Partnership definitions (Core and Extended) do not reflect the diversity of existing and prospective ADRC partners and stakeholders.	types of organizations ADRCs are expected to include as access and entry points. • ADRCs could be rewarded for developing and sustaining high-performing local ADRC networks. • Partnership definitions could change to specify partner types (i.e., Core Partners, entry point partners, and access point partners).	access point partners may not be interested in joining an ADRC network if they are already involved in similar resource and referral network arrangements with other entities such as managed care organizations or health care delivery systems.

3. Public-Private Partnerships

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There are examples of public-private partnerships in some communities, particularly with 211s, county governments, and nonprofit	• There is a lack of guidance on how ADRCs can develop public-private partnerships to advance local ADRC infrastructure and operations.	• Local sites can learn from ADRC public-private partnership best practices from different parts of the state (the most common are 211 partnerships). • CDA could explore a statewide partnership with a resource and referral	• A lack of state guidance on local and regional public-private partnerships limits future creative approaches to developing ADRC sites.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
AAAs and ILCs.		system to provide the backbone of IT (if one with mission alignment exists).	

C. Funding

Financing the planning, operations, and oversight of ADRCs at the local and state levels is a priority and concern among most stakeholders. Given the program's evolutionary nature, creating permanent, statewide funding and financing policies, practices, and strategies requires an approach that encompasses more than state funding for the program. It should involve developing and building state and local resources and competencies to braid public, private, regional, state, and national/federal funding.

1. Statewide Funding Allocations

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There is a funding formula for AAA PSAs and a distribution plan for ADRCs. • ADRC funding allocations are assigned at the county level.	• Funding one local fiscal lead entity creates a power imbalance with the other core partner; some fiscal lead entities see their core partner as a grantee and not a strategic partner. • The current state budget for ADRCs may not be sufficient	• To guarantee sustainable practices and operations, the state may need to provide a limited amount of core financial support to ADRCs. • The state ADRC budget can be expanded over time. • Sites could be encouraged and rewarded for developing sustainable budgets for their ADRC programs that do not solely rely on state funding.	• High local reliance on only one or two funding sources risks program quality and longevity.

	for statewide coverage.		

2. State Funding Strategies

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There is an existing state budget line item for ADRCs. • ADRCs/NWD is mentioned in multiple state-level strategic plans, including the Master Plan for Aging and CDA's Area Plan.	• The current state budget for ADRCs may not be sufficient for statewide coverage. • Medi-Cal rebalancing efforts have not invested in ADRC/NWD development.	• ADRC activities could be written into the Older Californians Act as a core service of AAAs; it could also be written into state disability funding and policies. • Local funding strategies can be encouraged, recognized, and rewarded. Local costs could be offset by centralizing some infrastructure, processes, and call center personnel. • CDA can determine if it will allow and provide guidance on private pay short-term case/care management services delivered by ADRCs. • Leverage funding opportunities via Medi-Cal rebalancing initiatives; HCBS Gap Analysis findings should strengthen and expand ADRC and NWD objectives.	• Funding for and utilization of a possible future Medi-Cal resource and referral system could overshadow and take resources away from a statewide ADRC/NWD. • Current State General Fund support of the program could be threatened in times of fiscal downturn.

3. Local Funding Strategies

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Progress is being made toward developing Medicaid Administrative Claiming capabilities. • There is a Sustainability Workgroup within the ADRC Advisory Committee.	• There is a lack of clear guidance on how AAAs can utilize federal Older Americans Act grant funding for ADRC-related activities. • Rural counties have unique challenges with financial resources.	• Develop a local ADRC funding and sustainability guide, with opportunities for coaching and technical assistance. • Include a budget sheet and guide in the ADRC application packets. • Encourage and reward local braiding of funding for ADRC activities. • Develop private pay short-term case/care management services within ADRCs. • Develop statewide ADRC Medicaid Administrative Claiming capabilities.	• Without sufficient guidance on financing and sustaining local ADRC activities, shared operating infrastructure, and state funding, there will be significant variations in the ADRC performance quality.

D. Capacity Building & Support

ADRCs sites rely on the leadership and support of CDA to provide guidance and funding, advocate for their success, and measure and monitor progress. ADRCs also rely on their peers for guidance and technical support. This goes beyond traditional program policy compliance support that many involved in federal and state aging and disability programs use – it is more collaborative, strategic, and tactical.

1. Pilots & Continuous Improvement

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There is a significant amount of ADRC development and management experience among CDA, AAA, and ILC stakeholders already. • Existing Designated and Emerging sites allow for experimentation and pilots to occur.	• Some ILCs need direct guidance and support from DOR on incorporating ADRC-related activities into their strategies, operations, and infrastructure.	• Past experiences, successes, and failures of local ADRC sites can be studied and used to inform future advancement and enhancement of statewide policies and practices. • Tap into public and private local, state, and national funding opportunities to pilot new practices, processes, and/or infrastructure.	• Pilots will need to be studied for their efficacy before decisions are made to deploy practices / processes / infrastructure statewide; decisions that are not well informed could hinder progress.

2. Training Standards

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• CDA is exploring ADRC training standards. • There is an existing Training Workgroup in the ADRC	• There are no required training standards or systems that exist for ADRCs in California. • Local sites are expected to	• Develop a credentialing system for Information & Referral/Assistance (I&R/A). The Alliance of I&R Systems (AIRS) offers individual and organizational credentialing for programs engaged in I&R/A.	• Without standardizing practices, the current and future iterations of the ADRC program and I&R/A elements of a NWD system will lack

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Advisory Committee.	identify and finance their own training.	• Develop a credentialing system for Person-centered practices (PCP). The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) offers assessments and training for individuals and organizations and is a resource for states to improve and expand person-centered practices in the context of ADRC/NWD activities. • HICAP could be a model for developing and instituting ADRC training standards.	consistency and formalization, jeopardizing quality, trust, and investment in the program/system's future.

3. Training Systems & Processes

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The CDA ADRC Bureau team has a training specialist on staff. • CDA is developing a statewide training portal for the network.	• State-level ADRC workforce training infrastructure does not currently exist.	• Maximize emerging workforce development and training systems hosted by CDA and other state agencies to incorporate training for ADRC and NWD core competencies. • CDA's planned statewide training portal could house a suite of ADRC training resources.	• Many AAAs and ILCs may not be able to pay for or have capacities to coordinate training for their staff. • Training that is disconnected from established ADRC/NWD standards of practice

		• CDA, C4A, and CFILC could host ADRC/NWD training conferences with tracks specific to AAAs and ILCs at various stages of development and expertise. • HICAP and similar programs could be a model for ADRC training systems for employees and volunteers of ADRC sites.	will not be as effective.

4. Rural Capacity Building

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• There are examples of high-performing rural ADRCs in the state. • Designated ADRCs are willing to help undeveloped ADRC sites gain insights into best practices.	• Some rural AAAs and ILCs do not have the strategic and/or technical readiness to develop and integrate ADRC activities.	• A workgroup could be developed to address the needs and preferences of existing and future rural ADRC sites. • ADRCs serving rural areas could inform what is needed regarding resources and capacity building for other rural areas to develop ADRCs.	• Rural sites may be at greater financial risk due to limited local budgets, resource risk due to natural disasters, and service quality risk due to lack of available providers and services.

5. Tools, Guides & Peer Support

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• CDA develops and publishes tools and guides for interested, aspiring, Emerging, and Designated ADRCs. • Peer support is available through CDA's facilitation and is also happening locally between counties and regions.	• Some AAAs and ILCs do not know that tools, guides, and support exist for entities at all phases of ADRC development.	• Capacity-building resources could be better marketed to the network. • Resources and targeted engagement could be developed for the "uninterested" and "unsure" AAAs and ILCs to understand their concerns and motivations around ADRC development. • Peer and neighboring AAAs and ILCs involved in ADRCs could engage with the undeveloped and underdeveloped ADRC communities.	• Critical information about the current and future planning of the program might be miscommunicated through peer support channels. • Tools and guides can become outdated if policies and practices change annually.

E. Information Systems

Centralized client- and organization-facing resource navigation and consumer management portals form the backbone and utility lines of high-functioning statewide ADRC programs and NWD systems. Since ADRC and NWD models incorporate public and private resource navigation with high-quality person-centered client management, information systems are part of their DNA.

1. Central Resource Directory

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• ADRC sites are accustomed to developing and managing resource directories.	• Local sites and agencies are responsible for developing their own resource directories, requiring a high degree of investments in and local staff time for system development, administration, and maintenance. • Lack of standardized resource directory parameters, including taxonomies, limits quality and consistency across the state.	• Potential for integration with AAA and ILC IT systems. • Interoperability with existing and future resource and referral tools used by other LTSS and non-LTSS organizations and networks. • Potential for future integration of ADRC/NWD sites into a statewide resource and referral system led by CalHHS. • Centralized IT solutions can reduce local costs. • Local and/or state-level staff could pivot to other communities during surges in demand.	• Some sites may still need resources, capacities, or capabilities to create or maintain local resources in a shared resource directory. • Centralizing a resource directory will demand the time and attention of local- and state-level staff and must demonstrate the value / ROI back to the network.

2. Central IT System

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• AAAs and ILCs already have basic	• The reporting systems for AAAs and ILCs are not	• A universal ADRC/NWD information system could be incorporated into a universal enterprise information	• Building a new information system specific

centralized reporting systems via CDA and DOR. • Information systems and technologies are incorporated into the ADRC Strategic Plan.	used in ADRC activities. • The ADRC Strategic Plan does not address existing AAA and ILC information systems and technologies.	system that could be used across AAAs and ILCs. This would require alignment between CDA and DOR beyond the ADRC/NWD context. • A statewide taxonomy for ADRC activities could be created and enforced. • A centralized IT system could facilitate a standard practice of person-centered counseling and help streamline eligibility functions.	to ADRC/NWD activities separate from ILC and AAA information systems and processes risks increasing the administrative burden on ILCs, AAAs, and CDA.

3. Leveraging Data

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Designated ADRC sites have ADRC consumer and activity data available for analysis.	• Data quality may be lacking and inconsistent within sites and across the network of ADRCs.	• ADRC data could be used to measure client outcomes and estimate the impact on personal and public spending on avoidable health care and long-term care spending.	• Inconsistent data collection and data quality across the state could jeopardize statewide efforts to make a business case using ADRC data.

F. Communications

Without marketing ADRCs, older adults, people with disabilities, caregivers, and professionals will have difficulty finding one. Marketing and communications efforts create public awareness, but they must also help build a sustainable future for the program through advocacy for public and private funding, generating new forms of revenue, and generating demand among prospective partners to join the network.

1. Branding & Identity

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The ADRC program has a common identity at the state level. • The ADRC program has a logo widely used at the state and local levels. • Local sites can rebrand their ADRCs, promoting local ownership and identity of the program. • The goal of creating one public portal is included in the ADRC Strategic Plan.	• There is limited clarity between current ADRC and future prospective NWD system concepts and definitions. • Some local ADRC branding strays from the state brand and identity. • The ADRC acronym does not reflect a mission or purpose, while "aging and disability resource connections" may be too long of a name, according to some stakeholders.	• ADRC and NWD definitions could be clarified and used in a more consistent manner. • Learn promising practices from ADRCs that have created a local ADRC brand/identity. • Look at other states' ADRC/NWD brands and identities for inspiration. • Test the ADRC name and acronym with stakeholders. • A unified state ADRC/NWD brand and marketing materials could alleviate the administrative burden of local branding and marketing.	• Too much local flexibility on branding limits site alliance with a statewide common goal. • Forcing local sites to change their identities may create frustration and confusion.

2. Marketing & Outreach to Consumers

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• Some Designated ADRC sites	• There is limited public awareness of ADRCs,	• A unified marketing and outreach strategy could be developed to engage consumers, including older	• Some sites may feel threatened if their marketing

have demonstrated success in marketing and outreach to target consumers.	according to many ADRC stakeholders. • ADRCs may be confused with similar acronyms such as ADCRC (Alzheimer's Day Care Resource Center), ADRD (Alzheimer's Disease and Related Dementias), and Alzheimer's Disease Research Centers (ADRC).	adults, people with disabilities, caregivers, and professionals serving these populations. • Learn from successful Designated ADRCs. • Develop ways to track and measure the success of effective marketing and outreach, such as comparing consumer demographics against community demographics and each ADRC's targeting goals. • Unified statewide marketing materials to consumers could alleviate some of the administrative burdens of local marketing.	and outreach are being scrutinized, especially if they have never been evaluated on the effectiveness of their targeting before.

3. Marketing & Outreach to Organizations

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• The ADRC Designation criteria provides recommended Extended Partners.	• Many prospective ADRC access and entry point partners are unclear what an ADRC is and how the model could help their organizations and	• Create a checklist of organization types that ADRC sites should develop entry or access point relationships with. • Develop a robust marketing and outreach strategy to engage extended partners, entry, and access points.	• Some sites may feel threatened if their marketing and outreach are being scrutinized, especially if they have never been evaluated on the effectiveness of their targeting before.

	the people they serve.	• Develop systems to track and measure the success of marketing and outreach to organizations. • Unified statewide marketing materials to organizations could alleviate some of the administrative burden of local marketing.	

4. Marketing & Communications Plans

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• An ADRC Strategic Plan exists and can include detailed marketing and communications goals and objectives.	• ADRC Advisory Committee does not actively address communications strategies and tactics. • There is minimal guidance or leadership on state- or local-level ADRC marketing and communications.	• Develop a marketing and communications plan that includes the roles and responsibilities of AAAs, ILCs, ADRCs, CDA, DOR, C4A, CFILC, and other key stakeholders. • Create a Communications Workgroup on the ADRC Advisory Committee. • Marketing and communications should be factored into advocacy for funding for the program. • A statewide marketing and communications plan could be deployed in phases to avoid flooding the state with demand.	• Investing in ADRC development without focusing on marketing and communications risks underutilization. • Expanding marketing and communications without investing in workflows and efficiencies could overload ADRC sites.

		• Multiple sites could work together to manage higher volume during campaigns.	

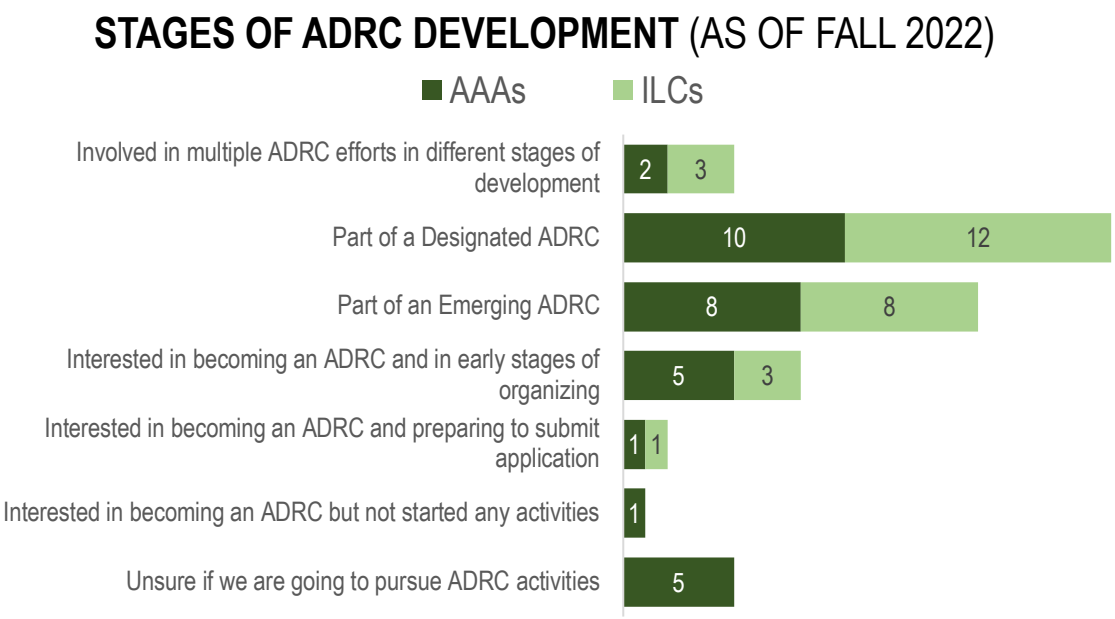
5. Consumer Contact Modalities

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
• AAAs and ILCs are experts at understanding the accessibility needs/preferences of consumers. • The ADRC Strategic Plan mentions contact center technologies.	• ADRC consumer contact systems and methods are not standardized, limiting consistency and quality for consumers.	• Study and deploy promising practices of ADRCs, AAAs, and ILCs in the state (24/7 hotline, email, chat, etc.). • Determine how to scale and deploy promising practices across the state by piloting at a local level. • A centrally located hotline and website could alleviate local bottlenecks during high caller volume.	• Some AAAs that have not had person-centered and self-directed care trainings may not readily support self-directed care models and modalities (i.e., consumer access portals that don't require staff engagement). • Increased awareness of and demand in ADRC services may overwhelm sites that have limited consumer contact modalities.

3.4. ADRC Gap Analysis

An ADRC Readiness Assessment Survey was distributed to each AAA and ILC in California in October 2022. The survey asked each organization to indicate the stage of their ADRC development and other factors relating to ADRC planning and operations. This gap analysis of ADRC readiness, development, and operations is informed by the 97% of AAAs (32 out of 33) and 97% of ILCs

(27 out of 28) that completed the survey. See the state map of ADRC development and interest in Appendix B.



Designated Counties

While Designated ADRC sites meet the basic requirements of operating an ADRC, and their Designated status indicates a desire to adopt ADRC functions, there are still areas of need and concern. The counties with Designated ADRC activities are:

COUNTY	PSA	GEOGRAPHY
Amador	12	Mostly Rural
Calaveras	12	Mostly Rural
Kern	33	Suburban
Kings	15	Mostly Rural
LA City: Central and South LA	25	Urban
Marin	5	Suburban
Mariposa	12	Rural
Monterey	32	Suburban

COUNTY	PSA	GEOGRAPHY
Napa	28	Suburban
Nevada	4	Mostly Rural
Orange	22	Urban
Placer	4	Suburban
Riverside	21	Urban
San Benito	13	Mostly Rural
San Bernardino	20	Urban
San Francisco	6	Urban
Sonoma	27	Suburban
Sutter	4	Mostly Rural
Tuolumne	12	Mostly Rural
Ventura	18	Urban
Yolo	4	Suburban
Yuba	4	Mostly Rural

Strategic Insights: Designated ADRCs have aligned the ADRC model and philosophy to their organizations; many have adopted it because it adds value to the quality of services they provide. Most have solidified their local ADRC brand and identity, but only some have strong local strategies inclusive of or specific to their ADRCs.

Tactical Insights: Designated ADRCs need help configuring their ADRC functions within their operating structures and services and establishing the ADRC as the NWD to their programs and services. This also requires Designated sites to focus more on the internal integration of their ADRC activities while strengthening their aging and disability resource network of formal and informal partners.

Technical Insights: Designated ADRCs could benefit from strengthening their ADRC sustainability strategies through diversifying public and private funding, improving information management systems to track and store activities, and building service coordination and referral logistics with other organizations.

Emerging Counties

Emerging ADRCs represent urban, suburban, and rural areas from the northern to southern parts of the state where AAAs and ILCs are in the formal state of development to achieve Designated status. The counties with Emerging ADRCs are:

COUNTY	PSA	GEOGRAPHY
Alameda	9	Urban
Butte	3	Suburban
Glenn	3	Mostly Rural
Humboldt	1	Mostly Rural
Imperial	24	Suburban
Los Angeles	19	Urban/Suburban
Sacramento	4	Urban
San Luis Obispo	17	Suburban
San Mateo	8	Urban
Santa Barbara	17	Suburban
Solano	28	Suburban

Strategic Insights: Emerging ADRCs have aligned their strategies with the ADRC program model and have devoted resources for local ADRC development. They are adopting the model because they believe it adds value to the quality of services they provide. However, most still need to determine and formalize their ADRC brand and identity.

Tactical Insights: Emerging ADRCs focus on infrastructure building and adaptation, including developing and modifying staff roles, processes, systems, and policies.

Technical Insights: AAAs and ILCs in Emerging ADRCs are building and adapting services and processes. These activities, as well as building technological and administrative infrastructure to monitor, track, and report data, could be attractive investments for public and private funders.

Interested Counties

AAAs and ILCs that have expressed interest in developing ADRCs in their communities have been limited due to challenges such as lack of or poor relationships between organizations, lack of local or state resources available, and lack of understanding of the concepts and value of ADRCs.

COUNTY	PSA	GEOGRAPHY
Contra Costa	7	Urban
Del Norte	1	Mostly Rural
Fresno	14	Urban
Lake	26	Mostly Rural
Madera	14	Mostly Rural
Mendocino	26	Mostly Rural
Merced	31	Suburban
Santa Clara	10	Urban
Santa Cruz	13	Suburban
Stanislaus	30	Suburban
Trinity	2	Rural
Tulare	15	Suburban

Strategic Insights: AAAs, and ILCs that have expressed interest in developing an ADRC for the communities they serve indicate initial readiness to move forward. Many in this category are in the early stages of learning and organizing with their fellow AAA(s) or ILC(s).

Tactical Insights: Some of the first steps AAAs and ILCs take is learning about the ADRC program model and engaging with local partner(s) to explore how and why they want to develop an ADRC. Those who learn about fellow AAAs and ILCs before diving into ADRC requirements find an easier path forward when negotiating their partnership roles and responsibilities.

Technical Insights: Organizations interested in ADRC development possess more anecdotal information from peer organizations about the process and experience than technical information. This may have positive and negative consequences depending on peers' knowledge, competence, and relational dynamics of their ADRC efforts.

Unsure, Uninterested & No Answer Counties

There are more than a dozen counties where ADRCs do not appear to be a strategic priority for local AAAs or ILCs. This is due to concerns about limited resources available to organize ADRC efforts, limited state funding, and the need for more community resources.

COUNTY	PSA	GEOGRAPHY
Alpine	12	Rural
Colusa	3	Mostly Rural
El Dorado	29	Mostly Rural
Inyo	16	Mostly Rural
Lassen	2	Mostly Rural
Modoc	2	Mostly Rural
Mono	16	Mostly Rural
Plumas	3	Mostly Rural
San Diego	23	Urban
San Joaquin	11	Urban
Shasta	2	Suburban

COUNTY	PSA	GEOGRAPHY
Sierra	4	Rural
Siskiyou	2	Mostly Rural
Tehama	3	Mostly Rural

Strategic Insights: For some, there is a clear decision not to include ADRC development in their strategy. For others, the idea has not made its way into the organization's strategy (if the organization has one). Some organizations are reluctant to change or have had negative experiences with the program.

Tactical Insights: Uninterested and unsure AAAs and ILCs are not operationally ready, although some claim to offer ADRC services, just not under the ADRC formal program environment.

Technical Insights: Some AAAs and ILCs are concerned with the technical requirements of operating an ADRC and the time, staffing, and investment necessary to organize, develop, and manage an ADRC.

3.5. Conclusion

Key Strengths & Weaknesses

There are many positive attributes and **strengths** of the ADRC program. A lot has been accomplished by CDA and local sites to develop a foundation upon which to build. The most noteworthy strengths of the program's policies and practices include the following:

- **Support**: There is significant state- and local-level support for advancing the ADRC model statewide.
- **Relationships & Partnerships**: There are existing relationships and partnerships among and between many state and local aging and disability organizations.

- **Foundational Elements**: Many of the necessary foundational governance, administrative, identity, and strategic elements are in place to achieve sustainable statewide ADRC coverage.
- **State Budget Line Item**: The program has a line item in the state budget that can grow over time.
- **Best Practices & Pilot Sites**: There are numerous existing best practices among early ADRC adopters that others can learn from and incorporate; Designated ADRCs also provide CDA with established sites for piloting new policy ideas and practices.

Given that California's ADRC program is in an evolutionary state, some **weaknesses** and challenges may be hindering efforts in achieving statewide coverage and a future NWD system, including:

- **Optional Nature of the Program:** The program is not designed to guarantee consumers across California access to basic ADRC services.
- **Funding & Sustainability:** Reliable state ADRC funding allocations concern many AAAs and ILCs, particularly as more ADRC sites become Emerging and Designated.
- **Power Imbalances:** There is concern among some local core partners about administrative and fiscal power imbalances.
- **Unequal Access:** Californians do not have equal or consistent access to ADRCs across the state.
- **Fragmented Directories & Portals:** ADRC users and ADRC sites lack a consistent system to navigate and access aging and disability resources.

Key Opportunities & Threats

Given the degree of maturity of California's ADRC program, **opportunities** for future growth and advancement can adapt elements of existing policies and practices and, where necessary, establish new policies and practices, including:

- **System Integration**: AAAs and ILCs could integrate ADRC functions within their core operations and systems, infrastructure, and local networks.
- **Partnerships**: Expand local and state partnerships with other aging, disability, and healthcare organizations.
- **Funding**: Diversify funding through new and existing public and private sources at the local and state levels.
- **Business Case**: Demonstrate the value of ADRCs to attract new and additional public and private investments.
- **Performance Measures**: Create measures to monitor, manage, and demonstrate state and local performance.
- **Statewide Platform**: Develop a centralized public directory and portal for resource information and access.

There are existing and emerging **threats** that ADRC stakeholders should be aware of as they develop and adapt ADRC strategies. These include:

- **Continued Risk of ADRC Gaps**: Some AAAs/ILCs may choose or continue to opt out of the program.
- **Emerging Competition**: Healthcare organizations are developing and promoting resource and referral solutions designed for patients and members needing non-medical services and supports.

- **Sustainable State Funding**: There is concern about future reductions in state funding for ADRCs.
- **Consumer Outreach & Engagement**: Without sufficient data management and communications strategies, there could be a lack of effective engagement with prospective users of ADRCs.
- **Local Network Building**: Prospective community partners may not feel compelled to work with a local ADRC site.

Priority Strategic Considerations

There are immediate opportunities to continue ADRC development across the state while planning for a future NWD system that will rely on a well-functioning statewide network of ADRCs and partners across the LTSS care continuum. We identify five strategic priorities for existing ADRC stakeholders to consider:

1. **Keep Moving Forward** | Stakeholders should continue to develop statewide ADRC coverage based on current or slightly revised policies and practices. This can happen locally, where CDA staff, AAA, and ILC champions segment the remaining counties by their readiness and needs for ADRC development. Each county could have a SWOT profile that CDA and stakeholders use to determine the needed support. Since funding is paramount for many sites, helping local sites develop cost management and funding strategies may be a central focus to advancement.

2. **Build Statewide Consumer Resources** | Develop a centralized directory and consumer portal for statewide public navigation of and access to resources, programs, and services, including all that is offered and funded by AAAs and ILCs. A short-term solution could be building, testing, and piloting new or updated policies and practices within some ADRC sites before deploying across the state.

3. **Standardize Trainings** | Build a uniform training program to ensure ADRC services are delivered consistently and equitably statewide. In addition to strategic alignment around positioning ADRC functions as core elements within AAAs and ILCs, CDA and DOR could work together to help build workforce competencies involving ADRC activities. This could also lead to future NWD competency and capability building on person-centered practices.

4. **Develop a No Wrong Door Vision** | Construct a clear NWD vision based on the needs and preferences of organizational, institutional, and public stakeholders. This could involve state-level stakeholders exploring and articulating what is needed for a future NWD system for LTSS in California, then defining and agreeing to a shared vision.

5. **ADRC Strategic Plan |** Based on a NWD vision that could be developed by state, regional, and local stakeholders, the ADRC Strategic Plan could evolve into a NWD Strategic Plan.

Appendix A | Promising Practice Research Sources: Interviewees and States Studied

Subject Matter Expert Interviews

AARP Public Policy Institute
Administration for Community Living (ACL)
New York
North Carolina
Virginia
Washington
Wisconsin

States Studied in Common and Promising Practice Desk Research

Alabama
Colorado
Connecticut
Illinois
Kansas
Massachusetts
Minnesota
Nebraska
New Hampshire
New York
North Carolina
Oregon
Pennsylvania
Rhode Island
South Dakota
Vermont
Virginia
Washington
Wisconsin

Appendix B | State Map of ADRC Development & Interest

Citations

[1] https://www.longtermscorecard.org/databydimension/table?ind=729&ch=4&tf=1089&bst=37&wst=52&sortch=4&sorttf=1089

[2] https://www.longtermscorecard.org/~/media/Microsite/Files/2020/ADRC_NWD%202020%20Key%20Takeaways.pdf

[3] https://acl.gov/framework

[4] https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-04/RI-NWD-System-Three-Phase-Strategic-Plan_12-16-20_0.pdf

[5] https://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/NWD_Advisory_Board/No%20Wrong%20Door%20Strategic%20Plan%20-%20FINAL%208-28-15(1).pdf

[6] https://aging.ca.gov/Providers_and_Partners/Aging_and_Disability_Resource_Connection/Other_Resources/

[7] https://docs.legis.wisconsin.gov/statutes/statutes/46/283

[8] https://www.nowrongdoor.virginia.gov/about.htm

[9] https://nwd.acl.gov/pdf/NWD-National-Elements.pdf

[10] https://www.dhs.wisconsin.gov/adrc/pros/2022-adrc-scope-services.pdf

[11] https://www.dhs.wisconsin.gov/library/p-03062.htm

[12] https://nwd.acl.gov/pdf/NWD-National-Elements.pdf

[13] https://www.vda.virginia.gov/downloads/Virginia%20State%20Plan%20for%20Aging%20Services%202019_FINAL.pdf

[14] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Washington%20State%20ADRC%20Expansion%20Plan%202011.pdf

[15] https://aging.ny.gov/system/files/documents/2019/12/14-pi-16-ny-connects-choices-for-long-term-care-revised-program-standards-pdf.pdf

[16] https://www.pdffiller.com/415601654--Aging-and-Disability-Resource-Center-ADRC-Business-Plan-

[17] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Washington%20State%20ADRC%20Expansion%20Plan%202011.pdf

[18] https://www.dhs.wisconsin.gov/adrc/pros/2022-adrc-scope-services.pdf

[19] https://dhhs.ne.gov/Reports/ADRC%20Report%20-%202021.pdf

[20] http://www.advancingstates.org/sites/nasuad/files/u34008/%28060%29%20Strengthening%20the%20No%20Wrong%20Door%20Business%20Case%20by%20Using%20Medicare%20and%20Medicaid%20Data.pdf

[21] https://www.oregon.gov/dhs/SENIORS-DISABILITIES/SUA/ADRCDocuments/adrc-oc-business-case.pdf

[22] https://www.bellpolicy.org/wp-content/uploads/No-Wrong-Door.pdf

[23] https://virginianavigator.org/

[24] https://nwd.acl.gov/pdf/State_Examples_of_NWD_System_Funding_4.26.21.pdf

[25] https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html

[26] https://www.medicaid.gov/medicaid/long-term-services-supports/balancing-incentive-program/balancing-incentive-program/index.html

[27] http://www.advancingstates.org/policy/federal-advocacy/advocacy-alerts/advancing-states-releases-analysis-state-hcbs-spending-plans

[28] https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/dltss-hcbsarpplan721.pdf

[29] https://www.dhs.wisconsin.gov/arpa/hcbs.htm

[30] https://nwd.acl.gov/pdf/State_Examples_of_NWD_System_Funding_4.26.21.pdf

[31] https://acl.gov/about-acl/authorizing-statutes/older-americans-act

[32] https://coloradohealth.org/sites/default/files/documents/2017-01/ADRC_Learning_Documents_Final0414.pdf

[33] https://acl.gov/about-acl/authorizing-statutes/older-americans-act

[34] https://www.dhs.wisconsin.gov/adrc/pros/adrc-privatepayreport.pdf

[35] https://www.jocogov.org/sites/default/files/files/2021-10/ahs-2021-eyo-directory.pdf

[36] https://www.youtube.com/watch?v=Mr3PGb-oX-Q

[37] https://www.health.ny.gov/health_care/medicaid/redesign/hcbs/enhanced_funding/2022/docs/2023-q1_rpt_narrative.pdf

[38] https://nwd.acl.gov/sustaining-a-nwd-system.html

[39] https://www.dhs.wisconsin.gov/aging/draft-23-25-aging-plan.pdf

[40] https://dhhs.ne.gov/Documents/No%20Wrong%20Door%20Gap%20Analysis%20and%20Recommendations%20Final%20Report.pdf

[41] https://www.adrcoforegon.org/consumersite/connect/provider_database_information/

[42] https://www.waukeshacounty.gov/adrcvolunteer

[43] https://www.nowrongdoor.virginia.gov/training.htm

[44] https://www.airs.org/i4a/pages/index.cfm?pageid=3371

[45] http://www.advancingstates.org/initiatives/information-and-referralassistance/ira-training

[46] https://www.dhs.wisconsin.gov/pcp/training.htm

[47] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/Toolkit.pdf

[48] https://www.nhcarepath.dhhs.nh.gov/partner-resources/documents/tools-level-one-companion.pdf

[49] https://aging.georgia.gov/programs-and-services/adrc-healthy-communities-summit

[50] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/ADRC%20Expansion%20Conference%20Agenda.pdf

[51] https://www.youtube.com/watch?v=e43H3zl7U-U

[52] https://nccare360.org/wp-content/uploads/2021/11/NCCARE360-Quarterly-Report-September-2021_Q1_V2a.pdf

[53] https://www.nowrongdoor.virginia.gov/investors.htm

[54] https://acl.gov/framework

[55] https://acl.gov/programs/connecting-people-services/aging-and-disability-resource-centers-programno-wrong-door

[56] https://virginianavigator.org/

[57] https://mn.gov/senior-linkage-line/; https://disabilityhubmn.org/; https://linkvet.org/

[58] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Marketing%20Plan.pdf

[59] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Marketing%20Plan.pdf

[60] https://www.pewresearch.org/fact-tank/2022/01/13/share-of-those-65-and-older-who-are-tech-users-has-grown-in-the-past-decade/

[61] https://acl.gov/sites/default/files/about-acl/2022-01/0062_Attachment%20A_NWD%20System%20Management%20Tool.pdf

[62] https://www.nowrongdoor.virginia.gov/downloads/NWD%20An%20Investors%20Perspective_glossy.pdf

[63] https://dakotaathome.org/

[64] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Marketing%20Plan.pdf

[65] https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/ADRC/Marketing%20Plan.pdf

[66] https://www.myplacect.org/

[67] https://disabilityhubmn.org/about-the-hub/; https://mn.gov/dhs/assets/2018-01-minnesotacare-program-helpline-and-disability-hub-reports_tcm1053-327232.pdf