

Strategies for Building Collaboration

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INTRODUCTION

Aging and Disability Resource Center (ADRC) grants are important systems change projects aimed at providing information on, streamlining access to, and assistance with long term supports and services and related benefits. Such comprehensive efforts require partnerships and working agreements among state agencies, local health and human services authorities and private partners such as service provider organizations. ADRC projects have had varying experiences with building new relationships and enhancing existing ones.

To build these critical connections, grantees must act as facilitators, brokers, and, at times, sales people to establish relationships critical to the development and sustainability of ADRC initiatives. This issue brief provides some basic ideas and strategies for identifying key partners, establishing communication with partners in the context of an internal public relations message, and offers resources for securing and maintaining collaborative working relationships. *Appendix A*, on page 12, provides a potential collaboration planning tool for ADRC project.

DEFINING KEY PARTNERS AND PROGRAMS

ADRC projects should first identify the array of possible public and private programs that are potential partners. One possible approach to identifying partners is to consider the key functions of an ADRC and cross-walking those ADRC functions with possible partners. *Table 1*, below, provides a high level crosswalk between basic ADRC functions, possible partners and possible roles partners could play in support of each ADRC function.

In your state, there may be more than one possible partner per function or, in the case of Medicaid, only one or two needed partners. As part of an ADRC plan for building collaborative relationships, grantee staff should complete a comprehensive environmental scan for all possible partners in order to maximize potential resources.

Secondly, it is important to prioritize partnering efforts that target critical partners first, such as Medicaid function agencies. We use this term because some Medicaid program functions are not directly administered by the Single State Medicaid Agency (SSMA). Already noted is the possible split between Medicaid eligibility operations and Medicaid eligibility policy.

Table 1. ADRC Function and Potential Partner Crosswalk

ADRC Function	Potential Partners	Partner Role with ADRC
<i>Information and Referral</i>		
Development of Call Center and related provider data base	211 Projects	Provide foundation for services to ADRC target populations and experience for ADRC system development
Development of self-service Web site	<i>Mental Retardation and Development Disability (MR/DD) Provider Websites (e.g., Arclink.org)</i> <i>Servicelink Systems</i>	<i>Provide foundation for services to ADRC target populations and experiences for ADRC system development</i>
Long Term Care Private Insurance Counseling and Planning	State Chapters of Societies for Human Resource Managers (www.shrm.org) State Insurance Department State Health Insurance Program	Targeted outreach to potential clientele; shared learning about LTC insurance options in the state
<i>Assistance</i>		
LTC and Benefits Counseling	Benefits Planning Assistance and Outreach entities ¹ AAA Counseling Programs	Provide training curriculum for ADRC counselors on state and federal benefits and lessons learned on service delivery
Short Term Case Management	AAA State MR/DD Agencies and their local service delivery sites State Independent Living Centers State Mental Health Agencies and their local service delivery sites	Provide foundation for ADRC service – staff training; staff licensure and training requirements; operating procedures for case managers; understanding of local resources
<i>Access</i>		
Streamlining Eligibility	Medicaid Agency Entity responsible for eligibility determination (see below)	Understanding of current eligibility rules and streamlining opportunities; understanding of current operational and administrative systems; partnering necessary for attempts at drawing federal match for changes
Automation of Eligibility (functional)		
Automation of Eligibility (financial)		
Service Capacity	Medicaid Agency Home and Community-Based Services (HCBS) Medicaid Waiver Operating Agencies (see below)	Understanding the capacity of the state's long term supports and services system is key. ADRC case managers and counselors should know: a) the state's HCBS Waiver waiting list process; b) limitations in State Plan Option Services (i.e., capped hours for Personal Assistance Services); and c) limitations related to provider base.

¹ Benefits Planning Assistance and Outreach (BPAO) entities are Social Security Administration funded projects that provide benefits counseling to workers with disabilities. Every state has at least one BPAO project. While small organizations, these projects and their technical assistance centers have a wealth of benefits counselor training materials already developed. For more information, see materials from the ADRC TAE Employment Supports Coordination teleconference call on May 6, 2004.

Medicaid Administration Overview

Medicaid is jointly administered by the federal and state governments. Each state is responsible for the operation of its Medicaid program within broad federal guidelines. Under federal Medicaid law, a state must designate a Single State Medicaid Agency (SSMA) to be responsible for the state Medicaid plan. The SSMA is not required to administer the entire Medicaid program; it may delegate administrative functions to other state or local agencies or private contractors. Most states elect to contract out at least some administrative functions. However, the SSMA remains ultimately responsible for all Medicaid programs.

A SSMA operates like any health insurance program in that it purchases a broad range of acute and long term care services on behalf of its beneficiaries. At the same time, the Medicaid agency has additional responsibilities that private insurers do not fulfill. For example, the Medicaid agency (or another state agency) must develop eligibility policies and determine eligibility for the Medicaid program. In the case of both benefits provision and eligibility determination, the state Medicaid agency's policies and procedures must comply with federal requirements and withstand federal audits. Medicaid agencies determine which functions to perform in-house and which to contract to external vendors.

Medicaid agencies are responsible for beneficiary outreach and enrollment, including determining eligibility for potential beneficiaries and conducting periodic eligibility re-determination. In many states, the Medicaid agency does not make eligibility determinations but rather oversees the function and makes policy. Typically, Medicaid eligibility determinations are made by the agency also responsible for social service benefits, such as State Supplementation Payments, Food Stamps and TANF. For example, in Virginia, Medicaid policy and oversight for the Medicaid program resides in the Department of Human Services Division for Medical Assistance Services (DMAS) while eligibility operations are conducted by a separate department, the Department of Social Services. A similar arrangement is also found in Indiana. When approaching agencies on eligibility issues, the Medicaid agency will have lead responsibility for policy but administrative issues (i.e., eligibility worker training and capacity, information systems, data, etc.), may be handled almost entirely by a separate agency under an agreement with the Medicaid agency. The following are other key functions performed by a state Medicaid agency or under contract/agreement with another party:

- Defining the scope of covered services, specifically which services will be provided for each eligibility group. This includes setting medical policy and requirements for prior authorization of certain services.
- Setting managed care organization (MCO) capitation rates and fee-for-service provider rates. In setting MCO capitation rates, the Medicaid agency must determine which services will be included in the capitation rate, and which will be "carved-out."
- Contracting with MCOs and providers, including evaluating MCO and provider qualifications.
- Payment of providers and MCOs, specifically processing claims.
- Monitoring service quality, specifically monitoring appropriate access to quality care. Like any health insurer, Medicaid agencies need to ensure that they are buying quality care for their beneficiaries.
- Ensuring program integrity, including programs like Service Utilization and Review to ensure proper payment. Indiana also has in place programs to recoup incorrect or fraudulent payments.
- Processing appeals, including receiving complaints from members and providers and resolving them in a timely manner.
- Collection and reporting of information, including collecting mandatory reports for the federal government and sharing program information with the Governor and the State Legislature.

Divisions in Medicaid operations important to ADRC projects include:

- Home and Community-Based Services (HCBS) Medicaid waivers are usually administered by "operating agencies" such as state mental retardation and developmental disabilities (MR/DD) agencies, state units on aging, and vocational rehabilitation agencies, under

memoranda of agreement with the Medicaid agency. It is rare for a Medicaid agency to directly administer an HCBS waiver. See *Section VI* of this report for a suggested resource in this area.

- While overseen by the Medicaid agency, Medicaid State Plan Option benefits, including Personal Assistance Services (PAS), may be administered by a disability agency or aging agency.
- A separate agency sometimes handles licensure and/or certification of Medicaid providers as well.

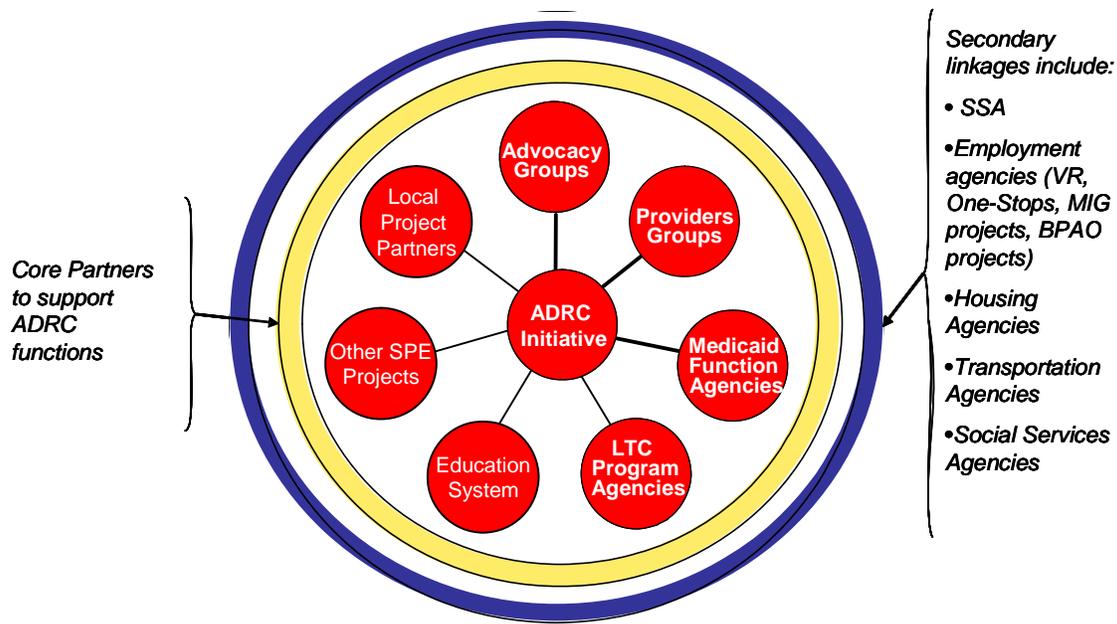
Other core partners for an ADRC include other single point of entry systems, long term care supports and services agencies such as MR/DD agencies, agencies providing services to persons with physical or sensory disabilities, provider organizations, school systems (i.e., reaching youth transitioning from high school with disabilities to aid in the transition to adult services), and advocacy organizations.

Lessons Learned

Before approaching potential partners, ADRC projects should understand their functions and analyze all potential partners and their possible role with the ADRC. The most obvious partner might be the best or the only potential collaborator.

In addition to integrating information and access to long term supports and services, ADRC projects must provide a broad scope of support on public benefits and counseling for private pay individuals. These could be considered secondary linkages – more heavily information and referral connections rather than having components of service or benefits integrated into the ADRC network. See *Exhibit A* for an illustrative example.

**Exhibit A
Possible Levels of Partnership**



Private partners, that also could be considered secondary linkages, include state chapters of the Society of Human Resource Managers (SHRM); these are the professional organizations of private organizations HR officers. The national SHRM already has developed a significant amount of materials and information on private long term care (LTC) insurance and LTC options for their membership. Partnering with this organization could offer an array of both outreach and learning opportunities.

ESTABLISHING COMMUNICATION

Developing liaisons and effective communication is the second step in building collaboration that will facilitate infrastructure development and support sustainability efforts. Based on the simple analysis above, ADRC project staff should consider two points when approaching other entities.

First, it is important to understand the target organization(s) and whether the organization and its mission overlap with the mission and goals of the ADRC. ADRC staff should gather the following information on potential partners before making contact:

- What is their mission and what are the current related goals? Do they have a strategic plan and/or a recent program report that ADRC staff could review?
- What is their current budget? Are there budgetary problems and, if so, how significant? Could participation in the ADRC project help?
- What is the operating capacity (i.e., staffing, information technology, physical capacity)?
- What is their organizational structure including: a) if government, are they part of the single state Medicaid agency?; b) what is the reporting structure and who would be the best point of contact for the ADRC?; c) are there local operation sites that function independently or is the entire organization centrally run?

Based on the questions above, it is important for ADRC staff to understand how collaboration could help the partner organization meet its goals and craft a message that articulates these opportunities. How that message is conveyed is often best framed as an internal public relations plan. If there are not clear overlaps, ADRC staff must make clear the ADRC potential positive outcomes for consumers and families and help the organization understand how its participation could further the ADRC goals. The mapping strategy above will help develop these ideas.

Secondly, if the organization is not typically involved with ADRC functions or does not typically serve individuals with disabilities at all, staff will first need to establish a floor of rudimentary LTC knowledge and the goals of ADRC. Once having identified how and why collaboration is valuable, a strategy for liaison should be identified. The central component to building collaborative relations is the ADRC message (i.e., ADRC outcomes for consumers and families) and how partnering will aid

Lessons Learned

Potential partners must easily understand why an investment of time and resources in collaboration with the ADRC project is valuable to them, their customers/clientele, and/or the greater community.

everyday people. Discussed below are some basic steps in the development of a public relations plan internal to the project.

Public Relations Strategy and a Four Step Process

“Public relations” is a catch-all phrase that can be used to describe many activities with different objectives. For ADRC programs, public relations can encompass outreach to potential consumers, outreach on ADRC-financed initiatives, or education of public officials on ADRC.

The value of ADRC programs and projects may need to be explained in detail to those not familiar with the concept or the issues or to justify their continuation when evaluated by key administrators who need to trim costs. Highlighting the roles that the ADRC projects can play in helping the state serve residents, for is critical to securing lasting partnerships.

Possible Talking Points for ADRC Merits

Rapidly growing numbers of persons of advanced age, lengthening waiting lists for Home and Community-Based Services (HCBS) Medicaid Waiver services for persons with disabilities, and mushrooming healthcare costs for LTC populations have created the most challenging operating environment the U.S. human service system has experienced to date. Mounting demand necessitates more effective strategies for coordinating information about and access to long term supports and services. For estimates of the number of people of all ages in your state with disabilities, visit the *HCBS Population Tool* at <http://lewingroup.liquidweb.com/cgi-bin/woodwork.pl>

As Reinhard et. al. state, Americans in need of long term care services and their families are faced with disconnected services, redundant and confusing forms, and a dearth of consolidated easy to understand information on LTC services and options. Faced with such daunting challenges, usually at a time of financial and/or personal crisis, consumers and their families may not find adequate or quality services, spend too much time and money on the wrong service or course of action, or find themselves in an institutional setting. ADRCs are part of the solution to LTC demand – they can aid everyday people to plan for their needs and access some support services readily when needed.

Defining the Problem

In essence, this is the step during which an organization evaluates its operating environment by asking, “What’s happening now that will impact our program?” This involves probing and monitoring knowledge, opinions, attitudes, and behaviors of those concerned with and affected by the policies of an organization.

For example, it is critical that ADRC projects understand the division of labor in the Medicaid program between the State Medicaid agency, any Medicaid licensure and certification entity or Medicaid eligibility determination entities which could be completely separate from the actual State Medicaid agency. It also will be important to understand which agencies are administering HCBS waivers and key operational processes such as application and enrollment and service provider databases. Important preliminary questions in this “fact finding step,” include:

- *What is the source of concern that makes partnering important?* A key area of work that makes partnering important for ADRC projects is Medicaid eligibility determination. Most LTC services are financed by Medicaid and understanding your state’s rules and operation

in this area is critical to ADRC. Other potential demands driving the need to partner include sustainability and revenue questions, state budget, new administration or both, departmental reorganization, etc.

- **Why are these concerns problematic for the ADRC?** When meeting with others, it is important to clearly and consistently articulate the challenge. An ADRC would need to clearly understand the facets of Medicaid eligibility administrative operations and policy (i.e., eligibility rules and oversight, application process, information systems, waiver eligibility, etc.) before approaching the Medicaid agency with requests.
- **When is it a problem or how long will the need last?** The duration of an issue or need could be short term for states with a robust fiscal environment and a flexible Medicaid eligibility administrative infrastructure. Conversely, it could be long term in states facing multi-year deficits where new administrative systems or any sort of enhanced Medicaid access initiatives are rejected by budget conscious senior officials.
- **Who is involved or affected?** This could involve several state agencies, individuals benefiting from ADRC activities, state staff – including state unions, providers of services as well as any private contractors associated with Medicaid eligibility.
- **How are they involved or affected?** ADRC projects should be prepared to provide ideas for partner participation in the initiative (i.e., burden) as well as what their role will be in decision making and guidance. They should have some stake in leadership/ownership in exchange for their participation.
- **Why is the development of an ADRC of concern to the target organizations and their stakeholders?** ADRC projects offer a more logical way of providing information about and access to LTC options in keeping with current trends in both disability policy (i.e., community integration and consumer direction) and income support policy.

Designing the Message

Now that ADRC staff responsible for the internal public relations plan has a clear understanding of the environment, he/she has answered the questions: 1) what is the central challenge or need that make collaboration important; and 2) why is this a need? Answers to these questions provide a solid foundation to secure partner participation.

The internal public relations message should be directly associated with the desired outcome from collaboration. For example, possible collaborative outcomes could be:

- To acquire placement of Medicaid eligibility workers in ADRC pilot sites;
- To facilitate the development of a fast-track Medicaid eligibility process; and
- To develop a training curriculum for ADRC counselors on Medicaid services and eligibility including accessing LTC services (i.e., HCBS Waiver waiting lists, service limits, etc.).

The message also can be targeted to exploit a situation or remedy one. For ADRC projects, the public relations message will likely be focused on creating a viewpoint or an event that will encourage collaboration or to take advantage of an opportunity that will advance linkages to other partners. Tell a story that makes it easier for consumers to understand a complex system

of support. You may consider involving a satisfied consumer or family member in delivering the message.

Taking Action and Communicating

This step answers the question “How do we implement the public relations plan and convey the message about collaboration?” This involves implementing the plan through both action and communication designed to achieve specific objectives related to the program goal (discussed above). This step requires:

- An action program for each target audience;
- A communication program for each audience including message development and strategies and media strategies; and
- Program implementation plans including assignment of responsibilities, schedules or events and activities.

In this step, you also will decide how to convey your message. One of the most effective ways to build awareness about the successes of ADRC projects and to generate backing for your goal is to divide your audience into groups and develop a “message” to which each group will respond. This will also help you explore options for message delivery.

For instance, for a state administrator responsible for Medicaid, the message might be that ADRCs aid people leveraging private resources before accessing public benefits and helping people to utilize less costly HCBS options before entering a nursing home or other facility. A

message about an ADRC project targeted to private partners might highlight the function and value of the LTC counseling services available to their employees. ADRC projects using social marketing tools might consider building an internal

component to their social marketing approach to aid in collaboration. For more information on social marketing, see materials for the ADRC Technical Assistance Exchange June 3, 2004, teleconference and related issue brief (<http://adrctae.org/tiki-page.php?pageName=ADRC+Service+Components#Outreach>).

A “message” is a concise and persuasive statement about your collaborative goal that captures what you want to achieve, why, and how. Since one of the underlying purposes of a message can be to create action, your message should also include the specific action you would like the audience to take. Successful messages often incorporate words, phrases, or ideas that have positive connotations, are action oriented and have particular significance to a particular audience.

However, content is only one part of a message. Other nonverbal factors such as who delivers the message, where a meeting takes place, or the timing of the message can be as, or more, important than the content alone. In addition, sometimes what *is not* said delivers a louder message than what *is* said.

Lessons Learned

Consistency in your message and related background and supporting information is essential. Potential partners must trust that the ADRC staff and that the argument is well conceived and organized.

Content/Ideas:

What ideas do you want to convey? What arguments will you use to persuade your audience? Develop a central message about your ADRC project that will resonate with state officials and private partners. Ensure clarity and consistency of all information and data about the ADRC program. This information should support your message. Finally, your message content should be crafted with an eye towards what action you want the audience to take once they have heard and assimilated the information.

Language:

What words will you choose to get your message across clearly and effectively? Are there words you should or should not use? It is important to avoid jargon that your target audience will not understand – especially when approaching potential private partners such as state SHRM chapters. Are the materials written in disability-friendly language (i.e., people first language)?

Source/Messenger:

Who will the audience respond to and find credible? Select one credible spokesperson who can speak with authority regarding the ADRC program. This person will need to be visible and accessible. The spokesperson needs access to top decision makers as well as access to policy and data staff to obtain information in a timely manner. The spokesperson needs to be conversant in your state’s laws and policies regarding LTC and Medicaid coverage for people living with disabilities and other LTC needs.

Lessons Learned

To build collaboration, some ADRC projects come to the conclusion that an in-depth facilitated retreat was needed to: a) establish a common understanding of ADRC and LTC in the state; b) come to agreement about the needs of consumers and families; and c) then, once common ground was established, discuss partnering. The ADRC TAE has assisted both with planning these events as well as facilitating such retreats.

Format:

Which way(s) will you deliver your message for maximum impact (e.g., formal briefing meeting, retreat, informal face-to face meeting, letter, fact sheet, brochure)? Do the people you will be communicating with have disabilities and are the materials disability accessible?

Time and Place:

When is the best time to deliver the message? Is there a place to deliver your message that will enhance its credibility or give it more impact? For state officials, important times to avoid might be State Legislative sessions, contract re-procurement periods, etc.

Step IV: Evaluating the Program

The final step of the public relations process is stepping back and asking yourself “How did we do?” This involves determining the results of the program as well as assessing the effectiveness of program preparation and implementation.

This section was adapted from The Jossey-Bass Guide to Strategic Communications for Nonprofits written by Kathy Bonk, Henry Riggs, and Emily Tynes. For more information, see <http://www.ccmc.org/contents.htm>.

RESOURCES FOR BUILDING COLLABORATIVE RELATIONSHIPS

There are an array of useful tools for developing collaboration and more formal partnering arrangements, such as Memorandums of Understanding (MOU). The University of Massachusetts Rehabilitation Research and Training Center (RRTC) on State Systems and Employment developed an issue brief entitled, *“Developing Interagency Agreements: Four Questions to Consider.”* This valuable tool offers framework for evaluating and identifying merits of collaboration as well as an “Interagency Agreement Planning Checklist.” This checklist is designed as a self-assessment tool, and can be used either as a planning tool during the development of an agreement or as part of a periodic review of the role and effectiveness of an interagency agreement. To download this document, go to <http://www.communityinclusion.org/publications/institute.html>.

NASDDDS produced a related report in 2000 entitled, *“Managing Medicaid Home and Community-Based Waiver Services, An Analysis of State Policymaking and Operational Responsibilities for Waiver Programs Serving People with Developmental Disabilities.”* Based

on a state-by-state survey of state MR/DD agencies conducted by NASDDDS, the report reviews existing, state-level organizational and administrative arrangements for governing the operation of HCBS waivers. While it focuses on MR/DD waivers, most of the operational issues and administrative arrangements discussed hold true for HCBS waivers serving other populations such as persons of advanced age and persons

with physical disabilities. This document might also provide insights for ADRC grantees into the relationship disability agencies have with Medicaid agencies. To learn more, go to http://www.nasdds.org/Publications/special_pubs.shtml.

The American Public Human Services Association (APHSA) developed an information and planning document for high level state health and human services association aimed at providing these officials a basic knowledge of sister agencies. This knowledge will, in turn, foster collaboration. Entitled “Opportunities for Collaboration Across Human Services Programs,” this report can be downloaded from <http://www.aphsa.org/EBOpaper.pdf>.

In terms of collaboratively engaging consumer organizations, the Home and Community-Based Resources Networked developed a guidance documents on building collaborative relationships with disability advocacy organizations. To learn more, go to

http://www.hcbs.org/moreInfo.php/topic/45/lim/ALL/doc/150/Stakeholder_Involvement_in_Home_and_Community-Base

Additionally, the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine develop a “partnership self-assessment tool” with funding from the W.K. Kellogg Foundation. The tool helps budding partnerships: a) understand how collaboration works and what it means to create a successful collaborative process; b) assess how well the collaborative process is working; and c) identify specific areas they can focus on to

Lessons Learned

It will likely be necessary that you pull from several resources to meet your collaboration planning needs. If you would like ADRC TAE support for planning or would like to talk directly with a peer state regarding their collaboration planning and partnering experiences, please contact the ADRC TAE staff for assistance with analyzing your needs and establishing a possible approach.

make the collaborative process work better. To learn more about the Center's philosophy, go to www.cashp.org to request a copy of "Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage" in the Millibank Quarterly, 79(2): 179-205, 2001. To view the tool, go to www.PartnershipTool.net.

Other recommended resources for developing collaborative strategies include:

- Mattessich, P. and B. Monsey (1992). Collaboration: What Makes It Work. Saint Paul, MN, Amherst H. Wilder Foundation.
- Winder, M. and K. Ray (1994). Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey. Saint Paul, MN, Amherst H. Wilder Foundation.

To learn more about these resources and the Wilder Foundation, go to www.wilder.org.

Finally The Community Tool Box, maintained by the Work Group on Health Promotion and Community Development at the University of Kansas in Lawrence, Kansas, offers materials to frame collaborative initiatives. The Tool Box contains "topic sections" providing guidance for the different tasks necessary to promote community health and development among various stakeholders. The Tool Box includes sections on leadership, strategic planning, community assessment, grant writing, and evaluation. Each section includes a description of the task, advantages of doing it, step-by-step guidelines, examples, checklists of points to review, and training materials. To learn more, go to http://ctb.ku.edu/tools/en/tools_toc.htm.

Appendix A

Possible Collaboration Planning Work Sheet

Appendix A Possible Collaboration Planning Worksheet

Step One. *Understanding ADRC functions, needs related to those functions and assessing potential partners.*

ADRC Function	Needs Related to Functions	Potential Partners	Partner Role with ADRC
Information and Referral			
Development of Call Center and related provider data base			
Development of self-service Web site			
Long Term Care Private Insurance Counseling and Planning			
Assistance			
LTC and Benefits Counseling			
Short Term Case Management			
Access			
Streamlining Eligibility			
Automation of Eligibility (functional)			
Automation of Eligibility (financial)			
Service Capacity			

Step Two. *Categorize potential partners as either core partners (i.e., essential to ADRC functions) or secondary partners (i.e., linkage needed but not needed for day-to-day ADRC operations). ADRC staff should consider all possible partners; the most obvious may not be the best partner or the only potential partner.*

Primary Partners	Why Primary?	Secondary Partners	Why Secondary?

Step Three. *Before approaching potential partners, gather as much information as possible about them. Gather information on each of the following questions. Develop ideas of the impact to the potential partners from ADRC collaboration – i.e., what value does collaboration offer the potential partner and how, in what form and when will the value be realized?*

Research Question	Findings	Collaboration Impact Statement
What is mission and what are the current related goals? Do they have a strategic plan and/or a recent program report that ADRC staff could review?		
What is their current budget? Are there budgetary problems and, if so, how significant? Could participation in the ADRC project help?		
What is the operating capacity (i.e., staffing, information technology, physical capacity)?		
What is their organizational structure including: a) if government, are they part of the single state Medicaid agency?; b) what is the reporting structure and who would be the best point of contact for the ADRC?; c) are there local operation sites that function independently or is the entire organization centrally run?		
Who are their key partners and contractors?		

Step Four. *Develop a statement framing the desired outcome for the ADRC from collaboration.*

Step Five. *Using the research and analysis from steps one through three and the outcome statement in step four, craft a positive message tailored to the targeted collaborator. Avoid jargon, keep the message simple, and present a clear desired action for the potential collaborator (i.e., participation in the ADRC planning board, partnering on eligibility, partnering on benefits counseling, sharing staff or staff training).*

1. Message Components:

a. ADRC offers our state

b. Your organization could

c. Your assistance/participation would provide:

i. You and your organization with

ii. Our State's long term care system with

iii. Consumers and their families with

2. Strategies for delivering the message:

a. Who is/are the ideal contacts with the potential partner? Should others be included for organizational or political reasons?

b. What information do they need to make a decision regarding collaboration (i.e., ADRC background, LTC background, and your clear message)?

c. What is the best way to convey the information (i.e., meeting, brief, retreat)?

d. Who is the best messenger – ADRC project director, ADRC advisory panel members, other partnering agencies, high level administrator over the ADRC project, outside consultants such as ADRC TAE staff, etc. and why?