

Marketing and Outreach
Tuesday October 5th, 1:00-2:30

Moderator:

Cheron Brylski, President, Brylski Company (LA Contractor for Social Marketing)

Rhode Island's Process for Soliciting Social Marketing Contractor and SOW

Kathy McKeon, Assistant Director, RI Department of Elderly Affairs

Maryland's Effort to Name the ADRC, Create a Logo & Obtain a Web Domain

Ginny Thomas, Director of Community and Intergovernmental Relations, and
Stephanie Lyon, Senior Research Analyst, University of Maryland, Baltimore Campus

Louisiana's Focus Group Results and the Role of Consumers

Mary Tonore, Director of the Home and Community Based Care Unit, Governor's Office
of Elderly Affairs

Experts in Audience

Sharyn Sutton, President, Sutton Group

Speaker Biographies

Cheron Brylski has 30 years experience in Louisiana's political and media markets. She has been called the best press secretary a campaign could have by the New Orleans Times Picayune and PBS' Informed Sources television show. She is the founder of the Louisiana Women's Network and the Louisiana Women's Health Access Project. A former reporter, she served as Press Secretary/Speechwriter to many federal, state and local officials in Louisiana, including the late Mayor Ernest N. Morial, City of New Orleans, U.S. Senator Mary Landrieu, U.S. Congressman William Jefferson, Governor Edwin Edwards and State Senator Paulette Irons. Ms. Brylski has a Masters Degree in Political Science from the University of New Orleans and a Bachelors in Political Science/Journalism from Loyola University of the South. She is the sole proprietor of the Brylski Company, founded in 1986, as a women-owned business specializing in public relations and marketing campaigns for government, non-profit and political clients in the State of Louisiana.

Kathleen M. McKeon is the Assistant Director for Rhode Island's Department of Elderly Affairs and has worked in the department for over twenty-nine years. In addition to working on the Aging and Disability Resource Grant project, Ms. McKeon is responsible for overseeing Home and Community Based services including the use of Medicaid waivers, the Rhode Island Partners in Caring Program funded through the National Family Caregiver Program, and the Alzheimer's Demonstration Grant. Ms. McKeon has been widely recognized for her dedication to vulnerable populations. She was the recipient of the 2004 Thomas A Lamb Home Care Award, the Rhode Island NASW Social Worker of the Year in Aging Award, and the 2000 Thomas Perry Jr., MD Distinguished Service Award from the Rhode Island Council of Community Mental Health Organizations. Ms. McKeon received her Bachelor's Degree in Sociology from the Catholic University of America and subsequently accomplished graduate level work in Sociology at Boston College.

Virginia M. Thomas, M.S.W., A.C.S.W., Director of Community and Intergovernmental Relations, has concentrated in social work, legislative, and health and human services planning areas. She has much experience in facilitating and conducting meetings, public hearings, and focus groups. Ms. Thomas served as project manager in the creation of the Howard County Mental Health Authority Strategic Plan, the Howard County Health Improvement Plan for 2010, the 2004 Carroll County Strength and Needs Assessment, the 2004 RealChoice respite grant for children with disabilities, and as project director for the Outreach Empowerment Campaign for Individual Long-Term Care Planning to name a few. Known for her community outreach and volunteer activities, Ms. Thomas has served in countless capacities throughout the community. She serves as vice president of the Maryland Gerontological Association and vice president of Vantage House, a CCRC. She is also a member of: the Advisory Board to UMB's Geriatrics and Gerontology Education and Research (GGEAR); the Community Advisory Board for Anne Arundel Community College Gerontology Program; Humanim Board of Directors (The Human Services Company) Secretary and chair of the Health Committee; Health and Human Services Howard County Study Advisory Committee; the Commission for the Future for Howard Community College; and UMUC's Gerontology Advisory Board.

Virginia Thomas served 8 years on the Howard County Council and 12 years as a State Legislator in the Maryland General Assembly. As a Legislator, Ms. Thomas was Vice-Chairman of Environmental Matters, where she chaired the health subcommittee. She also chaired the Joint Committee on Health Care Delivery and Financing. Throughout her career, Ms. Thomas has been recognized as a legislative leader with expertise in healthcare and human services. She has received many awards as an outstanding legislator from provider, consumer, and advocate groups. Ms. Thomas has a master's degree in psychiatric social work and an A.C.S.W.

Stephanie M. Lyon, Ph.D., Senior Research Analyst, has over 20 years of experience in research, policy analysis, and program administration in aging and long-term care. She has served as director of programs for the elderly in Howard County and Baltimore City. She has also served for over ten years with the Greater Maryland Chapter of the Alzheimer's Association as a volunteer board member, officer, and member and chair of the public policy committee. Dr. Lyon was project director involved in all phases of research for a multi-year study of small group homes and their elderly residents, and co-authored *Small Board-and-Care Homes: Residential Care in Transition* as well as several peer-reviewed articles.

In her capacity as senior research analyst at the Center, Dr. Lyon has been responsible for the development of several policy reports, including *Findings and Recommendations for Long-Term Managed Care in Maryland* and the *Report of the Long-Term Managed Care Technical Advisory Committee*. She was principle writer on the proposal for a planning grant for the Nursing Home Discharge Project funded by CMS and assisted in the development of a proposal to plan a Second Generation Social Health Maintenance Organization (also funded by CMS), as well as assisted with preparation of the final report on that project. Dr. Lyon chaired a work group to develop a proposal for Integrated Care Systems in Maryland and wrote the proposal and a draft RFP for the project. She has assisted in the design and implementation of surveys conducted by the Center and is involved in projects that track and report nursing home and home and community-based service utilization. Stephanie Lyon received her Ph.D. in policy sciences, aging and long-term care policy from the University of Maryland, Baltimore County.

Mary Tonore, MS, RD, FADA, serves as Director of the Home and Community Based Care Unit at the Louisiana Governor's Office of Elderly Affairs. She earned her MS degree in Nutrition from Louisiana State University in Baton Rouge. Her professional focus is the administration and development of community-based long term care programs. She is currently working on several projects to increase consumer control in Louisiana's aging programs. She is the Project Director for the Aging and Disability Resource Center grant.

Dr. Sharyn M. Sutton is a recognized leader in the field of social change. She has over 25 years of experience in the corporate, government, academic and non-profit sectors. Through this unique experience, she has tailored corporate strategic planning and communication techniques to assist in promoting the implementation and spread of healthcare quality improvement initiatives.

Dr. Sutton is currently leading marketing and communication campaigns for the Center to Advance Palliative Care, which is dedicated to improving the quality of care for people with

life-threatening illnesses, and *Hablamos Juntos*, whose mission is to improve patient-provider communication in the Latino Community. She sat on the Institute of Medicine Committee on Communication for Behavior Change in the 21st Century: Improving the Health of Diverse Populations. She recently developed strategic plans and communication interventions for improving quality in the areas of mammography, substance abuse treatment, and chronic disease care delivery. She also assisted the State Health Insurance Programs to develop a complementary logo to unify their national presence.

Dr. Sutton established Sutton Group in 1996 to provide strategic planning and marketing research services to non-profits, consumer advocacy groups, government agencies and foundations. Sutton Group's client roster includes organizations such as AARP, the Center for Medicare and Medicaid Services, the Health Research and Education Trust, and the Robert Wood Johnson Foundation.

Prior to starting Sutton Group, Dr. Sutton served as a Branch Chief at NIH directing the National Cancer Institute's Public and Patient Information Programs. Dr. Sutton is credited with initiating NCI's campaigns on mammography, 5-A-Day and early detection efforts targeting Blacks, Hispanics and Native Americans. She also held the positions of Director of Nutrition Marketing for the US Department of Agriculture, and Executive Vice President, Research & Strategic Planning for Porter/Novelli. Dr. Sutton received a PhD in Psychology from the University of Maryland. She lives in Washington, D.C. with her husband and three children.

Marketing and Outreach

**ADRC National Conference
October 2004
Arlington, VA**

Request for Proposals

- What does your state require?
- Who has done this recently?
- What do you need to buy?

(now, what did we say we were going to do?)

Staying On Top of It

- When is the RFP released?
- What is the formal process for questions?
- Is a bidder's conference required?
- What is the closing date for submission?
- How is the selection submitted?
- What is the final approval process?
- When can you get started?

The Review Team

- Go back to the beginning
 - Round up the partners
 - Identify priorities
 - Share experiences

The Review Team

(continued)

- How will you decide?
 - Quality of work plan
 - Organization and staffing
 - Relevant Experience/Background, Capability & Qualifications of Bidder
 - Suitability of Cost Proposal

Lessons Learned

- ✓ Know what you want
- ✓ Be comfortable with what you're getting
- ✓ Learn from what you didn't buy
- ✓ Pray!!!

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Request for Proposals
Marketing Services

BID / PROPOSAL

DATE: October 4, 2004

PUBLIC BID / RFP

TITLE:

**Marketing Services for the One-Stop Aging & Disability Resource
Center**

OPENING DATE AND TIME:

PRE-BID/ PROPOSAL CONFERENCE:

DATE: TIME:

Questions concerning this solicitation may also be faxed to the Division of Purchases at (401) 222-6387 no later than. Please reference the RFP / LOI number on all correspondence. Answers to questions received, if any, will be posted, as an addendum to this solicitation, at www.purchasing.state.ri.us. For computer technical assistance, call the Helpline at (401) 222-2142, ext 134.

MANDATORY : NO

**LOCATION: Office of Purchases (Bid Room)
One Capitol Hill - 2nd Floor
Providence, RI 02908**

SURETY REQUIRED: NO

BOND REQUIRED: NO

Vendors must register on-line at our website at www.purchasing.state.ri.us before being able to download a Bidder Certification Cover Sheet which must accompany each bid.

**Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems**

Request for Proposals Marketing Services

SECTION I – INTRODUCTION

The Department of Administration / Division of Purchases, on behalf of the Department of Elderly Affairs, is seeking proposals from full service marketing/advertising/public relations firms with the capability to provide the services described in “Scope of Work”, in accordance with the terms of this request and the State’s General Conditions of Purchase which is available on the Internet at www.purchasing.state.ri.us. The partnership anticipates a two-phase approach to its marketing efforts. The first phase is described in “Scope of Work”. The second phase will be to implement the strategies and will include the design and production of marketing products. Phase two will be awarded upon successful completion of phase one, as determined by the State.

This is a request for proposals, not an Invitation for Bid; responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Office of Purchases pursuant to the Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

- Potential offerors are advised to review all sections of this Request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
- Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.
- All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.
- Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
- All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
- Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered. **For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Office of Purchases.**
- It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror’s proposal, and the subcontractor(s) proposed to be used are identified in the proposal.
- In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state *until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State* (401 222-3040).
- Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Proposals will be considered to be public records, as defined in Title 38

Request for Proposals Marketing Services

Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

Section 2 – Background and Purpose

Introduction to the: “Aging and Disability Resource Center (ADRC)” One-Stop Resource Center

The Rhode Island Department of Elderly Affairs has received a Federal grant to develop an Aging and Disability Resource Center, referred to as the One-Stop Resource Center. This Center will provide all citizens (public-pay and private-pay) a single entry point into the long-term support system. The ADRC will serve a variety of individuals. The primary target population will be individuals, both adults with disabilities and seniors, who need long-term supports. The secondary audience will be their family caregivers and providers, as well as individuals planning for future long-term support needs. Programs that provide information, referral, and assistance for the elderly and for adults with disabilities will be co-located into this facility. The entire focus of this project is to provide accurate and complete information in a professional and timely manner.

Rhode Island has long recognized the necessity for system changes that address the health and long-term care service needs of elders and adults with disabilities. In 1998 Rhode Island’s Governor and the General Assembly asked the Departments of Human Services, Elderly Affairs, Health and Mental Health, Retardation and Hospitals to join together with various stakeholders to develop strategies to improve the long-term care system’s efficiency and effectiveness. The current delivery system was assessed in terms of strengths and weaknesses by a group comprised of eighty (80) care consumers, family members and caregivers, state agency representatives, advocates, and nursing home providers. The outcome of this process was the articulation of a “shared vision” that now serves as the foundation upon which Rhode Island policy makers continue to invest in the reform of the long-term care system. Customer choice, high quality service, programs that promote independence and service coordination represent the main values behind the “shared vision” and provide the primary benchmark for the state’s reform efforts.

Much has been accomplished since 1998 to realize this “shared vision”:

- Stakeholders have collaborated to improve the information, referral and assistance network.
- Certification standards have been established for both information & referral and Rhode Island’s case management system.
- Partnerships between state agencies and community service providers has enhanced the coordination of much needed support and respite services for families and caregivers of elders and adults with disabilities.

These accomplishments and many others have established a solid foundation for the future and the creation of a one-stop service delivery system. The ADRC will be the organizing vehicle for transforming a sometimes fragmented array of programs, services and information into an integrated service delivery system for the elderly, adults with disabilities and their caregivers.

To implement this system, the following have been set in place: a project manager, interdepartmental workgroups and advisory committees that are addressing, statewide and local planning, marketing, performance measurement, capacity building (i.e. staff development), facilities/infrastructure, automation, programs/resources and financial management.

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Problem Statement

- *Target Population is rapidly increasing:* There are approximately 190,000 people who are sixty (60) years of age or older in Rhode Island (18% of the population). The state ranks sixth in the nation in the percent of persons over the age of 65, with persons age 75 and older being the fastest growing segment of our state's population. Like the aging population, Rhode Island's community of adults with disabilities is large and growing. Rhode Island has the highest rate of disability of any state in New England. There are approximately 116,305 adult Rhode Islander's with disabilities, and approximately 40% of people 65 and older live with a disability. It is clear that the elderly and adults with disabilities and their caregivers represent a significant portion of Rhode Island's population.
- *Services are difficult to obtain.* In Rhode Island, access to long term care has been and remains program based, with each program conducting targeted outreach to potentially eligible recipients. Programs offer a specific menu of services, and the Customer often needs a basic understanding of the system and his/her needs to know who and where to call. Too often, the quality and integrity of the assistance provided is based on who answers the phone. While there are many agencies to choose from, customers are left with an overwhelming feeling of not knowing who and where to turn.
- *The work of agencies is not integrated.* Funding for service coordination is restricted to people who meet certain eligibility characteristics, and even those that meet these characteristics may not realize what is available or that they qualify. Customers often call regarding a specific issue such as home health care, transportation or prescription assistance not knowing that the service is imbedded in a continuum of services that they may need. Many times these services are provided by different agencies, tracked separately and each is unaware of what the other is doing. Each tends to operate within its own silo, focused on its own mission, rather than on interconnections with each other. The result can be either duplication or service gaps. Through goodwill and informal cooperation, staff has attempted to mitigate this problem over the years with limited success.
- *Programs have been agency driven, rather than Customer focused:* The historic approach has been to look at issues in terms of the procedural and eligibility requirements of the program rather than "informed client choice". Systems have not been in place to measure Customer satisfaction and to provide quick responses to changing Customer demands. Some Customers might prefer to learn how to access and advocate for their own needs in a Customer directed model, while others may prefer a professional case manager. Moving from "consumer" to "customer" may shift the focus from a system that is agency and program driven to a customer driven system.
- *Image Problems:* Rhode Island proudly boasts an elaborate system of service providers including state agencies, local senior centers, community service providers and rehabilitation programs. Thousands of people need and seek services and information every year. While the system is rich in the number and variety of providers, the resources are limited and the delivery is fragmented. Customers seeking information, whether recipient or caregiver, are often in a state of stress and confusion and may find the information provided and the system overwhelming. The image of the entire system suffers any time there is a gap in service, duplication of effort, delay in service or conflict in the information provided by multiple agencies.
- *Communication:* There are many state and local agencies involved in this project, therefore, communication amongst all partners is challenging. Furthermore, a bigger challenge is effectively communicating the goals and impact of this project to the front line staff of partner agencies.

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To be successful, the new one-stop center, ADRC, must solve these problems. Its public image and relationship with customers must be dramatically improved. The Center and system must come to be viewed as Customer-friendly and concerned about the satisfaction of their Customers. Moving the system from “where we are now” to “what we envision” is an enormous undertaking and requires substantial thought and collaboration among the agencies participating in this endeavor.

Core Principles

The ADRC will be designed with guidance and in-put from both those who provide and receive the services and programs. Stakeholders have already played a critical role in framing Rhode Island’s One-Stop project through the “shared vision” initiative and the utilization of pre-grant focus groups.

- The ADRC Advisory Committee, with broad stakeholder representation, will continue to advise and inform project implementation, and this group will evolve into the permanent vehicle for stakeholder involvement.
- An ADRC Workgroup will oversee the details of the project and meet regularly with the Advisory Committee.
- A Long Term Care Cabinet has been established and will serve at the state policy level with ultimate responsibility for the funding, operations and coordination of long term care services in Rhode Island.

Continued in-put from these key stakeholders will add to the sustainability and continuous improvement of the ADRC. There are four core principles that are fundamental to all one-stop resource centers.

Universality: Targeted population groups will have access to a wide array of information and resources relating to long term care and supportive programs and services. One-stop centers, offering a range of services based on individual need, will serve elders, adults with disabilities, caregivers and information seekers in general.

Customer Choice: Information on programs and services will be available in a variety of formats and media. Staff will be available to guide customers as much or as little as needed. Customers will have a choice to advocate for themselves or work with a case manager.

Integration: Services and programs now administered by a variety of state and community based agencies will be accessible through the ADRC. Referral may be made back to a local agency if that is most accessible and appropriate for the customer.

Accountability: The ADRC will be judged by clearly measurable outcomes and customer satisfaction indicators.

System Design Framework

The ADRC will be attractive, welcoming, customer-friendly and professional in appearance with access to public transit, adequate parking and an inviting atmosphere designed for accessibility to all clientele. People need to feel like Customers, and find staff eager to help them. Greeters will set the tone for outstanding customer service and guide Customers to appropriate next steps to ensure they get what they need. We see Customers able to use a blend of self-service tools and staff assistance, in whatever combination they desire. The Center will contain a lending resource library/cafe, with information about long term care and supportive programs and services available in a variety of media, including computer software, internet access, publications, books, and

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videos. A web-based resource directory and benefits screener funded through the Real Choice grant will be a valuable tool for customers. Assistive technology will be readily available for customers with disabilities. Case Managers will be available for those customers requiring more intensive service and attention. The ADRC will be the place people WANT to go to access information, programs and services regarding long term care and supportive services.

Section 3 – Scope of Work

The ADRC is seeking the services of a marketing and communications firm or independent consultant to perform the following tasks:

Phase One

Work with the ADRC Workgroup to develop a coordinated and comprehensive statewide marketing and public relations plan for educating the public, targeted populations, and internal stakeholders about the Aging and Disability Resource Center. Phase one will include branding the ADRC with a suitable name, logo and tag line. The selected vendor will utilize the ADRC Advisory Committee as a resource/focus group during this creative process. This plan must include periodic evaluation of the strategies by the ADRC Workgroup. The ADRC Workgroup will work in coordination with the selected vendor throughout Phase I and II to ensure the campaign meets the intention and vision of the grant. The ADRC Workgroup anticipates the marketing plan will include, but not be limited to the following:

- Branding and imaging
- Advertisements (print and broadcast)
- Direct mail
- Collateral
- Ongoing public relations campaign and message strategies
- Audience research
- Public outreach activities
- Coordination of grand opening activities

Collateral must be designed/developed in such a way that it can be easily reproduced/reprinted in a cost effective manner by the client.

Phase Two

Implementation and evaluation of approved marketing plan over a three year period. Recognizing that the marketing plan needs to be responsive to the evolving environment relating to long term care, the ADRC Workgroup reserves the rights to adjust and fine tune the marketing plan over the course of implementation.

Budget and Timeline

The budget for Phase One is not to exceed \$10,000, including agency fees. Phase One of the contract will begin on, or about July 15, 2004 and must be completed by September 30, 2004. Phase Two will begin immediately thereafter and will continue over a 24 month period. The total budget for Phase Two is not to exceed \$90,000. This budget is subject to funding availability.

SECTION 4 –PRE-PROPOSAL QUESTIONS & PROPOSAL SUBMISSION

Pre-bid questions may be faxed to the Division of Purchases, at (401) 222-6387, until _____
Please *reference RFP # on all correspondence*. Answers to questions received, if any, will be posted on the Internet (www.purchasing.state.ri.us) as an addendum to the RFP. It is the responsibility of all interested

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parties to download this information. If technical assistance is needed, call the Purchases Helpline at (401) 222-2142, ext. 134.

Interested offerors may submit proposals to provide the services covered by this Request on or before _____ Proposals received after this time and date will not be considered. Faxed proposals will not be considered.

Proposals (an original plus eight copies of the technical response AND an original plus eight copies of the Cost Response) should be mailed or hand-delivered in a sealed envelope marked "RFP: Marketing Services for the One-Stop Aging & Disability Resource Center":

**DEPARTMENT OF ADMINISTRATION
DIVISION OF PURCHASES (2nd floor)
ONE CAPITOL HILL
PROVIDENCE, RI 02908
ATTENTION: MR. JEROME D. MOYNIHAN
ADMINISTRATOR, PURCHASING SYSTEMS**

Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and will not be considered.

Proposals must include the following:

- 1) A three-page R.I.V.I.P. generated bidder certification cover form (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.state.ri.us>)
 - 2) A sealed, separate, Cost Proposal reflecting the hourly rate, or other fee structure, proposed for this scope of services, including completion of the Cost Proposal Summary form, enclosed; and
- A Technical Proposal, citing vendor qualifications, experience, etc., as described herein.
 - A W-9 Request for Taxpayer Identification Number Certification (downloadable from the Purchases website at www.purchasing.state.ri.us)

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Proposals must also include the following:

Executive Summary

The Executive Summary is intended to highlight the contents of the proposal and to provide State evaluators with a broad understanding of the offeror's marketing approach and ability.

Offeror's Organization and Staffing (10 points)

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification).

Workplan/Approach Proposed (30 points)

This section shall describe a clear definition of the steps to be taken in the design and delivery of the marketing services to be provided in both Phase I and Phase II of this project. For example, clearly describe the utilization of focus groups, workgroups and advisory committees in developing marketing strategies. Identification of the best strategies, methods and media to outreach to targeted populations, internal/external stakeholders and the general public.

Previous Experience and Background (40 points)

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects.
- Knowledge of Rhode Island's long term care system, programs and resources for the elderly, people with disabilities and caregivers.
- Previous experience marketing systems change projects i.e., projects of this nature involving government agencies changing their method of service delivery. Include the demonstrated ability in previous projects to be creative and think "outside of the box" in creating and delivering a campaign that sends a strong message of systems change as outlined in the introduction of this RFP.
- Experience working with advocacy and advisory groups as well as non profit and community based organizations in the development and implementation of a marketing plan.

Suitability of Cost Proposal (20 points)

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A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and

The offeror's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Administration, and or a subcontracting plan which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, contact Charles Newton, MBE Administrator, at (401) 222-6253.

This proposal must be typed, in English, and should not exceed 25 pages (not including appendices).

SECTION 5 - EVALUATION AND SELECTION

The State will commission a Technical Review Sub-Committee, which will evaluate and score all proposals, using the following criteria.

Proposals will be rated according to the following criteria:

• Quality of Work plan	30 points
• Organization & staffing	10 points
• Relevant Experience/Background, Capability & Qualifications of Bidder	40 points
• Suitability of Cost Proposal	20 points
TOTAL	100 points

Proposals must breakout the cost for Phase I and Phase II of the project.

Notwithstanding the foregoing, the State reserves the right not to award this contract, or to award this contract on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, which will recommend

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three finalists to the Director of the Department of Administration, who will make the final selection for this requirement.

Questions for RFP # B03990: Marketing Plan - Aging & Disability Resource Center

1) Does the \$90,000 marketing plan implementation budget include the media, printing, and other costs associated with the marketing plan, or does this dollar amount only represent agency creative fees?

The \$90,000 Phase Two does include media, printing and other costs associated with the implementation of the plan developed in Phase One.

2) Is any speculative creative work requested? Will such work be considered?

No..

3) Is the implementation period (Phase Two) to take place over 3 years or 18 months?

Phase Two is an 18 month period.

4) Are any existing materials available for review?

The original grant application submitted for the project is available for review.

5) When is the Center scheduled to open?

The center is scheduled to open at the end of calendar year 2005.

6) Will center staff speak Spanish and Portuguese?

Some center staff will be bilingual in Spanish. Additional bilingual staff is possible.

7) Will the hotline and web resource be available when the center opens?

Yes

8) On page 6, Phase Two refers to a three-year period for the marketing plan? Below, under the Budget and Timeline heading, the RFP explains that Phase One will take place between August and October 30, 2004 and that Phase Two will continue for 18 months. Will the project be completed at this point or will the contractor be expected to provide services after the first 21 months until the three year time period has been completed?

The reference to "three years" is an error. The correct time period for Phase Two is 18 months.

9) Should the business background description and MBE subcontracting plan be placed in the cost proposal?

Business background yes. If you have the MBE plan complete, then it should also be included.

Otherwise, the MBE plan can be addressed later, if you are the selected vendor.

10) The RFP states that Phase One consists of the development of the marketing and PR plan, including branding, advertising, direct mail, collateral, etc. Is the \$10K budget intended to cover only the authoring of a comprehensive written plan that outlines strategic and tactical recommendations inclusive of the above mentioned tactics? Or are research, creative concepting and design of branding, print/broadcast advertising, direct mail and collateral materials expected to be completed within Phase One under the same \$10K budget? If the latter is the case, can money be moved from one phase budget to the other if necessary to accommodate conceptual development and design?

Phase One covers the costs of development of the plan - including but not limited to the eight components listed on page 6 of the RFP. Costs of implementing the plan, such as direct mailing, will be included in Phase two.

11) Does the Phase Two budget include printing of materials?

Yes

12) Does the Phase Two budget include media costs?

Yes

13) On page 6, the "Phase Two" section of the RFP states that Phase Two will last three years. Yet the "Budget and Timeline" section on the same page indicates an 18 month timeframe for the Phase Two. Which of these reflects the amount of time the agency will be engaged? And is it the same amount of time in which to allocate the \$90K budget?

The reference to "three years" is an error. The correct time period for Phase Two is 18 months. The funding allocated to Phase Two is \$90, 000.

14) Does the actual Grand Opening ceremony fall under a separate budget?

Phase One includes development of a plan for the Grand Opening activities. The cost of implementing the plan (refreshments, etc.) is not included in the RFP.

END

ADRC Marketing Score Sheet

Applicant name:

1. Quality of Work Plan 30 points

2. Organization & Staffing 10 points

Applicant Name:

**3. Relevant Experience/Background,
Capability & Qualifications of Bidder** **40 points**

4. Suitability of Cost Proposal **20 points**

Applicant Name:

Recommendation

Rank order of proposals 1

- 1.
- 2.
- 3.
- 4.

**Were any proposals eliminated because they did not meet the criteria of the RFP?
Explain:**

Summary of recommendations

MEMORANDUM

To: Jerome Moynihan, Administrator, Purchase Systems
Division of Purchases
Department of Administration

From: Kathleen McKeon, Assistant Director
Department of Elderly Affairs
Chair, Technical Review Committee

Date: September 25, 2004

Subject: Evaluation of Proposals Submitted in Response to RFP # B03990
Marketing Plan -Aging & Disability Resource Center

Overview

Proposals for RFP #B03990. Marketing Plan - Aging & Disability Resource Center, were solicited by the Division of Purchases on behalf of the Department of Elderly Affairs on July 22, 2004. No pre-bid conference was held. Vendors were invited to submit questions regarding the Request for Proposal to the Division of Purchases. Fourteen questions were submitted. Proposals were opened July 12, 2004 at 12:00 Noon at the Division of Purchases. Proposals were received from four vendors:

- Company # 1
- Company # 2
- Company # 3
- Company # 4

A Technical Review Committee formed to evaluate the proposals. The committee was comprised of the following members:

- Kathleen Mckeon, Assistant Director. Department of Elderly Affairs; Chair
- Joan D'Agostino, Chief; Program Development, Department of Elderly Affairs
- Kathleen Partington, Chief, Employment & Training Programs, Department of Labor & Training
- Michelle Mickey, Program Analyst, State Healthcare Solutions. Department of Human Services
- Lisa D'Agostino, Assistant Director, Policy & Planning, Department of Labor & Training

Copies of the technical proposals as well as the DEA Request for Proposal were distributed to Technical Review Committee members. Proposals were evaluated in two phases: the technical copies were reviewed on August 17, 2004 and the cost proposals were distributed to Committee members and reviewed on September 17, 2004.

On August 17, 2004, Technical Review Committee members met to discuss and score the technical proposals on the following criteria evaluation:

- Quality of Work Plan
- Quality of Organization and Staffing
- Relevant Experience/Background, Capability and Qualifications of Bidder

Phase One: Technical Review

After the review and evaluations/scoring of established criteria, the Technical Review Committee recommends that the contract be awarded to Company #3.

Project Background

The Department of Elderly Affairs received a Federal Grant to develop an Aging and Disability Resource Center ADRC. This Center will provide all citizens (public-pay and private pay) a single entry point to the long-term support system. The ADRC will serve a variety of individuals. The primary target population will be individuals, both adults with disabilities and seniors, who need long-term supports. The secondary audience will be their family caregivers and providers, as well as individuals planning for future long-term support needs. Programs that provide information, referral, and assistance for the elderly and for adults with disabilities will be co-located into this facility. The entire focus of this project is to provide accurate and complete information in a professional and timely manner.

To be successful, the new ADRC must address an array of problems. The Center and system must come to be viewed as Customer-friendly and concerned about the satisfaction of their Customers. Moving the system from "where we are now" to "what we envision" is an enormous undertaking and requires substantial thought and collaboration among agencies participating in this endeavor. The Resource Center will require system change across the human service delivery system to provide an integrated infrastructure that will better organize, streamline and support enhanced access to long term care services for elders, caregivers and adults with disabilities.

The purpose of the Request for Proposal is to solicit a vendor to provide marketing and public relations plans for educating the public, targeted populations, and internal stakeholders about the Aging and Disability Resource Center.

Proposal Requirements

The RFP required that the technical proposal contain the following information:

- A completed and signed three-page R.I. V.L.P. generated bidder certification cover form
- A cost proposal which includes task descriptions with estimated hours and hourly rates/ including any other fee structure/description deemed appropriate
- A W-9 Request for Taxpayer Identification Number Certification
- A Technical Proposal containing the following:

Executive Summary

The Executive Summary is intended to highlight the contents of the proposal and to provide State evaluators with a broad understanding of the offertory's marketing approach and ability.

Offertory's marketing approach and ability.

This section shall include identification of all staff/and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification).

Work plan /Approach

This section shall describe a clear definition of the steps to be taken in the design and delivery of the marketing services to be provided in both Phase I and Phase II of this project. For example, clearly describe the utilization of focus groups, workgroups, and advisory committees in developing marketing strategies. Identification of the best strategies, methods and media to outreach to targeted populations, internal/external stakeholders and the general public.

Previous Experience and Background

This section shall include the following information:

- A comprehensive listing of similar projects undertaken and /or similar clients served, including a brief description of the projects.
- Knowledge of Rhode Island's long term care system, programs and resources for the elderly, people with disabilities and caregivers.
- Previous experience marketing systems change projects i.e., projects of this nature involving government agencies changing their method of service delivery - including the demonstrated ability in previous projects to be creative and think "outside of the box" in creating and delivering a campaign that sends a strong message of systems change as outlined in the introduction of the RFP.
- Experience working with advocacy and advisory groups as well as non profit and community based organizations in the development and implementation of a marketing plan.

Suitability of Cost Proposal

- A description of the business background of the offeror (and all subcontractors proposed), including a description of their financial position, and
- The offertory's status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Administration, and or a subcontracting plan which addresses the State's goal of ten per cent (10%) participation by MBE's in all State procurements.

Discussion of the Technical Review

- Quality of Work Plan (30 points)

All three proposals included a work plan/approach to the design and delivery of the marketing services including a varied utilization of focus groups, workgroups and advisory committees in developing marketing strategies. They described their best strategies, methods and media outreach to targeted populations, internal/external stakeholders and the general public and were considered responsive to the Request for Proposal. The Technical Review Committee rated Company # 3 the highest due to the following quality of work plan/marketing approaches identified in their proposal:

1. Developing draft marketing plans for three proposed audiences: seniors (over the age of 65), people with disabilities, and caregivers/providers for seniors/people with disabilities;

2. Testing proposed branding options and marketing approach with the ADRC workgroup and other key stakeholders and utilizing an on-line survey for key partners;
3. Creation of campaign pieces geared specifically toward seniors, emphasizing the continuum of long term support services for elder Rhode Islanders, their caregivers and disabled adults by promoting the Resource Center as an easy and friendly entree into the long term system;
4. Launching a solid marketing plan that includes the maximization of limited resources by identifying existing mechanisms that can be used for message dissemination to various targeted audiences;
5. Designing and producing general materials/materials tailored for various targeted audiences that are accessible and eye-catching that will emphasize the benefits of using the ARDC and additionally post translations of these materials on the Web;
6. Overseeing the implementation of the campaign, including printing and mailing to each audience, developing an earned media strategy that includes a number of different ways to generate coverage;
7. Coordinating the "Grand Opening" to include: writing and distributing press releases, inviting key stakeholders and prominent elected officials, providing suggestions for effective speakers that would help generate media coverage and timing the event to maximize coverage;
8. Drafting and distributing an evaluation survey, collecting and analyzing survey results and presenting a report summarizing the evaluation findings.

Although Company # 2 was not as detailed as Company # 3. the Technical Review Committee rated their proposal second for the following quality of work plan/marketing approaches identified in their proposal:

1. Establishing a marketing task force made up of ADRC workgroup members, partners and a team from Company # 2 to identify project goals and tasks, review data, develop solutions and action plans;
2. Evaluating the ADRC service concept by reviewing current organization and services, its concept and service offerings, marketing and Public Relations assessment and profiling of key target audiences:
3. Developing name, tagline and logo concepts for marketing team and ADRC workgroup approval;
4. Meeting and negotiating with appropriate vendors for printed materials and media outlets for the marketing campaign;
5. Periodically evaluate marketing campaign to ensure goals and objections.

The Technical Review Committee rated Company # 4 third due to the following:

1. Audience research is limited to two focus groups with key stakeholders;
2. The submitted timeline is reasonable and the marketing approach contains some good ideas but the implementation of these ideas is vague;
3. Identifying the direct mail and collateral development lacks detail;
4. Campaign monitoring and measurability techniques are not detailed in the RFP. •

- **Organization & Staffing (10 points)**
All proposals included project lead resumes containing previous work experience, educational and certification attainments as well as descriptions of team member's specializations and responsibilities and were considered responsive to the Request for Proposals. The Technical Review Committee rated Company # 3 the highest due to the Senior Advisor's national long-term care credentials and experience overseeing a number of national health and human service marketing projects. In addition to having a bi-lingual staff, their proposal presented the most detailed organization and staffing work plan including the number of hours each team member would lend to the project. The Review Committee ranked Company #2 second due to the detailed identification of the work team and their responsibilities. The third ranking proposal from Company # 4 did not address the allocation of staff time and left a question about dedication of one on one staff.
- **Relevant Experience/Background, Capability & Qualifications of Bidder (40 points)**
The three proposals included listings of similar projects undertaken and/or similar clients served. They included their experience and knowledge of Rhode Island's long term care system, program and resources for the elderly, people with disabilities and caregivers. Listings of their marketing projects including experience with government agencies were provided and considered consistent and responsive to the Request for Proposal. The Technical Review Committee rated Company # 3 and Company # 2 the highest in this category. Both proposals demonstrated ability in previous projects to create and deliver a campaign of systems change as outlined in the introduction of the RFP. The Company # 3 Project Manager has served as a lead consultant on many health and human services outreach projects, including four campaigns for the Rhode Island Department of Health. The entire team has experience in health and human services research, consultation, strategic planning and health policy analysis and research. Company # 2 has some national and Rhode Island experience working with organizations that serve the elderly, disabled and disadvantaged populations. Company # 4 has some experience working with Rhode Island agencies but lacks national and systems change experience.

Recommendation

Based upon scoring of the technical proposals submitted, Company # 3 scored the highest total points. After review of the technical proposals submitted, the Technical Review Committee recommends Company # 3, primarily due to their vast experience in health and human services research and projects and the excellent and specific work done on the., proposal work plan.

Phase Two: Cost Proposal Review

Copies of the cost proposals as well as the DEA Request for Proposal were distributed to the Review Committee members on September 17, 2004. After reviewing and evaluating/scoring of established criteria, the Review Committee recommends the Proposal be awarded to Company # 3. This proposal scored the highest for cost proposal review and presented a total cost of \$89,985., well within the maximum funding.

Discussion of the Cost Proposals

Suitability of the Cost Proposal (20 points)

All three Companies presented consistent cost proposals that included a work plan/approach to the design of the marketing plan for the Aging & Disability Resource Center. In reviewing the cost proposals the review team looked at the following factors:

- Business background and financial position
- Allocation of staff and cost of staff hours
- Identified support costs/collateral materials
- Detail of cost plan supporting technical work plan

The most detailed cost proposal was presented by Company # 3 which also included non-hourly costs and no charge for travel expenses to and from the Department of Elderly Affairs. Company # 4's cost breakout was less detailed and included a mark-up cost component and detailed no non-hourly costs. Company # 2's cost breakout lacked detail and attention to the parameters particular to this Request for Proposals.

Scoring

Evaluation Matrix

Vendor	# 3	# 4	# 2
1. Quality of work Plan (Max 30)	30	20	25
2. Organization & Staffing (Max 10)	10	5	8
3. Relevant Exper/Background (Max. 40)	38	25	38
4. Suitability of Cost Proposal (Max 20)	20	15	5
Total Score (Max 100)	98	65	76

Recommendation

Based upon scoring of the technical and cost proposals submitted, Company # 3 scored the highest total points. After review of both the technical and cost proposals submitted, the Technical Review Committee recommends Company # 3, primarily due to their vast experience in consulting and outsourcing services to state government and the number of experienced resources throughout the organization.

Selecting a Website Address for Maryland Access Point

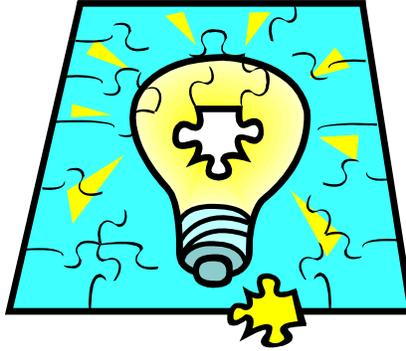
The Search for a Website Address for MAP

- Took approximately three weeks
- A search was done to find available Website addresses that would incorporate MAP and be as short, memorable, and descriptive as possible.
- Six potential Website addresses were presented to the MAP Advisory Board, members of all five sub-committees, and other interested parties who were requested to select two.
 - MDMAP.info
 - MDMAP.gov
 - MarylandMAP.info
 - MarylandMAP.gov
 - marylandaccesspoint.info
 - marylandaccesspoint.gov
- Based on the results of the poll, two addresses were selected to be reserved for the MAP Website:

marylandaccesspoint.info

MDMAP.info

Help Us Find a Name!



The Maryland Department of Aging is working with the Departments of Disabilities, Health and Mental Hygiene, and Human Resources to develop a new State initiative that will:

- Provide information through a website about health care and long-term care, health and wellness, health and human services, employment services, attendant care services, and long-term care planning.
- Streamline and enhance the ability of citizens to access both public and private services through a "No Wrong Door" system.

The project will reach:

- Adults with physical disabilities age 18 and up
- Adults age 50 and up
- Baby boomers - to address their own health/wellness, prevention, and planning needs
- Staff of agencies and organizations that provide services
- Local and long distance caregivers
- People living out of state - to provide information about availability of private and public services in Maryland
- Other populations with disabilities

Maryland is seeking a name for this project currently known as the Aging and Disability Resource Center and would like your help. Send one or more names by June 11, 2004, that:

- ✓ Describe the project
- ✓ Are memorable, catchy, and short
- ✓ Would be easily accessible as a website address

Send your suggestions to:

**Virginia Thomas
CHPDM/UMBC
1000 Hilltop Circle
Baltimore, MD 21250
vthomas@umbc.edu**

Selecting a Name for the Maryland Aging and Disability Resource Center Program

Why select a new name for the Maryland ADRC?

- Many stakeholders did not want “aging” and “disability” to appear in the name
- “Center” did not fit the concept of a project with multiple points of access

The goal of the naming process was to select a name for its ADRC project that would be:

- Descriptive/inclusive of the ADRC focus
- Able to be advertised widely, e.g., memorable, catchy, short, etc.
- Easily searchable as a Website address

The Process to Select a Name took approximately six weeks.

The ADRC Advisory Board approved the naming process and the Marketing and Outreach Sub-committee was assigned the task of advising the State on a name.

A brief description of the ADRC and the goal of the naming process (see the following page) included:

- The purpose of the ADRC Program
- Implementation strategies: Web site; No Wrong Door System; phone hot line
- Target populations

A “call for names” was issued via a mass distribution of the ADRC description using email, mail, and newsletters to a wide and diverse range of organizations that included the local and state level public sectors and the non-profit as well as for-profit private sectors representing aging, disability, ethnic, faith-based, and caregiver advocates and organizations.

Entries to the “call for names” were presented to a diverse focus group of Marketing and Outreach Sub-committee members and other stakeholders. The focus group selected five names from a list of 35 to forward to the State.

The new name for the Maryland ADRC was selected by the Secretary of the Maryland Department of Aging in consultation with the Secretary of the Maryland Department of Disabilities.

The name that was selected for the Maryland ADRC project is:

Maryland Access Point (MAP)

The following 35 names were submitted to the Naming Focus Group for consideration:

- Helping Hand for Health
- Enable Access
- Access Now
- Special Needs Express
- Contact Adult Resource Essentials (CARE-CALL)
- Real Choices: Putting Information to Work
- Helping Hand
- Maryland Help
- Maryland Access Point (map.gov)
- Maryland Access Point System (maps.gov)
- Maryland Care Access Net (CAN)
- Getting Help (GettingHelp.org)
- The Internet Resource for the Aged and Disabled
- iCare Maryland (iCareMD.com)
- Care Maryland
- Resources for the Aging and Disabled Center (the RAD Center)
- Maryland Aging
- All About Aging
- Wellness Center (MDWellness.com)
- Maryland Care Center
- Maryland Cares (MDCares.com)
- Maryland Resource Network
- Maryland Long Term Support Network
- Aging and Disability Resource Network
- Who Cares in Maryland?
- Maryland Disability and Aging Resource System (DARS) (MDdars.gov)
- Maryland Disability and Aging Resource Network (DARN) (MDdarn.gov)
- iCAN(md)
- ican(Maryland)
- Easy (EZ) Access
- Easy Port
- CHESSIE (Care Help
- No Wrong Door
- Everyone's Gateway to Resources for Aging and Disability Services
- ACDC – Aging Care –Disability Care

The Naming Focus Group Selected Five Names:

- Maryland Access Point (MAP)
- Easy – or – EZ Access
- Maryland Resource Network
- Disability and Aging Resource Network
- Aging and Disability Resource Network

Maryland Access Point (MAP) is the name selected for the Maryland ADRC.

Louisiana's ADRC Marketing Report

Mary Tonore

Cheron Brylski

Governor's Office of Elderly Affairs

Goals for Marketing Survey

- ◆ To see ADRC through the consumers eyes
- ◆ Discover how to market ADRC
 - ◆ Center Name
 - ◆ Website Name
 - ◆ Center Logo

What do you think when you hear the phrase “long term care”?

Providers - **Nursing Home**

Advisory Committee - **Home Care**

Consumers - **Nursing Home**

Number One Service Need

Providers - **Health Care**

Advisory Committee - **Information**

Consumers - **Health Care**

Where do you refer someone for information?

Providers -

Council on Aging

Advisory Committee -

Council on Aging

Consumers -

Don't know/Family/Doctor

Top Barriers to Getting Good Care

Providers - **Lack of Information**

Advisory Committee - **Money**

Consumers - **Lack of Information**

Top Barriers From List of Supplied Options

Providers - Consumer doesn't know options

Advisory Committee - Consumer doesn't know options/transportation

Consumers - Consumer doesn't know options

Top Two Issues Providers Need Met by Center

Providers

Educate me about the available options and services;
Educate community.

Advisory Committee

Have all service options available;
Have people to assist consumers.

The world of the consumers:

- ◆ Health issues at the forefront of their concerns
- ◆ Would prefer to talk to a human being
- ◆ Doesn't want "information," wants "answers"
- ◆ Afraid of the process by which they can find answers

The world of the consumers:

- ◆ A small circle of experts
- ◆ Seeking one person to help them
- ◆ In an ideal world one person would come to their home
- ◆ Disabled adults will seek information on-line; biggest barrier to good service is access to information

The world of our providers:

- ◆ Information is one of several challenges they believe a consumer faces
- ◆ Refers the consumer to an institution for further help
- ◆ Would like to see a single point-of-contact to help the consumer

The common meeting ground: “information”

◆ Providers:

- ◆ Information
- ◆ Transportation
- ◆ Assistance
- ◆ People

◆ Consumers

- ◆ Answers
- ◆ Education
- ◆ People
- ◆ Information

The ADRC must:

- ◆ Provide answers about the healthcare service spectrum
- ◆ Be a guide in this confusing area
- ◆ Be a helpful “person”, not an institution
- ◆ Be an education center

How does the ADRC reach targeted audiences?

- ◆ On-line marketing: the disabled adult who is computer- literate and most professionals
- ◆ Word of mouth

Reaching the professional

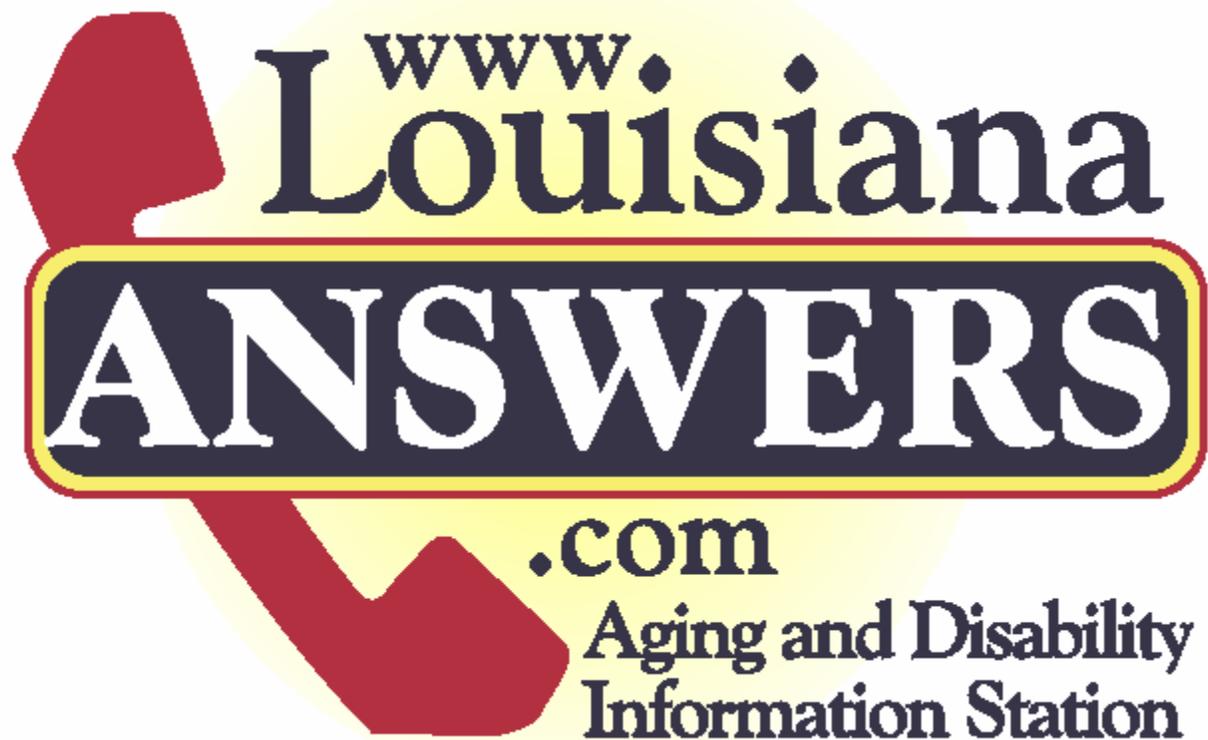
- ◆ Brief topic-specific fact sheets
- ◆ Trainings about its services
- ◆ On-line Resource Directory

Reaching the consumer

- ◆ Non-traditional outreach

ADRC Name and Logo

- ◆ Our outreach campaign and website is “Louisiana Answers”.
- ◆ The Louisiana ADRC will be known as the “Aging and Disability Information Station”.



New Center for Older Adults and Adults with Disabilities Coming to Your Area!

Please use a #2 pencil

Proper Mark



The National Center for Medicare/Medicaid Services and the U.S. Administration on Aging selected Louisiana to create a new service center to help adults with disabilities, the elderly, and their caregivers to find services they need in the areas of housing, health care, and personal support. This new service center will be operational this fall. People from the following parishes will be served by the center: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, and Vermilion.

You can make this a better center by answering this survey so we will know how to serve you best.

Do you personally have a need for services such as those mentioned above? Yes No

If you do, what kinds of services do you need?

- Housing
- Health care
- Personal support

How would you prefer to receive information from a center like this?

- To make a phone call and talk to a counselor
- To meet with someone face-to-face at a service office
- To read an information brochure
- To go online at a website

Where do you go or where would you go for information about these services?

Elderly or disabled adults often say that they need "long-term care" to maintain their lifestyles. What does the phrase "long-term care" mean to you?

How important would it be to you if you could go to one place to talk to one person to find out about this information? Very important Important Not so important

What problems do you face in making decisions about your situation regarding care and support services?

- I do not have transportation
- I do not have a phone
- I do not read well
- I cannot read English well
- I cannot speak English well
- I don't know my choices or options
- I am afraid to fill out applications
- I need wheelchair accessibility
- I need wheelchair modifications at my home
- I'm in a crisis and unable to plan
- I am embarrassed to ask for help
- I do not have a computer
- I do not know how to use a computer

Who do you go to for information about your care?

- My family
- My doctor
- The hospital
- The discharge nurse
- My church
- AARP
- My pharmacist
- The newspaper
- Other (please specify)
- The Internet
- The TV
- My Area Agency on Aging
- My independent living center
- My Council on Aging
- My Medicaid office
- My senior center
- The State Office of Elderly Affairs

Return survey to:

The Brylski Company
3418 Coliseum Street
New Orleans, Louisiana 70115
Phone: (504) 897-6110
Fax: (504) 897-0778

Or email comments to: Cbrylski@aol.com

This survey was done with the cooperation of the Governor's Office of Elderly Affairs.

This form created by UNO Testing Services, (504) 280-TEST.