



**Alamo Local Authority for
Intellectual &
Developmental Disabilities
ALA**

Local Plan

FY 2014 & FY 2015

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DEFINITION OF THE LOCAL PLAN

The Alamo Area Council of Governments (AACOG) Alamo Local Authority for Intellectual and Developmental Disabilities (hereinafter called "ALA") Local Plan for FY 2014 & FY 2015 is a formal document that communicates AACOG's goals, objectives, direction, and expected outcomes to various community audiences. This Local Plan is a dynamic document, which incorporates the Quality Management and Strategic Marketing Plans. This plan is updated as needed.

EXECUTIVE SUMMARY

On September 1, 2006, the Alamo Area Council of Governments (AACOG) became the Local Authority (LA) for Bexar County (formerly known as Mental Retardation Authority for Bexar County). This juncture came about as a result of key legislation passed by the 78th Texas Legislature which includes Senate Bill: 1145, Senate Bill 1182, and House Bill 2292. Each of these bills resulted in the change of the LA from the Center for Health Care Services (CHCS) to AACOG. The respective Boards from each agency played a key role in the transition.

Texas Senate Bill 1145, 78th Texas Legislative Session, allows a local mental health or mental retardation authority to develop and prioritize its available funding for a system to divert members of the priority population, including those members with co-occurring substance abuse disorders, before their incarceration or other contact with the criminal justice system, to services appropriate to their needs.

Texas Senate Bill 1182, 78TH Texas Legislative Session, mandates a Community Center develop a plan:

- that maximizes the authority's services by using the best and most cost-effective means of using federal, state, and local resources;
- that is consistent with the purposes, goals, and policies stated in the law;
- that solicits input from the community;
- with goals to minimize the need for state hospital and community hospital care;
- with goals to ensure a consumer with intellectual or developmental disabilities (IDD) is placed in the least restrictive environment;
- providing opportunities for innovation;
- that has goals to divert consumers of services from the criminal justice system; and
- that has goals to ensure a child with mental illness remains with the child's parents or guardians as appropriate to the child's care.

Texas House Bill 2292, 78th Texas Legislative Session mandates:

- the assembling of a network of service providers, a local mental health and mental retardation authority may serve as a provider of services only as a provider of last resort;
- the development of a plan to privatize all services by intermediate facilities for person with IDD and all related waiver services programs operated by the authority;
- the local authority to ensure the provisions of assessment services, crisis services, and intensive and comprehensive services using disease management practices for adults within the priority population; and,

- the local authority incorporates jail diversion strategies into the authority disease management practices.

Since assuming its role as the ALA, AACOG has been responsible for the actions and directions contained within this local plan. As the IDD Local Authority for the Bexar County service area, AACOG is responsible for providing community-based IDD services and to assist individuals and families with access to certain Medicaid funded services, as a part of the State Medicaid Plan.

The University Health System (UHS) is one of the two sponsoring agencies for AACOG and supports AACOG with local funds generated through the public hospital district. The local city and county officials have also joined with AACOG in recognizing that services should be provided to persons with IDD, in lieu of incarceration in jails or prisons. According to the Center on Crime, Communities and Culture, approximately 670,000 mentally ill people are admitted to US jails each year. This is nearly eight times the number of patients admitted to state mental hospitals. (Center on Crime, Communities, and Culture Research Brief, 1996).

MISSION

The mission of the Alamo Local Authority is to ensure individuals with intellectual and developmental disabilities who live in Bexar County receive necessary quality services.

VISION

AACOG, as the ALA, seeks to create and foster a partnership of stakeholders to develop options responsive to immediate needs.

VALUES

Individual Worth –We affirm that everyone has common human needs, rights, desires and strengths. We celebrate our cultural and individual diversity.

Quality – We commit ourselves to the pursuit of excellence in everything we do.

Integrity – We believe that our personal, professional and organizational integrity is the basis of public trust.

Dedication – We take pride in our commitment to public service and to better the lives of people we are privileged to serve.

Innovation- We are committed to developing an environment, which inspires and promotes innovation, fosters dynamic leadership and rewards creativity among the people we serve, our staff, and volunteers.

Teamwork - We present our individual talents, skills, and knowledge to work together for the benefit of all.

Education - We recognize the power of knowledge and pledge to increase our knowledge and make opportunities to share it with consumers, family members, professional service providers, policy makers, stakeholders and the Bexar County community.

Family based - We believe in the family. Our base of service is the family as defined by the consumer.

PRINCIPLES

Capitalizing on the Mission, Vision, and Goals for AACOG/Alamo Local Authority (ALA), the Board of Directors and the ALA staff have developed the following principles:

Consumer Choice

The development, expansion and maintenance of a Provider Network will provide consumers with choice and access to services. ALA will ensure choice, access and best value.

Consumer Input

With input from consumers, families, and other stakeholders in the community, ALA will continue with the development of a network of providers.

Consumer Access

The ALA will provide consumers with convenient access to services.

Consumer Driven

Consumers are to be active partners with the ALA in treatment planning, policy-making and local planning.

AACOG'S HISTORY

Councils of Governments/Regional Planning Commissions were created by legislation in 1966. AACOG was certified as a Council of Governments on March 1, 1967. In May 2003, the Texas 78th Legislative Sessions passed Senate Bill 1145, Senate Bill 1182, and HB 2292 which has major impact on the organization, structure and financing of Texas Community Mental Health and Mental Retardation Centers.

HISTORY OF IDD SERVICES IN BEXAR COUNTY

In 1963, Congress enacted the Community Mental Health and Mental Retardation Facilities Act (Public Law 88-1640). The legislation authorized the appropriation of \$150 million to finance the planning and development of comprehensive community mental health and mental retardation centers throughout the United States. The signing of this Act by President John F. Kennedy initiated a new era in the treatment and care of the mentally ill and mentally retarded.

In July 1966, seventeen of the forty eligible local taxing agencies of Bexar County came together as sponsors to appoint a Mental Health and Mental Retardation (MHMR) Board Selection Committee. The Committee's task was to select nine interested Bexar County citizens to form a Board of Trustees for Mental Health and Mental Retardation Services. The Board held its first meeting in November 1966 to explore ways to meet the challenge of coordinating mental health and mental retardation services within Bexar County. This Board defined two crucial concepts that dominated the MHMR's first Comprehensive Plan and continue to influence today's Plan. These concepts are to ensure that a full array of services would be offered and provided in close proximity to the neighborhoods; and that all services would be coordinated to ensure consumers could move seamlessly through the system.

From 1966 until 1972, most of the MHMR services provided in Bexar County were accomplished through contracts. In 1972, the MHMR began providing in-house services in areas of Alcohol and Drug Treatment, IDD, and Mental Health. These programs were subsequently restructured into four operating programs Adult Mental Health, IDD, Children's Services, and Substance Abuse.

By the close of the 20th Century, the Center had distinguished itself as the Bexar County Specialists in Mental Health and IDD. The Texas Department of Mental Health and Mental Retardation recognized the MHMR's excellence on June 26, 1997, by granting it Local Authority status. This designation was a direct result of Texas House Bill 2377, 74th Texas Legislative Session, 1995, which allowed TDMHMR to designate Mental Health Authorities (MHAs) within each of the local service areas. A MHA is defined as the entity designated by the department to direct, operate, facilitate or coordinate services to persons with mental illness as required to be performed at the local level by state law and by TDMHMR contract. The MHMR is charged with the responsibility of ensuring continuity of services for consumers from this area.

On January 8, 1998, the Texas Department of Mental Health and Mental Retardation again recognized the MHMR's community leadership by recognizing it as the Single Portal Authority. Consumers seeking admission to the hospital are first screened by the appropriate MHA to determine the least restrictive treatment environment. This includes individuals served by private providers. The MHA, as a single portal authority, and in collaboration with the judiciary, has the final authority on who may be referred to state hospitals for possible admission. The MHA communicates pertinent information to

the state hospitals, including patient identifying information, legal status, medical and medication information, behavioral data and other information relevant to treatment.

Early in January 1998, the Board of Trustees convened a Policy Maker Taskforce comprised of community leaders including a State Senator, a State Representative, members of City Council, County Commissioners, University Hospital officials, family members and providers. The primary objective of the Taskforce was to develop a strategic plan for providing mental health, IDD, and substance abuse services within Bexar County. Its goals included identifying services and duplication of services, the population served and the gaps in services. On April 1, 1999, the Policy Maker Taskforce presented its final document calling for the consolidation of efforts between the two largest providers of Mental Health services: the University Health System and the Center for Health Care Services.

In early 2000, the Bexar County Commissioners, the MHMR's Board of Trustees, and the University Health System Board of Directors, acting on the recommendations of the Policy Maker Taskforce began developing a plan to restructure the sponsorship of the Center for Health Care Services. Over time, it was agreed that the appointment authority to the MHMR's Board would be reduced from five sponsors to two. The remaining two sponsors would be the County of Bexar, and the University Health System and the Board would consist of five members appointed by the County, and four members appointed by the University Health System. In May 2000, the County Commissioners and the University Health System appointed their respective board members and in June 2001 the new board held its first meeting.

The new Board of Trustees charged the new Executive Director to move full speed toward the development and implementation of an Authority/Provider model for service delivery in Bexar County and to explore ways to eliminate duplication of services between the Center and the University Health System. The instructions were clear: ensure the Board's compliance with state and federal mandates and ensure that our consumers have choice and access to cost-efficient services that represent best value for the taxpayer's dollar.

The primary fiscal focus of the Texas Legislation is to use these public funds for mental health and IDD services in the most cost efficient manner, including the development of a network of providers to deliver effective services. Their intent is evident in the language of House Bill 2292, 78th Texas Legislative Session, 2003. In other words, the expectation of the State for The Center is to get the best value for public funds. The creation of multiple providers ostensibly will provide for consumer choice and competition, thus improving outcomes and cost and requiring Community Centers to be providers of last resort. On November 1, 2002 the TDMHMR designated the Center as the Mental Retardation Local Authority (MRLA) entrusting it with oversight of all State funded IDD community activities. Prior to designating the Center as the MRLA, TDMHMR retained the authority to evaluate and approve service plans for person enrolled in the Home and Community-based Support Medicaid Waiver Program. Unfortunately, House Bill 2292 mandated the authority previously granted to community centers be returned to TDMHMR.

In House Bill 2292, 78th Texas Legislative Session, there is also a heightened expectation that public input is solicited, analyzed and utilized to shape the nature and scope of services. The collective input of this community, including that of the Planning Advisory Committees, the Network Advisory Committee, and the Medical Advisory Committee is considered an excellent example within the State of forward thinking in establishing the use of public input as a policy weathervane. This public input has also guided the direction of this report.

In 2005, as a result of the passage of Senate Bill 1145, Senate Bill 1182, and House Bill 2292, discussions began with AACOG to assume the LA for IDD role in Bexar County. On September 1, 2006, AACOG was certified as the Bexar County Alamo Local Authority (ALA).

In 2013, Senate Bill 7 was passed. Some of the goals of Senate Bill 7, are to provide services in a cost-efficient manner, improve access to services and supports, promote person-centered planning, improve acute care and long term services and supports outcomes, ensure the availability of a local safety net, and ensure consumers with the most significant needs are appropriately served in the community.

The ALA is one of 39 LA's located throughout Texas. The ALA is located in San Antonio, Texas, and serves residents of Bexar County. San Antonio is the largest city within Bexar County and also the third largest city in Texas. According to current estimated census figures, the population of Bexar County is approximately 1.7 million.

The ALA is the Single Point of Access (front door) for services and supports for individuals with intellectual and developmental disabilities in Bexar County. Some of the services provided are: Intake, Eligibility Determination, Consumer Benefits Screening, Service Coordination, General Revenue Funded Services, Services through a Medicaid Waiver program, such as, Texas Home Living (TxHmL) or Home and Community-Based Services (HCS), Community Placement from State Supported Living Centers, Pre-Admission Screening and Resident Review (PASRR) Eligibility, Continuity of Service (COS), Community Living Options Information Process (CLOIP), Intermediate Care Facility/ID Admissions, and 46B (Court Monitoring).

THE PLANNING PROCESS

The approach to the planning process is based on pragmatic realities impacting the organization and the need for rapid adjustments in operations as major external forces such as those mandated by the 78th Texas Legislative Session and the Texas Department of Aging and Disability Services (DADS). In addition, the planning process involves a review of Bexar County demographics and the allocations of funding to meet the needs of the consumers and families living with intellectual and developmental disabilities.

The Board of Directors, ALA staff, and advisory council will review the goals and objectives semiannually to measure progress in reaching the established outcomes. In June 2014, AACOG will reassess the progress in reaching established outcomes and use the information gathered during the annual budgetary planning cycle to plan for FY 2015.

PRIORITY SETTINGS

The process of organizing any system typically entails the consideration of an entity's philosophy, vision, and/or the (local) plan; mandated (by law, regulation, standard, or licensure) activities or services; input from the constituent group, in this case, the Planning Network Advisory Committee; sources of revenue; and priorities. These processes are in most cases interdependent with each other.

The statutory purpose of the ALA is to serve persons with IDD without regards to ability to pay.

PUBLIC INPUT

During the development of the Local Plan, ALA uses the input from the consumers, family members, advisory and professional committees, and other key stakeholders that was used in the previous Local Plan.

Child and Adolescent IDD Services

Highest Priorities

- Respite
- Family Support and Training
- Autism Resources

Adult IDD

Highest Priorities

- Home and Community Services (HCS) Enrollments
- Outreach for HCS Interest List
- Person Center Planning:
 - Centralized point of entry (info...referral clearing house)
 - Self-determination approach. (Choice, individualized budgets, money follows needs of consumers)
 - Funding for every person with IDD [adequate, safe and affordable housing, transportation funded, medication costs, modified equipment, etc...]
 - Respite.
 - Supported home living.
- Intermediate Care Facilities Vacancies

ALA'S GOALS AND OBJECTIVES

The ALA has reviewed all requirements required by law and the DADS Performance Contract.

The primary goal for FY 2014 & FY 2015 is to provide consumers seeking services with quality care utilizing the most effective and cost efficient models of care.

Objective 1: By the end of FY 14, the ALA will have full implementation of the PASRR program.

Objective 2: By the end of FY 15, the ALA will explore Program Service Expansion.

Objective 3: During FY 14 and FY 15, the ALA will maintain the website that provides contact information, application information, and a comprehensive listing of services and providers.

Objective 4: During FY 15, ALA will continue to develop a "Volunteer Support System" (VSS) for Individuals served. The role of the volunteers is to assist and actively advocate for Individuals who are without the benefit of Family or Guardian support.

The volunteers of the VSS can assist consumers with a wide range of supports and help them with accessing services. The volunteers are not experts in service delivery, but people who have the desire and motivation to create a satisfying quality of life for our consumers. In order to achieve this goal, and advocate and support consumers most in need, and to enhance the quality of their lives, the following core values and key beliefs are paramount:

- *Treat all people with dignity, fairness and respect.*
- *Deliver effective outcomes in collaboration with the individuals and their assigned volunteer.*
- *Volunteers will provide quality, confidential and effective service through a partnership of shared responsibility among individuals served, families, staff and the community.*
- *ALA recognizes that volunteers are one of the most important assets.*
- *Innovation, flexibility and dedication are key to the VSS success.*

Members of the VSS are qualified volunteers who enhance, augment and add to the efforts of paid professional staff in their role as the consumers support person.

Volunteering at the ALA is an opportunity to experience personal growth, gain professional training and valuable work experience. All VSS volunteer's hours are documented and some volunteer hours may fulfill college coursework requirements.

VSS Mission Statement:

The mission of VSS is to connect and support families of individuals with special needs. This mission is accomplished by:

- Matching volunteers with consumers who need assistance and support.
- Recruiting and training volunteers.
- Providing educational resources, on a variety of disability related issues, to professionals, parent groups, organizations and the larger community.
- Providing information and referrals to parents or guardians of persons with disabilities from birth to adulthood on community and statewide resources, i.e., educational advocacy, person centered planning, Medicaid Service Coordination.

VSS Vision Statement:

As a network of volunteers who provide support to individuals with special needs, we believe in the power of helping each other. We believe that the connection among consumers and volunteers reduces isolation, increases acceptance, and fosters the pursuit of dreams through the sharing of experience and information.

VSS Values Statement:

- The world is a welcome, safe place for all.
- Consumers are supported and encouraged to maintain their individual identities and lives, and to pursue their dreams.
- Volunteers assure that service providers, schools and the medical community provide a collaborative foundation of positive support and encouragement.
- Consumers have the supports needed to participate in community activities and are welcomed.
- Natural supports are a component of everyday life.

Volunteer Companions

Many people with disabilities lack the support and enjoyment that come from lasting relationships. Consumers strengthen and expand their personal networks by choosing volunteer companions whose interests are matched with their own.

Objective 5: During FY 14, The ALA continues the implementation of the Community Living Options Information Process (CLOIP) to ensure that community options are provided to individuals residing in State Supported Living Centers (SSLC).

AUTHORITY DEVELOPMENT AND SERVICES

The ALA will continue to develop a relationship with providers to meet the needs of the community as defined by the community needs assessment, the consumers and family members, and the Planning and Network Advisory Committees. The Plan includes:

A. Overall Network Development

- To continue to seek community providers to expand network offering choice.
- Continue to evaluate program to determine best value which ensures balance between quality and access.
- To continue community input through Planning and Network Advisory Committee (PNAC) and Provider meetings.

B. Information Systems

- Develop and maintain LA data systems, such as Texas Applications Specialists (TAS) system.
- Manage storage of medical records through off-site storage contract with Safe Site.

C. Service Coordination

- Maintain 95% cost against State case rate.
- Develop and meet outcomes.

D. Administrative Services

- Manage a Cost Accounting Methodology.
- Develop or arrange for financial risk management expertise to enable support of the authorization and management care functions.
- Continue to refine the role of the Planning and Network Advisory Committees (PNAC).
- Implement corporate compliance and risk management plan.
- Continue Public Relations efforts to increase awareness of IDD programs and services.

E. Quality Management

The Quality Management Plan is incorporated into this document (Attachm.1).

F. ALA Service Array

Planning

ALA Planning includes the development of the Local Plan and the writing of Requests for Information (RFI), Proposals (RFP), and Applications (RFA). The ALA Director and other assigned ALA staff will serve as staff liaisons to the Planning Network Advisory Committee (PNAC) and participates in all planning meetings.

Resource Development and Allocation

The primary sources of income are general revenue from the the Texas Department of Aging and Disability Services (DADS) and Medicaid. Additional sources of revenue come from the University Health System, local match funds and consumer payments based on a monthly ability to pay schedule.

In an effort to implement a strategy for maximizing existing revenue, the ALA is actively engaged in developing collaborations with partners to reduce duplication and waste and maximize opportunities for funding from alternate sources.

Community Partnership Development

Partnerships with State and local agencies, non-profit community organization and the business sector have been established and serve as co-collaborators in the development and application for funding from Federal, State and local sources.

- Disability Rights Texas (Previously Advocacy Inc.)
- Alamo Community College District
- Autism Society of San Antonio
- Bexar Area Agency on Aging
- Bexar County Juvenile Probation Department
- Catholic Charities
- Center for Health Care Services
- City of San Antonio/Division of Community Initiatives
- Community Resource Coordination Group
- NIX Hospital
- Private Providers Association of Texas
- Region 20 – Texas Education Association
- San Antonio Housing Authority
- San Antonio Lighthouse
- San Antonio Self Advocacy Group (SALSA)
- Texas Center for Disability Studies
- Texas Council for Developmental Disabilities
- Texas Department of Aging and Disability Services
- Texas Department of Corrections
- Texas Department of Rehabilitation Services

- Texas Health and Human Services
- United Way of Bexar County
- University of Texas Health Science Center
- University Health System
- VIA Bus Medical Transportation

Eligibility and Enrollment

Any individual seeking services is given an assessment by a qualified employee of the ALA to determine eligibility and an individual's need and appropriateness for services. ALA staff screens and evaluates consumers to determine eligibility.

Crisis Respite Services

Crisis Respite services are funded through a base of general revenue funds and third-party coverage for people who currently are waiting for long-term services and supports, meet eligibility and who do not have Medicaid coverage or Waiver Services. Reductions in general revenue funds threaten these critical services. Crisis Respite services is the short-term community response to protect the health and safety of persons with IDD who have an intensive need until a long-term solution can be reached.

Service Coordination

Provides eligible consumers assistance in crisis response, linking and accessing medical, social, educational, and other appropriate services identified by the consumer or family that will help an individual achieve a quality of life and community participation acceptable to the individual and their legally authorized representative.

Contract Management

The purpose is the development of contracts and the provision of contract oversight to ensure compliance with State and Federal regulations.

After a review of the community needs and a determination of the services required by the Local Authority to meet the mandates of the DADS contract, the Board of Directors, with input from the community, authorized the release of several Requests for Proposals (RFPs). These RFPs were designed to develop, evaluate and maintain services, and supports in meeting community priorities. As the Local Authority continues to review the community priorities on an ongoing basis all attempts will be made to continue to assemble a network of providers who will meet these priorities. As the network is developed, key issues such as demographics, service cost, and capacity are reviewed.

The PNAC continues to evaluate external services to determine if they meet the community's priorities and assists the ALA in reaching its goals.

The current contracts have been developed as a result of community identification and the open enrollment process.

a. IDD Service Providers:

- ABA Center for Excellence
- ABA and Behavioral Services, LLC
- Angel Care of San Antonio, Inc
- ARC of San Antonio
- Autism Treatment Center
- Blossom Center for Children
- The Center for Health Care Services (Calidad)
- Children's Association for Maximum Potential (C.A.M.P).
- Community Learning Center
- Estrella De Mar, Inc.
- Eva's Heroes
- Homelife & Community Services, Inc.
- Lifeline Care and Services, LLC
- Lifetime Living, Inc.
- Mission Road Developmental Center
- Mosaic South Central Texas
- Reaching Maximum Potential
- Respite Care of San Antonio
- San Antonio Simply Love All People, inc.
- South Texas Behavioral Health
- The Wood Group
- Unicorn Centers, Inc.
- University United Methodist Church

Corporate Compliance

It is the policy and practice of the ALA to fully comply with federal, state, and local regulations and applicable laws, to adhere to sound ethical and moral standards in its business activities. This office identifies and assesses compliance issues, plan for development of service specific procedures and provides support for educational programs.

Continuity of Care for State Hospitals and State Supported Living Centers

These programs are designed to have active utilization management, discharge planning and aftercare development of all IDD consumers entering either the State Hospital or the State Supported Living Facility.

Credentialing Services

The ALA credentialing activities follow DADS policy concerning credentialing of all licensed staff.

Utilization Management

The ALA Utilization Management staff authorizes and monitors general revenue services, levels of care, specialized therapies and benefit by design.

Quality Management Plan (Attachment 1)

The Quality Management Plan emphasis is one of continuous improvement based upon data. Data and cost analysis are the basis of the efforts to profile individual, unit, program and performance levels.

Strategic Marketing Plan (Attachment 2)

The Community Relations department will use the Community Readiness Model outlined under Plan Development to assist in educating the community about the ALA's goals and objectives.

ADMINISTRATIVE SUPPORT SERVICES

The present array of services provided under Administrative Support Services includes:

Accounting

This office provides oversight of internal and external financial reporting process, and the cost, financial, and grants analysis. In addition, this office manages accounts payable, accounts receivable, and payroll. The staff actively participates in all aspects of the budget process. It manages client trust funds, initiates audits, and provides staff training. In addition, this office is responsible for billing and Medicaid Administrative Claiming. Accounting also develops or arranges for financial risk management expertise to enable support of the authorization and management care functions.

Administrative Services

The Human Resources Department is responsible for all employee matters including benefits, employee record keeping, training, and background checks. Effective October 1, 2010, the Center for Medicaid and Medicare mandates a monthly screening of employees to determine if they are excluded from participation in federal health care programs. This task is performed by the Human Resources Department. This Department is also responsible for all fire drills, and review and maintenance of all safety standards.

Community Relations

The Community Relations office is tasked with the development of internal and external publications, arranging meetings and forums, and resource development.

**ALAMO LOCAL AUTHORITY
QUALITY MANAGEMENT PLAN FY 2014 & FY 2015**

1. Introduction

The Alamo Local Authority (ALA) is committed to continuous quality monitoring and improvement in the overall performance of the organization through an ongoing, comprehensive performance measurement program. This effort requires ongoing communication with consumers, employees, stakeholders, board directors, Planning and Network Advisory Committee (PNAC), clinical providers and all levels of management. Furthermore, ALA supports an effective Quality Management Plan consistent with ALA'S mission, values and goals. The Quality Management Plan (QMP) is developed and implemented as approved by ALA's Management Team (MT). Decisions concerning program-wide operations are made by the MT (Service Managers) and the ALA Director. Information sharing occurs at monthly Management Team (MT) meetings and monthly at Unit Staff (US) meetings. The Plan strives for quality data collection which will assist ALA's administration and its providers in making judgments relating to policy issues, delivery of care, work load measures, funding and growth; supporting information for insurance and benefits claims; aiding in defending consumers and providers in legal affairs; promoting cultural competence and educating providers. The implementation and oversight of the Quality Management Plan is delegated to ALA's Services Managers, Compliance Reviewers and the ALA Director. The PNAC receives quarterly status reports on overall achievement of ALA goals and objectives as well as specific reports that are requested concerning Quality Management (QM) and oversight audit findings.

1.1 Purpose

The purpose of the QMP is to identify the ALA's quality related objectives, to describe how achievement of these objectives are measured, and to describe the quality related process that is used to assure that the objectives are met.

1.2 Scope

The scope of the objectives, measures and processes described in this plan apply to the entire fiscal year. Results are given on a quarterly basis. Data, trend, and cost analysis are the basis of ALA's efforts to profile performance at the individual, unit, program and provider network levels. Data and trend analysis focuses on root problem identification, correction and follow-up to problem resolution. The QM effort is a continuous process, which will improve and inform the delivery system of outcome results. It demonstrates a commitment to provide quality services for all individuals served within ALA's provider network.

1.3 Background

The QMP is developed and implemented as approved by ALA's MT. The QMP must have all objectives in place necessary for ALA to stay in Performance Contract compliance and ensure quality outcomes to the people served.

1.4 References

ALA's QMP follows all applicable rules including but not limited to the Texas Administrative Code, Health and Safety Code and DADS Performance Contract.

1.5 Quality Checkpoints

This section describes in detail the Quality Assurance (QA) processes used and when they are used. For each checkpoint, a detailed overview of who is involved, the criteria used for evaluation, and what the quarterly results yield is given.

➤ Internal Quality Management Procedures

This plan requires the ALA and its provider network to develop Internal Quality Management Procedures (IQMP's) specific to their functions. IQMP's are the foundation of the Quality Management Plan. Each department whether a provider of services or an authority or administrative support department develops its own IQMP that is coordinated, approved and followed by the Management Team (MT). These will include (internal and external) monitoring of services and charts. All external service providers and ALA Compliance Reviewer staff will complete monthly chart reviews to ensure compliance with the Performance Contract, and billing requirements. All ALA Services Managers will provide department schedules for monthly reviews and quarterly program audits while submitting reports directly to the ALA Director.

ALA establishes benchmarks for excellence, internal and external accountability and ongoing quality improvement efforts by implementation of IQMP's at all administrative and provider sites, through the appropriate agency committees and administrative departments. This plan requires contracts with private local providers and internal units (Service Coordination, Eligibility and Enrollment, Continuity of Services, CLOIP, Texas Home Living, HCS Enrollments & Service Coordination) to stipulate quantifiable performance measures for contract evaluation.

For FY 2014 & FY 2015, ALA has adopted the indicators from statewide initiatives for use as Quality Management Indicators. One set of variables we will monitor and assess are derived from the Department of Aging and Disability Services Quality Assurance Authority Review Protocol.

ALA will monitor services for all eligible consumers (IDD and related conditions) as these applicable services are described in the FY 2014-15 Department of Aging and Disability Services (DADS) Performance Contract.

These services include:

1. Screening

2. Eligibility Determination
3. Consumer Benefits
4. Service Coordination
 - Basic Service Coordination
 - Continuity of Care / Permanency Planning
 - Continuity of Care System for Offenders with Mental Impairments (46 B Criminal Cases)
 - Service Authorization and Monitoring
 - Texas Home Living
 - Home and Community Services
 - Community Living Options Information Process (CLOIP)
 - Pre Admission Screening and Resident Review (PASRR)
5. Support Services
 - Community Support
 - Respite
 - Supported Employment-Employment Assistance
 - Supported Employment-Individualized Competitive Employment
 - Nursing
 - Behavioral Support
 - Applied Behavior Analysis Therapy
 - Specialized Therapies
6. Day Training Services
 - Vocational Training*
 - Day Habilitation
7. Residential Services
 - Residential-Family Living**
 - Residential Living **
 - Contracted Specialized Residences***

* Currently only provided by ALA and its provider network to eligible PASRR clients

** Not provided by ALA

*** Crisis Respite Services only

The second set of ALA quality indicators is derived from the protocols used by the Department of Aging and Disability Services (DADS) to assess risk in the operations and management of the ALA. All ALA Departments will monitor, analyze and report the findings with regards to risks for the following assessment indicators (organized by domain):

➤ **Financial**

- Current Ratio
- Unreserved fund balance to total expenditures
- Long term debt to total fund balance

➤ **Provider Network/ALA Internal Departments Performance**

- Time and financial Information, Medicaid and CAM – Intellectual & Developmental Disabilities (IDD)
- Rights, Abuse & Neglect – IDD
- Health & Safety – IDD
- Admission, Tracking and Placement – IDD
- Admission (Personnel & Caseload) – IDD
- Continuity of Services – IDD
- Waiting List Management – IDD

➤ **External Environment**

The third set of indicators focuses on the organizational systems. An organization achieves quality in its services through the cooperation of its employees and contracted service providers. Many departments or units must work together toward common goals. This plan recognizes that it is not just some of the organization's parts but the sum of its parts that are responsible for reaching its goals. Although those departments that provide a direct service (i.e. Service Coordination, Intake Workers, and External Providers) fulfill our essential mission of providing appropriate, quality care to our consumers, they depend on the assistance and cooperation of many administrative and support units and departments. Additionally, recognition must be given to the importance of cooperation among provider units and among administrative and support units.

Each ALA Services Manager reviews data through on-going monitoring. Each indicator is summarized and reported during regular program reviews with the ALA Director. Providers/Units prepare plans of correction while ALA Compliance Reviewers follow-up on reviews. In addition, contracted service providers and ALA Service Managers are responsible for recording their actual monthly and quarter audits and comparing those figures to the established threshold. For each indicator whose actual measure does not meet the threshold or benchmark requirement, they will develop a plan of correction to meet the established criteria.

2. Staffing

2.1 Roles and Responsibilities

This section identifies the general responsibilities of the Compliance Reviewers, Services Management Staff, and those of the private Providers and their staff.

All ALA employees and AACOG central administration are responsible for implementing the ALA's Quality Management Plan. All staff levels must commit to providing quality services. The Deputy Executive Director, ALA Director, and Management Team form the structure through which the entire organization participates in continuous quality improvement and the effort to meet quality goals. The quality management effort

becomes part of normal business activity and is incorporated into ALA's routine activities. The Client Rights Officer, as an advocate for consumers, will be part of the MT and attend meetings as requested/scheduled.

Critical or unusual incidents involving consumers must be reviewed by the Client Rights Officer for Category I incidents such as physical restraint and seclusion, breaches of confidentiality, quality of client care related to diagnosis and treatment, elopements, exposure to hazardous substances/infectious diseases, medication errors, serious injuries to clients or staff, serious property damage involving client or staff, and Category II incidents such as incidents of sexual contact between clients and staff, and major safety violations. Category II incidents (deaths) are reviewed by the Client Rights Officer and ALA Director. All proceedings and records of the above shall be privileged.

The following describes quality indicators for inter-organizational service/staff:

a. Data Management:

- ALA's Data Management system and staff will be available for use during normal working hours (8:00 AM to 5:00 PM, Monday – Friday).

b. Information Systems:

- The Help Desk staff will acknowledge receipts of service requests and provide an estimation of when the problem will be resolved.
- The Help Desk staff will resolve most services requests within three working days of submission.

c. Fiscal Services:

- Approval will be obtained before any purchase is charged to a unit's accounts.
- Monthly revenue and expense reports will be submitted to the ALA Director within ten working days of end of month.
- Financial reports will be accurate. Unit financials will contain no more than one error per month.
- Fiscal services staff will correct errors and respond within ten working days of receipt of error tracking form.
- Compliance Reviewers will conduct fiscal service audits.

d. Payroll:

- The names of employees no longer employed by the unit are removed from the payroll schedule within five working days of request. The unit receives corrected payroll schedule in time for the next unit payroll calculation.

e. Human Resources:

- Personnel revisions are processed within three working days and a copy of the completed paperwork given to the ALA Director by the end of the third day.

f. Purchasing:

- Purchase orders will be filled within two weeks. If a vendor is unable to meet this requirement, purchasing will locate another vendor who is able to deliver the order within two weeks.

g. Staff Development:

- Training changes are communicated to the affected units within five days of the change.
- Training schedules will be published at least monthly to ensure that staff can schedule required training.
- Staff is informed of their training needs status by the training department.
- In order to assure compliance, Service Managers will work collaboratively with the ACOG training department.

h. Maintenance:

- Work Orders are addressed within three working days, including notifying requesting party of the status of the work order.

i. Credentialing:

- Staff licensing status is kept current and available by Training Department and Compliance Reviewer Staff for external Providers.

To comply with CMS direction, all providers of Targeted Case Management for individuals with intellectual and developmental disabilities must use the following state and federal online databases to search for excluded persons prior to hiring and on a monthly basis.

<https://oig.hhsc.state.tx.us/Exclusions/Search.aspx>

<http://oig.hhs.gov/exclusions/index.asp>

AACOG's HR staff will perform this function. ALA Director has the responsibility to assure compliance with this item.

j. Medical/Clinical Records:

- The forms committee will review proposed new forms, and a response regarding their acceptance is provided to the submitting party within one month.
- Once form is approved, notification is sent out to all staff.
- Approved forms are available to all staff via intranet system (gls).
- Records Manager will establish and enforce appropriate policies and procedures for the handling of consumer records and HIPAA compliance.

k. Quality Improvement Support Services:

- Audit procedure changes are communicated to affected providers/units within five working days of approval.
- Compliance Reviewers will follow Audit schedules for monthly and quarter audits/reports.
- All external invoices will be reconciled prior to payment.

I. Resource Development:

- ALA Director and MT will conduct and periodically update a gap/need assessment across all direct service programs and discuss Resource Development.
- ALA will ensure that resource efforts directed at funding opportunities are distributed equally among all programs as applicable.
- ALA will actively involve the PNAC for community gap analysis.
- ALA will continue to actively recruit new providers and expand the network of choice.

m. Legal Services:

- Legal Services will provide timely information, advice and work product regarding proposed contractual or other proposed actions by ALA, containing a legal element.

n. Contract Administration:

- General Revenue Service Manager will track and follow monetary reports for contracted providers and will report their status to the ALA Director for action as required.
- Service Manger will develop all Contracts and Amendments, RFPs and RFAs.
- General Revenue Service Manager will provide an annual Provider Manual as well as intermittent updates.

o. Clinical Services

- External Providers will conduct peer reviews to assess the quality of services provided on a monthly basis.
- Compliance Reviewers will conduct scheduled audits of external Providers.
- All ALA Units will participate in DADS yearly Authority Review Process.

p. Client Rights

- The Client Rights Officer (CRO) will monitor and report to appropriate state agencies via the CARE system specific reports of alleged abuse, neglect and exploitation upon receipt of same. CRO also functions as liaison between ALA and the Department of Family Protective Services.

2.2 Required Skills

All ALA staff is required to, at a minimum, have a Bachelors degree from an accredited University in a behavioral science, or related field, in order to be eligible for work. Each staff must complete training within the first 90 days of hire and be knowledgeable and able to interpret rules, regulations and the DADS Performance Contract.

3. Audit & Reviews

3.1 *Methodologies and Standards*

- As a standard, Internal Quality Management Procedures (IQMP's) are the foundation for ALA's Quality Improvement efforts. Each IQMP is tailored to the services, processes, requirements, needs and goals of a specific unit, program, external Provider or department.
- Each Compliance Reviewer will submit their internal audit schedule for monthly and/or quarterly reports. These Internal Quality Management Plans (IQMP's) are submitted to the ALA Director for review, and then submitted to the Management Team for approval. Quarterly reports will be submitted to ALA Director for review and compliance on scheduled audits.
- External Providers must make their IQMP available for review by Compliance Review within the first 90 days from the contract start date. Each External Provider will be audited in the first (1) quarter of the fiscal year for policy and procedures and facility safety, while the second (2) quarter audits will focus on direct consumer billing and chart audits. Compliance Review Staff will submit summary reports to the General Revenue Service Manager. If any standards are below contract requirements, a Plan of Correction is required for submission within 30 days of receipt of summary report. Compliance Staff will review plan with the Services Manager and follow up with additional audits.
- The MT meets at least quarterly to review assigned indicators based on their areas of concern from submitted reports. Monitoring and evaluation processes allow collection of data and monitoring of important aspects of care or service. The monitoring process consists of the reporting of these assigned quality indicators and consideration of implications of the reports and taking action to correct/identify causes and/or investigate solutions regarding report results.
- The ALA Director and the MT consider the implications of the reports and direct action as deemed necessary. Findings may be reported to the Board of Directors, the Executive Director of AACOG and the ALA PNAC at the ALA Director's discretion.
- Addressing quality within the various services and supports of ALA includes the basic quality improvement process common to any planning process. These five basis steps are:
 - 1) Identify problem areas
 - 2) Brainstorm remediation strategies
 - 3) Develop quality intervention activities
 - 4) Measure the impact of the intervention
 - 5) Evaluate the effectiveness of the intervention
- The focus of ALA's quality efforts is to achieve outcome excellence through analysis of processes and variables that effect desired quality goals. ALA Director, Services Managers and Management Team will define quality goals based on analysis of their customers/stakeholders' expectations. Through ongoing measurement, either by the clinical monitoring and evaluation process or

other collection method, Service Providers and ALA Service Managers will monitor their progress toward meeting Service quality goals.

Clinical and administrative internal audits/reviews:

- For the internal clinical audits/reviews, the Compliance Reviewer Staff will follow monthly and quarterly audit schedules for randomly selecting a sample (at least 2%- 5% depending on volume of program). Compliance Reviewer staff will randomly pull audit requirements from the Q Data System and complete program audit forms.
- The complete chart will be subject to audit/review to ensure all supporting documents (i.e., Diagnosis, PDP, IPC, service reviews) are in place, are current and meet funding source requirements, TAC, and other requirements for each service in the audit sample. Additionally, other issues discovered in the process of auditing the identified services may expand the scope of the audit.
- All programs are expected to attain a score of 90% or higher on billable services. This score measures compliance with funding sources and is determined by the audit of progress notes and supporting documents for the selected service. Non-billable services are also expected to reach a target of 90% compliance.
- After completing the monthly or quarterly audit, Compliance Reviewer Staff will complete a report of the findings and submit to their Service Manager.
- All programs/units that score under 90% will be required to complete a Corrective Action Plan (CAP). This plan will specifically outline how the program will correct deficiencies and is due to the ALA Director within ten (10) working days from the date of the final report meeting with the ALA Director.
- Internal Direct Service Fiscal audits are conducted by Compliance Reviewers to confirm appropriate billing documentation and completion of service. These audits link direct service notes, Q reports, travel records and PDV Connect phone system as part of the audit results.

3.2 Quality Assessments and Reviews

The following sections describe the review procedures, criterion and processes, as well as tools used to verify quality. It includes details on assessments and reviews; when they are conducted; who will conduct them; success criteria; QMP reporting formats and monitoring processes.

Monitoring involves the collection of data for the purpose of evaluation. In this plan the data are the performance measures designated by the quality indicators. Actual performance measures are compared to quality indicator benchmark or threshold levels.

Monitoring methods include:

- Unit and Department Reports
- Network Oversight
- Employee Job Performance Evaluations
- Employee/Staff Survey Results
- Clinical Service Reviews and Audits
- Direct Service Fiscal Audits
- On-Site Programmatic & Administrative Reviews
- Business Objects Reports on Performance Indicators
- CARE Reports
- Q-Continuum Reports
- DADS Authority Review

3.3 Oversight Audits/Reviews for Provider Network (Clinical & Administrative); Initial; Follow-up & Final audits/reviews

This section describes the Provider Network review process and procedure.

Purpose:

To ensure consumers receive services that are appropriate and documented in compliance with all ALA, DADS and other applicable regulatory requirements.

Procedure:

- All programs will be audited by Compliance Reviewer during the first (1) quarter for Policy and Procedure & Facility Safety. During the second (2) quarter, all Providers will be audited by Compliance Reviewer for Chart and Billing requirements. All new Provider Contracts started during the fiscal year will be audited within 45 days of their opening and as scheduling permits. Audit/review protocols are developed from standards set forth by regulatory agencies using the strictest standards as the audit benchmarks.
- Notifications of audits are made prior to the appearance of the Compliance Reviewer. All Providers will receive written notice of the audit, the sample list of client case numbers (if applicable), the time period from which the sample was selected (if applicable), copies of the audit/review protocols, and the date and time the audit/review will begin.
- The Compliance Reviewer will meet with the provider at the beginning of the audit to explain the procedure and answer questions regarding the audit procedures and the parameters of the audit. It is requested Providers have knowledgeable staff present during the audit to resolve any questions during the documentation review.
- Upon completion of the audit, the Compliance Reviewer will meet with the Provider to discuss the results and possible areas of correction. The Compliance Reviewer will enter the audit results into TAS Website and generate the final

report. Within ten (10) working days of the completion of the audit, the written report of audit findings is forwarded to the Services Manager who will authorize distribution of the report to the provider.

- For audits that could result in revenue payback, two categories will be identified; one for billable services (based on funding source requirements) and one for quality of the documentation and provider practices (based on quality standards of the IDD professions, best practice guidelines, DADS Service Definition Manual etc.). ALA shall recoup from the provider funds paid for all services determined to be inappropriate for billing. A provider will not be able to bill for services lacking appropriate documentation.
- The quality component reflects ALA's efforts to monitor and improve the quality of services. This may result in required remedial training in the areas identified.
- Individual Providers' scores/deficiencies are reported in the final report. If an individual Provider's service report shows not to be in compliance with their ALA Contract or the Provider Manual, the Provider will be required to complete and submit a CAP to the Services Manager. The Provider will have 30 working days to submit their CAP for review. Additionally, that Provider's services may be suspended from billing until such time as the Services Manager has attested that the staff has been retrained and has demonstrated the ability to adequately document services. Technical Assistance from the Compliance Reviewer to assist with the formulation of the CAP can be requested in writing.
- A follow-up Audit is conducted within thirty (30) days from the date that the Services Manager accepts the CAP. If the Provider fails to submit a CAP, the follow-up audit may be conducted at any time after the deadline for the CAP has passed. The Compliance Reviewer will work with the program to help identify and correct sources of quality problems. Remedial training or technical assistance may be required, depending on the nature of the concern.
- Administrative audits/reviews will identify items not in compliance with acceptable standards. 100% compliance is expected.

Final Audits/Reviews

The Provider's CAP outlines how the provider plans to correct deficiencies and is due to the Services Manager within thirty (30) working days from the date of the Final Report. The Services Manager will review the CAP and notify the Provider by letter once the plan is accepted.

- A Final Audit/review is conducted 30 days from the date that the Service Manager accepts the CAP.
- Once 90% compliance for billable services is achieved, the vendor hold will be removed (if applicable).

- If the provider is unable to obtain 90% compliance for billable services after the CAP is reviewed, the audit results are followed up with the Services Manager and the ALA Director for review for action as appropriate such as continued vendor hold or up to contract termination.

Random Focus Audits/Reviews

Random focus audits may occur at any time with at least a one day notice. These audits will be triggered if other administrative audits, billing concerns, or documentation concerns identify a need for the collection of additional data of a particular nature or required by a funding source.

- Audit protocols specific to the request are set forth by the Services Manager. These audits/reviews are accomplished by the Compliance Reviewer focusing on improper billing, concerns expressed by consumers/families or non compliance with contractual or Provider Manual processes.
- Audits will be conducted the same as scheduled audits for focus reviews. Compliance Reviewer will focus on specific audit areas of concerns and report back to Provider with written report upon completion of audit.

Provider Peer Review

- Compliance Reviewers distributes a random sample to each external Provider of reported services that are to be reviewed each month. For external Providers, the sample size each month is 5% of the total number of consumers served.
- Results of these reviews are reported directly to Compliance Reviewer by the Provider and subsequently to the Services Manager and ALA Director as necessary. A CAP from the Provider is required if the Peer Review validates below 90% scoring on their finding.
- Providers may request technical assistance from the Compliance Reviewer as the need arises.

Surveys

- Client Rights Officer coordinates the survey process as determined by DADS and reports results to ALA Director and management.
- Employee Satisfaction surveys for internal ALA staff is conducted bi-annually.
- Bi-monthly Customer Satisfaction Questionnaires for Service Coordination Services are sent out randomly by the Client Rights Officer and reported to the ALA Director.

Contract Obligations

All ALA staff participates in all required audits/reviews as required and/or conducted by funding agencies. Among these are:

- DADS Authority Reviews
- TX Home Living audits/reviews
- HCS audits/reviews
- State Auditor's Office

Utilization Review

Formal reviews of consumer utilization and appropriateness of services on a prospective, concurrent and retrospective basis is performed by Utilization Management Committee.

Special Note:

Audits, Reviews and Surveys, and Studies are formal activities that result in a written report and may have consequences for the provider/unit or service being audited or reviewed.

In contrast, Technical Assistance is an informal process when initiated by the Provider or unit. It is an effort on the part of the Provider or unit to monitor and improve the quality of services or procedures. This quality management service is not intended to put the Provider at risk for negative consequences. The exception is when fraud or other illegality is found or suspected. In that case, technical assistance will trigger a full audit.

4. Quality Assurance Milestones

This section identifies the QMP deliverables and the timelines associated with the deliverables. Information like frequency of due dates for each measured item is included.

During the first (1) quarter of each fiscal year, all service Providers will review ALA standards and regulations and develop methodologies to ensure that they (local area network contract service providers) satisfy those standards and service contract requirements.

Administrative Reviews:

Compliance Reviewers conducts audits/reviews and re-audits/reviews until all identified deficiencies have been corrected. Corrections not made after two (2) re-audit/reviews are forwarded to the ALA Director for appropriate action.

5. Resource Estimates

This section shows an estimate of resources required to perform QMP activities, such as number of staff, hours of effort, direct expenses, etc.

At this time, ALA is staffed with 4 Services Managers, 2 Compliance Reviewers, 1 Client Rights Officer, and 4 Medical Records Staff. It is estimated that Compliance Reviewers utilize 80 % of their staff time on internal & external reviews and the remaining 20% with development of continuing improvement plans.

6. Provider Network Controls

This section gives an overview of the ALA QM controls and processes in place for efficiently monitoring providers work products against their contract requirements. ALA's utilizes the following QM controls to efficiently monitor quality and quantity of provider work product:

1. Monthly External Provider Peer reviews
2. Monthly & Quarterly Internal Program reviews
3. Annual on-site clinical and administrative review
4. Utilization Management reviews of services
5. Fiscal audits on direct services
6. Surveys and Incident report reviews
7. Focus reviews to check:
 - i. Data Verification Compliance
 - ii. Billing accuracy
 - iii. Utilization review

**ALAMO LOCAL AUTHORITY
PLAN TO REDUCE THE NUMBER OF CASES FOR
ABUSE AND NEGLECT**

INTRODUCTION:

The Alamo Area Council of Governments (AACOG) and the Alamo Local Authority (ALA) strives to deliver quality services to consumers with Intellectual & Developmental Disabilities (IDD) and related conditions throughout Bexar County. Basic to this service delivery is the guarantee that individuals served are not abused, neglected, or exploited. To aid in this effort, AACOG has developed, published, and internalized policies and procedures, which prohibits abusive conduct by its employees, agents, or affiliates. In achieving a safe environment for consumers, ALA has implemented practices, which recognizes the importance of identifying, hiring, and training a qualified, consumer conscious staff. ALA has also implemented procedures in contracting with Providers whereby these same tenants are put in place and has developed a detailed, system of checks and balance reviews to identify potential problem areas to preclude adverse situations for our clientele.

STAFFING:

ALA assures that the contracted private Providers use a staffing model which ensures adequate staffing levels are maintained so that the consumer to server ratio are optimized and within standard, when such standards require specific client/server ratios. Through this process, the requisite skills, knowledge, and abilities of staff are evaluated in order to attain the appropriate mix of staff to provide a safe and secure environment. These traits are inculcated in the job description development process, which formalizes the abilities needed to perform specific job tasks, while setting in place a means of articulating performance expectations for consumer care and establishing accountability and responsibility.

Once ALA has a recognized staff need, we then begin the hiring process to satisfy this need. In doing so, we seek candidates who possess the skills, knowledge, and abilities needed to perform the job and begin the formal hiring process, which includes:

- The hiring process begins at the Services Manager level, and will require on average five separate approvals before the employment offer is made. Candidates are screened to ensure they satisfy the stated requirements for the position for which they apply. When suitable candidates are identified, in person interviews are scheduled and initial hiring decisions are recommended. At this point the candidate will have their references checked and this is documented in the hiring packet.
- Candidates who are recommended for employment will have a criminal history check conducted. The Human Resources Department is responsible for requesting this check and will work through DADS and TDPS to acquire this information. When the information received shows the existence of a criminal

conviction, the conviction is reviewed to determine if the information received would lead a reasonable and prudent person to believe it to be a contraindication of employment. Employees on the job are required to disclose convictions as a condition of employment and are subject to unannounced re-verification. Criminal violations subject the employee to a management review to determine if continued employment is appropriate. Currently, AACOG utilizes background checks via the employee misconduct registry, County and State databases and the criminal & sex offender databases.

- ALA Director may require pre-employment screening of potential employee candidates for Controlled Substance testing. The failure to pass this screening is a basis for employment offer withdrawal or is reviewed to determine if the employment offer is to be finalized following an acceptable explanation and re-test. AACOG policy does reserve the right to test for suspicion of substance abuse under “reasonable suspicion” (as defined within the policy) and may be required after work-related accidents.
- ALA recognizes that many potential staff members working in the field of Intellectual and Developmental Disabilities will migrate from one employer to another as they continue their career growth. DADS has implemented the employee misconduct registry, and the ability to conduct this screen, is vital to the overall well being of the consumer because many confirmed cases of abuse are not criminal in nature and would not be reported out on the TDPS check.
- In order for consumers and non-ALA employees to recognize and feel confident of the identity of the staff providing services, ALA issues picture identification cards to all employees. This identification is worn by staff while on duty and is returned to the Human Resources Department during employment out-processing.

TRAINING:

ALA believes that the hiring of qualified, dependable, and competent, caring staff is not the end of the process for ensuring that our consumers are safe and are treated with respect. ALA believes that training and communication is an essential component for ensuring the safety, well-being, and respect that our consumers deserve and need. While many employees receive training, via their formal educational backgrounds, we require ALA specific training in compliance with the DADS Community Services Standards for Individuals with Intellectual & Developmental Disabilities. We require all employees, agents, and affiliates to comply with our training requirements or, to demonstrate competency in the subject matter. Our training program consists of a New Employee Orientation and Refresher Training, which is either annual or bi-annual. We offer training classes every month to satisfy the recurring/refresher training requirements of ALA and conduct a New Employee Orientation at least once each month.

New Employee Orientation is required of all employees prior to their reporting to work within ALA. New employees attend approximately 64 hours of which a majority are critical in the 1) prevention, detection, and reporting of abuse, neglect, and exploitation 2) ensuring of consumer safety and 3) understanding of our programs, consumers and their needs. Training is given in order to prevent situations of abuse or neglect and to ensure quality services to help staff and the public, to see consumers first as people and then as people with disabilities.

The majority of training, which DADS has designed, is utilized by ALA. The courses we feel support our belief are as follows:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients
- HIPAA-Confidentiality
- Our Population
- Cultural Sensitivity
- Customer Service
- Ethics
- SATORI/SAMA
- Psychotropic Medications and Medication Monitoring
- Infection Control and HIV/AIDS Awareness
- First Aid/CPR (adult and children)
- Introduction to Quality Assurance/Incident Reports
- Safety and Emergency Plan Procedures
- Clinical Records Training
- Sexual Harassment and Sensitivity

Refresher Training is scheduled on a recurring basis and satisfies ALA's obligations to be in conformance with the various community and licensure standards of DADS and other agencies for which we provide services. The purpose of refresher training is to keep staff and other participating providers current with changes and to reinforce the importance we place on keeping the consumers of our service in a safe; and quality assured environment. These classes include:

ANNUAL:

- Client Abuse, Neglect, and Exploitation
- The Rights of Clients

- HIPAA-Confidentiality
- SATORI/SAMA
- Cultural Sensitivity
- Psychotropic Medications and Monitoring

BI-ANNUAL:

- CPR/First Aid (adult and children)
- Infection Control- HIV/AIDS Awareness

DETECTION AND INVESTIGATION:

All employees, agents, and affiliates are informed that all allegations of abuse, neglect, or exploitation must be reported to the Texas Department of Family and Protective Services within one hour of the event and or Texas Department of Aging and Disability Services for ICF/MR facilities. Additionally, appropriate ALA staff is notified of incidents concerning our clients. All reports of investigations conducted by DFPS concerning clients of ALA are sent to ALA's Client Rights Officer (CRO) who reviews the report for material completeness and will follow up with Services Manager and/or ALA Director as necessary. After the DFPS investigator identifies areas of concern or recommendations for care, the CRO, communicates these items to Team Leaders, Service Managers and/or ALA Director, with a requirement that appropriate actions be taken to preclude recurrence.

To insure that the reporting of allegations of abuse, neglect, or exploitation is made without fear of recrimination or reprisal to the reporter, ALA has procedures which maintain the confidentiality of the reporter when needed.

PREVENTION:

ALA takes a proactive approach to the prevention of abuse, neglect, and exploitation of our consumers. Because we work in a highly demanding environment, we have made available to our employees specific management training, which helps staff in coping with the pressures of the job. Additionally, we have implemented supervisory training within ALA which refines the skills of our employees, and imparts to them the skills and knowledge needed to manage increasing numbers of staff members, with and the resultant case load increases which are involved.

ALA staff actively monitors the behaviors of our clientele and, when warranted, referrals are made to the appropriate Specialized Therapy for individual evaluations of consumers to determine the appropriateness of a Behavior Therapy/Modification Plan. Service Coordinators and Contracted Provider are responsible to monitor the level of change and or modification, based on consumer response and input accordingly.

ALA Staff and Contracted Providers are required to interact with consumers in the least restrictive manner. Whenever a volatile situation arises, staffs utilize their training in the **Satori Alternatives to Managing Aggression (SAMA)** to resolve the conflict. On those occasions when a consumer must be restrained, the staff involved must complete an incident report. This report is reviewed by the CRO, Services Manager and/or ALA Director and by the Provider of the Behavioral Services when applicable.

CONTRACTED SERVICES:

ALA is not a Provider of services. Our service array is expanded through contractual commitments. In meeting our commitment to quality service ALA takes a proactive approach to the prevention of abuse, neglect, and exploitation of our consumers. ALA has implemented a positive and proactive contract monitoring program. The basis of our monitoring is to ensure that the services that ALA provides through external agencies meet the same standard of care and safety that we provide internally. Each contract with a service Provider requires that they screen their employees for criminal violations, and that after employment certain criminal violations are reported to ALA. The list of violations is the same as for DADS and ALA employees to self report. Within each contract, the provider is accountable to ALA to maintain a safe and secure environment and to provide services, which are appropriate to the consumer. The contract Provider policies covering the rights and abuse of consumers which are provided to ALA for review to ensure that they adequately protect consumers, and provide the information on the proper reporting of suspected violations.

Lastly, to ensure quality of service delivery, ALA uses announced and unannounced visits to providers as a means of assuring quality and appropriateness of service provision.

TREND ANALYSIS AND REPORTING:

ALA has implemented several reporting and review procedures to identify potential areas of high risk to clientele and to ALA staff.

- √ As they occur, informational incident reports are reviewed and analyzed to determine if ALA has systemic issues which need resolutions or if this is a onetime occurrence. When indicators are found that lead us to conclude that there is a systems issue, a plan of action is developed to address the situation prior to it developing into a problem which impacts on the care and safety of consumers, visitors, or staff. The types of reports that are reviewed include:
 - ❖ Incident Reports occurring within or involving consumers of ALA
 - ❖ Reports of Restraint
 - ❖ DPRS reports of investigation
 - ❖ Monitoring reports of contract providers

EXTERNAL OVERSIGHT:

ALA's Public Network Advisory Committee (PNAC) has developed into a proactive, independent overseer. The PNAC is informed if completed reports of investigations show a high frequency within ALA or Contracted Providers. This provides ALA with an independent evaluation of corrective actions and provides feedback on additional actions need, to preclude similar problems.

CONCLUSION:

ALA is committed to our consumers. We strive to provide the highest quality service by employing the best possible staff available and by providing them with the skills, knowledge, and environment to perform their jobs. This same philosophy is incorporated in our contractual links to service providers and we require them to meet the same standard we set for ourselves. We have in place numerous mechanisms to monitor how well we are doing and to identify areas for improvement. When we encounter a situation of abuse of our clients, we ensure it is thoroughly investigated, and if confirmed, remedies are immediately set in place.

Attachment 2

Alamo Area Council of Governments **Marketing Plan and Goals**

Prepared by the Internal Marketing Committee

Background

Through the Strategic Plan planning document, the Alamo Area Council of Governments (AACOG) has identified five thematic areas which it must address. They include the following:

- Sustained financial health;
- Enhanced regional program administration and service delivery;
- Stronger regional partnerships;
- Planning leader for regional issues; and
- Effective advocate for regional solutions.

While each could in effect be mutually exclusive, communication and marketing of AACOG could be considered the common element for bridging each piece. Further in its analysis and recommendation, the Strategic Plan identifies 4 fundamental areas for steering the Agency in the direction the Agency's Executive Director envisions; such that it is recognized as the premier institution for the region. The areas include:

- Enhancing financial growth;
- Communicating AACOG;
- Reformulating Organizational Governance; and
- Unifying diverse interests.

If the Agency's Internal Marketing Committee is to develop a marketing plan within the context of Communicating AACOG, the following areas (as described in the Strategic Plan) should be understood to be our operating parameters or guiding principles. They include:

- Educate constituents on AACOG programs;
- Improve communication with the Agency's Board of Directors and Governmental entities; and
- Develop a Marketing / Public Relations campaign.

Key Steps

The Internal Marketing Committee, comprised of representatives from the Area Agencies on Aging; Alamo Local Authority; Criminal Justice & Law Enforcement Academy; Housing and Weatherization; Natural Resources; Rural Transportation; Workforce; and Public Relations met five times since its inception in September 2009.

The first meeting focused on preliminary introductions, expectations and general issues the committee could consider throughout the marketing plan development process. Discussion focused on general ideas and themes the committee should consider as they move towards preparing the Agency's overall marketing plan.

Issues discussed include:

- Web analytics;
 - This function would afford the Agency the knowledge of who uses or accesses its information most frequently. An additional benefit is to determine where a majority of the web hits the Agency receives are generated (i.e. location). This critical information would afford the Agency the opportunity to modify and adapt its vehicle and strategy for disseminating information.
- Modernizing AACOG's web site;
 - The committee believes six issues are of paramount importance to the success of modernizing the Agency's website.
 - Analytics – the ability to determine who uses the website; the areas the users most frequent; how much time is being spent on subject matter; etc.
 - Content -- The current practice of uploading any and all information to the website has resulted in hodge-podge content. If the intent was a repository, it clearly has surpassed that effort. A mechanism or protocol to sift through all information should be considered such that the most critical and relevant information is uploaded.
 - Navigability -- The ability to offer a "site map" would easily afford web users a more efficient use of the site and offer a global perspective of how information is stored. More importantly, the information would be presented in an efficient manner, rather than in its current format—information overload.
 - Online Registration – Would afford users the opportunity to make financial transactions for training courses; Academy registration; conference registrations; etc. In addition, it would allow for Agency employment applications to be submitted on-line.
 - Private Access to providers – This would afford Agency vendors to access programmatic manuals; workbooks; or comply with contractual obligations of submitting deliverables in a timely manner.
 - Video Capability – The website should have the ability to maintain programmatic videos of various sizes and length.

- Implementation of Social Media to disseminate AACOG message;
 - The opportunity to use and implement new forms of technology to disseminate the Agency’s message is critical in today’s age of receiving up-to-the minute information, instantaneously. By utilizing social media, the Agency is adapting to modern conventions of communication (in both public and private institutions).
- Develop an Agency brand;
 - The committee recognizes a need to develop a brand or image. Discussion focused on a possible “mascot”, similar to those of other public entities. Recognition of an image would afford individuals to easily associate the mascot with the Agency and with those programs and services it provides. More importantly, it would begin the critical association of knowledge to services being sought by potential customers.
- Program outreach v. Agency outreach;
 - As part of refocusing the image of the Agency, discussion remains as to how to balance *program v. agency* needs. Given the institutionalization and consolidation of historical practice, *program v. agency* could possibly be the lengthiest practice to modify for various reasons. However, the committee does recognize the value in knowing the programs are a function of the Agency and its success.
- Roadshows for elected officials and key staff;
 - As part of the Agency’s effort to build and develop sustainable relationships with member governments, the idea of implementing this type of outreach as part of the Agency’s overall marketing strategy affords Agency staff the opportunity to forge those linkages and develop sustainable relationships with both elected officials and members of civil service. Establishing a connection with membership staff would ensure continuity with “member governments” long after its elected representative is out of office. Moreover, it would showcase the wealth of information and resources available to Agency membership.
- Traditional Roadshows
 - Continuing this type of event creates opportunity for the Agency to highlight its successful direct-service programs and create linkages and partnerships with external Agencies and groups. The most recent examples of collaborative efforts include: USDA-Rural Development; the Texas Department of Aging and Disability Services; and United Way 2-1-1 Program.

The second meeting focused on social media and technology [and the market segment for which technology is the driving force for accessing information] and its impact on how the Agency markets and brands itself. Of particular interest was identifying three broad audiences:

- Market segment for which use of technology is non-existent;
- Market segment for which use of technology is familiar but not the primary medium for communication; and

- The market segment for which use of technology is the driving force for accessing information.

The third meeting afforded the group an opportunity to meet with a multi-media firm to share with the group those elements that define current trends in marketing and website development; in addition, to conduct a question-and-answer session. The intent of this session was to flesh out any and all issues the committee has discussed thus far and share these ideas with subject-matter experts and obtain feedback as to whether or not our direction is appropriate or should we consider other elements that had not been previously considered.

The committee learned that marketing should be developed and implemented in a holistic manner and not piecemeal, if the goal is to have an effective Agency plan. Fundamental questions the committee should be asking when considering the development of a marketing plan are:

- What do we want our external customers to know about us? The response to this question should be in the context of the three market segments:
 - The market segment for which technology is the driving force for accessing information.
 - The market segment for which technology is non-existent.
 - The market segment for which technology is familiar but not the primary medium for communicating.
- What do we want our internal customers to know about us? The response to this question should be in the context of the three market segments:
 - The market segment for which technology is the driving force for accessing information.
 - The market segment for which technology is non-existent.
 - The market segment for which technology is familiar but not the primary medium for communicating.
- What information or image can be presented such that anyone that reads it will immediately know the Agency and its regional role?

The fourth meeting identified the redesign and development of the Agency website as the immediate area of focus. The committee set a goal of updating the Agency website within the first two quarters of the 2012 calendar year. A coordinated effort among Internal Marketing Committee members, vis-à-vis their respective programs, would be critical to identifying those issues and elements required on a website that maximizes their respective outreach efforts and simultaneously meeting customer needs. This effort would be accomplished through the drafting of a *scope of work* to be put to tender through a *Request for Quote* that satisfies the Agency's procurement policies and procedures.

The fifth meeting focused on those elements the committee would like to see within a Scope of Work (or Terms of Reference) with respect to the document that would be put to tender, for the redesigning and developing of a new Agency website. In addition, the committee recommended the site focus should be redeveloped and redesigned with the customer needs in mind. The factors of particular interest including:

- Ability for members to pay dues on-line;
- Modify the sites functionality;
- Include a site navigation tab;
- A secure sub-site (that is HIPAA compliant) for contractors, volunteers and related individuals to submit forms, reports, data and other program-specific requirements on-line;
- A secure sub-site (that is HIPAA compliant) for contractors, volunteers and related individuals to download manuals, forms, documents pertaining to program regulations and policies; and
- The overall site should have a consistent appearance and color scheme.

By further discussing and developing the aforementioned issues and questions, the committee is much better informed and positioned to effectively develop a plan that will afford the Agency an opportunity to maximize its participation in regional issues and to demonstrate its role as a leader on those same regional issues.

Recognizing the implications of their efforts, the committee has operated and developed a plan, established goals and identified practical deliverables within the parameters set forth in the Agency's *Strategic Plan*.

To achieve the implementation of the Agency's plan, the Internal Marketing Committee must evaluate the mechanisms for undertaking this endeavor. To the extent the Committee has begun discussing these issues; the following is a preliminary list of those vehicles. They include the following:

- Revised *Mission* and *Vision* statements to reflect the direction of the Executive Director;
- Update the Agency website both in terms of visual appeal and content;
- Utilize social media;
- Develop short and long-term strategies; and
- Effectively utilize and implement all marketing tools at the Agency's disposal.

With the aforementioned in mind, AACOG has two fundamental objectives, with respect to marketing and rebranding itself:

1. Increase its visibility and awareness within the 12-county Alamo Area region; and
2. Develop its human capital such that they are recognized as the subject matter experts within their respective fields.

The plan of action in addressing each objective is divided into a short-term and long-term plan. Broad goals are established in order to achieve the highest rate of success

with regards to effectively communicating AACOG in the short and long-term, respectively. Within each goal, a deliverable is identified which measures the plan's effectiveness and success.

Short Term Plan

Goal 1

Strengthen AACOG's overall image

External perception of the Agency is critical to its success. How others perceive AACOG can play a vital role with how the Agency markets or brands itself. If people perceive AACOG to be a large, splintered, bureaucratic and non-responsive entity, then our ability to engage or interact with our audience is limited. Ultimately, this affects how we do business and our approach to accomplishing our goals.

In order for AACOG to address this, the Agency must have a presence--where the public is and tell its story. AACOG must seek out opportunities to demonstrate who we are and what we do. In other words, create linkages or opportunities for common cause. The most affordable means to achieving this goal is through the Traditional Roadshows; Roadshows for Lead Elected Officials (LEOs) and their senior staff; and Agency participation in (non-programmatic) community activities/outreach or day-of-service events.

Deliverable A

Engaging the region and creating linkages is currently being achieved through the traditional Roadshows. This event creates opportunity for four programs (Alamo Area Agency on Aging; Alamo Regional Transit; Housing and Weatherization; and Workforce Solutions) to directly sell and often times register individuals for direct assistance.

In addition, the Agency has extended invitations to the Texas Department of Aging and Disability Services; United Way 2-1-1 program; and USDA-Rural Development. These particular programs complement AACOG's current programmatic efforts either through direct assistance or through other types of services.

To date, the Agency has conducted events in the following:

1. Pearsall – community event.
2. Natalia – community event.
3. Wilson County (Floresville) – countywide event.
4. Stockdale – community event.
5. La Vernia – community event.
6. Karnes County (Kenedy) – countywide event.
7. Kerr County – countywide event.
8. Balcones Heights – community event.

Deliverable B

A Roadshow for LEOs and their senior staff is currently being discussed. Similar to the traditional events, the objective of this type of event is to share programmatic information and introduce AACOG senior staff to LEO's and their respective staff.

Why? This effort would attempt to strengthen connections (or in some cases create connections) between member governments and AACOG staff that would not normally interact with each other outside of monthly board of director meetings. Second, establishing a connection with membership staff would ensure continuity with "member governments" long after its elected representative is out of office. Third, it affords AACOG staff the opportunity to raise awareness of the Agency's subject matter expertise; and would showcase the wealth of information and resources available to Agency membership.

Deliverable C

Agency participation in [non-programmatic] community activities, outreach, day-of-service events, or similar type of activities should be an effort that demonstrates civic responsibility and investing in our greater community. The effort could be of minimal financial cost to the Agency and potentially create a large return on investment.

Why? Our employee volunteer efforts would demonstrate our commitment to serving others. For example, activities that highlight serving the community include: *Rack Gives Back* (partnership between Rackspace Managed Hosting and North East I.S.D.); CoSA's *Mentoring Matters to the Mayor* program.

Goal 2

Establish a dialogue and engage the public on regional issues pertinent to AACOG

AACOG must maintain a free-flow of information. As such, our customers will feel more in touch with what is occurring, such that they are more likely to listen to or consider results. Because we offer a multitude of programs, it is vital that AACOG maintain an open and accessible dialogue. Everyone has an opinion and we should empower residents of the Alamo Area region to share theirs with us.

Individuals want to feel listened to, by maintaining a transparent, two-way communication process; they are more likely to opine and feel they have a stake in the process. As a result, a feeling of worthwhile involvement is created and a sense of *knowing your opinions have been taken into consideration* is developed. This action helps promote a mutual understanding and respect between the Agency and its constituency/audience.

Deliverable

The Agency aims to design, develop and implement a new website. This would enable the Agency to meet customer demands and expectations. Currently, the website is presented as an "information overload" and creates a sense of too much information. In addition, the lack of a site map adds to the confusion or lack of direction for the customer.

A possible perception could be raised such that the Agency is not focused enough to differentiate between substantive and supportive information. As a result, it is quite

possible the customer could become frustrated and leave the site completely to seek services elsewhere.

There is consensus among the committee that modernizing and updating the website is low-hanging fruit and can be easily addressed by two methods. First, contract a media company to design and construct the site, through close coordination with the Internal Marketing Committee and the department of Public Relations. Second, the implementation of social media is critical to recognizing a new form of communication with customers.

The Public Relations department would ultimately be responsible for maintaining the sites (i.e. website and social media); which would be much easier to maintain in both short and long-term. For example, each time a program requires a modification to their specific program page they would make the necessary changes in real time; however, the change would not become effective until PR reviews and authorizes. This modified practice would reduce duplication of efforts and streamline the current process of securing authorizations.

Goal 3

Implement the use of social media

If we first consider social media and its attributes, we must understand this vehicle as being designed to be a two-way communication medium, opposed to traditional communication which is only one-way. It provides an avenue for people to be heard and feel a part of the decision-making process. By implementing these modern communication practices, AACOG can establish a dialogue and engage the public on important regional issues.

Social media can be used to supplement traditional communication methods and facilitate the process for improving our image by increasing transparency. It also affords us the opportunity to highlight the Agency's programs and activities in a quick, accessible and personable manner.

The effort to incorporate social media into the Agency's repertoire of marketing tools would be in parallel with the Agency's current funding sources and more importantly, with our peers at other councils of government. Quick analyses of the 24-COGs in Texas indicate 3 institutions (Houston-Galveston Area Council; Pan Handle Regional Planning Commission and West Central Texas Council of Governments) use either Facebook or Twitter, respectively. Six COGs have recently outsourced the modernization of their website (Brazos Valley Council of Governments, Capitol Area Council of Governments, East Texas Council of Governments, Heart of Texas Council of Governments, Lower Rio Grande Valley Development Council, and Texoma Council of Governments).

Deliverable

To effectively utilize current technology (e.g. Facebook, Twitter, YouTube, etc) and techniques to both [re]capture our existing market and effectively capture a new audience. Implementing its use would enable the Agency to:

- Provide timely and accurate information about Agency programs and activities;

- Implement a new business modality for the Agency and afford us the opportunity to maintain competitiveness relative to others within our own industry and service.
- Answer the public's questions and provide information quickly in a personable and friendly manner;
- Actively seek out customer service opportunities through monitoring other social media channels;
- Create interactive elements on the website to receive feedback and provide opportunities for members of the online community to share their thoughts and create and develop Agency relationships; and
- Utilize all tools available, including social media platforms to tell AACOG's story.

Goal 4

Create and implement an effective membership campaign

The composition of AACOG's membership is critical to its long-term service delivery and sustainability. The Agency currently has a membership of 97 entities. The total aggregate is comprised of the following: 12 counties; 55 cities; 7 independent school districts; 13 special districts; 2 public utilities; and 8 associate members. In an effort to maintain current membership levels and to increase membership over the long-term, the Agency should consider implementing a comprehensive benefits presentation.

Deliverable

It should be the long-term goal of AACOG to increase overall membership. Analyzing the current composition of membership, a concerted effort to attract *independent school districts* and *associate membership* should be the primary focus. An effective membership campaign should include face-to-face visits between prospective members and AACOG senior management. In addition, the campaign should incorporate a well-developed presentation that provides specific details regarding *benefits of membership*.

Long Term Plan

Goal 1

Establish AACOG as the regional expert

The Agency maintains a strong staff of technical experts in their respective field. Currently, each individual has developed a strong network of contacts and to their credit, established themselves within a small regional community as such.

Deliverable

To capitalize on this recognition, the Agency should consider conducting a rotating *Quarterly Issues Forum*. The forum would rotate around the region on a quarterly basis and be driven by issues pertinent to that particular site hosting the event. This type of event could potentially create association between staff (*vis-à-vis* the Agency) and their

area of expertise; such that the general public would instinctually know where to seek subject matter expertise and whom to contact.

Goal 2

Create opportunity for AACOG

External perception of the Agency is critical to its success. How others perceive AACOG can play a vital role with how the Agency markets or brands itself. Three avenues for developing and creating opportunity exist: media training; conducting presentations; and submitting articles for publication.

Deliverable A

To prepare senior staff, the Agency should provide media training for select individuals and programs that could have a higher probability of being in a situation where media training would be beneficial. Training would encompass role playing and video-taping of presentations; which would subsequently be analyzed by a media expert and provide advice regarding improvement of overall message delivery, optics and related components.

Deliverable B

The Agency will maximize its visibility by offering to make presentations on various issues to its local constituency (i.e. chambers of commerce; Rotary Clubs; business organizations; and non-profit organizations) and generating interests by disseminating news releases regarding its current engagements and successes.

Deliverable C

The Agency will maximize its visibility and generate interests by disseminating news releases regarding its current engagements and successes. In addition, it will consider preparing *white papers* on topics administered by the Agency. These efforts will also include submitting op-ed pieces in the local regional media.

Conclusion

In general, the proposed goals are a combination of both short and long-term activities that would afford us the opportunity to rebrand ourselves as the regional experts on various issues and themes. In addition, the goals potentially create opportunity or avenues to re-engage our region and constituency.

Aside from staff time and travel expenses, it is anticipated there would be minimal financial impact on the Agency. The exception to this of course is the design, development and implementation of a new website. However, given that current marketing techniques now dictate that a website or social media sites are now the *front-door* to any entity, the cost of not addressing this issue could potentially have a much larger impact on the Agency and how it meets customer needs.