

Public Outreach and Links to Key Referral Sources

Nevada	Other State Activities	Considerations
<p>Resource Information: Nevada’s Care Connection and 2-1-1- system is not currently being utilized as the premier source of information about community resources. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • Interface is not user-friendly. • Information is not accurate and/or up-to-date. • People (providers, consumers and the public) are unaware of the States I & R resources. 	<ul style="list-style-type: none"> • Hosts an I&R Website with a statewide searchable database (MD). • Established NWD HUBS through local AAA’s and county social service departments so that people could access assistance in person. Also developed website and a 1-800 number to increase access to care (NY). • Resource Directory: Developed an online questionnaire to help identify what services people may need and to provide prescreening eligibility. There was also a “save” function that would allow people to save their information, therefore reducing duplication of efforts (NY). 	<ul style="list-style-type: none"> • Develop a robust telephone hotline system to help people figure out what programs they are eligible for given their specific situation (MD). • Ensure Resource Information is Available Prior to Implementation: Get the foundation in place, ensuring there is an operational and constantly updated statewide database and resource directory before trying to implement NWD (Early Implementer Interview).
<p>Community Partnerships: There is not a comprehensive network of LTSS service providers and referral agencies that work in a consistent, coordinated fashion. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • There is not a shared understanding of or vision for the State’s NWD system. • There are no formal mechanism to connect and share information amongst LTSS service providers. • There are not formal agreements in place to support partnerships. • There are not concerted efforts to engage family and friends in the delivery of services. 	<ul style="list-style-type: none"> • Developed use of multi-disciplinary teams to serve clients accessing care across service systems (WA). • Developed NWD Specialty Sites which incorporated a NWD approach to a specialty population (MH/DD) but didn’t require them to serve additional population groups (NY). • MOU’s were established to specify different roles and responsibilities of various agencies participating in NWD implementation activities (NY). 	<ul style="list-style-type: none"> • Have managers in local agencies and community organizations share written materials about how to implement the No Wrong Door approach with workers who have direct contact with clients (MD). • Host regional meetings to bring workers together in the states distinct geographic areas to discuss implementing the No Wrong Door approach (MD). • Conduct regular meetings to ensure all agencies and providers are meeting on a regular basis to discuss the impact of NWD implementation. This includes provision of standardized materials. This will allow agencies and divisions to better understand what other departments and divisions do (Early Implementer Interview).
<p>Outreach & Awareness: Many providers, consumers, and the public do not have adequate knowledge about resources that are available. Issue identified through outreach include:</p> <ul style="list-style-type: none"> • There are not strategic marketing efforts occurring at the organizational, community, or statewide level. • Marketing efforts are not customized for specific populations, and effectiveness of efforts is not monitored. 		<ul style="list-style-type: none"> • Conduct outreach and provide training to smaller agencies to empower them to help their clients and connect them to more benefits (MD). • Create a public/private interagency committee made up of communications and marketing specialists to develop and implement a change management strategy (MD). • Seek pro-bono communications and marketing assistance from the private sector (MD). • Obtain early buy-in and understanding from leadership on the NWD strategy (Early Implementer Interview).

Person Centered Counseling

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<p>Consistency in PCC Application: Person Centered Counseling is not being implemented consistently within organizations or between organizations. Furthermore, only a limited amount of organizations are implementing PCC. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • ADRC's and DHCFP's BIPP program are the only partners currently implementing PCC. • There are not uniform policies and procedures available to guide implementation efforts consistently. 	<ul style="list-style-type: none"> • Developed Options Counseling Certification Process (PA). • Developed state standards on operations and implementation protocols (NY). • Conducted screening for services utilizing the PCP approach via in-person or over the telephone. Consent was requested so that information could be shared with NWD Hub and pre-screened eligibility was provided (NY). • Implementing Boston University's PCP curriculum for all options counselors (IA). 	<ul style="list-style-type: none"> • Be consistent with implementation. One early implementer described implementation of person-centered counseling in their state - the state developed a statewide curriculum for person-centered counseling, so it was consistently delivered. In addition, the statewide directory had guidance about how to enter information into the system (Early Implementer Interview).
<p>Training: There has been limited training provided regarding person centered counseling. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • Some organizational cultures do not support the PCC framework. • Staff are not fully aware of the LTSS services available through state agencies and community based providers, limiting their ability to fully explore needs and resources with consumers through PCC. • Training on Medicaid eligibility requirements would help providers. • There is a need to strengthen the approach to providing PCC to private pay consumers. 	<ul style="list-style-type: none"> • Established cross-training opportunities amongst multi-disciplinary teams (WA). • Developing a training program for all NWDS entities around PCP and options counseling (PA). • Developed a set of core competencies, a corresponding training guide, and offered web-based train the trainer trainings (SC). 	<ul style="list-style-type: none"> • Host trainings for agencies and community groups to equip them with the information, knowledge, and skills to work in an integrated fashion (MD).
<p>Staff Resources: There are not enough staffing resources to fully implement person centered counseling. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • Staff do not always have the time necessary to fully implement PCC. The follow-up component is the least functional component of current service delivery. • There are not dedicated staff to conduct CQI efforts regarding implementation of PCC within and between organizations. 	<ul style="list-style-type: none"> • Established NWD Regional Coordinators within program approach (WA). • Use of Lead Service Managers and Integrated Service Coordinators to serve the most complex cases (OR). 	

Streamlined Access to Public Programs

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<p>Intake & Eligibility Practices: Consumers currently are required to complete multiple applications with various agencies to access care. Issues identified through outreach include:</p> <ul style="list-style-type: none"> • There is a desire amongst providers to establish a standardized intake process. Some felt that the only way to implement this effectively would be to mandate use. • Eligibility determinations often take a long time to complete, creating a delay in access to care. • To implement a streamlined process, staff must be fully aware of eligibility requirements and be able to understand and assist consumers in navigating various systems. • A technology solution needs to be established that supports sharing information without violating privacy standards and funding restrictions. 	<ul style="list-style-type: none"> • Developed new intake and screening procedures (WA). • Developed a “Consent/Release of Information Form” that was used across systems allowing the sharing of information (WA). • Establish a single website portal where consumers can initiate applications for services from multiple programs/payers. Based on application, website will identify other services the consumer may be eligible for (WI). • Use of level one screening tool (PA). • Use of multiple entry points that provide clients with access to the full range of benefits and services (MD). • Developed a universal screening tool used by all provider agencies (SC). 	<ul style="list-style-type: none"> • Develop a Uniform Application and Case Management Guide for all benefits (MD). • Explore the use of engaging Community Based Organizations to facilitate benefits enrollment (MD). • Explore the option of utilizing a chip or card which carries client’s demographic information which clients could present to various organizations upon application (MD). • Explore the use of Smart Phone applications (MD). • Develop an express lane eligibility practice (MD). • To the extent possible, local jurisdictions should consider co-locating DSS workers, local health department workers, OHEP workers, and child care workers (MD).
<p>Service Availability: There is a significant gap between the needs of the population and the availability of services to meet those needs. Issues identified throughout outreach include:</p> <ul style="list-style-type: none"> • There are long waiting lists for services needed by all populations and payers of LTSS services. • There are not enough services available to serve needs identified by consumers. Service gaps noted include: <ul style="list-style-type: none"> - Transportation - Housing - Medical & Mental Health Services - Public Guardians - Respite Care <p>The lack of services is particularly pronounced in rural areas of the state.</p>		

Governance and Administration

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<p>Governance: Beyond the NWD Advisory Board, there is no entity that provides governance and leadership to support a coordinated system of care.</p> <p>Issues identified through outreach include:</p> <ul style="list-style-type: none"> • The need to identify a “key champion” to forward efforts and provide leadership. • The need for a governance board that has broad representation and is committed to changes necessary for NWD. • The need to involve stakeholders throughout the process to include planning, implementation, and reflection. • The need to ensure that systems and people are “ready” for NWD, with consideration given to a phased in approach. 	<ul style="list-style-type: none"> • Service Approach/Design: Developed NWD Design Teams to propose a new model of service, establish more coordinated efforts, and to encourage a new perspective throughout service operatives (WA). • CQI: Developed an evaluation component to NWD implementation efforts (WA). • CQI: Established periodic performance reviews to identify progress made and adjustment necessary (SC). 	<ul style="list-style-type: none"> • Governance Body: Create a cross-agency, cross-organization working group to manage the implementation of the No Wrong Door approach (MD). • Governance Body: Establish interagency group at the beginning of the process to support transition to new system (OK). • Roll-out: pilot NWD in several areas vs. releasing it statewide. With previous initiatives, implementation of a new concept occurred from the state down and did not factor in frontline staff and providers, resulting in several initiatives falling apart (Early Implementer Interview). • Build Key Champions: Have a NWD champion or leader to bring people together on a regular basis. Involve coalitions in the process and provide incentives for buy-in (Early Implementer Interview).
<p>Policy: Agencies may have policies that are not aligned to the NWD framework, making partnership and full participation improbable. Through outreach, multiple stakeholders identified the need to explore agency policies and identify solutions which support NWD implementation.</p>	<ul style="list-style-type: none"> • A team of 5 agencies that provided services to the target population reviewed various policies and procedures to make recommendations about changes needed to support system implementation (SC). 	<ul style="list-style-type: none"> • Explore ways to standardize eligibility criteria across programs (OK). • Change policy as NWD is implemented: One early implementer described the need to change internal operational policies to accommodate NWD but also needing an external policy unit that works at the provider level (Early Implementer Interview).
<p>Financing: There are not enough financial resources to fully implement NWD. Additionally, there are areas connected to NWD implementation that if not sufficiently funded could jeopardize the success of NWD efforts (i.e. transportation). Areas which will require additional funding as identified through outreach include: Training, Coordination Efforts, Outreach, Person Centered Counseling, MIS system, Additional LTSS services.</p>	<ul style="list-style-type: none"> • Governance body is exploring sustainable reimbursement process to support options counseling services through NWD entities (PA). • NWD Development activities were funded by the Center for Medicare and Medicaid Services through Medicaid Transformational Grant (OK). 	<ul style="list-style-type: none"> • Utilizing grant funding may require longer implementation times, up to five years (SC).
<p>MIS System: LTSS providers are mostly using different systems to track consumer information including service and outcome data. Access to shared data will support a comprehensive approach to providing, tracking, and enhancing services.</p>	<ul style="list-style-type: none"> • Established a new computer application which facilitated sharing information across state programs (WA). • Developing functional requirements so that management information systems interface across multiple state systems (PA). 	<ul style="list-style-type: none"> • Consider establishing an online screening tool that clients can use to “self-screen” to evaluate their eligibility for various benefits (SC). • Design a system that permits agencies to continue using its existing interface when entering data (OK).