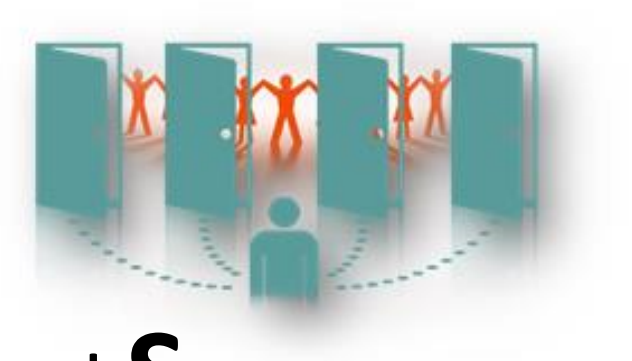
Nevada's



Long **T**erm **S**ervices and **S**upports

No Wrong Door Outreach Summary Report

Acknowledgements

The Nevada No Wrong Door Advisory Board would like to thank the hundreds of stakeholders, providers and community members who shared their time, thoughts and recommendations for this project. In addition to those listed below, more than 400 people completed the consumer survey. Special thanks to all that have contributed to this report.

Focus Group and Interviewees

Abby Wheeler
Adrianne Weiss
Adrienne Navarro
Allison Dawn Costa
Amy Dewitt
Anthony Snowden
Audrey Arnold
Austin Sorensen
Barbara Barrett
Becky Chen
Beth Gallion
Beth Jackson
Brenda Mothershead
Carr Kimike
Cathy Steed
Chandra Cohran
Cheri Roberts
Christina Members
Christy Grundy
Cody Phinney
Cyndy Fustafson
Dan Maier
David Saeva
Davisson Alicia
Edrie LaVoie
Gloria MacDonald
Grady Tarbutton
Greg Kitchingman
Gust Teresa
Heidi McKendree
Ivan Espinoza
Jacobo Hilda
Janie Rippetoe
Jennifer Frischmann
Jennifer Graves
Jennifer Wheat
Jennifer Frischman
Jesse Constantine
Jones Shannon
Joti Bhakta
Judy Black
Kat Miller
Kathryn Baughman
Kelly Wooldridge
Ken Retterath
Kerry Aguirre
Kim Cantiero
Laura Davie
Leslie Bittleston
Libia Perez
Lourdes Wong
Magali Cooke
Martinez Monica
Mary Liveratti
Marylyn Phullips
Melissa Mangiaracina
Miller Donald
Monica Debrest
Nancy Lyytikainen
Patrick Williams
Paula Releford
Randy Reinoso
Rebecca Tessa
Roberta Franco
Roger Corbin
Roswell Allen
Rulan Stands
Ruth Condray
Shannon Ernst
Shayla Holmes
Shelle Sponseller
Sherry Kniffin
Stevens Debby
Susan Rhodes
Tim Burch
Veronica LaChance
Veronica Valladares
Virginia Howard
Warran Bottino
Weiss Janice
Wendy Aultman

Social Entrepreneurs, Inc., a company dedicated to improving the lives of people by helping organizations realize their potential, collected the data associated with all outreach conducted and prepared this summary report.

Table of Contents

Introduction and Background

The No Wrong Door Advisory Board was established in February 2015 to improve Nevadan's access to Long Term Services and Supports (LTSS). The Board was tasked with the development of a 3-year plan to implement a No Wrong Door System (NWD) for all populations and all payers.

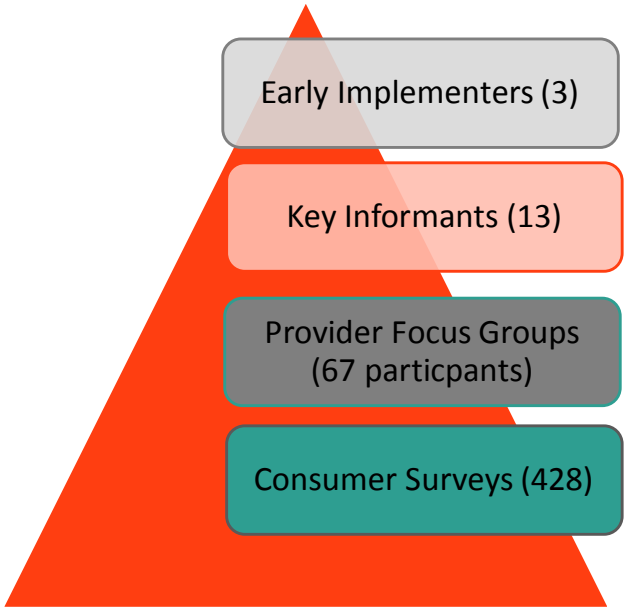
To inform the planning process, a variety of different outreach activities were used to identify areas within the existing system that need to be expanded, changed, discontinued or legislated to better position the state for successful NWD implementation. There were four distinct ways in which outreach occurred: 1) interviews with early implementers, 2) key informant interviews, 3) focus groups, and 4) consumer surveys. These activities were designed to incorporate experiences and perspectives at the individual, organizational, and system levels.

This report is a summary of all outreach efforts.

Purpose

Outreach was intended to broadly reach stakeholders throughout the state. Administrators at agencies were reached through key informant interviews. Providers at agencies and organizations were reached through focus groups. People that use or need services were reached through surveys.

Together, these multiple perspectives provide solid guidance to inform the planning process. A description of each activities purpose is provided below:



Interviews with Early Implementers provided information about lessons learned from similar processes both in Nevada and outside of the state.
Key Informant Interviews helped to identify the most pressing issues facing state agencies in the implementation of a NWD system of care.
Focus groups with providers of LTSS gathered information regarding the most pressing issues facing providers in implementation of LTSS services, how the system currently works to assist individuals, opportunities to improve that system, and suggestions for positioning the state for NWD implementation.
Consumer Surveys solicited input from LTSS consumers and those that care for them, regarding the strengths and weaknesses of the current system as well as their suggested solutions for any identified deficiencies.

Caregiver Voices: Why this Project is Important

"In trying to do this survey, I have a lot of input as a caregiver 24/7 for my mother. I brought her from Colorado on December 8 2013. She was on Hospice after suffering 2 strokes one month apart. She had improved by end of Feb or first part of March 2014 so she was discharged April 1. At that time I had signed her up for Medicaid and was instructed to call the Division of Aging for a waiver program. There were financial obligations that needed to be paid and this was my main goal to get financial help.

Medicaid did pay her part B Medicare but no other financial help. This was in Sept. 2014. I had to hire people to come and relieve me at least 1 x per week to go shopping, etc. I gave her showers, fixed meals, gave meds, laundry and all her personal needs. She did receive 2-3 hours respite care on Friday to give me a break to just get out. She finally did receive Medicaid in Oct 2014 and by Dec she was given 19.25 hours per week. I was of course still giving her meds and fixing her meals. I did pay for help to come in from April 2014 till middle Dec 2014.

This has been quite a learning process for me on just who to go to for help and how to get it. I had a goal for my mom to keep her here with me and give her the love and comfort as long as she lived. Unfortunately, help came too late. By Feb she got pneumonia and was put in the hospital. Now on long term care, I also got pneumonia so am unable to care for her at this time. She is 94 years of age and I'm 72. So this hasn't been easy to try and get help for someone so deserving of the best. She is my mom. My concern is there is a lot of abuse in the system and makes it so hard for one that deserves the care can't get the help they need."

--Survey Response

Methodology

A summary of methods is provided here; for more detailed information please see the section and related appendices.

Early Implementer Interviews

Between March 2 and April 6, 2015, three interviews were conducted with individuals identified by the NWD Advisory Board as having knowledge and experience with related system development. Interviews took place over the telephone and lasted between 45 and 90 minutes.

Key Informant Interviews

Between March 2 and April 6, 2015, thirteen interviews were conducted with individuals identified by the NWD Advisory Board as having specialized knowledge about the systems that provide long term services and supports to Nevadans. Interviews took place over the telephone and lasted between 45 and 90 minutes.

Focus Groups

Between February 23 and March 26 2015, nine focus groups were conducted via webinar with LTSS provider groups identified by the Advisory Board. Advisory Board members reached out to providers to encourage staff participation. A total of 67 individuals participated in focus group webinar discussions. Providers throughout the state were represented.

Consumer Surveys

Surveys were issued to consumers, family members, care providers, and advocates through the Advisory Board distribution channels. Respondents had the option of completing the survey either online through Survey Monkey, or on paper. Surveys were made available online and on paper in both English and Spanish. A total of 428 surveys were collected from across the state between February 27 and March 30, 2015. A number of surveys were either incomplete (n=15), with answers only on the demographic profile section, or were repeated (n=2). These surveys were not considered in the overall survey analysis.

State Plan Comparison

As an additional source of information, related State Strategic Plans were reviewed and common themes compiled.

Limitations

Outreach was intentionally broad but should not be considered comprehensive. In this analysis, information was largely collected through channels and contacts that provide LTSS services. The outreach approach is not likely to have reached people that may need services but have not been able to access them. In planning for NWD, this hard-to-reach group is important to consider, but, again, is not well-represented through the outreach summary.

Summary of Findings

The NWD framework focuses on four major categories for planning: 1) linkage and referral; 2) person centered approach 3) access to public programs; and 4) governance and administration. The summary of outreach organizes findings into these four categories.

Cross-Cutting Themes

Linkage and Referral

- **Relationships** among people at organizations help to drive good experiences with referral. This is both a system asset and a weakness. As an asset, relationship-based referrals are often seamless for the consumer and easier for staff to make. As a weakness, when something changes (e.g. staff turnover) the connection may disappear. Another weakness is that there may be missed opportunities to refer people to relevant services when relationships are not in place.
- **Systematic information and referral systems** including Nevada 2-1-1 and Nevada Care Connection have provided many with information, but have limitations that stand in the way of their full potential. Continued developments are needed to keep the systems up to date and to meet needs of both providers and consumers.
- **Family and friends** are important allies for people needing care, and personal persistence is a very helpful trait for the consumer, their family and friends, or both. Family and friends help people locate services, assist with paperwork and follow up when something isn't right. However, not all people have contacts (friends and family) or the ability themselves to identify and link to services.
- **Service coordinators, case managers, medical social workers, and medical case managers** were noted as important facilitators in helping people connect to the services they need.
- **Better collaboration** among professionals was noted as a critical opportunity to facilitate better linkage and referral. Providers may not know all or the best resources to connect clients to additional assistance.
- **A shared intake process** would be an asset in linkage and referral and had strong support among providers; however, many also identified questions about the feasibility of a shared process or system. Data sharing presents both opportunities and questions for providers.
- **Limited services** impact the ability to successfully link and refer people. Many gaps in services were noted, including both public programs and private providers.

> "I am a provider and have been in the industry 4 and a half years. I still see that people have a very hard time navigating the system and seem to find us through word of mouth, intense internet searches, ADSD, and lately the social security office. We do a lot of outreach but it does not seem like the hospitals, rehabs, and other facilities are referring to our services."
>
> --Survey Response

Person Centered Approach

- **Client-Orientation and focus on outcomes** is a framework that many organizations are already working in. That being said, they identified practical challenges with full implementation of the person-centered approach.
- **Consumers** reported both positive experiences with person centered planning as well as major deficiencies. Follow-up, choices in care, and other aspects of person centered planning are areas for improvement from the consumer perspective.
- **Staff positions** (case managers, medical social workers, and service coordinators) were noted as important assets in helping provide a person centered approach to planning. People with complex needs may be greatly assisted by staff that can understand their strengths, assets, issues and problems.
- **Training** on person centered planning will help staff from different organizations, agencies and backgrounds share a common language for client support.
- **Resources** (e.g. time, funding, and staff) were noted as barriers to person-centered planning. Inadequate budgets were noted by many as the major obstacle to providing full implementation of a person centered approach to planning.
- **A fragmented system** may be a challenge in developing a person-centered approach. Many programs and services have developed through emerging needs and through various funding sources, and this has contributed to system silos. A coordinated system with the person at the center may involve structural and cultural changes within and among organizations. On a positive note, the people at organizations reached through this process identified strong interest in making changes toward a more connected system.

> "What happens when there is a service you need in category (think waiver) A, and another service you need from category (think waiver) B? As it is, nobody can be on more than one waiver so you can't have both. Consumers like us have to choose which waiver gives us most of what we need, and then figure out how to get the rest on our own. That is so incredibly not helpful. Can we stop with all this labelling of people and categorize the services instead? Like a drop down menu where you ID the need, click on it, and choose the appropriate service (as opposed to ID the diagnosis, click on it and find a partial menu of things)."
>
> --Survey Response

> "[I] Just wish people in the community, partners, had more time to sit down and ensure all needs were met. We see a lot of repeat people coming back. Or even people you see for the first time and they were just discharged from the hospital. [There is a] lack of time and just pushing clients through. Wish we had a more proactive approach, more people proactively going to senior complexes and low income housing and meeting with them before it becomes a crisis. Most seniors don't know what's available. We don't have advertising about services (TV, radio, mail)."
>
> --Interview Response

Access to Public Programs

- **Lack of capacity for existing services** negatively impacts the ability of people to connect with the services they need. Waiting lists are very long for many types of services. Among survey respondents, this was the most commonly noted frustration.
- **Eligibility and payment systems** are barriers to successful connection to services for all populations and payers. For example, a Medicaid patient may be able to fly from rural Nevada to Salt Lake City for care, but a Medicare patient would not have the same means for payment. Fee for services options are needed but not readily available.
- **Lack of available public programs and services** are prohibitive to fully functional linkage and referral. Providers and consumers have indicated several categories for assistance that are not available at the level of demand. For example, service gaps include Housing, Mental Health, Dental, Specialty Medical, Residential Care, Respite, etc. (Surveys, Focus Groups, Interviews.)
- **Public programs,** once utilized, offer many with the assistance they are looking for. Many survey respondents noted high quality experiences and help from programs.
- **People living in rural and frontier** areas in Nevada may have even more difficulty accessing services, due to the extremely limited amount of resources available in their community. For those individuals, accessing services means crossing county lines every day. Available help often ends at county or city borders.
- **Transportation barriers** (for rural and urban settings) prevent successful linkage of clients to services they need. Even within population centers, there are difficulties getting people to the help they need.

> "People have been waiting YEARS for assistance."
>
> –Focus Group

> "There are so many "cracks" in the system that it is easier to fall through the "cracks" than to be caught by the net. It is very difficult to get help."
>
> --Survey Response

> "I don't think there are services specific to my dad's limitations. He is unable to communicate after a stroke, so can't call to arrange for transportation, make appointments, etc. The services are there, but since he can't communicate it is difficult to access and make arrangements for them. I have not been able to connect with someone who can help find a solution."
>
> --Survey Response

Governance and Administration

- **Planning for sustainability** may include opportunities to leverage or bring in additional resources. There are federal funding rules that need to be understood and imported into the plan. There may also be opportunities to look for efficiencies through policy and procedure changes.
- **Solid governance and administration** is critical. Early implementers noted that the shift to NWD (all payers and populations) may have structural and organizational implications.
- **Communication** through multiple platforms is important. In implementing a new system, the importance of clear messaging and easy to access reference information was noted. Simplified systems (a single toolkit, assessment, and communication platform) are needed to help providers and other stakeholders to embrace system changes. An awareness campaign for the public at large was also noted as an important strategy to inform the public of the changes and improvements.
- **Technology enhancements and data sharing** will be a critical component to NWD that will require infrastructure changes, training, and possibly policy changes. Many systems are in place, and administrators and providers have examples of technologies that work well and others that are difficult. Administrators and providers noted interest and excitement over better data systems and shared data, shared processes, and shared tools. However, it was also noted that these changes may have several obstacles to overcome before they work smoothly. Being able to leverage existing systems that work well may help to speed up implementation. Improvements to data sharing are central to this work.
- **Policies.** Additional research is needed to inform the policy changes needed. Medical care advisory committees, Centers for Medicare and Medicaid Services (CMS) requirements for home and community based settings, confidentiality and information release and funding requirements are examples of areas of potential policy work.

> "We are an extreme case, and I wish this were not confidential! I want people to know how just one case if managed more appropriately could save so much money and services could be SO MUCH MORE FLEXIBLE to truly meet our needs**."**
>
> --Survey Response

> "We need to ensure that plan is ready to implement and that there are resources available to implement. We don't want to see this roll out and individuals become aware and reach out to those NWD and there are no resources available. If that were to happen, then the reputation of the NWD concept or system would be damaged."
>
> --Interview Response

> "Systems are different, yet we try to make them fit within the same box without appreciating their differences. Mistake to say what you're going to find in the rural communities, you'll find at NNAMHS and SNAMHS. One area that we are moving forward with is catching up to the 20th century and beginning to look at integrating levels of care between the public and behavioral health and community partners. See that as moving forward this year."
>
> --Focus Group

Suggestions and Recommendations from Outreach

There are numerous ways in which the information derived from outreach efforts can help shape and develop an effective NWD Plan. Guidance for planning is provided below.

Recommendations

1. **Further engage local and community partners.** Successful implementation will require that communities and organizations continue to provide input and connect with planning efforts. Local and community input should continue to include front line staff, clinical staff, and consumers.

2. **Develop a working group to address policy changes.** Include a wide range of stakeholders including consumers.

3. **Work aggressively to minimize bureaucracy.** While reducing bureaucracy may seem like an obvious solution, some aspects of the process such as creating uniform systems and standardized intake may actually be real or perceived additional 'red tape.' Some states have found ways to balance these efforts, for example, one state stayed away from a common intake form and instead required that all partners assess across specific domains. Including local and community providers in planning can help in creating shared understanding and buy-in.

4. **Consider pilot of phased implementation** to improve and refine the system before it is rolled out statewide. Issues and problems may arise in the initial stages, and piloting or phasing allows for correction before the majority of the population uses the system.

5. **Prioritize the communication plan.** Providers, consumers, and administrators are all extremely interested in the opportunities created by NWD. Communicating progress, status, challenges, and finally, the new changes, policies, and processes will be a critical factor for success.

6. **Include feedback mechanisms.** Not all strategies will work equally well. Create processes to understand what is working and make changes.

7. **Develop actionable plans to improve information, referral, and collaboration among service providers as part of NWD implementation.** Include both relationship-based strategies (e.g. opportunities to network) and systematic strategies (e.g. written updates and maintenance of a database). Several ideas for strategies were provided through interviews and focus groups.

8. **Acknowledge the existing gaps in services and include strategies to help close them.** Some of the areas that may be able to be addressed through NWD planning include: funding for additional service coordinators, medical social workers, and case managers to assist with linkage and referral; training for providers (regardless of role) in NWD along with a feedback mechanism to learn from providers about the challenges of implementing strategies; and creation of more and enhanced access points for family and friends to build their knowledge, expertise, and to find support. Other strategies suggested by providers included hiring of a resource development specialist to help divisions and departments to coordinate and develop new funding, and client prioritization to ensure limited services go to those with the most severe and immediate need.

Summary of Early Implementer Interviews

Early implementer interviews were conducted to gather information about lessons learned from implementation of NWD processes in other states as well as implementation of similar efforts within the state of Nevada. NWD early implementer State representation included individuals from New Hampshire and Oregon. Interviewees from the state of Nevada included a representative that was instrumental in attempting to launch a single point of entry system in the 1990's, as well as a representative that has experience with implementation of Nevada Balancing Incentives Payment Program (BIPP) efforts.

Interviews were conducted by phone, and lasted approximately 45 minutes in length.

Results

Responses are summarized by question.

1. What were the most significant lessons learned in your implementation of a NWD approach?

- **Early Buy-in:** Obtain early buy-in and understanding from leadership on the NWD strategy.
- **Pilot Efforts:** Key informant suggested that Nevada 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.

> One state piloted their NWD project with four agencies. Once the pilot was expanded, those sites then provided coaching to some of the smaller counties who are just implementing the strategy.

- **Consistent Implementation:** 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.
- **Ongoing Oversight:** 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.

> One early implementer formed a LTSS committee, working on insurances and quality support. They also developed workgroups that include staff in the various agencies which has proven to be invaluable. They have learned that input from the front line and clinical staff is crucial to their success.

- **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.

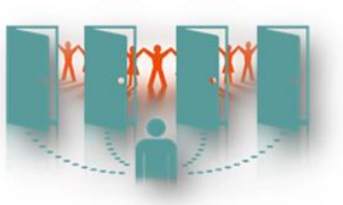
- **Build Key Champions:** Have a NWD champion or leader to bring people together on a regular basis. Involve coalitions in the process and provide incentives for buy-in.

- **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.

- **Other Considerations:**
  - Consider governance and sustainability. One of the other state NWD systems is rethinking the structure of their Aging and Disability Resource Center (ADRC) work so that the NWD's governance is not housed under one specific area in the department. At the staff level, they have changed all the contracts to say that their services are for all populations, all payers. They are creating consistent tools and training for staff to raise their comfort levels to work with all populations. Their state has also started hiring more staff that have broader knowledge, and they continue to provide skill based and knowledge training. The state is also conducting public education campaigns to raise awareness of the changes.
  - One state described their difficulties related to providing the Administration for Community Living (ACL) and BIPP programs at the same time. However, one positive effect that they have experienced in implementation of BIPP is that the ADRCs now have care path partners, whereas before they did not have strong partnership with the developmental disability or mental health providers.

2. How are community partners funded to implement Person Centered Planning/Options Counseling?

- In one of the NWD early implementer states, the state requires partner agencies provide person-centered planning/options counseling as a component of their funding for programs. Funding was not made available for this service individually.
- In the other of one (of the two) NWD early implementer states, the state contracted out for person centered planning/options counseling so that the service was provided consistently, and so that tracking was possible.



3. **How did you address streamlined access with your non-Medicaid population?**
   - One state has not done anything specific around this population but they work with an outside contractor that is tasked with providing person centered planning/options counseling to ensure that consumers who are not covered by Medicaid understand available resources and services.
   - In Nevada, ADRCs currently attempt to provide the same level of services to both Medicaid and non-Medicaid populations. If a consumer is not a Medicaid recipient, the only thing that is different is the options for services that are explored. The referral process is explained to these consumers to help them understand next steps in the accessing care.

4. **Are there partners (groups or organizations) that you have engaged that have been helpful?**
   - Organizations that have been helpful in the implementation of NWD:
     - Community health centers.
     - Developmental disabilities providers.
     - Resource centers.
     - Care path partners.
     - Senior centers.
   - One informant reported that they are a single state unit. They have one umbrella agency that houses Medicaid, community based programs, and public health services. Because everyone falls under the umbrella, they are already structurally connected to one another. For the most part, groups or organizations outside of the umbrella agency are considered referral sources instead of partners.

It was clear in gathering the answer to this question that use of the term "partner" may have limited the information that was provided regarding groups and organizations that have been helpful in implementation of NWD efforts, as most have clearly defined definitions of what a "partner" is, which may be different than a "resource" or "referral" agency. This highlights the importance of establishing clearly defined roles and responsibilities throughout the NWD system and consistently communicating with all levels of organizational engagement.

Standardized Assessment and Centralized Intake

Early implementers were asked about their state's progress towards implementation of either a standardized assessment or a common intake form.

- In one of the NWD early implementer states, the state requires the use of a common intake and standardized assessment, however it has no mechanism to track compliance. As a result, many do not consistently use these tools.
- In the other of one (of the two) NWD early implementer states, the state attempted to create a centralized intake form, however the efforts were met with 2 particular barriers that prevented successful implementation: 1) providers had a number of questions they wanted added to the form, making it a long and inefficient process, and 2) confidentiality issues made it difficult to share information.

- Nevada attempted to implement a single point of entry system in the 1990's, however, implementation lost momentum when the key champion leading efforts left the division.

Data Systems

Early implementers were asked about data systems, and how they have overcome barriers that prevent multiple systems from communicating with one another.

- One NWD early implementer state noted that they have not been able to overcome this issue. Their providers all use different data systems. They received a grant ten years ago with an opportunity to shift various data systems into one consolidated system but were not successful. With BIPP, they now have another opportunity, but state doesn't seem to be moving in that direction.
- In the other of one (of the two) NWD early implementer states, a solitary system exists for recipients of Medicaid services. While all providers use the system, how they use it and for what purpose varies (some use it for data entry, while others use it to retrieve data).
- In Nevada, a case management system is currently being created. Supplemental materials such as marketing items, and trainings will be provided, including person centered planning.

2-1-1 and Resource Directories

Early implementers were asked how they addressed the issue of resource directories and ensuring that information is up-to-date and useful for providers and consumers:

- Current Efforts that are working:
  - Contracting with an entity to provide annual audits/updates to directory.
  - Establishing clear inclusion/exclusion policies for resource directories.
  - Monthly team meeting to discuss resource directory.
  - Establishment of mobile updates.

- Efforts that posed challenges for keeping information current:
  - Expecting updates will be entered directly by providers.

Continuous Quality Improvement Efforts

One implementer spoke about their efforts to continuously assess their implementation approach for improvement purposes. This state has hired coordinators to work directly with partner agencies to identify specific cases in which consumers are not receiving quick eligibility determination. Data is used to identify these instances, and monthly meetings are scheduled to develop solutions.

Summary of Key Informant Interviews

Key informant interviews were conducted to help identify the most pressing issues facing state agencies in the implementation of a NWD system of care. Key informant interviews were conducted by telephone to gather insight on the strengths and challenges related to the existing system(s) as well as the issues the state needs to address to implement NWD.

Key Informants interviewed included the following individuals:

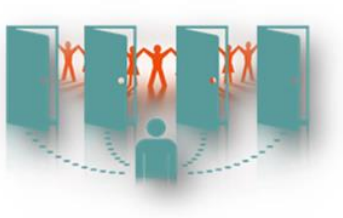
Name of Key Informant	Organizational Affiliation
Brenda Mothershead	Nevada Aging and Disability Services Division
Kathryn Baughman	Nevada Department of Public and Behavioral Health
Cody Phinney	Nevada Department of Public and Behavioral Health
Kelly Wooldridge	Nevada Department of Children and Family Services
Ken Retterath	Washoe County Social Services
Tim Burch	Clark County Social Service
Edrie LaVoie	Lyon County Human Services
Jennifer Frischman	Nevada Department of Health Care Financing and Policy
Leslie Bittleston	Nevada Department of Health Care Financing and Policy
Kat Miller	Nevada Office of Veterans Services
Patrick Williams	Nevada Division of Welfare and Supportive Services

Information is summarized by questions posed.

1. **How would you define a No Wrong Door System?**

- **Definition:** When asked how they would define a NWD System, most key informants agreed that it is a single point of access approach where a client is able to go to one place and be evaluated for all programs and services. If a client is deemed eligible for resources that are not provided at that particular agency, there is a warm-hand off to the fellow agency, ensuring that the client is connected and receives services. No matter where clients enter the system, staff have the ability to refer to the appropriate service provider. The system would take on the burden of collaborating to meet the individual's needs, rather than the vice versa.

- **System Requirements:** The NWD network of providers would need to
  - Agree to be a part of the NWD concept.
  - Have a shared definition of the persons they are serving.
  - Have a shared communication platform (data sharing), leveraging the Homeless Management Information System (HMIS) homeless systems (statewide adoption of



Clarity so that all providers are using the system and communicating about the shared clients, and everyone has access to client information).
  - Have consistent training.
  - Access to resource guides (whether online or hardcopy) so that clients receive as many services as possible and then be linked to another agency for additional services.

- **Concerns Regarding NWD Implementation:**
  - **Intake Procedures:** One key informant questioned whether the concept is achievable or realistic, only because of the knowledge requirement an intake person at a NWD requires, such as understanding all of benefits, resources, and services opportunities in multiple systems.
  - **Information Technology Needs**: It would also require information technology solutions, such as a centralized information portal that is used by all and would assist front-line staff with provision of information and resources. From experience, it takes many years for one of their staff to be trained and in a position where they can effectively help clients and point to the appropriate resources. Data and technology continue to be barriers to NWD.
  - **Rural Barriers**: In many rural areas, there are simply no doors for people to access for information and services.

Outreach and Awareness

2. What kinds of outreach is your agency engaged in to increase awareness about LTSS services? Are specific populations targeted in outreach efforts?

The following outreach is conducted by agencies to increase awareness of resources:

- Trainings (to the community & other providers) (4)
- Brochures and flyers (4)
- Mailing lists (2)
- Newspapers (2)
- Radio (2)
- Participation in community meetings or advisory councils (2)
- TV (2)
- Require staff to participate on related committees
- Door-to-door and face-to-face meetings with community
- Website
- Mobile Crisis Program
- FAST Program
- Partner with coalitions and related programs to increase outreach into the community

3. **What kind of activities, if any, are used to assess the effectiveness of outreach and marketing activities?**

   - Of the providers that were able to answer this question, most (three) had no methods for determining the effectiveness of outreach. This was either due to the lack of tools to measure effectiveness, or because client information is confidential so they are unable to track and determine if a client came to them for services due to their outreach.
   - One informant confirmed that they do track effectiveness, however efforts are conducted by their sub-grantee so they do not actually do it in-house.
   - While key informants did not always track the effectiveness of outreach, many echoed the need for better outreach in general. Key informants recommended reaching out to the general population via Public Service Announcements (PSAs), television, and public radio.
   - In addition, one key informant noted that outreach and education is also required among agencies, providers, and at the state level. Many of the providers are simply not aware of what other resources are offered by other agencies. Similarly, some state divisions are not aware of what other departments provide.

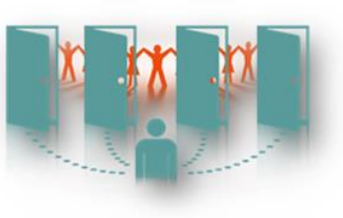
4. **From your perspective, does this outreach result in awareness? Why or why not? (In other words, how well do individuals and those that care for them know about the LTSS services that are available?)**

   - Of the three key informants that spoke to this question, two noted that they have noticed an increase in awareness, particularly around agencies and providers. They have found the spectrum of care to be more collaborative and creative with outreach efforts.
   - One informant found that the demand for their LTSS have increased beyond their capacity and they are currently working with community providers to address the gap. The informant noted that penetration rates for their specific population show that they are not reaching the number of people they expect to have a condition, so additional outreach is needed.

5. **What are the key referral sources to your agency?**

   The majority of informants listed hospitals (6) as the key referral source to their agency. Several others listed law enforcement (5), schools (4), friends and families (3), welfare (2), juvenile probation (2), health and human service agencies (2), coalition partners (2), and Family Resource Centers (2). A number of other referral sources were also listed by key informants:

Elder Protection Services	Volunteer Organizations	Senior Centers
Home Health Providers	Case Managers/Intake Coord.	Boys and Girls Club
Senior Care Facilities	Volunteer Organizations	Vocational rehabilitation
Community Triage Centers	Governor's Office	Juvenile Justice
Homeless Shelters	Directors office	State Agencies



Faith-based Organizations	Court System	Rural Hospital Association
Emergency Services Non-profits	Jails	Community
Mobile Crisis Unity for Youth	Child Protective Services	Social Service Organizations
College and universities	Local Clinics	Community triage Centers
Centers for Medicare and Medicaid Services (CMS)	Nevada Department of Health and Human Services (DHHS)	Department of Veteran's Affairs (VA)
County Health & Human Services	REMSA (paramedic ambulance services)	

Information and Referral

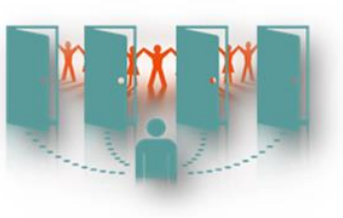
6. What has been accomplished over the past 2 years to increase awareness of resources throughout the state?

- Some key informants felt that not much progress has been made over the past two years in terms of increasing awareness of resources throughout the state.
    - One noted that prior to working in their current field, they weren't even aware of the 2-1-1 hotline.
    - Another noted that there is a lot of information available but it doesn't seem to be getting in the hands of the people that need it, or when it does, people feel overwhelmed with all of the information.
- Other informants felt that there has been increased awareness, particularly due to collaboration between private sector agencies and state/county agencies.
    - Some informants noted internal improvements such as an improved telephone system; two key informants discussed how 2-1-1 has helped improve awareness of resources.

7. What has been accomplished over the last 2 years to improve the system of referrals for services (tracking, etc.)?

- Five of the key informants felt that no improvements to the system of referrals for services have been made in the past two years.
- Efforts identified as improvements:
    - MyAvatar has supported tracking efforts of workload and client data.
    - Partnership with the Governor's Behavioral Health and Wellness Council has brought together a number of state, private, and local partners to identify and implement solutions.

One informant noted an attempt within their agency to improve the system of referrals, however they lacked the infrastructure to support the newly developed customer service center and found that they were understaffed, staff were not qualified to answer questions, and wait times were excessively long.



- Referrals and tracking has been improved due to
  - MyAvatar technology.
  - Consolidation of departments within the Public & Behavioral Health Division.
- Standardized Intake Forms are being used in northern and southern Nevada through Homeless Continuum of Care organizations utilizing HMIS technology.

Person Centered Planning / Options Counseling

8. In your estimation, is your agency providing person centered planning?

- 4 Key Informants noted that their agency had been formally trained and are implementing person centered planning, although they also noted that improvements are needed.
- Others, while not formally trained, felt that their agency does provide person centered planning. They operate under the core concept that their work is client driven, and that the client should always have a say in their long-term care choices. Clients are evaluated for every resource they might need and family members or caretakers are included in the treatment planning.

If yes: What works well (or is missing)?

- Issues identified as deficiencies in providing person centered planning include:
  - Follow-up has been a weakness, as it was never required in the past but it now required at a specific frequency.
  - Meeting people where they are. Because services are voluntary, past efforts have focused on the consumer demonstrating that they are "ready" to participate. There needs to be a shift in this perspective to be more pro-active in approach to service.
- An area identified as working well within the person centered planning approach included the use of evidence-based practices, such as motivational interviewing.

If no: What has prevented you/been a barrier to implementation?

- For one key informant who answered "no", implementation of person centered planning was a timing issue. Their agency recently underwent some transitions, which will now allow their division mangers to be more involved in direct services so that they can provide coaching and mentoring to staff.

One informant noted that the institutional culture does not support person centered planning within their organization. To shift to a new service model, policies and procedures would need to be changed, and the workforce providing services would have to develop a new skill set. This informant sees this as an extremely challenging effort.

9. How well does your organization implement person centered planning (for crisis as well as long-term needs)? How well do you implement a follow-up component to the process?

- For those that implement person centered planning, many felt that they were implementing it well.
- Two key informants made note that it is a prescribed requirement and that training is provided so that they have confidence in their case managers' ability to provide person centered planning. One other said that it is a part of their organization's philosophy.
- One informant reported that they have to provide documentation showing that they have provided person centered planning.

10. What resources/supports would be necessary to improve the results (or implement if you are not currently doing person centered planning)?

Key informants noted the following resources that would improve results:

- More case managers/staff (4)
- Funding (2)
- Consistent Training (i.e., utilizing one company or agency to provide training statewide with consistent messaging) (2)
- Centralized system (2)
- Transportation (especially in rural communities)
- Low income housing
- Technology
- Data repository
- Medicaid certification process for providers
- Peer support (statewide peer support initiative where 24/7 there's a phone line available)
- Partnerships
- Productivity

Key informants indicated that there should be more focus on working with the community to maximize what is currently available to consumers without expanding public service programs (i.e., co-locate providers so that consumers can receive multiple services at one location).

Streamlined Access and Eligibility

11. What works and what doesn't when consumers are seeking services? What are the major barriers for consumers in accessing services?

Works Well	Barrier
Connection to services the day the client walks in the door	**Wait lists and eligibility requirements for programs (4)**
Prioritizing highest need clients to serve them first before moving to lower priority clients	**Lack of case managers to address demand (4)**
Active listening	**Clients bounced around from provider to provider (3)**
BIPP developed a level 1 screen tool to determine who client should be referred to	**Clients do not know who to call for assistance (2)**
Creation of drop-in times where no appointment is necessary	Lack of follow-up when client calls to obtain information
Improved technology, such as phones and tablets	Clients are denied Medicaid because of income levels and are not aware of other programs available
	Providers do not always think about long term options (crisis focused)
	Options counseling may feel invasive to some clients due to the nature of the questions
	Lack of ability to provide eligibility determination to clients
	Transportation to agency for services
	Lack of funding to provide services locally
	Lack of client knowledge about what is needed to apply for specific programs
	Workforce shortage for specialty positions (e.g., psychiatrists, etc.)
	Lack of a mobile workforce to go to client's home

12. What would be necessary to utilize standard intake and screening instruments across state agencies and through community partners?

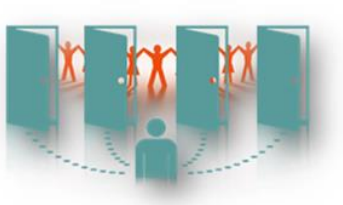
- Many of the key informants were in favor of utilizing a standard intake form.
- **Require Use:** Some had already seen efforts among other agencies to create such a form, such as Children's Mental Health although providers are not required to use it. Informants felt that the only way it would work is if the state came together and required that all grantees and contracts had to use the same instrument. Otherwise, efforts might not be successful.
- **Database Solutions:** Some key informants felt that the various databases used by providers throughout the state need to include some interface so they are able to communicate with one another to avoid duplication of effort.
- **Overcome Privacy Issues:** Federal privacy issues were difficult to work around and often, state programs don't play well when it comes to sharing information. One informant felt that the best workaround to many of the privacy and data sharing issues noted by others is to only collect basic demographic data that can be shared among providers (after a client has signed a permission form to release the information). Then once the client moves to each program, they are able to collection additional questions.

Agencies that will be in the NWD system will need to attend regular meetings, and have representative leadership. The meetings must have meaningful and tangible outcomes in order to continue moving the strategy forward.

Partnerships and Coordination of Efforts

13. Which partners do you work with most? What works well in these partnerships?

- **Partners:** All key informants felt that the referral agencies listed earlier in the report were also the partners they work with the most. Some also noted additional partners, such as advisory councils and mental health consortiums.
- **What work well:**
  - Many noted that personal relationships forged with individuals within programs works well. While some of these partnerships are mandated, key informants have found that forming relationships with the various personnel at their partner agencies have led to easier collaboration.
  - Having regular partner meetings were also noted as beneficial. Staff are able to talk about an applicable topic, share recent updates and provide a platform for open dialogue. These meetings appear to be available both in urban areas and also locally in rural areas. In some cases, these types of meetings are mandated for staff but they are provided credits as an incentive for participation.



14. How well are programs and services coordinated across systems?

- Views on program and service coordination across systems varied by informant.
- Some felt that it was not currently an issue but felt that more time is needed for the community and partners to meet and discuss what needs are not being met. In many cases, their agencies are seeing a lot of repeat people coming back for services, or they are seeing those who were just discharged from the hospital, indicative that not much time is allocated for client planning.
- Agencies have found that by simply attending advisory council, county, or community meetings has helped to ensure communication across programs.
- Some felt that recent initiatives and councils, such as the Governor's Council on Behavioral Health and Wellness have shed some light on inefficiencies and now have partners working to address those gaps.

Many key informants felt that coordination was non-existent and feel that a NWD model could improve coordination. They have found that issues arise at all levels because everyone is overloaded and that organizations works in siloes. They lack a means of communication through cross platforms (such as HMIS).

15. What could improve coordination?

Key informants noted the following items when asked about improving coordination:

- Training, specific to programs and funding (e.g., Medicaid, DHHS, etc.) (2).
- Centralized state data system.
- Determination of what is exactly causing inefficiencies among programs and services.
- Improved provider communication through meetings (2).
- Opportunities to combine resources to ensure that needs are met.

NWD Implementation

16. What opportunities or concerns do you have in regard to implementing a No Wrong Door strategy in Nevada?

Opportunity	Concerns
Ensure all partners share the same No Wrong Door vision (2)	**Paradigm shift for many agencies (2)**
Hire a project manager to oversee the statewide initiative	**Commitment of partners (2)**
Longer timeframes to accommodate increased workload for partners	**Availability of needed resources (2)**
	Infrastructure to support No Wrong Door
	Sustainability and cost
	Alignment with Medicaid's vision for BIPP
	Bureaucracy will be too involved
	Lack of shared data system

17. What are the most critical issues that Nevada needs to address to prepare for implementation of a No Wrong Door strategy?

Key informant discussed the following critical issues during their interviews:

- Build in governance and administration into the plan.
- Ensure resources are available to implement the plan.
- Ensure that there is at least one champion behind the plan to ensure it is being implemented and driving the plan forward.
- Understand the current culture among providers (i.e., where are the barriers, who owns them) and determine what are legitimate barriers and what are caused by inefficiencies.
- Provide a comprehensive model and toolkit (single assessment, single platform for communication) so No Wrong Door providers can report, and communicate. Shared model, shared assessment, shared technology.
- Most programs are implemented from the state down, which is exactly the opposite of person centered planning. The State needs to guide the process but the agencies who actually work

with the consumers need to be responsible for this change (needs to be a community level initiative).

- Ensure all the right players on board and that communication across partners is improved.
- Develop or use an existing tool that will prioritize services based on need and standardize it for implementation.

18. What policy level changes are needed to implement NWD at the local, regional, and/or state level? (Consider streamlined access, sharing information, etc.)

Key informant discussed the following policy level changes during their interviews:

- Begin planning and see what is needed before determining policy changes.
- Ensure that care management organizations are involved.
- Medical care advisory committees should be included as they are legislatively mandated.
- Review CMS requirements for home and community based settings and determine if a transition plan needs to be submitted.
- Address the issues around confidentiality and release of information to increase data sharing among agencies and alleviate eligibility issues (3).
- Review the funding rules that would facilitate a smoother implementation of NWD. There are regulations about funding sources that could be used to help address a more effective use of NWD funding.

19. What practical changes are needed to implement NWD at the local, regional, and/or state level?

Key informant discussed the following practical changes during their interviews:

- Additional training is needed to orient agencies on NWD.
- Address confidentiality issues to increase data sharing (2).
- Increased communication among agencies, even internally within programs and divisions.
- If implemented, need a webpage with guidelines, and policies and procedure.

Summary of Focus Groups

The purpose of focus groups was to gather information from service providers regarding the most pressing issues facing in implementation of Long-Term Support Services (LTSS) and how the system currently works to assist individuals, and opportunities to improve that system. This information is important to help Nevada prepare for NWD implementation.

Methods

Groups of providers were identified with the assistance of the NWD Advisory Board. Individual participants from representative organizations were invited to participate. Focus groups were held via webinar. The webinar format made it possible and cost effective to have statewide representation by sector.

Each focus group began with an overview of the NWD theoretical framework, a description of the project and an explanation of how the focus group information was relevant to planning efforts. Each focus group lasted no longer than 90 minutes. Participants were able to provide input both verbally and using webinar chat and comments features.

Provider Expertise / Organization Type	Date	Number of participants
Aging and Disability Services Division - ADSD	February 23, 2015	8
Community Based Organizations	March 19, 2015	8
County Representatives	March 12, 2015	7
Department of Public and Behavioral Health –DPBH	March 5, 2015	6
Food Banks	March 26, 2015	7
Family Resource Centers – FRCs	March 12, 2015	11
Jails and Prisons	March 19, 2015	2
Residential Facilities	March 26, 2015	7
Senior Centers	March 24, 2015	11
	TOTAL	**67**

Results

The focus group facilitator asked 11 questions developed to help inform a SWOT analysis of the current system for LTSS and to identify the needs that Nevada must address in the implementation of a NWD system. The feedback received from focus group participants are listed below categorized by major topics of discussion.

Consumer Needs

Focus group participants were asked to describe the most significant needs or challenges facing people who need/use services and to what extent those needs are currently being met.

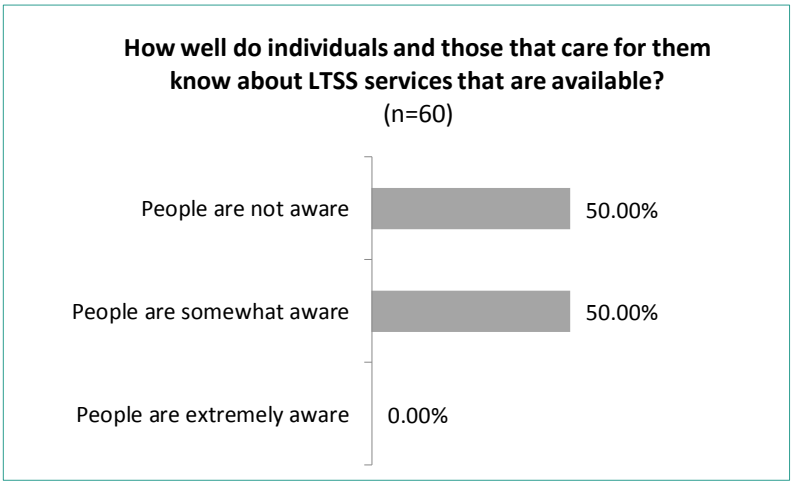
The needs and challenges facing people that were most often cited by providers were:

- **Access:**
  - Geographical barriers to accessing services.
  - Lack of transportation (in rural areas) making it difficult to access care.
  - Lack of awareness about services available.
  - Excessive and complicated eligibility process (paperwork).
  - Difficulty navigating the system.
  - Long waiting lists.
- **Coordination of Care:**
  - Lack of coordination in the community regarding services.
- **Insufficient Service Spectrum:**
  - Housing (lack of housing, subsidized housing, shelters, section 8).
  - Insufficient quantity/capacity of providers especially in rural areas (dentistry, mental health, services for families, public guardians, respite care).

Outreach & Awareness

Participants were asked via a poll issued within the webinar to rate the extent to which individuals and those that care for them know about LTSS services that are available. The results of the survey are contained in the chart below.

Some providers added that the extent of knowledge of individuals will depend on the provider knowledge; sometimes people are not aware of the individual services available. They indicated that many don't realize how many services are offered through one provider. Providers pointed out that especially in the rural areas, the senior centers are key to getting information out to seniors (only point of contact).



Participants were also asked to identify the different kinds of outreach used to increase awareness about LTSS services, including whether specific populations are targeted in outreach efforts.

The kinds of outreach used to increase awareness about LTSS services that were most often cited by providers were:

- **Community presentations:** participation in activities or meetings within the community to present information or get information about services available (schools, senior expos, health fairs, conferences (Annual ADSD conference, veteran conference, family conference), SAFE coalition, Project Homeless Connect, Meals on Wheels).
- **Word of mouth** through educated providers and clients or between clients who received services and people who need them.
- **Social media** (Facebook: food bank in Mesquite has 4,000 members).
- **Social networking** (for example Washoe County Resource Center organized site visits once or twice a year to see facilities, talk with people there and gather information).
- **One-on-One Outreach:** visits door to door, one by one.

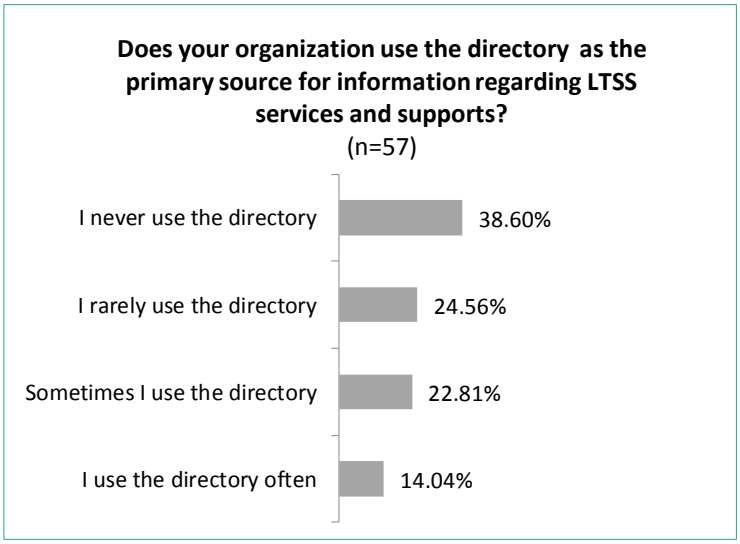
The City of Henderson is implementing a new outreach approach with the local library in which electronic readers are provided to consumers through the Meals on Wheels program.

Information and Referral

Focus group participants were asked to describe the state system of providing accurate resource information through the Nevada Care Connection website.

- Most providers indicated that they don't use/know about the website, and the ones that had used it pointed out that it was not up to date or user friendly.
- Providers also indicated that seniors are not often computer users and/or computer literate.

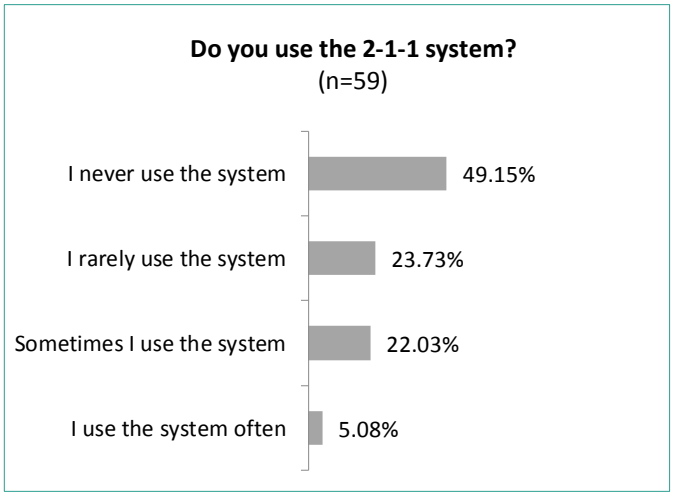
Participants were also asked via a poll issued within the webinar to rate the extent to which their organization used the directory as their primary source for information regarding LTSS services and supports. The results of the survey are contained in the chart on the right.



As a follow-up to the poll, participants were asked to name other ways in which they stay informed about resources available.

- The majority of the providers stay informed about resources available through their own experiences and relationships built over time.
- Internet search efforts.
- Internal and external resource directories are also used; however, providers indicated that it is challenging keeping directories up to date.

Participants were also asked via a poll issued within the webinar to rate the extent to which their organization used the Nevada 2-1-1 system. The results of the survey are contained in the chart to the right.



As a follow-up to the poll, participants were asked to describe how comprehensive, accurate, up to date and user-friendly the 2-1-1 system is.

- Most of the providers don't use the 2-1-1 system. They described it as being frequently out of date, difficult to navigate (not able to search by region), Washoe and Clark county focused (not enough information for the rural areas), inaccurate, and not user friendly.
- Some of the providers indicated that it has been helpful for them, it is comprehensive and a good start when searching for information.

Partnerships and Coordination of Efforts

Participants were asked to describe how well programs and services are coordinated across systems.

- The majority of providers agreed that programs and services are not well coordinated across systems.
- Some coordination efforts sited by focus groups included:
  - Coordination between the Aging and Disability Services Division (ADSD) and Nevada Early Intervention Services (NEIS).
  - Coordination between nonprofits and within organizations.
  - Informal coalition of providers around senior nutrition services.
  - ADSD providers also mentioned having a wraparound service coordinator.

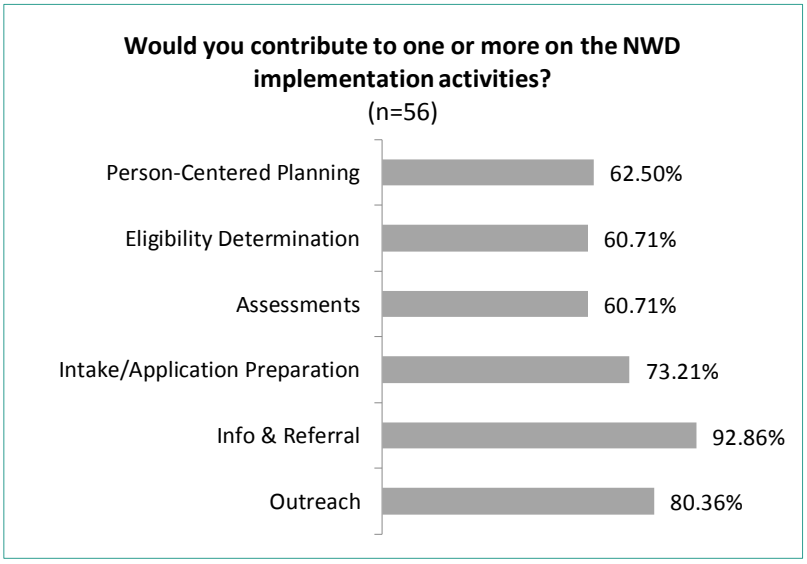
Participants were also asked to identify strategies that could improve coordination / collaboration efforts.

The most cited strategies to improve coordination and collaboration were as follow:

- Participate in community activities and events such as meetings and conferences (for example; ADSD conferences, and Nevada Governor's Council on Developmental Disabilities conference holds every two years),
- Ensure coordination amongst intake staff to ensure consistency in information provided to consumers.
- Improve communication efforts and information sharing opportunities (similar to what is practiced by Family Resource Centers).
- Partnering to provide services.
- Establishment of one database or means to communicate between providers.

No Wrong Door Implementation

Participants were also asked via a poll issued within the webinar to rate the extent to which their organization would partner to implement various components of the NWD system. The results of the survey are contained in the chart to the right.



As a follow-up to the poll, participants were asked to describe what resources they needed for implementation.

- **Funding** was the most cited resource needed for implementation, including the need for additional staffing to support efforts.
- **Streamlined eligibility systems**, including use of a technology component that is supported by an administrator to quickly respond to issues that arise.
- W**eb-based directory** that was user-friendly, comprehensive, current and accurate.

Focus group participants were asked to share their opinions about opportunities or concerns they have in regards to implementing a NWD strategy in Nevada.

The opportunities and concerns that were most cited by participants in regard to implementing a NWD strategy in Nevada were:

- **Funding:** additional funding is for needed resources, transportation, manpower, and case management.
- **Collaboration and networking, and ongoing communication:** It is important that people work together for implementation purposes. It is equally important that people perceive this approach as an effective one, or it will erode their efforts.
- **Streamlined intake:** the need of a streamlined statewide paperwork process to prevent duplication of efforts.
- **Accurate information:** information needs to be up to date, accurate, and representative of the correct region.
- **Clear roles:** responsibilities' structure between the county and the state needs to be clearly understood.
- **Outreach:** need for an increased outreach activities.
- **Timeliness:** there was concern for how long would it take for people to get the services they need.
- **Sustainability**: There was an acknowledgement that what is needed is a system that doesn't depend on individual people, but on a processes to ensure sustainability over time.

Participants were also asked to identify the most critical issues that Nevada needs to address to prepare for implementation of a NWD strategy to service.

The critical issues most cited by providers were as follow:

- Lack of transportation in rural areas.
- Lack of streamlined intake paperwork and assessment.
- Lack of consistency in service delivery.
- Integration of services.
- Communication between providers. Providers need to share information, but must accommodate confidentiality issues.
- Need for follow-up with patients.
- Need for a philosophical shift to a person-centered approach - need to develop a relationship with the patient to know what this person wants in its life.
- Overlap between federal and state agency services.
- Language barriers.

Focus group participants were asked to identify what policy and practical changes are needed to implement NWD at the local, regional, and/or state level. Recommendations offered included:

1. **Improve case management services** for clients, especially for those in rural areas; and improve coordination in the community. For example; provide one-on-one contact with seniors to help them with paperwork (Medicaid, housing, energy assistance).
2. **Improve transportation** for rural areas. Some providers mentioned initiatives to form subcommittees to work on this issue (Sierra Nevada Transportation Coalition). Vista Care services, taxi assistance program, guardian services, and coupon – senior lifelines services have been used in rural areas to cover areas that are not cover by the Regional Transportation Commission - RTC.
3. **Increase family education, participation, and support.** Provide services for families (groups, counseling) that help them understand their loved one's diagnosis.
4. **Improve enrollment process** to determine expeditious eligibility of individuals looking for services.
5. **Increase awareness** about LTSS services through different kinds of platforms such as social media (Facebook), internet, one on one contact, radio, television, printed press (in rural areas a resource could be the businesses newsletter (Newmont), newspapers, church newsletter), community fairs, or expositions.
6. **Establish a network of data and contacts** for providers. For example; in some rural areas regional, community meetings or fairs are held to get all providers of certain services together to network.
7. **Improve Nevada Care Connection** website to be more user friendly, and keep it up to date. Additionally, the site should have a translation function.

Summary of Consumer Surveys

Consumer surveys were issued to LTSS consumers, family members, care providers, and advocates to solicit input regarding the strengths and weaknesses of the current system as well as their suggested priorities for action related to employment services and supports.

Methods

Questions were developed to collect information on the experiences and perceptions of people using long term services and supports. People receiving services, their caregivers, advocates, and past consumers were all invited to participate. The survey was distributed through organizations providing related services across Nevada. The survey was made available in both paper and electronic format, and in English and Spanish. The survey was initially distributed February 27, 2015 and closed April 2, 2015. A number of paper surveys were either incomplete (n=15), with answers only on the demographic profile section, or were repeated (n=2). These surveys were not considered in the overall survey analysis.

Limitations

In order to minimize any real or perceived risk related to participation, the survey was anonymous. Some steps were made to identify and clear duplications; however, at least one provider voiced concern that people may answer more than once to influence the results.

Surveys largely mirrored Nevada's population, including race and geographical distribution. People that are Hispanic/Latino were largely under-represented in the survey, and considerably more women than men participated.

Survey Respondents Profile

Affiliation

The survey asked respondents to identify a category that best described their profile/affiliation. In some cases, the identification categories may outnumber the total participants and exceed 100% as individuals were given the option to identify with multiple affiliations.

Throughout the summary, information is shown for all survey respondents, as well as segregated results for consumers only.

Representation (n=407)	#	%
Consumer (current and former)	221	54.3%
Person helping consumer complete the survey	65	16.0%
Friend or family member of a consumer	85	20.9%
Caregiver	76	18.7%
Advocate	96	23.6%
Someone in need of services but not receiving them	30	7.4%
Provider	49	12.0%

Geographical Representation

Respondents were asked to identify the county that they live in. Rural and frontier counties are consolidated in the table below (Balance of State). Rural counties where one or more person submitted a response include Churchill, Douglas, Elko, Humboldt, Lyon, Lincoln, Mineral, Nye, and White Pine. Overall, the survey had broad representation across the state. Participation from rural communities was strong; urban counties (Washoe and Clark) were slightly under-represented compared to the total.

Geography	Nevada Population Statistics		Survey Respondents (n=421)		Consumers (n=196)	
	#	%	#	%	#	%
Washoe	425,495	15.6%	54	12.8%	15	7.7%
Clark	1,976,925	72.4%	250	59.4%	134	68.4%
Carson City	54,821	2.0%	31	7.4%	12	6.1%
Balance of State	**253,465***	**9.3%**	86*	20.4%	35*	17.9%

*Churchill, Douglas, Elko, Humboldt, Lyon, Lincoln, Mineral, Nye, and White Pine

Gender and Ethnicity

Considerably more females than males answered the survey. In Nevada, males and females represent half of the population equally; however more than two-thirds of survey respondents were female.

It terms of ethnicity, people that are Hispanic or Latino had lower representation when compared to the state's population. According to the US Census, 26.9% of Nevada's population is Hispanic / Latino, while only approximately 9% of the respondents identified with that ethnic designation.

Demographics	Nevada Population Statistics		Survey Respondents (n=420)		Consumers (n=198)	
	#	%	#	%	#	%
Gender						
Male	1,363,616	50.5%	120	28.6%	74	37.37%
Female	1,336,935	49.5%	300	71.4%	124	62.63%
Ethnicity						
Non-Hispanic/Latino	1,995,969	73.1%	381	90.07%	181	91.41%
Hispanic/Latino	734,097	26.9%	42	9.93%	17	8.59%

Race

Overall, the survey successfully reached people of different races across the state. Among minority populations, people that are American Indian, multiple races, and Asian were slightly under-represented compared to the state distribution.

Race	Nevada Population Statistics		Survey Respondents (n=423)		Consumers (n=198)	
	#	%	#	%	#	%
White	1,948,808	71.4%	290	68.6%	132	66.7%
Black or African American	224,424	8.2%	45	10.6%	24	12.1%
Asian	202,157	7.4%	10	2.4%	9	4.6%
American Indian or Alaska Native	29,446	1.1%	3	0.7%	1	0.5%
Native Hawaiian or Other Pacific Islander	16,841	0.6%	6	1.4%	2	1.0%
Multiple Races	108,275	4.0%	22	5.2%	10	5.1%

Age

Respondents were asked to identify their age. Comparison data was available for different age categories than those presented in the survey, limiting the ability to provide a tabular comparison. Compared to Nevada's population with disabilities, adults of all ages were well-represented in the survey, including older adults. Children and youth were under-represented; however, their parents and caregivers may have participated.

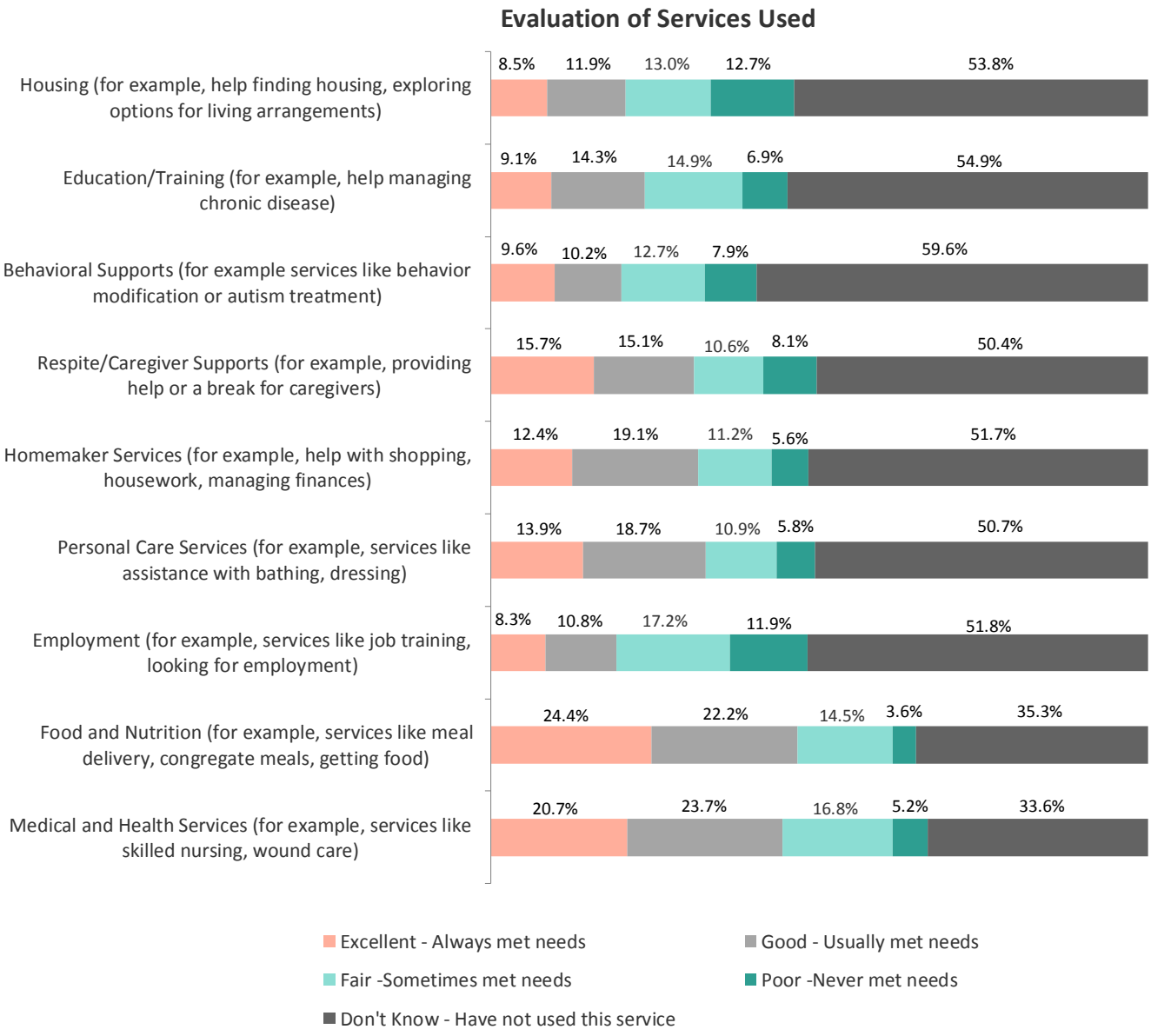
Age Breakout by Consumer	Total (n=418)		Consumers Only (n=195)	
	#	%	#	%
Under 12 years	0	0%	0	0%
13 to 17 years	1	0.2%	1	0.5%
18 to 20 years	4	1.0%	2	1.0%
21 to 24 years	15	3.6%	4	2.0%
25 to 44 years	90	21.5%	39	20.0%
45 to 64 years	145	34.7%	57	29.2%
65 to 74 years	104	24.9%	59	30.3%
75 years and over	59	14.1%	33	16.9%

Results

Evaluation of Services Used

Survey respondents were asked to indicate the type of services they (or the person they care for) have used and the extent to which these services met their needs.

Highly rated services included food and nutrition service, with 47% of respondents evaluating them as excellent or good, and medical and health services, with 44% of respondents evaluating them as excellent or good. Services rated at the lower end of the satisfaction scale included employment services, with 29% of respondents evaluating them as fair or poor, and housing services, with 26% of respondents evaluating them as fair or poor.



Source of Information

Survey respondents were also asked how helpful different sources of information have been in finding and learning about available services and supports.

Most Helpful Sources of Information

52%

of respondents…

Indicated Friends and Family were very helpful or helpful sources of information

51%

of respondents…

Indicated referrals from other another agency were very helpful or helpful sources of information

Referrals from service providers, organizations, and hospitals were also mentioned as being helpful in comments and open-ended responses.

Least Helpful Sources of Information

28%

of respondents…

Indicated Medical Providers were somewhat helpful or not helpful sources of information

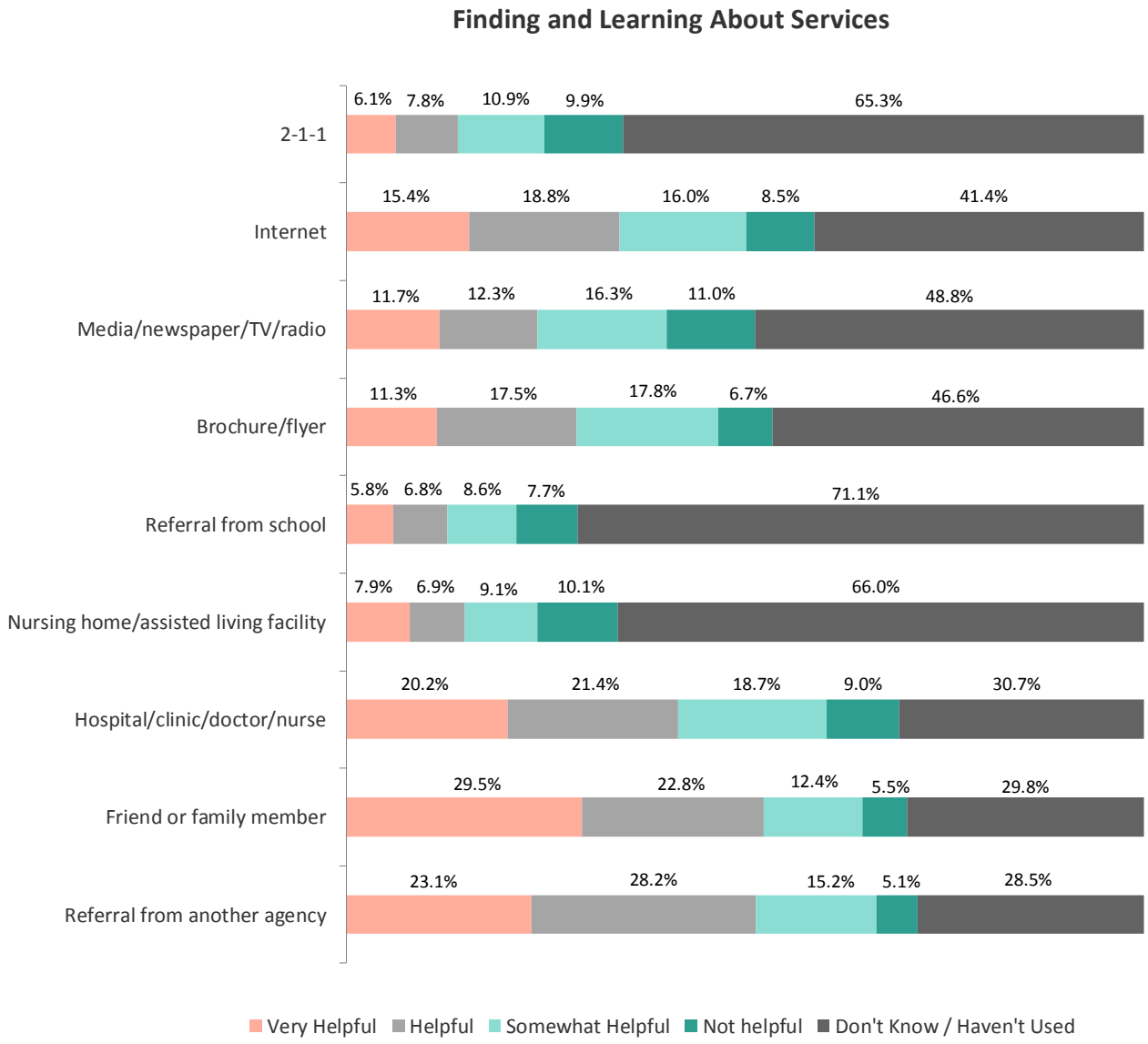
27%

of respondents…

Indicated Media Sources were somewhat helpful or not helpful sources of information

However, as mentioned, referrals from hospitals and service providers were indicated as being helpful in comments and open-ended responses.

Also meaningful is the amount of respondents not knowing about or using these sources of information. This is especially true with referrals from school (71%), nursing homes or assisted living facilities (66%), and Nevada 2-1-1 (65%).

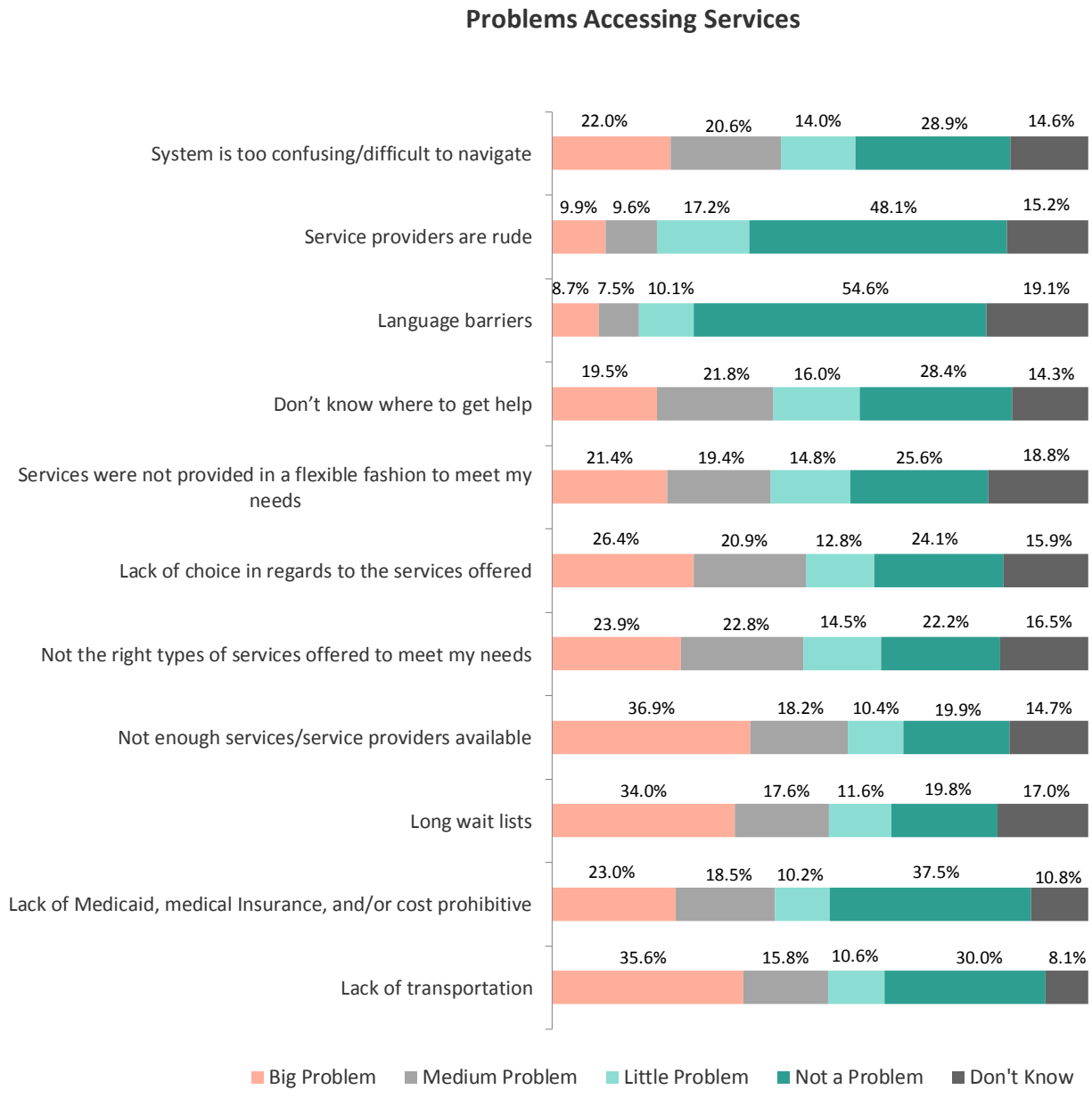


Thirty-five (35) comments were also provided. Among major categories of sources for information that are not listed above but were identified by respondents were: 1) written directories (n=3), such as the Chinese yellow pages or the Community Resource List, 2) programs and events (n=3) such as the Veteran Stand Down or People First, and 3) word of mouth (n=2).

Problems Accessing Services

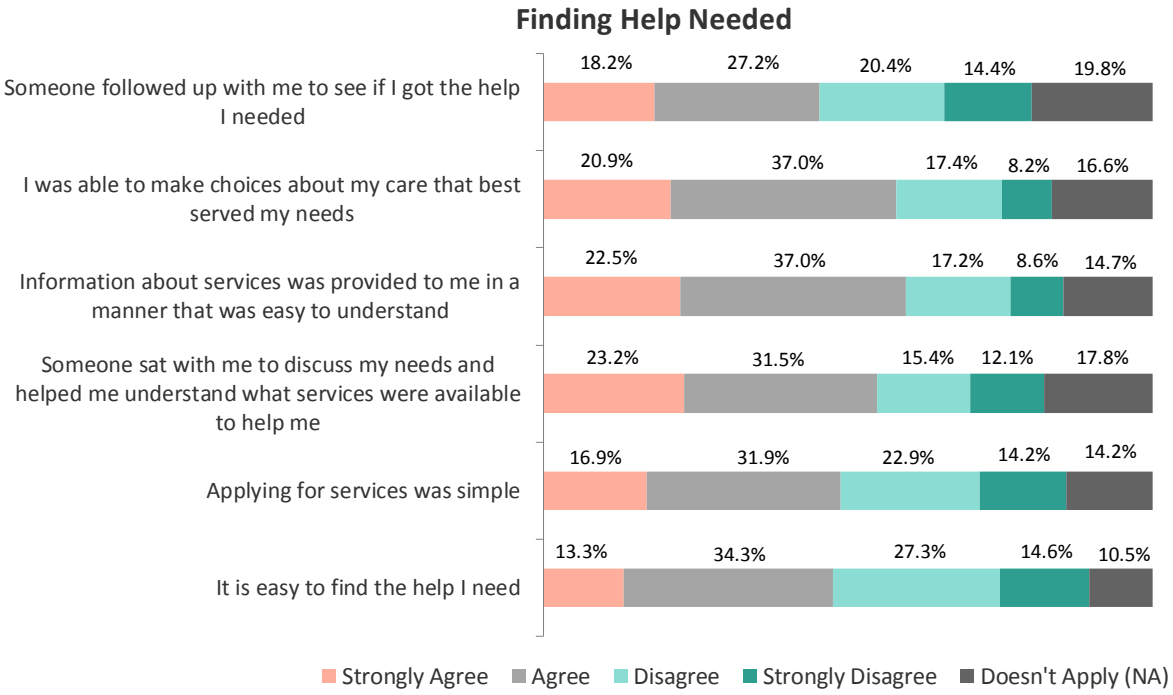
Survey respondents were asked to indicate the degree to which several issues might affect their ability to access services, treatments, and/or supports.

Not enough services or service providers available (37%) and lack of transportation (36%) were considered to be the biggest problems among survey respondents. In addition, among comments and open-ended responses, lack of services and qualified staff (n=36) were also mentioned as important problems in accessing services or causing frustration when accessing services. Language barriers (55%) and rude service providers (48%) were not considered to be a problem by most respondents.



Finding Help Needed

Survey respondents were asked to evaluate—within a 4-point range from Strongly Agree to Strongly Disagree—various statements regarding their experiences in finding the services they needed.

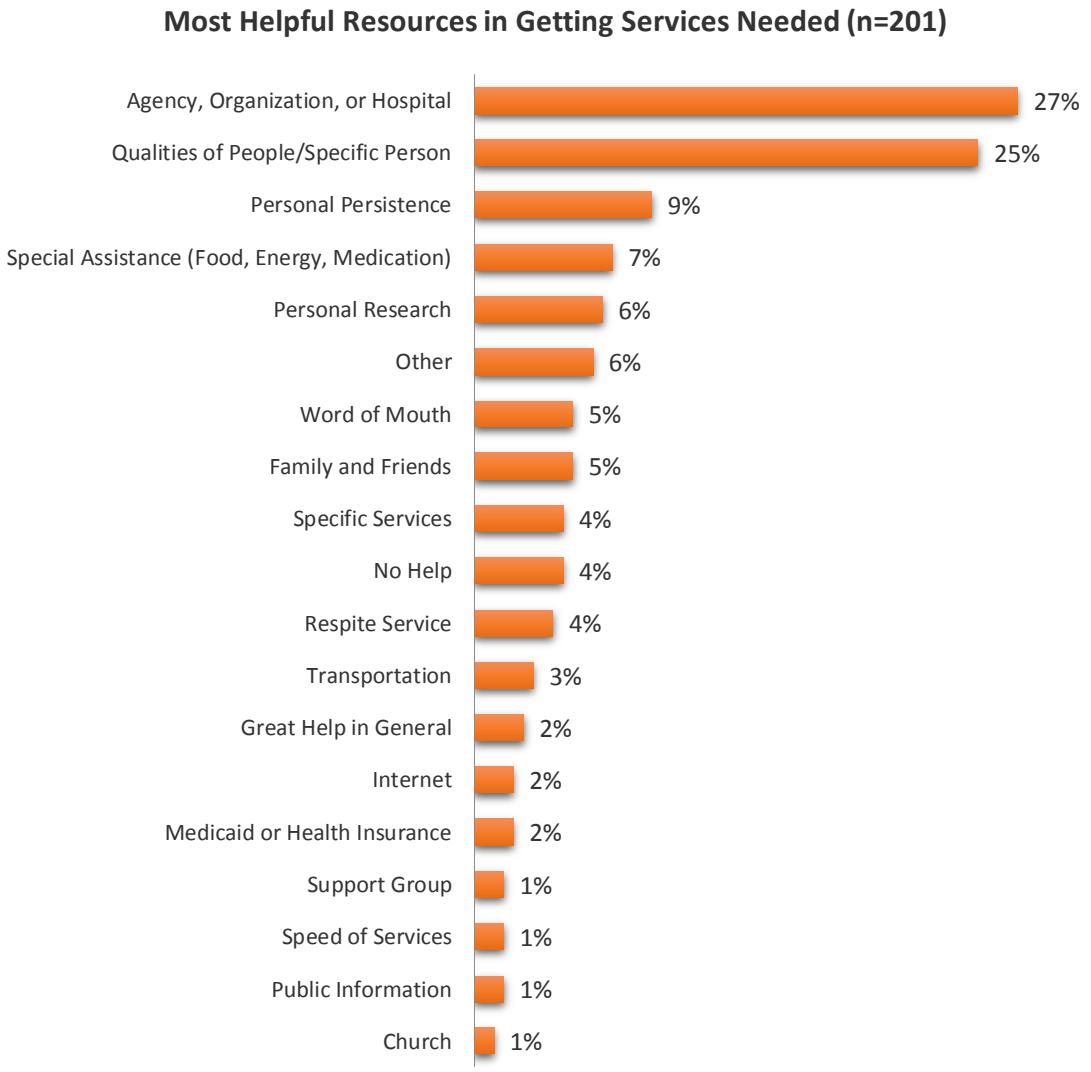


Respondents indicated that the aspects of service delivery that were most helpful in finding the services they needed included the manner in which information was provided - with 60% of respondents either agreeing or strongly agreeing with the statement—and "I was able to make choices about my care that best served my needs"—with 58% of respondents either agreeing or strongly agreeing with it—were among the best evaluated statements. Nevertheless, some open-ended responses (n=23) recognized lack of available information as the main reason why they could not receive the help they needed, or listed this issue as one of the biggest frustrations in getting the help they needed.

On the other hand, the poorest evaluated statements were "Applying for services was simple"—with 42% of respondents either disagreeing or strongly disagreeing with it—and "It is easy to find the help I need—with 46% of respondents either disagreeing or strongly disagreeing with it. This is consistent with comments given in open-ended responses, where there were a number of people (n=28) who indicated that the current system is confusing, inadequate, or too bureaucratic for them to receive the help they needed.

Most Helpful Resources in Getting Serviced Needed

Surveys asked people to list what has helped them most (or the person you care for) in getting the services needed (n=205; open-ended). Survey respondents were given an open-ended question where they could list what has helped them the most in getting the services they need. These answers were then analyzed and grouped into different categories. The results are demonstrated in the graph below.

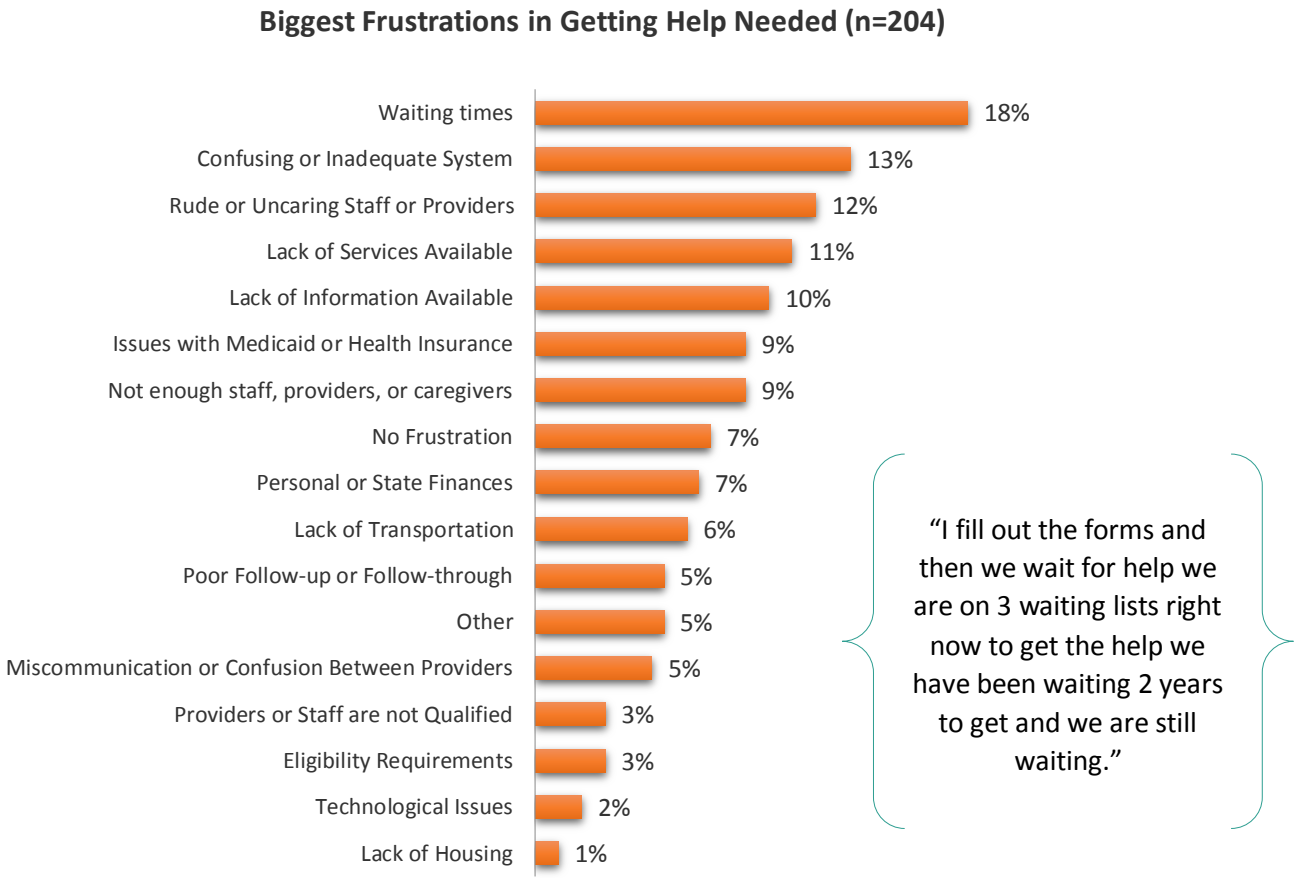


Note: Total percentages may add up over 100% because some answers fell into more than one category

Specific agencies, organizations, or Hospitals (27%) were the most common helpful resources. Examples of answers that would fall in this category include “The NNAN (Northern Nevada Autism Network) has helped our family the majority of the time,” or “RAVE was very responsive.” Qualities of people or specific persons that had been valuable (25%) were the second most commonly mentioned helpful resource. Examples of answers falling into this category include “The people who go out of their way to try to get the information to you,” or the mention of specific people working at different organizations.

Biggest Frustrations

Survey respondents were given an open-ended question where they could list the biggest frustrations they have experienced when getting the help they needed. These answers were then analyzed and grouped into different categories.



Note: Total percentages may add up over 100% because some answers fell into more than one category

Lengthy waiting time between visits, long waiting lines, or long time waiting for services to be approved (18%), were among the top frustration for survey respondents. Examples of answers falling in this category include "Wait time robbed my son of a better quality of life. He never had the benefit or early intervention." The notion that the current system is confusing or inadequate (13%) was also among the top frustrations for survey respondents in this matter. Examples of such answers include "There are so many "crack" in the system that it is easier to fall through the "cracks" than to be caught by the net it is very difficult to get help," or "Dealing with a bureaucracy which is not focused on prompt assistance when promptness is needed." Finally, rude or uncaring providers and staff (12%) were also one of the biggest frustrations for consumers when trying to get the help they need. Examples of answers falling into this category may include "Rude and judgmental service providers," or "The people we have talked to are too busy, do not care, or are uninformed."

Open Ended Contributions

Examples of open ended response by category are below:

Lack of information / Confusion or miscommunication between providers/staff

"Understanding what is available, which takes multiple places and people, not a one stop shop."

"Don't know what the services are? And how to find them and how to get the help they need."

"Nobody knows what anyone else is doing. Mass confusion."

"What is available and how do I find out about it?"

"Lack of communication between service providers."

"The biggest frustration is knowing what services are available to people, then how to attain those services. There is also a disconnect between agencies and knowing what agency provides what to who."

System is confusing or inadequate

"That there are so many "cracks" in the system that it is easier to fall through the "cracks" than to be caught by the net. It is very difficult to get help."

"No one [helps]- it is always a problem."

"I am a provider and have been in the industry 4 and a half years. I still see that people have a very hard time navigating the system and seem to find us through word of mouth, intense internet searches, ADSD and lately the social security office. We do a lot of outreach but it does not seem like the hospitals, rehabs and other facilities are referring to our services."

"The barriers that are constantly being put up that prevent access to those services."

Rude/Unqualified staff

"Rudeness. Person in charge doesn't have the knowledge to help or just won't help with Language barriers."

"Rude bus drivers through coach America/neat bus. Injured 3 times in 2 months by same driver now pay more for private transportation due to worries for safety on the buses. Do not like being treated like 2 year old at work, made to line up and walk single file like a child when an adult, rude staff to work with calling names when they think I can't hear them, happens a lot, no one seems to care and retaliation can and will happen. I have watched items donated only to be thrown away which is not why I donated them."

"All of the system is rude."

"People in positions who do not know the answer to the questions that they hold the position for."

"People say "we don't do that in your area" or just "no, we can't help with that"."

Rural Nevada

"Being so rural, Esmeralda County has long been in need of home care services. That RSVP has now a presence is God send."

"There is no funding for many services in rural Nevada."

"No choice of care providers and no competition in Elko. There is no option but one mediocre home health agency."

Medicaid/Insurance Issues

"Getting someone approved for Medicaid is a long and tedious process and the application is often rejected many times before the services are provided. Also, it is very hard to get a person skilled nursing without already having Medicaid so the person does not have the right services needed."

"Many home health agencies will not accept a case that is covered by Medicaid due to the limited amount of reimbursement for the service. They cannot afford to do business."

Lack of services provided

"Even as a state employee, I often have to personally research home care options. Services are limited and don't often meet the needs of the person needing the care. I often hear, 'they don't provide me with help for the things that I can't do for myself, only for the things I can do for myself."

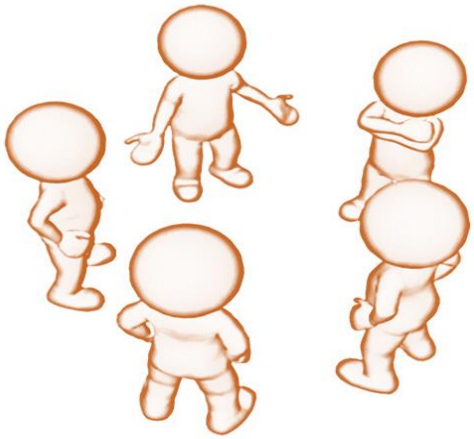
Poor follow-up/follow-through

"Aging and Disability called me back once and said 2 agencies would call me. 2 weeks went by and nothing, I called back and left a message asking if I could have their numbers. I called again a week after that and again a week after that. So about a month or so still no help... help that I need."

"Follow up with primary doctor was biggest problem -they say they will call with info and referral to specialty doctor, but don't. We have to remind them time after time. I think they drop the ball because Medicaid reimbursement is not great?"

State Finances

"The biggest frustration must be not getting enough money from the state."



Wait time / Waiting lists

"Wait time robbed my son of a better quality of life. He never had benefit of early intervention"

"I fill out the forms and then we wait for help we are on 3 waiting lists right now to get the help we have been waiting 2 years to get and we are still waiting."

Technology Issues

"Difficulty accessing a live person at any given agency."

"Access to on-line information is critical. But it has to be accessible to all people with disabilities, especially the blind and visually impaired and those with learning disabilities who have trouble with reading and writing."

Other

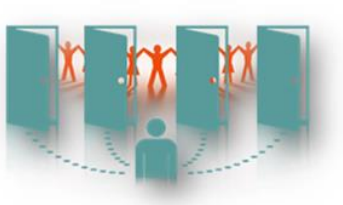
"We have tried over the last 4-5 times over the last 4 years. When we called 2-1-1 their info was old, incomplete or wrong! The people we have talked to are too busy, do not care, or are uninformed."

Positives

"I have been in the program for over 12 years, most of my services and needs are well cared for."

"It is very good to know that people care and are willing to help with what is needed."

"The people who go out of their way to try to get the information to you."



Nevada State Plans – A Comparison

This document summarizes the common challenges and activities that have been published in various state plans developed under the Nevada Department of Health and Human Services. The plans used in this comparison include:

- State Plan for Elders (2012 – 2016)
- Grants Management Unit Needs Assessment (2014)
- Nevada I&R Strategic Plan (2013)
- ADSD Integration Plan (2014)
- Autism 5 Year Strategic Plan (2015 – 2020)
- DD Council's 5 Year Strategic Plan (2011-2016)

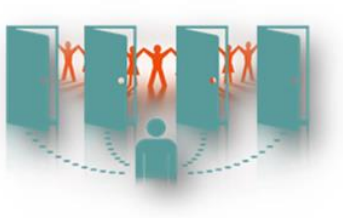
Challenges

Across these six plans, a number of common challenges/critical issues, which are not only relevant to the NWD concept, but are also critical to identifying the strategies to creating a NWD system in Nevada. The four core themes include:

- **Funding for Services**
  - In terms of the availability of services nearly every plan cited declining funding for services despite increased demand. A compelling statistic in the State Plan for Elders provides an excellent perspective "Nevada has had the highest population percentage increase nationwide since 2000, with an overall population growth rate of 35.1%, while the nation increased by just 9.7%." Despite this statistic, funding for many social services has remained relatively flat or even decreased.
  - Additionally, 3 of the 6 plans cited the need for additional staff, training and outreach for services. Without proper support for publicly funded programs, consumers will continue to have difficulty in accessing services.

- **Information and Coordination**
  - Consumers continue to have difficulty in accessing up to date, accurate information about programs and services in Nevada. One reoccurring theme was the need for a central repository of information not only about public programs, but services in general that may be available to consumers.
  - Additionally, coordinating services across state agencies and better collaborating to address gaps in services was sited in over half of the plans examined.

- **Systemic Governance**
  - While this challenge was only specifically addressed in 2 of the 6 plans, this theme was present throughout all of the plans reviewed. Within Nevada's I&R structure there are 3 gateways to I&R, however there is no formal governance. "Lack of governance to link



the three gateway I&R providers leads to duplication of effort, inefficiencies and a fractured I&R system".

- **Complex Needs**
  - Consumers have more and more complex needs. More often than not, I&R providers are seeing consumers who have more complex needs ranging from financial issues to health management and everything in between.

Activities

Within each of the state plans reviewed common activities/solutions to address these challenges also were identified.

- **Comprehensive System of Support**
  - Several plans identified the need to develop a seamless service delivery system that could help consumers move through various services throughout their lifespan.
  - Activities included developing universal screening tools, developing a shared framework and increasing collaboration among partners.

- **Outreach and Education**
  - Nearly every plan cited activities that included statewide marketing efforts, community training, and educating community partners and consumers.

- **System Enhancements**
  - One key activity in nearly every plan included efforts to educate stakeholders in an effort to increase advocacy.
  - Several plans identified efforts to develop multiple funding streams to help increase the availability of services.
  - Additionally, partnering more with healthcare professionals was one activity that could help enhance the quality of the system as well as knowledge of the system.
  - Overall, activities were geared towards creating a system that has greater flexibility, is responsive to consumer's needs, and offers a seamless service delivery system.

- **Increased Health and Safety**
  - Several programs cited the need for additional evidenced based programs in Nevada.
  - The need to increase awareness of preventative services to keep Nevadans active and healthy. Along these lines, there was also an inherent need to ensure the system promotes and protects safety of all consumers.

NWD Planning – Implications

The NWD vision presented by ACL, CMS and Veteran Health Administration (VHA) includes for main components of a fully functioning NWD system, all of which are addressed throughout the six state

plans reviewed. As we further assess our needs and develop strategic actions we should consider all aspects of the system including the financial, administrative and regulatory challenges that are present in Nevada. This will help us to better plan to make the NWD concept a reality versus an idea on a shelf. In looking at the challenges and activities presented in the previous state plans some questions to consider:

- **Financials**
  - How can Nevada create more funding to support services?
  - What opportunities are available to "pool" resources for common goals?
  - What opportunities exist to increase services through non-traditional mechanisms? (i.e. Fee for Service, Volunteers, etc.)

- **Regulations**
  - What regulations exist today that prevents a coordinated system?
  - How can existing regulations help to link social services and healthcare services?

- **Administration**
  - How can the NWD system be administered?
  - Who will be the governing body? What is the make up?
  - Administratively, is it possible for a common "intake" form?

Appendices

Appendix A: Key Informant & Early Implementer Interview Questions

Key informant interview questions were organized to address the required sections of the system assessment. These sections include *Outreach and Awareness*, *Information and Referral*, *Person Centered Planning/Options Counseling*, and *Streamlined Access and Eligibility*. Interviewees were able to skip any questions they didn't feel comfortable enough to answer.

Category	Question
General	1. How would you define a No Wrong Door System (looking for what their understanding is of the system, what they hope the system will include).
Outreach and Awareness	2. What kinds of outreach is your agency engaged in to increase awareness about LTSS services? Are specific populations targeted in outreach efforts? 3. What kind of activities, if any, are used to assess the effectiveness of outreach and marketing activities? 4. From your perspective, does this outreach result in awareness? Why or why not? (In other words, how well do individuals and those that care for them know about the LTSS services that are available?) 5. What are the key referral sources to your agency?
Information and Referral	6. What has been accomplished over the past 2 years to increase awareness of resources throughout the state? 7. What has been accomplished over the last 2 years to improve the system of referrals for services (tracking, etc.)?
Person Centered Planning / Options Counseling	8. In your estimation, is your agency providing person centered planning? If yes: What works well (or is missing)? If no: What has prevented you/been a barrier to implementation? 9. How well does your organization implement person-centered planning (for crisis as well as long-term needs)? How well do you implement a follow-up component to the process? 10. What resources/supports would be necessary to improve the results (or implement if you are not currently doing person centered planning)?
Streamlined Access and Eligibility	11. What works and what doesn't when consumers are seeking services? What are the major barriers for consumers in accessing services? Please consider each step in the process:

Category	Question
	12. What would be necessary to utilize standard intake and screening instruments across state agencies and through community partners?
Partnerships and Coordination of Efforts	13. Which partners do you work with most? What works well in these partnerships? 14. How well are programs and services coordinated across systems? 15. What could improve coordination?
NWD Implementation	16. What opportunities or concerns do you have in regard to implementing a No Wrong Door strategy in Nevada? 17. What are the most critical issues that Nevada needs to address to prepare for implementation of a No Wrong Door strategy? 18. What policy level changes are needed to implement NWD at the local, regional, and/or state level? Consider streamlined access, sharing information, etc. 19. What practical changes are needed to implement NWD at the local, regional, and/or state level?

<u>Questions for Early Implementers (only)</u>

- What were the most significant lessons learned in your implementation of a NWD approach?
- How are community partners funded to implement Person Centered Planning/Options Counseling?
- How did you address streamlined access with your non-Medicaid Population?
- Are there partners (groups or organizations) that you have engaged that have been helpful?

Appendix B: Focus Group Questions

Focus group questions were organized to address the required sections of the system assessment.

Consumer Needs

1. What are the most significant needs or challenges facing people who need/use services?
   - To what extent are those needs currently being met?
   - Are there any challenges that are particularly pronounced based on region/geographical barriers?

Outreach and Awareness

2. How well do individuals and those that care for them know about LTSS services that are available?
3. What kinds of outreach are used to increase awareness about LTSS services? Are specific populations targeted in outreach efforts?

Information and Referral

4. How would you describe the state system of providing accurate resource information through the Nevada Care Connection website?
   - Is it comprehensive, accurate, up to date, user-friendly?
   - How accessible is it for consumers?
5. As a provider, does your organization use the directory as the primary source for information regarding LTSS services and supports? If not, how do you stay informed?
6. Do you use the 2-1-1 system?
   - Is it comprehensive, accurate, up to date, user-friendly?
   - How accessible is it for consumers?

Partnerships and Coordination of Efforts

7. How well are programs and services coordinated across systems?
8. What could improve coordination efforts?

Streamlined Access and Eligibility

9. Can you please describe the level of support you believe your organization would contribute to implementation of a NWD system?

What resources would be needed for implementation?

NWD Activities	Support (Yes/No)
Outreach	
Information & Referral	
Intake/Application Preparedness	
Assessments	
Eligibility Determination	
Person Centered Counseling	

NWD Implementation

10. What opportunities or concerns do you have in regards to implementing a No Wrong Door strategy in Nevada?
11. What are the most critical issues that Nevada needs to address to prepare for implementation of a No Wrong Door strategy to service?
    - What practical level changes are needed?
    - What policy level changes are needed?

Appendix C: Focus Group Notes

Participant Organizations

Provider Expertise / Organization Type	Date	Number of participants
Aging and Disability Services Division - ADSD	February 23, 2015	8
Community Based Organizations	March 19, 2015	8
County Representatives	March 12, 2015	7
Department of Public and Behavioral Health – DPBH	March 5, 2015	6
Food Banks	March 26, 2015	7
Family Resource Centers – FRCs	March 12, 2015	11
Jails and Prisons	March 19, 2015	2
Residential Facilities	March 26, 2015	7
Senior Centers	March 24, 2015	11
	TOTAL	**67**

Purpose

The purpose of focus groups was to gather information from service providers regarding the most pressing issues facing in implementation of Long-Term Support Services (LTSS) and how the system currently works to assist individuals, opportunities to improve that system. This information is important to help Nevada prepare for NWD implementation.

Methods

Groups of providers were identified with the assistance of the NWD Advisory Board. Individual participants from representative organizations were invited to participate. Focus groups were held via webinar. The webinar format made it possible and cost effective to have statewide representation by sector.

Each focus group began with an overview of the NWD theoretical framework, a description of the project and an explanation of how the focus group information was relevant to planning efforts. Each focus group lasted no longer than 90 minutes. Participants were able to provide input both verbally and using webinar chat and comments features.

Summary of Focus Group Discussion

Feedback received from focus group participants according to organizational affiliation are listed below categorized by major topics of discussion.

Consumer Needs

Focus group participants were asked to describe the most significant needs or challenges facing people who need/use services and to what extent those needs are currently being met.

Aging and Disability Services Division - ADSD

- Resources – there are not enough.
- Finding the resources that there are
- Accessing the resources.
- Community resources / limited resources limited options so they have a very individual plan support teams can't bridge the gap and allow them to be more integrated into the community; getting people out of the box.
- Multi-tiered training efforts.
- Particularly in the rural areas, they struggle to access. (90000 miles that we cover)
- Deficits in understand / don't understand developmental disabilities and mental illness, vocational rehabilitation.
- Transportation is huge.
- Eligibility process is difficult. All of the paperwork is a huge challenge, especially if they have no family or friends that can assist them.
- Difficult for people of all ages.
- People get frustrated knowing which to go to. People feel like they are running around in circles trying to find the right resource.
- Case management needed for clients in rural areas.
- In transport is a significant barrier across all of the counties; we have Sierra Nevada Transportation Coalition meeting and others trying to form subcommittees that will look at ways. Still new, looking into ways to work on this. Partner but also not rely on Regional Transportation Commission of Southern Nevada - RTC. The transport systems don't cross county areas. So, even in reasonably populated areas like Carson City, to Virginia City to Gardnerville. We have been using (VistaCare) but they must call ahead. Also taxi assistance program, coupon – senior lifelines. $120 a month to access appointments using these vouchers. Transportation is a huge issue (e.g. Battle Mountain to Elko). Hawthorne has a guardian (Stockton, now stops in Hawthorne) to get people from Hawthorne. Those that need to go to a day program that is not where they are. Regular transportation.
- District Attorney should be doing the work of guardians, but

- Guardianship; the public guardians in the counties where we have them serve the 65 plus and their caseloads are full with population. Those of those between 18 and 60 need guardians but don't qualify so we have individuals to help direct care (30, 40 and 50 care). Some private providers but not enough. Every county in the Lyon, Churchill, Douglas, Nye, Mineral.
- Services to aging
- Getting better medical care so they are going to need nursing care (projections) but no accommodations, not sufficient

Community Based Organizations

- Housing challenges, lack of housing, people are able to find housing but are taken advantage of and living in inhabitable housing, people having trouble getting into subsidized housing, once people are in subsidized housing they are getting evicted and having nowhere else to go.
- Lack of coordination in the community, directly working with clients. Paperwork is difficult for seniors to complete or may ignore it. More service coordination, direct one on one contact with the seniors to help them with the paperwork and the letters, would keep some of those individuals in their homes. Service coordination one-on-one would help alleviate a lot of the problems with Medicaid, housing, energy assistance. Funding services available but they are too limited, missing the front line workers and funding those front line workers. They are the ones keeping them out of the crisis situation. Housing Authority is funded through U.S. Department of Housing and Urban Development (HUD) and ADSD, but don't have the funding to fund coordination. Comes down to funding. Many agencies providing housing assistance don't have the funding for service coordination.
- Absolutely agree. Biggest problem is that they don't see them until they've lost the service so they weren't in the position to help them with their forms.
- Transportation – geographical barriers. Elko is hundreds of miles away from anything. In Reno, if you don't have a car, you're able to use transit services. But in Elko you can't walk a block and get to a transit system. Most of the places don't have transit available. Limited services available in Elko. For example, if someone needs cancer services, have to go to Salt Lake City. Reno is 300 miles away. Don't have flights between Elko and Reno, but have a flight between Salt Lake City and Elko but its $250 one way. Opened up her service for Medicaid services but if you're a Medicare patient, there's no guarantee that you have a means for payment.

County Representatives

- Outside of Medicaid, Clark County is the largest provider of public LTSS. Biggest challenge – when they do have clients moved to a Medicaid waiver, must know there is a 26 month wait. Anywhere from a 90-120 day slot for a different program. Renders these programs useless. Becomes hard to manage people and keep them active in their community. The extent they are being met, not being met. Just finished doing an analysis on a budget request, no changes in the

slots. Particularly challenging in the rural areas. IF they are going to rebalance their loads to realign with the federal initiatives. Don't want to replicate services, would rather intertwine services to maximize public dollars.

- Agreed. People have been waiting years for assistance. Challenge of home placement and group home settings.

Department of Public and Behavioral Health (DPBH)

- Access. Currently what Northern Nevada Adult Mental Health Services (NNAHMS) face is that they have all these people they signed up for Medicaid and Health Maintenance Organizations (HMOs) in urban areas, great to have insurance but they don't have readily available access to meet their needs. In the Reno area, they have 1200 who qualified for services but they only provider have 1 provider signed. Recently had a meeting, and out of that meeting came a solution to bridge the gap between the providers of the HMOs/Medicaid and the client's having a warm hand off to that provider. Trying to figure out how the clients within the HMOS/Medicaid group can be opened can access services through the provider. It isn't a NNAHMS problem to figure out how to increase accessibility to providers but their clients are having the issues.
- Number of providers in the rural, dentistry has been an issue (anyone who has dental insurance and needs treatment, has to travel 2 hours south to the nearest city). Reimbursement rates and process are impossible, don't pay very well and fight each claim.
- Lack of residential facilities to treat people for a serious mental illness (group homes, and availability of in-patient facilities). More of challenge in rural areas.
- Lack of understanding of Medicaid in Nevada for mental health and voluntary admissions. The only way for someone to be accepted for mental health treatment is if they are suicidal.
- Family. Helping the family deal and cope. No services for families (groups, counseling), sheer lack of family's understanding of loved one's diagnosis. Would be really helpful to have supports for families to help them understand what's going on. Have not found anything.
- Important of family services.

Food Banks

- Do not have any sort of shelters. Don't have a day shelter. Don't have access to Section 8. She provides rental assistance. Have a shuttle that goes to Las Vegas once a week.
- Timely coordination of service delivery is a definite obstacle.
- Families new to the city needing medical and disability need for children and seniors.
- Have clients that apply for Temporary Assistance for Needy Family Program (TANF), Medicaid, have to go in for a person-to-person interview for the TANF program. Has been an issue with transportation.

- Food stamps cut to a ridiculous amount for the month.
- Agree. Sometimes when clients come in, it's hard to find modes of transportation (friend or bus). They provide affordable housing and sometimes they need metro, or background check, and sometimes there's a delay and it's difficult for them to get certain requirements.
- Have worked with Silver Rider, Lend a Hand for the elderly that can't drive to get to appointments. Sometimes provide bus passes, just getting the bus passes.
- Supplemental Nutrition Assistance Program (SNAP) person that comes to them and stays in the building Tuesday mornings has been helpful so that people don't have go to other places.
- When people have to reapply for social security cards, they have to have their ID. Even if they send the application, they still demand the actual ID be sent as well. Have found a work around by scanning and sending it with digital file, needs to be done with Social Security.
- Who is ensuring that Medicaid is doing all they can to ensure the eligible Clients have access to services. Case in point when the Nevada Health Link went live to allow eligible persons to sign up for Healthcare Portability Act, persons approved were approved for Amerigroup, Health Plan of Nevada and Fee For Services (FFS) designation. However, during the process it was stated that the "SYSTEM was overloaded and ultimately crashed causing many enrollees to have to go back into the system to re-apply for approval. However, when the system came back up the FFS designation was eliminated. The FFS designation was the most expeditious for allowing "Clients" to access services but, with the elimination of FFS has created barriers for Individuals who are seeking to access services. So, will the State implement the FFS component and become more transparent in terms of the direction the State has planned for specialized services such as Behavioral Health, Mental Health, etc. This is a problem my agency faces.

Family Resource Centers - FRCs

- I have had clients say there is too much paper work for the little amount of help that they receive.
- From one to ten I would say five but resources are always lacking.

Jails and Prisons

- Health benefits, legal components. Not working, have to apply for social security
- Getting the health benefits, housing (a lot of the individuals are getting evicted, lack of housing and client background).
- Lack of financial resources, legal barriers.
- With the substance piece, they work with other agencies to provide services and provide mental health. Lack of willingness on the patient side to go through substance use treatment.
- Geographical barriers – had the opportunity to go to Reno and Carson City, find housing to be a huge issue.

Residential Facilities

- Two things wanted to address. Our goal at Caring Nurses is to always promote medical safety and give families a chance to manage the patients' clinical distresses. One challenge is: social barriers that seem to impede the progress of the clinical delivery of the nurses and therapists (transportation to the doctor's office, communication between providers), lot of patients have cognitive issues (remembering to take medication), recognizing that collaboration is needed between the patients and entire clinical team. Whole purpose is to avoid re-hospitalization and hospitalization. Social and emotional distresses that are part of family dynamics that prevent treatment. Medical social worker is valuable, looked upon as the magician but magic can't be done unless they get state agencies involved to join the wagon for the patient. Many of the patients don't have the strength, charm, drive to be aggressive in reaching out. So the social worker is that ambassador that stretches themselves beyond. Many times they fail – they need to recruit a family member or patient.
- Living in Elko and covering the geographic area is hard for service providers. Have to cover all of northern Nevada. Lack of services that are provided in rural Nevada – no specialist, people have to drive to get to a provider. Nothing in terms of specialty services. People come and have to go to Salt Lake for a doctor's appointment but don't have transportation.
- Navigating the system, silos of states agencies that provide services, expectation that the state can provide all the things they need. These different specialties need to be collaborating. Have brought in their own physicians to reach out to make house calls. Would like to wave a magic wand to raise the level of collaboration among providers surrounding a patient.
- Have found that many people with clinical distresses just give up on reaching out to other avenues. People need so much more encouragement besides just providing the services.

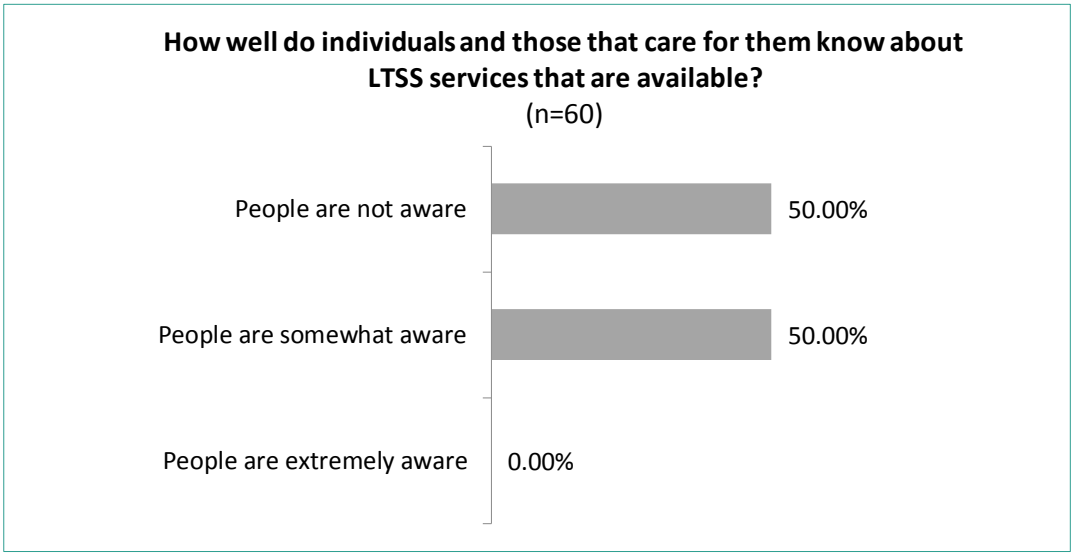
Senior Centers

- Food security, companionship, most seniors are homebound so most services need to be available to them in the home.
- Transportation (agreed)
- Low income housing (lack of)
- Temporary assistance for utilities.
- Long term care services – homemaker or personal care
- Limited stay here.
- Some people don't even realize they have a need, so it's getting the word out to those people
- Access to information is the top priorities for folks. When they are looking for services, and services aren't available.
- Many of seniors don't have the technology (computers/phones)

- Rural barriers – getting people to the resource or connecting them, technology poses an issue. Prefer to do things one on one. Have some public transportation, but not available to all areas.
- Respite care (need) – agreed. Have one adult based care in Elko Monday through Friday but connecting people with resources available for care with the little pockets of people in the community. Scattered set of resources, so getting people to the right place or to the right resources.
- Or when you get them to the resources, find that there's a long wait list. Have trouble keeping people above water while they are on the wait list. Some people don't even know which wait list they are. Duplication of effort, and lack of follow-up.
- Washoe County developed a Master Plan for aging priorities, including getting out to the community (outreach), addressing basic things like access to services, housing, transportation, social isolation.
- In Elko – division of aging holds regional meetings to get everyone together that provides senior care to network. Helps at the administration level. With caregiving and respite care, have a committee that is meeting to identify resources available. Talked about getting a program at the college to train caregivers, but realized it was a large project. Decided to start at the home level with volunteers to train them on respite care. Use the Aging and Disability Resource Center (ADRC) website for caregiver module.

Outreach & Awareness

Participants were asked via a poll issued within the webinar to rate the extent to which individuals and those that care for them know about LTSS services that are available. The results of the survey are contained in the chart below.



County Representatives

- It depends on who you go to, on the provider knowledge. Sometimes people are not aware of the individual services available. Many don't realize how many services are offered at one provider. Especially in the rural areas, the senior centers are key to getting information out to seniors (only point of contact).
- For people in Clark County, assistance is provided to anyone over the age 18. For example they have 500 people on homemaker in home care.
- Participants were also asked to identify the different kinds of outreach used to increase awareness about LTSS services, including whether specific populations are targeted in outreach efforts.

Aging and Disability Services Division - ADSD

- We have specifically go out to schools and other programs to present developmental services. There is a list of groups that they can talk to. We do get feedback about who has gotten contact. Also try to reach those people in more isolated regions, e.g. tribal grounds. We also pay attention to health fairs.
- Community based go to senior expos to provide information. We have a screening that is also a flyer – gives a basic information and ability to help a family identify what supports they may need. Social services fairs.
- Annual ADSD conference but that targets professionals.
- Vender fees are a barrier.
- Intake and Desert Regional Center (DRC) attends many events in commute also including schools, the department also goes to Laughlin where they do not have
- Elko goes to 10 senior centers / also goes to northeast.

Community Based Organizations

- Think that there is outreach that's being done. ADRCs are a one stop shop for seniors. Not sure if the information is going community wide. People learn about services when they go through a situation with a loved one. Misconceptions that there isn't a one place to go. Don't think there is a central place for people to get general information. Not enough education with people who are providing these services. Working in silos but people don't see the big picture and how it all works. Isn't enough of that within the own supportive services community.
- Learning about things from the hospital social worker. Communication is key. Between providers and families, providers, agencies. Only learn about things when in a state of emergency.

- Broad big picture about LTSS, seniors have different needs than children with disabilities. With each population, there's a continuum of care. IF they could just see how the big picture works, they will know how to navigate vs. responding when in crisis.
- Have a flow chart showing the continuum.
- SAFE coalition, have a monthly meeting for nonprofit and state service providers in the meeting. Attendance is 40-50 people. Also do a mass distribution of information. Don't feel like it's really getting out to the community though, don't have television (only have 1 television station). Radio station does a 15 minute interview with a nonprofit every morning. ADRCs and 2-1-1 still don't represent rural Nevada (for example, if you call 2-1-1 and ask for transportation, they give you Reno information). SAFE Coalition is trying to gather a catalogue of services that they will distribute to residences in the area.

County Representatives

- Participate in every senior fair, health fair and community gathering. Keep a suitcase packed and ready. Turn down no opportunity to come out and talk to groups. Try to get the word out as much as possible. Take it upon themselves to reach out to ADSD and Medicaid and other large providers to do in-service training because they share many of the same clients.
- Social services provides a community response group. They educate their providers and they hold an annual community event. They are the first access point, and refer out to other agencies.

Department of Public and Behavioral Health -DPBH

- NNAHMS – Having worked in the private sector, he used to go to advertising, commercials, and brochures. State sector, they don't do any of that. Their outreach and awareness is tied to relationships and community partners that they work.
- Outreach is conducted within the community dynamics. Networking among professionals.
- Many of the outreach is done with networking with community partners. Tend to run into everyone everywhere (small community). Lack of coalitions in Ely, usually coalitions help with outreach and awareness.
- Have a community drop in center, run by Myra Schultz. Does a lot in terms of outreach but she's just one person. Don't see if so much, could be because of her position. Wonder if in rural areas that there's more outreach because they have to?
- Agree, but it doesn't seem like it's out there in the greater community. Outside of the perimeter, not sure if people are aware of it. Person to person networking. Wonder how social media could be used to support outreach to reach out to communities out there (twitter).

Food Banks

- Have found that there are different types of needs. Have found that veterans need different types of services. Train themselves so that they can better inform their clients. Services change so rapidly.
- Go to any type of fair. Anything when there is a group, they go there.
- Also go out to community events. Also word of mouth.
- Use Facebook a lot. Have a yard sale site in Mesquite with 4,000 members.
- Try to clarify the level of services. Not anything concrete that services will be available. Has been a problem, every agency has different intake process. Some can be intensive and some are miniscule. Partner with Clark County and they are doing coordinated intake. Everything has to flow through the county. Use a tool, use the Vulnerability Index and Family Service Prioritization Decision Assistance Tool (VI-SPDAT) to determine vulnerability, depending on your score, you are prioritized. Contingent on everyone being the same place in the system. Problem is, if missing staff and there's a day or two lag to input information, can stop up the system. American Recovery and Reinvestment Act (ARRA) implemented a NWD, how does this. Need to better understand who does what to better coordinate services. Need the ability to coordinate all the care.
- The State of Nevada truly needs to be committed to the concept and make the funds available.

Family Resource Centers - FRCs

- I have used social networking (i.e. Facebook) as a way to reach clients in our rural community of Ely, NV. We focus on low income families in need.
- The Washoe County Family Resource Center - FRC has a system where staff go out to other agencies once to twice a year to see the facilities, talk with someone and gather new info. We reach about to 12 - 20 agencies each year.
- We target agencies that we know to stay on top of changes but also target agencies we don't.

Jails and Prisons

- Project Homeless Connect – annually.
- Veterans conference.
- Family conference.
- Vendors get together to offer services. For example, at the veteran conference, they were providing haircuts, physical, housing, social security.
- 10 years ago, there was a homeless corridor where they had all the services right there. People could go to sign up for welfare, food stamps. Not available anymore.

- For individuals who are currently in custody, provide a community resource guide to give all the inmates. Partnered with the Clark County detention center to meet people while in custody so that they are aware of them before they are discharged.

Residential Facilities

- Associated with Health Insight (Quality Improvement Organization that has a contract with Medicare) meet every month. Need more advertising. Have done a few things in the mall and the only people that benefit are those that are inquisitive about what this is about because they are there at the mall. Would like a budget to advertise on TV or the radio. Associated with Del Mare gardens, TLC Care Center, assisted living, Mountain View, St. Rose. Reach out to their medical providers.
- Use the senior centers a lot for outreach. Usually partner with rural partners. Learned that word of mouth is a good source of outreach. Do newspaper ads, brochures, rack cards. Try to provide the best services and hope that the person spreads referrals through word of mouth.
- Go door to door, one by one. Go into the hospitals. Contact family members to help with transitions.
- have staff that go into the nursing facilities to try to transitioning them into the community

Senior Centers

- Washoe County tries to be in the community. Have operation Homeless Connect. Have an article in the newspaper on a regular basis and good coverage with TV. Find that people don't start asking questions until there's a crisis (hospitalization, person can't live independently anymore) so people come in ignorant of the resources that are out there. People talked about targeting caregivers or potential caregivers.
- Do a lot of outreach with home health agencies, VA, even the School of Social Work at UNR. Do outreach with the future social workers. Other senior centers in our area, many of the congregate meal sites where the seniors are and participate. Do mailings. Announcements during the food distribution time they have at center.
- Elko – Hold a quarterly workshop (couple of hours) where they cover a general resource topic. What is Respite Care? Who, what when and where? Found that they have interested seniors, care providers in the area (home health agencies send reps). Get a lot of people in the room talking and networking.
- Henderson – senior office is in the senior center. Just prop their doors open and involve in activities. In tune with congregate meals, try to be aware if someone needs help through their employees. Put things on the website (Henderson website). Use advertising for Meals on Wheels, have good public relations with the City of Henderson.

- Catholic Charities – there are a number of things that are going in the community that they participate in. Need to increase outreach to home bound centers. City of Henderson is implementing a project with the library to provide electronic readers provided through Meals on Wheels.

Information and Referral

Focus group participants were asked to describe the state system of providing accurate resource information through the Nevada Care Connection website.

Aging and Disability Services Division - ADSD

- Some people that are computer literate and I haven't heard feedback…I don't think that information for people with intellectual disabilities is well represented, that is why they use it.
- I think an app would be good.
- The webpage needs to work more like google. It is complicated, especially for our seniors. Generally those that use our services need to have information need to have information translated through people. They either wouldn't be able to navigate it. That includes family members. Face to face or translation is needed.
- If I were to modify – the language is very specific to our field – I would have no idea if would be something I would be interested in. If it is for professionals that is one thing – if we want it to be used by consumers it needs to be really different. What are you looking for?) Used by people with English as a Second Language (ESL) – and very limited. Confusing.
- Cell phone is unreliable in the remote areas of Nevada.

Community Based Organizations

- Tried to use it, not user friendly. Wouldn't recommend it for consumers. Online and some of clients have issues accessing it. Try to find new resources is the network, people in the community that work with the same population that she does. Been outdated.
- Pulled it up and having trouble run.
- 2-1-1 website information is out of date, nonprofit.

County Representatives

- Not that it isn't accurate, but you can only get so much information and it can only be so useful. Can give an incomplete picture of what is or what is not available. Doesn't help those folks who are computer illiterate and some don't even have computers in their home.
- Haven't heard of this website.
- Have a lot of computers in their senior centers and libraries. Many of the seniors don't like using computers.

Department of Public and Behavioral Health -DPBH

- None have used it.

Food Banks

- Never used it. The problem is how often the directories used are updated... information is so important to be accurate.

Family Resource Centers - FRCs

- Never heard of the Nevada Care Connection website. Why not? Nevada 2-1-1 is the most up to date comprehensive resource we have found apart from that which we have developed within our own case management system. Division of Welfare and Supportive Services - DWSS sites, for instance, are oftentimes complicated for the case manager, and clients are frequently confused w/o our managers explaining in detail.

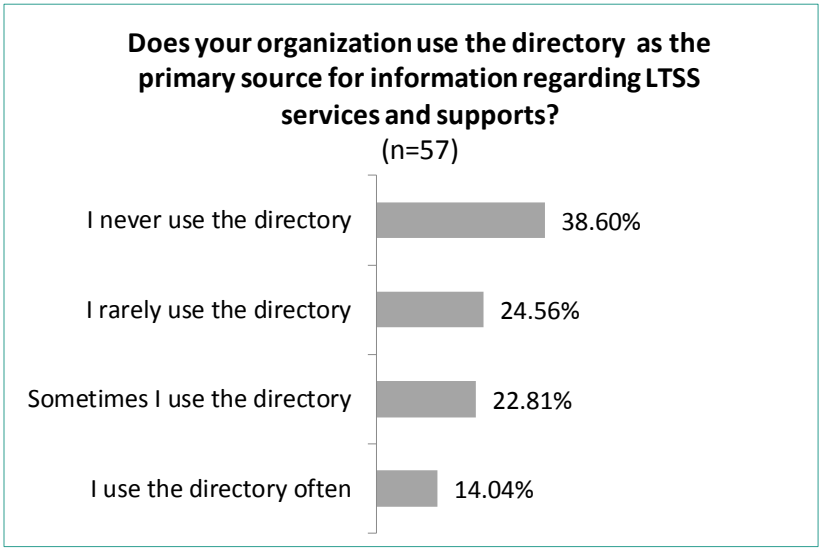
Jails and Prisons

- Not aware of Nevada Care Connection. Have a number of resources guides that they pass out to staff. Compile it through networking, and other means of info.

Senior Centers

- Washoe County – feedback from caregivers from those that use the site find it to be confusing, might not always be up to date because it's provider driven. Overwhelming because it's not simple.
- Don't have many people that are able to access it. When go looking for resources, it's not an automatic go to. As a provider, haven't had a lot of luck locating something that they didn't already know. Sometimes the information, when did access, was outdated. Used to be talked about a lot but haven't heard much about it.
- The training piece is useful.

As a follow-up to the poll, participants were asked to name other ways in which they stay informed about resources available.



Aging and Disability Services Division - ADSD

- I have used it to find ADRC sites throughout the states. A lot of them don't have access to computers or aren't computer literate. They need a real person.
- We as providers use it but the clients are not.
- The information has been correct. I haven't used extensively.
- Used it.
- I don't know that a lot of the developmental services providers are represented in the same way of others in the
- We use an interdepartmental resource / directory.
- Rebecca (Internal resource guides. Division of Welfare and Supportive Services - DWSS in Las Vegas) puts out a directory. It is paper, word of mouth, what we know.

Community Based Organizations

- HELP of Southern Nevada, Southern Nevada Center for Independent Living, 2-1-1.
- Google search.
- Talk to other providers.

County Representatives

- Run their own directory. Don't really need their directory, has been doing this for 29 years.
- Have their own resource sheet for the public, and update it during their community partner group and also use Google.
- google, coworker, and call to the state.
- 2-1-1, local resource guides and partnership guides.

Department of Public and Behavioral Health -DPBH

- Go on Google, internet search.
- Like to use the resources they have at the clinic. Generally go to her coworkers. Not really working with the clients as much to identify resources but when she was working with clients, she would just go to coworkers and they would usually have the information or would go online.

Food Banks

- Have staff that contact agencies on a weekly basis.
- Directories tend to be outdated, important to that information is up to date and accurate.
- Use web searches, phone searches, and board posting for those clients.
- Partnering with Three Squares and use their involvement in the community.

Family Resource Center - FRC's

- Having only started in November, I was unaware of many resources in our community. I have relied on the assistance of other employees.
- Our organization uses the directory, but it is not part of my job so I do not.
- Directories, internal or external, are invaluable, however, by the time one is published and updated, they are out of date... funding has been lost for programs included within it or offices have closed or otherwise. It's a bit of a hunt online and within our own internal resources.
- Some are. Some are not. It depends on how the agencies reach out to each other and build relationships.

Residential Facilities

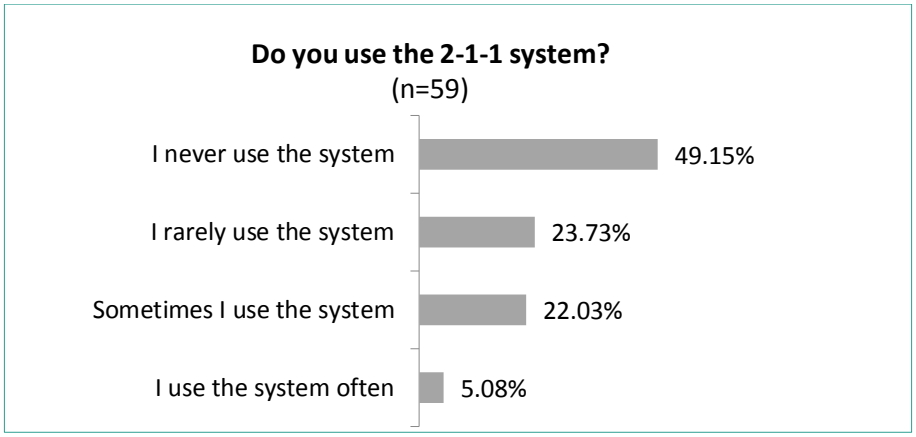
- Utilize their own memory of providers that they have used over the years. Providers change their profiles many times and offer new services.
- Just rely on experience. Tried to use their resource list and many times don't have the time to update it.

Senior Centers

- Networking, being on the phone with other providers is how they find about if a program has changed or discontinued. Sometimes the clients themselves provide a lot of info about what works, what doesn't.
- Networking, but also ADSD (regional meetings are very helpful).
- Networking. Primary source.

Participants described how accessible the directory is for consumers.

Participants were also asked via a poll issued within the webinar to rate the extent to which their organization used the Nevada 2-1-1 system. The results of the survey are contained in the chart below.



As a follow-up to the poll, participants were asked to describe how comprehensive, accurate, up to date and user-friendly the 2-1-1 system is.

Aging and Disability Services Division - ADSD

- 2-1-1 data is outdated – I don't use but I have people that get our number, and they get directed. So they get directed to us and we are not the right people to serve them). User friendly but not comprehensive.
- Consumers don't know what their options are. We are missing that piece.
  - Their goals might conflict with a guardians.
  - They are not medicate waiver eligible.
  - Or see services as a barrier to independence.
  - Or only pick up mail once a week.

Community Based Organizations

- Rarely use it – would rather go to network first.
- Points to other regions (for example, when looking up transportation for Elko, pulls up resources for Reno)
- Network has more information and can refer to an actual human being that you can talk to. Many times when you deal with situation, you get a 1-800 number and not an actual person.

County Representatives

- Have found it very helpful.
- Did a campaign 2 years ago to use 2-1-1. Have found that it's not that accurate, have found that when people call in they just get referred back to Churchill Social Services.
- 2-1-1 comes up on Google, 85% of the time it is accurate.

Department of Public and Behavioral Health -DPBH

- Very Washoe and Clark centered, doesn't apply to those in rural areas.
- Tried using it, gives resources but they don't cover the county. Have some resources that will serve their area.
- Nevada ADRC website, has option for a brochure but when you click the link, the link is broken. That's the problem with technology, links are broken, and information isn't updated. Providers go to check information and when they find that links are broken so people don't go back. Think about what people want when they access these resources, they want information right now.

Food Banks

- Garbage in and garbage out. Agencies aren't updating their own information. Lots of time you call and they don't even have accurate information.
- Get so many calls about people calling for the Salvation Army.
- Outdated.

- I have not used it often but I have referred clients. Outdated.

Family Resource Centers - FRCs

- I was not aware of the 2-1-1 system or the Nevada care website. Thanks to this webinar, I will do some research into these resources now!
- Knowledge from over the years, Nevada 2-1-1 and through site visit and daily phone calls with other agency.
- It is comprehensive but I use it more when it out of our region or city. I will normally call the number given to make sure the resource is accurate or can possibly direct elsewhere.
- We use Nevada2-1-1 and then we use an internal directory of common resources.
- There are two of us listening in. One uses it a lot, the other does not use it at all.
- 2-1-1 is like my back up plane or when all fails.
- 2-1-1 is a good start and being online, it's capable of being updated frequently.
- Not usually accurate information.
- It has greatly improved our own information and we use them more. We also give them info about the Family Resource Center - FRC when we visit.
- 2-1-1 is a piece of cake.

Jails and Prisons

- Have used it, but not always user friendly. Technology-wise, can’t go back on the page. Not to up to date. Have been several resources that she wanted to add her resource list but the nonprofit didn’t exist anymore.

Residential Facilities

- People promote it but don’t use.

Senior Centers

- Outdated information.
- Tried to access it a long time ago back when they were implementing. It was difficult to navigate at that time, haven’t tried it again. Haven’t heard anyone talk about it. Talked about more given as a resource as those using the system vs those delivering services.
- People have used it and contacted the agency through that door but don’t operate the other way.
- People aren’t specific about what their needs are, they want a contact person. Someone to talk about a guide them. Don’t even know what they’re looking for sometimes. Personable conversation is helpful.

Partnerships and Coordination of Efforts

Participants were asked to describe how well programs and services are coordinated across systems.

Aging and Disability Services Division - ADSD

- We do a really good job of coordinating with Nevada Early Intervention Services (NEIS). We have them in NEIS and then start coordinating services. We also have a wraparound service coordinator to manage those that are children that have really intensive needs to provide a higher level. Trying to coordinate with Wraparound in Nevada (WIN). Outreach and coordination with other states where we have habitually have children and need to transition and to identify where these young adults will be coming back to. Depends on whether there is a case manager. Try to coordinate well within the division, but we could learn more. We could learn more also about outside –correction. Educating family members is also key to coordination.

Community Based Organizations

- Not coordinated.
- Working in silos, coordinated as well as it could be.

County Representatives

- Have made an effort to coordinate with their nonprofit partners. Have a collaborative arrangement with a nonprofit and provide personal care services to their clients. With nonprofit partners, it works pretty well. Really can't coordinate all that well with other agencies due to restrictions on public programs.
- In the rurals, its contingent on the area. Rural systems are spread out and they have to rely relationships and often times, those relationships are lost.

Department of Public and Behavioral Health -DPBH

- This stuff rarely works, especially in a big system like Southern Nevada Adult Mental Health Services (SNAMHS), there are too many departments, too many leaders, too many people involved. It takes months to make a decision on things. No money to hire people to help with departments. Boils down to money. If the money is not available, the program is not available. Housing, have to look at a million different options, not as easy as just helping people. Boils down to creativity and how to get it done. Have to look at creative solutions.
- Aside from what has just brought up, there's also a disconnect. Each department will have a different focus, and there's a disconnect between. How do we go about connecting the dots so we are working together and in sync? Don't know. Have to look at the entire system.
- When you have no resources to develop services, coordination isn't even a part of the system. The services have to be there.

- Agree with everything that has been said. In the private sector and in mental health, if you wanted something done, it was done tomorrow. The state system – has come to appreciate the words “patience” and “disappoint.” Good ideas don’t always happen and if they do, they don’t happen quickly. Couple years ago, went through a standardization process among NNAMHS, SNAMHS, and rural. Systems are different, yet we try to make them fit within the same box without appreciating their differences. Mistake to say what you’re going to find in the rural communities, you’ll find at NNAMHS and SNAMHS. One area that we are moving forward with, is catching up to the 20th century and begin to look at integrating levels of care between the public and behavioral health and community partners. See that as moving forward this year.

Food Banks

- They believe they are coordinated but they aren’t. Everyone operates in a siloes. Everyone is working so hard and only poke their heads out when a client comes in needing something they can’t provide. Is also a funding issue. More funds, able to make a better case for why we need more funds. Diminishing return, the less you put out, the less you get back.
- In Mesquite – the way we coordinate is that everything is filtered through them. If they don’t have funds, they call specific churches to provide those services. Make everyone goes through them.
- Always room for improve.
- I keep in close contact with Three Squares and use their involvement in the community.

Family Resource Centers - FRCs

- As far as the programs in our building, its great but across the agencies not so well
- I feel that coordination is very poor. Not connected.
- It has greatly improved our own information and we use them more. We also give them info about the Family Resource Center when we visit.
- I don't think it actually is though. NWD's efforts will go a long way if you can streamline the route to various services for case managers.
- Certainly less of a silo environment between agencies when it comes to assisting clients with accessing resources and completing application processes.
- Ha! The nature of a "system" is that it is an interconnection of networks. That would not describe Nevada.
- I actually teach a class here at HopeLink which includes a module on How to Navigate the Social Services Network when You Don't Want to Be Here in the First Place. It's part of my life skills class for clients. Not blowing my horn, but just saying that your Q7 is poignant.

Jails and Prisons

- As an individual trying to seek services, would have a very hard time navigating the system. Agencies don't do a good job talking to one another about what one agency is doing. Even as an employee, have a hard time finding information. Hard to collaborate with the other programs, they have strict criteria which restricts ability to work with them. If you don't speak the program language, they won't work with you.

Residential Facilities

- State agencies should be able to use the same system as far as a database. Everyone has a different database.
- Silos cause issues with coordination of services.

Senior Centers

- Biggest challenges- Struggle with knowing someone through Department of Health and Human Services (DHHS) and welfare, and what their programs. Often that they duplicate efforts because they don't have the ability to verify if they are on welfare. For example, client is not sure if they applied for energy assistance so they apply for it again. Don't have the means to show if they are pending.
- Agreed. City of Henderson keeps their own tracking system but sometimes clients come in unsure if they applied for certain programs.
- Formed an informal coalition around senior nutrition among providers. What they've discovered is that there isn't one database or a place to share information across organizations. No central place to log that information so that other agencies can see what the person applied for.

Participants were also asked to identify strategies that could improve coordination/collaboration efforts.

Aging and Disability Services Division - ADSD

- For elderly – getting help from lots of different services and trying to figure out what is happening (Las Vegas).

Community Based Organizations

- Regular community meetings with community players. When working in the rurals, they had monthly meetings with the Douglas County Family Resource Center. Helped us remember what is out there.
- Agree. Found those community meetings to be beneficial. Leaders in the state, ADSD, and in state and counties, not enough communication with other providers about their long term goals.

- Aging and Disability conferences attendance statewide. Helps to meet others, set up transit training programs. Just had first training, had 21 people in attendance. Drivers have to be trained so this training provided that. Nevada Governor's Council on Developmental Disabilities holds a conference every 2 years. Depending on what they do, they need to be participating in those conferences.
- Identify the players who should be responsible, what does that look like, then work on them. Meet face to face. Love the idea of a website, would help with coordination.

County Representatives

- Work best they can with Medicaid and ADSD to communicate on the statue of clients. Issue with the wait list. IF the wait lists were significantly reduced, they would improve everyone's coordination and improve the effectiveness of public money that is being spent. Her agency pays for the waivers. Her coordination efforts stem around getting the person into the best public program.
- In a perfect world, a team of experts from ADSD, Family Resources Centers, etc. would see each unique issue in the communities.
- Continue communication. Seeing partners initiate conversations and bring issues to the table. How can we provide a better service.

Department of Public and Behavioral Health -DPBH

- Collaboration. Even if the money is available, it takes people working towards the greater good. Need to stay focused on what our goal is and who we are serving, as long as that stays as the primary focus can work towards that. But sometimes people lose sight of that.
- When the Affordable Care Act (ACA) was coming and they were looking at standardization, they held statewide leadership meetings in order to come to a consensus about what the product would look like. Since then, the meetings have stopped. Besides resources, certainly is communication. Seems to be a disconnect. If leadership isn't communicating on a statewide level and that's not being passed down through the ranks, makes things very difficult to improve coordination.
- Most services are not in the community so that means travel. If there were ways to coordinate services so that people wouldn't have to travel. Not an option sometimes, people don't receive services.

Food Banks

- Can't have one agency that does it all. Not a reliable solutions. People need to be able to obtain services where they currently are. Coordinated intake forces people to go to social services alone.
- Should be proactive instead of reactive.

- Communication – remove duplication efforts.
- More locations that have the ability to complete more services.
- Need to do a whole lot more partnering. Have gotten a good partnerships between providers. Has grown because the need has grown and more people are learning to talk to one another.
- Money.
- General clearinghouse situation. Some people are a lot of apprehensive of being a part of the bigger situation. Need to have a system that isn't competitive, resources are being dispersed evenly.
- Families new to the city needing medical and disability needs for children and seniors.

Family Resource Centers - FRCs

- Eligibility.
- We also use other community events, where a bunch of agencies are present, and talk with them and gather their information. We report all of this info back to the larger group (of the Family Resource Center) so there is collective learning.
- it's computer based, phone based and even text based response
- A similar community activity, like the last two speakers talked about, is conducted with the local Homeless Services providers group. We get together once each month, a part of the meeting is sharing changes, updating each other about changes.
- I basically skate past systems and develop 1:1 relationships with reliable people in the social service network. It's much easier.
- I believe that the Family Resource Centers already function with the NWD philosophy.
- Family Resource Center "share" drive of services we are aware of? Family Resources Centers are small enough family to be able to be helpful to one another when other government agencies complicate most efforts (inadvertently.) However, I did attend one community meeting by aging and disability where resource providers took the microphone for 3 min each. It was quick, efficient and I walked away with a huge load of previous unknown resources. 3 queue left in 15 min?

Jails and Prisons

- Used to be a time when there were community meetings, with different agencies that would come to the table. Many of the high ups were involved, would be beneficial to have front line staff involved.

Residential Facilities

- Have same database system for all providers.
- Having an organized methodology to your practice. Should be some sort of coordination between providers to better understand the patient.

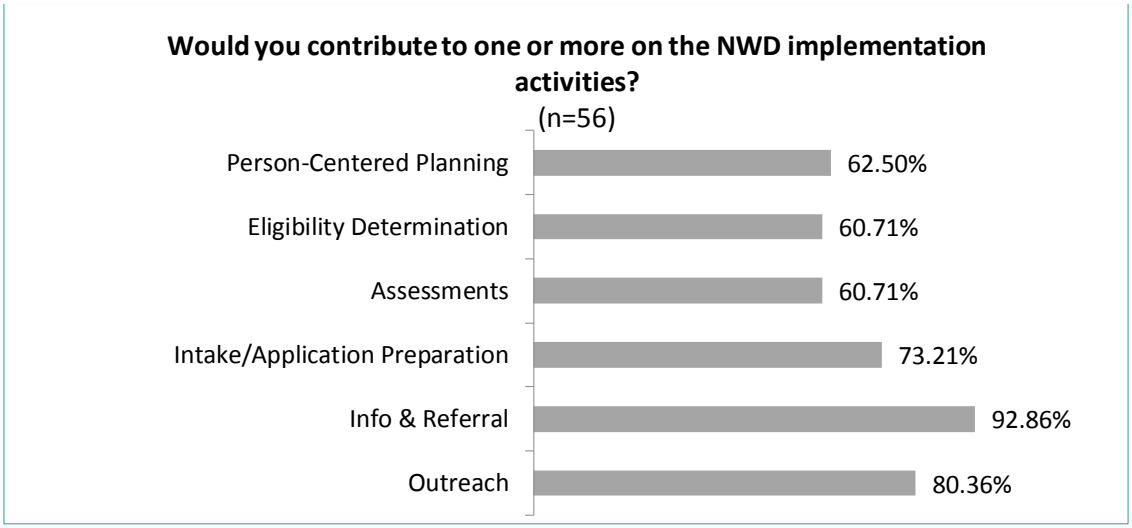
- What are those metrics that tell us what's improving efficiency and actually making progress? Lack of feedback. Need to ensure that service coordination metrics are a crucial part to the plan. Entry point metrics.

Senior Centers

- One database or a means for systems to communicate with one another so that providers can track application status.
- Having a contact person (nonprofit or senior services or social services) can contact high level welfare, social security. Have a phone number that goes to one person that knows who they are, why they are calling so they can check on application status so they don't have to call the general line and wait 2 hours.
- Catholic Charities – have a comprehensive assessment every time they visit a senior that covers all the needs they may have. Keep the assessment so that they can connect them to care. Try to keep in contact with them and act as advocate as accessing services. Time consuming process, seniors don't know who to contact.
- Used a program through Renown. Have social workers coordinating care between those seniors at home or those who are frail, coordinate their services throughout the community and medical community. Helps reduce the rate of readmission into the hospital. Found that it keeps resources together. Home to Health program. Have used coordinators to help with the medical side. Have also helped with Medicaid. If there was a social program through the welfare program similar to Home to Health, would be extremely helpful.

No Wrong Door Implementation

Participants were also asked via a poll issued within the webinar to rate the extent to which their organization would partner to implement various components of the NWD system. The results of the survey are contained in the chart below.



As a follow-up to the poll, participants were asked to describe what resources they would need for implementation.

Aging and Disability Services Division - ADSD

- Intake, assessment and eligibility would be difficult – we need more.
- More Staff – particularly for outreach. Most are required to bill for their time.
- Support for staff – do those outreach activities.
- Outreach department.

Community Based Organizations

- Funding. Centralized intake form to be able to determine if client is already receiving services or applied.
- Website or a centralized list for those working with consumers. Something to refer to or reference.

County Representatives

- Have a staff of 13, and may grow by 2 by the end of the next fiscal year. They could position themselves to do everything on a larger scale.

DPBH

- A lot of times, we take on things, and in order to do those projects, we're stealing away from another area. Sometimes it's just a matter of reallocating.

Food Banks

- Food stamps cut to a ridiculous amount for the month. For example 16$ per month.

Jails and Prisons

- Outreach piece is lacking. Could do all of the activities but with outreach is only really done around specific events. Funding is definitely an issue. Because there is other needs, outreach is generally placed on the back burner. Came from a different state where they had a mobile outreach center that would also follow-up.

Residential Facilities

- Basic information that they require to see whether the patient qualifies for the specifics for their can do, would be step in the right direction. Have the right resources to implement, but just missing the basic step about eligibility determination. Basic knowledge about the patient up front.

Senior Centers

- Would really need a great web-based directory that they could search fairly easily.

- Having access to possibly eligibility screen that tells them if they already applied, or application status.
- Technology based solution –most of this can be done through the web or the database.
- An administrator that you can go to when you're finding errors, so that if the information isn't working as it should you can report to.

Focus group participants were asked to share their opinions about opportunities or concerns they have in regards to implementing a NWD strategy in Nevada.

Aging and Disability Services Division - ADSD

- Transportation.
- Guardianship.
- Expanding aging population that we have.
- Aging population with developmental disabilities.
- Really clear and consistent information from the different organizations. Assigned information.
- Process and paperwork need to be streamlined statewide.
- Some clients tend to shop around – how prevent duplication?

Community Based Organizations

- Concept is really good but will still have some of the issues that 2-1-1 and ADRC will have (not representing the correct region, outdated information).

County Representatives

- No matter what kind of NWD policy is implemented, it is always contingent on whose door they entered (quality). The way services are parked out in Nevada, the way responsibilities are structured between the county and the state. The state is not responsible for the total scope of the care. Much of it falls on the county. The degree to which a county chooses to provide services depends on the county. But if someone enters a NWD (other then Clark County's door), there is no way they would ever be able to determine eligibility for county services because her employer is very specific about how can do this (the eligibility). Don't see the time coming in the near future where someone could access bulk of access without coming to the county one way or another. All very territorial to some regard. We all want to work together and collaborate but also very territorial about who says yes or no. Another issue has to do with capacity – have tried to go through the ADSD to try to get some services for clients that the county does not provide or don't have funding to provide (home modifications, etc.). Another issue with long wait lists, forces her agency to have to find other resources. They have to connect clients to resources within 72 hours, no time for wait lists. Must have the capacity to handle the load.
- Would like to see a statewide adoption of coordinated assessment or NWD. Great idea but if adopting one thing for all services provided. Not just elderly, not just disabled. Need to look at

the whole system to find something that makes sense. Going to have capacity issues and territorial issues. If there was one way for people to look at this and understand.

Department of Public and Behavioral Health -DPBH

- Resource issue. Collaboration and networking needed, especially in rural counties. Creativity. Not a matter of service gaps.
- Biggest concern is about buy-in. Getting people excited about it, motivated, connecting the client with the staff. People's belief that it will work.
- How long is the process? How long does it take for client a to move from one door to the next? Is it months? Has seen this happen where it takes 2-3 months and it becomes disappointing for the client. Must have a timeframe for how long people
- Starts with leadership but it systemic. Biggest concern is sustainability, mostly in the rurals but has also seen issues in bigger organizations as well. If you have a system that doesn't depend on people, it's more sustainable. Systemic issue = resources, directories and information are up to date, and people are trained.

Food Banks

- Concern – if someone comes into their office and asks for services and they are providing those services. All need to be on the same computer system so that the agencies can track and ensure that people aren't applying for the same services elsewhere. Homeless Management Information System - HMIS works so well.
- Concern is manpower to complete services. Also having people on the same computer system
- We have a bi-monthly outreach in the inner city areas. We tend to service more of the homeless and poverty stricken groups. We have a weekly announcement to our congregation. We continually give out tracks when we are serving individuals that come to our location.
- We do have plenty of posts on our Facebook with photos sharing the positive reactions we receive during our outreaches.
- Consistency and quality training is the key.
- My concern will be manpower to complete all services. Also, having the same computer system.

Family Resource Centers - FRCs

- The lack of funding for the resource being need by client.
- And resources are limited due to lack of funding.
- Geographically in many rural areas transportation to access services is a huge challenge
- I would agree. Also, the fact that it is paperwork vs. case manager online assessment with client present.
- If NWD means we have the resources that is a problem. If it means that we know where the resources are, we can do that.

- Private systems of service delivery are much easier to navigate than government, i.e., Catholic Charities, Lutheran social services, Jewish family services.
- All case management is by nature person centered versus cattle herding in my experience, except with government.
- I suppose the largest roadblock will be not enough funding for case management to be able to spend any significant amount of time with NWD folk.
- If I was truly convinced that this NWD was going to be the answer we have all been looking for, then I would be happier to invest more time, no offense. Just tired of yet another government effort and discussion that results in nothing.

Jails and Prisons

- Opportunity for more drop-in centers where people could go (currently have a drop in center but not heavily advertised). More outreach to go out and look for individuals and provide information.

Residential Facilities

- Opportunities for Caring Nurses is to have the opportunity to see how their practice is appropriate to assist patients in managing what they need to manage. Concern is about patients who don't qualify, and it's difficult to say no.

Senior Centers

- Think it's a phenomenal idea- Similar to something that started many years ago (single point of entry). Will be able to help serve more with less duplication and time.
- Concern about money and staffing.
- Providing the information to the legislature so they can show the economic advantages to having NWD. Keeping seniors living independently in their home has a huge, positive economic impact because it keeps them out of institutional programs. Not clear enough at the state level when it comes to budgets.
- Make it simple for people to use (lots of training or meetings continuously) will make people less enthusiastic about it. Agreed.
- Training will be very important so that everyone is on the same page and understands NWD. So many regional differences that should be considered.

Participants were also asked to identify the most critical issues that Nevada needs to address to prepare for implementation of a NWD strategy to service.

Aging and Disability Services Division - ADSD

- Educating family members and primary caregivers, meetings with other groups. There is paper for one intake, not quite enough and have to do it again. It would help if they could do ONE set of paperwork to get in.
  - Intake and assessment. Interdisciplinary team, conferences periodically.
  - Information not shared among case coordinators in different program. Regular meeting to update. Just keep sharing.
  - Skype!
  - Newsletter or teleconference or committee – expectation from to attend to keep information going.
- Paperwork, consistency, gets leaders to buy into something shared. Often there is ownership of paperwork.
- Person centered – what is this person wanting in their life? A philosophical shift not from what we can do for them but how can we help them get what they need.
- Consistent (e.g. IEP but not rural services).
- Interfacing – not just being a name and number but actually knowing and support what they do. Requires relationships.
- It would great to visit, but we need an admin push to network and be rewarded or praised. It was difficult until you actually meet people.
- Federal and state agencies that overlap.

Community Based Organizations

- Want to ensure that this is a means for people to be able to access information, essentially there's no wrong door for them to go.
- Ensure we target the consumers not just providers.
- Do some things in terms of outreach (TV, radio), partner with business and employers to distribute information about NWD. Agencies should partner with one another. Think outside of the box so that information can be distributed. One company sends out a company newsletter every month (Newmont Company). Agencies that receive funding must have a mandatory participation in number and percentage in community meetings or state meetings. Have regional meetings and only 5-8 people show up instead of the 20-30 that should be there.
- Childcare and the means the receive information. Newspaper or church newsletters.

County Representatives

- Practical changes. There's a way to massage policy. Capacity, coordination, realigning how we structure ourselves, computer systems, technology.

- Removal of silos.

Department of Public and Behavioral Health -DPBH

- Practical change to a NWD strategy, it's the same door. That makes is easier not to be the wrong one. When a person walks in, no matter what they're looking for, they are able to meet the need and provide it. Looking at some of the showcase integrated care facilities around the country, and looking at the Federally Qualified Health Centers- FQHCs in Washoe County, they have those services all within the same door. Would see that as a practical change that needs to move in that direction. Involves an integration of service and involve resources that are not currently available especially in some of those outlying areas.

Food Banks

- Policy standpoint – can do a better job. Everything currently goes through Clark County. Need an even distribution and them inviting providers to consultant them on major decisions before just making them. Communication.
- Mesquite doesn't even have any low income housing. Many people come in and are just placed on a waiting list.
- So many changes that need to be done in so many different areas. Being able to talk in situations like alleviates the communication.
- I agree... with the policies needing changes. This will eliminate the frustration we tend to experience.

Family Resource Centers

- Rent assistance is the biggest issue.
- Then they lose benefits and we have to reapply

Jails and Prisons

- There are some individuals in the prison system and they are supposed to go somewhere for follow-up but they are not being followed-up on. These people then wind up back in the hospital or prison. Follow-up is vital to this.
- Language – lot of practitioners that are not bi-lingual. Find that they have to do a telephone line or schedule an interpreter. Huge barrier.

Residential Facilities

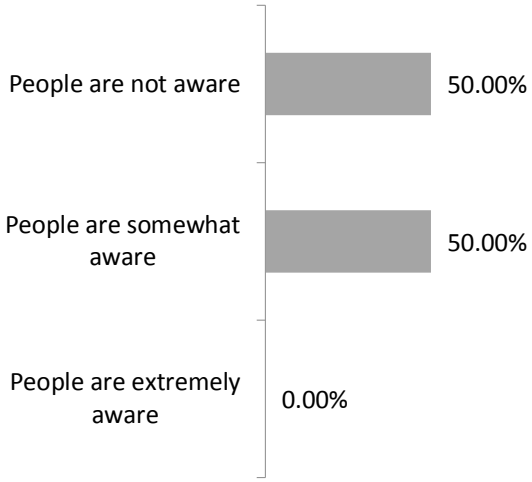
- Transportation is a key issue. Physicians being able to intervene.
- There are practical changes that need to be made, such as shared information amongst state agencies and community partners.
- Health Insight – Health information exchange site. Have to be a member and you have to pay a fee to get on. Fee was minimal. Already have providers.

Senior Centers

- Communicating between agencies. Have difficulty being able to speak about information because it's confidential.
- Agreed. Big issue isn't that the technology doesn't exist but it's the policy around privacy that prevent from data sharing (Health Insurance Portability and Accountability Act - HIPAA). Ways around this if everyone is trained properly.

Focus Group – Aging and Disability Services Division – ADSD

How well do individuals and those that care for them know about LTSS services that are available?
(n=10)



Does your organization use the directory as the primary source for information regarding LTSS services and supports?
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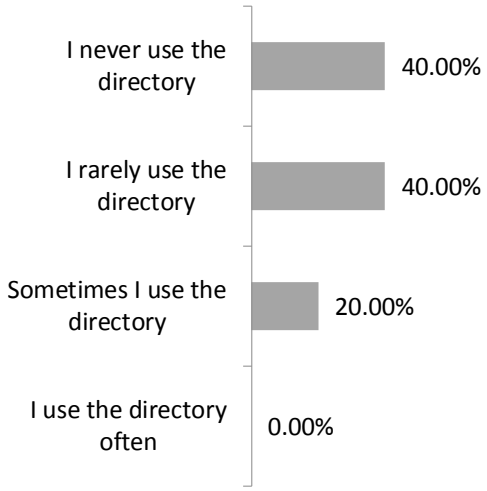

Do you use the 2-1-1 system?
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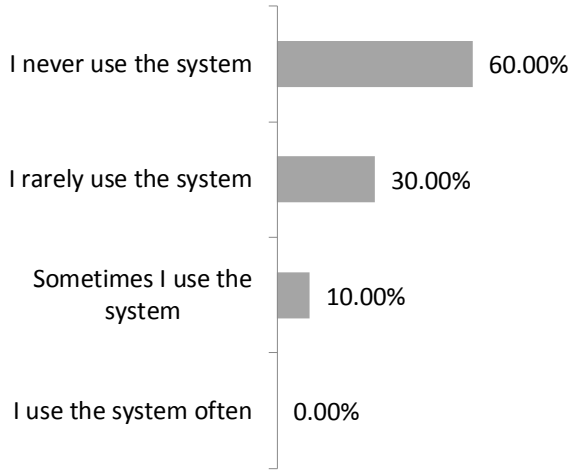

Would you contribute to one or more on the NWD implementation activities?
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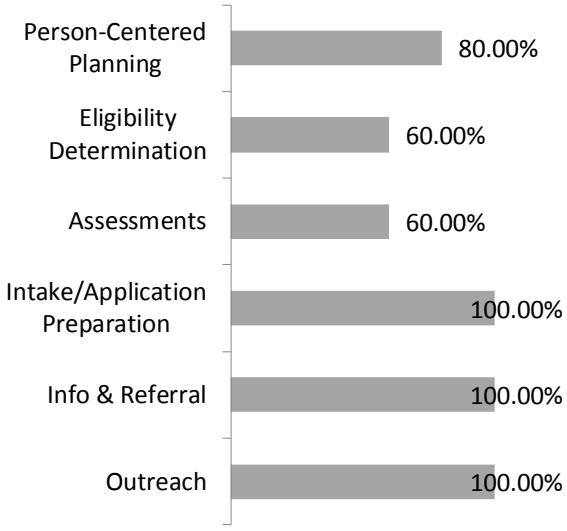

Focus Group – Community Based Organizations

How well do individuals and those that care for them know about LTSS services that are available?
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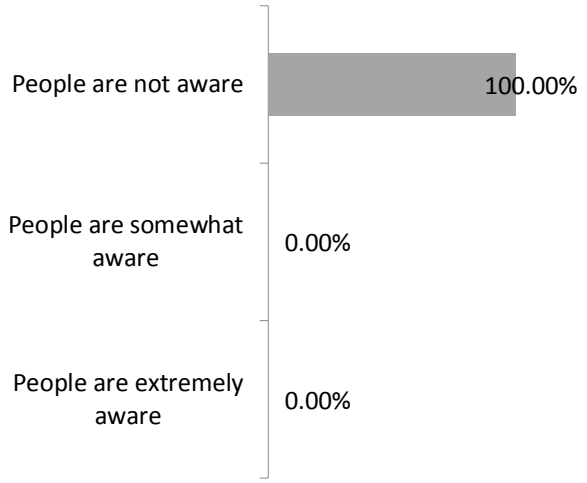

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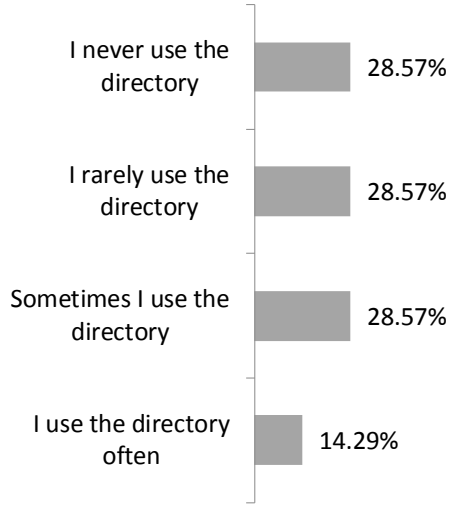

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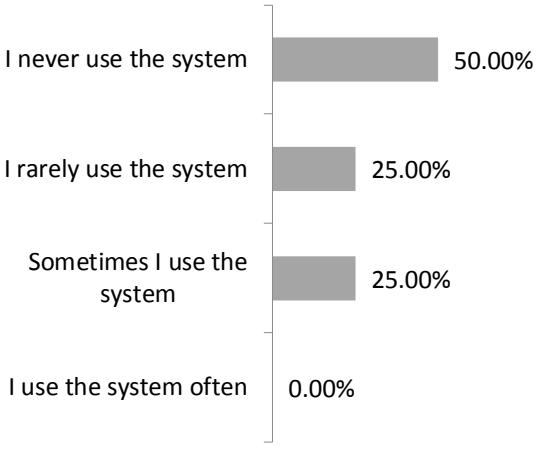

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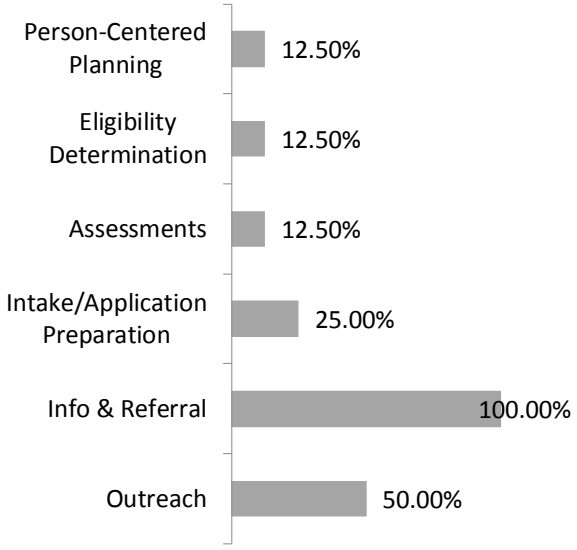

Focus Group – County Representatives

How well do individuals and those that care for them know about LTSS services that are available?
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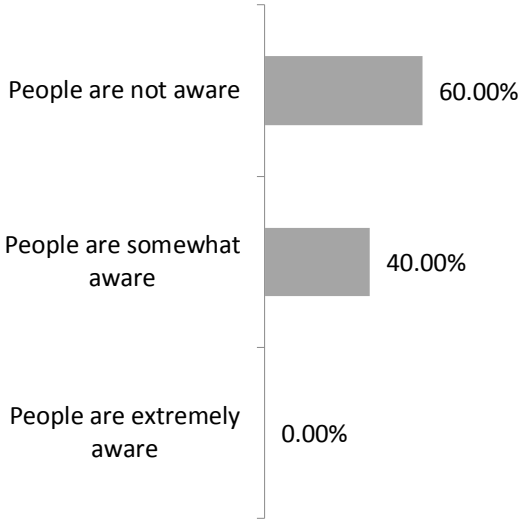

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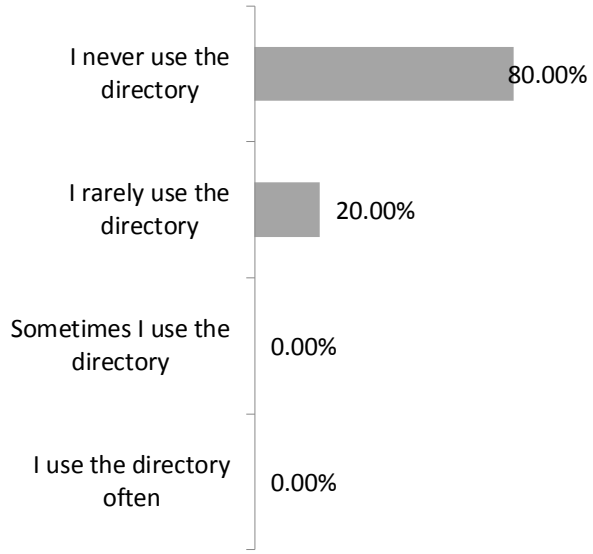

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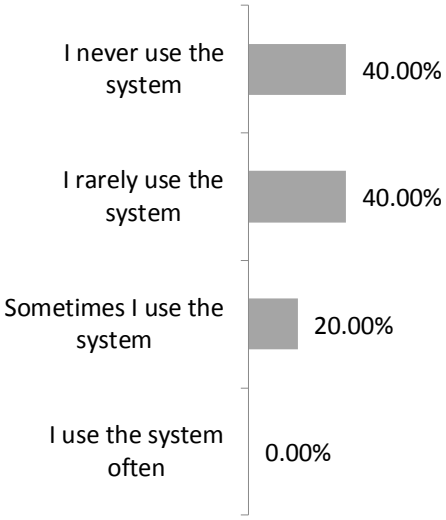

Would you contribute to one or more on the NWD implementation activities?
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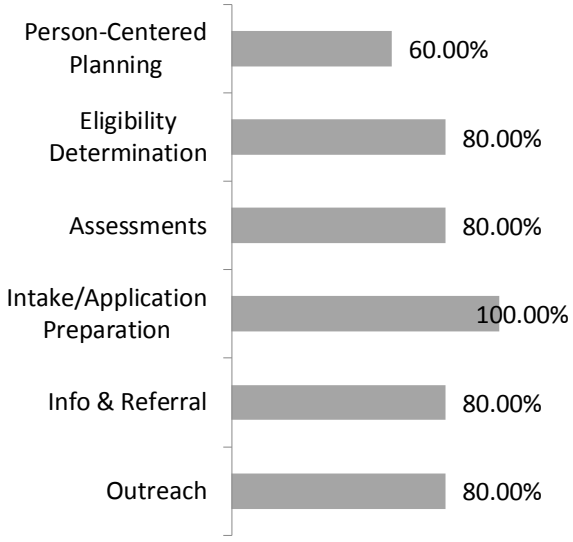

Focus Group – Department of Public and Behavioral Health

How well do individuals and those that care for them know about LTSS services that are available?
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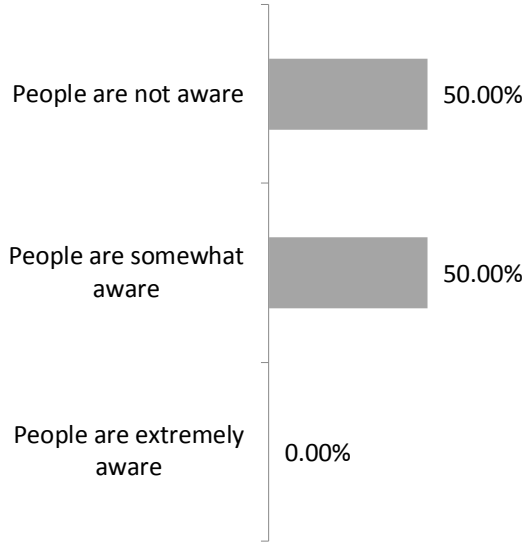

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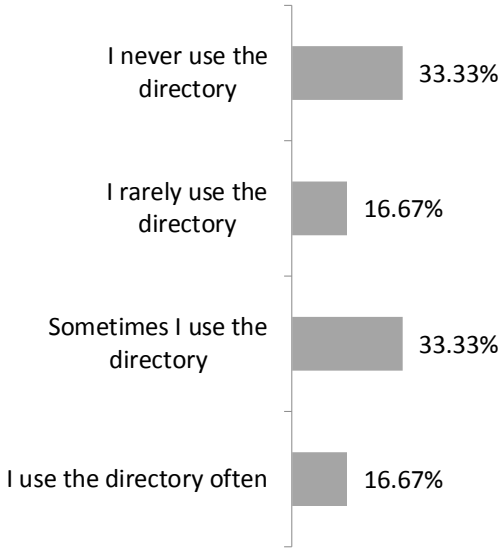

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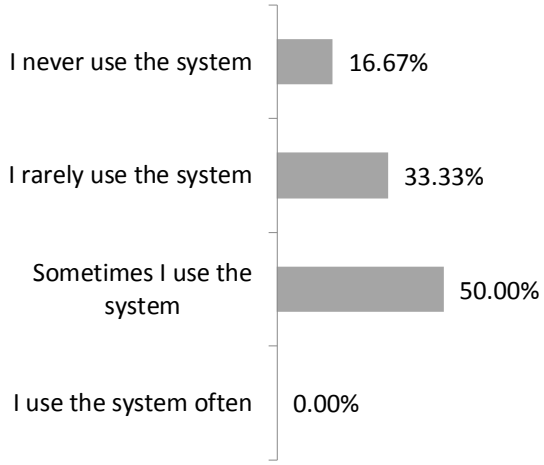
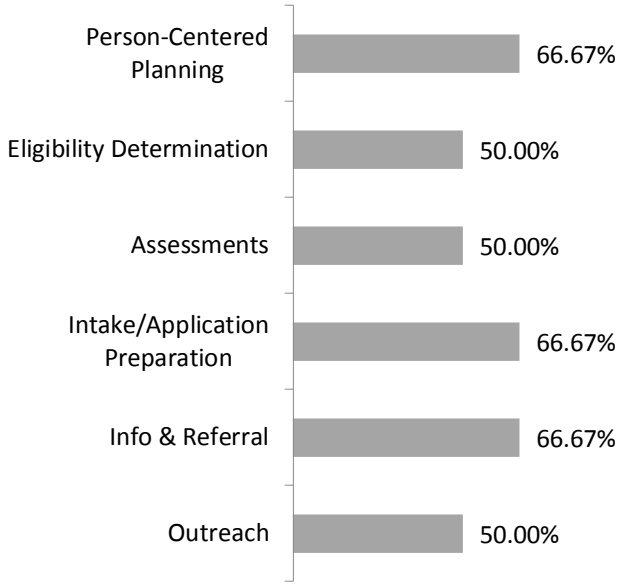
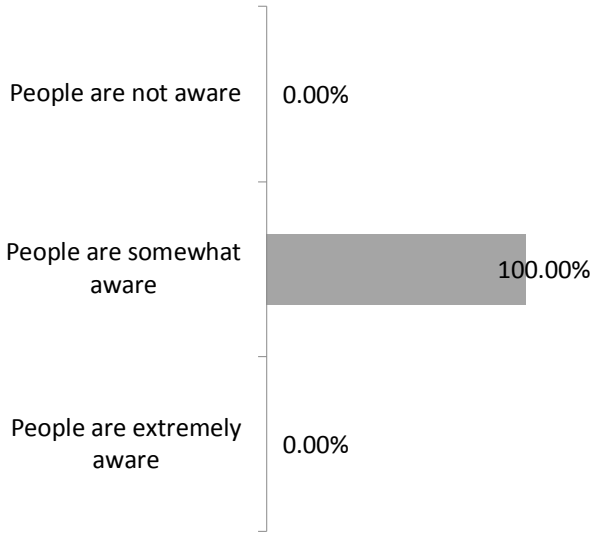


Would you contribute to one or more on the NWD implementation activities?
(n=6)

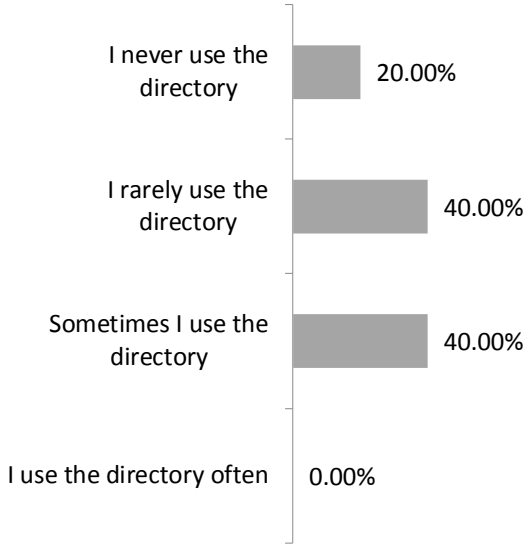


Focus Group – Food Banks

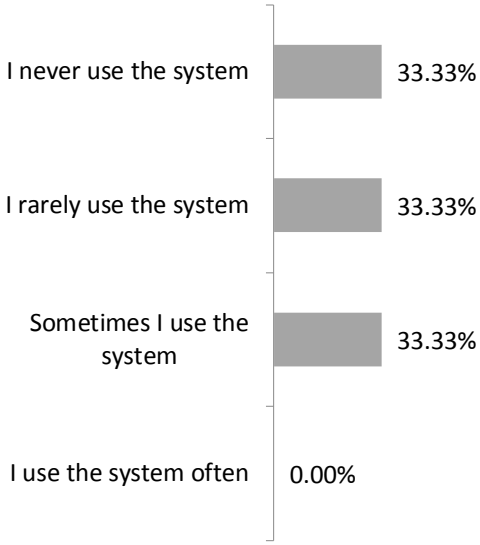
How well do individuals and those that care for them know about LTSS services that are available?
(n=6)



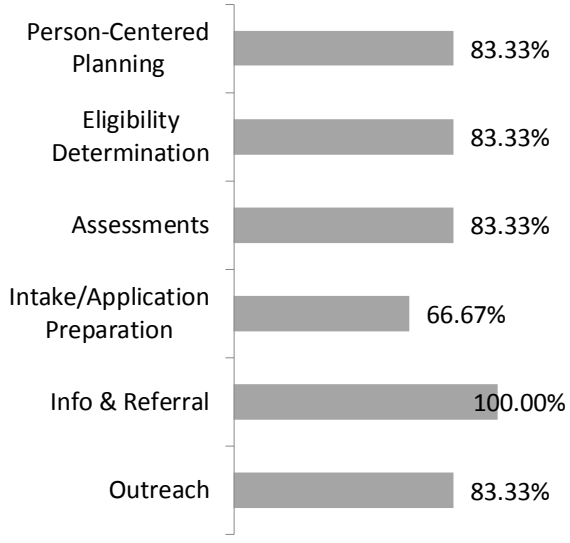
Does your organization use the directory as the primary source for information regarding LTSS services and supports?
(n=6)



Do you use the 2-1-1 system?
(n=6)

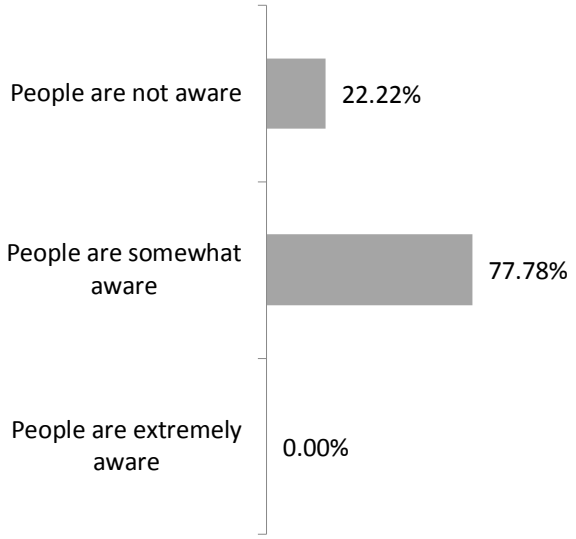


Would you contribute to one or more on the NWD implementation activities?
(n=6)

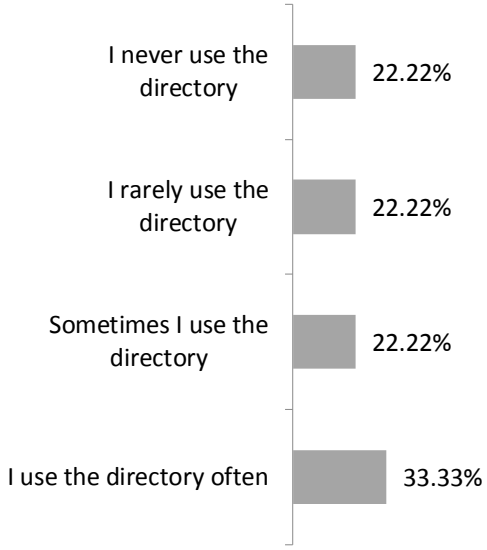


Focus Group – Family Resource Centers

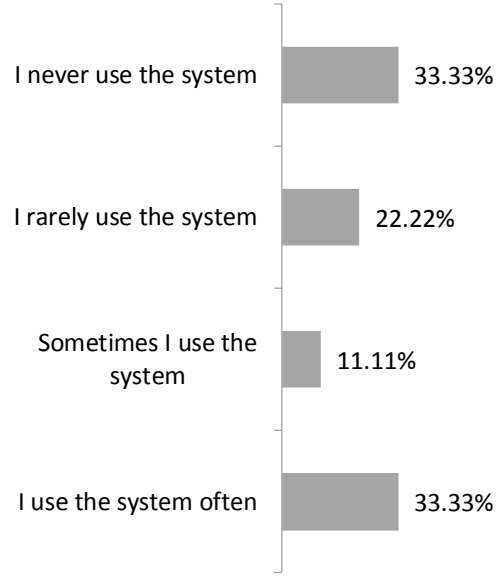
How well do individuals and those that care for them know about LTSS services that are available?
(n=9)



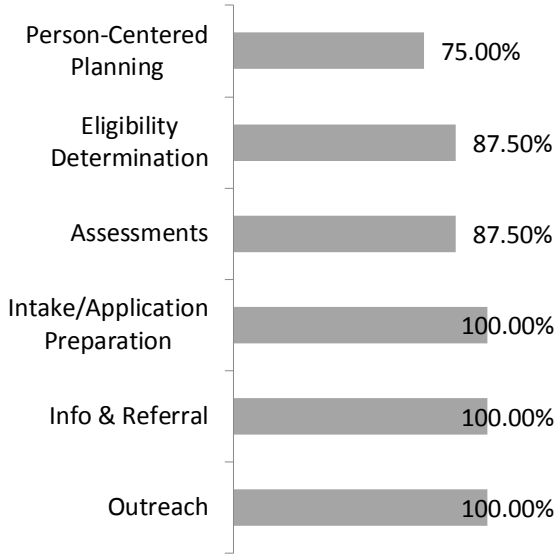
Does your organization use the directory as the primary source for information regarding LTSS services and supports?
(n=9)



Do you use the 2-1-1 system?
(n=9)

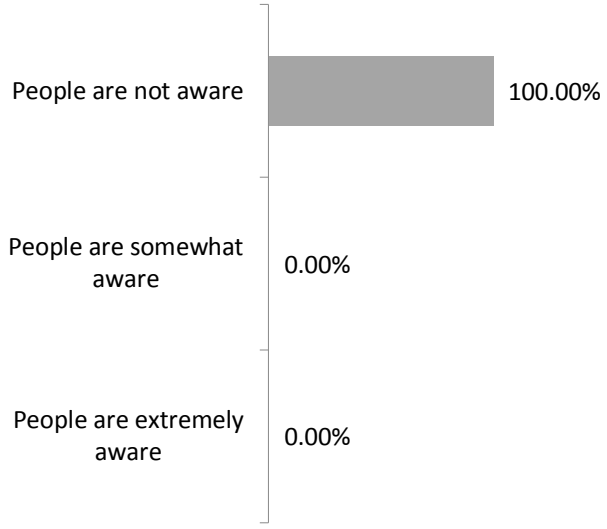


Would you contribute to one or more on the NWD implementation activities?
(n=8)

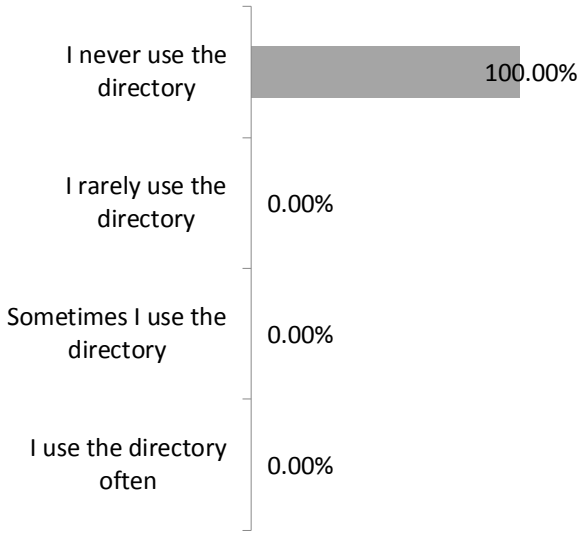


Focus Group – Jails and Prisons

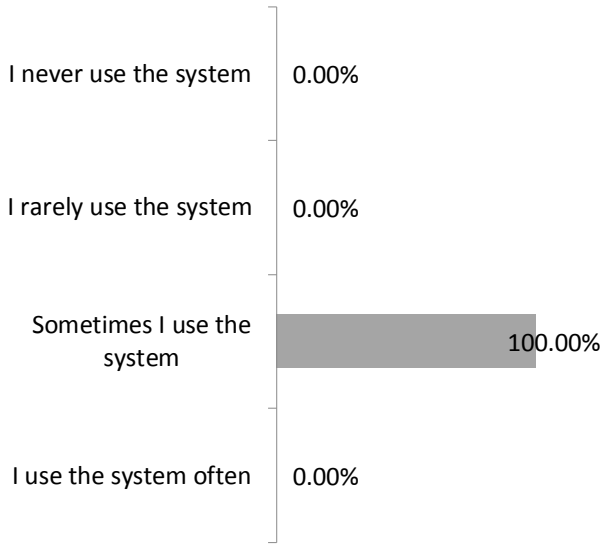
How well do individuals and those that care for them know about LTSS services that are available?
(n=2)



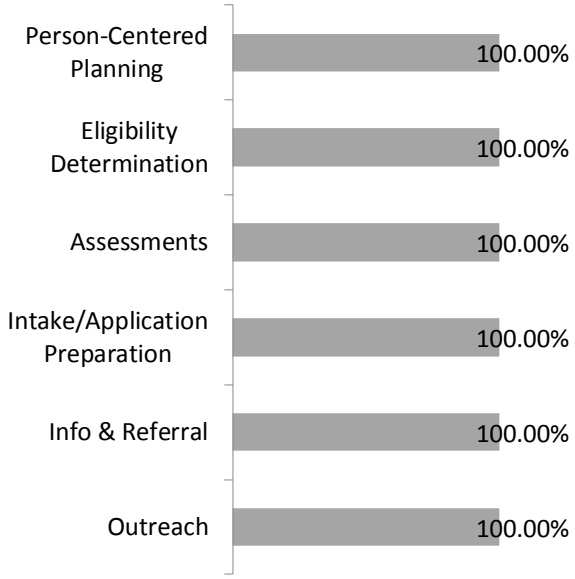
Does your organization use the directory as the primary source for information regarding LTSS services and supports?
(n=2)



Do you use the 2-1-1 system?
(n=2)

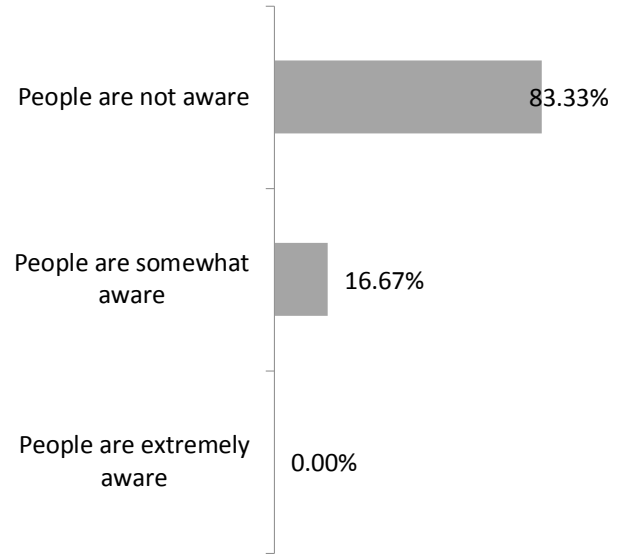


Would you contribute to one or more on the NWD implementation activities?
(n=2)

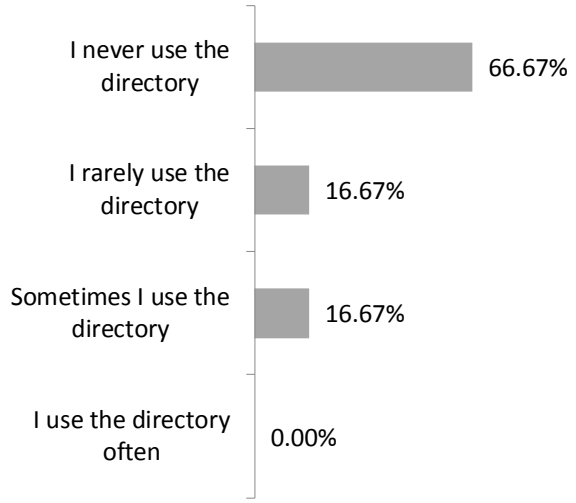


Focus Group – Residential Facilities

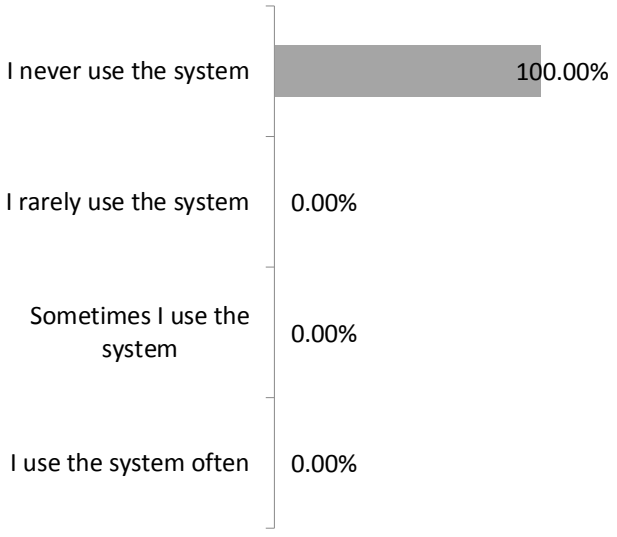
How well do individuals and those that care for them know about LTSS services that are available?
(n=6)



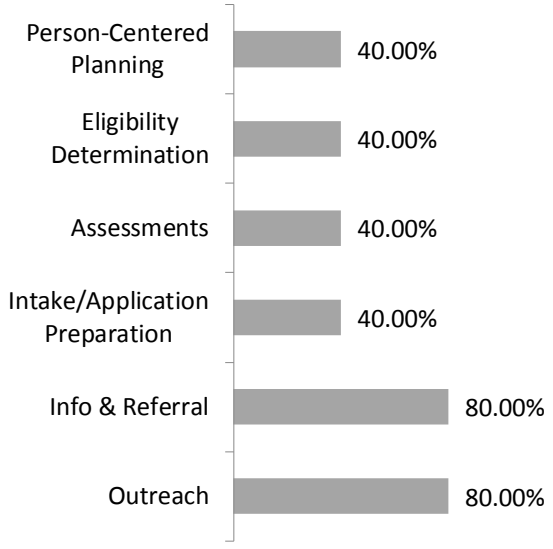
Does your organization use the directory as the primary source for information regarding LTSS services and supports?
(n=6)



Do you use the 2-1-1 system?
(n=6)

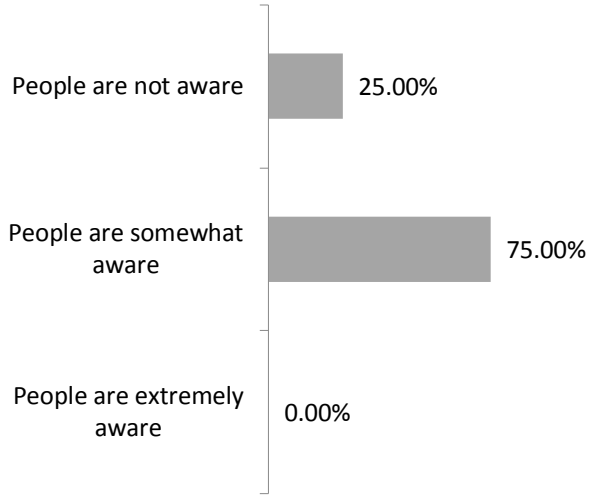


Would you contribute to one or more on the NWD implementation activities?
(n=5)

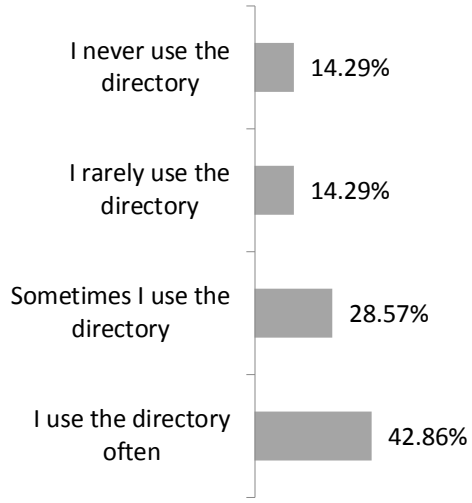


Focus Group – Senior Centers

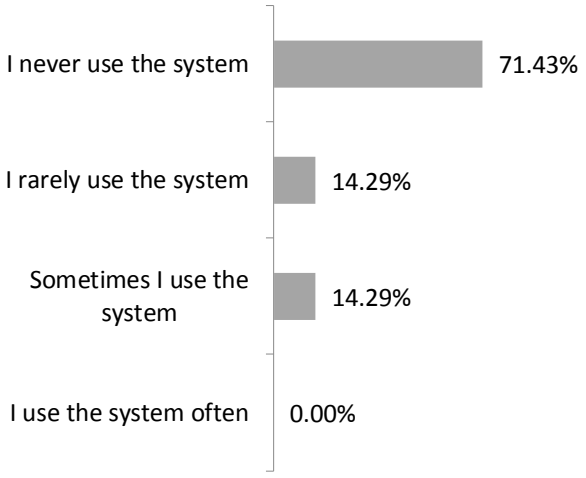
How well do individuals and those that care for them know about LTSS services that are available?
(n=8)



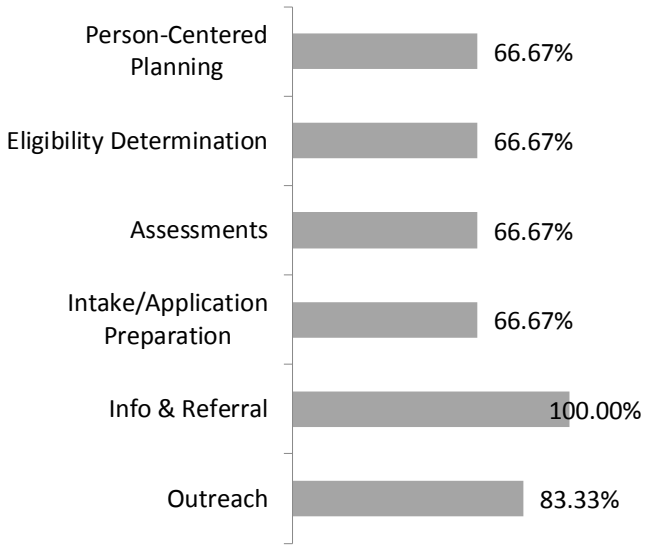
Does your organization use the directory as the primary source for information regarding LTSS services and supports?
(n=7)



Do you use the 2-1-1 system?
(n=7)



Would you contribute to one or more of the NWD implementation activities?
(n=6)



Appendix D: Consumer Survey Tool

We are collecting information from individuals across Nevada who currently receive and/or need Long Term Services and Supports (LTSS). Long term services and supports may include personal care services, caregiver supports, and behavior supports for people with functional limitation and chronic illnesses. If you are a consumer of services, a family member, a care provider, or an advocate, please take a few moments to answer this voluntary and anonymous survey. Your input will be used to help us understand the extent to which services meet the needs of consumers. We are also trying to identify what prevents people who need assistance from getting the help they require.

All responses will remain anonymous. If you would like to take this survey online, please go to: https://www.surveymonkey.com/s/NWDCONSUMER

RESPONDENT PROFILE QUESTIONS

Please answer the following questions to help us understand who you are representing as you complete this survey.

1. Which of the following best describes you?

(check all that apply)

- ☐ Current consumer of services
- ☐ Former consumer of services
- ☐ Friend/family member of consumer
- ☐ Advocate for consumers
- ☐ Someone in need of services but not currently receiving them
- ☐ Paid caregiver
- ☐ Non-paid caregiver
- ☐ Provider
- ☐ Not sure

Please check the box below if you are completing this survey on behalf of someone with ASD who is unable to complete it independently?

- ☐ I am completing this survey on behalf of a consumer who is unable to complete it independently.

2. What is your gender?

- ☐ Male
- ☐ Female

3. What is your age?

- ☐ 0-12
- ☐ 13-17
- ☐ 18-20
- ☐ 21-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65-74
- ☐ 75+

4. What is your race/ethnicity?

- ☐ White
- ☐ Hispanic
- ☐ Black/African American
- ☐ American Indian/Alaskan
- ☐ Pacific Islander
- ☐ Asian
- ☐ Mixed Race
- ☐ Other

5. What County do you live in?

- ☐ Carson City
- ☐ Churchill
- ☐ Clark
- ☐ Douglas
- ☐ Elko
- ☐ Esmeralda
- ☐ Eureka
- ☐ Humboldt
- ☐ Lander
- ☐ Lincoln
- ☐ Lyon
- ☐ Mineral
- ☐ Nye
- ☐ Pershing
- ☐ Storey
- ☐ Washoe
- ☐ White Pine

6. There are a variety of supportive services that can be provided to help people with functional limitations and chronic illnesses who need assistance to perform routine daily activities. Please indicate which of the following type of services you or someone you know have used and the extent to which it served your/their needs.					
Types of Services Used	Please rate the extent to which each of these services met your needs.				
	Excellent Always met my needs	**Good** Usually met my needs	**Fair** Sometimes met my needs	**Poor** Never met my needs	**Don't Know** Have not used this services
Medical and Health Services (for example, services like skilled nursing, wound care)					
Food and Nutrition (for example, services like meal delivery, congregate meals, getting food)					
Employment (for example, services like job training, looking for employment)					
Personal Care Services (for example, services like assistance with bathing, dressing)					
Homemaker Services (for example, help with shopping, housework, managing finances)					
Respite/Caregiver Supports (for example, providing help or a break for caregivers)					
Behavioral Supports (for example services like behavior modification or autism treatment)					
Education/Training (for example, help managing chronic disease					
Housing (for example, help finding housing, exploring options for living arrangements					

7. People find out about services in a variety of ways. Can you please share how you learned about the supportive services in your community and how helpful they were in providing you information you needed.					
Please rate how helpful each of these were in providing you with the information you needed.	**Very Helpful**	**Helpful**	**Somewhat Helpful**	**Not Helpful**	**Don't Know**
Referral from another agency					
Friend or family member					
Hospital/clinic/doctor/nurse					
Nursing home/assisted living facility					
Referral from school					
Brochure/flyer					
Media/newspaper/TV/radio					
Internet					
Nevada Care Connection/ADRC Website					
2-1-1					
Other (please explain)					

8. There are a number of reasons that people may not receive the assistance they need. We want to understand why people who need services may not be able to access care. Please indicate which of the following you believe prevents you or other people from accessing services, treatments and/or supports and the severity of the issue.

Please indicate the degree to which each problem affects you (or the person you care for) from accessing services, treatments and/or supports	Big Problem	Medium Problem	Little Problem	Not a Problem	Don't Know
Lack of transportation					
Lack of Medicaid, medical Insurance, and/or cost prohibitive					
Long wait lists					
Not enough services/service providers available					
Not the right types of services offered to meet my needs					
Lack of choice in regards to the services offered					
Services were not provided in a flexible fashion to meet my needs					
Don't know where to get help					
Language barriers					
Service providers are rude					
System is too confusing/difficult to navigate					
Other (please explain)					

We are also trying to understand how easy it was for you to find the help you needed and the extent to which you were provided choices about your care.

Check the appropriate box to indicate your level of agreement with each of the statements below.	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
					
9. It is easy to find the help I need.					
10. Applying for services was simple.					
11. Someone sat with me to discuss my needs and helped me understand what services were available to help me.					
12. Information about services was provided to me in a manner that was easy to understand.					
13. I was able to make choices about my care that best served my needs.					
14. Someone followed up with me to see if I got the help I needed.					

15. How significant of an issue is it to gain access to services in your community?

- ☐ This is a big issue – there are a lot of barriers to getting the help I need in my community.
- ☐ This is a moderate issue – there are issues that make it difficult and/or time consuming to get the help I need.
- ☐ This is a minor issue – there are system improvements needed, but they are minor and do not affect my ability to get the help I need.
- ☐ This is not an issue – people can get help when they need it.

16. On a scale of 1-10, how well do you think the current system responds to the long term supportive service needs of your community?

☐ 1 – Responds in the best way possible	☐ 6
☐ 2	☐ 7
☐ 3	☐ 8
☐ 4	☐ 9
☐ 5	☐ 10- Responds in the worst way possible

17. Please list the one thing that works best for you in getting the help you need.

18. Please list your number one frustration with getting the help you need.

Thank you for taking the time to complete this survey. Your input is valuable and appreciated!