

# Nevada's



## No Wrong Door Strategic Plan

2015 - 2018

Long  
Term  
Services and  
Supports

## Acknowledgements

This plan was made possible through the combined efforts of countless individuals, organizations, and state agencies. Hundreds of consumers shaped this plan by completing surveys, while community based organizations and state agencies offered staff participation in focus groups and key informant interviews.

The No Wrong Door Advisory Board thanks everyone who contributed their time and ideas to the process.

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# Executive Summary

Long term services and supports (LTSS) help people with functional limitations accomplish tasks necessary for daily living. Older adults, and those living with disabilities, will often need assistance with issues such as bathing, getting dressed, fixing meals, and managing a home. Others may need behavioral health care to encourage growth and development, or to manage the challenges of everyday life. All of these services are best provided in a consumer’s own home and community, however, they are not always easy to identify or access.

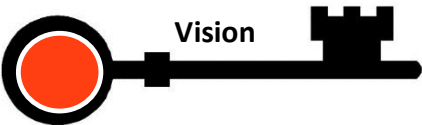
Finding the right long term services and supports to fit a family’s needs can be difficult. In Nevada, there are a variety of different service providers, funding streams, and eligibility requirements that can make the search confusing, difficult, or frustrating.

To address this reality, Nevada has been actively pursuing improvements to its LTSS system. In February 2015, the state established the No Wrong Door (NWD) Advisory Board to improve Nevada’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 for all populations and all payers.

**No Wrong Door (NWD) is a philosophical approach to services.** It supports streamlined access to long term services and supports for older adults and individuals with disabilities.

*NWD systems are “designed to serve as highly visible and trusted places where people of all ages, incomes and disabilities get information and one-on-one person-centered counseling on the full range of LTSS options.”*

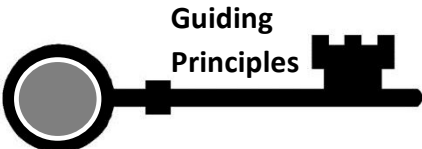
As an initial step in the strategic planning process, the Advisory Board developed a vision and mission for the No Wrong Door System in Nevada as well as a set of guiding principles. This was an important first step as the system would rely upon the collaboration of multiple local, county and statewide partners. Establishing the vision, mission and guiding principles provided the context for understanding the role of each partner and the lens with which decisions would be made.



*Nevadans with functional limitations and the family members that support them have timely access to correct information and quality services that promote choice, dignity, and independence.*



The mission of the No Wrong Door Initiative is to streamline access to services and ensure that Nevadans receive individualized care that meets their needs.



- Accessible
- Person-centered
- Coordinated
- Sustainable & Accountable

The Advisory Board recognized the need to gather input from a variety of stakeholders, including early implementers, service providers, consumers, and caregivers, to create a thoughtful, strategic and actionable plan. Input was gathered by conducting key informant interviews with early implementers and community partners, facilitating focus group discussions with service providers, and distributing surveys to consumers and their caregivers. The information gathered was compared against the NWD framework for best practice as developed by the Administration for Community Living Centers for Medicare & Medicaid Services Veterans Health Administration. In addition, research was conducted to identify what other states had done to implement NWD efforts. During this process, the following critical issues were identified as requiring action to support a NWD system in the state of Nevada.

## Critical Issues

Critical issues were categorized according to the key functions of a NWD system.

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### *Public Outreach and Links to Key Referral Sources*

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**Resource Information:** Nevada's Care Connection and 2-1-1 system is not currently being utilized as the premier sources of information about community resources.

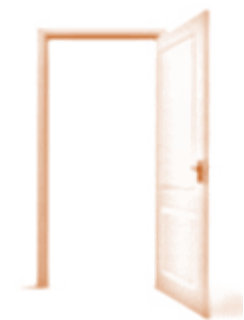
**Community Partnerships:** There is not a comprehensive network of LTSS service providers and referral agencies that work in a consistent, coordinated fashion.

**Outreach & Awareness:** Many providers, consumers, and the public do not have adequate knowledge about resources that are available.

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### *Person-Centered Counseling*

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**Consistency:** Person-centered counseling (PCC) is not being implemented consistently within organizations or between organizations. Furthermore, only a limited number of organizations are implementing PCC.

**Training:** There has been limited training provided regarding person-centered counseling.

**Staff Resources:** There are not enough staffing resources to fully implement person-centered counseling.

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### *Streamlined Access to Public Programs*

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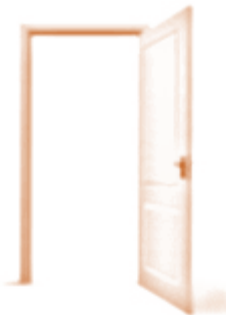
**Intake & Eligibility Practices:** Consumers currently are required to complete multiple applications with various agencies to access care.

**Service Availability:** There is a significant gap between the needs of the population and the availability of services to meet those needs.

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### *Governance and Administration of the NWD System*

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**Governance:** Beyond the NWD Advisory Board, there is no entity that provides governance and leadership to support a coordinated system of care.

**Policy:** Agencies may have policies that are not aligned to the NWD framework, making partnership and full participation improbable.

**Financing:** There are not enough financial resources to fully implement NWD. Additionally, there are areas connected to NWD implementation that if not sufficiently funded could jeopardize the success of NWD efforts.

**MIS System:** LTSS providers are mostly using different systems to track consumer information including service and outcome data.

Following the identification of critical issues, goals and objectives were developed to guide NWD implementation efforts over the next 3 years.

### Strategic Plan Goals and Objectives

**Goal #1: Engage and inform consumers, caregivers, and providers in the NWD system to develop support for the initiative and increase access to care.**

Objective 1.1: Acquire support and identify key champions for NWD from Nevada's key leadership positions.

Objective 1.2: Build support for NWD system among state, county, and community based providers.

Objective 1.3: Increase consumer knowledge of LTSS services and access options through NWD system.

**Goal #2: Implement high quality person-centered counseling across agencies based on established standards.**

Objective 2.1: Develop statewide standards for person-centered counseling.

Objective 2.2: Ensure that NWD agencies are adequately trained and supported to implement high quality person-centered counseling.

Objective 2.3: Ensure that consumers understand person-centered counseling and their role in the process.

**Goal #3: Improve access and availability to long term services and supports.**

Objective 3.1: Identify and prioritize optimal solutions for increased access and availability of long term services and supports.

**Goal #4: Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.**

Objective 4.1: Design the ideal framework/functionality of a centralized information and referral (I&R) system.

Objective 4.2: Fund the integrated I&R system framework.

Objective 4.3: Build the integrated I&R system.

Objective 4.4: Implement a centralized I&R system.

**Goal #5: Establish a governing board to guide, promote, and ensure success of NWD in Nevada.**

Objective 5.1: Establish a NWD governance board.

Objective 5.2: Develop a service model for NWD implementation in Nevada.

Objective 5.3: Establish a sustainable funding stream and take action to support long term implementation efforts.

This plan will be used as a management tool with progress reviewed quarterly and updates established annually. Annual updates will be completed each year beginning in December 2016. The updated plan will be posted on the ADSD website and made available to the public, stakeholder groups and related commissions.

## Background and Introduction

Long-term services and supports (LTSS) help people with functional limitations accomplish tasks necessary for daily living. Older adults, and those living with disabilities, will often need assistance with issues such as bathing, getting dressed, fixing meals, and managing a home. Others may need behavioral health care to encourage growth and development, or to manage the challenges of everyday life. All of these services are best provided in a consumer's own home and community, however, they are not always easy to identify or access.

*Long Term Services and Supports may include personal care services, caregiver supports, and behavior healthcare for people with functional limitation and chronic illnesses.*

Finding the right long term services and supports to fit a family's needs can be difficult. There are a variety of different service providers, funding streams, and eligibility requirements that can make the search confusing, difficult, or frustrating. To address this reality, Nevada has been actively pursuing improvements to its LTSS system. Multiple state division mergers and streamlined access through implementation of the Money Follows the Person (MFP) approach and Balancing Incentives Program (BIP) are some of the efforts used to support improvement.<sup>1</sup> Most recently, the state established an Advisory Board to develop a 3-year plan to develop a comprehensive "No Wrong Door" (NWD) approach to LTSS services for all Nevadans regardless of age or payee status.

### No Wrong Door Framework

NWD is a philosophical approach to services. It supports streamlined access to long term services and supports for older adults and individuals with disabilities. NWD systems are "designed to serve as highly visible and trusted places where people of all ages, incomes and disabilities get information and one-on-one person-centered counseling on the full range of LTSS options."<sup>2</sup>

To effectively implement a NWD approach to services, the following key functions must be operational:

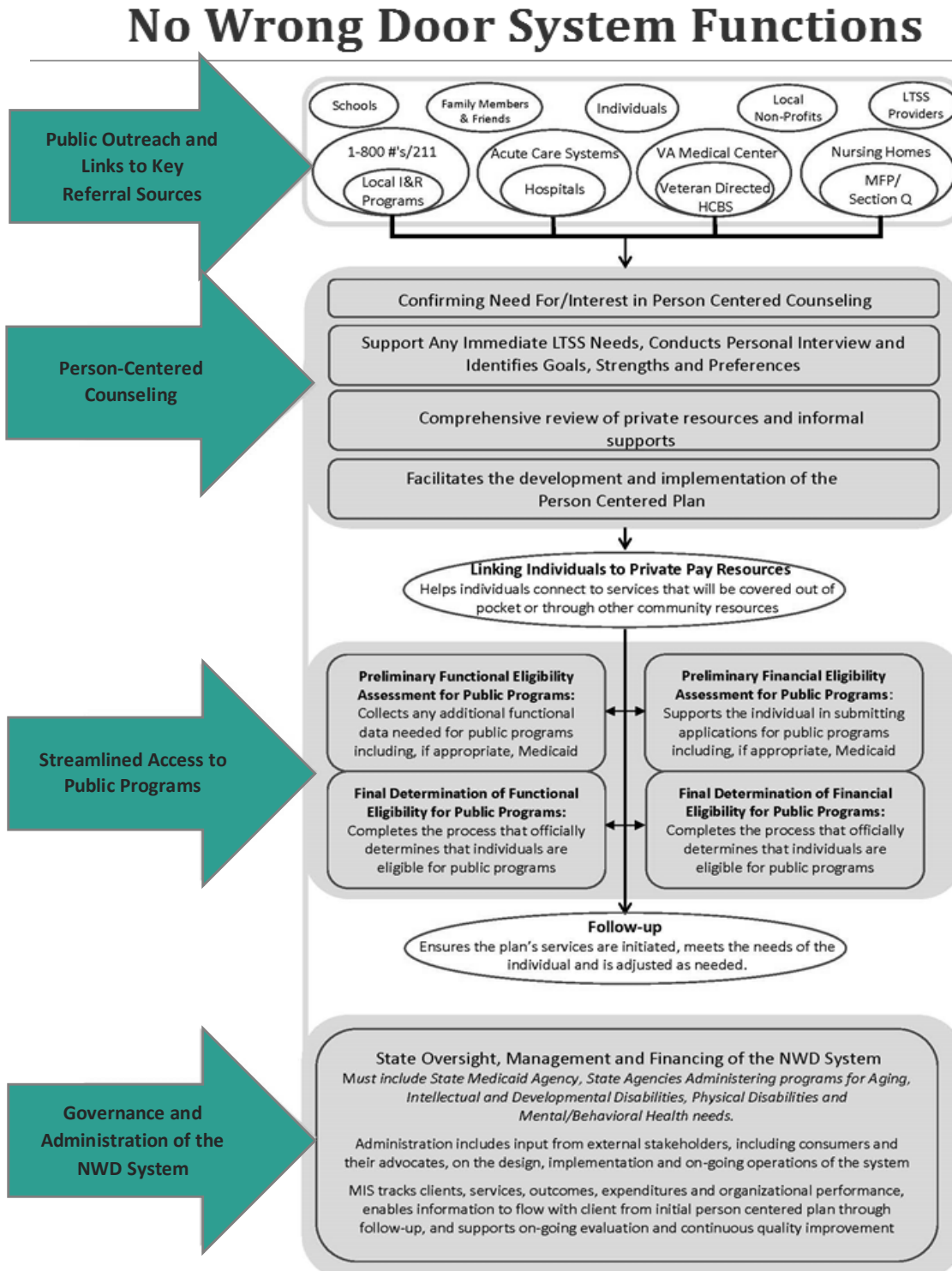
- public outreach and coordination with key referral sources
- person-centered counseling
- streamlines access to public LTSS programs; and,
- state governance and administration

<sup>1</sup> A more comprehensive account of historical efforts to support LTSS services can be found in the Appendix A of this report.

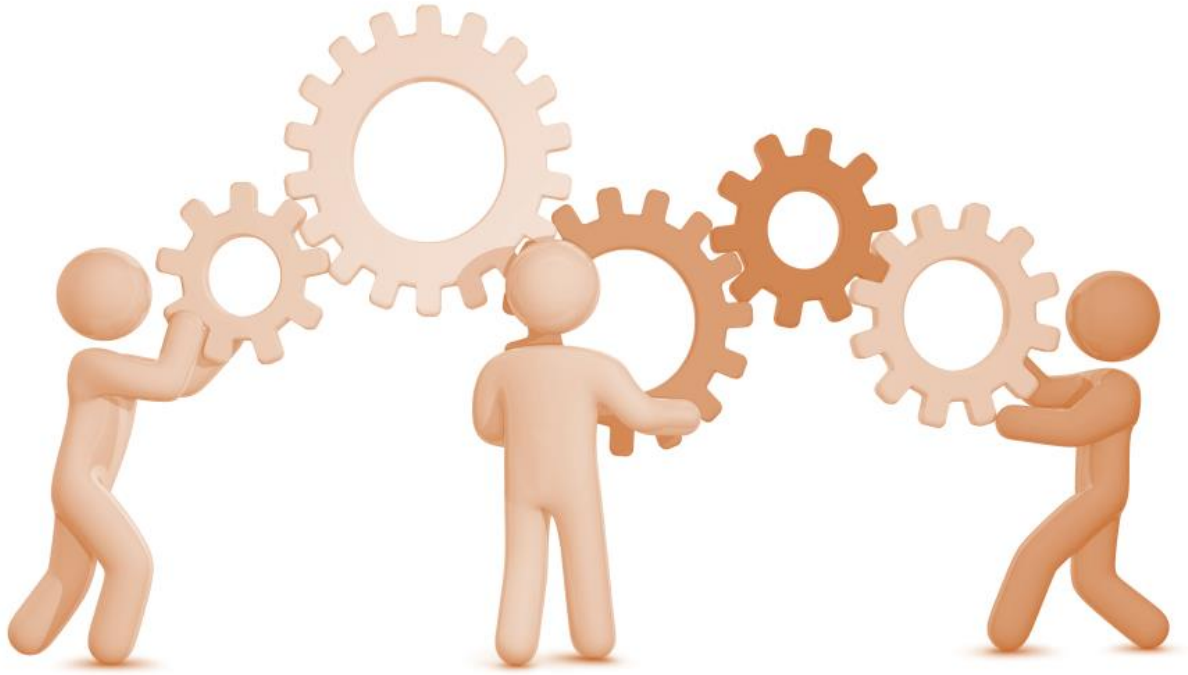
<sup>2</sup> Retrieved on April 14, 2015 from the Administration for Community Living Website: <http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx>



The following graphic is a depiction of how each of these functions work within the system.



For a comprehensive definition of each of the key functions of a NWD System, please refer to Appendix A.



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### Advisory Board

The No Wrong Door Advisory Board was strategically developed to include a variety of stakeholders that provide LTSS services or influence the LTSS system in Nevada. A brief description of each agency represented on the board is as follows:

***Aging and Disability Services Division (ADSD):*** ADSD’s mission is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives. ADSD administers home and community-based programs across the lifespan including the Aging and Disability Resource Center program, Title III programs, Rehabilitation Services Act funding and Early Intervention Services.

ADSD will be the main oversight agency for the NWD system, coordinating efforts of the main governing body for the ongoing operation of the system.

***Division of Healthcare Financing and Policy (DHCFP)*** - The state’s Medicaid agency, DHCFP, provides oversight for Medicaid services and ensures that Nevada incorporates Centers for Medicare and Medicaid Services (CMS) rules and plans for federal Medicaid administrative matching funds. DHCFP also coordinates with ADSD in provision of BIP and MFP programs. Finally, DHCFP provides oversight of community health providers for Medicaid recipients.

DHCFP will continue to be a strong partner in expansion of NWD tools that have been developed under the BIP project. They will serve on the NWD governing body and participate in the administration of the system.

***Division of Public and Behavioral Health (DPBH)*** - DPBH is the state agency responsible for public and behavioral health services. DPBH serves as the lead agency for maternal and child health services, immunization and chronic disease programs, and behavioral healthcare. DPBH also houses the Bureau of Healthcare Quality and Compliance (BHCQC).

DPBH will serve on the NWD governing body to continue efforts to incorporate services for individuals with behavioral health concerns and to continue work to streamline the quality assurance processes for providers across multiple DHHS agencies.

***Division of Welfare and Supportive Services (DWSS)*** - All financial eligibility determinations for Medicaid services, including Medicaid Waivers are made by DWSS. In addition, DWSS is responsible for the administration of Supplemental Nutrition Assistance Program (SNAP) benefits, Low Income Energy Assistance and other low income supportive services.

DWSS will be a valuable partner as well as a member of the NWD governing body as the financial eligibility engine for all Medicaid services. Additionally, they will play an important role in streamlining access to services through collaborative efforts to overcome administrative and regulatory challenges.

***Department of Health and Human Services, Grants Management Unit (GMU)*** – The GMU administers several LTSS programs through state general funds, including tobacco settlement funds such as the Family Resource Center program, respite services, Nevada 2-1-1, and independent living service programs.

The GMU will serve on the NWD governing body to help expand the NWD philosophy to service providers, including grantees, under their funding streams. Many of their providers (i.g. Family Resource Centers, Nevada 2-1-1) are critical to the overall system of support in Nevada and bringing them on board with the NWD system will help to avoid duplication of efforts and increase the availability of services.

***Commission on Services for People with Disabilities (CSPD)*** – The CSPD is a governor-appointed commission tasked with developing plans for meeting Olmstead compliance for people with disabilities.

The CSPD role in the NWD system will be to provide a mechanism for continued consumer and stakeholder feedback. They also have a role in advocating for the needs of people with disabilities to key decision makers.

***AARP*** – AARP is a nonprofit, nonpartisan, social welfare organization with a membership that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families—such as health care, employment and income security and protection from financial abuse. AARP will provide a mechanism for continued consumer and stakeholder feedback into the NWD system. They also act as an advocate for seniors in Nevada.

### ***Department of Employment, Training, and Rehabilitation (DETR)***

The Department of Employment, Training and Rehabilitation consists of divisions that offer assistance in job training and placement, vocational rehabilitation, workplace discrimination and in collecting and analyzing workforce and economic data. Many of these services are provided through DETR's partnership with the Nevada JobConnect system.

DETR, particularly the Bureau of Vocational Rehabilitation, is a vital component of the NWD system to ensure people have access to services and supports necessary to achieve their employment goals. DETR will have a critical role in coordinating efforts with LTSS programs for consumers who are interested in seeking employment.

***Access to Healthcare Network*** – Access to Healthcare Network is a non-profit organization connecting Nevadans who need affordable healthcare with providers and services. The organization offers the Medical Discount Program (MDP) as well as federally funded health programs, and other community services designed for low and moderate income Nevadans.

Access to Healthcare Network has been a leading partner in connecting Nevadans to both healthcare coverage and healthcare services. They provide valuable insights into the overlap between healthcare needs and long term service and support needs.

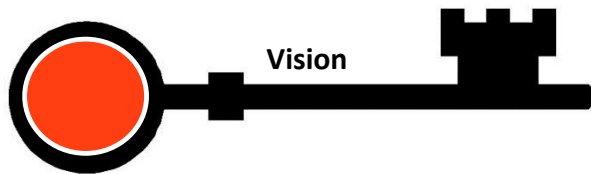
***Nevada Association of Counties*** – The Nevada Association of Counties (NACO) is the state association for county government officials and staff. It is comprised of representatives from all 17 of Nevada's counties. The mission of NACO is to encourage county government to adopt and maintain local, regional, state and national cooperation which will result in a positive influence on public policy and optimize the management of county resources; to provide valuable education and support services that will maximize efficiency and foster public trust in county government.

NACO represents the interest and abilities of Nevada's counties in the NWD system. Having a representative on the NWD Governing body will help Nevada to better integrate state and local services when feasible.

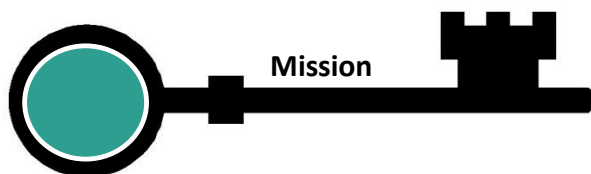


## Strategic Orientation

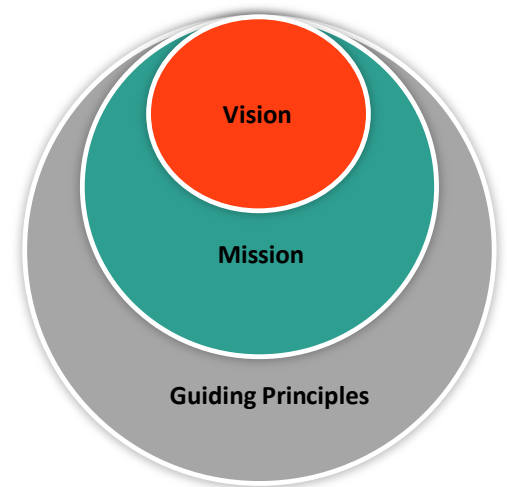
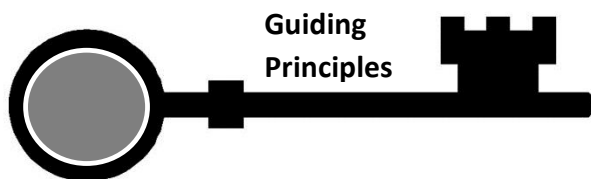
The No Wrong Door Initiative functions within the framework of the following vision, mission and guiding principles.



*Nevadans with functional limitations and the family members that support them have timely access to correct information and quality services that promote choice, dignity, and independence.*



The mission of the No Wrong Door Initiative is to *streamline access to services and ensure that Nevadans receive individualized care that meets their needs.*



There are four guiding principles used as a basis for decisions regarding implementation of a No Wrong Door system. These principles define what is most important to implementation efforts.

- **Accessible:** The LTSS system will offer multiple access points with streamlined eligibility practices making it easy for individuals and families to enter into the system of care.
- **Person-Centered\*:** The LTSS System will provide services from a person-centered approach, focusing on individual and family needs, strengths and choices.
- **Coordinated:** The LTSS system will coordinate efforts across governmental agencies, public and private service providers to increase consumer satisfaction, produce more positive outcomes, and reduces costs to governments while maintaining or enhancing service delivery.
- **Sustainable and Accountable:** The LTSS system will be a transparent system which is economically sustainable and accountable through measurement and reporting of outcomes.

*\*The value of "person centered" is meant to incorporate a person-centered approach to services. Throughout this document, there are various terms that are used to describe a process or system that utilizes this approach to include person-centered thinking, person-centered counseling, and person-centered planning.*

## Methods

To develop this strategic plan, a three-phased approach was used to include: Phase 1 – data collection and analysis; Phase 2 – identification and prioritization of critical issues; and Phase 3 – establishing the strategic plan and action priorities. The three phases took place February through August 2015.

### Phase 1 – Data Collection and Analysis

The initial phase of the project involved engaging the NWD Advisory Board which served to support and oversee the strategic planning process. The group was responsible for approving the strategic planning process, clarifying planning questions, assisting with outreach efforts, confirming and prioritizing critical issues, and developing strategic goals and objectives. At the project initiation meeting with the NWD Advisory Board, an outreach plan was approved which established the framework for initial data collection.

Cursory data collection efforts involved compiling information regarding NWD efforts in other states. Existing resources available through the Administration for Community Living (ACL), Centers for Medicare & Medicaid Services (CMS), and Veterans Health Administration were reviewed for relevance and use. Concurrent to those efforts, work was completed with the NWD Advisory Board to finalize the vision, mission and guiding principles.

The last step in Phase 1 involved data collection efforts specified in the outreach plan. The outreach plan sought to engage key stakeholders to explore the strengths, weaknesses, opportunities and threats facing the long term services and supports (LTSS) system in Nevada. Efforts taken to accomplish this task involved conducting early implementer and key informant interviews, facilitation of provider specific focus groups, and issuance of a consumer survey.



#### 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 systems development. Interviews took place over the telephone and lasted between 45 and 90 minutes.

#### Key Informant Interviews

Between March 2 and April 6, 2015, eleven 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 in duration.

### Focus Group Webinars

Between February 23 and May 28, 2015, ten 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 86 individuals participated in focus group webinar discussions.

### Consumer Surveys

Surveys were issued to consumers, family members, care providers, and advocates. Surveys were distributed through the advisory board, offering respondents the option of completing the tool either online through Survey Monkey, or in hard copy form. 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.

### **Phase 2 – Identification of Critical Issues Requiring Action**

During phase 2 of the strategic planning process the NWD Advisory Board convened to review the results of all data collection efforts. Critical issues relevant to implementation of a NWD system were identified and prioritized.

Additional research was then conducted to identify other state approaches to implementation of NWD efforts, with a particular emphasis placed on how similar critical issues as those identified by the NWD Advisory Board were addressed. This information was consolidated and presented to the NWD Advisory Board for consideration. Using that information, the group identified an approach to each critical issue which served as the basis for strategic plan goals and objectives.

### **Phase 3 – Establishing the Strategic Plan and Action Priorities**

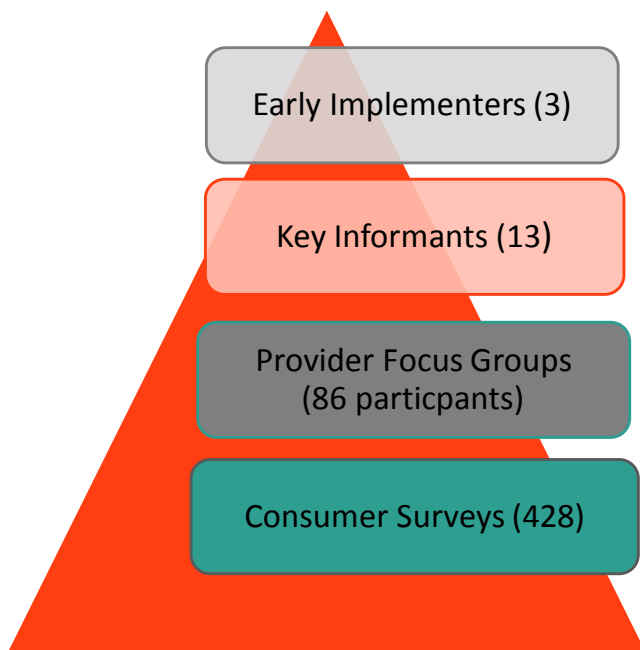
The NWD Advisory Board held three working meetings between May and July to finalize the strategic plan document that specified the goals, objectives, timeline and resources needed to implement a fully functioning NWD system. Once completed, the strategic plan was presented to the public in a series of town hall meetings to solicit feedback. A total of four town hall meetings took place, in each of the following regions: Northern Nevada (1), Southern Nevada (2) and in Rural Nevada (1). A total of 92 people participated in those meetings. Feedback received through the town hall meetings was incorporated into the strategic plan document, which was reviewed for final approval by the NWD Advisory Board Meeting in August 2015.

## Situational Analysis

The following situational analysis was completed under the direction of the NWD Advisory Board. A variety of different outreach activities were used to identify areas within the existing LTSS 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 gather information, experiences and perspectives at the individual, organizational, and system levels. A summary report for the outreach conducted can be found in the appendix of this plan.



A description of each outreach activity 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.

The information collected through outreach efforts helped to identify the strengths, weaknesses, opportunities, and threats (SWOT) facing the LTSS system as it embarks upon implementation of NWD.



SWOT Analysis

	Linkage and Referral	Person-Centered Counseling	Access to Public Programs	Governance & Administration
<p><b>Strengths:</b></p> <p>The assets, resources, or capabilities that have the greatest positive impact on the success of the LTSS System and its ability to implement NWD.</p>	<ul style="list-style-type: none"> <li>• Good relationships between providers facilitates referrals.</li> <li>• I&amp;R systems exist such as Nevada Care Connection &amp; 2-1-1.</li> </ul>	<ul style="list-style-type: none"> <li>• ADRCs provide client-centered services and are already focused on outcomes.</li> <li>• Staff are assets in providing PCC.</li> </ul>	<ul style="list-style-type: none"> <li>• Public programs, once accessed, provide many with services needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Consolidation of ADSD</li> <li>• ADRC's, BIP, and MFP Programs position the state for NWD implementation.</li> </ul>
<p><b>Weaknesses:</b></p> <p>The aspects of the LTSS System that are considered to be important weaknesses which are hindering the ability of the state to implement NWD.</p>	<ul style="list-style-type: none"> <li>• Relationship-based referral dependent upon individuals.</li> <li>• Limited services to refer clients.</li> </ul>	<ul style="list-style-type: none"> <li>• Need for better follow-up, and choices in care.</li> <li>• Insufficient resources for implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of sufficient services or provider capacity.</li> <li>• Eligibility and payment systems prevent access.</li> </ul>	<ul style="list-style-type: none"> <li>• Technology and data sharing mechanism do not currently exist.</li> <li>• Not all organizations have a culture that supports the NWD framework.</li> </ul>
<p><b>Opportunities:</b></p> <p>Factors that offer a genuine opportunity to benefit the LTSS System in its implementation of NWD.</p>	<ul style="list-style-type: none"> <li>• Family and friends play critical role in connecting consumers to services.</li> </ul>	<ul style="list-style-type: none"> <li>• Training opportunities will support consistent understanding of person-centered counseling (PCC) implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to co-locate service providers in a single location.</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage existing and identification of new resources to support efforts.</li> <li>• Model care after HMIS system, and FRC communication efforts.</li> </ul>
<p><b>Threats:</b></p> <p>Conditions, trends, and other forces that could potentially impact the LTSS System's ability to implement NWD in some manner if not addressed.</p>	<ul style="list-style-type: none"> <li>• Lack of collaboration hinders efforts.</li> <li>• I&amp;R systems need improvement.</li> <li>• Shared intake process must be established.</li> </ul>	<ul style="list-style-type: none"> <li>• Fragmented system, work is done in silos</li> <li>• Various organizational policies and procedures.</li> <li>• Issue of confidentiality must be addressed.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of fee for service options.</li> <li>• Transportation barriers prevent people from accessing care.</li> </ul>	<ul style="list-style-type: none"> <li>• Need for identifiable leadership and regular oversight.</li> <li>• Need for additional research regarding policy implications.</li> </ul>

The following information more fully describes the issues presented in the SWOT graphic according to the major key functions of a NWD system: 1) linkage and referral; 2) person-centered counseling 3) access to public programs; and 4) governance and administration.

### 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 availability of 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 Counseling

- **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 person-centered counseling.
- **Consumers** reported both positive experiences with person-centered planning as well as major deficiencies. Follow-up, choices in care, and other aspects were areas for identified needing improvement.
- **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 counseling. Inadequate budgets were noted by many as the major obstacle to providing full implementation of person-centered counseling.
- **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.
- **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 number of resources available in their community. For those individuals, accessing services may mean crossing county lines every day.
- **Transportation barriers** (for both 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 identified through outreach.

“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

## Critical Issues

The information used to inform the SWOT analysis was also compared to the NWD framework as established by the Administration for Community Living, Centers for Medicare & Medicaid Services, and Veterans Health Administration, and which can be found in the appendix of this document. The comparison was used to establish critical issues that Nevada must address to fully implement NWD.

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### *Public Outreach and Links to Key Referral Sources*

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**Resource Information:** Nevada's Care Connection and 2-1-1 system is not currently being utilized as the premier source of information about community resources. Issues identified through outreach include:

- Interface is not user-friendly.
- Information is not accurate and/or up-to-date.
- People (providers, consumers and the public) are unaware of the state's I&R resources.

**Community Partnerships:** There is not a comprehensive network of LTSS service providers and referral agencies that work in a consistent, coordinated fashion. Issues identified through outreach include:

- There is not a shared understanding of or vision for the state's NWD system.
- There are no formal mechanisms to connect and share information amongst LTSS service providers.
- There are not formal agreements in place to support partnerships.
- There are not concerted efforts to engage family and friends in the delivery of services.

**Outreach & Awareness:** Many providers, consumers, and the public do not have adequate knowledge about resources that are available. Issue identified through outreach include:

- There are not strategic marketing efforts occurring at the organizational, community, or statewide level.
- Marketing efforts are not customized for specific populations, and effectiveness of efforts is not monitored.



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### *Person-Centered Counseling*

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**Consistency:** Person-centered counseling is not being implemented consistently within agencies or among agencies. Furthermore, only a limited number of agencies and organizations are implementing PCC. Issues Identified through outreach include:

- ADSD and DHCFP’s BIPP program are the only partners currently implementing PCC.
- There are not uniform policies and procedures available to guide implementation efforts consistently.

**Training:** There has been limited training provided regarding person-centered counseling. Issues identified through outreach include:

- Some organizational cultures do not support the PCC framework.
- Staff are not fully aware of the LTSS services available through state agencies and community based providers, limiting their ability to fully explore needs and resources with consumers through PCC.
- Training on Medicaid eligibility requirements would help providers.
- There is a need to strengthen the approach to providing PCC to private pay consumers.

**Staff Resources:** There are not enough staffing resources to fully implement person-centered counseling. Issues identified through outreach include:

- Staff do not always have the time necessary to fully implement PCC. The follow-up component is the least functional component of current service delivery.
- There are not dedicated staff to conduct continuous quality improvement (CQI) efforts regarding implementation of PCC within and between organizations.

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### *Streamlined Access to Public Programs*

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**Intake & Eligibility Practices:** Consumers currently are required to complete multiple applications with various agencies to access care. Issues identified through outreach include:

- There is a desire among providers to establish a standardized intake process.
- Eligibility determinations often take a long time to complete, creating a delay in access to care.
- To implement a streamlined process, staff must be fully aware of eligibility requirements and be able to understand and assist consumers in navigating various systems.
- A technology solution needs to be established that supports sharing information without violating privacy standards and funding restrictions.

**Service Availability:** There is a significant gap between the needs of the population and the availability of services to meet those needs. Issues identified throughout outreach include:

- There are long waiting lists for services needed by all populations and payers of LTSS services.
- There are not enough services available to serve needs identified by consumers. Service gaps noted include: transportation, housing, medical & mental health services, public guardians, and respite care.
- The lack of services is particularly pronounced in rural areas of the state.

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### *Governance and Administration of the NWD System*

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**Governance:** Beyond the NWD Advisory Board, there is no entity that provides governance and leadership to support a coordinated system of care. Issues identified through outreach include:

- The need to identify a “key champion” to forward efforts and provide leadership.
- The need for a governance board that has broad representation and is committed to changes necessary for NWD.
- The need to involve stakeholders throughout the process to include planning, implementation, and reflection.
- The need to ensure that systems and people are “ready” for NWD, with consideration given to a phased in approach.

**Policy:** Agencies may have policies that are not aligned to the NWD framework, making partnership and full participation improbable. Through outreach, multiple stakeholders identified the need to explore agency policies and identify solutions which support NWD implementation.

**Financing:** There are not enough financial resources to fully implement NWD. Additionally, there are areas connected to NWD implementation that if not sufficiently funded could jeopardize the success of NWD efforts (e.g. transportation). Areas which will require additional funding as identified through outreach include: training, coordination efforts, outreach, person-centered counseling, MIS system, and additional LTSS services

**MIS System:** LTSS providers are mostly using different systems to track consumer information including service and outcome data. Access to shared data will support a comprehensive approach to providing, tracking, and enhancing services.



## Goals and Objectives

Public Outreach and Links to Key Referral Sources				
Goal 1. Engage and inform consumers, caregivers, and providers in the NWD system to develop support for the initiative and increase access to care.				
Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 1.1:</b> Acquire support and identify key champions for NWD from Nevada’s key leadership positions.	<b>1.1.1</b> Provide information (mission, vision, and objectives) about the project to state and county decision makers and ask for support.	Year 1	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time/travel</b> to develop presentation materials and to engage in conversations.</li> </ul>
	<b>1.1.2</b> Identify key champions that can advocate for efforts among legislature, business, consumer advocacy groups and provider networks.	Year 1	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>1.1.3</b> Recruit additional experts to serve on NWD governing board, committees, and workgroups (e.g. IT experts, consumers, marketing specialists).	Year 1	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support travel costs and stipends for experts and consumers that participate on board, committees, and workgroups.</li> </ul>
<b>Objective 1.2:</b> Build support for NWD system among state, county, and community based providers.	<b>1.2.1</b> Provide information about NWD elements and Nevada efforts to implement NWD system to state, county and community based providers.	Year 1	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time/funding</b> to support day-long workshop presenting information on framework, other state efforts &amp; accomplishments and Nevada State Plan.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>

## Public Outreach and Links to Key Referral Sources

**Goal 1. Engage and inform consumers, caregivers, and providers in the NWD system to develop support for the initiative and increase access to care.**

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 1.2: (CONT)</b> Build support for NWD system among state, county, and community based providers.	<b>1.2.2</b> Provide status report updates on Nevada efforts to implement NWD system through state advisory, consumer advocacy groups and standing boards.	Year 1	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time/travel</b> to provide quarterly updates to identified groups.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>1.2.3</b> Establish mechanism(s) which support information sharing and peer support amongst all agencies implementing NWD system.  <i>Efforts may include e-learning, person-to-person gatherings, and the establishment of tools such as a BIP quick reference guide.</i>	Year 2	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
<b>Objective 1.3:</b> Increase consumer knowledge of LTSS services and access options through NWD system.	<b>1.3.1</b> Develop an outreach strategy that will help inform consumers about accessing LTSS.  <i>Include strategies to connect with hard-to-reach populations including people with hearing and visual impairments and people whose English is limited.</i>	Year 2	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>1.3.2</b> Implement outreach strategy which may include PSAs, media engagement, and website enhancements.	Year 3	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support implementation efforts.</li> </ul>
	<b>1.3.3.</b> Engage state and county advocacy groups, advisory boards and committees that give consumers voice to become part of the outreach strategy.	Year 2	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and engagement.</li> </ul>

## Person-Centered Counseling

### Goal 2. Implement high quality person-centered counseling across agencies based on established standards.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 2.1:</b> Develop statewide standards for person-centered counseling.	<b>2.1.1</b> Identify best practice model to be used by Nevada agencies as a standard for person-centered counseling.	Year 1	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>2.1.2</b> Provide best practice information to all NWD participating agencies and collect feedback regarding customization for Nevada population.	Year 1	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> </ul>
	<b>2.1.3</b> Develop Nevada’s Person-Centered Counseling Manual which defines standards and operating guidelines for implementation.	Year 1	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support administrative efforts.</li> </ul>
<b>Objective 2.2:</b> Ensure that NWD agencies are adequately trained and supported to implement high quality person-centered counseling.	<b>2.2.1</b> Provide train-the-trainer model of person-centered counseling services provision to all NWD agencies.	Year 1 & Year 2	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support training efforts.</li> <li>• <b>Staff time</b> to support registration, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>2.2.2</b> Measure success of person-centered counseling implementation through documentation of results achieved through NWD agencies. Make changes as necessary.	Year 2	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support data analysis and administrative efforts.</li> </ul>

## Person-Centered Counseling

### Goal 2. Implement high quality person-centered counseling across agencies based on established standards.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 2.3:</b> Ensure that consumers understand person centered counseling and their role in the process.	<b>2.3.1</b> Develop communication strategies that support consumer awareness to help people understand their role in PCC.  <i>Consider videos as a way to connect with participants; libraries; written materials.</i>	Year 3	Leadership Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support communications materials</li> <li>• <b>Staff time</b> to support development of materials.</li> </ul>
	<b>2.3.2</b> Ensure consumer awareness is implemented as a first step within the PCC process.	Year 3	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support training and distribution of communication materials.</li> </ul>

## Streamlined Access to Public Programs

### Goal 3. Improve access and availability to Long Term Services and Supports.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 3.1:</b> Identify and prioritize optimal solutions for increased access and availability of Long term Services and Supports.	<b>3.1.1</b> Synthesize information about service gaps and availability, ensuring a review of workforce issues will be part of the analysis.	Year 1	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to compile information on needs and gaps.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>3.1.2.</b> Develop issue paper that includes recommendations on veterans, seniors, and individuals with special needs and disabilities.	Year 1	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support paper development.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>3.1.3.</b> Identify key champions to raise awareness and advocate for solutions.	Year 2	Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Funding</b> for Coordinator position.</li> </ul>

## Streamlined Access to Public Programs

**Goal 4. Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.**

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 4.1:</b> <b>Design the ideal framework/functionality of a centralized information and referral (I&amp;R) system.</b>	<b>4.1.1</b> Envision and define the ideal system functions and capabilities of Nevada’s NWD I&R system.	Year 1	IT Subcommittee <i>The sub-committee should include stakeholders from all Nevada DHHS departments, county providers, and community based organizations with representation from IT.</i>	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>4.1.2</b> Establish an Integrated Information Technology Position Paper which describes current systems (I&R, case management systems) along with the core abilities and additional features desired through an integrated system.  <i>Document should consider ability to integrate BIP Level 1 &amp; 2 screening tools, privacy and legal requirements, and the potential for eventual expansion to CBOs.</i>	Year 1	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support document development.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>4.1.3</b> Using framework provided by IT subcommittee, assess existing system to identify what can be leveraged and what needs to be built/changed to support an integrated system.	Year 1	IT Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>

## Streamlined Access to Public Programs

**Goal 4. Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.**

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 4.1: (CONT.)</b>  <b>Design the ideal framework/functionality of a centralized information and referral (I&amp;R) system.</b>	<b>4.1.4</b> Research and consult with other states to identify best approach to establishing a centralized I&R system.	Year 1	IT Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>4.1.5</b> Develop a position paper detailing the planned components of the Nevada NWD integrated I&R system, benefits and costs associated with implementation.	Year 1	IT Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support document development.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
<b>Objective 4.2: Fund the integrated I&amp;R system framework.</b>	<b>4.2.1</b> Develop a business case for the I&R system that includes expected long term savings, savings generated through partnerships, and improvements to the consumer experience.	Year 1 (fall 2015)	Sustainability Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>4.2.2</b> Secure funding for the system (budget request, legislature, and cost sharing).	Year 2	NWD Advisory Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
<b>Objective 4.3:</b>  <b>Build the integrated I&amp;R system.</b>	<b>4.3.1</b> Identify and secure vendor that can customize and deliver required elements of the integrated I&R systems.	Year 3	IT Subcommittee & NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support purchase, customization of I&amp;R system.</li> <li>• <b>Funding</b> for IT support staff.</li> </ul>

## Streamlined Access to Public Programs

**Goal 4. Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.**

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 4.3:</b> <b>(CONT.)</b>  <b>Build the integrated I&amp;R system.</b>	<b>4.3.2</b> Identify and secure commitment to participate from pilot agencies/programs	Year 3	IT Subcommittee & NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> for IT support staff.</li> </ul>
	<b>4.3.3</b> Map elements of system to the pilot sites and test functionality.	Year 3	NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> for IT support staff.</li> </ul>
	<b>4.3.4</b> Establish timeline and approach for roll out to select state and county partner agencies (prepare to pilot).	Year 3	NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> for IT support staff.</li> </ul>
<b>Objective 4.4:</b>  <b>Implement centralized I&amp;R system.</b>	<b>4.4.1</b> Pilot centralized I&R system with select state and county partner agencies.	Year 3	IT Subcommittee & NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support implementation efforts.</li> <li>• <b>Funding</b> for IT support staff.</li> </ul>
	<b>4.4.2</b> Make necessary adjustments to ensure smooth roll-out to broader community of NWD service providers.	Year 3	NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support implementation efforts.</li> <li>• <b>Funding</b> for IT support staff.</li> </ul>
	<b>4.4.3</b> Expand implementation to all state agencies implementing NWD system.	Year 3	NWD IT Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support implementation efforts.</li> <li>• <b>Funding</b> for IT support staff.</li> </ul>

## Governance and Administration of the NWD System

### Goal 5. Establish a governing board to guide, promote, and ensure success of NWD in Nevada.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 5.1:</b> <b>Establish a NWD governance board.</b>	<b>5.1.1.</b> Obtain legal guidance re: process for the Office of the governor to designate the entities to serve on the governance board.  <i>Representation to include but not be limited to Medicaid, Unit on Aging, Disabilities, and Mental Health Services.</i>	Year 1	NWD Advisory Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.1.2</b> Obtain Governor’s designation of state and other entities that will be involved in the NWD governance structure.  <i>Suggested Organizational Chart included in Appendix.</i>	Year 1	NWD Advisory Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.1.3</b> Engage Governor’s office and secure executive order for the establishment of the NWD governance board.	Year 1	NWD Advisory Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.1.4</b> Develop bylaws for the governing board.	Year 1	Governing Board & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support document development.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.1.5</b> Establish standing committees and ad hoc workgroups based on strategic plan.	Year 1	Governing Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>



## Governance and Administration of the NWD System

### Goal 5. Establish a governing board to guide, promote, and ensure success of NWD in Nevada.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 5.1: (CONT.)</b> Establish a NWD governance board.	<b>5.1.6</b> Convene on a quarterly basis to ensure implementation of strategic plan.	Year 1 -3	Governing Board & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Funding</b> to support travel costs and teleconference costs associated with quarterly meetings.</li> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
<b>Objective 5.2:</b> Develop a service model for NWD implementation in Nevada.	<b>5.2.1</b> Convene statewide meeting(s) with consumers, caregivers, state agencies, community-based providers, and private providers to establish core components of NWD system.	Year 2	Sustainability Subcommittee & NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> <li>• <b>Funding</b> to support statewide meeting.</li> </ul>
	<b>5.2.2</b> Identify priority populations and NWD implementation agencies with input received through statewide meeting(s).	Year 2	Sustainability Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.2.3</b> Identify organizations and agencies for expansion to all populations and payers based on Subcommittee recommendations and pilot.	Year 2	Governing Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>

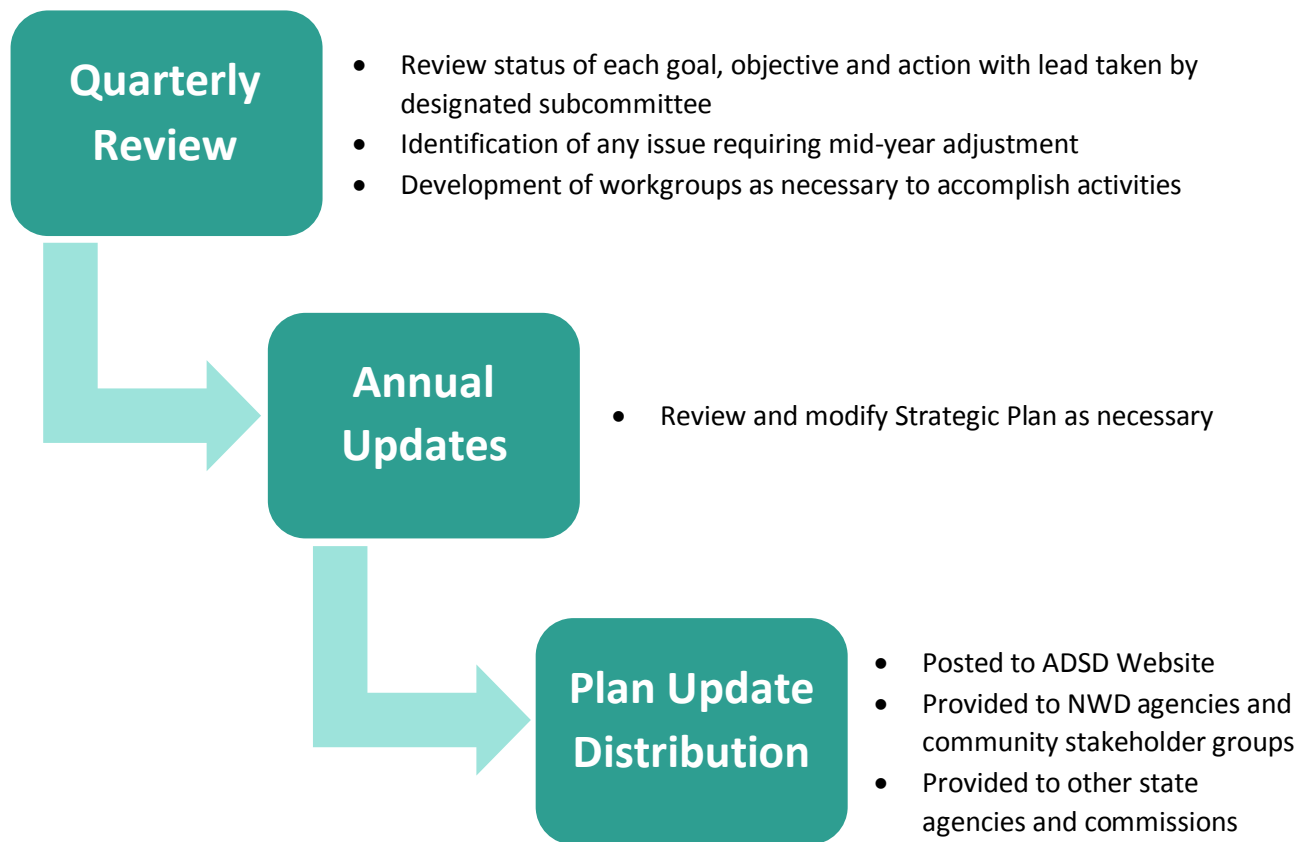
## Governance and Administration of the NWD System

### Goal 5. Establish a governing board to guide, promote, and ensure success of NWD in Nevada.

Objective	Action	Timeline for Completion	Responsible Entity	Resources Needed
<b>Objective 5.3:</b> Establish a sustainable funding stream and take action to support long term implementation efforts.	<b>5.3.1</b> Research funding models to support NWD implementation.	Year 2	NWD Coordinator	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.3.2</b> Identify internal efficiencies that can be implemented to support NWD implementation.	Year 2	Sustainability Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.3.3</b> Identify external opportunities that are available to support NWD implementation.	Year 2	Sustainability Subcommittee	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support research, grant writing, coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.3.4</b> Develop joint legislative requests to support NWD implementation for consideration by the Governor to go to the legislature.	Year 2	Governing Board	<ul style="list-style-type: none"> <li>• <b>Staff time</b> to support coordination and administrative efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>
	<b>5.3.5</b> Provide information and opportunities to reinvest savings realized through NWD implementation into expanded LTSS services.	Year 3 and beyond	Governing Board Leadership Subcommittee	<ul style="list-style-type: none"> <li>• <b>Reinvestment of savings</b> realized through NWD implementation.</li> <li>• <b>Staff time</b> to support coordination and advocacy efforts.</li> <li>• <b>Funding</b> for Coordinator position.</li> </ul>

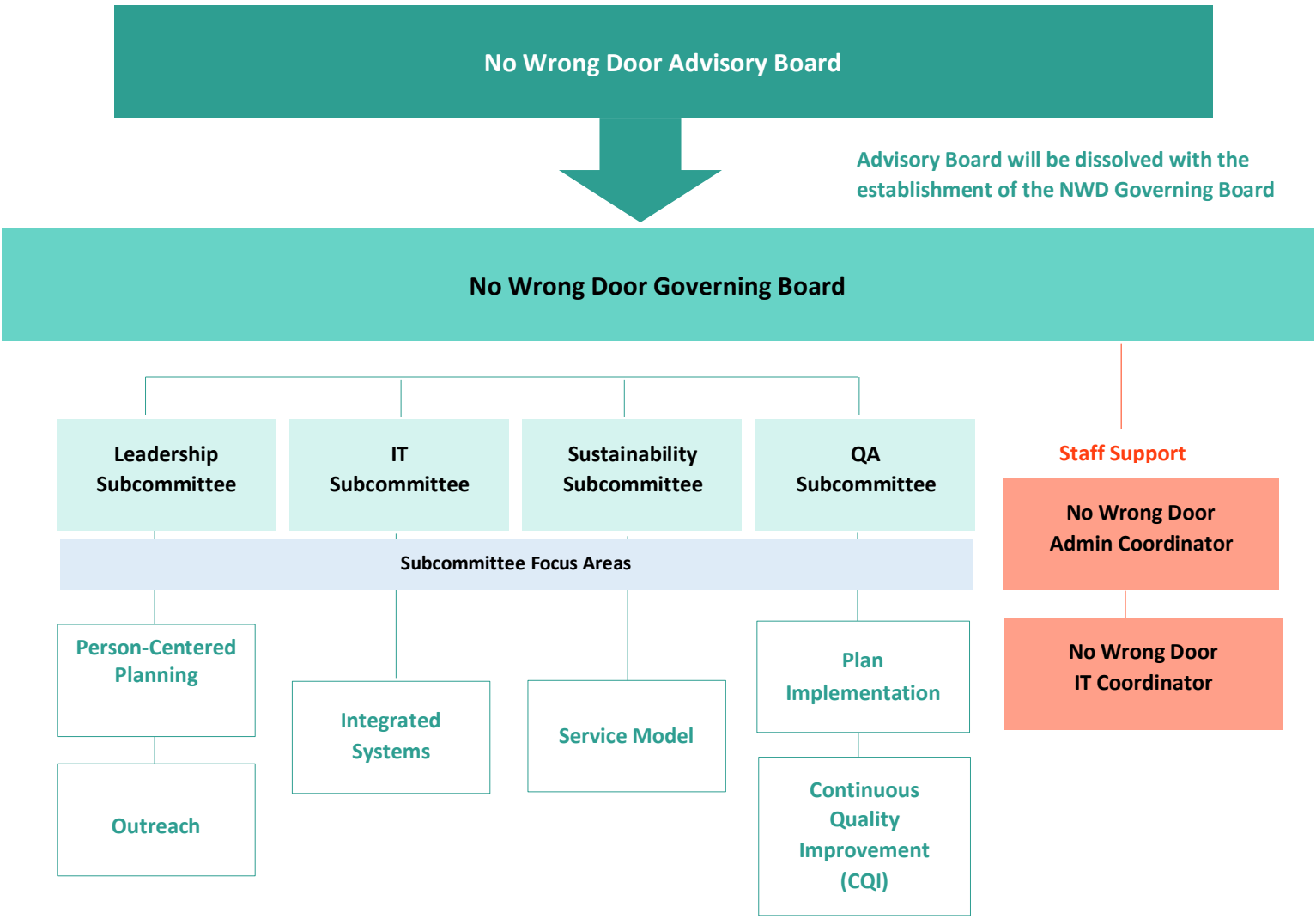
## Monitoring Plan Performance

This plan will be used as a management tool with progress reviewed quarterly and updates established annually. Quarterly review will occur during regularly scheduled governance board meetings, where issues can be identified and additional action steps established if needed. Annual updates will be completed each year beginning in December 2016. The updated plan will be posted on the ADSD website and made available to the public, stakeholder groups and related commissions.



# Appendices

## Suggested - No Wrong Door Governing Board Organizational Structure



Key Stakeholders will be engaged throughout the process and provide input consistently upon implementation.

State & County Leadership

State & County Providers

Community-based Providers

Private Providers

Consumers

Caregivers

## Description of Key Functions of a NWD System

The following descriptions were taken directly from the Administration for Community Living Centers for Medicare & Medicaid Services Veterans Health Administration Funding Opportunity Announcement (HHS-2014-ACL-CDAP-NW-0080) pages 5-11. These descriptions are considered the model descriptions for a comprehensive No Wrong Door system and were used to compare against the current systems in Nevada to identify areas that need to be strengthened.

## Public Outreach and Coordination with Key Referral Sources

To be a “visible” source of individualized counseling and help with accessing LTSS, the NWD System must proactively engage in public education to promote broad public awareness of the resources that are available from the NWD System. The goal is for citizens of the state to know where they can turn to for unbiased and “trusted” help in understanding and accessing the LTSS options that are available in their communities. A NWD System’s public education efforts should give special attention to underserved and hard-to-reach populations, including people with hearing and visual impairments and limited English speaking populations.

A NWD System must also have formal linkages (e.g., Formal Agreements and Protocols, etc.) with the key referral sources in a given community to ensure the staff in these entities know about the functions of the NWD System and have up-to-date information and tools for quickly identifying and referring individuals to the NWD System. Among the key sources of referral the NWD System must have formal linkages with all of the following entities:

- Information and Referral Entities: *This would include coordination with existing resources such as local Information, Referral and Assistance Programs, statewide 1-800 #'s and 211 systems so staff working for these entities can appropriately and quickly refer individuals to NWD System person-centered counselors.*
- Nursing Homes and other Institutions: *A NWD System should be seen as a resource to discharge planners across the state to help facilitate the transition of residents back to the community. The State Medicaid Agency should designate the NWD System, or at least some of the organizations within the NWD System, to serve as a Local Contact Agency under the MDS Section Q guidance, as well as to serve as a vehicle for facilitating transitions under other grant programs like the Money Follows the Person Program.*
- Acute Care Systems: *This would include working with hospitals to put in place protocols for NWD System person-centered counselors to partner with hospital discharge planners with the common goal of supporting an individual through a transition that would help the person to successfully return to the community, even if a post-acute nursing home stay was necessary.*
- VA Medical Centers: *This would include direct relationships between organizations within the NWD system doing person-centered Counseling and local VA Medical Centers on the implementation of the Veteran-Directed HCBS Program, and other programs the VA may choose to implement through the NWD System.*



The NWD System should be seen as a major resource for health care systems and providers; it will have the capacity to serve as a “front door” to the LTSS System that can quickly link their clientele to a full range of community services and supports. A fully operational NWD System will have formal linkages between and among all the major pathways that people travel while transitioning from one health care setting to another or from one public program payer to another. These pathways represent critical junctures where decisions are made – usually in a time of crisis - that often determines whether a person is permanently institutionalized or transitioned back to the community. Quick connections to LTSS can also break the cycle of avoidable hospital readmissions.

### Person-Centered Counseling

Person-Centered Counseling (PCC) is the NWD System term for person-centered planning which is an approach when working with individuals that is now being required in the LTSS System under multiple Medicaid regulations, including the Person-Centered Planning provisions in the recently issued Home and Community Based (HCBS) “Settings Rule.”<sup>3</sup> The HCBS Rule establishes clear expectations for person-centered planning and recognizes it as foundational for the delivery of effective HCBS. The HCBS Rule is the result of several years of work within CMS, other agencies across the DHHS (including ACL), and multiple stakeholder groups across the country through the federal public rule making process. As such, it is a highly vetted statement on Person-Centered Planning.

Through the use of PCC, the NWD System will empower individuals to make informed choices about their LTSS options consistent with their personal goals, and to successfully navigate the various organizations, agencies and other resources in their communities that provide LTSS. PCC is very different from and requires a different skill set compared to tradition case management and other commonly used techniques for counseling individuals with LTSS needs, and it will take time for the current LTSS workforce to develop the knowledge and skills required to fully embrace and effectively use PCC. A number of States are implementing PCC by bolstering and upgrading the skills of their ADRC Options Counselors, and it is expected that many more states will do the same while continuing to use the term Options Counseling since a number of states have codified the term in law (as they have done with the term Aging and Disability Resource Center).

PCC is a process that is directed by the person with LTSS needs. It may include a representative whom the person has freely chosen, or who is authorized to make personal or health decisions for the person. PCC must also include family members or legal guardians for non-emancipated minors. PCC efforts should also involve the individuals receiving care or services to the maximum extent possible even if they are not the legal representative in the planning process. During PCC, the person identifies their strengths, preferences, personal goals, needs (medical and LTSS) and desired outcomes. The role of the NWD System person-centered counselor in the context of PCC is to enable and assist people to identify and access a unique mix of paid and non-paid services to meet their needs. Services listed on a plan are

<sup>3</sup> <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>.



not guaranteed but are the desires and preferences of the person. As part of the PCC process, the person's goals, preferred methods for achieving them, and a description of the training, recreational, transportation, therapies, treatments, and other services needed to successfully achieve the person's goals become part of a written services and support plan. The plan must be consistent with the person's overall preferences.

Preferences may include, but are not limited to, the following quality of life domains:

- Culture, including language and health literacy
- Housing
- Family and Friends
- Employment
- Community Integration
- Behavioral Health
- Recreation
- Vocational Training
- Relationship Building
- Other choices

The NWD System person-centered counselor assists the person to construct a vision for his/her future, articulate that vision, consider various paths, engage in decision-making and problem solving, monitor progress and make needed adjustments in a timely manner. The NWD System person-centered counselor supports individual responsibility including taking appropriate risks (e.g. back-up staff, emergency planning). The methodology currently available for ensuring the person is in charge of their own lives is PCC. The independent living philosophy is the result of people with disabilities getting together over 30 years ago to demand equal rights in health care and the broader society by de-medicalizing and de-institutionalizing their lives. It is a philosophy based on empowerment, inclusion, and self-determination. One of the primary aspects of the independent living movement is the idea of consumer direction over the planning process and the delivery of services and supports.

NWD System person-centered counselors will be competent in PCC, and subsets of these NWD System person-centered counselors will have specialized experience and expertise in serving the different segments of the LTSS population, and/or be able to carry out specialized NWD System functions. For example, helping people transition from hospitals or nursing homes back to the community or supporting teenage children with intellectual or developmental disabilities and their families to facilitate successful transitions from secondary education to adulthood, such as the transition to post-secondary education or to competitive, integrated employment. If individuals so desire and have the option available, the NWD System person-centered counselor can also support them in self-directing their own services and supports. In collaboration with VHA, PCC is a core function offered to veterans who are found eligible for the Veterans Directed HCBS program. This self-directed service delivery model supports veterans living in the community and works with the veteran to develop a person-centered plan in order for the veteran to self-direct their own services. Specific planning is also needed for transition-aged youths as they move to adulthood and transition to jobs and/or post-secondary education which includes transitioning into new programs and assuming an adult role in PCC.

If an individual appears to be eligible for one or more public programs, the NWD System person-centered counselor will help them through a seamless process of service activation and if appropriate having their eligibility for public programs determined and, if deemed eligible, assisting them through



the enrollment process and service activation. ACL and CMS are in the process of developing a national technical assistance, training and credentialing program to help states implement PCC. The training and credentialing program will be rolled out in 2015 and initially targeted to the person-centered counselors working in state NWD Systems. CMS will provide technical assistance to states in the development of system wide person-centered planning initiatives and more specific technical assistance to states to come into compliance with the person-centered planning provisions of the new regulations.

The NWD System PCC function involves five basic steps: 1) conducting a personal interview; 2) developing a person-centered plan; 3) facilitating access to private services and supports; 4) facilitating streamlined access to public programs; and 5) conducting ongoing follow-up. These components involve a fluid process where individuals can access different components at various stages:

1. **A personal interview**, which starts with an open ended conversation with the individual, his or her representative and/or family members as appropriate, that includes elements of screening and assessment to confirm the person needs LTSS and if they have any needs that require immediate action. If so, the NWD System person-centered counselor will act to help the individual address the immediate needs. The NWD System person-centered counselor will continue with the interview and go through an iterative process with the individual, and others as appropriate, to identify his/her personal strengths, values, preferences and personal goals.
2. **Development of a person-centered plan** that puts in writing:
  - the strengths, preferences, personal goals and needs identified by the individual;
  - the desired and available options identified by the individual for realizing their personal goals and meeting their LTSS needs that, based on weighing the pros/cons of various options, may involve a mix of informal supports, community options and other private as well as public resources and include exploration of self-directed options where individuals can hire, direct and fire their own workers and pay for their services and supports through an individual budgeting process; and,
  - the immediate next action steps to be taken in the decision-making and planning process.
3. **Facilitating access to private sector services and supports that involves** assisting the individual, with others if appropriate, in determining how best to pay for and arrange the delivery of services, including helping the individual to assess the sufficiency of his/her own personal resources.

NOTE: Most people who need LTSS do not qualify for public LTSS programs. Accordingly, NWD System person-centered counseling includes the critical process of facilitating access to private pay services and community resources, including services that will be covered out-of-pocket and/or through other community resources. NWD System person-centered counselors also assist people, who are on waiting lists for publicly funded programs, to access local community based LTSS needed to live in the community.





4. **Facilitating streamlined access to public programs** for those who appear eligible for one or more public LTSS options such as Medicaid, state revenue programs, and/or Veterans programs.

The NWD System's streamlined access to public programs function includes all the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility for any state administered program that provides LTSS to the NWD System populations. States will use their NWD System to better coordinate and integrate these functions and processes so consumers experience an access process that is seamless and expeditious, and the public's expenditures on administering these access functions are better spent. The NWD System's interface between consumers and public LTSS programs should ensure that:

- individuals are assessed once via a common or standardized data collection method that captures a core set of individual-level data relevant for determining the range of necessary LTSS, therefore only asking individuals to tell their story once;
- the eligibility determination and enrollment process, even if the person is applying for multiple public programs, is as streamlined and timely as possible; and,
- the process takes into account and gives priority attention to the consumer's personal goals and preferences and consumer feedback is continually collected and used to improve the performance of the state's LTSS access functions and processes.

NWD System person-centered counselors can help states make their NWD System streamlined access function more seamless and responsive to consumers and more cost efficient and effective for the state. For example, to expedite Medicaid eligibility determinations, some state Medicaid agencies may involve NWD System person-centered counselors in conducting the preliminary functional and preliminary financial eligibility determination processes. This helps to ensure that applications reflect consumer preference and personal goals, are "camera ready" when they are submitted to the Medicaid agency's eligibility workers. As a result, the burden of the application process is reduced for both the Medicaid staff and the consumer and, in many instances, applications are processed more efficiently with fewer errors and are more responsive to consumer needs and preferences.

This process requires the person-centered counselor to work in close coordination with the staff responsible for administering the program's formal procedures and requirements that are involved in assessing needs and determining eligibility, and includes:

- facilitating the individual's completion of applications and eligibility determinations;
- facilitating the individual's input into the development of the program's formal service plan that is required by the program to ensure it is as consistent as possible with the individual's preferences and personal goals identified in their person-centered plan; and,



- if necessary, helping the individual arranging for financial management services (FMS) when he/she chooses self-direction, and/or assisting with the choice of a support broker/agent.
5. **Ongoing Follow-up:** Person-centered counseling includes the critical function of on-going follow-up, working with the individual and others as appropriate, including the case manager of any public program that is involved, to help ensure the services and supports identified in the individual's person-centered plan are initiated and meeting the individual's needs, and that other aspects of the individual's person-centered plan not covered by public programs are addressed through other resources, strategies and supports.

NOTE: NWD System PCC can be particularly helpful for individuals on waiting lists for public programs, like Medicaid waiver programs, to assist them in examining and activating resources that are available from other sources that can provide interim and/or alternative services and supports.

### Streamlined Access to Public Programs

As noted above, the NWD System's Streamlined Access to Public Programs function includes all the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility that are required by any of the state administered programs that provide LTSS to any of the NWD System population. All these public access processes and requirements must be part of, and integrated into, the state's NWD System's streamlined access function, so states can use their NWD System as a vehicle for optimally coordinating and integrating these processes to make them more efficient and effective, and more seamless and responsive for consumers. Most states have developed programs that help consumers understand and access their LTSS options, using various federal grants and authorities, including Aging and Disability Resource Center grants, Money Follows the Person funding, and the Balancing Incentive Program, but few states have developed statewide systems that reflect the functionality and operational capacity of the NWD System as described here.

The Medicaid eligibility and determination process often includes a two-stage process - conduct a preliminary and then a final functional and financial assessment. The preliminary assessment is the level I screen of a State's core standardized assessment process - when individuals making inquiries about LTSS go through an initial screen, which collects preliminary financial and functional data and points to potential needs and program eligibility. Those applicants who are considered potentially eligible at the level I screen will receive the comprehensive level II assessment. During stage 2, the Final Determination of Functional and/or Financial Eligibility completes the process that officially determines which individuals are Medicaid eligible based on clinical or functional criteria for public programs and/or based on his/her income and assets. Eligibility determination is usually based on the findings of a comprehensive functional or clinical assessment. For Medicaid, the assessment is often completed in person by staff who have received standardized training and have been designated by the Medicaid agency to perform this function. In some states, the person who conducts the preliminary assessment with the individual is also authorized to make a final determination of functional eligibility. In some

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cases, a separate individual must review, verify and make the determination or the information from the assessment is run through an automated eligibility determination tool and then verified. The financial eligibility criteria for Medicaid are established in the Medicaid State Plan and/or in HCBS Waiver eligibility criteria.

As noted above, NWD System person-centered counselors can add significant value to the Medicaid eligibility determination process. The Medicaid agency may train and even designate NWD system person-centered counselors to participate in and facilitate the assessment process, using information they collected during the PCC encounter, as well as helping the consumers they are working with to gather additional information and documents not collected during the PCC process. Many states have delegated the preliminary assessment to the NWD System person-centered counselors. As noted below, it is critical to not equate the PCC process with the formal assessment and care planning process associated with public programs. The NWD System person-centered counselors can help ensure applications are "camera ready" when they reach the Medicaid office, thereby reducing the burden of the application process for both Medicaid staff and consumers. Even if the NWD System person-centered counselor is not designated to do the preliminary assessment, the data gathered by the NWD System person-centered counselor during the PCC process should be fed into the preliminary assessment and then automatically transferred into the final assessment process.

### The Intersection of the NWD System Person-Centered Counseling and Streamlined Access to Public Programs

The PCC process, must be kept independent and is usually much broader in scope than any assessment process that is tied to a program or service eligibility, even though both processes can and should feed into each other. Once an independent person-centered plan is complete, the information in the plan should be used to inform the program and service eligibility processes. Gaps between services and support needs that are *identified* in the person-centered plan, and those that are made *available* through the program and service eligibility processes, must be documented in the person-centered plan along with strategies for achieving the person's goals that cannot be met through public programs.

For instance, a person may have a goal to gain competitive employment. However, the public program assessment process may find the person ineligible for the supported employment service because the threshold level of functional need has not been met. This conclusion must not be used to coerce, discourage, or otherwise negatively influence the person's desire to find employment. It must instead be presented as a temporary challenge to the achievement of the goal. The person-centered counselors and others on the NWD System team must work together to assist the person in developing and documenting creative approaches to meeting the goal. Additionally, the NWD System must find ways to capture gaps in services and supports identified through the PCC process and use the information to improve the options for people.

### State Governance and Administration

The governance and administration of a NWD System must involve a collaborative effort among multiple state agencies, since no one state agency has the authority or expertise to carry out all of the functions

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involved in a NWD System. The NWD System is a critical component of any well-developed, person-centered state LTSS System, and therefore, its governance and oversight should be lodged in a Cabinet level body - either a new or existing one - and should be part of the state's oversight of its LTSS System. The NWD System governing body should be responsible for coordinating the on-going development, implementation, financing, evaluation and continual improvement of the state's NWD System. It must include representatives from the State Medicaid Agency, the State Unit on Aging, and the state agencies that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and the state authorities administering mental health services. Senior staff from these agencies should be designated as full partners in managing the on-going development and implementation of the NWD System. States may involve other state agencies, such as the budget office or the agency administering programs for Veterans as members of its NWD System governing body.

Once established, some initial responsibilities for a NWD System governing body would include:

- Setting up a process that will ensure key stakeholders have meaningful input into the ongoing development and implementation of the states' NWD System. Stakeholders should include consumers, their advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, individuals with intellectual and developmental disabilities, and individuals with mental/behavioral health needs, Veteran Service Organizations, as well as service providers, and other relevant public and private entities;
- Developing criteria and/or process to determine what organizations at the state and local level should play a formal role in carrying out NWD system functions;
- Developing criteria and/or process to determine what (if any) sub-state regions and/or sub-state entities would be used to support the state's administration and oversight of the local entities carrying out NWD System functions;
- Designating and developing formal agreements and funding arrangements with the state and local organizations that are selected to carry out NWD System functions;
- Developing a communications strategy and process that will facilitate on-going communication among the many different agencies and organizations playing formal roles in the NWD System; Identifying the existing public resources currently being used to support access functions across the multiple state administered programs that provide LTSS, and determining how these resources can best be coordinated and integrated to align their operation and performance with the NWD System functions outlined in this FOA; and,
- Making recommendations to the Governor on key aspects of the NWD System's design, development, financing, and on-going administration.

A robust Management Information System (MIS) that builds on and leverages existing state MIS systems is essential for a state to be able to effectively and efficiently gather and manage information from the many entities that will be carrying out NWD System functions, as well as from individual consumers who use the NWD System. These activities will involve collecting, organizing, analyzing and reporting information across state MIS systems and across the agencies and organizations that make up the NWD



System in order to provide a comprehensive summary of relevant information to inform top-to-bottom decision-making about the NWD System. The MIS should track consumer level data, including data and information from the person-centered plans, such as information on the use of services and supports, and gaps between the services used and the services identified in the person-centered plan. The system will have to comply with Health IT standards and should also support the use of Personal Health Records to enable information and data to flow with consumers from their initial entry into the NWD System all the way through follow-up.

Individual data must be collected in a way that ensures confidentiality, but **limits the repeated collection of the same information from individual throughout his/her tenure in the LTSS System.** NWD System staff responsible for managing MIS activities are likely to be involved in overseeing data collection activities, meeting reporting requirements, working with IT vendors to maintain and improve IT applications and programs across NWD System organizations, and training end-users on how to use the system, including the collecting, recording and reporting of required data. The MIS system should support on-going program management, planning, budgeting, and continuous quality improvement at both the state and local level as well as state level policy development.

The NWD System's Continuous Quality Improvement (CQI) process must involve getting input and feedback from the many different customers who use or interact with the NWD System, including individuals and their families, system partners, advocates, providers and professionals in the health and LTSS systems, on the responsiveness of the NWD System to their varying needs. The CQI process should also involve the administration of a complaint and grievance processes and tracking and addressing complaints and grievances. To be effective, the CQI process needs to include performance goals and indicators related to their NWD System's key aims:

- a) **Visibility** on the extent to which the public is aware of the existence and functions of the NWD System;
- b) **Trust** on the part of the public in the objectivity, reliability, and comprehensiveness of the assistance available from the NWD System;
- c) **Ease of Access** including reductions in the amount of time and level of frustration and confusion individuals and their families experience in trying to access LTSS, additionally physical locations should be accessible and all written materials should be accessible by all populations and ADA 508 compliant;
- d) **Responsiveness** to the needs, preferences, and unique circumstances of consumers, including feedback from individuals as it relates to the outcomes of their interaction with the NWD System, especially in relation to the NWD System's ability to enable the individual to realize his/her personal goals that were established during the PCC process; and,
- e) **Efficiency** and **Effectiveness** including reductions in duplicative intake, screening, and eligibility determination processes for state administered programs, increases in the number of people who are diverted to more appropriate and less costly forms of support, and the ability of the NWD System to help the state in the rebalancing of its LTSS System, and other indicators to document the value of the NWD System at improving government performance and lowering public costs.



## Nevada's Historical Efforts to Improve LTSS System

In today's LTSS system, it is hard to connect the dots between various entities. The common thread throughout the system is the provision of information and referral services, however in survey after survey, the predominant finding is that consumers struggle to navigate our systems. People do not know what services are available or where to go for help in accessing care. We have community agencies, Family Resource Centers, Aging and Disability Resource Centers, our state agencies and 2-1-1, as components of this system, but acting independently and unfamiliar with one another in many cases.

For several years, various groups in our state have expressed the need for a more coordinated system, one that allowed consumers to move through programs more seamlessly and one that does not require a full day's worth of phone calls to get to the right place for help. Something that was simple and user friendly for our most vulnerable populations.

Efforts have taken place throughout the years to help establish this vision as a reality. Key milestones in these efforts include:



Establishment of Aging and Disability Resource Centers (ADRCs): Established in 2006, Nevada's ADRCs provides information and access to programs and services that benefit Nevada's seniors, people with disabilities and caregivers. The ADRC is a collaborative effort of the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) to provide information and access to long term supports and services (LTSS) through a partnership of providers. The ADRC program was Nevada's initial attempt at providing a single point of entry into the LTSS system.<sup>4</sup>

Establishment of 2-1-1: In 2006, by Executive Order, the Nevada 2-1-1 Partnership was established. The Nevada 2-1-1 Partnership is made up of the Nevada Department of Health and Human Services (DHHS) Grants Management Unit (GMU), United Way of Northern Nevada and the Sierra, United Way of Southern Nevada, Crisis Call Center, and HELP of Southern Nevada. The partnership was tasked with establishing and maintaining a system to provide nonemergency information and referrals concerning health, welfare, human and social services

<sup>4</sup> Retrieved on July 7, 2015 from: <https://www.nevadaadrc.com/about-us/about-nevada-adrc>



to the general public. Prior to Fiscal Year (FY) 2014, the system was funded by a variety of sources including, but not limited to, the State General Fund, United Healthcare Settlement, Social Services Block Grant (Title XX), and the Fund for a Healthy Nevada (FHN). The 2013 Legislature approved a plan for State Fiscal Years (SFY) 2014-15 to fund 2-1-1 at a comparable level but solely from the FHN.

Passage of the Affordable Care Act: In 2010, the Affordable Care Act was passed which provided additional funding support and program carve-outs for long term services and supports. These benefits included a \$50 million allocation for support and funding to support the Community-based Care Transitions Program (CCTP) and Balancing Incentives Program (BIP).

- The Community-based Care Transitions Program (CCTP), created by Section 3026 of the Affordable Care Act, tests models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries. The goals of the CCTP were to improve transitions of beneficiaries from the inpatient hospital setting to other care settings, to improve quality of care, to reduce readmissions for high-risk beneficiaries, and to document measurable savings to the Medicare program.<sup>5</sup>
- The Balancing Incentives Program (BIP), created by Section 10202 of the Affordable Care Act authorizes grants to States to increase access to non-institutional long term services and supports (LTSS). The program was also intended to provide new ways to serve more people in home and community-based settings, in keeping with the integration mandate of the Americans with Disabilities Act (ADA), as required by the *Olmstead* decision.<sup>6</sup>

Organizational Redesign: In 2009, the Division of Aging Services merged with the Office of Disability to form the Aging and Disability Services Division (ADSD). This new division facilitated and promoted programs for both seniors and people with physical disabilities. In 2013, the Nevada State Legislature approved a merger that moved Developmental Services and Early Intervention Services into ADSD. This merger has created an opportunity for Nevada to truly streamline services across the lifespan.

Implementation of Money Follows the Person (MFP) grant: In 2012, the Division of Healthcare Financing and Policy (DHCFP) was awarded a Money Follows the Person (MFP) grant. MFP aims to increase the use of qualified home- and community-based services and reduce the use of institutionally-based services, and ensure that Nevadans receive care in their own community, which helps fulfill the state's commitment to making sure residents who need services can live

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<sup>5</sup> Retrieved on July 7, 2015 from: <http://innovation.cms.gov/initiatives/CCTP/>

<sup>6</sup> Retrieved on July 7, 2015 from: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-term-Services-and-Supports/Balancing/Balancing-Incentive-Program.html>



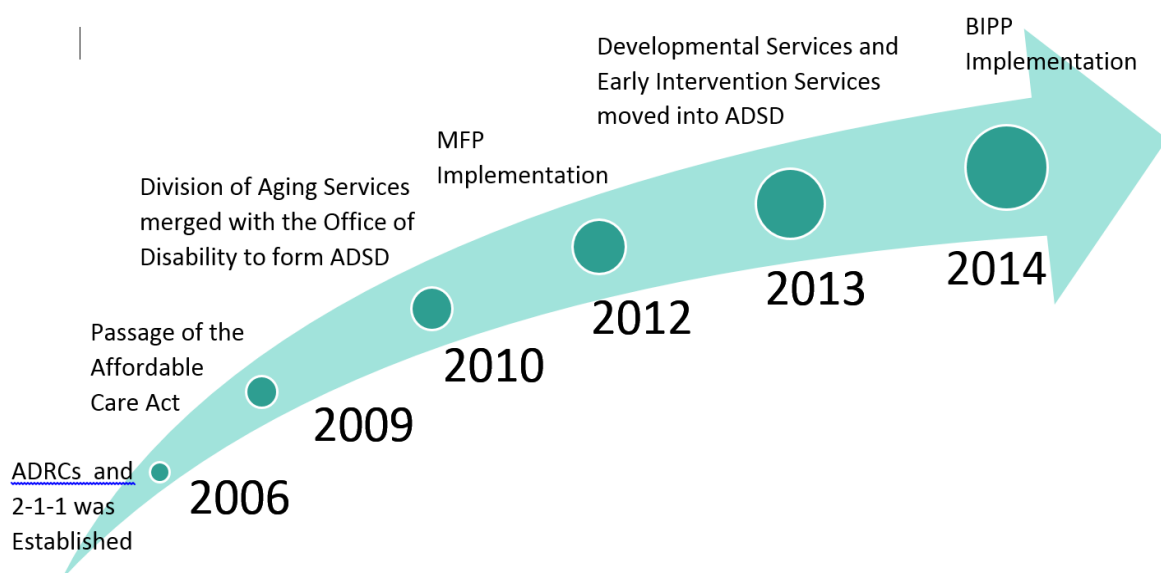
as independently as possible. The program represents initial partnership efforts between ADSD and DHCFP to support more seamless service delivery for the target population.

Implementation of the Balancing Incentives Program (BIP):

As of March 2014, DHCFP was awarded a grant by the Centers for Medicaid and Medicare Services (CMS) to support the Balancing Incentives Program (BIP). Through this program states are provided a significant opportunity to further their work by creating systems that are more responsive and help consumers potentially eligible for Medicaid to more easily access Medicaid. The program is focused on helping states rebalance their spending on home and community based long term services and supports by creating a no wrong door system for Medicaid services. At the end of this project, the state will have an established pre-screening tool, standardized information and training for NWD agencies, and coordinating data systems to better communicate across agencies.

*Nevada has made strides in transforming the LTSS system through strategic partnerships between ADSD and DHCFP as well as through legislative action to create a true lifespan agency within ADSD. The lessons learned from these activities as well as from other states such as Washington, New Hampshire and Massachusetts give us a foundation from which to build and strengthen our efforts in preparation for a true No Wrong Door system of care.*

No Wrong Door Planning Grant: In October 2014, ADSD received a grant from the Administration for Community Living to support a planning process for No Wrong Door implementation. The goal of the grant is to have established a 3-year plan to transform the state LTSS access function into a No Wrong Door System for all populations and all payers.







# Nevada's



# Long Term Services and Supports

No Wrong Door Outreach Summary Report



Nevada's Long Term Services and Supports  
No Wrong Door Strategic Plan



## Acknowledgement

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.

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*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.*

## Introduction and Background

The No Wrong Door Advisory Board was established in February 2015 to improve Nevada’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.

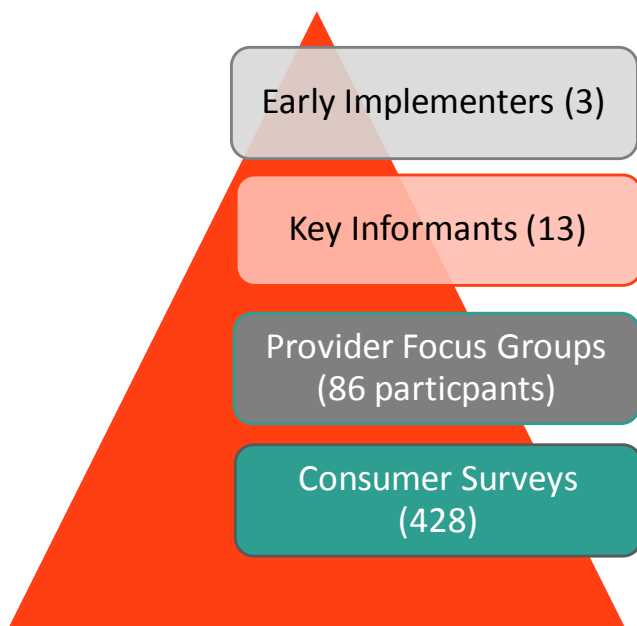
To inform the planning process, a variety of different outreach activities were used to identify areas within the existing system that need to be expanded, changed, discontinued or legislated to better position the state for successful NWD implementation. There were four distinct ways in which outreach 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 May 28, 2015, ten 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 86 individuals participated in focus group webinar discussions.

### 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.

Additionally, while focus group outreach was specifically geared to reach specific populations of services providers, participants were not screened out of focus group participation if they did not belong to the provider population that was targeted.

## Summary of Findings

The NWD framework focuses on four major categories for planning: 1) linkage and referral; 2) person-centered counseling 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 Counseling

- **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 person-centered counseling.
- **Consumers** reported both positive experiences with person-centered planning as well as major deficiencies. Follow-up, choices in care, and other aspects were areas for identified needing improvement.
- **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 counseling. Inadequate budgets were noted by many as the major obstacle to providing full implementation of person-centered counseling.
- **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 20<sup>th</sup> 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 Program (BIP) 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.
- 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 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 were just implementing the strategy.

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 BIP programs at the same time. However, one positive effect that they have experienced in implementation of BIP 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 BIP, 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 Division of Public and Behavioral Health
Cody Phinney	Nevada Division 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.
  - Referrals and tracking has been improved due to
    - MyAvatar technology.

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.

- Consolidation of departments within the Division of 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?

- Four Key Informants noted that their agency had been formally trained and they 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 managers 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	<b>Wait lists and eligibility requirements for programs (4)</b>
Prioritizing highest need clients to serve them first before moving to lower priority clients	<b>Lack of case managers to address demand (4)</b>
Active listening	<b>Clients bounced around from provider to provider (3)</b>
BIP developed a level 1 screen tool to determine who client should be referred to	<b>Clients do not know who to call for assistance (2)</b>
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 work 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
<p><b>Ensure all partners share the same No Wrong Door vision (2)</b></p> <p>Hire a project manager to oversee the statewide initiative</p> <p>Longer timeframes to accommodate increased workload for partners</p>	<p><b>Paradigm shift for many agencies (2)</b></p> <p><b>Commitment of partners (2)</b></p> <p><b>Availability of needed resources (2)</b></p> <p>Infrastructure to support No Wrong Door</p> <p>Sustainability and cost</p> <p>Alignment with Medicaid’s vision for BIP</p> <p>Bureaucracy will be too involved</p> <p>Lack of shared data system</p>

### 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
<b>Aging and Disability Services Division - ADSD</b>	February 23, 2015	8
<b>Community Based Organizations</b>	March 19, 2015	8
<b>County Representatives</b>	March 12, 2015	7
<b>Division of Public and Behavioral Health –DPBH</b>	March 5, 2015	6
<b>Food Banks</b>	March 26, 2015	7
<b>Family Resource Centers – FRCs</b>	March 12, 2015	11
<b>Jails and Prisons</b>	March 19, 2015	2
<b>Residential Facilities</b>	March 26, 2015	7
<b>Senior Centers</b>	March 24, 2015	11
<b>Early Intervention Providers</b>	May 28, 2015	19
	<b>TOTAL</b>	<b>86</b>

## 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.**

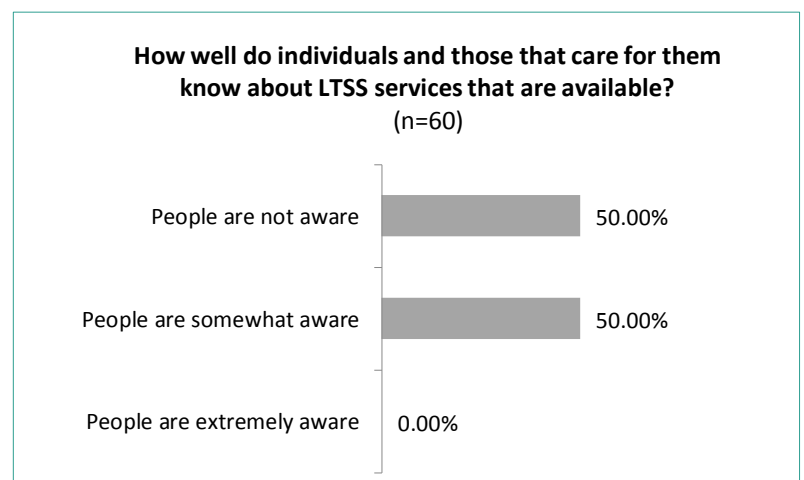
The needs and challenges facing people that were most often cited by providers were:

- **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 ASD 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.

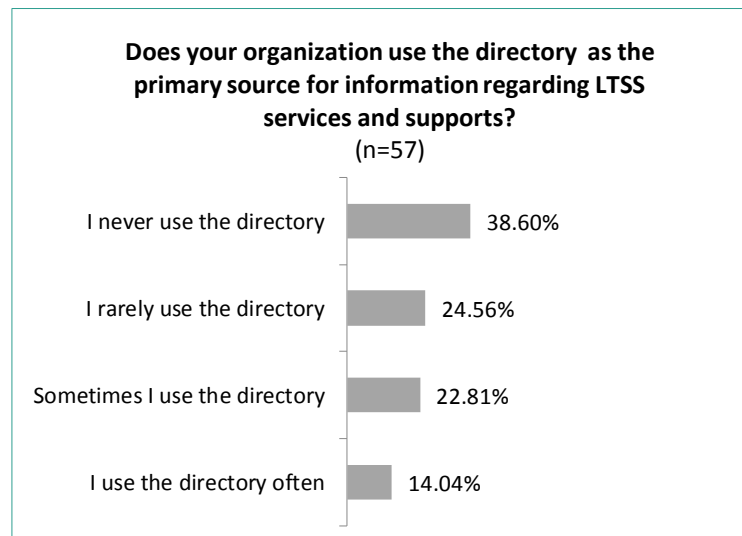
*The City of Henderson is implementing a new outreach approach with the local library in which electronic readers are provided to consumers through the Meals on Wheels program.*

### 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.**



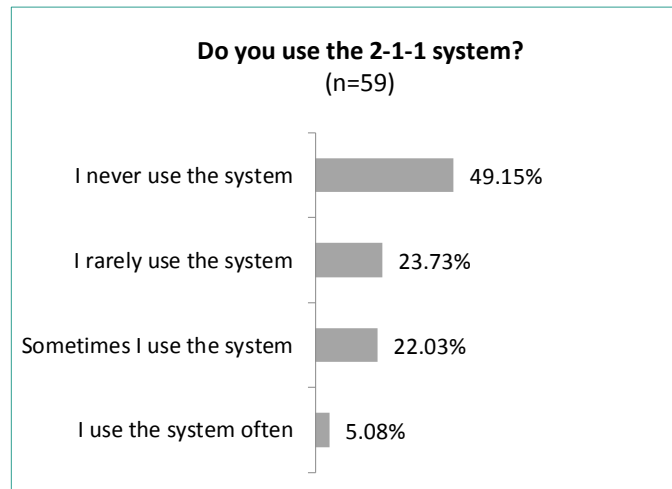
**As a follow-up to the poll, participants were asked to name other ways in which they stay informed about resources available.**

- 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 cited 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; ASD 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.

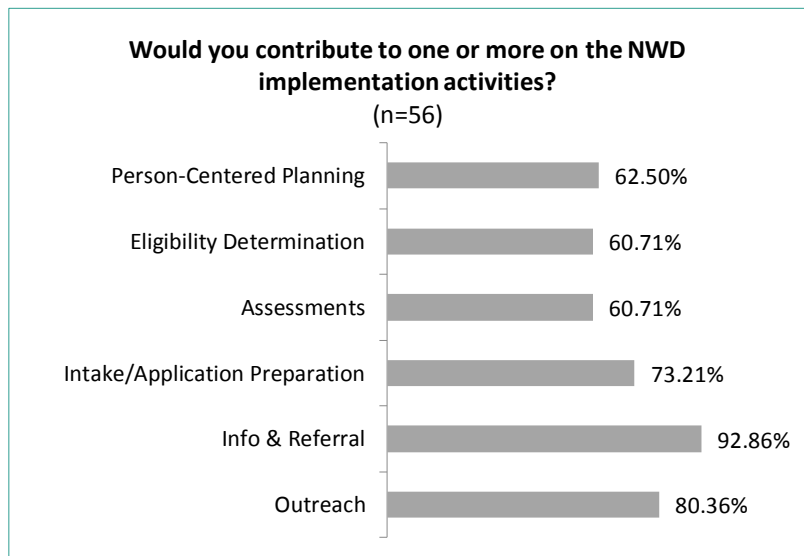
### No Wrong Door Implementation

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.
- **Web-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	<b>253,465*</b>	<b>9.3%</b>	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.

In 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)	
	#	%	#	%	#	%
<b>Gender</b>						
Male	1,363,616	50.5%	120	28.6%	74	37.37%
Female	1,336,935	49.5%	300	71.4%	124	62.63%
<b>Ethnicity</b>						
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.

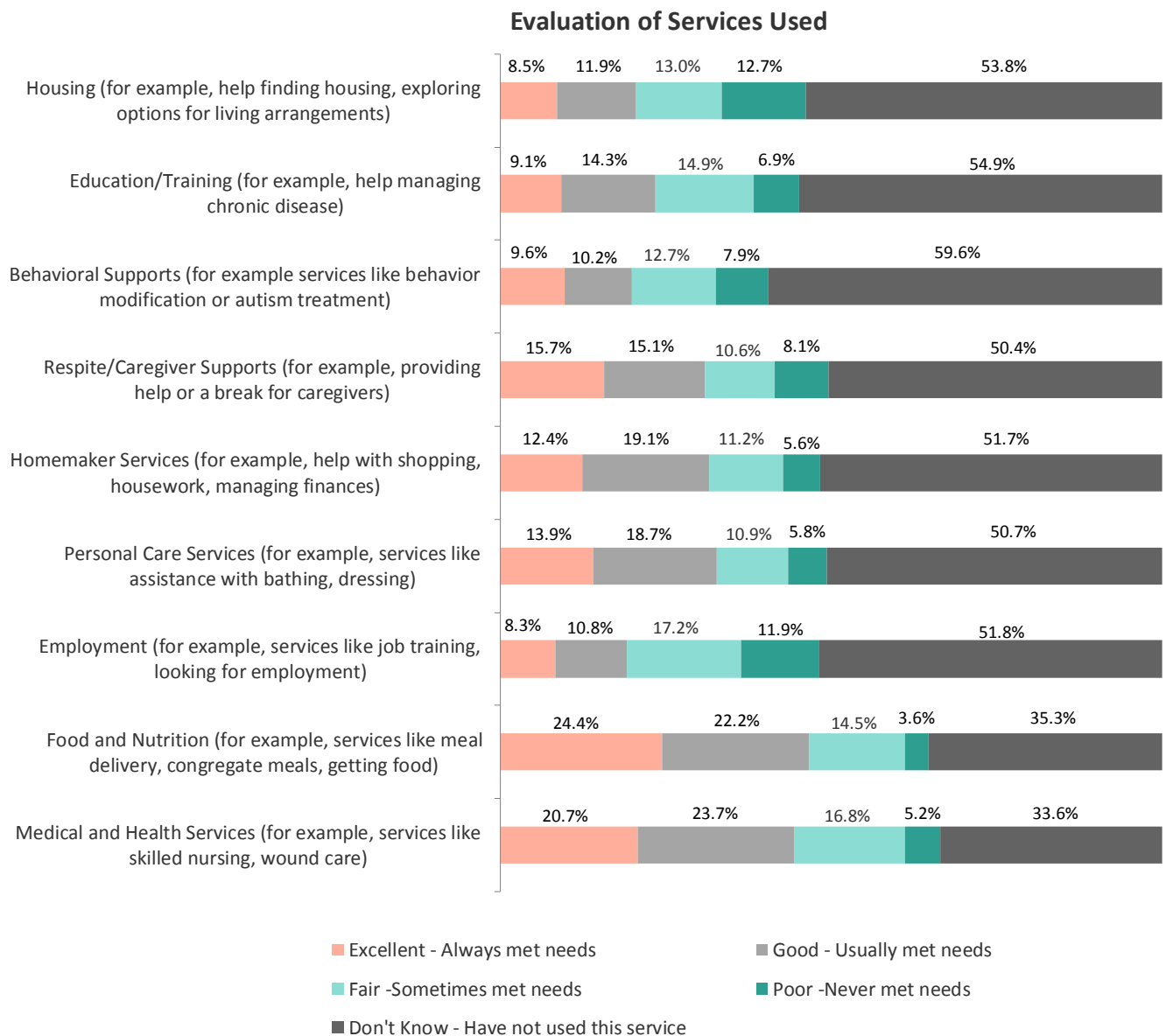
Age Breakout by Consumer	Total (n=418)		Consumers Only (n=195)	
	#	%	#	%
Under 12 years	0	0%	0	0%
13 to 17 years	1	0.2%	1	0.5%
18 to 20 years	4	1.0%	2	1.0%
21 to 24 years	15	3.6%	4	2.0%
25 to 44 years	90	21.5%	39	20.0%
45 to 64 years	145	34.7%	57	29.2%
65 to 74 years	104	24.9%	59	30.3%
75 years and over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

## Results

### Evaluation of Services Used

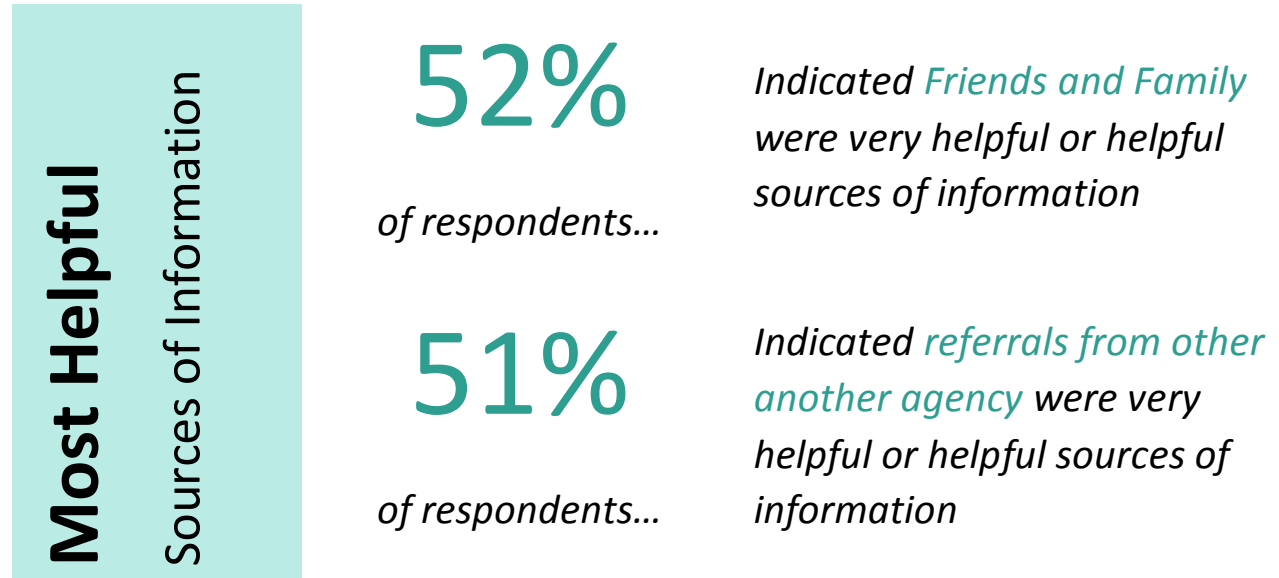
Survey respondents were asked to indicate the type of services they (or the person they care for) have used and the extent to which these services met their needs.

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.

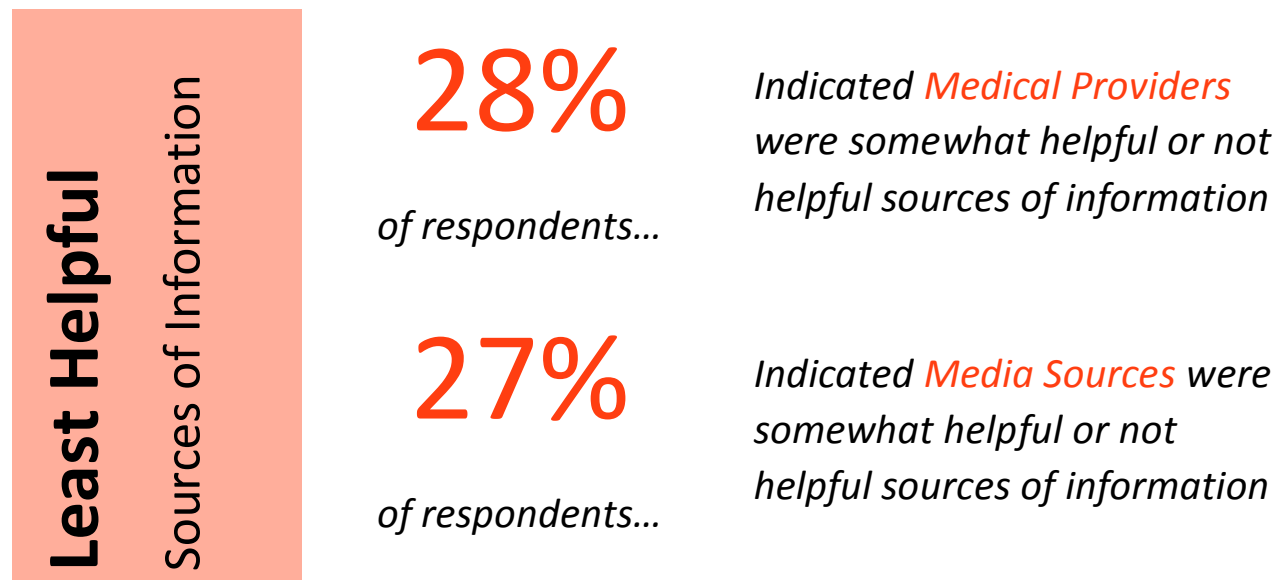


## Source of Information

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



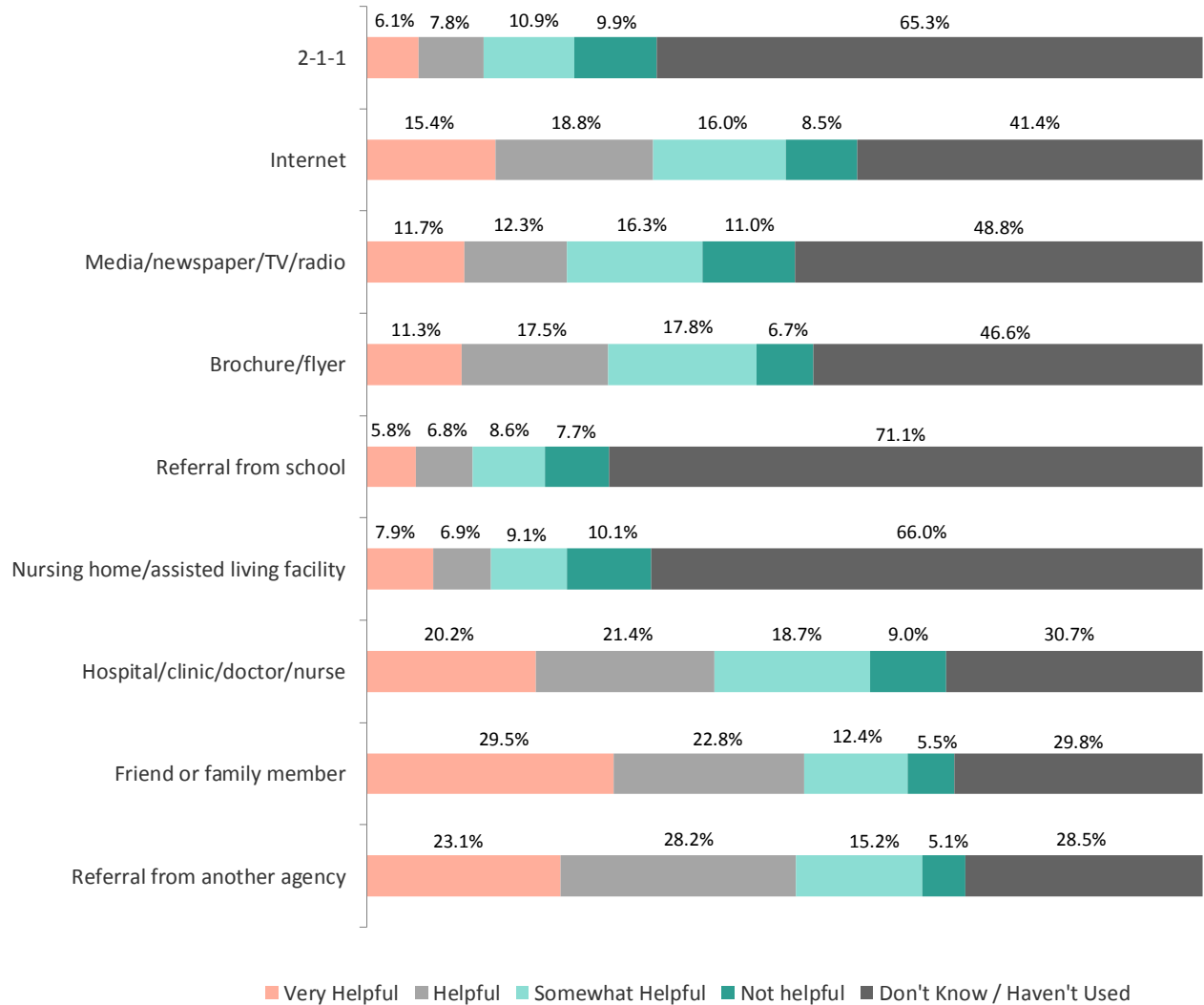
Referrals from service providers, organizations, and hospitals were also mentioned as being helpful in comments and open-ended responses.



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%).

### Finding and Learning About Services



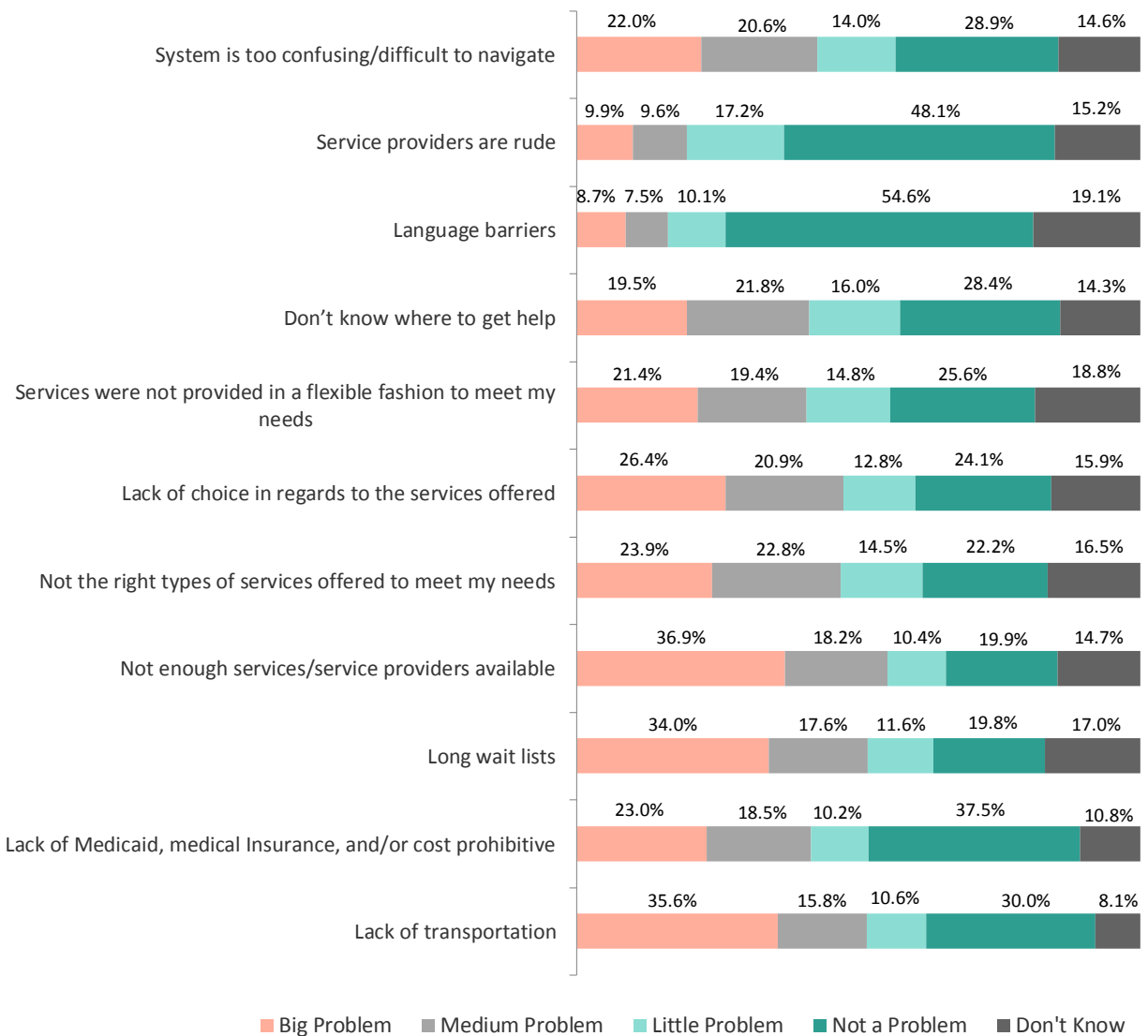
Thirty-five (35) comments were also provided. Among major categories of sources for information that are not listed above but were identified by respondents were: 1) written directories (n=3), such as the Chinese yellow pages or the Community Resource List, 2) programs and events (n=3) such as the Veteran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

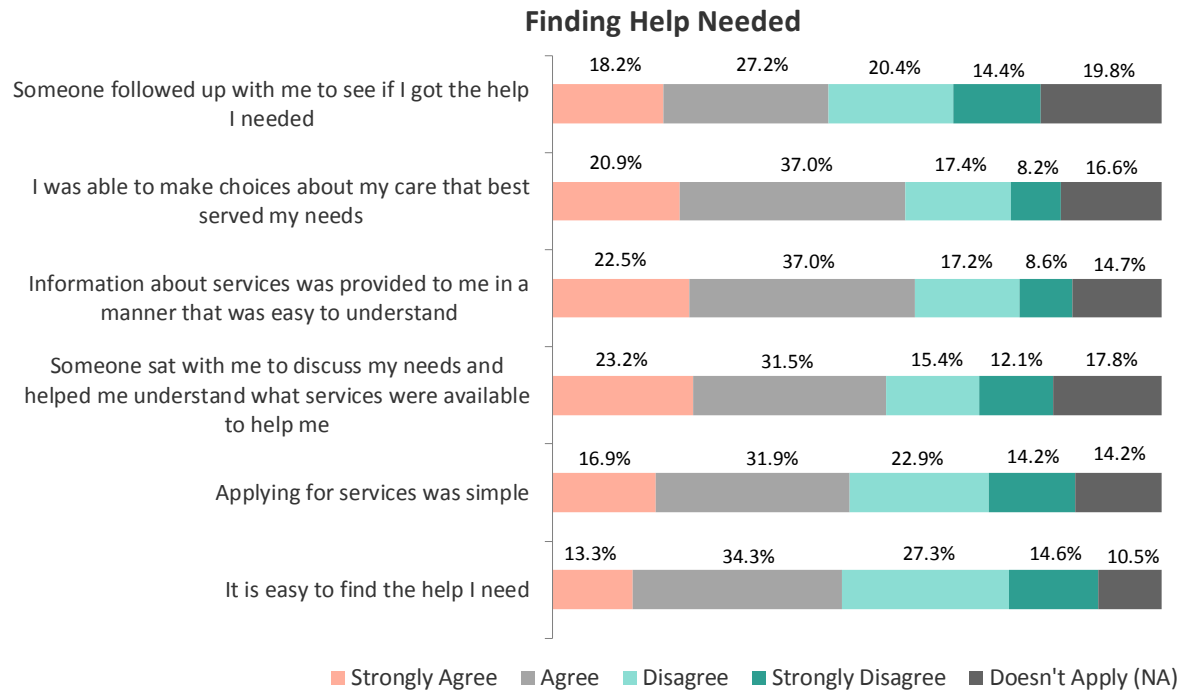
Not enough services or service providers available (37%) and lack of transportation (36%) were considered to be the biggest problems among survey respondents. In addition, among comments and open-ended responses, lack of services and qualified staff (n=36) were also mentioned as important problems in 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.

**Problems Accessing Services**



### 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.

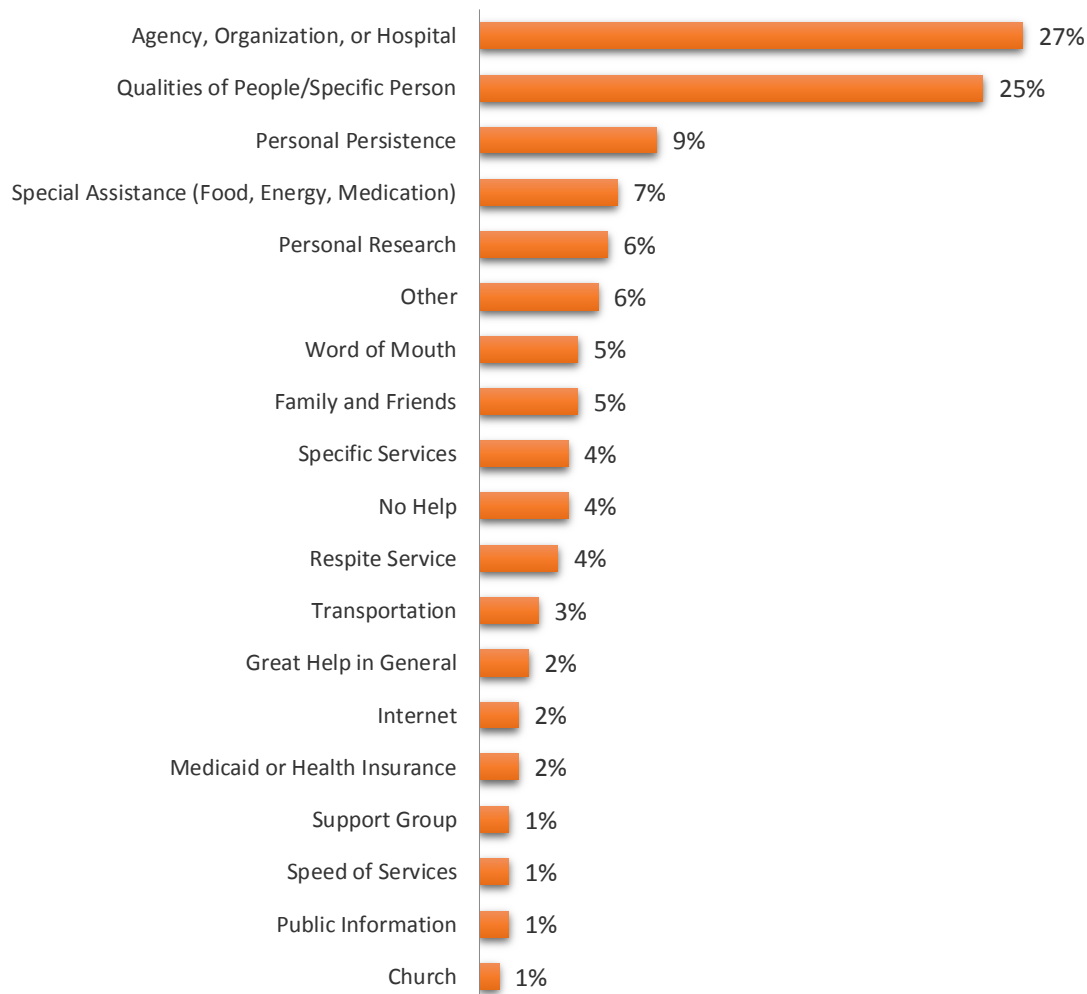




### Most Helpful Resources in Getting Served Needed

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.

#### Most Helpful Resources in Getting Services Needed (n=201)



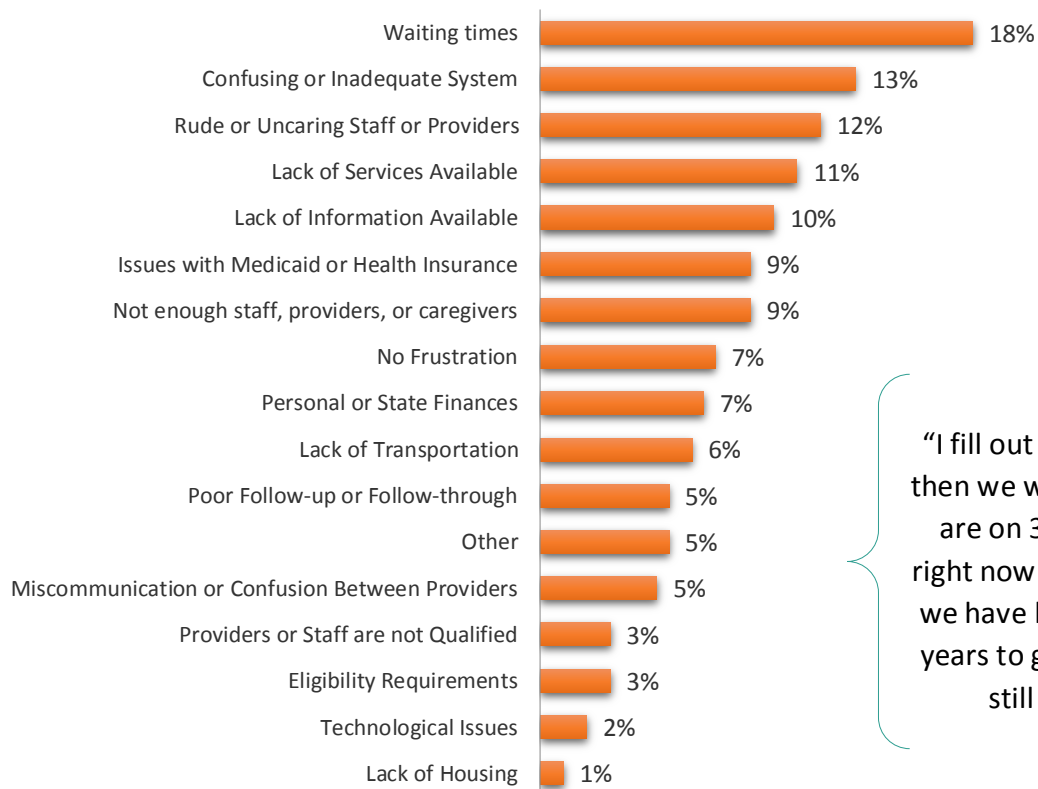
Note: Total percentages may add up over 100% because some answers fell into more than one category

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.

### Biggest Frustrations in Getting Help Needed (n=204)



“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.”

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.”

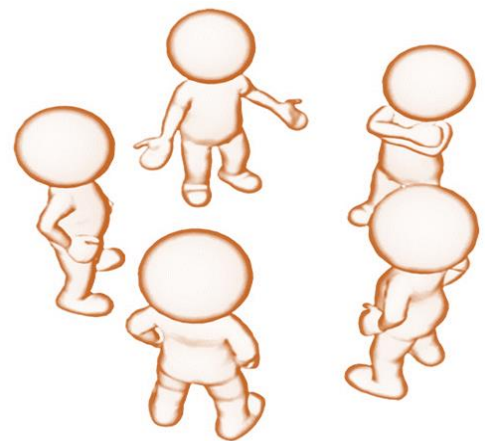
### *Wait time / Waiting lists*

“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 cited 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? (e.g. 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?





### 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
<b>General</b>	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).
<b>Outreach and Awareness</b>	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?
<b>Information and Referral</b>	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.)?
<b>Person-Centered Planning / Options Counseling</b>	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)?
<b>Streamlined Access and Eligibility</b>	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:



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

<b>Category</b>	<b>Question</b>
<b>Partnerships and Coordination of Efforts</b>	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?
<b>NWD Implementation</b>	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?

Questions for Early Implementers (only)

- 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?

### Focus Group Questions

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

- |   |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
|---|--|-----------------------|-------------------------|----------|--|------------------------|--|---------------------------------|--|-------------|--|---------------------------|--|----------------------------|--|
| <b>Consumer Needs</b>                           | <ol style="list-style-type: none"> <li>1. What are the most significant needs or challenges facing people who need/use services?                     <ul style="list-style-type: none"> <li>- To what extent are those needs currently being met?</li> <li>- Are there any challenges that are particularly pronounced based on region/geographical barriers?</li> </ul> </li> </ol>   |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| <b>Outreach and Awareness</b>                   | <ol style="list-style-type: none"> <li>2. How well do individuals and those that care for them know about LTSS services that are available?</li> <li>3. What kinds of outreach are used to increase awareness about LTSS services? Are specific populations targeted in outreach efforts?</li> </ol>   |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| <b>Information and Referral</b>                 | <ol style="list-style-type: none"> <li>4. How would you describe the state system of providing accurate resource information through the Nevada Care Connection website?                     <ul style="list-style-type: none"> <li>- Is it comprehensive, accurate, up to date, user-friendly?</li> <li>- How accessible is it for consumers?</li> </ul> </li> <li>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?</li> <li>6. Do you use the 2-1-1 system?                     <ul style="list-style-type: none"> <li>- Is it comprehensive, accurate, up to date, user-friendly?</li> <li>- How accessible is it for consumers?</li> </ul> </li> </ol> |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| <b>Partnerships and Coordination of Efforts</b> | <ol style="list-style-type: none"> <li>7. How well are programs and services coordinated across systems?</li> <li>8. What could improve coordination efforts?</li> </ol>   |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| <b>Streamlined Access and Eligibility</b>       | <ol style="list-style-type: none"> <li>9. Can you please describe the level of support you believe your organization would contribute to implementation of a NWD system?<br/><br/>What resources would be needed for implementation?</li> </ol>  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
|   | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>NWD Activities</b></td> <td style="width: 50%;"><b>Support (Yes/No)</b></td> </tr> <tr> <td>Outreach</td> <td></td> </tr> <tr> <td>Information &amp; Referral</td> <td></td> </tr> <tr> <td>Intake/Application Preparedness</td> <td></td> </tr> <tr> <td>Assessments</td> <td></td> </tr> <tr> <td>Eligibility Determination</td> <td></td> </tr> <tr> <td>Person-Centered Counseling</td> <td></td> </tr> </table>   | <b>NWD Activities</b> | <b>Support (Yes/No)</b> | Outreach |  | Information & Referral |  | Intake/Application Preparedness |  | Assessments |  | Eligibility Determination |  | Person-Centered Counseling |  |
| <b>NWD Activities</b>                           | <b>Support (Yes/No)</b>  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Outreach  |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Information & Referral                          |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Intake/Application Preparedness                 |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Assessments                                     |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Eligibility Determination                       |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| Person-Centered Counseling                      |  |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |
| <b>NWD Implementation</b>                       | <ol style="list-style-type: none"> <li>10. What opportunities or concerns do you have in regards to implementing a No Wrong Door strategy in Nevada?</li> <li>11. What are the most critical issues that Nevada needs to address to prepare for implementation of a No Wrong Door strategy to service?                     <ul style="list-style-type: none"> <li>- What practical level changes are needed?</li> <li>- What policy level changes are needed?</li> </ul> </li> </ol>   |                       |                         |          |  |                        |  |                                 |  |             |  |                           |  |                            |  |

## Focus Group Notes

*Participant Organizations*

Provider Expertise / Organization Type	Date	Number of participants
<b>Aging and Disability Services Division - ADSD</b>	February 23, 2015	8
<b>Community Based Organizations</b>	March 19, 2015	8
<b>County Representatives</b>	March 12, 2015	7
<b>Division of Public and Behavioral Health –DPBH</b>	March 5, 2015	6
<b>Food Banks</b>	March 26, 2015	7
<b>Family Resource Centers – FRCs</b>	March 12, 2015	11
<b>Jails and Prisons</b>	March 19, 2015	2
<b>Residential Facilities</b>	March 26, 2015	7
<b>Senior Centers</b>	March 24, 2015	11
<b>Early Intervention Providers</b>	May 28, 2015	19
<b>TOTAL</b>		<b>86</b>

## 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.

#### DIVISION 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 to 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 state 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.

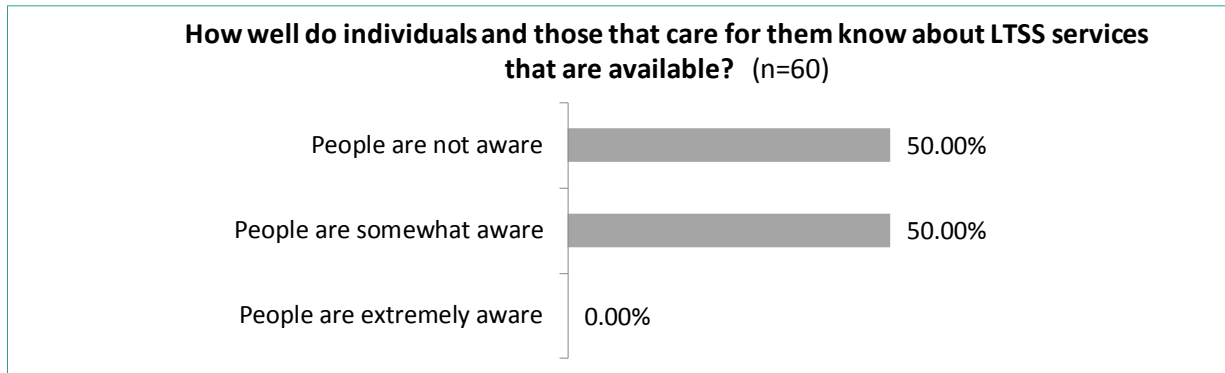
- Or when you get them to the resources, find that there's a long wait list. Have trouble keeping people above water while they are on the wait list. Some people don't even know which wait list they are. Duplication of effort, and lack of follow-up.
- Washoe County developed a Master Plan for aging priorities, 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.

### EARLY INTERVENTION PROVIDERS

- Clients – new things that come out like 211 are online and many of the clients are not computer literate. Need to utilize PSAs, brochures, or other means that are not online.
- One agency has crews that provide info to seniors when they go to their homes.
- Getting systems in place take a long time.
- **Mental health needs** – some services are not covered by Medicaid.
- If you don't have the right insurance, out of luck for services.
- Cradle to grave – when they come across mental health issues, they have resources but professionals can't get to licensing board in Nevada. Reciprocity is needed because they can't get their license in the state of Nevada even though they might be licensed in a different state.
- Licensing board is a barrier.
- Transportation problems for people living in rural areas to get to doctor appointments.
- Patients are above income requirement for medical assistance so they can't get help.
- Gap for 55-60 age range that are disabled, but because state made is 60 and over is a senior, the 55-60 age range are not able to get services.
- Hard for seniors to ask for help, and when they do call, they aren't willing to make additional phone calls. Having a NWD makes it easier for them to get services.

### 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.**



**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.**

#### 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.

#### 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.

#### DIVISION 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.

### EARLY INTERVENTION PROVIDERS

- Don't do outreach to caregivers. Outreach is to senior citizens
- Senior complexes, go in and do presentations about services. A lot of referrals, word of mouth.
- Do screenings at child care centers, presentations
- Health fairs, lunch and learns that are free to the public, monthly PACE meetings
- Outreach events for seniors and veterans but not sure how to reach the disabled between ages 18-60
- Presentations, teach people about what is out there, how to take responsibility and what the community needs to do.

### 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.

### DIVISION 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

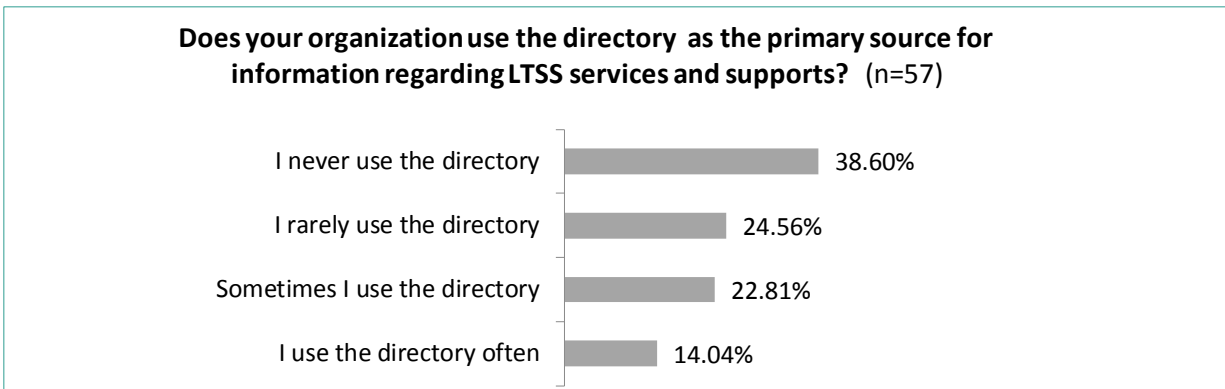
- Washoe County – feedback from caregivers from those that use the site find it to be confusing, might not always be up to date because it's provider driven. Overwhelming because it's not simple.
- Don't have many people that are able to access it. When go looking for resources, it's not an automatic 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.

### EARLY INTERVENTION PROVIDERS

- For searches, all criteria has to be entered. Has to be super specific to get the correct results.
- Not user friendly for clients.



- Use it a lot but usually google – find more resources that way, and don't have to put in as much search criteria.



**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.

## DIVISION 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.

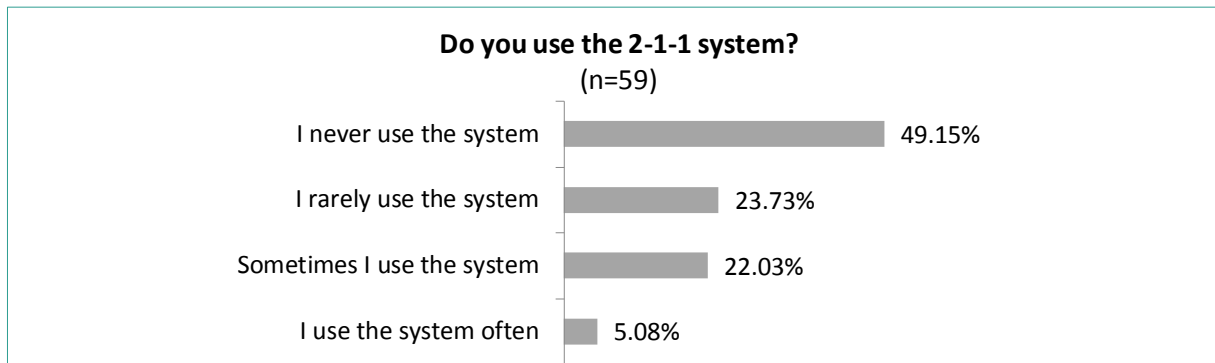
## SENIOR CENTERS

- 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.

## EARLY INTERVENTION PROVIDERS

- Refer to other agencies
- Part of other associations. Have own in-house book used by employees
- Google

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.

#### DIVISION 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.

#### EARLY INTERVENTION PROVIDERS

- It took 2-1-1 two years to update their agency's information.
- Have personal partnerships with other agencies so they are aware of what they do.
- Last few times used 211, they were told they couldn't help them.
- Give users terrible information. Don't tell their clients to use 2-1-1.

#### 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.

## DIVISION 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.

#### EARLY INTERVENTION PROVIDERS

- Depends on the partnerships that are in place. Some agencies try to coordinate services to avoid clients falling through the cracks. Don't use an agency unless they are well vetted.
- Through ASD have a regional quarterly meeting with all the agencies in the south that receive funding through ASD. Collaborate really well.

**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?

#### DIVISION 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.

## 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.

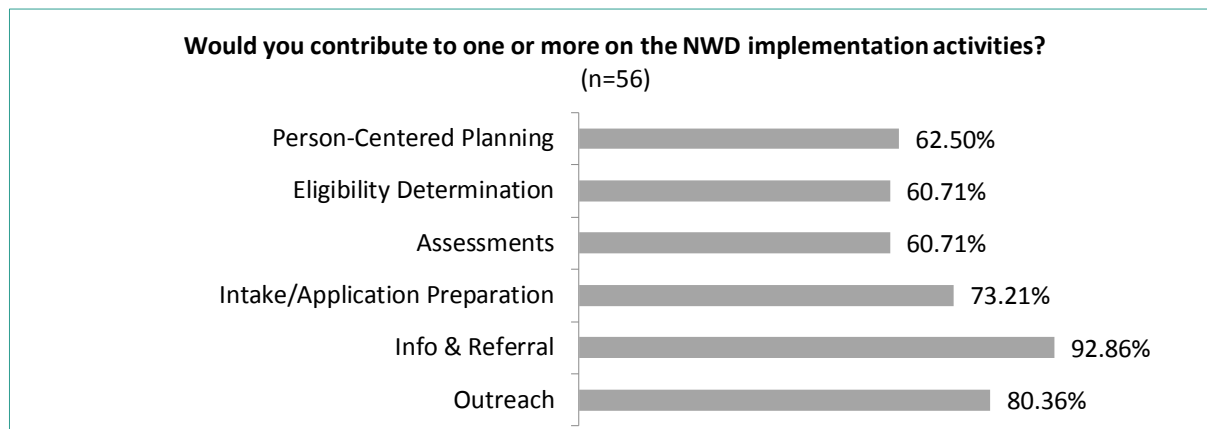
## EARLY INTERVENTION PROVIDERS

- More collaboration and resources to help with that age group that is stuck between 55-60, would help a lot.
- Very little funding for that particular age group so there's not a lot of connection between agencies.
- Transient issues as well among young adults.
- Funders are forcing nonprofits through grant applications have to list who they are collaborating with.

- While funders do make that requirement, they don't set out expectations for what that collaboration should look like or achieve.

### 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.

## EARLY INTERVENTION PROVIDERS

- No information provided.

**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 than 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.

## DIVISION 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.

#### EARLY INTERVENTION PROVIDERS

- Need to check out the website and see how it works within what they do.
- SAMS (similar to HMIS) has had problems with them allowing them to see what other agencies are providing services to their clients. They say it's an info sharing problem but clients sign a waiver that info can be shared. Huge component of no wrong door. Need to have an NRS statute that info can be shared as long as client signs a liability. Need a way to move clients through the different types of services through one database, one assessment.

**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.

## DIVISION OF PUBLIC AND BEHAVIORAL HEALTH -DPBH

- Practical change to a NWD strategy, it's the same door. That makes it 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 then inviting providers to consult 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

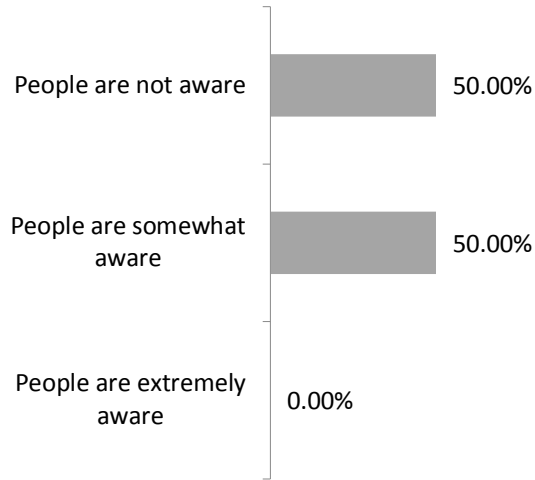
- Communicating between agencies. Have difficulty being able to speak about information because it's confidential.
- Agreed. Big issue isn't that the technology doesn't exist but it's the policy around privacy that prevent from data sharing (Health Insurance Portability and Accountability Act - HIPAA).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

#### EARLY INTERVENTION PROVIDERS

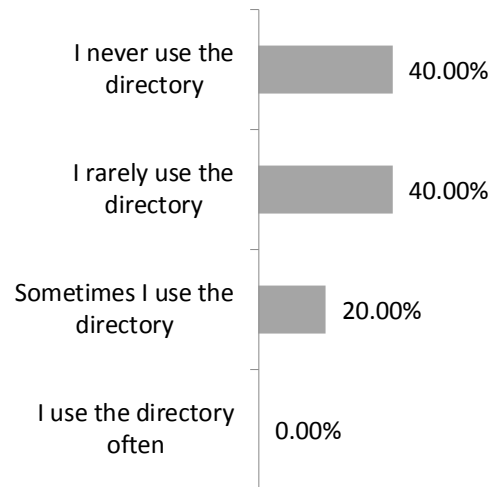
- Get all agencies to buy in and use the same system. Just one system for all agencies.
- Age gap between 55-60 needs to be addressed.
- Info sharing.

Focus Group – Aging and Disability Services Division – ADSD

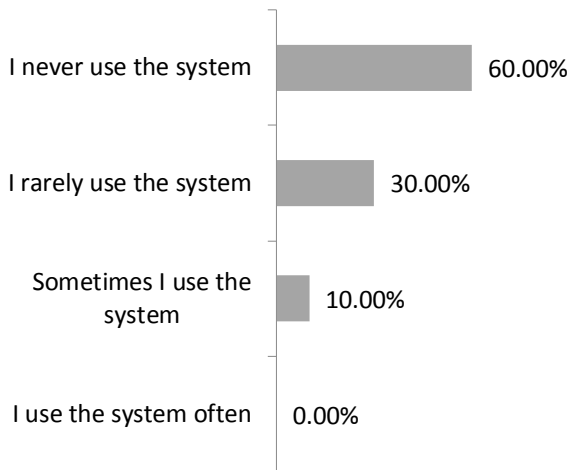
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=10)



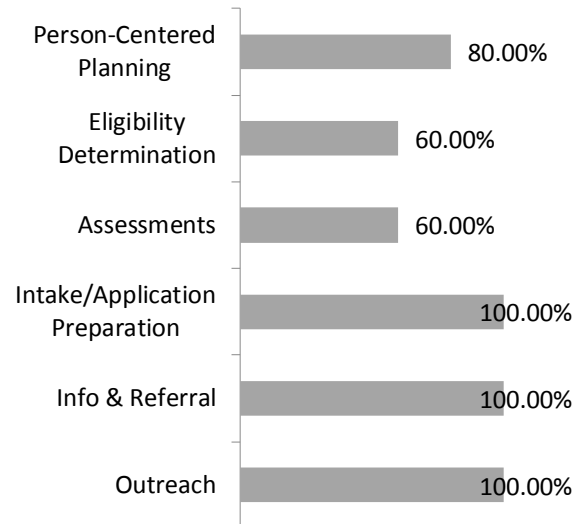
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=10)



**Do you use the 2-1-1 system?**  
(n=10)



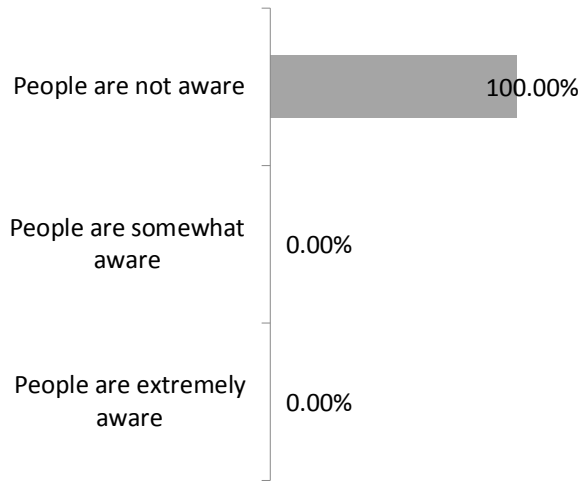
**Would you contribute to one or more on the NWD implementation activities?**  
(n=10)



Focus Group – Community Based Organizations

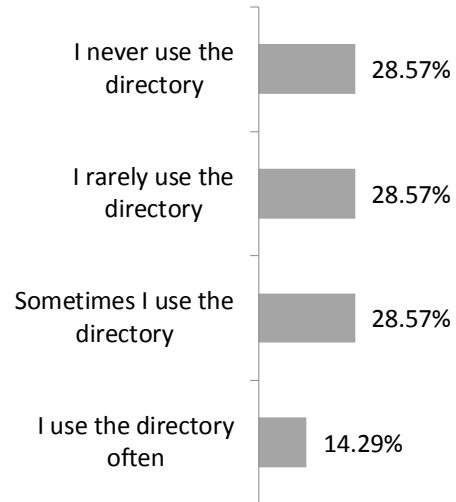
**How well do individuals and those that care for them know about LTSS services that are available?**

(n=8)



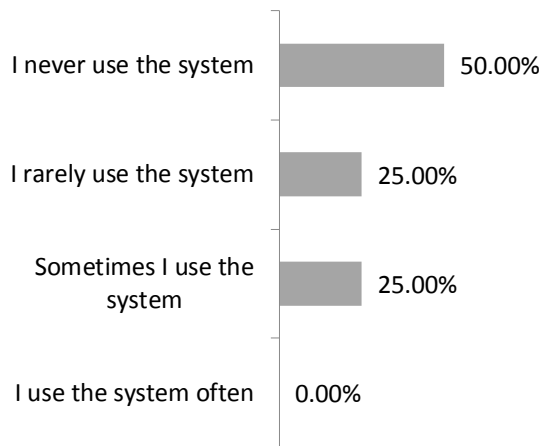
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**

(n=7)



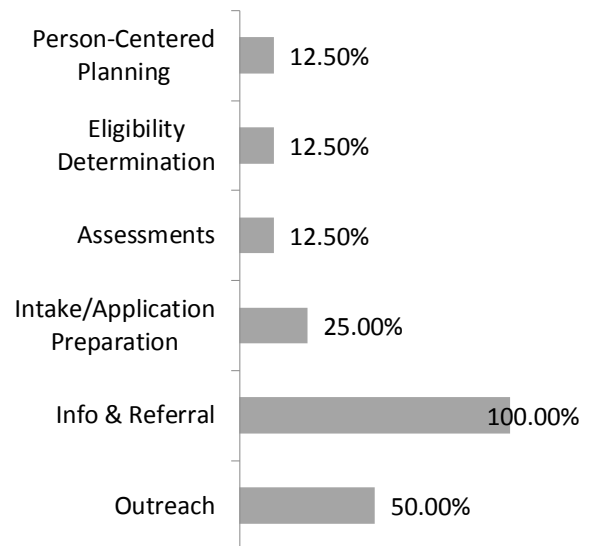
**Do you use the 2-1-1 system?**

(n=8)



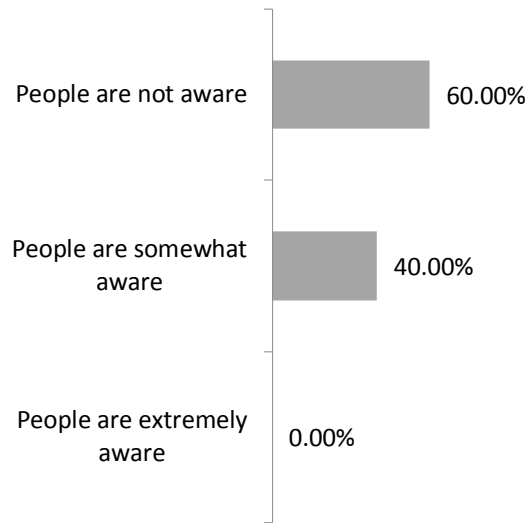
**Would you contribute to one or more on the NWD implementation activities?**

(n=8)

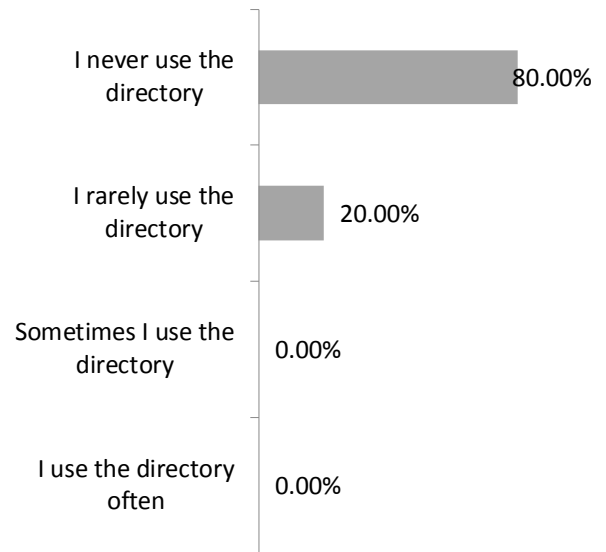


Focus Group – County Representatives

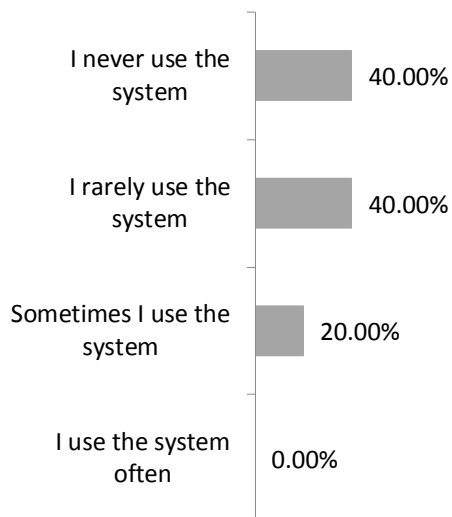
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(n=5)



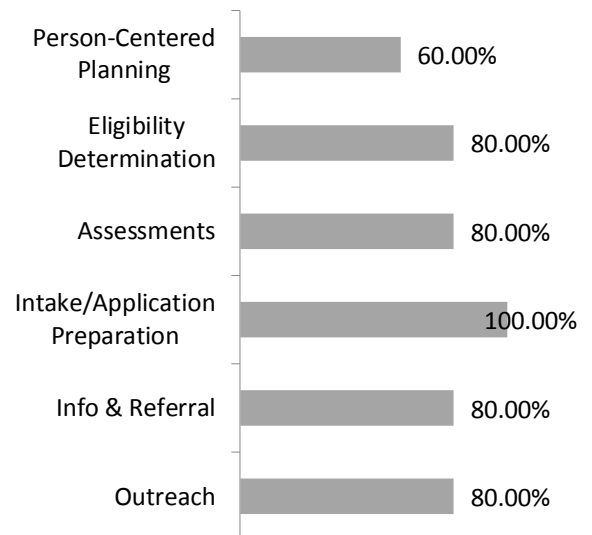
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(n=5)



**Do you use the 2-1-1 system?**  
(n=5)

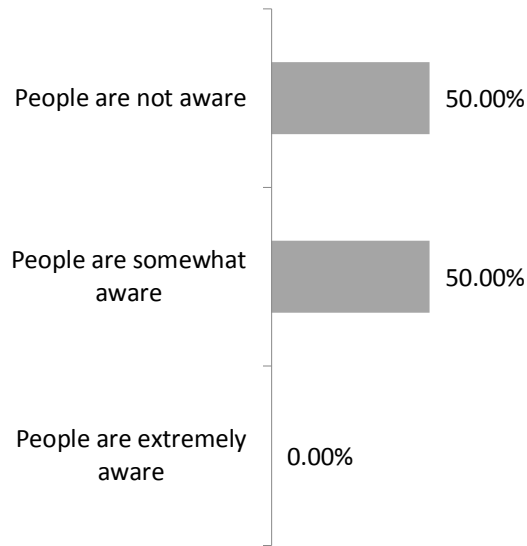


**Would you contribute to one or more on the NWD implementation activities?**  
(n=5)

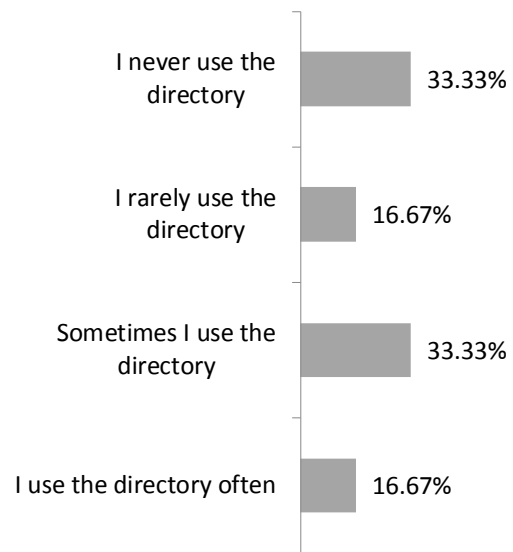


Focus Group – Division of Public and Behavioral Health

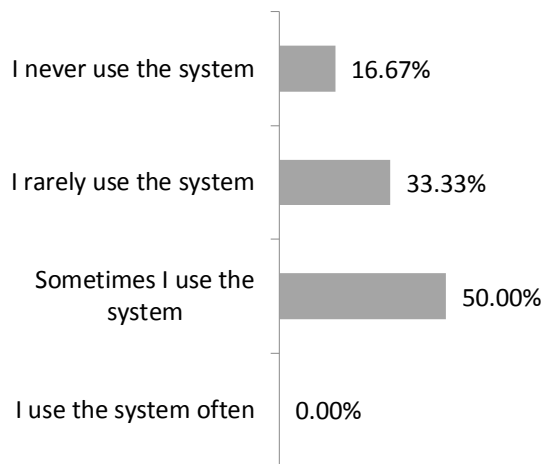
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=6)



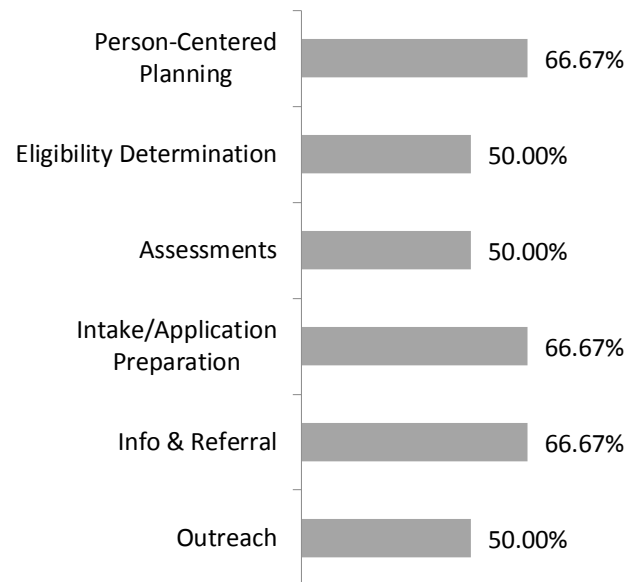
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=6)



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

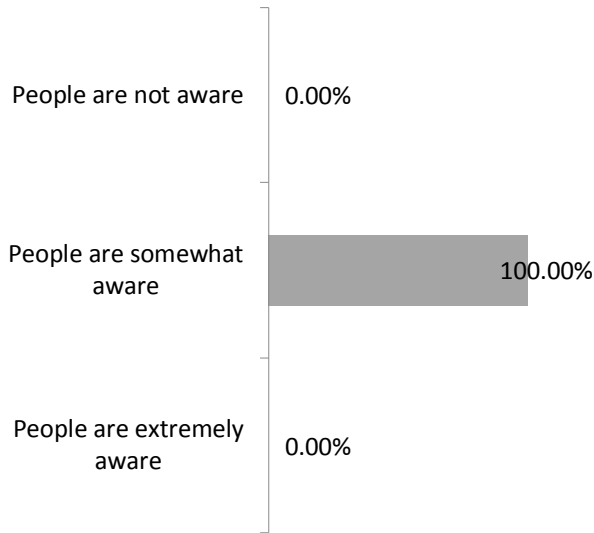


**Would you contribute to one or more on the NWD implementation activities?**  
(n=6)

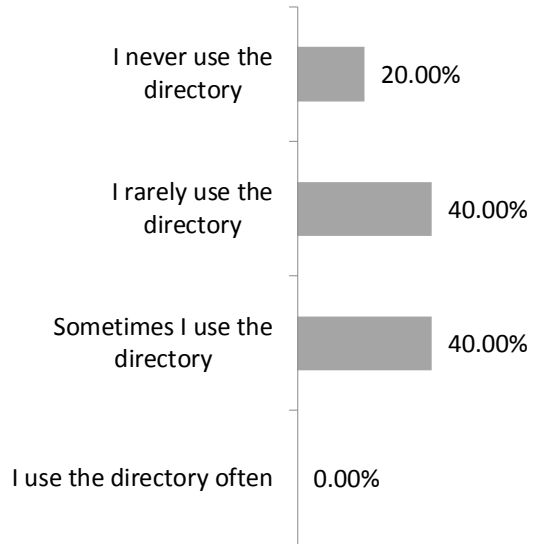


Focus Group – Food Banks

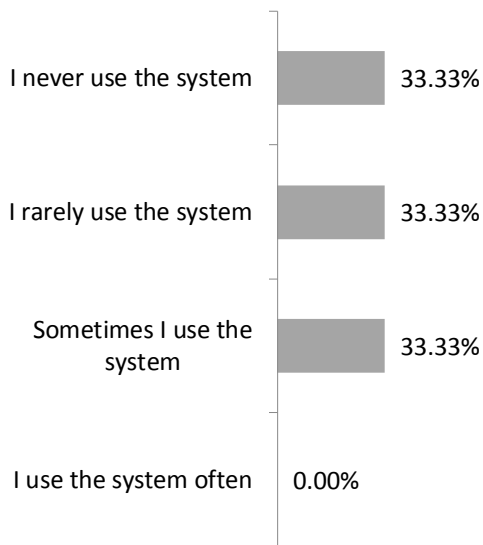
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=6)



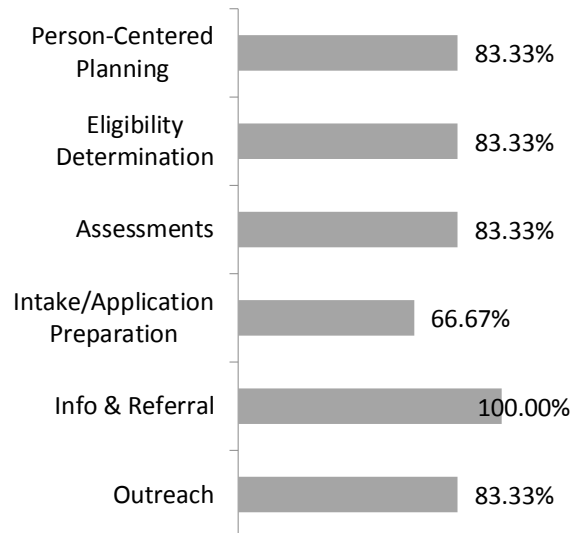
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=6)



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



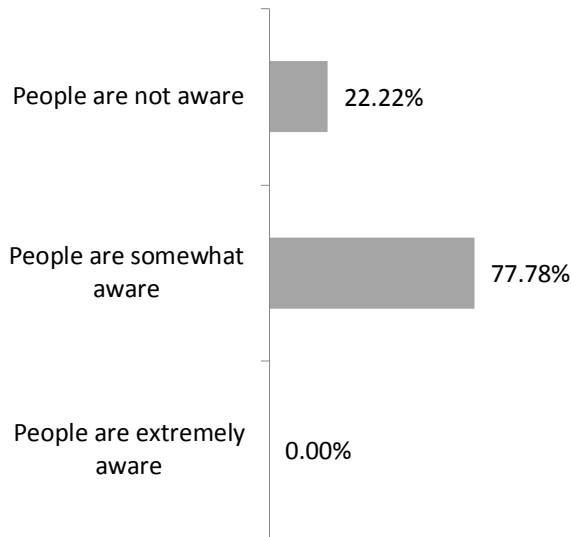
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(n=6)



Focus Group – Family Resource Centers

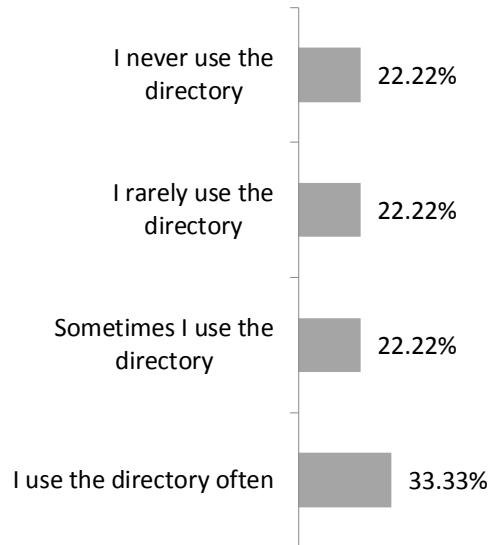
**How well do individuals and those that care for them know about LTSS services that are available?**

(n=9)



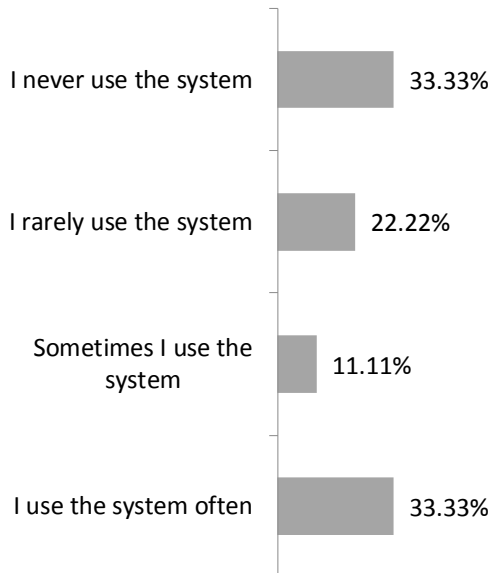
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**

(n=9)



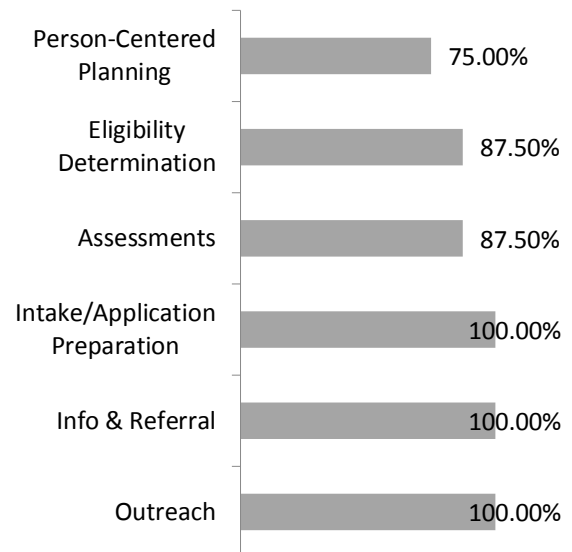
**Do you use the 2-1-1 system?**

(n=9)



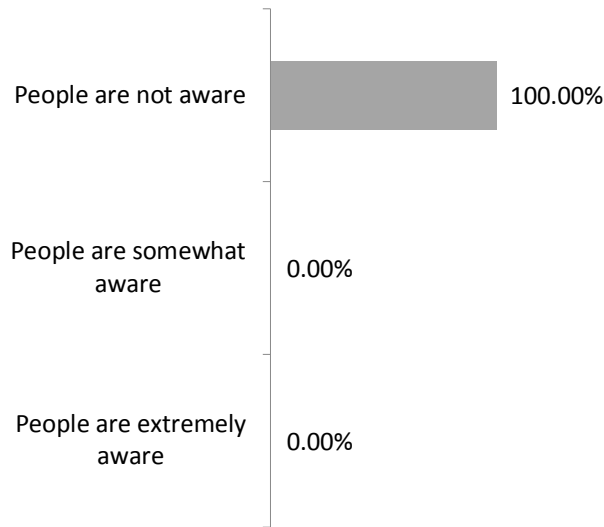
**Would you contribute to one or more on the NWD implementation activities?**

(n=8)

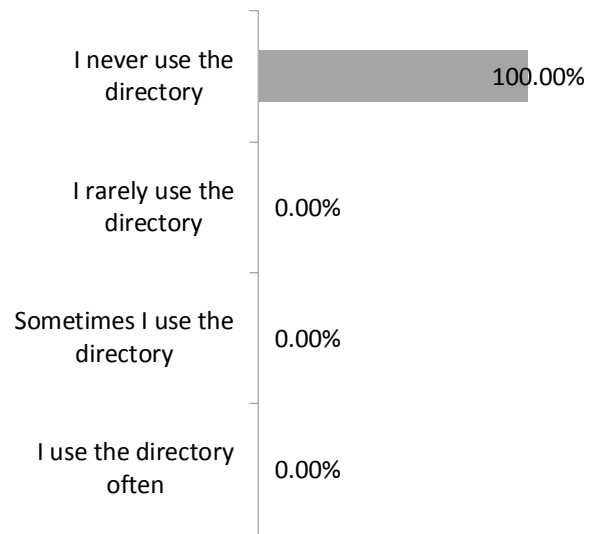


Focus Group – Jails and Prisons

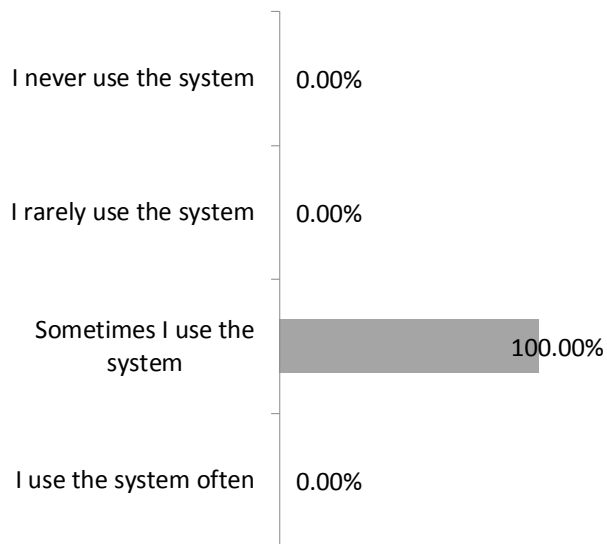
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=2)



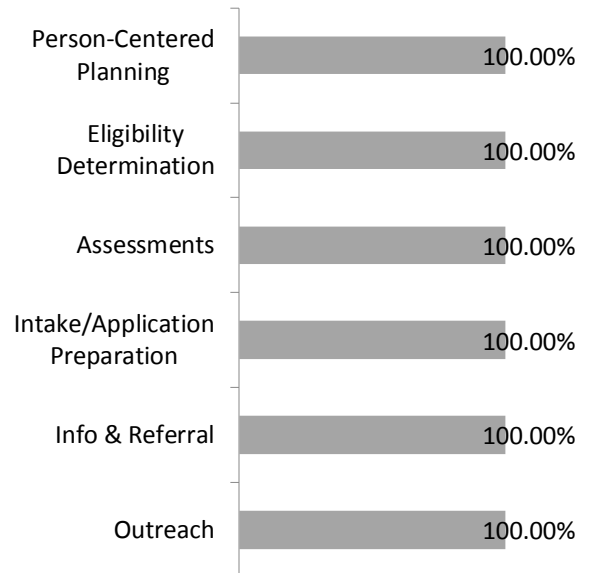
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=2)



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



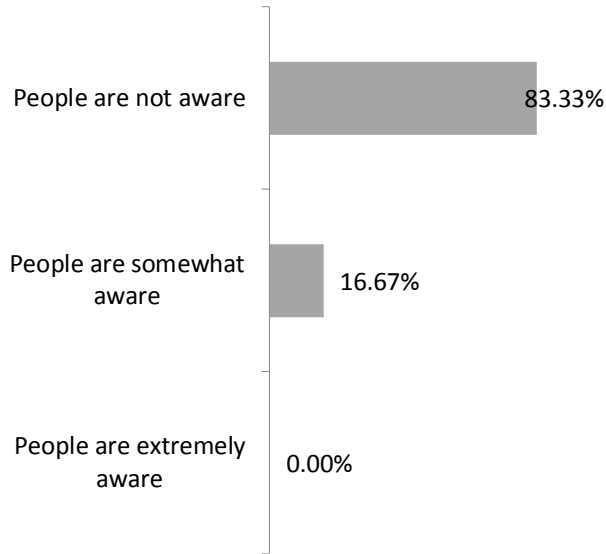
**Would you contribute to one or more on the NWD implementation activities?**  
(n=2)



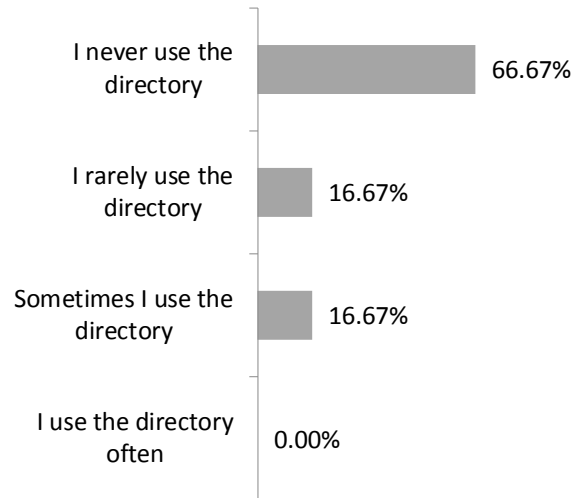


Focus Group – Residential Facilities

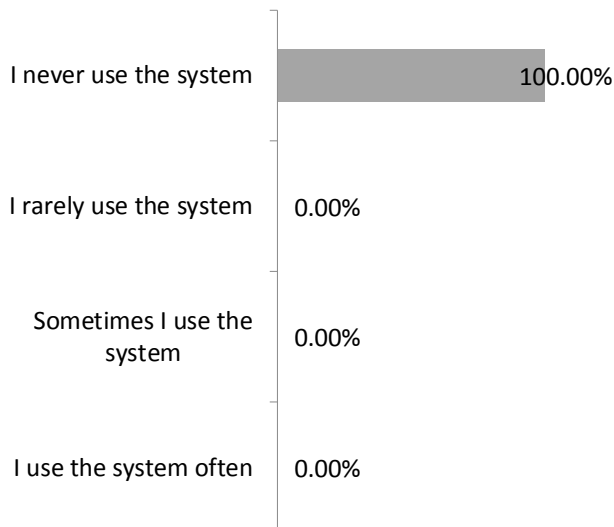
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=6)



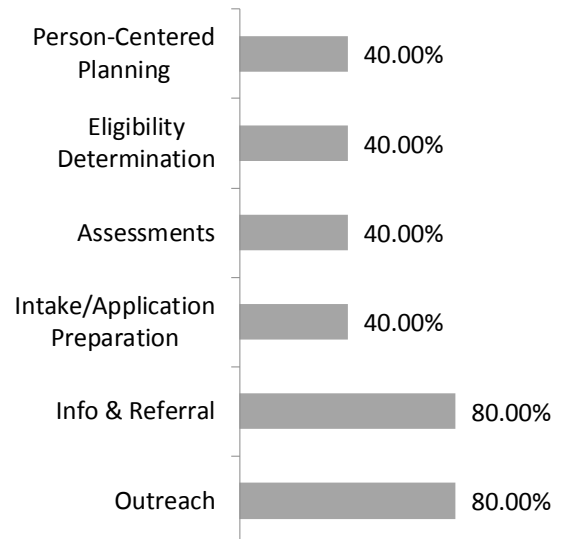
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=6)



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

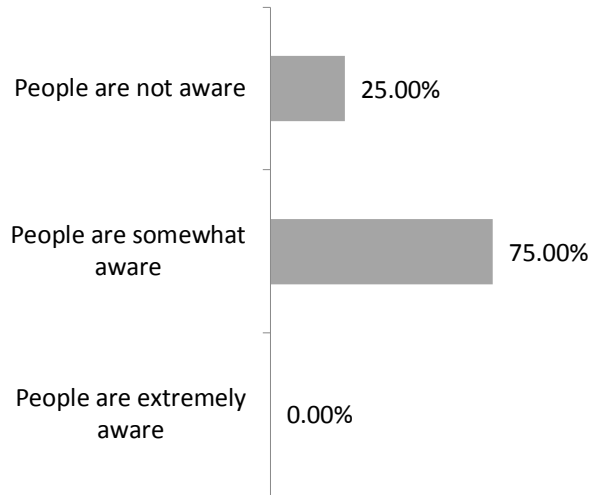


**Would you contribute to one or more on the NWD implementation activities?**  
(n=5)

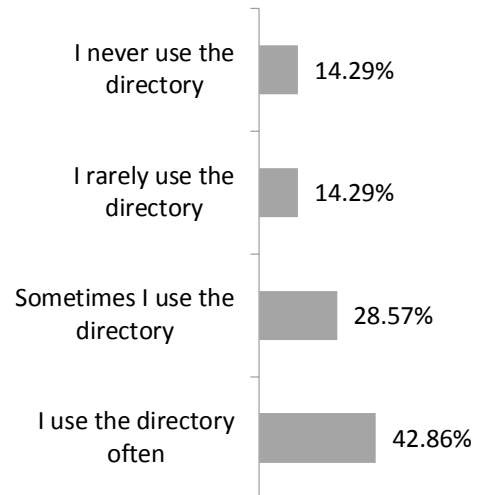


Focus Group – Senior Centers

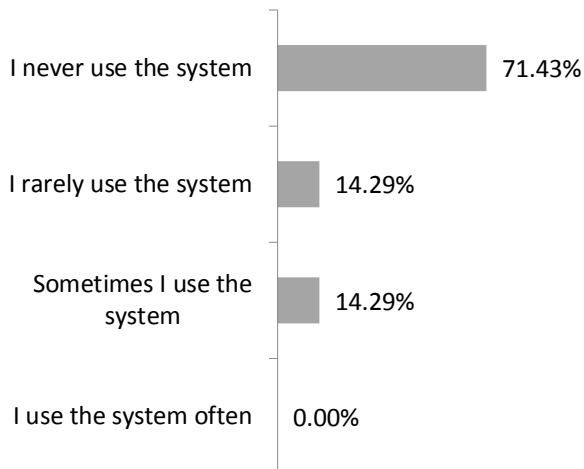
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=8)



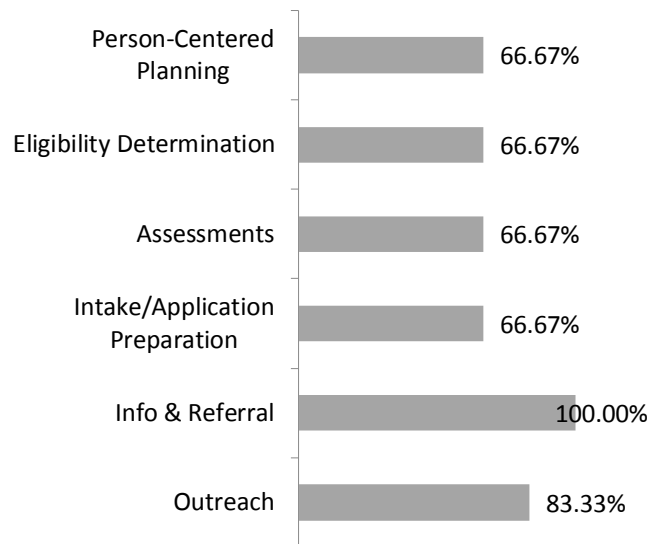
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=7)



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

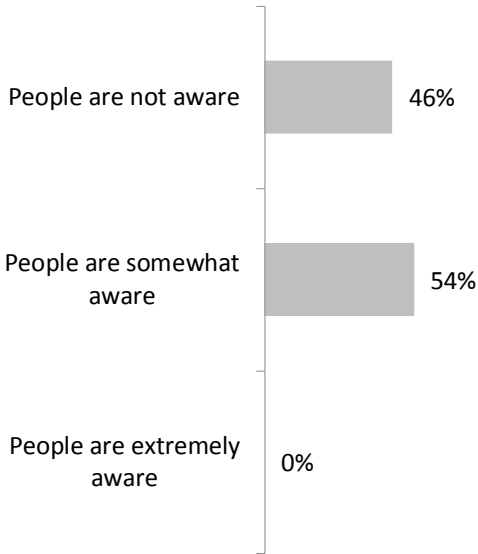


**Would you contribute to one or more of the NWD implementation activities?**  
(n=6)

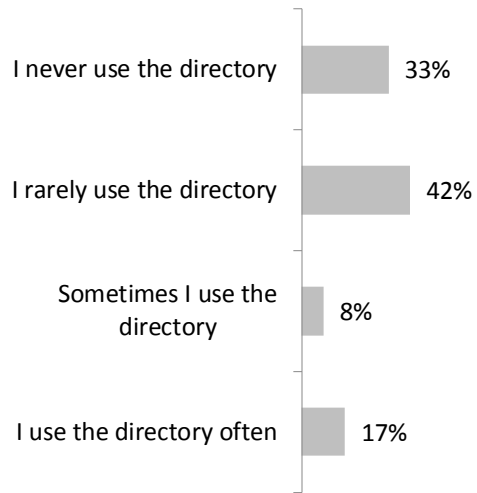


Focus Group – Early Intervention Providers

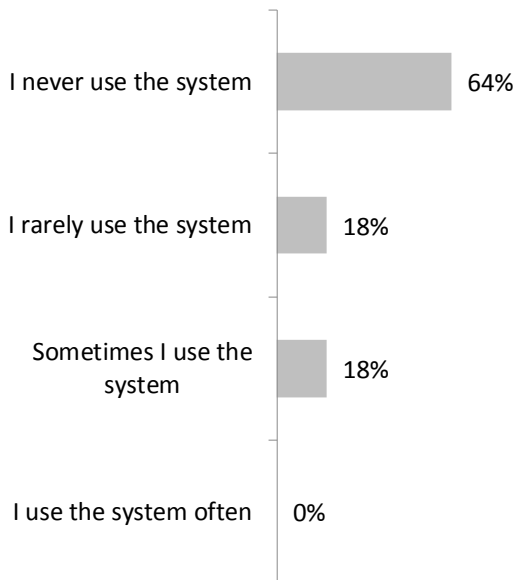
**How well do individuals and those that care for them know about LTSS services that are available?**  
(n=13)



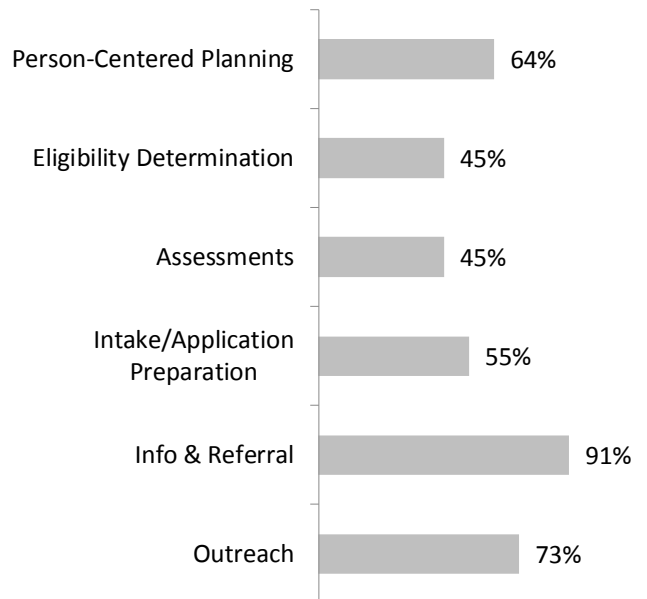
**Does your organization use the directory as the primary source for information regarding LTSS services and supports?**  
(n=12)



**Do you use the 2-1-1 system?**  
(n=11)



**Would you contribute to one or more of the NWD implementation activities?**  
(n=11)



## 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
<b>Medical and Health Services</b> (for example, services like skilled nursing, wound care)					
<b>Food and Nutrition</b> (for example, services like meal delivery, congregate meals, getting food)					
<b>Employment</b> (for example, services like job training, looking for employment)					
<b>Personal Care Services</b> (for example, services like assistance with bathing, dressing)					
<b>Homemaker Services</b> (for example, help with shopping, housework, managing finances)					
<b>Respite/Caregiver Supports</b> (for example, providing help or a break for caregivers)					
<b>Behavioral Supports</b> (for example services like behavior modification or autism treatment)					
<b>Education/Training</b> (for example, help managing chronic disease)					
<b>Housing</b> (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)					

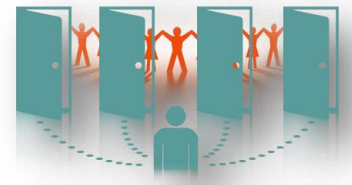
**We are also trying to understand how easy it was for you to find the help you needed and the extent to which you were provided choices about your care.**

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

<p><b>15. How significant of an issue is it to gain access to services in your community?</b></p> <p><input type="checkbox"/> This is a big issue – there are a lot of barriers to getting the help I need in my community.</p> <p><input type="checkbox"/> This is a moderate issue – there are issues that make it difficult and/or time consuming to get the help I need.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> This is not an issue – people can get help when they need it.</p>	
<p><b>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?</b></p>	
<p><input type="checkbox"/> 1 – Responds in the best way possible</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p>	<p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p> <p><input type="checkbox"/> 8</p> <p><input type="checkbox"/> 9</p> <p><input type="checkbox"/> 10- Responds in the worst way possible</p>
<p><b>17. Please list the one thing that works best for you in getting the help you need.</b></p>    	
<p><b>18. Please list your number one frustration with getting the help you need.</b></p>    	

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

# No Wrong Door Strategic Plan



## Town Hall Meetings Summary Report

Location:	Las Vegas	Henderson	Reno	Elko
Date:	August 11, 2015	August 11, 2015	August 13, 2015	August 17, 2015

### Methods

Town Hall Meetings were held with providers, consumers, and caregivers at four locations across the state; Las Vegas, Henderson, Reno, and Elko. The purpose of the town hall meetings was to gather feedback regarding the vision and mission of the No Wrong Door (NWD) Initiative as well as the critical issues identified as most significant to implementing a NWD system of care. Goals established to address those issues were also presented, and participants were provided with an opportunity to make their perspectives heard.

Town hall meetings lasted approximately 2 hours at each site. Each convening began with a description of the planned integration, the planning process, and an explanation of how the town hall meeting was relevant to integration efforts.

### Participants

LAS VEGAS						
TOTAL PARTICIPANTS	Consumer	Advocate	Provider	Caregiver / Family	Policy Maker	Multiple Designations
<b>33</b>	-	6	14	1	1	11
	Men:	6		Women:	27	
HENDERSON						
TOTAL PARTICIPANTS	Consumer	Advocate	Provider	Caregiver / Family	Policy Maker	Multiple Designations
<b>11</b>	-	3	4	-	-	4
	Men:	-		Women:	11	
RENO						
TOTAL PARTICIPANTS	Consumer	Advocate	Provider	Caregiver / Family	Policy Maker	Multiple Designations
<b>33</b>	-	6	17	-	3	7
	Men:	8		Women:	25	
ELKO						
TOTAL PARTICIPANTS	Consumer	Advocate	Provider	Caregiver / Family	Policy Maker	Multiple Designations
<b>15</b>	-	3	11	-	1	-
	Men:	1		Women:	14	



## Summary of Town Hall Meeting Feedback

Information was solicited from participants regarding the vision and mission of the NWD Initiative as well as the critical issues and corresponding goals established in order to implement a NWD system. As such, the feedback received is categorized below within each of these categories.

**Vision:** Participants were asked to respond to the vision of NWD Initiative, providing information regarding whether the statement was an inspiring view of the future that Nevada should be working toward. Suggestions included:

- Consider adding family members to the vision to acknowledge them as an integral part of the service delivery system.
  - Families are there for the long-haul.
  - Families provide the majority of supports to individuals needing LTSS services.
- Reconsider using the language “long-term.” This is a very subjective term, and people may not associate with the language if they don’t see (or their loved ones) as needing ‘long-term’ services. It may also be a difficult term to accept for those just coming to terms with their circumstance. Options offered as alternatives included: ongoing, for as long as services are needed.
- Consider changing the term “needing” to “seeking.” This suggestion was made in an effort to acknowledge that they system will not be able to serve everyone, but rather those seeking services.
- Consider changing the term “easy.” Options offered as alternatives included: complete, coordinated, user-friendly, streamlined, available.
- Consider swapping “maximize” for “promote.”
- Consider adding “available” or “better” in front of the word “services” to acknowledge the realities of services gaps (especially in rural areas).
- Consider adding “correct” in front of the word “information.”
- Participants appreciated the use of the phrase “independence, choice and dignity”. There was a suggestion to change the order to place independence last as this concept is not one that can be realized by all consumers. There was also a suggestion to add the term “sustain” in front of the word “independence.”
- There was a concern that the vision may making “a promise that the state cannot keep.”
- Vision doesn’t address the lifespan concept. Consider using the language “any Nevadan” or “Nevadan’s needing services”
- Consider adding language that recognizes providers in the process.
- Consider adding the term “quality” in the vision statement.

### Vision

*Nevadans needing long-term services and supports have easy access to information and services that maximize independence, choice and dignity.*

- Rephrasing Suggestion: Nevadans seeking long term services and supports have services and information readily available that maximize dignity, choice, and independence.

### Recommendation

*Nevadans with functional limitations and the family members that support them have timely access to correct information and quality services that promote choice, dignity, and independence.*

**Mission:** Participants were asked to respond to the mission of NWD Initiative, providing information regarding whether the statement was an accurate description of what a NWD system should do in Nevada. Suggestions included:

- Change the term “Nevada’s social service system.” Many people in multiple town hall meetings had a different understanding of what this communicated. Some felt like it described only public systems, and others felt like it spoke only to those systems that served income-eligible populations. Others felt that there is often a stigma associated with participating in a “social service system” and that use of an alternative term may make the mission more consumer-friendly. Options provided included:
  - “Nevada’s medical, health and social service system”
  - “Community services system”
- Concepts that were not included in the mission statement that folks wanted to see represented included:
  - Elimination of waitlists / timely services
  - Identification of individuals who need services
  - Establishment of stronger partnerships and coordination amongst services providers and the community.
  - Simplified
- Consider using the term “integrated, streamlined, or simplified” in place of “unified.”
- Consider swapping “meaningful” to “individualized, useful, productive, or tangible.”
- Consider incorporating the guiding principle terms within the mission to reinforce their importance.
- Rephrasing Suggestion #1: The No Wrong Door Initiative will ensure that every person seeking supportive services will receive assistance that meets their individual needs.

### Mission

*The mission of the No Wrong Door Initiative is to unify the entry into Nevada’s social service system and ensure that every individual is on a direct path to receive meaningful assistance that meets their needs.*

### Recommendation

*The mission of the No Wrong Door Initiative is to streamline access to services and ensure that Nevadans receive individualized care that meets their needs.*

**Critical Issues & Corresponding Goals:** Participants were asked to respond to each of the following critical issues and corresponding goals, providing information as to whether the issue was an accurate account of the current situation and one that should be prioritized for action through integration efforts.

Participants generally agreed with the critical issues and corresponding goals. Comments received involved either an expansion of the concept or ideas for implementation. Feedback is provided in the table on the following page.

	<b>Critical Issue</b>	<b>Corresponding Goals</b>	<b>Participant Feedback</b>
Public Outreach and Links to Key Referral Sources	<p><b>Resource Information:</b> Nevada’s Care Connection and 2-1-1 system is not currently being utilized as the premier sources of information about community resources.</p>	<p>#1: Engage and inform consumers, caregivers, and providers in the NWD system to develop support for the initiative and increase access to care.</p>	<ul style="list-style-type: none"> <li>• When developing outreach materials, there should be consideration given to                             <ul style="list-style-type: none"> <li>- developing materials that are accessible to individuals with functional limitations (i.e. producing materials in braille, etc.)</li> <li>- developing materials that are culturally competent</li> <li>- establishing materials in Spanish</li> </ul> </li> <li>• In implementing the outreach associated with NWD, the state should consider utilizing community stakeholders, including affected families, as the “brand promoters” to effectively reach local consumers.</li> <li>• Outreach in rural areas is going to have to focus on strategies other than providing information on the internet.</li> <li>• Outreach should not only focus on where to get services, but should help people identify that they have a need.</li> <li>• There was a concern noted that outreach has to be tempered with the availability of services. If more people know about services, but more services are not made available, increased backlogs and waitlists will be the only result.</li> <li>• There needs to be ongoing and consistent efforts to informing service providers about other referral sources.</li> </ul>
	<p><b>Community Partnerships:</b> There is not a comprehensive network of LTSS service providers and referral agencies that work in a consistent, coordinated fashion.</p>		
	<p><b>Outreach &amp; Awareness:</b> Many providers, consumers, and the public do not have adequate knowledge about resources that are available.</p>		

	Critical Issue	Corresponding Goals	Participant Feedback
Person-Centered Counseling	<p><b>Consistency:</b> Person-centered counseling (PCC) is not being implemented consistently within organizations or between organizations. Furthermore, only a limited number of organizations are implementing PCC.</p>	<p>#2: Implement high quality person-centered planning across agencies based on established standards.</p>	<ul style="list-style-type: none"> <li>• There was a recommendation that beyond the PCC approach, that the system really needed navigators to assist families by providing hands-on support to access care throughout the system.</li> <li>• Participants suggested adding a training component for consumers, so that they understand what to expect from PCC.</li> <li>• Efforts to support and equip agencies, systems and individuals to implement PCC should be done with everyone at the same time (not separating efforts between public systems and community based organizations). There was also a recommendation to include schools in the training.</li> <li>• There was a recommendation to be thoughtful about the language used to describe this issue/goal. A recommendation was made to use the term “person-centered approach” throughout the strategic plan document and within the narrative associated with implementation efforts.</li> <li>• There was some concern identified by providers about the emphasis on self-directed care. These providers believed that this service approach was not appropriate for all consumers.</li> <li>• One participant noted that PCC needs to incorporate parents when the consumer is under age 18.</li> <li>• There was a desire to ensure an accountability framework associated with implementation of PCC.</li> <li>• Participants reiterated the need for <i>quality</i> training to support PCC. Furthermore, they noted that everyone within the implementing agency needs to be oriented to PCC, not just those that are delivering it (to ensure understanding and support).</li> <li>• Follow-up is a big concern. PCC needs to address follow-up with clients.</li> </ul>
	<p><b>Training:</b> There has been limited training provided regarding person-centered counseling.</p>		
	<p><b>Staff Resources:</b> There are not enough staffing resources to fully implement person-centered counseling.</p>		

Critical Issue		Corresponding Goals	Participant Feedback
			<ul style="list-style-type: none"> <li>PCC providers need to make sure to identify unpaid and natural support systems available to/with their clients.</li> <li>One participant requested that PCC's need to follow an individual throughout their lifespan.</li> </ul>
Streamlined Access to Public Programs	<p><b>Intake &amp; Eligibility Practices:</b> Consumers currently are required to complete multiple applications with various agencies to access care.</p>	#3: Improve access and availability to long term services and supports.	<ul style="list-style-type: none"> <li>Participants suggested tracking the cost savings with implementation of person-centered care and coordination efforts as a means to support ongoing funding.</li> <li>Consider including county and community based providers in developing MIS system.</li> <li>MIS system development needs to take into considerations the challenges of internet connectivity in the rurals.</li> <li>Models for an integrated MIS system that participants noted included: <ul style="list-style-type: none"> <li>- HMIS</li> <li>- Clarity</li> <li>- Epic Program/System</li> </ul> </li> </ul>
	<p><b>Service Availability:</b> There is a significant gap between the needs of the population and the availability of services to meet those needs.</p>	#4: Develop an integrated information technology (IT) system to improve access for consumers and improve efficiencies across programs and providers.	
Governance & Administration	<p><b>Governance:</b> Beyond the NWD Advisory Board, there is no entity that provides governance and leadership to support a coordinated system of care.</p>	#5: Establish a governing board to guide, promote, and ensure success of NWD in Nevada.	<ul style="list-style-type: none"> <li>Participants identified groups that needed to be a part of the governance board. These groups included: <ul style="list-style-type: none"> <li>- Veterans/Veterans Administration</li> <li>- Advocates (that are not affiliated with a particular agency/service provider)</li> <li>- Consumers &amp; Family Members</li> <li>- Representative from existing community coalitions (i.e. Healthy Communities Coalition, Rural Provider Coalition, Human Services Network, etc.)</li> <li>- Transportation Entities</li> <li>- Other suggestions offered by a single individual are listed in the Other Comments Section.</li> </ul> </li> </ul>
	<p><b>Policy:</b> Agencies may have policies that are not aligned to the NWD framework, making partnership and full participation improbable.</p>		

Critical Issue		Corresponding Goals	Participant Feedback
	<p><b>Financing:</b> There are not enough financial resources to fully implement NWD. Additionally, there are areas connected to NWD implementation that if not sufficiently funded could jeopardize the success of NWD efforts.</p>		<ul style="list-style-type: none"> <li>• There was a desire to see the governance structure include CQI efforts, be transparent, and use a ranking/report card system.</li> <li>• There was a desire to see community-based providers as “open doors” in the establishment of a NWD approach.</li> <li>• There was a recommendation that the governance and oversight needs to incorporate publishing waitlists to hold the system accountable.</li> <li>• Suggestions for “Key Champions”: <ul style="list-style-type: none"> <li>- Senator Debbie Smith</li> <li>- Assemblywoman Teresa Benitez-Thompson</li> <li>- Laura Coger, Consumer Direct</li> <li>- Kathryn Hooper, Fire Dept.</li> </ul> </li> </ul>
	<p><b>MIS System:</b> LTSS providers are mostly using different systems to track consumer information including service and outcome data.</p>		

**Other Comments:** Participants were asked if there were any other ideas or concerns in regards to implementing a NWD system within Nevada.

- **Specific Modification Requested to Plan item 3.1.2.** *Develop issue paper that includes recommendations on veterans, seniors, and individuals with special needs. Add the word disabilities. Replace or at least add disabilities. Individuals or youth with special needs do not describe persons with disabilities.*
- **There was a concern that workforce investment is not addressed in the plan.** Participants noted the deficiency of providers to deliver services, and the low-pay associated with LTSS service provision.
- The plan is not specific or measurable. The strategic plan approach focuses on the end-game and doesn’t give sufficient consideration to the starting line.
- “We have a concern about hidden populations, those that are not officially disabled, but have multiple, complex needs. Examples include those with diabetes, but don’t have access to a grocery store and shop at 7-11. Those that are becoming weaker, but that may be in denial, and those that are unable to obtain medications.”
- There was a concern identified around the use of the term “Person Centered Counseling”. There was a recommendation to differentiate between person-centered counseling, person-centered thinking, person-centered approach and person-centered planning.

- Senior Service Providers meet on a quarterly basis. This may be a good model to look at when establishing mechanisms for LTSS providers to share and connect with one another.
- Participants in the Elko group wanted to make sure the Advisory Board knew that service availability varies greatly amongst rural populations.
- Change reference to “consumer/client” to “individual needing LTSS”
- One participant provided significant input on the make-up of the governance board which included the following:
  - Medical Community (doctors, nurses, therapists, social workers, counselors and psychologists, and/or rep from their boards of examiners)
  - School District Representation
  - University staff (support for training and curriculum development and workforce development)
  - The Governor’s Council on Developmental Disabilities, Sherry Manning, ED.
  - Self-advocacy groups: Brain injury association, People First, and others.
  - Homeless Shelter(s) Programs/Consumers.
  - Preschool Programs - hook children up to services before the whole family is in crisis. From personal experience, THIS could be the ticket to preserving family integrity in the face of long-term illness and disability of a child.
  - Community! There are dozens of organizations out there just waiting for opportunities to be of “services”: 20/30 clubs, churches, youth groups/programs, Rotary, Elks, Kiwanis Clubs, etc.,
- “Public agencies have tried to find placements for people that need nursing home care, but what they encounter are no Medicaid vacancies (beds) available. This means that the care they receive in the community may be inadequate and possibly placing them at risk.”
- “There is a pent up demand for long term care, including nursing home care, and that short of more strict eligibility requirements there will be an increased demand for State funded nursing home care – and all other care options including group homes, assisted living and in-home care – regardless of any strategies the state puts in place.
- “State policies and strategic plans are trumped by license laws/practice acts that restrict providers and dictate what they can and cannot do...In my professional experience, it’s the license practice act (found in NRS codes and sometimes NAC) that can be the biggest barriers. Case in point is the recent battle between a parent and the WCSO over a little girl’s meds. The school district first pointed to the nursing board as the hold-up in approval. The hold-up was school district policy, but the fact that the nursing board had to approve it demonstrates the impact.”
- “This research supports Personal Care Association of NV request to increase provider reimbursement.”
- “Caregiver Voices- still need to address what NWD will do to recruit and properly compensate caregivers in NV.”

- Consumer Direct provided direct feedback on the report, noting that it could help in implementing PCC:
  - “NV could potentially have providers do PCC or contract out provider for PCC-planning/options for PCC so that services could be provided consistently, and tracking possible-as the only statewide provider of personal care and specialist in Self Directed care and Person Centered planning, Consumer Direct would be ideal to provide PCC and Outreach to educate public statewide of PCC and LTSS availability.”