

ADSD - No Wrong Door Strategic Planning Research on State Approaches to NWD Implementation

SOUTH CAROLINA STATE

Initiated Implementation Efforts in 2007

Identified the need to develop a NWD approach to services with implementation efforts led by the Joint Council on Children and Adolescence. The council was comprised of representatives from the state departments of mental health system, alcohol and substance abuse, juvenile justice, social services, disabilities and special needs, and the Governor's Office of Continuum of Care. Also represented were the SC Faces and Voices of Recovery, Federation of Families of South Carolina, National Alliance of Mental Health – SC, South Carolina Primary Health Care Association, and two parents of children with serious mental illness. OK State focused their initial efforts on youth.



2007

Established Key Elements of NWD Project

- o Creation of an electronic common screening tool
 - Identified youth with substance abuse and mental health issues that required follow-up services
- o Developed 10 core competancies for child and adolescent service providers which drive training efforts
 - Training was conducted primarily through a train the trainer method through the use of webinars
- o Developed policies and procedures that could be implemented across systems and providers
 - Developed using representatives from 5 youth and adolescent service providers
- o Establishment of a monitoring and evaluation component

2008

NWD was implemented at 8 pilot sites.

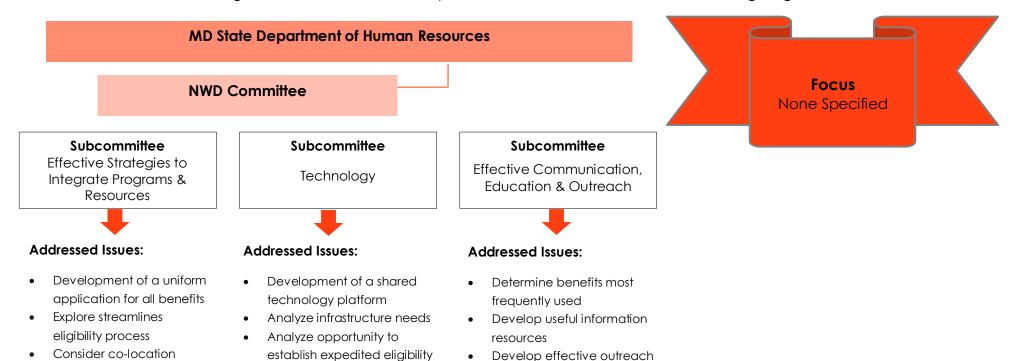
2009

NWD was implemented statewide.

MARYLAND STATE

Initiated Implementation Efforts in 2009

Identified the need to develop a NWD approach to services through a non-formal public private forum that was started in 2009. Efforts were later formalized and organized under the state's Department of Human Resources in 2010 through legislation.



strategies, including partnerships

with community partners, and

multiple community based

access points.

In 2011 the NWD Committee provided specific recommendations to the legislature for consideration after a thorough review of the issues described above.

The 2015 Legislature is considering a bill which would pilot a NWD project.

hotline

Enhance or develop new

case mgmt. system

Develop consolidated

Analyze implementation

Create cultural shift

barriers

OKLAHOMA STATE

Initiated Implementation Efforts in 2007

In 2007, the OHCA began its journey to establishing a No Wrong Door system through initial efforts to establish an online enrollment function for potential public healthcare beneficiaries. The application system went "on-line" in 2010, after significant study, testing and refinement. Implementation efforts also involved transitioning eligibility functions from one state entity to another.



Workgroup

Systems workgroup addressed programming/data issues

Workgroup

Application workgroup designed an application "wireframe"

Workgroup

Infrastructure/Operations workgroup addressed issues such as establishment of telephone help desk and correspondence units.

Goals:

- 1. Provide 24-7 access to healthcare enrollment.
- 2. Allow potential members to know instantly if they are eligible and enroll them into a medical home.
- Educate members about healthcare <u>and</u> other state benefits that they could be eligible for.
- Reduce time taken to conduct face-time interviews, data entry and to reduce errors.
- 5. Initiate interagency multiple eligibility site for all state services.

Major Components of NWD System:

- Establishment of an online application Established crisis evaluation mechanism to allow system to generate an immediate ID# and pre-authorization for services.
- Developed a call center A 2-tiered system was developed which:
 - Tier 1: an outside vendor was responsible for screening and resolving non-complex calls.
 - Tier 2: OHCA would handle the complex cases for resolution.
- CQI efforts were created An ROI study was conducted annually and performance metrics were developed and tracked against performance.



Focus

Public Health Care
Beneficiaries

PENNSYLVANIA STATE

Initiated Implementation Efforts in 2014.

PA Link to Aging and Disability Resources

NWD Committee

Subcommittee

Public Outreach Team



Addressed Issues:

- Development of a uniform application for all benefits
- Explore streamlines eligibility process
- Consider co-location
- Analyze implementation barriers
- Create cultural shift

Subcommittee

Person Centered Counseling Team



Addressed Issues:

- Development of a shared technology platform
- Analyze infrastructure needs
- Analyze opportunity to establish expedited eligibility
- Enhance or develop new case mgmt. system
- Develop consolidated hotline

Subcommittee

State Governance Team



Addressed Issues:

- Determine benefits most frequently used
- Develop useful information resources
- Develop effective outreach strategies, including partnerships with community partners, and multiple community based access points.

Each team was tasked with a 1-year planning process which included:

- Analyzing metadata
- Engaging stakeholders
- Develop draft plan to address each assigned goal
- Solicit input
- Establish final plan for executive approval

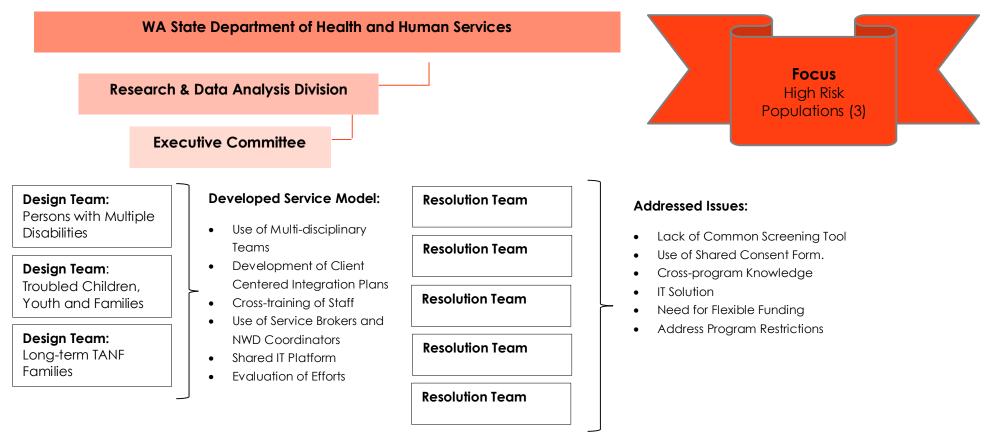
The final plan is due September 15, 2015.



WASHINGTON STATE

Initiated Implementation Efforts in 2001

Identified the need to develop a NWD approach to services under the WA State Department of Health and Social Services. The Research and Data Analysis (RDA) Division within DSHS provided the oversight. WA State focused their initial efforts on three high-risk populations which included: 1) Persons with multiple disabilities, 2) Troubled children, youth and families, and 3) Long-term TANF families.



Pilot Implementation: 7 sites implemented focused services with a total budget of approximately \$600,000 per year over a 4 year period of time.

Full Implementation: As a result of initial efforts, the state developed 3 Integration Initiatives:

- 1) Coordinated Services Charter, which expanded efforts to other state agencies, service contractors and community providers
- 2) Family & Communities Together, led by economic services unit and children's administration focusing on prevention efforts
- 3) Medicaid Integrations Project, led by the Medical Assistance Administration, ADS, and Health and Rehabilitation Services to focus on providing services to the frail elderly and disabled.