

Abstract

The Colorado Department of Health Care Policy and Financing (HCPF), along with the Colorado Department of Human Services State Unit on Aging (SUA), Office of Behavioral Health (OBH), and Division of Vocational Rehabilitation (DVR), will work with key stakeholders to create a three-year statewide plan for the development and implementation of a No Wrong Door (NWD) system. Colorado's **goal** is to create a comprehensive access point for all long-term services and supports, regardless of disability or pay source. Major **objectives** include: increase awareness and ease of access to reliable public and private information, through an effective, visible, and responsive NWD system; provide person-centered options counseling; and simplify and streamline access to all LTSS programs. The **outcome** of this process will be the development of a three-year plan that details the implementation of a statewide NWD system. This three-year plan will aim to increase the accessibility of community LTSS by making it easier for individuals to learn about and be linked to services; create a community LTSS enrollment system with increased uniformity across the State in terms of how individuals are evaluated for services and how these services are accessed; and allow for a more streamlined system from the perspective of an individual's experience and the manner in which information is collected and exchanged between relevant agencies in the NWD/SEP system. The expected **product** will be the three-year implementation plan, which will be disseminated through submission to the Administration for Community Living (ACL), advisory committee and other stakeholder group networks, and will be posted on State websites.

Colorado LTSS No Wrong Door Project Narrative

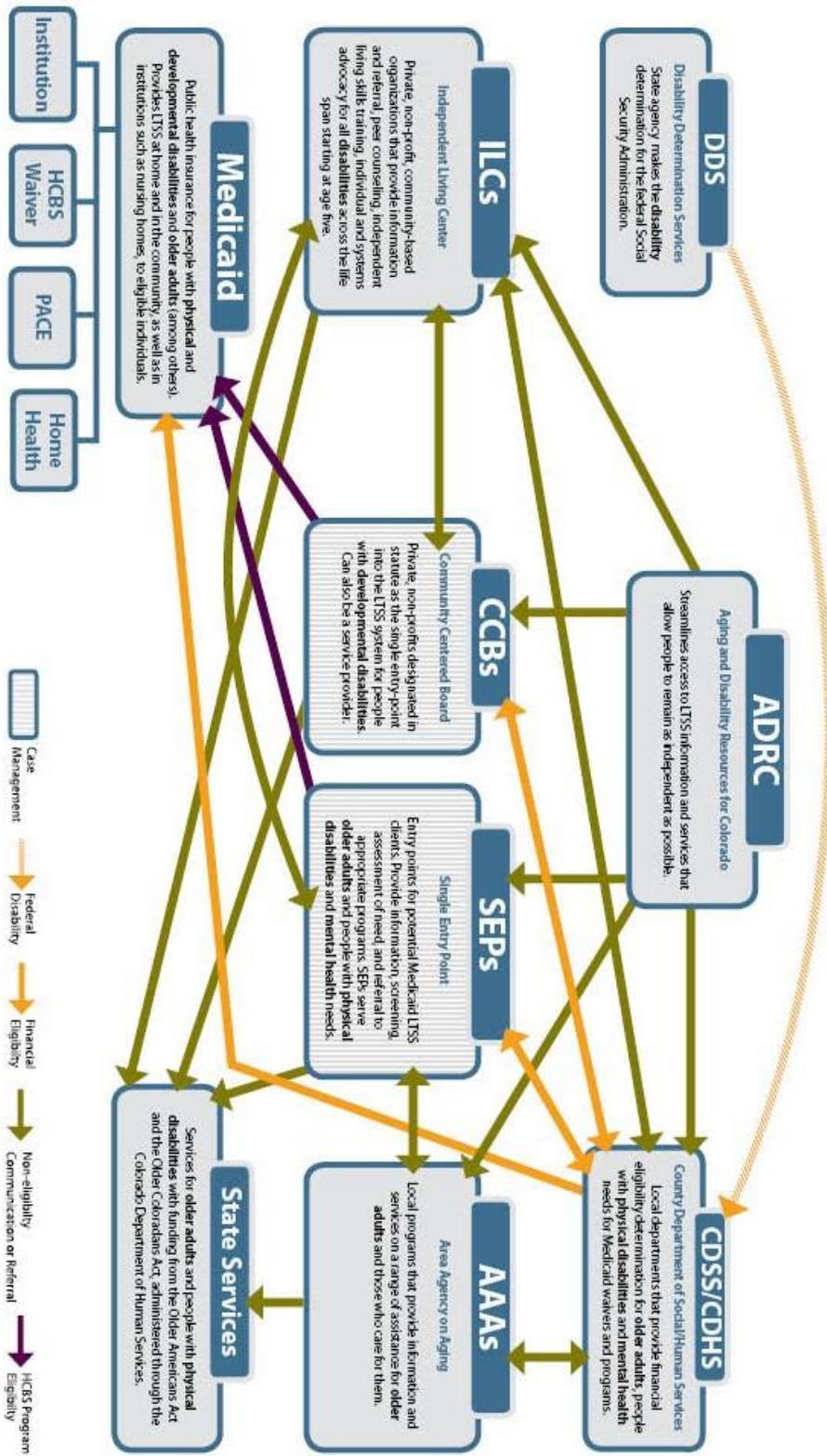
Problem Statement:

Colorado's long-term services and supports (LTSS) system operates with little communication between organizations. While Colorado has long been a leader in providing LTSS, the current system is often confusing and unpredictable. It has expanded over time to incorporate needs, services, waivers or populations, always with the best of intentions, but often at the expense of a cohesive, efficient system.

Gaps in the Current System

Theoretically, Colorado operates a "no wrong door" LTSS access system. However, it often takes many wrong doors to find the correct door. For example, a consumer with a physical disability may first approach her local independent living center (ILC). The ILC helps her find temporary services, but suggests she visit the local community-centered board (CCB) because it appears she may be eligible for Medicaid; CCBs only serve people with developmental disabilities, so they send her to the single entry point (SEP). There, she undergoes an assessment for Medicaid and is deemed functionally eligible. She must submit her own financial application to the county department of human services, where it may take months to receive an answer. In this one case, a consumer has encountered four agencies and numerous representatives to access the services she may need. The LTSS Puzzle, Figure 1, illustrates the actors in the system and the complexity that individuals must navigate to access LTSS in Colorado.

Figure 1 - LTSS Puzzle (Source: Colorado Health Institute – "The First Step: Fixing Colorado's System of LTSS")



The gaps between Colorado's system and a true No Wrong Door (NWD) system are clear. Overlapping geographic regions are served by multiple entry points that perform only a subset of the NWD functions described in this Funding Opportunity Announcement. Colorado's LTSS entry points include:

- 16 Aging and Disability Resources for Colorado (ADRCs) that perform information, referral and options counseling.
- 10 ILCs and 16 AAAs that offer limited services and counseling, most without formal interactions with the Medicaid system.
- 23 SEPs that do the initial functional assessment, determine functional eligibility for Medicaid LTSS and provide ongoing case management for Medicaid clients who have a physical disability, have mental health needs or are older adults.
- 20 CCBs that provide the same functions as the SEPs for people with developmental disabilities, and also provide direct services.
- Human services departments serving the state's 64 counties that determine financial eligibility for Medicaid LTSS programs.

These entry points have little or no communication with each other, nor do they use common data systems, creating even more complications for the consumer. The organizations providing options counseling and access to public programs operate differently and lack a universal training protocol and standards of practice, meaning consumers have an inconsistent experience and must navigate different requirements when searching for LTSS options.

Colorado's LTSS stakeholders are working collaboratively to redesign the system. The Community Living Advisory Group (CLAG) and the Office of Community Living were created by Executive Order in July 2012 to recommend strategies for creating a person-centered LTSS

system in Colorado. The Department of Health Care Policy and Financing (HCPF) will house the Office of Community Living and oversee implementation of redesign recommendations from the CLAG, which will be submitted to the Governor in September. The NWD planning process is an opportunity to continue the important groundwork established by the CLAG. An entry point subcommittee of the CLAG has made a specific recommendation that is being considered to establish a “true” single entry point system in Colorado that is separate and distinct from case management.

Person Centered Counseling

Major Challenges and Opportunities

Colorado’s biggest challenges in implementing Person Centered Counseling (PCC) are eligibility determination processes that are siloed and direct people to specific programs based on disability type and diagnosis rather than functional needs; establishing standard training requirements for all entry points; incentivizing entry points to identify and provide access to all options regardless of payer source; and creating an integrated data system. On the other hand, Colorado has the opportunity to build from an existing ADRC program with trained options counselors and leverage existing entry point networks to roll out PCC.

Infrastructure: Colorado’s infrastructure for PCC is limited by the knowledge of each entry point. Because the current system is siloed by funding streams and functions, the ability of counselors to identify all options varies by entry point. Multiple entry point agencies may be providing the same services in the same community with data systems that do not communicate with each other, causing consumers to retell their stories at every encounter.

The existing network of entry point agencies provides Colorado with an opportunity to roll out PCC statewide. Many entry points, and ADRCs in particular, are already trained in options

counseling and could use a PCC curriculum for certification. However, creating a standard NWD system employing PCC would require redefining roles and responsibilities among entry points.

Workforce Development: The major challenge for PCC in Colorado is workforce training. As mentioned above, many entry point agencies provide some type of options counseling but few receive certification for standard training requirements. All SEPs and CCBs train their staff according to state guidelines, but do not follow a standard training curriculum. Further, ensuring that each entry point can serve all disability needs and navigate multiple payer sources will require hiring and/or training staff with specific knowledge and skills of the populations served or redeploying/reconfiguring the existing workforce.

Recommendations being considered by the CLAG include training requirements for entry point agencies. The CLAG also has adopted a person centered philosophy for all system reform moving forward. All entry point agencies could be trained on both the person centered philosophy and the training recommendations from the CLAG.

Financing: Given the silos between private LTSS, state-funded LTSS and Medicaid, the development of PCC faces significant financial barriers. It will be challenging for entry points to identify options outside of their typical funding streams. Further, each entry point agency is reimbursed through different mechanisms for the same functions. For example, CCBs and SEPs both conduct Medicaid LTSS assessments, but CCBs are reimbursed for this as a service and SEPs as an allocation through Medicaid's administrative budget.

Colorado will begin to pay ADRCs for additional options counseling services for Medicaid clients wishing to transition from an institutional to community setting through a general fund match in FY 2014-15, providing an opportunity, and precedent, for state investment in person centered planning. The Colorado Department of Human Services has also hired the Colorado

Health Institute (CHI) to identify options for ADRCs to draw down additional Medicaid matching funds, setting the stage for sustainable entry point financing.

Streamlined Access to Public Programs

Major Challenges and Opportunities

Colorado faces two major challenges in implementing a NWD system: data integration and reorganization of entry point functions. Colorado does not currently have a data infrastructure that supports NWD and PCC. In addition, it will be difficult determining where NWD functions should live within the system, but there is capacity to perform them, and this current robust, statewide entry point system provides an opportunity to implement a NWD system. Other challenges include restructuring eligibility determination processes, identifying and employing different payment mechanisms, and creating visibility and trust in the community for this single entry point system.

Administrative: With myriad data platforms, creating an integrated system accessible by all entry point staff is a major challenge. Colorado Medicaid collects data through the LTSS assessment process performed by the SEPs and CCBs using the Benefits Utilization System (BUS). Medicaid determines financial eligibility using the Colorado Benefits Management System (CBMS) and pays claims through the Medicaid Management Information System (MMIS). Other entry points, such as ADRCs, use individual data systems that are not universal across the state and do not integrate with any state-based system. Furthermore, the SUA/AAAs use the Social Assistance Management System (SAMS) for consumer and service tracking as well as federal reporting for the State Reporting Tool, and SAMS is one of the disparate systems that contributes to the siloing of entry point operations. Creating trust and visibility is another

challenge, as consumers often do not know where to begin to access LTSS because so many agencies are involved.

Administrative opportunities include work underway to replace the ULTC 100.2, Colorado's Medicaid LTSS assessment tool with new assessment processes and a reliable tool, replacing the Colorado's MMIS, replacing Colorado's BUS for HCBS entry point and case management operations, and using the Testing Experience and Functional Tools in Community-Based LTSS grant (TEFT). The TEFT grant includes provisions to create a personal health record for Medicaid clients. Ensuring that each project incorporates LTSS data integration is crucial to successfully streamlining access to public programs.

Regulatory: Reorganizing entry point functions to fit NWD would require significant regulatory changes. How and where Medicaid eligibility is determined depends on disability-type and diagnosis. Colorado has 11 waivers that provide services which are administered by different entry point organizations. Creating streamlined access will require reorganizing how eligibility determination is funded and provided for in statute, and how waivers are administered. It would also mean that Colorado implement an eligibility process that leads people to possible options based on their needs rather than to predetermined options simply based on disability type and diagnosis

HCPF spent a year working with various stakeholders to examine the feasibility of the Community First Choice option to include some waiver services in the state plan. This would break down silos between waiver administration among entry points. Colorado continues to consider this option.

Financing: Payments for entry point functions are varied and do not necessarily match costs. The disparate payment mechanisms for entry point functions provide both administrative and

financing challenges. To truly reorganize and efficiently pay for entry point functions, Colorado must understand the true cost of providing these services and determine the best payment mechanism. At the same time, many entry point functions are underfunded.

HCPF is conducting a cost analysis of services provided by SEPs and CCBs and hopes to shed light on the cost of these services to better reimburse for them. CDHS is exploring options to draw down Medicaid administrative matching funds for ADRC programs, revealing more about how entry point functions are currently funded and how they could be reimbursed more efficiently. A key element to realigning and leveraging funding streams will be to identify and exploit any flexibilities in federal and state funding streams to pool resources.

Benefits of No Wrong Door in Colorado

Coloradans in need of LTSS face a confusing set of puzzle pieces. It often is unclear which agency to contact, wait times are burdensome, and even at the right door, all options aren't always presented. Implementing NWD in Colorado means creating visible and trusted entry points with the knowledge and skills to create a person centered plan from the first point of contact. Breaking down silos between funding sources and functions will create more robust LTSS options, and new financing models hold the promise for more efficient payment. Colorado is primed for NWD and has demonstrated its commitment to exploring the model.

Goals and Objectives:

Colorado's goal is to create a comprehensive access point for all long-term services and supports, regardless of disability or pay source. Major objectives include: increase awareness and ease of access to reliable public and private LTSS information through an effective, visible, and responsive NWD system; provide person-centered options counseling; and simplify and streamline access to all LTSS programs.

Proposed Interventions:

During the 12-month planning process HCPF, along with the State Unit on Aging (SUA), Office of Behavioral Health (OBH) and the Division of Vocational Rehab (DVR), will work with Nonprofit Impact and CHI to develop a 3-Year Plan for Colorado's LTSS No Wrong Door System. This planning process will involve extensive stakeholder engagement, which will be facilitated by Nonprofit Impact. Stakeholders will assist in creating a plan for developing and implementing a statewide No Wrong Door (NWD) system that meets specific functional and operational criteria and guidelines.

The outcome of the project is a three-year statewide plan, with a detailed strategy, work plan and budget. The plan will be a daily guide for coordinated State, partner and stakeholder decisions and actions. The goal, upon implementation of the plan, is a comprehensive access point for all LTSS, regardless of disability or pay source. This fully functioning, coordinated NWD system will serve all individuals in an efficient, effective, equitable and humane manner based on the best practices of a person-centered approach.

Planning Objectives

The planning process outlined below is designed to ensure compliance with FOA requirements, fully engage State agencies, partners and stakeholders in a meaningful and respectful manner, fully incorporate existing studies, research, policies and practices and maximize content, administrative and planning expertise of the planning team and advisory committee, and develop the most useful, practical and comprehensive plan in an efficient and inclusive manner.

Proposed Process Strategies

The *planning team* is responsible for grant deliverables and includes State agency partners, the to-be-hired project coordinator, CHI as content/research experts, and Nonprofit Impact as planning and facilitation experts. The *NWD steering committee* is responsible for planning decisions and the final plan content. It includes the planning team and is a subset of the advisory committee. The *NWD advisory committee* provides input and expertise to create the plan and includes representatives of stakeholder interests from throughout the State. Our advisory committee will be fully representative of diverse constituents. Through past work, CO has already solicited broad stakeholder involvement on this topic and proposes broad public participation to review a draft plan rather than to create it.

Research and Analysis: CHI, in consultation with the planning team, will prepare a situation analysis of the current status of access functions, and potential implementation challenges and opportunities. The team will review existing data, information, maps, research studies and policy documents. Perceived gaps in information will be addressed through key informant interviews as necessary.

The analysis defines current and projected external situation, conditions, needs and trends and internal (partner and stakeholder) state-wide capacity and resources. It provides the context for planning and defines critical issues, including gaps and opportunities. The analysis will be prepared in presentation format.

Planning Meetings: We propose four, full-day advisory committee working sessions to create plan segments. The steering committee will meet after each working session to synthesize input, identify gaps in data, information or representation and draft the plan based on the work of the committee.

It is anticipated that the focus of each of the four meetings will be:

- 1) Introduction, Context and Issues Identification
- 2) Strategic Focus Areas, Priorities and Outcomes
- 3) Strategies
- 4) Work Plan – Action Steps and Deliverables

Tactics- PCC

Colorado will explore several tactics to ensure PCC is incorporated for all LTSS consumers. Increasing capacity and adding decision-making authority to ADRCs will allow for standard PCC for all consumers. Enabling ADRCs to determine functional eligibility will create even more efficient PCC for the consumer. To the extent possible, considering consolidating or more closely coordinating financial eligibility within the ADRC will also greatly enhance operationalizing PCC. Another potential tactic is to train all entry point agencies in PCC and integrate data platforms to ensure each person receives only one PCC session. Colorado must identify all resources going toward options counseling and support planning and streamline funding for PCC.

Readiness-PCC

Colorado is exploring person centeredness in a variety of ways, including the CLAG's recommendation of a person centered philosophy for all system reform moving forward. In addition, the Colorado Health Foundation provided funding for HCPF, based on an Institute for Patient and Family Centered Care report about the Department, to educate and train staff and clients in a person-centered, partnership approach to business processes and programs, and to more effectively reach out to and incorporate stakeholder/client perspectives into Departmental work. Further, CCB staff are trained and certified in person centered planning, and the

investment in ADRCs to provide in person centered options counseling for nursing home residents wanting to transition demonstrates the State's willingness, and readiness, to move forward with PCC.

Tactics- Streamline Access to Public Programs

To streamline access to public programs, Colorado will consider integrating data systems, reassigning entry point functions, reimbursing them more efficiently, and employing a statewide public awareness campaign to increase trust and visibility. Colorado is studying key success factors from other in-state efforts, like the integration of behavioral health data across state agencies and LTSS system redesign in Mesa County, as well as lessons from other states.

Readiness- Streamline Access to Public Programs

Conversations among the CLAG have readied many stakeholders for the changes likely to come to the entry point system in Colorado. The group is considering a recommendation to create a comprehensive entry point responsible for assessing an individual's abilities and providing options counseling.

Across the state, advisory groups for LTSS access and delivery are meeting regularly. CCBs are in discussions to remove potential conflicts of interest inherent in their business models. Discussions have begun about creating consumer choice in case management agencies.

Special Target Populations and Organizations:

As described above, Nonprofit Impact will be responsible for facilitating an advisory committee of stakeholders to develop the three-year plan. They propose 5 regional public review sessions to present the draft plan and solicit broad stakeholder input before finalizing the plan. The review sessions are also opportunities to begin coordination among diverse players and prepare for implementation. As a starting point, we will reach out through members of the

CLAG's Entry Point/Eligibility Subcommittee, which has already done extensive work examining No Wrong Door-like options and principals. This subcommittee has met since August, 2012 and is made up of a diverse group of stakeholders with representation from: people with disabilities, older adults, community-based provider agencies, Independent Living Centers, Area Agencies on Aging, case management organizations for people with disabilities, older adults, people with intellectual and developmental disabilities, people with behavioral health needs, advocates and consumers. The Subcommittee identified three guiding principles to achieve its work: **create a system that streamlines access to all long-term services and supports for the individual; develop standards and expectations for professionals assisting individuals seeking long-term services and supports; and create processes that limit the agencies an individual must contact to get connected to long-term services and supports.**

Through its work, the Entry Point/Eligibility Subcommittee has identified four recommendations for consideration by the CLAG: **implementation of a pilot study of presumptive eligibility for long-term services and supports; development of training modules for individuals working in entry point agencies; creation of a 1-800 number to access information on long-term services and supports; and creation of a comprehensive access point for all long-term services and supports.** Members of the Entry Point/Eligibility Subcommittee will provide expertise for the establishment of the no-wrong door system identified in this grant.

Outcomes

Colorado's measurable outcome for this planning phase will be the development of a three-year plan to implement a NWD System. This plan will include the strategy and work plan to:

- 1) Increase awareness and ease of access to reliable public and private LTSS information provided in an effective, visible, and responsive NWD system;

- 2) Provide a provision of person-centered options counseling; and
- 3) Simplify and streamline access to all LTSS programs.

Although Colorado is not eligible for the Balancing Incentive Program (BIP), the state's plan will incorporate the following aims outlined in the BIP:

- Increase the accessibility of community LTSS by making it easier for individuals to learn about and be linked to services;
- Create a community LTSS enrollment system with increased uniformity across the State in terms of how individuals are evaluated for services and how these services are accessed; and
- Result in a more streamlined system from the perspective of an individual's experience and the manner in which information is collected and exchanged between relevant agencies in the NWD/SEP system.

As noted in the problem statement, these benefits of moving to a NWD system ultimately allow for visible and trusted entry points that possess the knowledge and skills to generate a person centered plan from the first point of contact; more robust LTSS options due to breaking down silos between funding sources and functions; and more efficient payment.

Project Management

A project manager will provide overall project oversight and coordination, and will be housed within HCPF. This position will report to Tim Cortez, HCPF's Manager for the LTSS Community Options Section. This position, in conjunction with Tim Cortez, will hold leadership of this project, and will be responsible for monitoring on-going progress, preparing reports, and facilitating communications with other partners and ACL. The Grants Administrator for HCPF will work with these positions to also help facilitate project related process, including facilitating

the temp hire, and will perform duties outside the scope of normal responsibilities specific to this project, including report writing, addressing accounting/budgetary issues, and other issues as they arise. Senior staff from the other mentioned state agencies will also be included in the stakeholder outreach, review of materials, etc, and are as follows: Todd Coffey, Acting Director of Aging and Adult Services (SUA); Chris Habgood, Director of Policy and Planning (OBH); and Robert Buzogany, Manager Programs and Program Development (DVR).

CHI will provide research and content expertise and draft the final plan. Stakeholder engagement and process facilitation will be the responsibilities of Nonprofit Impact (NI); HCPF will handle meeting logistics in conjunction with other state agency's staff when necessary. Delienation of these contractor roles can be found in the work plan. All of the above members will be responsible for providing input and reviewing the final draft of the three-year plan to ensure that the relevant state agencies have contributed to and alignment of the implementation strategies with each state agencies priorities. Todd Coffey and staff at the SUA will also work with the stakeholder groups, as they have co-chaired the Entry Point/Eligibility Subcommittee of the CLAG. To monitor and track progress on tasks, the project manager will build progress updates and final reports detailing all meetings held and other activities carried out into the contracts for CHI and NI. The project manager will, with the contractors, maintain attendance lists and notes for all meetings.

Evaluation

We will build an evaluation plan into our proposed three-year plan to measure the progress of implementation and how we plan to document lessons learned from the process. The project manager, in conjunction with the advisory council and the contractors, will have primary responsibility for developing the evaluation plan and incorporating the evaluation process in the

implementation plan. For the planning phase, NI will evaluate the planning process through a de-brief with the advisory committee to determine satisfaction with the outcome and process. They will also discuss lessons learned to inform future statewide planning processes and will document feedback in a brief summary report.

Dissemination

As noted in the FOA, the prime method of dissemination will be to submit the three-year plan document along with a description of the major lessons learned during the 12-month planning process to the Administration for Community Living (ACL). State staff involved in this process will be available to present on its experiences and on its 3 year plan at national meetings and conferences. In addition to the submission to ACL, the final plan will be disseminated through advisory committee and other stakeholder group networks, as well being posted on State websites. Additionally, the State staff will work with the relevant public information offices within state agencies to develop communication tactics, such as development and distribution of fact sheets, which are consistent with our current communications channels, and will provide wide accessibility to the plan in an easy to read format.

Organizational Capacity Statement

As previously mentioned, the Colorado Department of Health Care Policy and Financing will serve as the grantee for the state under this FOA. HCPF is the single state Medicaid agency tasked with delivering high quality health care to the residents of Colorado through the administration of the Medicaid and Child Health Plan Plus programs, as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities. HCPF has extensive experience in managing grants, both federal and non-federal, including Money Follows the Person (MFP) and TEFT. Both of these grants fall under the supervision of Tim

Cortez who is the supervisor for the newly formed Community Options Section. This section is specifically responsible for programs and services in the Medicaid Program that assist and direct people to their community-based options. Under this section, the Department has consolidated LTSS entry point and case management operations, Pre-Admission Screening and Resident Review (PASRR) and community transition services and programs, such as MFP. This grant is very closely aligned with the work of this section, who will have responsibility for implementing the CLAG recommendations to redesign entry point systems in Colorado after any award from the federal government has expired. This section exists within the LTSS Division within Office of Community Living. The office is a newly formed office of the Department and includes the Division for Intellectual and Developmental Disabilities (DIDD), which will be another key partner in this grant.

DIDD in HCPF is the state agency that provides leadership for the direction, funding, and operation of services to persons with developmental disabilities within Colorado. State leadership and oversight includes: policy, planning, program development, budget development, program operation guidelines and technical assistance, training, determination of funding needs, setting priorities, contracting and allocation of resources, review of services and funding utilization, program quality, monitoring, and evaluation, and management information. Included in the DIDD's oversight are administration of entry point functions performed by CCBs, the case management agencies for developmental disability services. These functions are performed in concert with service providers, advocacy groups, and consumers and their families.

Furthermore, HCPF has an entire work unit devoted to grants management, whose staff are able to provide expertise and help when needed to HCPF staff, as well as to external agencies. This unique work unit allows for a smoother management of grants and grant related activities,

and helps to ensure coordinate within the Department, as well as across others. HCPF grants and LTSS staff, as well as the SUA, OBH and DVR staff, have collaborated together on numerous project over the past several years. We will be working with aforementioned agencies as full partners in co-leading the 12-month planning process. Roles of these staff can be found on pages 15-16 of the proposal narrative. Resumes for key senior staff can be found in the “Other Attachments” Upload.

Colorado’s State Unit on Aging (SUA) staff will provide expertise regarding the Aging and Disability Resources for Colorado (ADRC) model and services provided under the Older American’s Act by local Area Agencies on Aging (AAA). The SUA currently provides oversight of the AAAs and has been the lead state agency responsible for the implementation and development of ADRC throughout Colorado since 2005. The SUA continues to build and promote a single NWD system in coordination with the sixteen local ADRC agencies state-wide.

The Office of Behavioral Health (OBH) within the Department of Human Services is the State’s behavioral health authority. OBH is responsible for policy development, service provision and coordination, program monitoring and evaluation, and administrative oversight for the public behavioral health system. OBH funds, supports and monitors numerous mental health and substance abuse community programs and providers, and reviews and designates the State’s 27-65 providers. OBH also operates the Colorado Mental Health Institutes at Fort Logan and Pueblo. OBH executes the State’s federal responsibilities as the State Mental Health Authority and the State Substance Abuse Authority for the purposes of administering federal mental health and substance abuse block grant funds. OBH’s initiative to establish a statewide crisis intervention system and the coordination with the HCPF’s managed care behavioral health

system have the knowledge and expertise to advise project staff on the linkages between the mental health system and a NWD system in Colorado.

The Division of Vocational Rehabilitation assists (DVR) persons with disabilities to succeed at work and live independently and administers federal funds for Independent Living Centers (ILCs) in Colorado. In collaboration with HCPF and the No Wrong Door program, DVR through ILCs will be able to refer those individuals with disabilities that may need long term supports and services to work and live independently.

CHI conducts rigorous, objective and evidence-based research and analysis that informs health policy discussions. As a nonprofit and nonpartisan public health institute, CHI has built expertise in how people access long-term services and supports through several independent research projects, and already has a large foundational knowledge of how Colorado's current LTSS system is accessed.

Nonprofit Impact was founded in 1996, and is dedicated to impacting the way organizations, agencies, and communities do their work to achieve mission related results. The company specializes in organizational and multi-sectorial partnership success and sustainability. They provide services in strategic planning, marketing, and capacity building and work solely with nonprofits and public agencies. Nonprofit Impact and its sister company, Conservation Impact, have completed more than 1000 projects with 650 organizations in 48 states, China, the Philippines, Canada, and Australia.