No Wrong Door Planning Group
Meeting Transcripts (unedited)
May 11, 2015

Overview

- The morning was spent in large group reviewing the NWD planning work to date and giving status updates:
  - Status of NWD Plan Components
  - Connecting the Dots: Work to Date and NWD System Design
  - NWD System Structure
  - Marketing and Referral Network
- The afternoon was spent in small groups doing work to build out remaining NWD system components and review some tools that local and regional agencies and organizations can use to navigate the changes NWD implementation could bring about:
  - Stakeholder Engagement
  - Quality Assurance
  - Tools to Cope with Change
- This transcript includes input from small group worksheets and summaries of debriefing discussions on stakeholder engagement and quality assurance
- The information reviewed during the morning can be found in the Planning Advisory Group Meeting 4 Meeting Handout document
- The "Tools to Cope with Change" handout is attached as an appendix to this transcript as it was a separate document from the primary meeting handout

Summary of NWD Structure Overview

- Two organizational charts were reviewed at the meeting:
  - One showing the relationship between the State and regional NWD entities
  - One showing the relationships a NWD entity is expected to have within its region

State-Regional Structure

- In the first years of implementation, the State will provide governance and leadership of the NWD system via an as yet undetermined number of regional "NWD entities" that are contracted to fulfill the NWD functions in a specific region
- Two levels of responsibility are expected within state government
  - An executive decision making level (making final budgetary and policy decisions)
  - A management level (responsible staff from partnering agencies responsible for the day-to-day decision making, leadership, and management of NWD system)
- The State management level anticipates coordinating/partnering relationships with the Olmstead Advisory Group and the Community Access Ombudsman
- This structure is assumed to be in place for the first few years of implementation, while NWD is still predominantly serving publicly-funded consumers
  - As the private-pay market is developed, a Public-Private Partnership (P3) Board is anticipated to take over the statewide leadership and governance responsibilities with the State being one of the seats at that table
- The regional NWD entities will operate using a common infrastructure (IT, database, etc.) that is developed and owned by the state

Structure within a Region

- Regional NWD entities will have staff in these areas:
  - Executive management
  - Call center (I&R)
  - Options Counselors (PCC)
  - Eligibility
  - Marketing/business development
- Each entity will have a Regional Advisory Board; the role of this group is not yet fully defined; the Planning Advisory Group discussed ways to ensure these groups are not duplicative and are truly useful
- The regional entity will cultivate a network of individuals certified to provide PCC/PCT services in-person (the regional entity's PCC staff will provide those services by phone); this network serves to ensure that consumers have access to a counselor with the appropriate content expertise for their situation
  - Responsibility for training/certification must be clarified (regional or state?)

- The regional entity will also cultivate relationships with regional referral sources and community groups as a means of implementing the key linkages and marketing/outreach strategies defined at the Planning Advisory Group's third meeting

Bright Spots/ Models that may be Relevant to NWD Structure Refinement

In General

- Pennsylvania model (Gina Callahan)
- Nuance needed in staff requirements depending on role/ responsibility
  - Align pay structure to decrease turnover
  - Value not just formal education, but also lived experience, hands-on experience
  - Look at the CLAG workforce team's work for more input
- Bill 1033 and its relationship to NWD system
- Duals demonstration project (quality assurance, coordination across stakeholders/agencies/partners, outreach)

P3 Board/Structure

- SIM
- Health Exchange

Regional Advisory Groups

- Existing SEP, BHO, AAA, ADR groups – don't want to make the same folks come to another meeting
- What are the "teeth" in these groups jobs?
- Human services advisory group, original ombudsman program, 1451 groups, CDASS program (PPC Policy?), adult protection teams, advocacy training program of the Cross-Disability Coalition, CHARGE board of directors all mentioned as potential models

Delivery of programs via a network

- BOCES with multiple school districts to administer through; use of quarterly meetings to keep everyone on track
- AAA-SEP (and more) partnership in Mesa County, expanding into Garfield and other counties
- Jefferson County's practice of sending eligibility staff out with the case manager
- Transit and accessibility task frce

Referral Network

- Safe house/domestic violence building referral network to connect with people with disabilities; also aligning service delivery and policy to better serve the population
- Natural supports are leveraged differently, more organically in rural areas; there may be some lessons learned from more urban areas that would be helpful?
  - ILC/RCCO in Colorado Springs
  - DRCOG and their work around transitions from care to community settings

Stakeholder Engagement – Input from Worksheets

How do you define, "meaningful stakeholder engagement?"

- Hast to start before anything is planned
- Need a facilitator with some background knowledge
- Question of continuity
- Make it more than a dog and pony show
- Question changes – is it successful?
- Bringing in private pay market, make it appealing to them so that it's more than a sterile government office
- Being listened to
- Everyone's opinion heard/asked for
- Ability for consumer to make choice about how feedback is given
- Access to provide feedback that is easily accessible
- All stakeholders think NWD when they hear
- Representatives get together, problem solving, issues, develop training
- Measure how many are connected, door to door
- Develop a scorecard/success baseline
- Electronic newsletter, email blasts, survey monkey, clear point person and number, for people portal, FAQ, blog, social media
- Sensitive to fiscal responsibility
- Common metrics, KPLs
- Facilitator expertise
- All comfortable speaking up
- All populations represented
- Sharing what does work and what doesn't
- Meet them where they are at
- Solutions-focused manner

- Involves stakeholders from the beginning--not at the last minute
- Decisions cannot have been made prior to engagement
- No a "rubber stamp"
- Consistent messaging
- Involve all stakeholders
- Use solution-focus methods
- What does it take to reach the bar of "meaningful"
- Involve people at the beginning
- Need buy-in from stakeholders
- Level of commitment to the process
- Needs to be innovative--there's a tendency to feel like the same grounds are being covered. The undertones have changed, but not the overall message there will be opportunities for people with disabilities and stakeholders to earn money their services. If there is a split between paid stakeholders and non-paid stakeholders, this is not equitable
- Look at life experiences and other certifications instead of degrees
- Medicaid Buy-In has helped make it more feasible for stakeholders can be paid for participation--also the elimination of pre-existing conditions has made it possible to access health care from employers.

Are there different kinds of engagement? What are they?

- Website with stakeholder sections updated weekly
- Provider information
- Consumers involved in communication
- Communicate changes to the program
- Impact on policy – address implications of changes in laws and policies
- Panel of self-advocates
- Just information without expecting feedback
- Information provided to prepare for meetings
- Listen, changes, reacting
- Blog
- Feedback loop – get and receive information
- All stakeholders with common agenda, working together, everyone on the same page
- Coordination and communication
- Defined roles and responsibilities of stakeholders

- Town halls
- More direct stakeholder involvement
- Active involvement in agenda setting, decision making, evaluation processes
- Ability to make changes if appropriate
- Yes – observation input for marketing and outreach
- Need to bring in people who can give real advice
- Need people with suggestions, not just complainers
- Need feedback from people who use the system
- Need clear definition of what advisory board is
- Advice is not direction
- Determine if system has worked as intended
- Once again, this needs to be done prior to any decision being made
- When stakeholders receive the document for "review" the engagement wasn't sufficient
- Find out the most effective places and ways to engage based on the population

What kind of process(es) do you want to see in place?

- Focus groups with consumers
- Need multiple options for people to provide feedback
- Email, snail mail, inperson visits for those who are homebound
- Conference call/webinars
- Face-to-face
- Communicative briefs – memos that the Department distributes
- Satisfaction surveys across stakeholders
- Balanced scorecards
- Peer-to-peer to review other states
- Communication metrics
- Consumer developed questionnaires
- Tangible and intangible
- Blog
- @ meeting like PDPPC (regional meeting)
- Structured time for what's working and what's not working
- All equal at meeting
- Newsletter

- Call a designated number, email, etc. with an expectation of getting a timely response back
- FAQs
- The process for becoming a stakeholder was formal and systematic
- The stakeholders had a clear job description that they committed to
- Need a process for stakeholders to be up-to-date and not being left out
- Need Responsiveness--make sure there's follow-through
- Other changes in the Department were helpful (OCL, Older Adult Stakeholder Group, CLAG, Community Living Plan)
- John Barry's email distribution is effective in reaching all stakeholders
- John is good at making stakeholders feel included
- Appreciated the facilitation

What are your expectations regarding receiving feedback? How will you know it was listened to?

- Set response time windows
- FAQ's on website that grow over time (to capture answers given) – could also be good for staff training
- Get questions/feedback to the right people
- Tracking/trend analysis – also leave information analysis
- Develop mentoring program to help people learn to speak up
- Preand post-surveys
- Respond to all feedback, even if not adopted
- Listening log; point by poing
- Subcommittees to the advisory group to coordinate stakeholder engagement at the regional level
- What was said is printed/typed and sent to participants for review and input (like summaries from previous NWD meetings)
- If a recommendation can't be implemented, provide reasons why
- Status of tasks and processes
- Whatever happens with feedback needs to be consistent
- Need real follow-up – if people ask a question, need to ensure that it is answered
- Make sure websites are easy to navigate
- Need to explain to stakeholders why ideas were not implemented

- Be able to explain thought processes and explanations behind why decisions are made for real transparency
- John Barry's engages people in a way that makes people feel valued and accepted
- There are other examples of good staff in Departments: These individuals are key to making an activity successful
- Example: Home Mod contractor with a ramp that was unsafe: case manager was ineffective--the contractor was not culturally sensitive to the individual--Eventually, CCDC was able to help

How should interested parties be kept up-to-date over the course of NWD implementation (keeping in mind a 3-5 year timeframe)?

- Newsletters, email blasts can be effective
- Need to find consumers who have had a variety of experiences with the system – especially positive experiences
- Question of understanding – How to keep people engaged? What am I getting out of it?
- Could hold flow groups at senior sites
- Question about how to make people feel okay about where they are
- Task spreadsheet of what has been accomplished and what is yet to be done sent out using multiple platforms and channels (incl. state websites and HCPF "at a glance" newsletter)
- Face-to-face annual meetings (annual is the minimum)
- Clear contact person
- Ensure it is easy to find on agency websites
- Social media platforms
- Meetings within already established networks (parent2parent, cross-disability coalition, CCDC, PAD-CO, SEP Associations, etc.)
- Automatic to hospitals to assure that it will be efficient
- Communication pathways between eligibility on both sides (counties)
- Weekly blog update
- User-friendly website
- Quarterly reports to email out (accomplishments, etc.)
- Website kept up to date
- Representatives of different populations are part of the update
- Ongoing--at least through emails, regional forums

- When there is a meeting that decisions are made, include stakeholder engagement
- Incorporate stakeholder input throughout the meeting instead of at the end (e.g. the CLAG would incorporate public input after each topic)

Below are a list of those ACL suggests be included in stakeholder engagement. First, add in any group or category you think is missing. Then, add any notes you have about NWD's stakeholder engagement efforts with particular groups.

Who to Include	Notes
Older adults	• More effort needed to reach out to older adults • Getting them to come to NWD is more difficult • Senior centers • Individual invitations with food and a presentation • Own class (e.g., college system navigation)
Individuals with disabilities across the lifespan	• Get input from people under 18 • Developmental disabilities • Target parents and children separately • Include the people actually receiving services (not just reps/caregivers/family members) • Geographic representation • Creative solutions for involving children
Advocates	• Disease-specific advocacy groups • MDS, MSS, NAMI
Area Agencies on Aging	• ADRCs
Centers for Independent Living	•
Local Medicaid agencies	• Specify SEP, CCB, etc. • BHOs, RCCOs • County eligibility offices • Local human service agencies
Local orgs that serve or represent the interests of individuals with physical disabilities	•
Local orgs that serve or represent the interests of individuals with intellectual and developmental disabilities	•
Local orgs that serve or represent the interests of individuals with mental/behavioral health needs	•

Veteran Service Organizations	•
Service providers	• Hospitals • Assisted living • Anyone on the continuum of care • Nursing homes • Physician groups/medical homes • Home health agencies • TCs • PACE • PTs, OTs, STs
Courts	• Corrections • Family courts • Law enforcement
Schools	•
Community groups/organizations	• Places of worship • Homeless service groups • Housing authorities • Transportation authorities • Community and recreation centers
Adult and child protective services	•
Professional associations	• IMS, AL, Alzheimer's, assisted living
PASRR Administrators	•
Private sector	• Insurance providers

Stakeholder Engagement – Summary from Debriefing Discussion

- There is a need to innovate our approach to gathering feedback
  - This isn't a needs assessment or recommendations development process, so the same ways of gathering input won't work/aren't relevant
- Also need to think about equity in engaging consumers – stipends for participation; address financial barriers, etc.

Definition of "Meaningful Stakeholder Engagement"

- Reaching and including all populations
- Accessible; easy-to-use feedback gathering system
- Feedback loop uses multiple channels (in person, online, etc.)
- Meet stakeholders and consumers where they are

- Shared, coordinated engagement across the state (not a bunch of one-offs)
- Consistent across the state, across agencies and consumers; across various stakeholders
- Solutions-focused and leading to action, change, innovation
- Customize the messaging/language/tools for stakeholders/market segments

Types of Engagement Needed

- Timely, regular implementation status updates (customized)
  - Need a comprehensive list of who to get that information out to (turnover, etc.)
  - Sharing the same info within the same timeframe across the state, stakeholder groups, agencies, and market segments
  - Could be delivered via multiple platforms: blog; on agency websites (but EASY to access); weekly status calls; scorecard/dashboard; running FAQ document
- Input to inform additional planning pieces
- Engagement to unpack and address the implications/ripple effects caused by NWD implementation
- Regularly check in/evaluate the feedback gathering process itself

Expectations for Gathering Input

- All information/feedback gathering efforts must be clearly defined up front
  - Why are we gathering this feedback?
  - What do we need to learn?
  - How will the information/feedback be used?
  - What's the best way to do that?
  - Informal, ongoing, part of standard operating procedures
  - Written/online surveys and tools to offer feedback
  - More formal/large group processes
  - Something else?
- Provide summaries (with context) of all feedback sessions
- Track recommendations and action items and report back on status, decisions made, and rationale

Quality Assurance – Input from Worksheets

Most Important Metrics	Why? What Does that Metric Tell Us?
% of people who go through and come back	Needs not being met

because they need more	
How do you feel about…	Satisfaction; needs met; person-centeredness
% satisfied with…("satisfied" must be defined)	Satisfaction; needs met; person-centeredness
% would recommend NWD to someone else	Satisfaction; needs met; person-centeredness
Website traffic metrics	Track transitions, utility of website
Did you get connected to services?	Is it working?
Non-Medicaid eligible who connected with services/supports	Is it working?
Source of referral to NWD	Status of referral network; effectiveness of marketing and outreach
Consumer demographics; demographics of needs	Who is getting referred; what's going on systematically; effectiveness of marketing
Hospitalization, ER usage, readmission rates, overall contact with care	Right care, right time, right place, impact on reducing costs of care
Honoring preferences and goals	Person-centeredness; right to self-determination
Satisfaction with outcome; with experience	Person-centeredness; fulfilling mission
Timeframe between first call and connection to LTSS	Efficiency; customer service; reduction in crises; increase in navigability of system
Avoidance of Medicaid entry	Cost, quality of life, efficient use of public funds,
# moving from institutionalized setting to living in community	QOL, self-determination, Olmstead goals, least restrictive setting
Staff turnover rate	Effectiveness of training; appropriate compensation; job satisfaction

- Might be able to collaborate on data collection with CDPHE – who's "playing together" and who's not

Quality Assurance – Summary of Debriefing Discussion

Metrics that Indicate Consumer Satisfaction

- % who would recommend NWD
- #of people transitioning
- # of people avoiding restrictive environment
- Quality of client getting connected to their goal
- Timeframe from first call to connected to services

- Anonymous, neutral, free from consequences for true feedback, use of peers, open-ended questions
- Is there someone who really helped you out?
- What did you prefer? Phone, online, in-person, etc.
- Quality of life and independence indicators
- Use grievances to drive the quality improvement cycle
- Really important to collect this information in a timely manner
- ER usage
- Something around transitions/crises – are we getting upstream/being more preventative?

Metrics that Indicate the Streamlining of Access

- Ease of use
- Length of time
- # of agencies you had to interact with to get connected

Metrics Related to Staffing/Internal Operations

- Continuing education accessed
- Consistency of staff knowledge
- Opportunity to refresh knowledge
- NWD staff turnover (as a sign of whether or not NWD is properly resourced; of job satisfaction)

Using Data to Look for and Analyze Trends

- Track trends over time
- Cut it geographically
- Identify gaps
- Understand service usage
- Understand access
- What kind of LTSS provider capacity is needed? How much and where?
- Workforce needs – capacity, turnover

Metrics Related to Referrals

- Tracking referral sources
- Shows status of referral network

- Shows which types of consumers come from which referral sources
- Could drive a gap analysis

Appendix: Tools and Resources for Managing Change

Managing Change

Overview (William Bridges)

- **Change:** that external event that happens
  - Tsunami – cataclysm, unpredictable, devastating, hard to grasp
  - Grand Canyon – evolutionary, takes time, can be anticipated to an extent, but… still results in dramatic change
- **Transition:** the psychological process people go through as they adapt to change

The Stages of Transition

Ending	Neutral Zone	Beginning
With any change (even a positive change!) something is ending	Change means spending time in the neutral zone, in limbo between ending and beginning	With any change, something new is beginning
Think of a new parent – happy about their new child; sad that they can no longer sleep through the night!	**Think of a trapeze artist mid-swing** – you've let go of the bar behind you, but haven't yet reached the other side!	**Think a child on their first day of school** –excited and nervous at the same time; may balk at first, but quickly gets used to the new routine
People mourn what's ending to differing extents	Very uncomfortable for most people; also a unique space within which a lot of creativity can emerged – **if managed well!**	People get comfortable with the new beginning at different paces

Managing Transition – Take Advantage of the Neutral Zone

- To help staff, consumers, partners get the most benefit out of an uncomfortable time
- To empower yourself and your organization
- To make sure change doesn't happen *to you* – rather exerting what control you can over where the change takes you

Time to decide: will you be passive or active?

Keys to Success

- **Reframe It:** Focus less about how scary the middle is and more about the benefits that will come with the new beginning
- **Flip It:** Use coping strategies below to help others feel a part of making change happen and to address the uncomfortable emotions it can bring up

Strategy	Definition
Communicate	(Over?)communicate; updates – even those that say "nothing new to report" build confidence, calm nerves, signal transparency
Celebrate	Celebrate all the little wins – proactive steps in the direction of change, new ideas, changes in behavior, etc.
Context	Tap in to the human desire to feel part of something larger than oneself; use that bigger picture as a tool to inspire and anchor staff
Connect	Directly connect to dots to tasks of the individual or the program to the larger change and the results it can bring
Close the Loop	Get back to people, answer questions, don't leave anyone hanging
Consistency	Same message delivered consistently over time makes what feels uncertain start to feel predictable

Communications Plan Template

You can use a communications plan to stay organized and keep your staff, partners, or clients up-to-date on changes

Audiences	Their Interests in Your Work	What You Need from Them	Communications Plan (content, means, frequency)

NWD Plan Implications

What you Get; What you Give

Local, trusted marketing/PR messengers
Network to deliver customized options counseling
Regular resource information updates
Appropriate referrals

Orgs/Agencies
Local agencies
Advocacy groups
LTSS providers
Other referrals/partners

NWD
Regional NWD Hub

Potential clients
Trusted referral resource
Access to robust resource database
Opportunity to participate in options counseling network
Staff training/skill-building

How Will You Relate to NWD?

At this point in time, it appears that agencies, organizations, and providers will be able to relate to the NWD System in a number of different ways:

- Be a part of a Regional Referral Network
- Participate on a Regional Advisory Group
- Contract to have staff be included in NWD Network of Certified PCC/PCTCs
- Actively promote NWD in support of the marketing plan
- Reinvent to become a NWD Regional Entity
- Opt not to actively relate to NWD

There likely will be other ways to relate with NWD as implementation unfolds.

Deciding How to Move Forward

There's no one right answer for every organization, agency, or provider. NWD will roll out over a number of years. And other things are changing at the same time that likely impact you! Whatever your right answer is, it falls somewhere on the continuum below

Continuum of Responses

Stay the Course	Align Capacity	Reinvent
Don't make any changes; keep doing what you're doing	Make changes to some aspects of your capacity to align with or take advantage of changes that occur	Redefine who you are, what impact you will make, and how you will do that in the changed operating environment
Most relevant to those who don't want to actively relate to NWD	Most relevant to those who want to be actively engaged (referrals, PCC/PCTs, etc.)	Most relevant to those who want to become a Regional NWD Entity
Should probably still keep tabs on changes and how they might impact you	Consider what NWD means for you – What will you do more of? Less of? Then reallocate your resources.	Requires a deliberate reinvention process (analysis, decisions, business plan/model, implementation plan)

The one right answer that does exist is that your leadership team needs to start tracking these changes and discussing what they mean for you. Below are some questions for leaders to consider

Big Picture Questions for Leadership

- As it is currently planned, what does a fully-functioning NWD system imply for your organization?
- What would you start doing less of (or stop doing all together)? What would you start doing that you aren't doing now (or do more of)?
- In what ways does NWD overlap with your mission? With your strategic goals?
- Is NWD critical to achieving our mission, a "nice to have" or somewhere in between?
- What results from the NWD System do you most care about?
- What results are most important to the people you serve and why?
- When we think about the implications of NWD (what we'd likely start doing more of or less of, etc.) – what does that mean for your finances?
- What additional information do you need in order to make informed decisions?

Opportunity Management Plan Template

You can use this template to track, evaluate, and make decisions regarding the different opportunities that arise during NWD implementation

Step 1: Opportunity Identification & Assessment

List of Potential Opportunities	Type ($/who/how many)	Likelihood (H/M/L)	Impact (H/M/L)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	Date to be reviewed		
	Responsible for review		

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Step 2: Opportunity Review & Action Plan

List of Potential Opportunities	What are we already doing to leverage it?	What more can we do?	What will we do (decision)	Timeframe	Responsible person
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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