

No Wrong Door Planning Group
Meeting Transcripts (unedited)
March 10th, 2015

Ideal NWD Process

Group 1

- Marketing/Getting the Word Out (so you know what is going to happen before it happens)
- Training for System Navigators
- Initial touch point it doctor, legal, school, DSS, Hospital, Law enforcement
 - Social worker in any institute that knows where to refer
- Integrated System
 - Initial NWD System Navigator
 - No conflict of interest, especially not personal conflict of interest
 - Person gets what they need when they need it
 - Multiple channels
 - Stay with person through process of filling out forms, needs assessment, follow up, (single point of contact)
 - Helps walk them through the system\
 - Must really know what is out there, ask the right questions, then plug it in (In PEAK it talks about what you qualify for but not necessarily what you want – the idea is based on your eligibility AND your desires these are your options
 - Universal Application (don't have to tell story, issue document over and over)
 - To help define what is “person(s) and family centered need” – what they think they need to have a good life. Persons could include support person, family
 - Integrated and electronic
 - Helps define what a good life looks like for them
 - Then navigator also helps apply for specific services
 - Then referred though “multiple points of entry”
 - Warm hand-off to Case Management function
 - Can still call Navigator w questions during the process

Group 2

- Initial touch point, then connect up to
 - School, physician, mental health
- Options counselor/navigator
 - Consumer may need to “Consent for Authorization”
 - Could be peer, could be professional.
 - Has skills for referral and for care coordination.
 - Needs fluid staffing so they can stay with person through process of getting wrap around services. Can stay with them long enough that they can work with them when they’re out of crisis. So they can get advance directives, etc. before another crisis
 - Living wages for workforce
- Proactive plans
- Universal application
 - So simple, not 20 pages,
 - Shared record keeping
 - Client is in control of their own data (they can access their own data in a legal and reasonable way)
 - Could be online, in person, or in home
- Technology
 - Many people don’t want to go to the office for a face to face, they are okay with remote access
 - Integrated systems
- Consumer Protections (advocates are aware of people civil and human rights)
- Transitions
 - It would help to have a “peer transition coach” at major transitions to help fill in the gaps.
 - Overlap navigators between transitions

Collective Summary – Ideal NWD Process

Consumer's Experience	Consumer's Emotions	Description
<i>1. Place of Entry</i>		
I talk with someone about my situation and they tell me I should contact NWD	Variety of possible emotions: stress, fear, anxiety; distrustful of “the system”; hesitant/ embarrassed to be seeking help	Staff at schools, hospitals, crisis centers, law enforcement, etc. know about/ refer to NWD
<i>2. Initial Contact with NWD</i>		
I tell my story (or fill out online assessment) and am understood; I answer questions and fill in applications; I receive an overview of the process that lies ahead and told what comes next; I get an appointment with a navigator (P-C counselor)	Feelings of being heard; being in control of their personal information; NWD interaction should serve to lessen feelings of anxiety, distrust, uncertainty	Some kind of “meeting” with NWD (in-person, online form, etc.); ascertain needs/ wants; referrals/ resources offered for any immediate/ crisis issues; complete universal paperwork; data enters an integrated IT system
<i>3. Person-Centered Options Counseling</i>		
I meet with the navigator and they explain what services I might want to use and what my options are; I ask questions and they have answers; I understand what my options are	Similar feelings as previous step; negative feelings continue to lessen	Person-centered counseling session to discuss options based on eligibility AND personal desires/ needs; information about timelines and next steps is shared
<i>4. Choices</i>		
I decide what services to use (or apply, pending eligibility) and meet with the navigator; they help me set goals/ create a plan	Feelings of confidence in what comes next/ what steps to take/ what to expect	Make decisions within personal-centered and family-centered context; develop “plan” for care.
<i>5. Referral</i>		
I get an appointment with a case manager; they already know my story and plan; I can still call my navigator if I have questions	Similar feelings as previous step	Navigator makes a warm handoff to the case manager; they follow up with/ remain available to the client to ensure a smooth transition; connecting with peers may happen here

Notes re: Consumer Perspective

- Apologize that system has not be serving needs well, acknowledge their frustration
- Address crisis needs
- Conversation about what I want/ need and what the process may look like to get there
- Evaluation, Assessment or Other Eligibility Determination
 - Domain based (individual needs, desires, abilities) vs. age
 - Application (could be online, in person, or in home)
- Lifelong Advocate/Options Counseling (empathetic development of relationships)
- Action Plans (IEP, 504, work plan, care plan, etc.)
- Overlapping transfer (based on cognitive ability or choice, not age)
- Ongoing support and crisis support

Points of Pain to Keep in Mind

- Embarrassed or afraid to access services
- Frustration
- Takes too long, with major gaps and no clarity about why or how long
- Complex eligibility
- Consumer needs to feel like they are in control of decision and control of information
- Access and transportation
- LTSS can interfere with the way I want to live my life (feels like an intrusion)

Values:

- Proactive (vs reactive)
- Personal, relationship-based, warm hand-off
- Long-term relationships and follow-through
- Empathic communication
- Patient and family centered
- Civil and human rights

Summary Outline of NWD Process

- Comments:
 - We need to allow for private payers too
 - What about the middle group that does not qualify for public benefits or have enough resources for private pay?
 - Issue with conflict free case management based on order of Options Counseling and Eligibility

Needs Assessment and Focus Group Summary

- What order should eligibility have in the NWD process? When does that happen?
- Quality improvement should be a real focus. We need to change from quantity to value and quality. The staff need to have reduced case loads and higher pay.

Ideal NWD System

Group 1

- Central call-in number 211 (or email) talk to navigator/advocate (who has trainings, education, and professional background) about initial assessment
 - Also a central resource for SEPs, front line staff, providers, etc. so that they do not all need to know everything. They can refer clients or call them themselves.
- One statewide office but then routes to regional offices
- Peer support (system connects clients with others who have gone through process). Office would have ability to refer to specific local services across a wide range of immediate actions, because this period could last more than 45 days.
- Flexible ways for people to learn about system
- Customer care feature, where someone is checking with client about quality and consistency of services. That way the client has a ways to share where things are breaking down.

Group 2

- Information clearing house
 - Wit web portal, 10800 number, kiosk, in person and in community in central and at entry point locations. For information and then connect to options counseling
- Options counseling
 - Looks at barriers, needs to be person centered, and central application for financial and functional eligibility. If needed, would refer to navigator or advocate.
- Navigator or Advocate
 - Person helps with everything after options counseling

Group 3

- Technological system
 - Person would enter general information first (not lots of personal info), then it would provide more information as they add more personal information

- Consent and application forms would be very generic. Language between systems would also be generic. That would get people into the door, but then there may be more specific paperwork in the system to get a specific service
- Shared info systems, so there are linkages with a mechanism to see EHRs
- Also an option for live or 1-800 number for help through the application process and helping you with information
- If you choose a service, you get a warm hand off. So if you get a provider you don't like or your in system you don't like, you would not have to hop back to the beginning and fill out all the
- Policy and regulations
 - Are the same across counties and region? So you could bounce between services without

Group 4

- Technology
 - One-stop shop or place. In person and web based. Or a central phone number like 211 or the crisis line
 - Ability to take a self-assessment or to self-guide about what resources are available. Then a more formal assessment if you are eligible.
 - Auto-populates
- The directs to Community Living Organizations
 - Has navigators who are independent of any governmental department or agency. This is the conflict free case management; you work for advocacy agency, not under guise of department or CCB. These Community Living Liaisons do the eligibility evaluation and are the gatekeepers.
 - There would be consistent standards, training, and messaging.
 - Should reduce/eliminate delays in processing (get rid of un-covered diagnosis)
- Implications on funding streams. Not different funding stream., one funding stream and one payment option.
 - Would bring in funding from CCB and SEPs to streamline financial eligibility
- Also want a peer advocate somewhere in the system. They have personal experience within systems so they can help others navigate `in a different way

Group 5

- Governance
 - Would need a state agency who is in charge of overseeing training, oversight, to negotiate contracts between partners, who has the ability to lobby for legislative changes. About consistency.
- New funding
 - PPP,
- Other innovations
 - CCD funding for Community Health cooperatives that create new entities
- NWD Hubs
 - In communities, is it a formal partnership/coalition with agreements about physical co-locations (staff who can do both types of eligibility determination) or virtual colocation that would require technology like group Skype. Partners would be cross age across individuals across funding streams.
- Access
 - Continual marketing, outreach and education. Versus one time marketing money. Feedback loop. To consumers, professionals stakeholders, partners, agencies. Communication continues with education
- Values: welcoming environment, culturally diverse (racial, ethnic, LGBT), consumer sets goals,
- We want that attitude that “thank you for your business, we are here to serve you”
- At the end there is follow up so we start a new plan to address problems when they come up
- Evaluation, we need data and metrics overtime. So we can collect the data to know whether we have helped people meet their goal to stay at home, to get a job, etc. So we can say that the work for the options counseling team was successful.

Group 6

- We want something separate for existing agencies/ model after working programs. Needs freedom and authority. Needs state wide consistency with local sensitivity.
- Care for each person AND caregiver/guardian. Caregivers have different needs and wants, like respite.
- Statewide training and certification to underscore consistency.
- Statewide website for information and resources

- One person is an advocate/navigator who pulls together transition team. One point of entry, but when you have a transition you get a team, at the persons discretion. At the discretion of the person who is receiving services.
- Talk about access to all options THEN decide what financial options are available.
- Standardized tool for screening with access online. In persons, on phone, in an office, or a mobile office (maybe like home health)

Comments and Observations

- In rural areas
 - Not every county has all the services, many of the rural counties work together like 5 counties offering the services together so many people drive a long way to get services
 - Connectivity is difficult in the mountains. So a kiosk may work better in the mountains where people don't have access to the internet and don't want to be connected to the internet.
- Need an option to be anonymous (with no SSN or personally identifying information) at the beginning
- Need an avenue for people with cognitive difficulties as well.
- Need to keep protection for human and civil rights
- We need it to be shorter, more efficient (like 24-48 hrs instead of months)

Summary from Shelli

- Themes:
 - Empathy, sensitivity, customer friendly and consumer focused
 - Control is in the clients' hand. The decisions, the plan,
 - Common and general language, message,
 - Consistency
 - Technology assisted
- Process:
 - Marketing, outreach, language
 - Centralized point with common information and multiple ways to access (211, website, etc.)
 - Self-assessment (I put in my info you give me a starting place back)
 - Advocate/Navigator (team or one person) who is going to help me the whole time with warm handoffs between each
 - Single application with data that follows the client

- The plan (the options plan) that follows the person and is consistently and flexible
- Quality control, evaluation, and outcomes
- Things I didn't hear
 - Making one system (assuming we will still need to move between agencies)
 - We didn't assume that there would still be problem (approaches were to get through problems)
- We have a lot of common ground. We can get from where we are to a statewide plan.

Next Steps

- March 31st Meeting (The Core of the Work)

What Data is Needed for the Next Meeting?

- Presumptive eligibility. Can HCPF talk about this?
 - Tim – This planning process will help with this. The presumption is that you're eligible as soon as you do the application for Medicaid. The state pays for it if the person is not eligible (not the feds). The key for this to work is a fast financial eligibility determination process. So if we can do that and make sure the state is not responsible for the
- What models from other states/Countries should we be looking at?
 - Balancing Incentives article, NWD Framework from ACL, Appendices from ACL grant application, Are online on the website now
 - Wisconsin, Oregon, Minnesota →
- Copy of grant and list of other 22 states
- Background information (about Entry Point System, Focus Group, Needs Assessment)
 - Are online on the website now
- Budgetary constraints/opportunities
- Knowing if Steering Committee has any other thoughts about how this should look like? Let's avoid rabbit holes in the wrong direction. Do they have the authority to make this happen? Is there potential for an "uber agency" – is this a model we could look for? What are the hard limits that we need to know about, including legislative, statutory limitations? Is the Steering Committee going to look at this and take anything off the table? Who is on that committee?
- Who is in this room? Who do they work for/represent?

Communicating with Constituents

- CSX movement is interested about rights
- What mechanisms exist for other stakeholders to give impact?
 - 5 regional forums to talk about and present plan and get additional input
 - Then we will get specific feedback about the plan to make sure it is implementable
 - Also through the state budgetary process (JVC, joint budget)
- How can we continue to give input after the 4 meetings?
- Have you coordinated with CDPHE project (Gina Robinson, HCPF and CDPHE)
 - Help me grow (call centers integration project)
 - Systems integration project for children with special healthcare needs
- I might touch base with my constituents about the meeting on March 31st. Then I can ask my constituents for feedback prior to the meeting, especially asking about things that work really well.
 - We will provide a draft agenda with key questions that we are trying to answer (we will get that by the end of next week_)
- CSX movement is interested about rights
- What mechanisms exist for other stakeholders to give impact?

Public Comments

- 211 Directors (Statewide, Fort Collins, Grand Junction/Mesa County)
 - We too are a point of entry for this population
- What mechanisms exist for other stakeholders to give impact