COLORADO
Department of Health Care Policy & Financing

COLORADO CHOICE TRANSITIONS
YOUR PATH TO INDEPENDENCE

Suggested Ideas for Outreach

Developing an outreach plan is an important first step when starting any new initiative. Start by evaluating the current resources that exist in the region, and identify other resources that should be established to support the outreach plan. Set a goal for the target number of options counseling referrals you want to facilitate each year and monitor your progress toward that goal. Consistent review and evaluation of the outreach plan in important to determine if the plan is working or if it needs to be modified. If you are falling short, determine where the break-down is and address it immediately rather than waiting until year end.

Outreach at Nursing Facilities

- Know where every nursing facility (NF) is in your region, number of residents in each, how many are Medicaid, whether they have empty beds, whether they are primarily long-term care or rehab, etc. Visit each NF regularly, but at least monthly and more often if possible.

- Use MDS data to find low-needs individuals who could easily live in the community, or to target other types of individuals that would be eligible for Colorado Choice Transitions (CCT).

- If possible, use MDS data to develop lists by NF of Medicaid eligible residents who have been in the NF for 90 days or more so you know who the long-stayers are.

- Work closely with the president of the Resident Council and make presentations at Resident Council meetings. When possible, attend all Resident Council meetings even if you aren't making a presentation, so residents get to know you.

- Make presentations at Family Council meetings every few months. Attend all Family Council meetings, when possible and be available to talk with families afterward.

- Have brochures and other informational materials about CCT, community transitions services (CTS), and home and community based services (HCBS) with you at all times to give to interested residents and families.

- Informally meet with residents, visit them at meal times, walk the halls, and learn their names. Stop at their rooms to say, "hi" and ask if you can sit down in their room for a quick visit. Ask them about pictures they have in their rooms or evidence of hobbies such knitting needles ask where they used to live and about their family, if they have one. This will engender trust and give you a better idea of barriers which need to be addressed for them to transition.

- Get to know the families of residents, learn their names and their relationship to the resident. Be seen frequently so they learn to trust you. Talk to them informally about issues that interest them.

- Attend events at the NF such as:
  - ✓ holiday parties;
  - ✓ open houses;
  - ✓ trick or treating;
  - ✓ call Bingo at a bingo event; and
  - ✓ other festive events.

- Send holiday cards during the various holiday seasons to residents and their families. Include information about the CCT program.

- Help residents get to activities within the NF. Offer to help those who need assistance with their wheelchairs or with playing their cards.

- Put CCT posters in the vehicles that takes residents out into the community. Get approval from the NF prior to posting materials in their vehicles.

- Help NF staff on resident outings. Take note of those who are actively engaged, they may want to move out into community life.

- Bring individuals who transitioned back to the NF after they transition to visit and talk about their life living in the community. Bring along cookies you've helped them make in their kitchen. Share pictures of their house or apartment, pets, new friends, and pictures of them engaged in activities around the community.

- If the nursing facility is not willing to admit you, work with the long-term care (LTC) Ombudsman to gain access.

- If necessary, obtain a letter from the Department of Health Care Policy and Financing (HCPF), which says NF residents have a right to hear about transition opportunities and which quotes the Olmstead decision that you can share with NF staff who are reluctant to admit you.

Working with Nursing Facility Staff

- Inform NF Administrators, social workers and discharge staff about CCT. Tell them how you can help with discharging residents who have barriers to leaving the nursing facility.

- Periodically provide formal training to NF staff about MDS Section Q, the options counseling process and CCT. Distribute a PowerPoint, frequently asked questions, factsheets and/or brochures to NF staff. Some NFs have a large staff turnover, so you'll want to do this as often as necessary so everyone knows about the CCT program.

- Get to know the discharge planners, nurses, and CNAs; they may have some referrals to send your way, perhaps informally.

- Be friendly with individuals who drive NF residents on outings and to appointments. They may provide information about residents who are frequently out in the community and good candidates for transitioning.

- Provide information about CCT to physical therapy and occupational therapy staff, they may be aware of residents who could be good candidates for transitions.

- Informally converse with staff, including housekeeping staff. They see the residents on a daily basis and may be able to provide referrals. Being friendly to everyone you run across makes you more approachable and engenders trust in those who observe your actions.

- Send holiday cards on the various holidays to nursing facility staff.

- Keep in contact with NF social workers and discharge planners. Since there is frequent turnover in these positions, frequent training about MDS Section Q, options counseling, and the CCT program is important.

- Be available to help social workers and discharge planners when they need help with a discharge. Tell them about resources they can access under CCT.

Responding to Referrals

- Follow-up on Section Q referrals immediately, these are people who have shown an interest in transitioning; it is important to respond to their request in a timely manner.

- Follow-up on referrals from anyone immediately. Thank them for the referral.

Working with Partners

- Work with the local LTC Ombudsman who should be able to give you some good leads. Thank Ombudsmen for any referrals. Hiring a former Ombudsman to do outreach could be advantageous.

- Let the various associations that work with individuals in target populations know about the CCT program. Leave some literature and check back with them periodically to insure they don't forget the program and to educate new staff if there is staff turnover.

- Send association staff a holiday card reminding them of your program. You might have your business card made into a magnet for the lunchroom, or provide them with another give away to remind them of your services.

- Keep continuous contact with hospital discharge planners and social workers. They can refer people before they enter a NF, as well as provide referrals for individuals who need NF care, but can transition after a short stay if you help them address a barrier that would otherwise keep them from going back home.

- Provide information about the CCT program to social workers in emergency rooms and give them CCT brochures and other information to share with patients they encounter so they can either head-off unnecessary institutionalizations or provide a way out of a NF should they need to go to a NF immediately from the hospital.

- Provide hospital and other clergy with information about the resources you can provide. Many parishioners rely on their clergy or religious leaders for guidance in difficult times.

- Tell local physicians about the CCT program and ask them to refer patients to whom you can provide services to avoid a NF admission or who you can help transition after a shorter stay than they would otherwise experience.

- Give a workshop or plenary session at a conference for physicians, nurses, financial planners, nursing home administrators, CNAs, disability groups, senior groups, lawyers, or anyone else who interacts with target populations. Give them brochures they can share with their patients or clientele.

- Various facilites have rehabilitative discharge planners. Describe to them the differences between a discharge in which the person doesn't need help to leave a NF and a transition where barriers must be addressed for the person to move into the community. Tell them what services are available through the CCT or CTS

programs. Make sure they know how to get a hold of you and respond immediately to any requests for your assistance from them.

- Train staff at senior centers & Meals on Wheels about the CCT program.

- Make sure local guardians, members of the public, and family members have information about the CCT program. If there is a local guardian association make sure they have information about the transition process and the services available through CCT. Give a presentation at their conferences.

- Seek out and provide information to local Elder Law attorneys and attorneys who tend to work with the program's target populations.

- Work closely with Community Mental Health organization staff to inform them about CCT and you willingness to help them with difficult to transition residents.

- Provide information about CCT to the following groups. Many of them may be willing to let you make a presentation to their staff. Take brochures and possibly other items, which have your contact information on them.
  - ✓ Social service organization staff, e.g. staff at food pantries, homeless shelters, religious organizations, soup kitchens, disability organizations, etc.;
  - ✓ Staff at self-help & support groups who may work with or may encounter individuals in your target population;
  - ✓ Advocacy organization staff such as AARP, disability organizations, and political groups;
  - ✓ Medical equipment providers who sometimes interface with NF residents;
  - ✓ Service clubs like Lions, Kiwanis, Elks, Masons, American Legion, VFW, etc.;
  - ✓ Residents at senior apartment complexes who may in the future need your services or who know someone who needs them now; and
  - ✓ Senior groups.

Outreach in the Community

- Keep large quantities of CCT brochures with you at all times. You may get referrals from people you meet out in the community, or from family and friends who know what you do for a living. Contact CCT@hcpf.state.co.us for reorders.

- Develop a PowerPoint and talking points so you are ready to give a talk about MDS Section Q, Options Counseling, CCT, and other community programs, at any time.

- Present at senior center events such as monthly birthday celebrations and have handouts available. Senior centers are always looking for a lunch speaker, volunteer to do this at least once a year.

- Give presentation at Veterans events and have a booth or inexpensive stand with mints or chocolates and brochures if there is room for one at the event.
- Host a table at a community fair, health or senior event, expo, etc.
- Have giveaways such as chocolates and brochures at county and health fairs. Be ready to talk about transition activities.
- Make presentations at local churches, synagogues, temples, mosques, etc.
- Put information about the transition program and your contact information in the bulletins for religious centers, churches, synagogues, temples, mosques, etc.
- Volunteer with local volunteer organizations and talk about what you do. Provide brochures as appropriate.
- Sit on local boards & commissions and get to know the movers and shakers in your community.
- Develop a website with information about transition services.
- Put brochures in public venues like restaurants.
- Send cards at the holidays with reminder of the services you provide.
- Put up notices and posters at libraries, libraries, senior centers, grocery stores, local pharmacies, etc.
- At assisted living and adult foster care homes, get names of people who moved to a NF because their needs were too great and follow up with them to see if they would like to return to their former residence.
- Have a lending closet at your agency where you lend items such as walkers, raised toilet seats, lifts, etc. People are often eager to donate unused items which can be used by individuals wanting to move back home. The lending closet brings people in so you can let them know about your program. The closet also saves you money on transitions. Agencies across the state can share resources so you don't have to store them for long periods of time.

This document was developed from materials from New Editions