

GEORGIA HEALTH POLICY CENTER



PLANNING FOR A NO WRONG DOOR SYSTEM OF ACCESS TO LONG-TERM SERVICES AND SUPPORTS IN GEORGIA

January 2016



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INTRODUCTION

Georgia's Aging and Disability Resource Connection (ADRC) is a coordinated system of partnering organizations that are dedicated to providing accurate information about publicly and privately financed long-term supports and services (LTSS). Through the Balancing Incentive Program (BIP), the ADRC began expansion into a No Wrong Door (NWD) system that is dedicated to empowering older adults, individuals with disabilities, their families, and other consumers to informed decisions about non-institutional LTSS and to be able to easily access information and/or services, alleviating the need for multiple telephone calls and/or visits.

The Georgia Department of Human Services Division of Aging Services (DAS) sought assistance from the Georgia Health Policy Center (GHPC) to gather data to assist DAS in creating a statewide three-year plan that encompasses the groundwork of the statewide ADRC and partnering organizations as the NWD system/Single Entry Point for all populations and all payers to access resources and services. The assessment included community-level data collection to identify gaps, barriers and challenges as well as strengths and solutions. The GHPC worked in partnership with DAS and a Stakeholder Work Group throughout the process to plan for each phase of the data collection and to analyze data collected. The Stakeholder Work Group has the charge of utilizing the assessment data to develop a plan that establishes a more robust system that works across service delivery systems to meet the needs of Georgians utilizing a person-centered philosophy.

The summary that follows details the information collected from stakeholders through key informant interviews, an online survey, focus groups and meetings held in four regions of the state.



KEY INFORMANT INTERVIEWS

To become acquainted with the perspectives of partners serving in varying roles as a part of the NWD system across the state, nine key informant interviews were completed in April 2015. The interviews were completed by telephone and in-person. The key informants who were interviewed represented the following organizations:



- DisAbility Link, a Center for Independent Living;
- Alliant Georgia Medical Care Foundation, the state's Quality Improvement Organization (QIO) that also manages one of the home and community-based waivers;
- Georgia Healthcare Association, the trade association of skilled nursing facilities, assisted living centers, and home and community based case managers;
- The Brain and Spinal Injury Trust Fund Commission, a state organizations created by a constitutional amendment that manages a trust fund for individuals with traumatic brain and spinal cord injuries;
- A parent advocate;
- The Georgia Department of Behavioral Health and Developmental Disabilities, Division of Behavioral Health;
- The Georgia Department of Behavioral Health and Developmental Disabilities, Division of Developmental Disabilities;
- Visiting Nurse Health System, a provider of community-based home care services and supports;
- The Georgia Hospital Association, the hospital and health system trade association; and
- The Georgia Department of Family & Children Services, Medicaid Division.

The key informants served in varying roles related to the NWD system, including a referral relationship, a contracted entry point, assistance with troubleshooting individual cases and a partner at the state-level without direct contact to organizations serving as a NWD entry point.

Areas identified by key informants as “working well”:

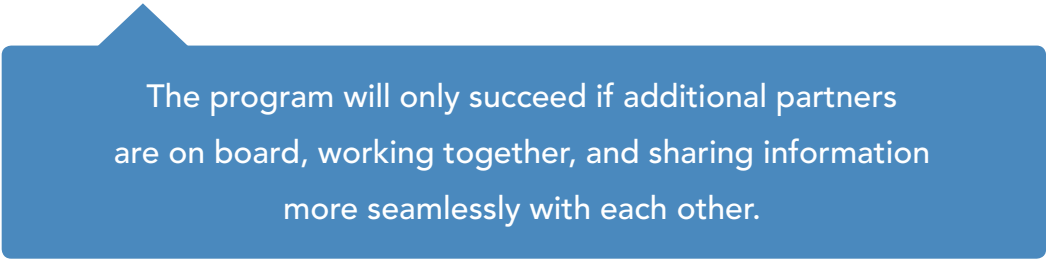
- successfully provides consumer choice,
- offers comprehensive information on available resources,
- partners with organizations that serve particular populations,
- establishes cross-training efforts between organizations,
- provides a toll free number that serves as a one-stop-shop, and
- maintains a website that works well.

Areas identified as needing improvement or “not working well”:

- lacks consistency among staff possessing all of the necessary knowledge regarding the eligibility criteria and process for screening individuals for particular programs,
- is not providing cross-referrals and sharing of consumers’ data to reduce duplication of effort,
- expects staff to utilize multiple data platforms,
- does not have the capacity to regularly answer consumers’ calls live,
- includes some staff who have a “match what I have with what you need” mentality,
- consists of counselors whose primary orientation is to serving older adults,
- does not consistently provide consumers with follow-up, and
- is not a visible and well-known service in the community.

To take the NWD system to the highest performing level possible, key informants suggested several ways in which the system could be improved including better training, inviting additional organizations to partner with the system, assisting partner organizations with transitioning consumers (hospitals and nursing facilities), increasing data sharing among partners and orienting more toward person-centered counseling and less on information and referral.

When asked to identify the barriers that would hinder the system from evolving to better serve consumers, several themes emerged. Over time, the scope of the NWD has been expanded, but it is not clear that the existing organizations have the capacity to manage the diverse needs of the different populations or the number of individuals who need assistance. The program will only succeed if additional partners are on board, working together, and sharing information more seamlessly with each other. In addition, the program was initially developed from organizations that, at the time, only served older adults. There appears to be a continued need to ensure consistency across organizations and a person-centered approach at the core of the program delivery.



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SURVEY

To gather input on current needs and priorities for the NWD statewide plan, in May 2015 a survey was designed and distributed to professionals working or partnering with the NWD system. The survey questions and response options were designed using findings from the key informant interviews, as well as core components and criteria on the functions of an ADRC. The survey was developed online using Qualtrics and forwarded using a link that was shared with contacts through newsletters and email blasts.

In addition, an email distribution list from DAS and stakeholders' email addresses were used to directly request completion of the survey.

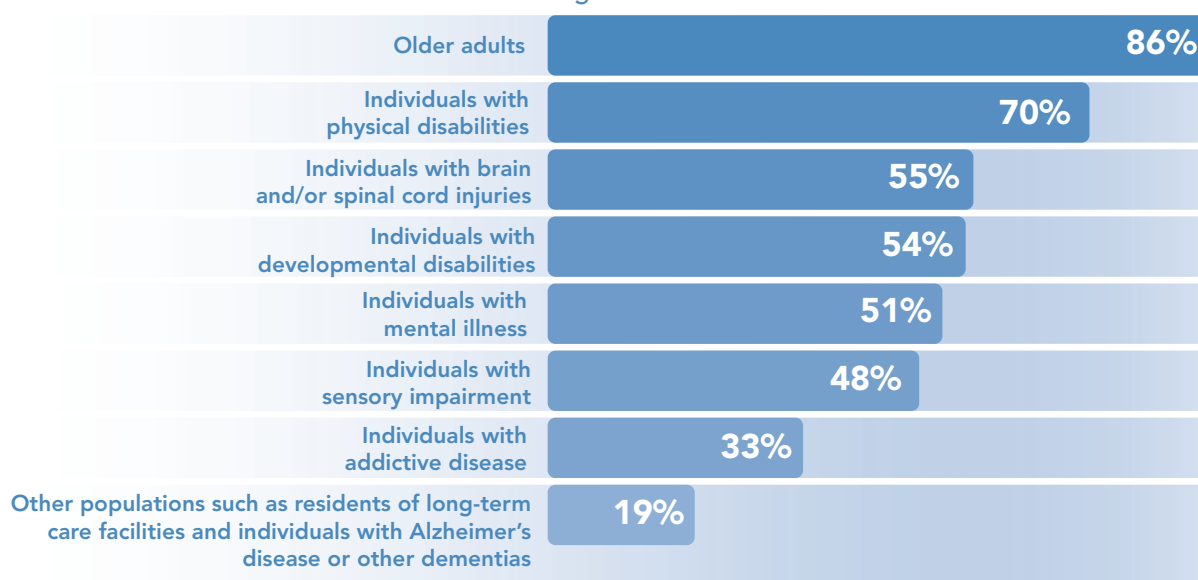


A total of 139 respondents representing approximately 27 types of agencies completed the survey. Fifty respondents indicated that they represented an Area Agency on Aging (AAA), 12 represented DAS, 11 represented ombudsman services, eight represented day services or senior centers and five respondents represented the Department of Behavioral Health and Development Disabilities (DBHDD). Other survey respondents represented Centers for Independent Living (CILs), nursing homes, assisted living facilities, hospitals, the Alzheimer's Association and others.

Approximately 45 percent of all survey respondents held field or clinical staff roles, 16 percent were supervisors or mid-level professionals, 39 percent worked in an administrative capacity, and 1 percent identified as having a different role within their agency.

The respondents indicated the target populations served by their organizations are included in the graph below (see Figure 1).

Figure 1



The function that respondents indicated working the best when compared to the other ADRC functions was “follow-up on information, referral and options counseling services.”

Survey respondents who had contacted a NWD organization rated eight of the ADRC functions as “working well,” “working moderately well” or “not working well.” The function “follow-up on information, referral and options counseling services” ranked the highest among all other functions. Out of the 63 respondents, 27 indicated that the function is working well, 34 indicated that it is working moderately well, and 2 indicated that it is not working well. All other functions had more mixed ratings according to the three aforementioned indicators provided in the survey question. Another function worthy of mention is “comprehensive, public and searchable resource database” which was ranked the highest as not working well by 14 of the 59 respondents.

Approximately 70 percent of survey respondents identified the lack of available resources as among the top three barriers that impact consumers the most. Other barriers identified included limited consistent and meaningful relationships among partners (31%), lack of outreach, marketing and information sharing (28%), duplication of efforts by organizations (22%), incompatibility of organizations’ consumer electronic records (22%), lack of follow-up (18%), limited staff training (17%), inconsistency in screening tools or assessments (13%) and poor customer service experience (12%).

Approximately 50 percent of respondents indicated that strengthening partnership efforts and communication between organizations was one of the top five areas that should be addressed to improve consumers’ experience with the NWD system. Other areas included facilitating the sharing of consumer information electronically between organizations (40%), developing shared screening tools and assessments across programs (38%), outreach (37%), developing a platform or database of the resources available at each organization to improve access and utilization (34%), follow-up with consumers (34%), training and workforce development (30%), shortening call wait times (27%), developing a visual representation of the roles each organization plays in the system (23%), improving customer service (22%), increasing the utility of the website (18%), research and evaluation to understand trends (16%) and other areas of improvement (13%). The respondents’ categorization of each of these areas as a short-term priority, a long-term priority or not a priority for ensuring and sustaining a high-performing NWD system is represented in the table on page 6.

KEY IMPROVEMENT AREAS BY PRIORITY LEVEL

Priority Area	Short-term (1 to 3 years)	Long-term (4 to 6 years)	Not a priority area
Follow-up with clients	60	10	5
Develop a platform/database of the resources available at each organization to improve access and utilization	49	31	5
Training and workforce development	47	24	5
Improve customer service	42	16	11
Strengthen partnership efforts and communication between organizations	41	39	2
Outreach (share information about the NWD/ADRC more broadly)	41	32	10
Shorten call wait times	37	23	11
Develop a visual representation of the roles each organization plays in the system	31	25	22
Increase the utility of the website	24	38	13
Research and evaluation to understand trends	18	46	14
Additional areas improvement	15	0	0

The survey asked respondents about the roles they could play in the development of a more effective NWD system that works to meet the needs of their agency's target population(s). Respondents listed various roles focused on improving communication and coordination between providers including sharing data, expanding outreach, networking and partnership building. Other roles identified involved systems and program planning as well as providing feedback and testing through technology.

In addition, the survey asked respondents to specify the information, training or other resources that they needed to support their role in serving their target population(s). Respondents identified the following:

1. Networking and information sharing: specifically increasing networking opportunities to include government agencies as well as developing a shared database and software among NWD partners to access information on consumers, programs and services;
2. Workforce Development: including staff training on the NWD system, its functions and approach, training as part of the orientation for new direct care staff on social services and ongoing continuing education for staff on population-specific information, challenges, needs and resources;
3. Additional Staffing: namely increasing the number of staff to manage their workload, reducing wait times, improving customer service, and reducing emphasis on online access for the segment of the target population that do not utilize technology;
4. Education and research: this includes developing and expanding marketing tools and educational materials for staff and the population(s) served and research in the areas concerning the target populations served such as mental health, developmental disabilities, aging, and brain injury.

Respondents provided additional comments at the end of the survey expressing their concerns regarding the lack of capacity within the system, a shortage of staff and resources, the need for more targeted outreach and database accessibility issues. They also provided many positive comments signifying the ease of access to the NWD, its outstanding staff and leadership as well as its superior service. One respondent wrote the following, "I refer many families to ADRC and am thankful to know you are a phone call away. The staff is outstanding and knows how to think outside of the box. They have always provided great customer service."

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FOCUS GROUPS

The GHPC conducted four focus group discussions as part of the assessment of the NWD system. The purpose of the focus groups was to learn about consumers' experiences with the NWD and to hear their preferences for how to get information and assistance.



DAS provided a list of individuals who had called the No Wrong Door within the previous six months. GHPC chose four regions of the state to ensure geographic diversity, and identified targeted zip codes within each of the four regions from which to recruit consumers for the focus groups.

The zip codes from which consumers were recruited were clustered around four cities in Georgia:

- Stone Mountain in DeKalb County, Metro Atlanta area
- Gainesville in Northeast Georgia
- Valdosta in Southern Georgia
- Macon in Central Georgia

GHPC engaged a professional recruiting firm to recruit focus group participants from the lists provided by DAS. Consumers were screened for eligibility using the following criteria: having called one of the NWD organizations for information for themselves or for someone else in the previous six months and being able to identify a NWD organization as the information line they accessed. A total of 33 people participated in the four focus groups. Participants were consented in accordance with Georgia State University Institutional Review Board requirements before participating. Participants received a light meal and \$40 to compensate for their time and travel costs. Below is a summary of the key themes that emerged across the four focus groups.

Frequency of contact: Participants reported calling the NWD on average between four times and more than ten times a year. The majority of focus group participants reported that they routinely called the NWD to check their status on the waiting list for services - calling to find out if they had moved up on the waiting list, or calling to be reassessed to remain on the waiting list.

Reasons for calling the NWD: Participants were asked to talk about the type of information or service referrals that they were seeking when they called the NWD. The most common reasons for accessing the NWD were:

- Meals on Wheels: Seeking to qualify to receive Meals on Wheels services for themselves or the person for whom they were caring was the most often-cited reason for calling the NWD.
- Home health: Participants in each of the four focus groups described contacting the NWD for home health services after being discharged from the hospital, or after the person for whom they are caring was discharged.
- Homemaker services and personal care assistance: Participants also sought in-home assistance for themselves or their loved ones to perform daily activities such as house cleaning or personal care assistance (e.g. bathing, etc.).

Consumer experience with the NWD System: It is important to note that focus group participants' evaluation of their experience with the NWD was within a context of high frustration with the lack of services and supports available to them and their family members. The vast majority of the participants had been placed on a waiting list for requested services (e.g., Meals on Wheels, home health, homemaker services and personal care assistance), and many had been deemed ineligible for services. As a result of many of the participants' inability to get the in-home and meal services that they needed, their perception of the effectiveness of the system was negatively impacted.

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Customer Service: Participants had differing experience with the quality of service received through the NWD. While many participants described the staff with whom they spoke as courteous and helpful, multiple participants recounted experiences where NWD staff were impolite and seemingly uninterested in helping consumers with their needs.

Integrated Points of Entry: Across all four focus group there was a consistent experience of uncoordinated and siloed services. Participants described NWD staff who seemed largely unaware of resources and supports for consumers, often telling consumers that they "didn't know" and ending the call. Alternately, NWD staff would provide multiple phone numbers to the consumer to call for additional information and assistance, but the consumer did not experience a warm hand off between agencies.

Timeliness and Responsiveness: Participants in each of the four focus groups described long wait times on hold when they called the NWD and very slow or no follow-up from the program. Multiple participants reported calling for assistance and being told that the staff would need to research and get back with the consumer to provide the requested information, then never receiving a return phone call.

Preferences for receiving information: Participants were asked to share their preferences for receiving information and assistance. When asked specifically about internet access and use, the feedback was split between those who have access to the internet and use it regularly to search for information on services and resources versus those who do not. Ultimately, a larger portion of participants reported that they do not have access to the internet, or have access but do not have the capacity to utilize it to search for or receive the necessary information.



When asked about the best ways to reach consumers, participants indicated that the target population of the NWD system are largely homebound. They suggested that information be provided at locations where people naturally congregate such as churches, doctor's offices and hospitals, and senior centers. A focus group participant commented, "One thing that everybody would have in common is your doctor's office, because at some point in time, no matter how shut in you are, no matter how sick you are, whether you are a caregiver or you are the person needing care, you are going to a doctor's office."

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They also believe that using mass media (television, direct mailings, newspaper) is a good way to get information out about the NWD system and other resources.

Many participants expressed a preference for written information. Multiple consumers wished for concise resource guides to be made available. A few expressed the desire to

have follow-up written communication after a phone call to ensure that the conversation and next steps in the process are clearly described for both the participant and the caregiver(s) when applicable.

Suggestions for improving Georgia's NWD system: Focus group participants heard case examples from other states' NWD systems that are promising practices in the field. Participants provided feedback on the promising models and made suggestions for how Georgia could improve the NWD. Their suggestions focused on the following areas:

Improved training: This was the most commonly-cited suggestion from focus group participants. They perceive the need to improve the training of NWD program staff so that they are better informed of the resources and services available and are better able to connect consumers to the information and supports that they require. Participants also stressed the importance of identifying staff who are kind, patient and willing to "go the extra mile" for the consumer. One focus group participant stated, "The people that were most helpful to me were people who had either very close friends or family members that have been through that situation themselves. They knew what it was like, what worked and what didn't work. There are a lot of people out there who have quit their jobs to care for their parents. Their parents pass away, then they need employment again. These type of people are going to be a better asset to them than someone [who] has never experienced that."

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Clearer branding: Ensure that marketing and communications effectively convey the target populations (both individuals who are older adults and individuals with a disability) and the type of resources and assistance available to the program.

Better integration and communication across agencies: Improve communication and networking across agencies that provide long term services and supports to ensure that each agency knows what the other is doing and so that the consumer can be referred more seamlessly among the agencies.

REGIONAL MEETINGS

The purpose of the Regional Meetings was to develop and prioritize strategies for implementation of the NWD statewide, three-year plan informed by data collected through the grant. The desired outcomes were as follows: participants understand the gaps, barriers and challenges to the NWD system as identified by stakeholders and consumers, and participants recommend goals and strategies that will lead to a more effective NWD system that will better meet the needs of Georgians seeking long-term services and supports.



Regional meetings were held in September and October 2015 in Albany, Augusta, Rome, and Richmond Hill. The sessions were organized and facilitated by the GHPC in partnership with DAS. The Regional meetings were attended by approximately 120 individuals including employees of Area Agencies on Aging, government entities, nonprofit organizations, physician's offices, Centers for Independent Living, hospice, and several professional organizations that serve older adults and individuals with disabilities. The sessions were designed to be interactive and encourage the participants to engage with individuals from other organizations that are connected through the NWD.

As a part of the introduction, participants were asked to introduce themselves and express what they planned to contribute to the meeting. Then, the GHPC and DAS briefed participants on the project goal. Data were presented from key informant interviews, surveys with professionals, and in the last two meetings input from consumers that participated in focus groups. Following the presentation of data, participants in the regional meetings were asked to respond to three questions individually, as a group, and then report to the entire room. The themes from the conversations are presented following each question.

HOW [DO THE FINDINGS] RESONATE WITH YOU?

Participants expressed that the two greatest concerns that resonated with them across all regions were the long waiting lists and lack of community resources to serve their respective populations. Participants expressed they could not see how their organizations would be able to implement the strategies that will be developed due to a lack of resources and funding. Some participants reported having a lack of understanding of the NWD, as well as their responsibilities within the partnership. Participants expressed agreement with the findings that there should be a shared database for agencies to assist each other with the same consumers as well as robust resource database. Participants agreed that many of the individuals they worked with did not regularly obtain information via the internet due to access barriers or an insufficient understanding of how to use the internet. Further, several participants felt the NWD system should be more inclusive of the private sector and organizations such as the Veteran's Administration.

WHAT SURPRISED YOU?

Several participants expressed that they were surprised with the lack of partnership with faith-based organizations, the private sector and other agencies such as the Department of Community Supervision. Some participants were also surprised to find out there were resources that they were not aware of. Further, some participants were surprised that the consumers or clients had not been surveyed or interviewed prior to the start of the regional meetings.

AS YOU THINK ABOUT THE STRATEGIES, WHAT INFORMATION IS MISSING THAT YOU WANT TO ADD?

Participants reflected they would like to know where the funds will be coming from to implement the proposed three-year plan. Participants also relayed that the name ADRC and NWD should be changed or clarified to develop a statewide message and increase marketing efforts. Participants conveyed communication barriers among organizations as well as information sharing and buy-in and the utilization of volunteers as crucial components to achieve an improved NWD system.

Participants were then given an opportunity to select a topic that they wanted to work on to create goals and strategies for the plan. The areas that participants chose among were: marketing and communications, streamlined access, person-centered counseling and public outreach and links to referrals. Participants were provided with a template from GHPC which included sample goals and strategies from state best practices and participants were given the option to use, add to, or delete the examples that were provided. Participants were asked to recommend at least three strategies for each goal and then prioritize the strategies as either short or long-term and in the latter meetings as either a medium or high priority.

The marketing and communication goals and strategies focused on making the public aware of the available resources within the NWD by engaging a marketing firm to help create a marketing plan with the best terminology to describe the NWD/ADRC. Other goals and strategies regarding marketing focused on engaging funders both individually and in groups at events to make them aware of funding opportunities. In addition, participants suggested marketing efforts to increase the amount of services they provide. Further, participants suggested creating marketing materials using the latest technologies such as smart phone applications, social media, and internet coupled with traditional marketing strategies such as the telephone book, billboards, television ads, radio ads and word of mouth.

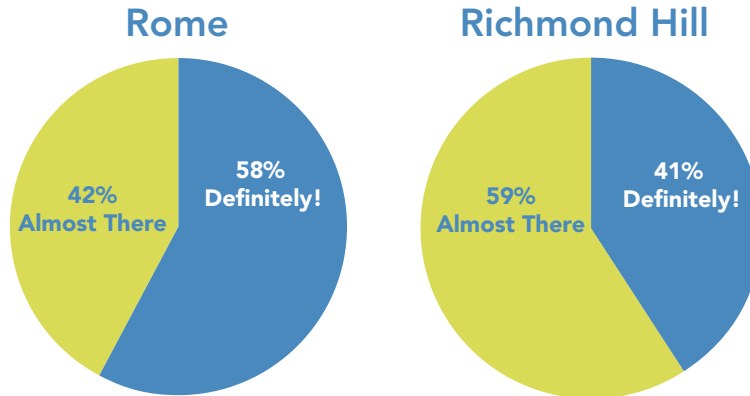
Streamlined access goals and strategies focused on creating a standard screening assessment and training that can be used across agencies. Also, participants suggested a benefits determination process that is coordinated between the screening organizations and the Department of Family and Children's Services (DFCS) so that the process appears seamless to consumers. Participants suggested providers share appropriate information between each other to alleviate the consumer sharing the same information multiple times. In addition, participants recommended cross training, newsletters, and more agency collaboration so that partners and referral sources have clarity regarding their role within the NWD system. Moreover, participants recommended access to a live person via phone 24 hours, a digital platform or portal with status updates, live chat function on the website, increased follow-up and correspondence with consumers regarding accessing services or being informed of their eligibility.

Person-centered counseling goals and strategies focused on advocating for, and educating, individuals on the services that are available for their situation and how to pay for the services. Furthermore, participants suggested a template for a person-centered support plan along with systematic follow-up throughout the process so consumers can drive their requests for long-term services and supports. Participants suggested a standardized and state-regulated training for options counselors to ensure everyone is using a person-centered approach. Also, participants suggested ensuring that NWD partner organizations are staffed with enough full-time equivalent employees by creating flex schedules, extended hours, seeking Medicaid reimbursement for services and developing private pay options.

The public outreach and links to referral goals and strategies focused on engaging partner organizations as well as other organizations within the community through regional meetings and trainings to ensure the core functions of the NWD system are embedded in partner organizations. Participants also recommended a public, comprehensive database of services for consumers as well as partner organizations. In addition, participants suggested partner organizations within the system communicate on a regular basis via listervs, meetings and through the development of a staff liaison in each organization. Participants proposed ongoing outreach efforts to meet the needs of their respective target population(s) by creating partnerships with organizations, sharing and disseminating information about services and developing a partnership with veteran-serving organizations. Lastly, participants proposed improving communication between service providers by sharing information through using tools such as a shared client database, cross-referral protocols and allowing partner organizations to share office space so that they can be onsite to serve consumers and build relationships with staff from partner organizations.

Following the goal and strategy development portion of the meeting, participants were surveyed at each respective regional meeting. Participants were asked the following questions using anonymous, electronic polling devices:

WILL THESE STRATEGIES CREATE A MORE EFFECTIVE NWD SYSTEM THAT WILL MEET THE NEEDS OF GEORGIANS ONCE THE PLAN IS IMPLEMENTED? DID WE GET IT RIGHT?

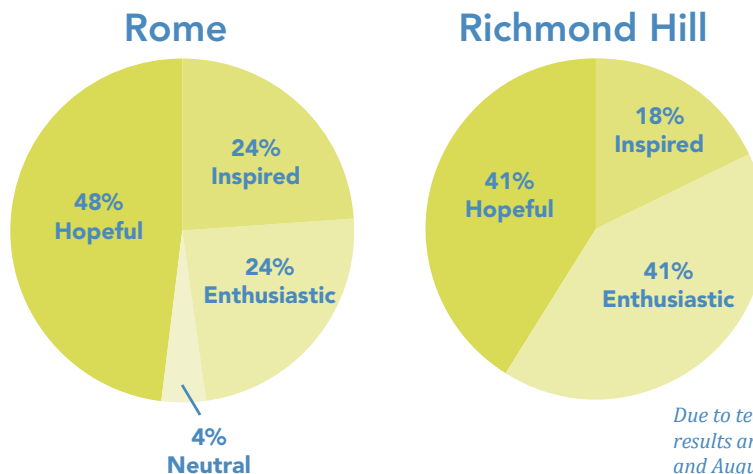


HEARING THIS INFORMATION TODAY, I WOULD SUPPORT THIS PLAN:

100% YES!

Regarding question 2, all of the respondents in Rome and Richmond Hill indicated "Yes" they would support the plan.

AS I LEAVE TODAY I FEEL:



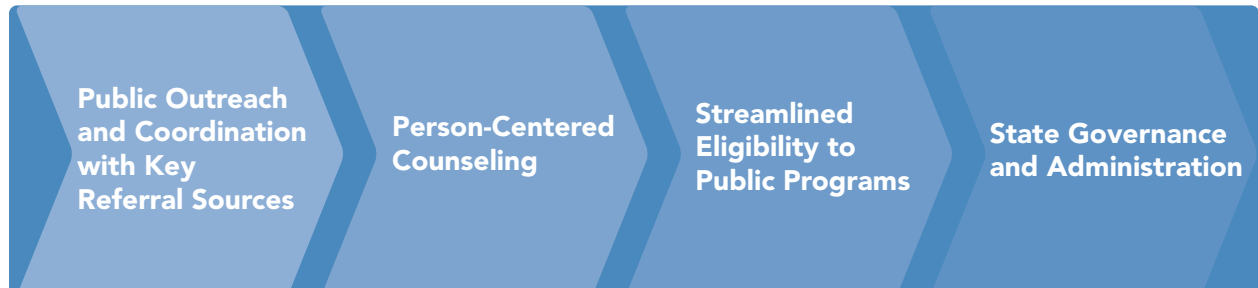
Due to technological issues, survey results are not available for the Albany and Augusta regional meetings.

To conclude the meetings, staff with DAS thanked everyone for coming and participating. Participants were sent a thank you email and summary of the recommended goals and strategies for their region following the meeting.

NEXT STEPS

The information gathered through the assessment of Georgia's current ADRC/NWD system will be utilized by the Stakeholder Work Group to develop a three-year plan to establish a more robust system that utilizes a person-centered philosophy and works across service delivery systems to meet the needs of Georgians. The completed plan will be submitted to the project funders.

THREE YEAR-PLAN



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