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| A c r o n y m s  ADRC = Aging and Disability Resource Connection  LTSS = Long Term Services and Supports  NWD = No Wrong Door  OAA = Older Americans Act  NWD = No Wrong Door  CQI = Continuous Quality Improvement | Oregon |
| Identifying No Wrong Door Promising Practices |
| No Wrong Door (NWD) Promising Practices are intended to highlight successful state programs providing a model from which NWD Systems can gather strategies and innovations that can augment their own work. A promising practice may be a research or evaluation project, policy analysis, data assessment, outreach initiative, or awareness effort. While Promising Practices are unique to each program, they do offer replicable components for diverse settings and share many common characteristics including the capacity to reach the population of focus, address the aspirations of individuals, drive quality and impact methodology and measurement. This brief highlights Oregon’s promising practice to design and implement a continuous quality improvement strategy for its NWD/ADRC system. |
| Oregon’s Successful NWD Promising Practice |
| **CQI Evaluation Framework**  Oregon embarked on the development of a robust and comprehensive CQI effort to better understand the impact of its NWD/ADRCs-not only on system outcomes, but consumer level outcomes as well. The State Unit on Aging (SUA) began development of consumer satisfaction surveys in 2011. In 2013 they launched the development of their NWD/ADRC evaluation framework inclusive of 9 outcome areas and metrics. This evaluation framework took a year to fully develop, however OR sees this process as formative rather than summative: meaning it is an iterative and continuous process of improvement and is always seeking to grow and change. Local CQI efforts began in late 2014, and it is expected that the state will have a robust monitoring plan in place for their local ADRCs by the early part of 2016.  **Outcome Development**  The State is evolving the work they are doing with the NWD/ADRC initiative into an umbrella of all the services they provide. The SUA administers OAA and State Plan on Aging funding, and oversees its implementation. The state created an Evaluation Workgroup comprised mostly of consumers who identified nine (9) outcomes for the NWD/ADRC evaluation framework. These 9 outcomes align with the mission and value statements of the state, and match the logic models that were developed as part of the State Plan on Aging. Furthermore, the state wanted to not only have a consumer led process that defines success, but they also wanted to be sure it looks similar to the other ways they evaluate state funded programs.  The 9 outcomes are divided into three areas: (1) Process Outcomes; (2) Consumer Outcomes; and (3) Capacity Outcomes. Each outcome has a number of indicators to more discretely measure the impact of that outcome. Target indicator benchmarks were identified, and an indicator timeframe is included. Five of the outcomes are specific to improving quality of life and are the most important. The other four outcomes are more administrative in nature and are necessary for the state to review.  **Methodology**  The state administers a capacity survey annually or as necessary across all of their ADRCs to help quantify the metrics. This includes measurement of partnerships, whether the local ADRC has a business or financial plan in place, and what additional funding the local ADRC receives outside of grant funding. They also capture data on the number of staff who function in different roles and how they conduct marketing and outreach. The capacity survey is administered as an Excel tool and is emailed to each ADRC lead who works within their respective networks to complete the tool and send back to the state.  The state compiles and analyzes the survey data across the ADRCs using both quantitative and qualitative analysis. The state has made a commitment to turn around the data analysis within 30 days, as it believes strongly in transparency and responsiveness. If they are asking the local sites for data, they believe the data and results should be shared back with the local ADRCs. Reports include comparative analysis of ADRCs by region, as well as compared to statewide data. Oregon feels fortunate that they have the staff expertise and internal capacity to implement this rapid process. The state uses the results to help the local ADRCs understand where they need to focus attention, or where they may need help and technical assistance.  **Consumer Satisfaction**  Oregon has implemented consumer satisfaction surveys for the past four years covering the areas of Information & Assistance and Options Counseling. The survey instrument is validated with minor modifications over the past three years. The state contracts with a local university partner to administer the survey using representative samples of consumers served by the ADRCs across the state. The surveys are administered using a structured telephone interview, with each interview averaging 20-30 minutes in length. The results are filtered by ADRC service area to compare to the state average. The survey questions were developed by consumer focus groups and qualitative work done by the state to govern the standards for the ADRCs of OR. Oregon boasts an extremely high response rate.  **Impacts and Improvement**  The state studies the data from both the ADRC outcome analysis as well as the satisfaction surveys and identifies trends or outliers. This information is shared with the statewide ADRC Advisory Council if the issues are focused on big picture topics, or to a steering committee specifically designed to manage the Part A grant. Issues, trends, and concerns are discussed and with the assistance of a trainer on staff with the SUA, they develop a plan of action where needed. The state conducts monthly calls with all of the ADRCs together to discuss the results of the surveys in a peer-to-peer learning environment. Both front line staff and management staff are invited. The state identifies key findings and matches needs across the ADRCs with training interventions. Best practices are also identified and flagged for future webinar topics for the ADRCs. The environment is positive and is not meant to be punitive. The state wants to encourage openness and sharing to see both strengths and weaknesses, seeking the input of the local sites on what they feel they need to improve on. The state has assigned liaisons to work with each of the ADRCs who are responsible for ensuring that plans of action are implemented at the local level, best practice webinars are implemented, as well as setting up job shadowing for best practices across the ADRCs.  The overall state CQI process is designed to be reflective. The iterative process is very much a Plan, Do, Study, Act (PDSA) cycle. If they find that they are meeting a benchmark consistently, they ask the local ADRCs whether it is time to reassess that target. This decision goes before the consumer based advisory group for final approval. In the future, the state is going to be implementing a more consistent approach to monitoring each of the ADRCs based upon the new NWD Standards. The state also creates very simple visual summaries for top managers in state government as well as their legislative body.  **Funding**  The NWD/ADRC CQI process is funded mostly using ACL grant money combined with OAA funding and a very small amount of general funds. The OAA funding has been merged with the ACL NWD funding, as the state believes this activity is mutually supportive. They have a strong evaluation capacity and are using the language of the NWD/ADRC for all of their work. |
| Federal Vision for Continuous Quality Improvement |
| The NWD System's Continuous Quality Improvement (CQI) process actively seeks input and feedback from the many different customers who use or interact with the NWD System by utilizing evaluations, survey information and existing data systems.  Customers include individuals and their families, system partners, advocates, providers and professionals in the health and LTSS systems. The CQI process involves rapid cycle improvement to optimize the performance of the NWD System. To be effective, the CQI process includes performance goals and indicators related to the NWD System's key aims that the NWD governing body can use to measure quality over time:   * Visibility on the extent to which the public is aware of the existence and functions of the NWD System; * Trust on the part of the public in the objectivity, reliability, and comprehensiveness of the assistance available from the NWD System; * Ease of access including reductions in the amount of time and level of frustration and confusion individuals and their families experience in trying to access LTSS; * Accessibility of physical locations and accessibility and ADA 508 compliance of all written materials; * Responsiveness to the needs, preferences, and unique circumstances of individuals, including feedback from individuals as it relates to the outcomes of their interaction with the NWD System, especially in relation to the NWD System's ability to enable the individual to realize his/her personal goals that were established during the PCC process, including the administration of complaint and grievance processes and tracking and addressing complaints and grievances; * Efficiency and effectiveness including reductions in duplicative intake, screening, and eligibility determination processes for state administered programs, increases in the number of people who are diverted to more appropriate and less costly forms of support, and the ability of the NWD System to help the state in the rebalancing of its LTSS system, and; * Other indicators to document the value of the NWD System in improving government performance and lowering public costs, such as success stories.   For more information about the NWD model, visit <http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx>. |
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