



## Vermont

### Federal Vision for Stakeholder Engagement

The NWD governing body establishes a cross-disability stakeholder group for the ongoing administration of the NWD System by providing advice to the governing body on NWD System performance and improvement. Stakeholders include individuals with disabilities, older adults, individuals with intellectual and developmental disabilities, individuals with mental/behavioral health needs, advocates, Area Agencies on Aging, Centers for Independent Living, local Medicaid agencies, local organizations that serve or represent the interests of individuals with physical disabilities, Veteran Service Organizations, related Governor's commissions, as well as service providers, and other relevant public and private entities. Any stakeholder group should also include the state's Olmstead committee, task force or stakeholder group. The governing body must establish specific opportunities for stakeholders to shape the vision and direction of the NWD System. Local agencies will likely identify and engage stakeholders; customers trust the people they know.

*For more information about the NWD model, visit:*  
<http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx>.

This brief highlights **Vermont's promising practice to build stakeholder engagement in the development of its NWD system.**

### Vermont's Successful NWD Promising Practice

#### History

Vermont began its NWD system development ten years ago with a commitment to a grassroots approach and engagement of multiple stakeholders. The composition of its NWD/ADRC system included a cross-disability network of core partners with a role, mission, and responsibility for the provision of Information, Referral & Assistance to the primary populations served by the VT Department of Disabilities, Aging & Independent Living (DAIL): older adults, individuals primarily age 18 and over with disabilities, persons with brain injury, persons with intellectual and developmental disabilities, their families and caregivers.

#### Operations

Vermont established its NWD/ADRC system building upon the infrastructure of existing community agencies already committed to serving the populations of interest: its five Area Agencies on Aging, its statewide Center for Independent Living, statewide Brain Injury Association, VT 211 program, and two intellectual and developmental disability peer driven organizations- Green Mountain Self-Advocates and the Vermont Family Network. To ensure buy-in and a sense of equality among the core partner agencies, DAIL committed at the outset to funding each of the core partner agencies with an equal base amount. Each agency then received additional funds based upon specific activities and responsibilities they would assume. This process was very transparent and discussed among all of the core partner agencies so that each knew the role and responsibility each had in the formation of the NWD/ADRC system. That process still exists today when new grant funding becomes available.

## Acronyms

ACO = Accountable Care Organization
ADRC = Aging and Disability Resource Connection
DAIL = Department of Disabilities, Aging & Independent Living
DCF = Department for Children & Families
DVHA = Department of Vermont Health Access
ESD = Economic Services Division
LTSS = Long Term Services and Supports
MFP = Money Follows the Person
NWD = No Wrong Door
SIMS = State Innovation Models initiatives

## Stakeholder Engagement Strategies

The VT ADRC Leadership Team currently functions as its Governing Body, alongside key State leadership across several state agencies including the State Unit on Aging/State Unit on Disability, Medicaid, Veterans Administration Medical Center, and the Agency of Human Services. The ADRC Leadership Team is comprised of the Executive Directors and key supervisory staff of the 10 core partner agencies. This team meets monthly to discuss strategic priorities, future directions, operational functions, and continuous quality improvement.

The 2009 strategic planning process to develop a five-year plan for its NWD/ADRC system was a launching point for the work that is underway today. That process was designed as a parallel activity of the ADRC partnership development, embedding the process within the work it was engaged in to further expand the depth of partnerships and work activities that the ADRC partner agencies were already, or were soon-to-be, involved in. Rather than see the strategic planning process as a separate and distinct role of the ADRC partner agencies and key stakeholders, DAIL began to engage the ADRC Leadership Team in a dialogue around key constructs related to its work to embed the core functions of the ADRC within and among the partner agencies. The ADRC Leadership Team supported this approach, particularly as they felt they didn't want to wait to begin some of this work. The efforts that Vermont took during that time period resulted in a solid foundation to further its work to expand the NWD system refinement that is still underway today.

The following process was implemented over an 18-month period:

1. Review of the Fully Functioning reports prepared by The Lewin Group for each of the states to determine where it stood compared to the national Fully Functioning criteria as described by ACL. This is not unlike the current NWD standards and vision described by ACL, where states are being asked to assess where they are in their system refinement to meet the vision and standards and outline a plan to get there, including any challenges and barriers anticipated.
2. Creation of two internal State teams: one involving the Commissioner, Deputy Commissioner, State Unit on Aging leadership, and the ADRC Project Director and Project Consultant; and second, a team comprised of program directors and managers of DAIL Divisions including those responsible for management information and data systems, the Choices for Care (waiver) program, and Medicaid along with the ADRC Project Director and Project Consultant.
3. Expansion of the ADRC Leadership Team to include ADRC partner agency staff that might play a role in the strategic plan implementation and intersection of the ADRC development alongside the Options Counseling grant received.
4. Creation of two workgroups to begin fostering an environment for "hands-on" experience of ADRC partner agency staff and ownership over the development of partnerships among the 8 partner agencies.
  - a. Information & Assistance Workgroup: This workgroup was comprised of staff of each of the core partner agencies with some responsibility for the provision of I&A services.
  - b. Outreach & Marketing Workgroup: This workgroup was comprised of staff of each of the core partner agencies with some knowledge of the software system used across all partner agencies to track I&A calls and function as a statewide resource database, some public relations, or basic knowledge of information technology.
5. Held monthly Leadership Team meetings to discuss the intersection of workgroup and ADRC activities alongside the development of a framework for the

NWD/ADRC Strategic Plan.

6. Held a meeting to discuss the role of the ADRC among a number of other key state and federal initiatives such as the MFP program and Section Q, Section 3026 of the Affordable Care Act, the VT Blueprint for Health and healthcare reform in the state, among others. VT is currently engaged in similar discussions around the role that the VT NWD/ADRC will play in the Accountable Care Organizations (ACO's) evolution, Medicaid Integrated Eligibility, medical homes, and the SIMS initiative.
7. Agreed to common areas of common activity among the core partner agencies.
8. Reviewed and "vetted" the plan.

To engage the broader stakeholder community, Vermont relies on its core partner agencies as a critical conduit to the local community through its board involvement, collaboration in the VT Legislature, and roles that each of the partners play in many of the major healthcare reform and system reform initiatives currently underway. Rather than form new and separate Advisory Boards and overtax agencies who are already involved in multiple initiatives, Vermont has key leaders within its NWD/ADRC system sitting on the subcommittees and workgroups across the Department for Vermont Health Access (DVHA) initiatives, with the Economic Services Division of the Department for Children & Families (DCF-ESD) responsible for Medicaid financial eligibility, the Agency of Human Services work on Integrated Family Services, among others.

### ***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.