

No Wrong Door: A Model for Biopsychosocial Health Care in the 21st Century



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What does No Wrong Door in Nassau County mean?

Excerpt from interview with County Executive Thomas R. Suozzi, who envisioned No Wrong Door: “The biggest problem in government today is the problem of interoperability,” says Suozzi. “Everyone wants their own little fiefdom. And so we had seven agencies in five buildings, and they never talked to each other.” Worse, says Suozzi, the fragmented arrangement put the county in the position of treating people needing services in a fractured way, preventing the county from ever really getting to the root of problems that might help lead to a more permanent and positive resolution.

Walters, J. “One place to go,” Governing-Human Services, July 2009 (www.governing.com/archive/eletters/humanservices/2009/0907hslet.htm)

Context

- Seven Departments: DSS, Health, Seniors, Mental Health/Chemical Dependency/Developmental Disabilities, Youth Board, Veterans Affairs, Office of the Physically Challenged
- Health & Human Services Budget \$705.4 million – 25.4% of County Budget (down from 28.01% in 2002)
- County Budget – \$2.78 Billion
- Number of HHS Employees – ‘09 – 1,256 (down from 1,452 in 2002; 1,171 projected for 2010)

No Wrong Door Goal

“Provide efficient, effective, and compassionate delivery of government services and assistance to those in need.” (Nassau County Mission, Vision, and Values Statement, Sept. 15, 2009)

Guiding Implementing Principles

- Silos do not work for people or for human service providers
 - People’s needs involve the interaction of biological, psychological and social forces
 - Teamwork & integrated services can prevent problem escalation and can result in better outcomes
- A single point of entry to services supports coordinated and ultimately less costly service delivery
- Compassion does not cost money

No Wrong Door 2002 – 2009

- Established **vertical** consisting of the **7 HHS departments**
- **Consolidated real estate** through a move in 2005 to a state-of-the-art HHS facility housing most of the staff of the vertical
- **Consolidation of infrastructure functions:** accounting and finance, information technology, human resources, planning and research, staff development, quality assurance, program and grant development
- Created a **single point of entry** to services and a coordinated service delivery approach
- **One stop shop;** services available at HHS building: behavioral health, domestic violence, homeless case management, physically challenged, seniors, veterans, youth development
- Designed a welcoming, respectful reception area environment – **the Welcome Center** – which includes a professionally-staffed children’s room, a client library, program activities, and information tables. Assigned staff including a lobby director/assistant director, front desk specialists, children’s room coordinator, and greeters

No Wrong Door 2002 – 2009

- Designed and implemented a **multifaceted staff development program** to facilitate customer service orientation, holistic assessment, comprehensive intervention, skill development (Case of the Week, cross-trainings, quality teams, onsite MSW program, Staff Development Library, internships)
- Introduced **new technology** (Status tracking), the PATHHS tool (Providing Access to Health and Human Services), document imaging
- Developed a **quality management** program including: quarterly consolidated management reports; an ongoing client input survey; client focus groups; status tracking system to analyze & monitor daily traffic flow, client activities, and interdepartmental referrals
- Introduced **Security** based on **CPTED** (Crime Prevention through Environment Design)
- Rerouted **bus stop** directly at the front door from 7 a.m. – 7 p.m.

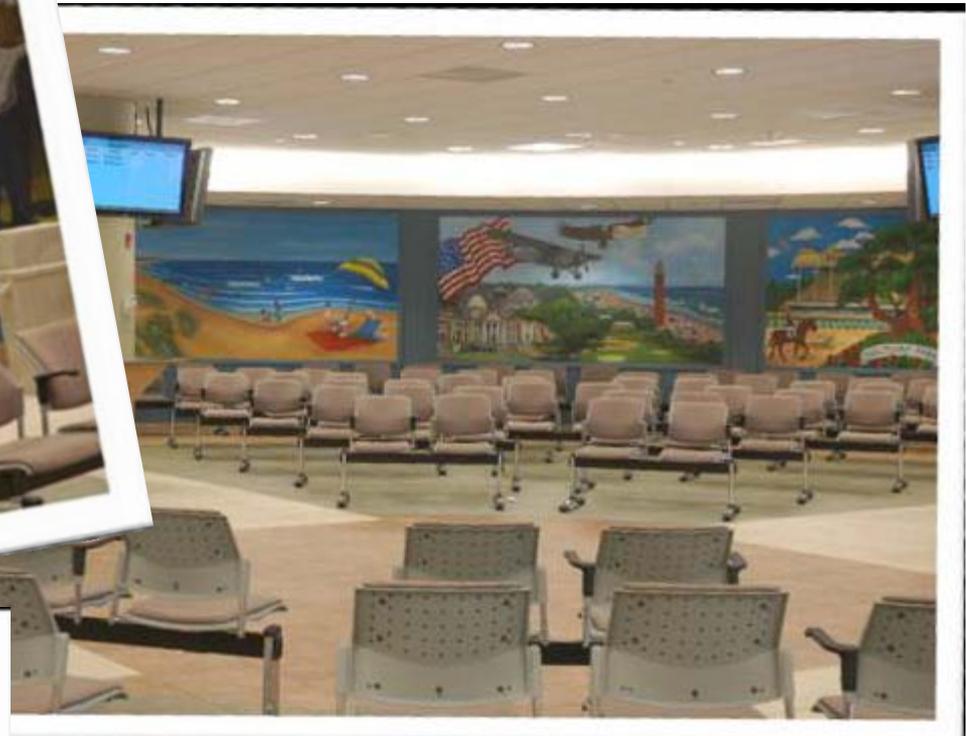
No Wrong Door 2002 – 2009

- **Outstations** of County HHS agencies in Community Health Centers
- **School district partnerships** with the County
- **SAMHSA** Children's Mental Health Grant
- **Interagency Councils** in communities whose residents frequently apply for and use County and community-based services; enhance collaboration among HHS agencies, school districts, law enforcement, faith-based organizations, and other community entities

Old DSS Building 1970's – September 2005



New HHS/No Wrong Door Building Sept. 2005 - Present

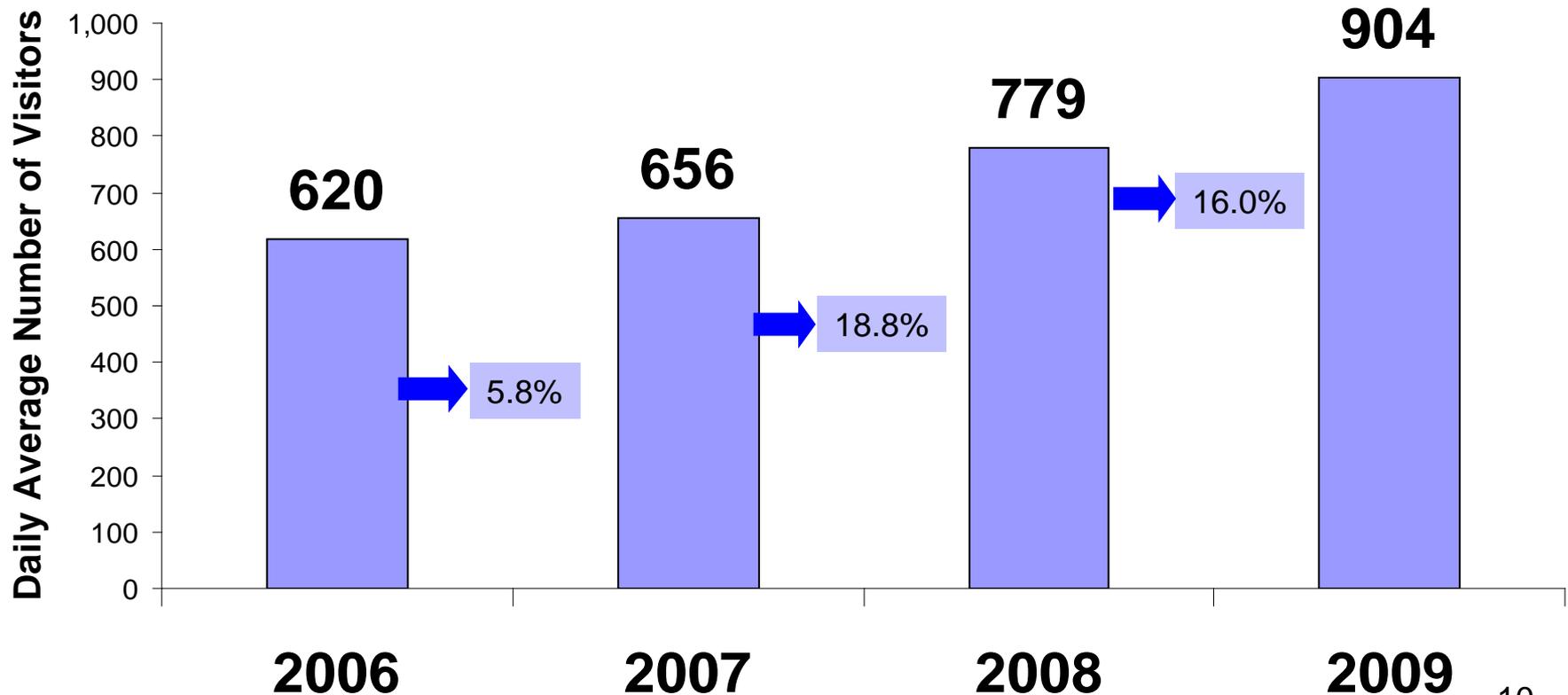


New HHS/No Wrong Door Building Sept. 2005 - present



No Wrong Door: Indications of Effectiveness

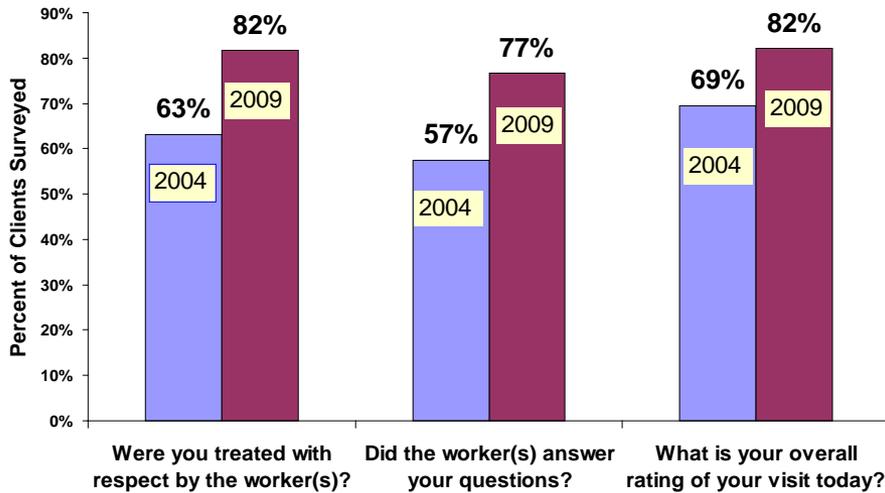
Daily Average Number of Visitors Registering at the Welcome Desk



Is it Working?

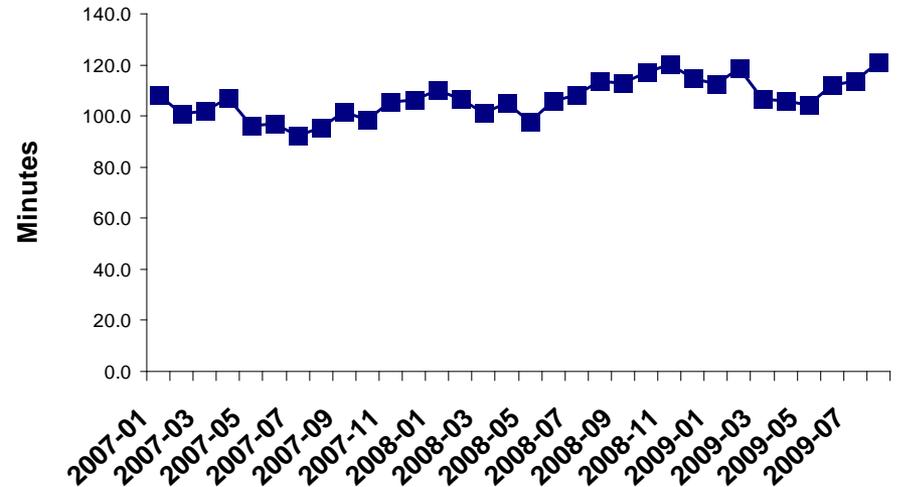
Yet client satisfaction has increased ...

2004 Versus 2009 Service Indicators



... and average wait time has remained stable

Average Wait Time



Lessons Learned

- Organizational cultural change can only occur if the leadership at the highest levels is committed and passionate.
- Staff at all levels must be involved from the very beginning of the change process and staff needs to be helped to understand the direct benefits to their work.
- Confidentiality is a challenge in multi-department coordinated service delivery and needs to be addressed.
- Unanticipated challenges are to be expected.

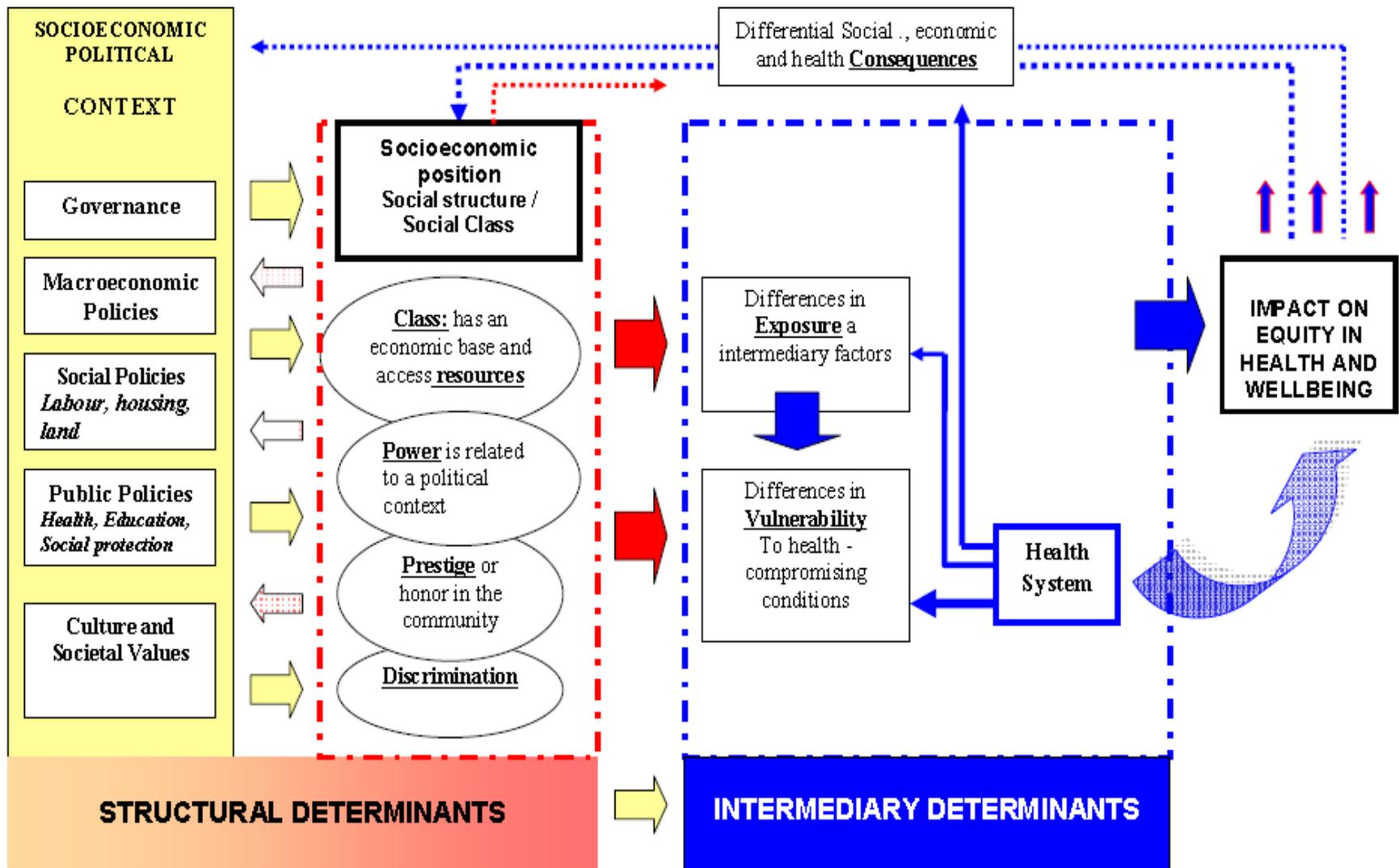
No Wrong Door and Public Health

- NWD – compatibility with DOH practice philosophy, programmatic orientation, and commitment to meeting the multiple needs of the underserved and ensuring their access to services.
- Community Health Worker Program
- Office of Tuberculosis Control
- Healthy Nassau

No Wrong Door: Implications for New Directions in American Health Care

- The philosophical foundations of public health – emphasis on the need for holistic understanding of the impact of biological, psychological and social forces on human wellness
- Image of the WHO model
- Medical Home
- Patient Navigator

WHO Social Determinants of Health Model



Conclusion

- The current “great recession”, the ongoing specter of war, and other environmental stressors make it imperative that coordinated comprehensive care focused on biopsychosocial issues be supported.
- Health care reform provisions promoting comprehensive practice should be seriously considered in the national health care debate: social work case management, multidisciplinary teams, home visiting for pregnant and parenting families and the elderly.
- Evidence based outcomes from No Wrong Door in Nassau County and related models of coordinated comprehensive services demonstrate a new effective and efficient direction to be seriously considered for American health care service delivery in the 21st century.

