B.3 Outreach, Marketing, and Education

The success of *Going Home Plus* to create a major systems-change in the redistribution of funds from institutional to home and community-based services will depend on the successful outreach and enrollment of participants, to effectively marketing the project to service providers, and thoroughly educating and training of all who will be involved in the implementation of the program. The following details are provided to describe how this will be accomplished to assure a successful five-year demonstration period.

a. Information and Targets of Communication Efforts. A comprehensive informational campaign is underway. It is the intention of the project to effectively communicate information on an ongoing basis to all stakeholders across the state. The pre-implementation planning phase has populated a web site with information concerning the planning phase of the project.

Legislators. Legislators and policymakers are informed about the *Going Home Plus* project through a number of venues. With the appointment of a Project Director in November, *Going Home Plus* was featured on a thirty minute televised show. A press release was prepared for publication in the major newspapers. Information concerning the demonstration project has been included in official testimony by the Department of Human Services (DHS) in a number of Hearings during the 2008 Session of the Hawai’i Legislature. Chairs of the relevant Senate and House Committees have been invited to attend meetings of the Stakeholder Group.

Consumers, Families, and Legal Representatives. The prime audience for the outreach and marketing efforts will be potential consumers, their families, and legal representatives. Informational posters (copy included in Appendix D) describing the availability of the project will be placed in each acute care facility, skilled nursing facility, and ICF/MR unit. Informational posters will also be placed in other public places where potential consumers congregate. This will include senior citizen facilities, family-practice and internal medicine physician offices, Medicaid and food stamp offices, and public health clinics.

Care has been taken to make all the materials for this audience in the lowest possible reading level consistent with providing thorough information. A brochure has been developed that will be widely distributed to all Medicaid participants in the target institutions. Those consumers who indicate an interest in participating will be provided a packet that includes a copy of the brochure, a copy of the frequently asked questions and answers (FAQ), a copy of the Informed Consent form, and the Participant Rights and Responsibilities. Copies of each of these are included in Appendices B and D). This packet will be given to each eligible potential participant, their families, or legal representative prior to a discussion of the informed consent. The brochure includes the following information.

- Encourages the consumer to consider the possibility of greater independence.
- Informs potential consumers of the potential opportunity to move into a home environment.
- Provides assurance of access to needed services.
- Raises the options of individual choice and self-direction.
- Describes eligibility requirements.
- Includes contacts from whom further information can be obtained.

Public opportunities will be identified for additional education and outreach efforts. Once such opportunity will be the annual Senior Fair conducted at the Blaisdell Convention Center. Other similar community venues will be sought where targeted individuals participate.

Advocates. Advocates have been fully informed of the progress of the project through participation in the Stakeholder Group. Included in the Stakeholder Group is the Executive Director of the State Council on Developmental Disabilities, the President of the Hawai`i Disabilities Rights Center (P&A agency), the Director of Family Voices, State Independent Living Council, and the Alzheimer's Association.

Regular presentations will continue to be made to advocacy groups. A member of the implementation team is part of the State Council on Developmental Disabilities Housing Committee. That participation will provide an ongoing opportunity for referrals to *Going Home Plus.* Presentations have also been made to the State Independent Living Council and meetings held with the Hawai'i Center on Independent Living. These updates will continue.

Service Providers. Similarly, service providers have been an integral part of the pre-implementation planning phase. They have been the largest group represented on the Stakeholder Group and on the implementation planning committees. These groups included the Adult Foster Home Association, the Alliance of Health Care Administrators, the Health Care Association of Hawai'i, and the Hawai'i Long-Term Care Association.

These groups will continue to be primary targets of outreach efforts. The primary venue will be through their continued participation in the Stakeholder Group. Additionally, the Project Director will routinely meet with the service providers to update them on the progress of the project and to enlist their support in addressing specific barriers.

Intensive training will be provided to assure that transition coordinators are fully informed regarding the demonstration project and able to communicate effectively the advantages and risks involved in agreeing to participate. A script will be utilized to assure that consistency is achieved across the transition coordinators utilized by the project. For the initial six transition coordinators, a one-week training program will be initiated. The transition-coordinator log will be constantly monitored by the Project Director to identify any patterns suggesting the need for further training.

Similar training will be provided to the DOH/Development Disabilities Division case managers and to the case managers of the managed care providers to assure that they are fully cognizant of the advantages of the demonstration project and are able to support the successful transition of their participants from institutional settings into home and community-based services.

Each member of the Management Team is responsible for liaison and initial orientation with the target facilities, hospitals, nursing facilities, and ICF/MRs. Monthly contacts will be maintained with each facility and training provided as needed but at a minimum on an annual basis. Training opportunities will also be available at association meetings and specialty issue meetings.

1115 Managed Care Plans. Orientation will also be provided to both of the contracted managed care plans that will be providing the home and community-based long term care services formerly provided under the 1915(c) authority. This orientation will apprise them of the *Going Home Plus* project, engage their cooperation to implement this project as a team and enlist their support for the redirection of funds from institution care to home and community-based services.

Physicians. A special outreach will be provided to physicians, especially family practice, internists, and gerontologists. They will be provided copies of the poster and brochure. A scholarly article on the project stressing the value of rebalancing the funds to support long-term care is being prepared for peer review and publication in the *Hawai`i Medical Journal.*

Public Agencies. All relevant public agencies are represented on the Stakeholder Group. These include the State Medicaid agency, the DOH/Developmental Disabilities, the DOH/ Office of Health Care Assurance, the DOH/Adult Mental Health Division, the Executive Office of Aging, and the U.S. Department of Housing and Urban Development Honolulu Office. They will continue to be involved and will have opportunities through the Stakeholder Group to provide input to redirect the project if it is failing to meet the identified benchmarks.

b. Types of Media to Be Used. A wide variety of media will be utilized to publicize and market *Going Home Plus.* This will include print media, radio and television, and web-based media. The initial web site, www.cds.goinghome, will be transitioned to the Department of Human Services web site, http://Hawai'i.gov/dhs or www.med-quest.us/ upon approval of the Operational Protocol.

The print media will be accessed through press releases. Press releases will be prepared semi-annually during the lifetime of the demonstration project. The Project Director will continue to participate in televised talk shows, including morning news shows to discuss the project. Public service announcements will be prepared for radio and television. A short informational video about the project and the available home and community-based services will be created and distributed to each of the targeted facilities. Copies of the video will be made available to the residents' family members and friends.

In addition to the posters and brochures, three films are being planned for production during the first year of implementation. Each film will star a participant from each of the target groups (elderly, physically disabled, and developmentally disabled) documenting their successful transition from an institutional setting into a home community. These films will be used on television and in group setting to recruit participants in subsequent years of the project.

c. Targeted Geographic Area. The project is statewide; thus, all materials will be distributed throughout all four counties of the state. The existing networks of Department of Human Services (DHS) and Department of Health (DOH) staff on each island will be utilized to assist with the distribution of materials. For DHS this includes the Medicaid Waiver, Medicaid Eligibility and the Financial Eligibility Sections on each island. For DOH, this includes the Developmental Disabilities Division and the Office of Health Care Assurance that houses the State Licensing Section and Medicare Section licensing services.

Members of the GHP Management Team will also be assigned responsibility for outreach, marketing, and education efforts on each island (county). In addition to the targeted facility assignments, referenced under B.3.a. Service Providers, the GHP Management Team will provide initial orientation, follow-up education, oversight of brochure and poster dissemination, problem identification and mitigation for advocacy groups, home and community based service providers (including local foster home provider organizations), DHS Medicaid and Financial Eligibility office staff, families and the media on their assigned island. Transition coordinators on each island will be responsible to conduct the ongoing contacts with local providers and families. Efforts that can be consolidated to reduce travel expenses will be implemented, in particular, use of the State Video Conference Centers for in-services and meetings.

d. Dissemination Locations. Primary locations for the dissemination of posters and brochures will obviously include acute care hospitals, nursing facilities, and ICF/MR locations. Additional dissemination locations will include physician offices, primary care clinics, rehabilitation centers, public housing, public housing offices, social service agencies, public health offices, senior citizen centers, and state medical and financial assistance offices. Posters and brochures will also be provided to advocacy agencies such as the State Council on Developmental Disabilities, the Hawai’i Disability Rights Center, the Hawai’i Center for Independent Living, the State Independent Living Council, Hawai’i Services for the Deaf, the Veterans Association, and Alzheimer’s Association.

e. Training and Education Schedule. The proposed training activities are shown in Table B.3.1. with the targeted audience, topic, timeline and method of evaluation.

Table B.3.1. Training and Education Schedule.

Targeted Audience	Topic	Timeline	Evaluation Measures
Hospital Discharge Planners, Nursing Facility Social Workers	MFP overview Referral/access procedures, Discharge coordination	July 2008 Quarterly	Schedule of trainings Evaluation of training
Transition Coordinators	Outreach, Recruitment, Informed Consent, Transition planning, Transition support*	July 2008 Quarterly	Schedule of trainings Evaluation of training
HCBS Waiver Case Managers	Transition Support	Quarterly	Schedule of trainings Evaluation of training
Developmental Disabilities Case Managers	Transition support	Quarterly	Schedule of trainings Evaluation of training
QExA Plan Managers	Program overview Transition planning Transition support	June 2008 TBD Quarterly	Schedule of trainings Evaluation of training

Targeted Audience	Topic	Timeline	Evaluation Measures
HCBS Service Providers	Transition Support Emergency back-up Adverse event reporting, Complaints	Quarterly	Schedule of trainings Evaluation of trainings
ICF/MR Facilities	MFP overview TBD	TBD	Schedule of trainings Evaluation of trainings

***** Transition support training examples: Transition coordinator and case manager roles and responsibilities, coordination, enrollment process timelines, case scenarios, housing-related topics, back-up systems, caregiver support, self direction, service planning, crisis intervention, preventive health measures, adverse events, and quality management.

f. Accessibility to Information. Accessibility to all print media will be assured through the availability of all materials in large-print, Braille, and audio formats. Access to interpreter services will be assured through utilization of family, staff, or contracted translators, including the Hawai’i Services for the Deaf to provide sign-language interpreters whenever needed. The web site will conform to W3C-Level 1 to ensure that it meets international web accessibility standards. These will actually go beyond Level 1 to meet the higher standards of Level 2 and 3.

g. Cost-Sharing Information, A portion of the *Going Home Plus* participants will have a Medicaid spend-down requirement when they move to the community. The transition coordinator and case manager will verify and monitor the participant’s Medicaid eligibility status and explain spend-down responsibilities to the participant. Changes of income and residence must be reported in a timely manner to the Medicaid Eligibility Worker. The participant will receive written notifications from the State indicating all spend-down liability changes and effective dates.