

Celebrating our No Wrong Door Progress and Impact

On June 17, 2026, No Wrong Door grantees participated in the *Celebrating Our No Wrong Door Progress and Impact* webinar, highlighting accomplishments achieved during the first half of the *Enhancing State No Wrong Door Systems for Efficient Access to Long-Term Services and Supports (LTSS)* grant period. Grantees shared the challenges and opportunities that shaped their projects, the strategies they implemented to address them, and outcomes achieved to date. Presentations also featured tools and lessons learned, all geared towards creating more coordinated, person-centered, and accessible No Wrong Door systems.

Governance and Person-Centered Counseling	Marketing	Technology
California Missouri North Carolina Rhode Island Virginia	Michigan Utah Wisconsin	Maryland Massachusetts Texas Vermont

Governance and Person-Centered Counseling

California

What is the problem you are trying to solve?

- **Difficulty navigating LTSS systems:** Older adults, people with disabilities, and caregivers often struggle to access and navigate the wide range of available services and supports.
- **Need for more personalized navigation support:** Californians experience difficulties finding information and making informed decisions regarding LTSS, including a lack of awareness of services available in their own communities.
- **Lack of a scalable statewide No Wrong Door model:** California has faced challenges in identifying sustainable approaches that can strengthen and inform a future statewide No Wrong Door system.

How did you address the problem?

- **Piloted community health worker navigators:** California embedded and trained community health workers within three area agencies on aging (AAAs) to support older adults, people with disabilities, and caregivers.
- **Tested navigation and care coordination strategies:** The project explored how navigators can assist with hospital-to-home transitions, housing navigation, in-home services, and connections to community supports.
- **Developed a sustainable statewide model:** California created a toolkit and business case to support broader adoption of community health workers as aging and disability navigators using Medicaid, Medicare, and other funding sources.

Missouri

What is the problem you are trying to solve?

- **Fragmented LTSS system:** Silos across the LTSS system can make coordination of a No Wrong Door system and consistent implementation challenging.
- **Inconsistent person-centered practices:** While person-centered efforts exist across their No Wrong Door system, there is no shared understanding, language, or expectation for how these practices should be implemented.
- **Need for training and resources:** Stakeholders identified a need for tools and training to support a more consistent and robust person-centered approach.

How did you address the problem?

- **Developed a cross-system training approach:** The University of Missouri-Kansas City (UMKC) launched regional No Wrong Door training events that brought together partners to learn and apply person-centered practices.
- **Established a shared framework and language:** UMKC provided trainings using Charting the LifeCourse principles and tools to help partners build a common understanding of person-centered thinking.
- **Leveraged practical person-centered tools:** UMKC used resources such as the Integrated Support Star to help staff identify a broader range of supports, including personal strengths, relationships, community resources, and technology.

North Carolina

What is the problem you are trying to solve?

- **Lack of a coordinated statewide No Wrong Door system:** The state has many strong local and regional initiatives, but they are not connected through a fully integrated statewide structure.
- **Limited awareness of the No Wrong Door framework:** Many organizations are conducting No Wrong Door-related work but are not familiar with the framework or how their efforts align with broader system goals.
- **Fragmentation across sectors and partners:** Existing efforts often operate in silos, making it difficult to share best practices, coordinate activities, and identify statewide opportunities for improvement.

How did you address the problem?

- **Identified and elevated existing No Wrong Door efforts:** North Carolina engaged regional hubs, local organizations, and community partners to learn from successful models already operating across the state.
- **Promoted cross-sector collaboration and shared learning:** North Carolina facilitated connections among partners, reduced silos, and highlighted best practices that can support future system development.
- **Strengthened governance and statewide coordination:** North Carolina aligned No Wrong Door efforts with the state's Multisector Plan on Aging and launched workgroups focused on person-centered counseling, referrals, and IT to guide future priorities.

Rhode Island

What is the problem you are trying to solve?

- **Inconsistency across organizations and staff:** The agencies and personnel providing support do not coordinate resulting in inconsistent information and service delivery.
- **System fragmentation:** Individuals often interact with multiple agencies when seeking LTSS, making the system complex, confusing, and difficult to navigate.
- **Limited statewide integration of information and outcome tracking:** The state lacks efficient referral pathways, shared workflows, and outcome tracking.

How did you address the problem?

- **Invested in workforce development:** Rhode Island developed targeted training courses for aging and disability resource centers (ADRC) staff to strengthen knowledge of service options, referral pathways, and person-centered practices.
 - **Expanded cross-system collaboration:** Rhode Island increased partnerships with agencies and community organizations and established a statewide No Wrong Door workgroup to improve coordination and communication.
 - **Enhanced tools and infrastructure:** Rhode Island created resource guides and training materials and redesigned its ADRC customer relationship management (CRM) system to improve service navigation, referral management, and outcome tracking.
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Virginia

What is the problem you are trying to solve?

- **Difficulty accessing LTSS services and supports:** Individuals and families experience barriers to finding and accessing the LTSS they need.
- **Need for a more coordinated No Wrong Door system:** People often receive inconsistent assistance, with quality of person-centeredness and resources shared varying based on where they enter the system.
- **Gaps in tools, visibility, and system capacity:** There is a need for stronger resources, shared knowledge, data capabilities, branding, and sustainable infrastructure to support No Wrong Door implementation.

How did you address the problem?

- **Established a shared statewide vision and framework:** Virginia aligned partners around a common mission, developed No Wrong Door 101 materials, and created tools to support consistent communication and collaboration.
- **Strengthened partnerships and strategic planning:** The No Wrong Door team engaged all 25 AAAs, built relationships across the state, and developed a roadmap to guide future priorities.
- **Enhanced public-facing resources and collaboration:** Virginia improved the No Wrong Door website, Easy Access, with new tools and resources and convened partners through its No Wrong Door Summit to advance a more coordinated and accessible system.

Marketing

Michigan

What is the problem you are trying to solve?

- **Limited awareness of No Wrong Door services:** Michigan identified a need to increase awareness of person-centered options counseling and its No Wrong Door program, MI Options, among residents and partners.
- **Disconnected systems and partners:** Michigan flagged opportunities to improve coordination and interoperability across organizations and technology platforms.
- **Need for stronger statewide governance:** Michigan is seeking to build a governance structure and strengthen partner understanding of available LTSS programs and services.

How did you address the problem?

- **Launched a statewide marketing campaign:** Michigan developed and launched a public awareness campaign to promote LTSS resources and the No Wrong Door system.
- **Advanced system coordination and governance:** Michigan established the framework for a No Wrong Door advisory council and partnered with Medicaid stakeholders to support system governance.
- **Enhanced partner engagement and connectivity:** Michigan worked to improve system integration, strengthen relationships across organizations, and increase understanding of available programs and services.

Utah

What is the problem you are trying to solve?

- **Fragmented caregiver resources:** Caregiver resources and supports exist across many organizations but are scattered and difficult for caregivers to find and navigate.
- **Limited awareness of available supports:** Caregivers and the professionals who serve them often lack visibility into the full range of services, information, and training available statewide.
- **Need for a caregiver-focused entry point:** The University of Utah is seeking to create a No Wrong Door approach specifically for caregivers, ensuring they can access information and supports through a single, coordinated pathway.

How did you address the problem?

- **Created tools to improve access and awareness:** The University of Utah developed brief informational videos that point to resources to help caregivers and professionals more easily find support.
- **Developed a centralized caregiver resource hub:** The University of Utah partnered with the state unit on aging to create a caregiver-focused website that brings resources, trainings, and information together in one location.
- **Built caregiver understanding and outreach efforts:** The University of Utah conducted a caregiver simulation exercise to help professionals better understand caregiver challenges, with plans to launch a statewide awareness campaign to promote resources and services.

Wisconsin

What is the problem you are trying to solve?

- **Low tribal engagement in the No Wrong Door system:** The state's eleven tribal Nations are disconnected from services and supports due to the system's lack of cultural responsiveness.
- **Lack of awareness and understanding of available services:** Tribal communities and partner organizations need greater awareness of ADRC, Adult Protective Services (APS), and other No Wrong Door resources.
- **Gaps in coordination and training:** State, tribal, and community partners need additional guidance, technical assistance, and training to improve collaboration and referrals.

How did you address the problem?

- **Provided dedicated tribal support and funding:** Wisconsin created a Tribal Programs Quality Specialist position and funded tribal aging and disability resource specialist, dementia care specialist, and benefits specialist positions to help connect tribal members to services.
- **Conducted outreach and awareness activities:** Wisconsin launched a marketing campaign and partnered with tribal agencies to increase awareness of available services and support aging in place.
- **Assessed needs and developed improvement strategies:** Wisconsin conducted surveys and focus groups with ADRCs, APS, and tribal partners to identify gaps, inform future training resources, and strengthen referral pathways and partner collaboration.

Technology

Maryland

What is the problem you are trying to solve?

- **Capacity challenges across the No Wrong Door system:** Maryland Access Point (MAP) offices are operating at or beyond capacity, resulting in waiting lists and barriers to timely access.
- **Fragmented service experience:** Clients often repeat information multiple times, experience duplicative efforts, and receive inconsistent information across access points.
- **Inconsistent information and referrals:** Differences between information provided by 211 and local MAP offices can result in uneven access to services and supports.

How did you address the problem?

- **Strengthened 211 as the primary entry point:** Maryland shifted routine information and referral activities to 211 to increase local office capacity for more intensive services.
- **Implemented a warm handoff process:** Maryland established electronic referrals between 211 and local MAP offices to improve coordination and reduce duplication.
- **Enhanced training and resource information:** Maryland improved 211 specialist training and resource directories to provide more consistent and equitable service statewide.

Massachusetts

What is the problem you are trying to solve?

- **Lack of digitally available resources to direct consumers:** Digitally comfortable consumers are unable to practice self-service, creating a high demand for live calls to reach services.
- **Inefficiency in call center systems:** High demand and inefficiencies in referral systems mean individuals often repeat their story and experience delays in accessing services.
- **Outdated I&R data collection and logging services:** Referrals are currently received via email with a link to a secure portal requiring dual verification, and delays mean referral information is often repeated multiple times or lead to duplicate entries.

How did you address the problem?

- **Work with partners to identify gaps and solutions:** Massachusetts worked with their Executive Office of Health Services (EHS) sister agencies and regional offices to determine CRM needs. From there, Massachusetts worked with EHS IT and their IT contractors to determine possible IT solutions.
- **Evaluate front door access points to inform MassOptions website refresh:** Massachusetts evaluated their MassOptions' website front door interface and referral systems to inform a refresh of the MassOptions website refresh.
- **Compile findings and determine steps for implementation:** Massachusetts will compile findings from EHS, IT contractors, and the evaluation into a Road Map for EHS leadership and stakeholders to use to explore resources for statewide implementation.

Texas

What is the problem you are trying to solve?

- **Outdated and fragmented systems:** ADRCs and other No Wrong Door access points rely on manual data entry and disconnected information technology (IT) resources. Staff are entering the same information multiple times, tracking outside of systems, and spending extra time piecing together prior actions or processes.
- **Lack of interoperability across access points:** No Wrong Door partners use different systems and do not consistently share information.
- **Inefficient consumer navigation experience:** Texans seeking LTSS frequently encounter repeated referrals and delays and often end up carrying the burden of navigating the system themselves.

How did you address the problem?

- **Modernizing information management across ADRCs:** Texas launched its first statewide information management system supporting all 28 ADRCs and AAAs.
- **Identifying and addressing IT gaps statewide:** Texas conducted a comprehensive IT gap analysis across No Wrong Door partners. Additionally, Texas performed secret shopper calls to access points to determine gaps that may exist from a user perspective.
- **Advancing Coordination through pilot testing:** Texas will launch a closed-loop referral pilot between a 211 Area Information Center and an ADRC to test referral tracking, accountability, and follow-up, while developing a best practice model for replication and scaling across the state.

Vermont

What is the problem you are trying to solve?

- **Outdated information, Assistance, and Referral (I&R) system and Senior Help Line:** The Senior Help Line is outdated, often dropping calls or re-routing calls erroneously, and must be moved to a modernized system.
- **Fragmented IT systems:** Vermont experiences interoperability issues between the five AAAs across the state, including an inability to share data. Establishing data sharing protocols and enhanced compliance measures are necessary to move this forward.
- **Complex network of partnerships creating redundant services:** Each AAA has individual contracts for services with various contractors; as a community care hub (CCH) network, many of these contracts are now redundant.

How did you address the problem?

- **Migration to a single Cloud network:** In combination with an ACL Center of Excellence grant, Vermont migrated all five AAAs onto a single Cloud network that allows for data and service sharing.
- **Pooled cost-saving methodology and bi-directional data exchange:** Vermont developed a pooled cost-saving methodology for software contracts, increasing overall performance and security metrics across the five AAAs. One of these contracts is with Vermont's Health Information Exchange (HIE) and will allow for a bi-directional data exchange between the AAA case management system and the HIE.
- **Integrating Older Vermonthers Help Line and resource database:** Vermont will integrate the new call center, the Older Vermonthers Help Line, and a resource database connected to Vermont 211 into the Cloud network, and is exploring APIs to integrate the HIE, AAA case management, 211, and I&R into a single software.