

Rapid Assessment of the No Wrong Door System

About this Assessment

State and/or local [No Wrong Door \(NWD\) System](#) access points (such as centers for independent living (CILs), area agencies on aging (AAAs), and aging and disability resource centers (ADRCs)) can use this Rapid Assessment to identify organizational steps for emergency response and preparedness. The assessment is organized in four sections and expected to take 15 minutes to complete.

[Section 1](#) (Items 1-10): establishing a rapid response team and response plan and conducting a high-level assessment of IT and communications.

[Section 2](#) (Items 11-13): assessing people in need of NWD System supports, available services and shortages, and workforce capacity.

[Section 3](#) (Items 14-20): modifying the services available to address needs identified in Section 2.

[Section 4](#) (Items 21-24): adjusting workforce to facilitate the service modifications identified in Sections 2 and 3.

Check “Yes”, “No”, “In Progress”, or “Not Applicable” to best reflect your current response for each item:

- Yes: The state or local entity has fully completed the item
- In Progress: The state or local entity has partially completed the item
- No: The state or local entity has not begun completing the item
- Not Applicable: The state or local entity does not plan to address the item, or the item does not apply to the state or local operations or structure

For each question, there is no “right” or “wrong” answer. Instead, this assessment is meant to foster state and local reflection and lead to positive action, when appropriate. At the bottom of the assessment, a snapshot of promising practices is provided to help your NWD System get started in developing a strategy in areas of need.

The gray open-ended boxes in the Reflection section allow you to note more detailed information as you complete this assessment.

Complete this assessment as often as needed to determine progress made over time.

To track completion of this rapid assessment over time, record the date and version number each time you complete the assessment:

State/Territory	
Local Entity (if applicable)	
Person Completing the Assessment	
Date of Completion	
Version (e.g., Version 1)	

Assessment

Section 1: Rapid Response Team and Response Plan

Item	Response
<p>1. The NWD System convenes an emergency response team to address the current and potential needs of at-risk populations.</p> <p><i>The NWD emergency response team may include representatives of the state Medicaid Agency, the State Unit on Aging, the state agencies that serve or represent the interests of older adults, individuals with physical disabilities, intellectual and developmental disabilities, and the state authorities administering mental health services.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>2. The NWD emergency response team coordinates with the statewide response team or other key state leaders. This is of crucial importance to avoid duplication of effort when responding to the items below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>3. The NWD emergency response team develops and continuously updates an Emergency Response Plan, which includes response, recovery, mitigation, and ongoing preparedness.</p> <p><i>For an example of a COVID Response Plan and Team, see Promising Practices 1 and 3.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A

Your rapid response team may also consider completing the following activities. These activities may vary depending on state structures and priorities.

Item	Response
<p>4. The NWD emergency response team may assign leads to each of the following areas. These leads develop solutions and strategies to address identified needs, monitor for improvement, provide data for measuring progress and changing conditions, and continuously report back to the leadership team.</p>	<p><i>See below</i></p>
<p>a. <i>Population need (e.g. addressing the needs of persons changing from congregate to home delivered meals, persons with chronic conditions who were not homebound prior to the emergency, nursing facility residents);</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>b. <i>Workforce need (e.g. developing volunteers, engaging family caregivers); and</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>c. <i>Services need (e.g. evaluating waitlists and reviewing data on types of referrals, changing service models such as congregate to home delivered meals, adding services to address issues unique to or exacerbated by the emergency, such as social isolation).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A

Item	Response
<p>5. <i>The team reviews the existing emergency preparedness plan, any disaster declaration requests, Federal Emergency Management Agency (FEMA) assistance, volunteer systems such as National Guard and Medical Reserve Corps, and existing lists or registries such as:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Disaster list (state functional and access directory is often a part of emergency plans)</i> <input type="checkbox"/> <i>Person-Centered Counseling clients</i> <input type="checkbox"/> <i>Home-delivered meal clients</i> <input type="checkbox"/> <i>MDS Section Q</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>6. <i>The NWD emergency response team pursues new funding opportunities or creatively reallocates funding, when possible, to benefit populations most in need.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>7. <i>The NWD emergency response team explores changes in IT needed to track and document emergency- or disaster-related calls, actions taken, outcomes, workforce issues (e.g. increased call volume, higher caseloads), organizations providing services (e.g. capacity by region and type of service) and services issues (e.g. unmet needs, follow-up on referrals). As appropriate, the team mobilizes existing IT or requested add-ons from IT vendors to track emergency- or disaster--related data for populations served by the NWD System.</i></p> <p><i>For an example of data to track, see Promising Practice 2.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>8. <i>The team may develop a dashboard to track most at-risk individuals and utilizes this dashboard to make decisions, develop outreach plans, plan for additional emergencies, and share data with other state agencies and with critical pathway service providers.</i></p> <p><i>For an example of data dashboards, see Promising Practice 4.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A
<p>9. <i>As required to meet increasing demand for NWD support, the team deploys technology to personnel and adjusts protocols to address changing populations, increased caseloads, and adapted NWD practices.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A

Item	Response
<p>10. <i>The Emergency Response Plan includes a strategy for regular communication (e.g., updates to a central website, e-mails, fact sheets, mailings) with the following groups:</i></p> <ul style="list-style-type: none"> a. <i>people served,</i> b. <i>key stakeholders,</i> c. <i>paid staff and volunteers,</i> d. <i>paid and unpaid family caregivers,</i> e. <i>existing NWD System partners or potential partners, including service providers, and</i> f. <i>others, as appropriate.</i> <p><i>These communications may include information about assistance the NWD System can offer, such as connections to available emergency funding.</i></p> <p><i>For an example of response communications, see Promising Practice 3.</i></p> <p><i>Review the FEMA Disaster Preparedness Guide for Caregivers (ready.gov) for information tailored to caregivers.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>

Section 2: Assessing Populations, Service Needs, and Workforce

Item	Response
<p>11. The NWD emergency response team gathers information on whether individuals are unable to receive the services they need due to lack of supply.</p> <p><i>You may consider gathering this data through information and referral calls, person-centered counseling conversations, conversations with community leaders and on-the-ground staff (e.g., local government, community-based organizations), and other available sources</i></p> <p><i>See Promising Practice 4.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>12. The NWD emergency response team gathers information about workforce and service capacity issues, potential service shut-downs, reallocation of staff, virtual work environment capabilities, volunteer engagement, constraints, etc.</p> <p><i>See Promising Practices 6-8, as well as item 12a below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>

Item	Response
<p>12a: Additional Ideas for Information Gathering</p> <p><i>This assessment should gather information about both services and workforce (including both NWD System personnel and long-term services and supports (LTSS) service providers) from on-the-ground staff. This assessment may consider:</i></p> <p><i>Services such as:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Information and referral/assistance <input type="checkbox"/> Outreach <input type="checkbox"/> Person-centered counseling <input type="checkbox"/> Personal care <input type="checkbox"/> Transportation <input type="checkbox"/> IT/website management <input type="checkbox"/> Case management <input type="checkbox"/> Care transitions <input type="checkbox"/> Application assistance for public programs <input type="checkbox"/> Functional assessments for Medicaid eligibility <input type="checkbox"/> Financial eligibility for Medicaid <input type="checkbox"/> Informal/family caregivers <p><i>Workforce considerations such as:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Immediate health and safety (symptoms check, potential exposure in a public health emergency) <input type="checkbox"/> Burnout risk including evidence-based stress reduction techniques <input type="checkbox"/> Need for personal protective equipment (PPE) <input type="checkbox"/> Workload <input type="checkbox"/> Technology needs for working virtually <input type="checkbox"/> Training needs for new work environment (coordinate with state AT program for what they can offer) <input type="checkbox"/> Collection of this information could occur through surveys sent via email, check-ins with supervisors, or quick "stand-up calls" with groups of staff <input type="checkbox"/> Volunteer capacity, engagement of new volunteers 	<p>See item above</p>
<p>13. After assessing changes in population need, the emergency response team modifies the preliminary Response Plan to outline a strategy for outreach to populations with the highest likely need or risk.</p> <p><i>For examples of outreach strategies, see Promising Practices 9-13, Section 3 of the Rapid Assessment, and item 13a below.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>

Item	Response
<p>13a: Additional Ideas for Outreach</p> <p>You may want to collaborate with other state entities such as the Department of Health when developing your outreach strategy. Populations with the highest need/risk may include the following groups:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individuals infected <input type="checkbox"/> Individuals transitioning from NF to home or hospital to home <input type="checkbox"/> Individuals living in institutions <input type="checkbox"/> Individuals living alone <input type="checkbox"/> Individuals with gaps in critical services, including waiver enrollees whose services have been impacted by the emergency or disaster (e.g., in-home personal care, home-delivered meals, etc.) <input type="checkbox"/> Individuals with chronic conditions <input type="checkbox"/> Veterans <input type="checkbox"/> Individuals in rural settings 	<p>See item above</p>

Section 3: Modifying Services

Item	Response
<p>14. Based on the most pressing needs and service gaps identified in Items 11-13, the team identifies services that should be adjusted or created to meet those needs. The emergency response plan is amended to include innovative strategies to address population needs, service gaps, and workforce needs.</p> <p><i>See Promising Practices 13-18.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>15. The NWD System has a toll-free line or public webpage providing information about which service providers are still operating, which have service changes, and other important information.</p> <p><i>It may be challenging to keep up to date with this information. Consider using existing data to analyze services most used by clients or services receiving the highest number of referrals; outreach can then be targeted to those service providers.</i></p> <p><i>See Promising Practice 16.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>16. Based on the emergency response plan, the NWD System revises information, referral, and education/assistance (IR&A) protocols, as needed, to address populations at highest risk.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>

Item	Response
<p>16a: Additional Ideas for IR&A modifications</p> <p>You may also consider using e-screens to assess and respond to individuals' immediate needs, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms or risk factors <input type="checkbox"/> Meal delivery <input type="checkbox"/> Telephone reassurance <input type="checkbox"/> Medicine and essentials delivery <input type="checkbox"/> Support accessing telehealth <input type="checkbox"/> Social isolation mitigation <input type="checkbox"/> Assistance during caregiver absence <p>For examples of information and referral calls or e-screens, see Promising Practice 5.</p>	<p>See item above</p>
<p>17. The NWD System deploys an outreach strategy to hospitals, including information on how the NWD System can facilitate transitions to home and ensure continuity of essential services. If appropriate, the NWD System partners with hospitals to address the needs of hospitalized individuals, including initiating new programs to maintain safety and mitigate social isolation. These strategies are included in the emergency response plan.</p> <p>For examples of partnerships with hospitals, see Promising Practice 19.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A</p>
<p>18. The NWD System deploys an outreach strategy to nursing facilities, including information on how the NWD System can facilitate transitions to home and ensure continuity of essential services. If appropriate, the NWD System partners with nursing facilities to address the needs of individuals in the facilities, including initiating new programs to maintain safety and mitigate social isolation. These strategies are included in the emergency response plan.</p> <p>For examples of partnerships with nursing facilities, see Promising Practices 20-23.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A</p>
<p>19. The NWD System implements programs to inform people about and encourage self-direction and/or provide reimbursement for family caregivers during the emergency or disaster.</p> <p>See Promising Practice 15.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A</p>
<p>20. As a result of the emergency or disaster, the NWD System assists individuals with applying for unemployment, as appropriate, or identifying other emergency funds.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/> N/A</p>

Section 4: Adjusting Workforce

Item	Response
<p>21. Based on the workforce assessment in Item 12, the team ensures that the emergency response plan addresses workforce needs across paid staff, volunteers, and caregiver support.</p> <p><i>The plan should address issues such as health, safety, burnout risk, retention, reimbursement, and access to needed support and PPE.</i></p> <p><i>For examples of fostering workload management and preventing burnout during crisis, see Promising Practices 24-26.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>22. The NWD System identifies which needs for each risk population can be met by volunteers or re-assigned staff available across NWD System Access Points.</p> <p><i>For example, needs may include:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Meal delivery <input type="checkbox"/> Telephone reassurance <input type="checkbox"/> Medicine and essentials delivery <input type="checkbox"/> Support accessing telehealth <input type="checkbox"/> Social isolation mitigation <p><i>For an example, see Promising Practice 27.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>23. Based on the workforce assessment, the NWD System engages volunteers and the staff to meet identified needs. Mobilization should follow standards for screening, training, recruitment, and retention, even if these must be simplified, expedited, or shifted to a virtual format.</p> <p><i>See Promising Practices 29-32.</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>
<p>24. A process is in place to expedite traditional state processes for executing and implementing emergency-specific MOUs, protocols, or agreements for required partnerships, as applicable.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> In Progress</p> <p><input type="checkbox"/> N/A</p>

Reflection

This section offers a space to add any additional thoughts and reflections around your state’s emergency and disaster response.

1. How have your state or local sites successfully engaged volunteers or reallocated existing staff to meet pressing needs? What workforce/service capacity challenges have you experienced?

2. If at all, how have your information, referral, and assistance protocols adapted as a result of the emergency or disaster? For example, have you implemented new screening procedures for social isolation, wellness, immediate needs, caregiver support, etc.?

3. How are the state or local sites successfully responding to the emergency or disaster? Have you identified any best practices that could be shared more broadly? You may also share any lessons learned or overarching reflections about your response. *For example, have you conducted a successful rapid assessment? What innovative service structures or new partnerships have you implemented? How have you addressed social isolation? How are you virtually managing NWD access functions?*

4. What, if anything, has changed about your care transitions programs as a result of the emergency or disaster? Have your local sites been able to form new partnerships with hospitals or nursing facilities? What do care transitions services look like across your state?

Promising Practices

Below is a snapshot of promising practices to help you get started. This list is not intended to reflect all available practices.

Developing a Response Team and Response Plan

1. The Nevada aging network developed a [COVID Rapid Response Plan](#). The plan designates leads for key functions such as responding to target population needs, volunteer workforce, and services mobilization. The plan engages many partners and operates under the direction of a leadership team.
2. IT vendor Wellsky convened a workgroup of Advancing States members to [draft a common data set](#) for tracking COVID-related information.
3. Virginia has established a COVID response team that meets weekly. All NWD and Virginia Department of Aging and Rehabilitative Services websites also stay aligned with Virginia's broader COVID response. To effectively share information, Virginia distributes a weekly COVID response newsletter to all NWD System partners and convenes a weekly webinar with NWD System lead agencies.

Assessing Populations, Services, and Workforce

4. [VIA LINK](#), an organization that serves as the 2-1-1 call center for southeast Louisiana, developed online data visualization dashboards that map locations of individuals calling for assistance, their demographics, call dates, and the types of assistance requested. These dashboards have facilitated partnerships with other organizations; for example, the city of New Orleans has used the dashboards when planning mobile units, and the food bank system used the dashboard to plan out meal delivery services. VIA LINK has offered to provide dashboard templates to information, referral, and assistance organizations who would like to create similar visualizations.
5. A New York City health insurer, MetroPlus, identified individuals most at-risk for hospitalization, even if they do not contract COVID-19 (e.g., individuals with chronic conditions who may not be able to obtain medications or critical care when remaining at home). MetroPlus teamed up with Amazon, Bain & Company, and AirNYC to [create a text message chat bot to assess people's needs](#). MetroPlus could then connect people with appropriate social services. This initiative also highlighted the importance of supporting social services, which are stretched thin during the pandemic.
6. The National Council on Aging (NCOA) conducted a [survey of 1,003 community-based organizations](#) to identify the service population's most pressing needs, CBOs' capacity, service adjustments, and ongoing barriers.
7. Utah used an [online survey](#) to quickly gather perspectives from directors and front-line staff of AAAs, CILs, and senior centers. Utah received at least one response from every county, which helped leadership understand the immediate needs in individual communities across the state. Directors were also able to indicate a requested dollar amount range of funding required to address their clients' needs. Similarly, Virginia conducted two

formal state-wide surveys and engaged in interviews and conversations with NWD System lead agencies, state leadership, and NWD System partner agencies.

8. ADRCs may be able to use their database to query providers on need for PPE. IT vendor Wellsky convened a workgroup of Advancing States members to [draft a common data set](#) for tracking COVID-related information.

Conducting Outreach

9. DC Mayor Muriel Bowser issued an [order](#) to conduct outreach to proactively identify Medicaid beneficiaries who may have underlying conditions and provide care and case management to help them take steps to lessen the risk of contracting and spreading COVID-19, determine whether they have symptoms of COVID-19, and provide information on any medical care, case management, or other support that may be appropriate. ADRC staff could potentially engage in this type of activity as a Medicaid claimable activity.
10. [CareSignal](#) is offering a free application called *COVID Companion* to help keep in touch with vulnerable populations by providing information and updates via text and phone. CareSignal is also offering a free application called *COVID Connect*, which tracks COVID-specific symptoms via text and phone and then connects individuals with the ADRC call center. Additionally, CareSignal and TCARE are partnering to [bring the application to 22 states](#) to support family caregivers.
11. Maryland has established a [Senior Call Check](#) program where older adults can register to receive automated update calls with COVID-19 information. They can also list an emergency contact who will be notified if individual does not answer.
12. ADvancing States compiled a document to report how states are addressing social isolation [in a variety of creative ways](#), including connecting older adults using apps and videoconferencing, reaching out to all OAA recipients every few days, and assigning a case manager to each nursing facility with COVID-19 residents to aid communication between the resident and his or her family members.

Adjusting Services

13. The Michigan State Unit on Aging (SUA) is using state-level funds to issue mini grants for virtually delivering support groups, reassurance, and other evidence-based programs to support older adults. The SUA developed a portal through which individuals can sign up to volunteer and has engaged about 3,000 volunteers to deliver meals and provide reassurance.
14. MAC, Inc. (a Maryland AAA) and EagleForce have partnered to create and manage a 24-hour command center to triage individuals based on their needs, then deploy available volunteer caregivers with appropriate experience or resources to meet those needs either in-home or remotely. EagleForce has developed an app to facilitate this process, ensure volunteers have appropriate PPE, monitor quality, and screen for social isolation.
15. Applied Self Direction has published a [fact sheet](#) explaining why expanding self-direction makes sense as a response strategy.

16. To help individuals identify virtual services, New Mexico developed a [directory](#) of behavioral health providers offering telehealth.
17. ASPE published some [key considerations](#) for providing case management services in a virtual format. The National Association of the Deaf also put together some [guidelines](#) for providing telehealth to individuals who are deaf or hard-of-hearing.
18. To address increasing demand for home-delivered meals as community dining centers closed, [Florida's State Department of Elder Affairs contracted with restaurants](#) impacted by COVID-19 to deliver meals to older adults, tailoring to individuals' health needs. This partnership meets the needs of older adults while also benefitting local restaurants.

Hospitals, Nursing Facilities, and Care Transitions

19. The Council on Aging of Southwestern Ohio offers [FastTrack Home](#), providing services such as homemaking, meals, transportation, and care management to older adults as they are transitioning out of a hospital or nursing home. For this initiative, Ohio leverages partnerships with hospitals, health systems, long-term care facilities, and others.
20. Monroe County in New York is [partnering](#) with the Center for Disability Rights (CDR) to quarantine nursing facility residents in local hotels for two weeks, then assist them in transitioning to community-based settings through the state's Money Follows the Person (MFP) program. The program involves a collaboration among the CDR, the Monroe County Department of Social Services (MCDSS), and the local Center for Independent Living.
21. Maryland Governor Larry Hogan activated statewide [strike teams](#) to deploy to nursing facilities to assist with testing, infection control, assessment and provision of supply needs, and triage of residents. Clinical teams from Maryland hospitals also provide medical triage for residents. The current goal is to avert evacuations, support staff, and reduce hospital admissions and emergency room visits. This is an innovative collaboration of key state departments, emergency personnel, and hospital systems. NWD Systems may determine if their states have a similar initiative and offer assistance to enhance the collaboration with access to community-based services. This will be especially useful to hospitals looking for discharge options during the pandemic, when many nursing facilities remain reluctant to accept admissions.
22. [Iowa's LTC Ombudsman](#) has initiated regular calls with facilities and other stakeholders, using social media to announce the need for hiring in LTC facilities, working with assisted living facilities to create a list of facilities seeking additional staff and actively hiring, developing a set of algorithms to depict the possible flow of patients to alternative care facilities.
23. The Institute for Healthcare Improvement is hosting [daily huddles](#) to discuss challenges and solutions for COVID challenges in nursing homes. These sessions may provide insight, ideas, and opportunities for collaboration between the NWD System and nursing facilities. CMS also released a [toolkit](#) to assist states in mitigating COVID-19 in nursing facilities.

Workforce Management

24. A promising practice for workload management and team cohesiveness includes regular virtual check ins. These check ins can be informal, and held on any regular interval that works for the team. A sample agenda could include each staff member sharing the following:
 - Recent accomplishments
 - Current work, as well as any upcoming work staff are anxious about
 - Whether staff need help with their workload or have time available to help others
 - Any upcoming PTO or OOO that is planned
 - Something fun (e.g., weekend plans, new hobbies picked up while at home during COVID-19)
25. New Hampshire offers small virtual discussions (10 people each) to support staff in identifying best practices, maintaining quality of service delivery in virtual formats, and thinking broadly about changes that have occurred due to the pandemic. Staff also discuss strategies for boundary setting, mutual support, self-care, and relationship building on the complexities, skills, and opportunities related to providing services during the pandemic.
26. [CareSignal](#) is offering a free application called COVID Staff Support to help organizations track staff health, mental health, stress and access to PPE via text and phone.
27. Based on workload assessments, Indiana ADRC staff who formerly conducted home visits are now doing person-centered counseling follow-up calls and additional telephone reassurance.

Engaging Volunteers

28. States have established [Medical Reserve Corps](#) to meet public health needs. Mayor Muriel Bowser in DC asked all department of health licensed social workers to sign up to be ready to respond to COVID-related needs.
29. Potential volunteers could include FEMA, State Medical Reserve Corps, [AmeriCorps teams](#), specialized task forces, students, volunteer registries, or other non-traditional groups.
30. The National Resource Center on Nutrition and Aging provides [Volunteer Engagement and Recruitment Resources](#).
31. The NYC Office on Aging engaged a [volunteer strategy](#) to enlist assistance.
32. Mobilization of volunteers should follow standards for screening, training, recruitment, and retention.