One-Stop and No Wrong Door Models: Integration or Coordination

Prepared by Carrie Blakeway

In the context of the ADRC initiative, the terms one-stop and no wrong door are both used to describe Single Entry Point systems for long term care. Bob Mollica and Jennifer Gillespie defined a Single Entry Point (SEP) as: a system that enables consumers to access long term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and assistance, referral, initial screening, nursing facility preadmission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services.1

The terms one-stop and no wrong door are confusing because they are sometimes used to describe different SEP models, and sometimes used to describe the same SEP model. Both terms are used to describe the experience of accessing the system from the consumer’s perspective. We have drawn another key distinction between integrated/centralized models and coordinated/decentralized models; these terms describe the difference in the arrangement of the services from an organizational or systems perspective.

To be a true “one-stop”, the system must be designed so that the consumer only has to go one place or make one phone call to access all ADRC services. Through that one contact, the consumer should either directly receive all the information or services they need or be seamlessly connected with all the information and services they need. There are many ways to design a system so that the consumer has the “one-stop” experience. One of those ways is to build an integrated/centralized system so that all the functions and services for all the populations served (e.g. aging and disability populations) are offered by one organization in a service area. A consumer from any of the ADRC target populations can call or walk into this one organization and get all the information and services they need from staff in that one organization. In some cases, different staff members in the one organization that consumers interact with are actually employed by different organizations. For example, the nurses who work in New Hampshire’s ADRCs and conduct level of care assessments are employed by the state Bureau of Elder and Adult Services while the I&R staff and other counselors are employed by the non-profit entity operating the ADRC.

However, one-stop systems can also be designed so that multiple organizations located in multiple places in a service area coordinate to provide all the functions for all populations. From an individual consumer’s perspective, he or she can still have the “one-stop” shopping experience because they don’t have to go multiple places to get all the services but this happens through coordination across multiple agencies in multiple locations. This coordinated/decentralized model relies on the use of standardized intake tools and assessment procedures, formal referral protocols, soft or warm telephone transfers, and electronic data sharing systems. This arrangement is sometimes called a “no wrong door” model because a

---

consumer could walk into any one of many doors in the community, have roughly the same intake experience, and access the same set of information, resources and assistance.

Allison Armor-Garb writes that in “no wrong door” entry system, multiple agencies retain responsibility for their respective services while coordinating with each other to integrate access to those services through a single, standardized entry process that is administered and overseen by a coordinating entity.²

It is important to note that the term “no wrong door” is increasingly used in a variety of contexts. Susan Reinhard described “no wrong door” as more of a philosophy than a “model”. It is a philosophy of public service that strives to give consumers access to services regardless of how or where they first encounter the system. The goal of no wrong door is to create a system where social services wrap themselves around the individual and provides seamless access to information on available options. It is philosophy that can support many different models for helping people get the information they need to get services and supports. Some states apply this “no wrong door” philosophy to their integrated/centralized systems. Others apply the “no wrong door” philosophy more literally through an intricate information and referral system that creates a virtual door in multiple locations, the coordinated/decentralized approach. In this model, consumers have seamless access to relevant and necessary information about services, but the full array of services may not be offered in one location.

One of the first questions each ADRC grantee must address is whether to take an approach that integrates all of the ADRC functions for all populations into one place or an approach that works to coordinate the functions (multiple entry points with shared information and referral mechanisms). Hybrids of the two functions are also possible. For example, all the ADRC functions for the aging population might be integrated into one organization, and all the services for younger adults with physical disabilities integrated into another organization – but both organizations might use the same procedures, the same web-based resource directory, advertise the same 1-800 number, and route callers back and forth through soft-transfers. Grantees can decide between integration, coordination or a hybrid approach – but any of these approaches can be designed to incorporate both the philosophies of the “one-stop” and the “no wrong door”.

---

² Allison Armor-Garb, Point of Entry Systems for Long-Term Care: State Case Studies, prepared for the New York City Department of Aging, 2004.