Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

Leadership Council & Practice Transformation Learning Collaborative

Minutes

May 16, 2019 | 9:00 a.m. – 11:30 a.m.

ATTENDANCE	
Participants (*: called in, †: GCACH Board Member)	Rhonda Hauff†, Bill Dunwoody, Jocelyn Pedrosa, Michelle Sullivan, Lisa Hefner, Penny Bell, Dr. Larry Jecha, Connie Lopez, Tracy Ribbing, Joel Chavez, Marcy Durbin, Kendra Palomarez, Morgan Linder, Donna Albaitero, Cheri Snowhite, Matt Davy, Dr. Amy Person, Hayley Middleton, Susan Campbell, Sara Clark, Shauna Banner, Matthew Kuempel, Tiffany Moss, Jorge Rivera, Marissa Ingalls, Jacob Avery, LeAnne Turnbull, Ed Dunbar, Shawna Anner, Thomas ____, Bertha Lopez*, Chuck Eaton*, Elizabeth Rice*, Holly Siler*, Jac Davies*, Jean Murrow*, Kevin Martin*, Kirk Williamson*, Sierra Foster*, Richard Lee*, Courtney Ward*, Marcia Baden*, Joe _____*
Staff (*: called in)	Carol Moser, Wes Luckey, Becky Kolln, Sam Werdel*, Rubén Peralta, Rachael Guess, Diane Halo, Jenna Shelton, Martin Sanchez, Lauren Johnson, Aisling Fernandez
MEETING PRESENTATIONS & REPORTS	
Welcome & Introductions (Wes Luckey)	• Wes Luckey, GCACH Deputy Director, facilitated the meeting. He welcomed everyone and asked for introductions around the room. • The Opioid Summit will be coming up in June. Please contact GCACH for more information and to register. There are over 100 people registered. Spots for the summit are filling up quickly. • If you are a Practice Transformation organization and you're attending on the phone, please type in your name for attendance for the meeting to meet milestone deliverables.
GCACH Report (GCACH Staff)	• Highlights of the GCACH Report included: • Practice Transformation Success Stories: Jenna & Martin shared stories about two of the organizations that are excelling at Practice Transformation: Columbia Basin Health Association (CBHA) (the Connell Clinic) and CHAS Health.

	▪ CBHA has only one clinic in our region. In the reporting workbook they have identified areas to improve and are working on those. They see many patients and they are working on empanelment. ▪ CHAS has done a great job. They work in Idaho and Washington. They worked hard to integrate bi-directional integration and assessments. One patient has been referred to BH. They hired a CHW. They are looking at diagnoses to see if it has anything to do with dental work. The work is getting scaled up so that's exactly what we want. • Washington Financial Executor (WAFE) Portal Update: Congratulations, you have all been working really hard. GCACH has paid out $658,000 for the first pay period in May. So far this year, GCACH has paid out $7.2 million through the WAFE Portal. • CSI Reporting Portal/Community Page Update: As of yesterday, the web reporting tool is now online. The Practice Transformation Navigation Team is working through the milestones, putting in data, and testing it out. We will be giving a report back to CSI. Then we hope to go through a trial test with one of the practice transformation organizations to see what their feedback on the tool it. It looks really nice. It has some automated features. Trying to make this very streamlined and easy for the organizations to submit information. • Practice Transformation Quarter One Reporting: Why all this emphasis on reporting? This is how GCACH gets paid. We get incentive dollars that we can pass forward to the providers. The reporting toolkit is many pages long and the CSI website will make it much simpler for providers. These Milestones were reviewed on May 2, 2019 by the Practice Transformation Workgroup (PTW) as part of their chartered responsibilities. The most interesting thing in the meeting was that we talked about some of the barriers- when we understand the barriers, we can accommodate. The Q1 report provided us a snapshot of how well the toolkit and the reporting are doing. You can see the progress that the providers are making. • Trauma and the Opioid Crisis Summit: On June 20-21, 2019, Greater Columbia Accountable Community of Health (GCACH) and Catholic Charities of the Diocese of Yakima, in collaboration with Pacific Northwest University of Health Sciences (PNWU), are hosting a regional summit on Trauma-Informed Care and the Opioid Crisis. It will be held at PNWU in Yakima, Washington. GCACH staff talked about registration and the marketing GCACH was planning to do leading up to the event. On Wednesday, June 19th, the evening before the summit, there will be a community event (open to the public at Eisenhower High School) with three panelists and a facilitator who will each tell their story about opioids. This is a good way to address the issue with some of the high school students and anyone who wants to attend. Please register!
Workforce Mentimeter Survey (Lauren Johnson)	• Last year we had a LC meeting focused on workforce and we'll do that again this year. We're going to ask LC members questions today about workforce using MENTI.com • Question 1: what employment positions are most in demand within your organizations? (what jobs are your posting for that are in greatest demand?) • Question 2: What employment positions will be most in demand in 2021? • Wes thanked everyone. That's valuable info for us!

Overview of ARM Dashboard: Inpatient, Emergency Department, Opioid (Wes Luckey)	• Wes Luckey presented data dashboards from the Healthier Washington website, within the Washington State Health Care Authority.
	  • The Analytics Research & Measurement (ARMS) Dashboard Suite: ER utilization is a key concern for us. VA Mason Memorial and Kadlec have the highest number of ER visits. You can sort by provider county, member county (where they reside), etc. Looking at GCACH only, some hospitals have suppressed number where the member count for that hospital is less than 10. The HCA doesn't display those results for privacy concerns. You can look at diagnostic classes for the reason cited for ER visits, convert this to rates and this is valuable to those doing research and exploration.
	• Q&A with LC Members:
	  • Q: Is there data to compare this to private insurance?
	  ▪ Wes: You have to have a special license to see this data.
	• Q: Will the data be broken down between appropriate and inappropriate use of the ER?
	  • A: It's a very complicated algorithm. CA and NY have come up with classifications for ER and for in-patient use.
	  • A: The challenge is the comparison of the presenting vs. final diagnosis too. If someone has a 2-week-old with a fever of 103 degree, they come in for the fever, but if the infant is then diagnosed upper respiratory infection, then that would read as inappropriate use of the ER. However, the initial reason for coming in the (the fever) was appropriate. Be careful when looking at data because it can be over-simplified.
	• Q: Is most of this info coming from the discharge dx because it's claims data? That's the billable data/dx.
	  • A: This is all public and online.

Initiative 2: Long-Term Services and Supports (LeAnne Turnbull, Southeast Washington Aging and Long-Term Care)	• LeAnne Turnbull is the Local Program Coordinator in the Aging & Disability Resource Center (ADRC), in the Kennewick office of Southeast Washington Aging & Long-Term Care (ALTC). She has been with ALTC since 2012, where she is the Local Program Coordinator of the ADRC and our region specialist for Initiative 2/MTD. LeAnne is originally from Southern Oregon, with many years of Case Management experience with Oregon DHS Senior & Disability Services, as well as a working as a Program Manager with Goodwill Industries. She has a Bachelor of Science Degree in Social Science from Southern Oregon State University, in Ashland, Oregon. She currently lives in Kennewick with her son and two cats.
	  • Presentation Title: "Medicaid Transformation Waiver Initiative 2: A Broadened Array of Long-Term Services and Supports (LTSS)"
	  ▪ LeAnne manages the the Aging and Disability Resource Center, a department within the AAA (local area on aging for SE WA) and covers 8 counties. Almost all offices are participating in Imitative 2, which is about services options that enable older adults to stay at home and delay or avoid the need for more intensive care.
	  ▪ The WA population is like most other places, the aging population is growing relative to other age groups as time goes on. One of the things that Initiative 2 is addressing is support for the casual unpaid caregivers. In Washington State, 80% of the care statewide is provided by friends, family or

loved ones and this impacts them in so many ways. This include spending their own money and depleting their resources. It's not just the life of the caregiver, it's also social programs. The goal of Initiative 2 is to provide the right service at the right time to expand choices. Now, not just focusing on the person who is being cared for. Reduce costs by keeping people at home longer. An evidence-based program that wraps services around the caregiver so they can care.

- One of the things we found by providing support for the causal caregivers is if we connect with services earlier then we can relieve some things like depression and help them be comfortable with the caregiving role and the physical work that comes with it. The program results show a statistically significant delay in the use of Medicaid LTSS for the care receiver, the caregivers health and wellbeing are improved, and the likelihood of the caregiver needing LTSS is reduced. The family caregiver support program, majority of caregivers (84%) show significant improvements on key outcomes.
- One of the issues with the family caregiver support program and initiative 2- something we're tackling- people who provide those services don't think of themselves as caregivers. A lot of folks don't understand that and they get stressed. Surveys the thoughts and feelings about the caregivers, they get many tears, most programs focus on the program who gets care. We want to wrap services for the caregiver to help them along their journey.

- Cheri Snowhite shared that this program helped her- helped to run errands or clean the house- it does affect your job- it's a lifesaver.
- Multiple Alternative Programs:
  - <u>Medicaid Alternative Care (MAC):</u> for people already in some programs (CN, ABP Medicaid) but would prefer to support unpaid caregiver in lieu of receiving traditional LTSS.
  - <u>Tailored Support for Older Adults (TSOA):</u> Would like to support caregiver instead of spenddown to traditional LTSS. This is where we've seen the most growth now. This is not a program that gives someone a Medicaid card, this program has a monthly budget. It's not for someone who needs 24-hour care, but this is hoping to help the caregivers before they have heavier needs. Trying to honor that some people need some help like bathing or running errands but they can still run a home.
  - <u>Spousal Impoverishment Protections:</u> MAC and TSOA both allow the recipient to allocate the State CSRA ($55,547 currently) to their well spouse and the well spouse's income is not counted.
- Rhonda Hauff- a lot of these folks will have Medicare and Medicaid.
  - LeAnne: these people won't get in home care through Medicare and no effect from Medicare. Traditional Medicaid- you have to apply from Medicare you're required to apply. No requirement from this program. Dual-enrolled people are eligible for these programs.
  - For MAC and TSOA you have to be 55 or over. People won't go on traditional Medicaid because they don't want to lose their house.
- These are the steps

	• STEP ONE: Someone has been pre-screened with the NFLOC screen (demonstrating a need in the home- with bathing with cognition, with mobility, toileting) • STEP 2: This is based on presumptive eligibility (GetCare and TCARE screens). • STEP 3: The assessment piece. The screenings and assessments are based on the caregiver's thoughts and feelings. If there are is a person without a caregiver, then it's based on what they say their needs are. • BENEFITS PACKAGE: Help caregivers understand the disease process. Help them access supplies and equipment such as incontinence supplies or a walker affordably. See if it's covered through insurance, or through a group like Knights of Columbus. Meal on Wheels is another service they can cover. There is contracted group here in BF counties, but there is one in Yakima counties. They don't have this in every community. Yes, it's in the benefits package, but we need an organization to contract with to provide the services. Personal assistance- providing another person to aid the caregiver with some of that physical care. Limited to certain services within the home. • We were the first in the state to have an authorization to do this program, starting on September 15th, 2017. Depends on how AAA chooses to move forward. Corrie and Lori were in the forefront. They prepared for it. They were ready and that's why they were able to do the first authorization in 2017. Need to continue the momentum, continue with the partnerships. One of the most important parts was the willingness to make mistakes and move forward. A lot of trial and error at the beginning. • LeAnne: For the patients/ care receivers it's not just their satisfaction but what to look at is how many of the patients went on to Medicaid later and when. • Amazingly enough, Asotin County has brought on a huge amount- the smaller communities might have a diff way of coming to the program. • We continue to grow our unpaid State Family Caregiver services and outreach efforts. We saw 117% growth in 2018 compared to the year prior. • A barrier is that it's hard for caregivers to self-identify. So, we reach out to caregivers by contacting large employers, by having ads in some movie theaters, there's a new TV ad showing in Walla Walla, Columbia, Benton and Franklin counties on KEFR. • We work closely with Joyce Newsom at 211- instantly refer them to us. Hear their stories and not all programs fit all situations, we share what their options are. It's individualized. We use person-centered options counseling. Not always specific to initiative 2. • Q: Are there questions that relate to social determinants- strictly a scoring/screening document? • LeAnne- We ask if they have or need transportation- then that leads to a dialogue- do you have dial-a-ride, would that work? Would that reduce your stress and strain by having someone else help with their transportation. For people who don't have a caregiver, ask about their feelings, if they've been sad, if they plan to move. Have a dialogue with them about their needs. Don't ask them specific questions, it's a dialogue, getting to know them. It's not just an assessment, we're looking at the whole person. • Refer people to your local aging and disability center. There's the Kennewick office here.

Initiative 3: Foundational Community Supports (FCS)- Housing and Employment (Jacob Avery, Amerigroup)	• Jacob Avery is a Housing and Employment Manager at Amerigroup Washington. He is a part of the Foundational Community Supports team implementing the 1115 waiver's supportive housing and supported employment initiative. Jacob is a licensed social worker who has worked in behavioral health for over 15 years.
	• Presentation Title: "Initiative 3: Foundational Community Supports (FCS) – Housing and Employment" Presenter's Name: Jacob Avery, Amerigroup
	  • Initiative 3 is Foundational Community Supports (FCS): Two of the benefits are supported employment and supported housing (these are not subsidies for room and board or move-in costs or wages or for all Medicaid-eligible people). Makes a big different in people's lives. Not paid for by Medicaid funding. For people who experience homelessness, will not pay for a service that might help them pay for a home. Trying to help with some of the things in their lives.
	  • **Supportive housing helps you find a home or stay in your home**
	  ▪ Housing assessments and planning to find the home that's right for you
	  ▪ Outreach to landlords to identify available housing in your community
	  ▪ Connection with community resources to get you all of the help you need, when you need it
	  ▪ Assistance with housing applications so you are accepted the first time
	  ▪ Education, training and coaching to resolve disputes, advocate for your needs and keep you in your home
	  • **Supported employment helps you find the right work, right now**
	  ▪ Employment assessments and planning to find the right job for you, whenever you're ready
	  ▪ Outreach to employers to help build your network
	  ▪ Connection with community resources to get you all of the help you need, when you need it
	  ▪ Assistance with job applications so you can present your best self to employers
	  ▪ Education, training and coach to keep you in your job
	  • This isn't a stand-alone benefit. Also works if they're receiving medical, BH, or long-term care services.
	  • Right now, it's not for all Medicaid eligible people, but it's a great start to helping some of those folks.
	  • Money that was previously used to pay for services can be moved around.
	  • Risk-factor- the HUD definition of chronic homelessness. Even if they don't meet this definition they might still qualify for the program.
	  • Most of contracted provider agencies don't have access to PRISM. Hard to know if someone's going to qualify for this. Usually isn't visible to providers.
	  • It's a 5-year program that started in 2017, but they didn't get a planning year, so they began providing services in 2018. Have a robust provider network now. Building it all over the state. Some agencies in this room already contract. A lot of the providers are in attendance.
	  • Currently have more than 4,106 enrollees across all the regions. GCACH has 596 enrollees in the program.
	  • An FCS Provider Network has been built across WA State with great participation from GCACH. GCACH has a total of 32 combined supportive housing and supportive employment programs.

- Rates of reimbursement- 180 days.
- Supplantation/braiding- Medicaid is the payer of last resort. FCS cannot be used for DVR for job search. Pairs well with DVR.
- There are a few evidence-based fidelity programs. All provider agencies are not completely familiar with this model- a gradual process to educate the providers on this.
- FCS Supported Employment program uses the *Individual Placement and Support (IPS) Model*
- FCS Supportive Housing uses the *Permanent Supportive Housing model (SAMHSA)*
- Continuing monitoring outcomes yet. 97% of individuals enrolled have had some mental health diagnosis, only about 27% have received SUD or mental health treatment. Many of these people have or have had a mental health diagnosis.
- If someone has serious mental health issues, we recommend bringing in their mental heath team, this is about client choice and about immediate employment. Might limit their options if they can't manage mental health symptoms. Right now, it's about 50-50 male, female. About 70% is Non-Hispanic white, then Latino and Hispanic are the next group.
- A care assessment is what housing community services or an adult family home or another ALTC services.
- Jacob: I was a social worker. I was working with people receiving HEN or other funding sources but someone might still not be able to find housing and use the funding source they have. They might need help to get and keep the housing.
- ALTSA is a partner.
- East of the Cascades, the contact people are Ian Harpole and Jim Bischoff.
- For TA, this is done by the Dept of Behavioral Health and Recovery. Amanda Polley and Dawn Miller for supported employment contacts. If you're interested in the program, especially how to run one of these programs, they're great people to contact.

- Discussion with the LC Members:
  - Comment: We attend the advisory council quarterly meetings. There's a contractual requirement to turn in outcome reports- only about 20% of reports are being sent in to Amerigroup- those outcome reports need to be turned in, (even late) for it to be sustainable.
  - Comment: I appreciate the high-level look. There are homeless shelters in the Tri-Cities and in Yakima. Is there a provider tasked with connecting with each of those shelters to help their staff?
    - Jacob: Honestly, we've done this a little piecemeal. We've addressed the counties- sometimes working on the individual provider at the agency level. Much better buy in from local agencies- can make this program with tools that already exist. Program isn't mean to replace them.
  - Jacob: these are considered Medicaid services, there is HIPAA, won't tell you what agency they're working with. The easiest way is to ask them. Definitely if they're enrolled but don't know who they're working with you can call this organization. Because it's a Medicaid service and doesn't integrate with the homeless services in WA state as well as it could and hope it does better over time.

	• Wes- Regarding the FCS provider network- do these folks have anything to say about enrollee experiences with this program? • Rhonda: I presented last month on housing. Is there anything we can do to support this? To Jacob's comment, it's hard to find supportive housing. We work with the mission. It's hard to stay in touch with these people- it's hard and not terribly meaningful to enroll them in the program. in the last report, seeing that they're getting people employed. That matters that they feel they have that support. Know that they have an employment service to call upon. She thinks this is an incredibly valuable program. • Comment: For the employment piece, match that person with a type of job based on each person's skills and capabilities so they can succeed in that job.
Update on Supportive Housing Taskforce (Carol Moser)	• Wes- we have a supportive housing taskforce to get a supportive housing complex here in the tri-cities • The Tri-Cities has a Supportive Housing taskforce working toward a supportive housing complex here in the Tri-Cities. You need more than just services in a community to address people with complex needs, especially people with behavioral health issues, like addictions and mental health issues. These people cross many systems; judicial, emergency services, behavioral health, primary care. You fundamentally need to have housing for people in order to get them on a path to better health. Earlier this year, GCACH was approached by Lourdes to see if GCACH could help with a lack of supportive housing units in the Tri-Cities, so we called upon Rhonda Hauff and Rob McCann to put on a housing summit to gauge the level of interest there is in the community to address this problem, and to share their two housing models. On March 19th 91 people showed up! • Rhonda Hauff: Typically, people will spend 30% of their income to support housing needs. You get supportive services too. • Carol Moser: Many local elected officials are concerned about building homeless shelters or supportive housing because they believe it attracts more homeless people, but Spokane's experience was that 85% of people needing shelters are within Spokane. Awesome to see the RDH center in Yakima. Mentally these people look happy! Wonderful when you can get people on the path to success. We've attracted some great partners- Kadlec, Lourdes, Catholic Charities, Blue Mountain Action Council, CAC, BFCHA, and DVSBF as partners. • Starting to work with the City of Pasco to try to find a site. Would like this committee to bridge to the B-F Continuum of Care- a group under the BF Dept of Human Services- they have a strong interest in taking this over. Might take us several years to build. • What would you be willing to do? • It's great to talk about supportive housing- we surveyed our population and asked them, "What would you be willing to do? Would you talk with your local businesses, or local elected officials?" Rob feels like there is support for this. • Some of the statistics related to the costs and benefits to the individuals. Created a flyer to have some talking points.

	• We want to highlight the YNHS for their work and recently found out that RDH name is in honor of Rhonda Hauff! She's a national leader in housing. • We'll meet in July and we'll talk about workforce at that LC meeting.
ADJOURNMENT & MEETING SCHEDULE	
Adjournment	• Minutes taken by Aisling G. Fernandez.

Thank you for your time and engagement with Greater Columbia Accountable Community of Health!

The following 2019 Leadership Council Meetings will be held from 9 a.m. to 11:30 a.m.
at Columbia Basin College, Classroom L102 (2600 N 20th Ave, Pasco, WA 99301) on the following dates:

Thursday, July 18th Thursday, August 15th Thursday, September 19th Thursday, October 17th
Thursday, November 21st (NO DECEMBER LEADERSHIP COUNCIL MEETING)