



## HUB Advisory Committee (Care Coordination) Work Group

### Meeting Summary, January 29<sup>th</sup>, 2019

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**Support and Backbone Staff:** Michael O’Neill- *CHOICE*, Madi Tanbara – *CHOICE*, Abby Schroff - *CHOICE*

**In Attendance:** Jean Clark – *CHOICE*, Jason Hoseney – *Costal CAP*, Cache McCallum – *Costal CAP*, Ophelia Noble – *Noble Foundation*, Katie Vroman – *Physicians of Southwest Washington*, Jennifer Anderson – *Mason General Hospital*, Karla Cain – *ANSWERS Counseling*, Corie Dow-Kramer—*Youth & Family LINK*. Olivia Aumiller – *Youth & Family LINK*, Katie Strozyk – *Lewis County Public Health*, Jennifer Luna – *SeaMar*, Melissa Taylor – *Lower Columbia CAP*, Kristen York – *Community Action Council*, Cole Meckle – *Gather Church*

#### I. Welcome and Introductions

Michael facilitated group introductions and reviewed the meeting objectives.

#### II. CPAA & Community CarePort Updates

Michael shared organization updates from CPAA, as well as updates on Community CarePort.

- Pathways Referral Coordinator Olivia Reed has been hired, started the first week of Feb.
- New round of training is underway, CCAs sent staff, CHWs planning to attend.

#### III. HUB Metrics

Michael reviewed initial HUB data with the group for input and feedback.

- Data is from the HUB soft launch, still an evolving process, learning how to best utilize information.
- Most of the data is from the Community Action Council.
- Contact Michael O’Neill ([ONeillM@crhn.org](mailto:ONeillM@crhn.org)) if you have any thoughts or input on future data collection.

#### IV. 2019 HUB Development Roadmap

Michael facilitated the committee’s discussion on what structures will be in place moving forward in the HUB expansion.

- Cohort II will come onboard in mid-2019.
- Michael and Olivia (Pathways Coordinator) can visit your site to provide care coordination support. In addition, the referral line is open for any agency in the CPAA region to begin making referrals. Contact Michael for more details.
- Michael is developing a flyer that will provide an overview of the HUB & pathways, one for providers and one for consumers, will send draft to partners for feedback.
- Outcome-based payments for CCAs will begin this quarter, currently working on invoicing processes and contract amendments.
- Working on contract for evaluation with Providence.



## V. CarePort Coordinator – In their own words

Cache McCallum, CHW at Costal Community Action Program, shared his experiences as a care coordinator in the local community.

- Lack of access to clinics due to transportation & finding PCPs have been major identified barriers for clients in Grays Harbor.
- Patients who are discharging from a substance treatment program are often provided a 30-day supply, however delays in seeing a PCP can contribute to relapse due to the negative withdrawal effects from the lack of medication.
- Engagement with River Camp (Aberdeen) to connect individuals with essential needs.
- Individuals leaving the criminal justice system often face lack of reintegration into the community with no work release program, high recidivism rate.
  - Creates a barrier due to the individual making connections with programs in Longview or Olympia, then having to return to Grays Harbor with lack of support, re-connect with negative influences.
- Work with care coordination/pathways has been a helpful structure.
- Individuals working at any level of the system can have their voice heard, and adjustments made accordingly as the system evolves.
- Care coordinators can go step-by-step with the client to see progress made and what actions can be taken next.
- CPAA funding for care coordination work outside of agency-specific grants allows for extended time with clients, which is a big help.
- Higher working poor population in Grays Harbor – direct advocacy for providers to accept Medicare/Medicaid patients is needed.
- As the caseload increases, Costal CAP plans for a more team-based approach to work with clients and their lead care coordinator.
- Include building client relationships, trust, and willingness to work with other case workers in CHW training.
  - Incorporate “triage” staff with a warm hand off.
- No real surprises working with clients, balance professional and personal engagement, passion and involvement are key to successful care coordination.

## VI. Next Steps & Closing

- CPAA Learning Collaborative structure to begin in May, more details to come
- Submit any requests for meeting topics or collaborations to Michael via e-mail ([ONeillM@crhn.org](mailto:ONeillM@crhn.org)).