AHCCCS Targeted Investments Program

Justice Quality Improvement Collaborative

TIP Year 6: Session #1 January 18, 2022



tions AHCCCS

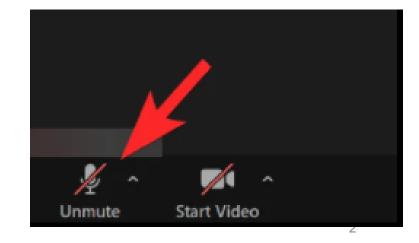
Targeted Investments



Center for Health Information and Research

General Housekeeping

- Zoom Meeting Format vs. Zoom Webinar Format
 - More interactive
 - All participants can mute/unmute their own audio
- Please mute yourself when not presenting or speaking



Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Introduction & Agenda Review	Kailey Love
11:32 AM – 11:45 AM	 TIP Overview Year 4 and Year 5: Performance and Incentives TIP Year 6: Introduction & Overview (& Target Setting) TI Renewal Q&A 	George Jacobson, MPA Cameron Adams, MPP
11:45 AM – 11: 55 AM	Community Health Associates Initiatives	Matthew Lenertz
11:55 AM – 12:05 PM	Spectrum Initiatives	Jessie Peters
12:05 PM – 12:15 PM	Southwest Behavioral Health Services Initiatives	April Thornton
12:15 PM – 12:25 PM	Valleywise Initiatives	Melissa Thomas
12:25 PM – 12:35 PM	Terros	Ray Young, Lori Jones, Lani Horiuchi
12:35 PM – 12:55 PM	Open Discussion and Q&A	All
12:55 PM – 1:00 PM	Next Steps	Cameron Adams, MPP

TI Year 4 and Year 5

- Year 4 payments: January
- Y5 attestation: February March
- Y5 final performance results: ~June
- Y5 Payment: ~December
- Reminders:
 - Notify TI of changes (locations, Provider IDs, service providers)
 - Notify AHCCCS of provider enrollment changes (APEP)
 - Send Referral lists to ASU/AHCCCS



TI Year 6 (10/1/2021 - 9/30/2022)

- Same as Y5:
 - Performance Measures
 - Attribution Methodology
 - Provider Identification Methodology
 - Measure Calculation Methodology
 - Aggregate funds
- Different:
 - QIC sessions counting toward milestone credit (3)
 - Optional Workgroup QICs
 - QIC and FUH30 weighting (<u>payment</u>)



TI 2.0 (Renewal Proposal)

- 5 year renewal 10/2022 9/2028
- Enhancing:
 - SDOH screening and referrals
 - Health Equity & Population Health
 - Tobacco Cessation
 - Peer/Family Support Services
 - Flexibility with Justice/Community Partners (eg., MMWIA)
 - ASU/CHiR support throughout program
- TI 1.0 participants = Extension cohort
- New Proposals = Expansion cohort
- <u>Concept Paper & Proposal</u> Pending with CMS- will notify ASAP



Questions?





Strengthening Families, Empowering Communities

JUSTICE-INVOLVED TARGETED INVESTMENT CLINICS:

YUMA – CASA GRANDE – TUCSON

Initiative #1

Improve AOD 34-day performance Given our inability to benefit from data harmonization assistance from the ASU team on the AOD 34-day measure (due to Part II restrictions), CHA will work to improve our internal ability to track, monitor and report out our own performance on the measure.





Barriers to Overcome

- CHA had planned to utilize data harmonization
- Minimal ability to track our own performance
- A lack of formal processes for re-engagement
- Line staff will need to be trained in new processes
- Staffing shortages & COVID surges

Communication & coordination with justice partner agencies like probation and parole will be essential to improved performance.

Steps & Strategies

- Improve ability to track AOD measure internally
- Development of data warehouse report
- Determine if outside AOD Dx & tx is attributed to TIP
- Convene clinical, admin and justice teams to improve process workflows.
- Improve awareness of, and targeted response to, members who miss initial weeks of tx
- Train staff and teams on new workflows; get creative in how trainings are convened/offered

Initiative #2

Peer Support & Probation Outcomes To date, CHA's PFRO partners have proven unwilling and/or unable to provide direct peer support services to TIP clientele.

CHA will increase peer support provision internally to support treatment engagement, limit program attrition and improve probation outcomes (as measured by successful completion vs revocation).



Barriers to Overcome

- To date, CHA has relied entirely on PFRO partner agencies to provide direct peer support services.
- Staffing patterns have been dramatically impacted by COVID and the great resignation.
- A lack of start-up or sustainable funding to support peer positions within the team.
- New line of service and team organization will require planning and re-training.

Yuma County Adult Probation has already agreed to pull and provide us with reports on successful probation terminations vs revocations.

Steps & Strategies

- CHA will no longer rely on PFRO's to provide our clientele with much needed peer support.
- Certified Peer staff need to be identified, reassigned and trained on new role within team.
- Increase staffing levels to allow for caseload and staff reassignment.
- Identification of eligible peer staff and support them in getting peer certifications.
- Train and improve Peer Support staff's ability to meet production standards to cover costs.
- Train staff and teams on new workflows; get creative in how trainings are convened/offered.

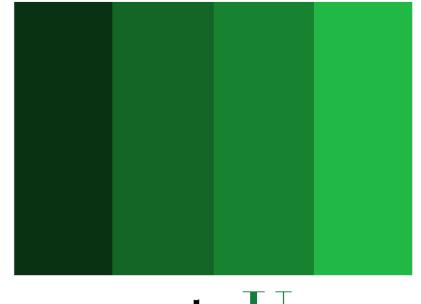
THANK YOU!



Strengthening Families, Empowering Communities

TIP Justice Y6 Initiatives

Jessie J. Peters, FNP-BC *Project Strategist* Spectrum Healthcare Group 1.18.22





Process Improvement Structure

- Development of Justice TI Process Improvement Workgroup
- Identification of areas of improvement/greatest impact
- Brainstorming for best-fit external stakeholders
- TI success, population health outcomes, & post-TI sustainability

Initiative #1 –

Improved coordination of care for those with ETOH or drug dependence

• Why?

- Improved collaboration
- Cross-system care management
- Improved patient engagement
- Improved accessibility

• Who?

- Yavapai County Mental Health & Justice Coalition
- Yavapai County Jail
- Probation
- Barriers?
 - Capturing accurate referral dates, given multiple referral sources
 - Closing referral process loops
 - Accurately and consistently identifying justice populations (inefficient reporting)

Initiative #2 –

DM screening for justice members on antipsychotics

• Why?

- Whole health integration as a core value
- Historically very difficult to capture, report, control process
- Who?
 - Internal Staff
 - External Health Homes
- Barriers?
 - EMR and reporting barriers
 - Staff engagement, training, "who's job is it, really?"

First Steps

- Relying on process improvement and project management techniques
- Avoiding the trap of too many early solutions
- Including team members closest to the processes
- Small, attainable goals
- Triaging projects in the midst of organization-wide strategy



SOUTHWEST BEHAVIORAL & HEALTH SERVICES

Impacting People, Improving Communities

TIP Justice Y6 QIC Initiatives



SOUTHWEST BEHAVIORAL & HEALTH SERVICES

Impacting People, Improving Communities

Mission Statement: Delivering compassionate care to enhance lives and improve communities.

TIP Justice Initiative 1

Enhance Vocational Coordination and Housing Outcomes for Justice Involved Members

SB&H would like to introduce a Housing First model of care with an emphasis on Vocational Rehabilitation to improve housing outcomes for justice involved members in Mohave County.



SWBHS Values: We are united in discovering what people want and need.

STATS SHEET

- 140,000 Severely mental ill go homeless annually (United States 2019)
- 392,000 Severely mental ill are in prison
- Mohave County rates in the following order, LHC, BHC, Kingman lowest to highest in homelessness rates.
- Resources in Mohave County: (there are others, these are a few of the most commonly resourced)
 - Cornerstone Mission and Dianna's Faith House serve as Homeless Shelter 's offered in Kingman AZ.
 - Denied if they have had any negative involvement with the police.
 - Catholic Charities: PATH (Projects for Assistance in Transition from Homelessness). Always willing to help individuals in unique situations. They have a shelter in BHC and help work towards permanent housing.
 - K.A.A.P Has Supportive Housing funds to help battered women and children secure safe housing.
 - Providence House, Safehouse, Harbor House, ICCADV (LHC), are some additional DV shelter options.

Point of Time 2019

Mohave County Homeless Statistics

	Men	Women	Total
	1093	519	1612
Emergency	305	216	
Transitional	95	36	
Unsheltered	693	267	
Vets			277

- Point of Time Count for Mohave County Statistics.
- Combating inadequate shelter
 - Opening of BHC shelter
 - Vet housing opening
 - ► TIP Justice Initiative
 - Increase in housing vouchers

TIP Justice Initiative 2

Jail Transition Specialist

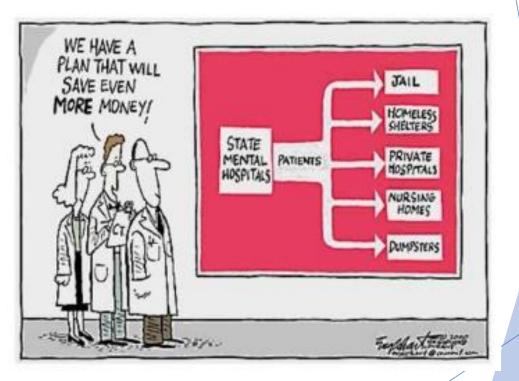
SB&H is proposing to enhance community re-entry after jail release for justice involved members through identifying and establishing key performance indicators related to coordination of care for members that are booked into jail at any time throughout the course of treatment.

SERIOUS MENTAL JAILS 31% 4.9% 14.5% 3.2%

SWBHS Values: *We value hope*, *empowerment*, *discovery and self-determination*.

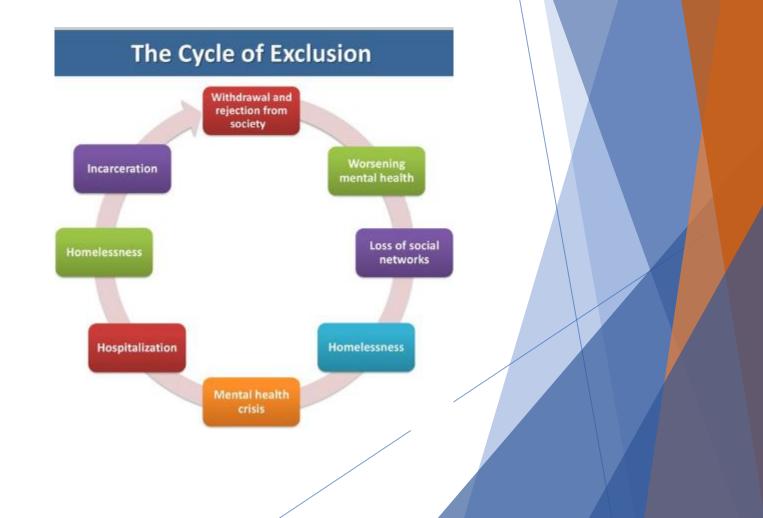
Severe Mental Illness

- 25% of all homeless populations have documented SMI.
- The decrease in homelessness for SMI population declines at a nearly 50% slower rate than any other population.
- 50-80% of SMI population have a cooccurring substance use diagnosis.
- 40% of SMI have been in jail at least once.
- 10x more SMI are now in jails and prison than in state psychiatric hospitals.



SMI, Homelessness, and Recidivism

- As a result of the aforementioned risks we see the Cycle of Exclusion occur.
- As mental health worsens, individuals often lose connection to supports either due to their behaviors or due to establishing a co-occurring disorder.
- A co-occurring SA disorder is not unusual in large part due to the nature of seeking to self-medicate.
- Homelessness occurs
- The burden is felt by many state and local agencies.
- Compassion and empathy is hard to keep.



TIP Justice Initiative 3

Justice Stakeholder Community Collaborative

SB&H would like to develop a reoccurring meeting with justice stakeholders and TI Justice engaged providers in the Mohave County region with the objective of defining and accomplishing shared goals.



SWBHS Values: *We believe in collaboration*.

Teamwork is Cost-Effective to the Care-System Model

- Metro Phoenix could save millions of dollars of taxpayer money per year by providing supportive housing to people with chronic mental illnesses like schizophrenia, according to a new report out of Arizona State University.
- The study found that a person with chronic mental illness experiencing homelessness racks up an average of \$72,969 per year in housing, health care and criminal justice expenses.
- When provided with housing that does not have onsite support services (like life skills training and behavioral health programs), a person with chronic homelessness costs the system about \$61,262 per year

- When provided with housing that has onsite support services, the cost drops to \$51,976 per year.
- Supportive Housing is a proven method of improving the odds. The issue is that even in Maricopa County they only have 15% of the amount of beds needed for the population.
- Mohave County lacks this resource in a capacity that would make a difference to the system of care models.
- Hope is in our knowledge of understanding what the facts are and working together whenever possible to advocate for specific needs.



January 2022

Valleywise Health Targeted Investments Program Justice Initiative Tracker

Justice Initiatives

1) Improve data collection with Peer Run Organizations

2) Automate reporting capabilities

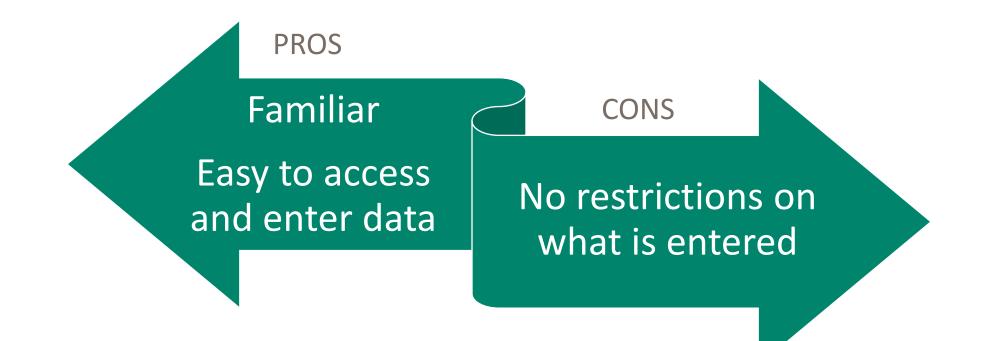
3) Elevate importance of connection to whole health services to inmates and offenders

Initiative 1: Improve Data Collection with Peer Run Organizations

1) Improve Data Collection with Peer Run Organizations

- Valleywise Health (VH) partners with 3 Peer Run Organizations (PROs) – CHEEERS, Hope Inc. and Hope Lives to engage inmates and offenders recently released from prison
- The PROs jointly designed a shared spreadsheet that they use secure through Google docs to gather member information

1) Improve Data Collection with Peer Run Organizations



1) Improve Data Collection with Peer Run Organizations

Monthly, Valleywise Health staff have to:

Leave the VH system to access the data Complete extensive quality control (QC) he checks on the data cor

Fix errors and/or go back to the PROs to request their corrections

Remind	Examine	Fix	PRO Help
Project manager reminds PROs to double check the tracker to include all entries for the month, and to QC their work, especially the fields that are submitted to AHCCCS, CHiR, and internally to VH IT	Project manager downloads the spreadsheet Deletes the color coding the PROs use for tracking Uses formulas and conditional formatting to identify outliers (e.g. dates, AHCCCS ID character length, etc.)	Fix all obvious errors (e.g. dates) Attempts to fix non-obvious errors by looking up: •ADC numbers on the Inmate Datasearch •AHCCCS IDs through AHCCCS portal	Go back to PROs to ask ther to fix all remaining errors

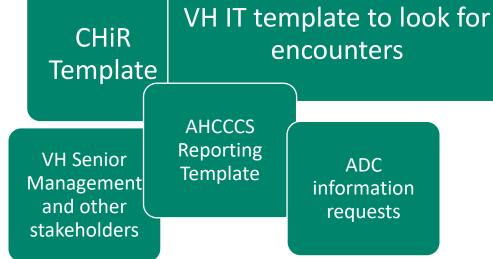
1) Improve Data Collection with Peer Run Organizations

- Our goal is to decrease manual processes and improve quality of information
- We will:
 - Work with the PROs to complete in-depth research and analysis regarding what is available within the spreadsheets we are already using, or otherwise available in the market
 - Complete training
 - Shift to new data collection tool/methodology

Initiative Two: Automate Reporting Capabilities

2) Automate Reporting Capabilities

After the data is collected by the PROs and manually cleaned, staff spend hours manipulating the data for proper formatting for: VH IT template to look for



2) Automate Reporting Capabilities

Goal:

In collaboration with the PROs, we hope to either enhance what we use now or find a tool for Initiative 1 that also has robust reporting capabilities Initiative 3: Elevate importance of connection to whole health services to inmates and offenders

3) Elevate importance of connection to whole health services

- Our PRO partners extensively engage staff and inmates within the prisons and Parole Officers and offenders at both the Mesa and Phoenix Parole Offices
- Special VH referral line for TIP Justice which offers immediate access to scheduler with prioritized availability of appointments

3) Elevate importance of connection to whole health services

- Offenders have a list of priorities when they are released, and seeing a doc is generally not at the top of their list
- We hope to develop a meaningful education and incentive program to increase the penetration rate



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TIP Justice QIC

Terros Health

January 18, 2022



Initiative 1:

Enhance Access to Care for Justice Population through Mobile Health Services

Description

 Provide mobile health services to the justice population to break down access to care barriers and address healthcare needs where they are in the community

Value

- Increase access to care
- Improve quality of life
- Reduce recidivism





Stakeholders and Community Partners Needed



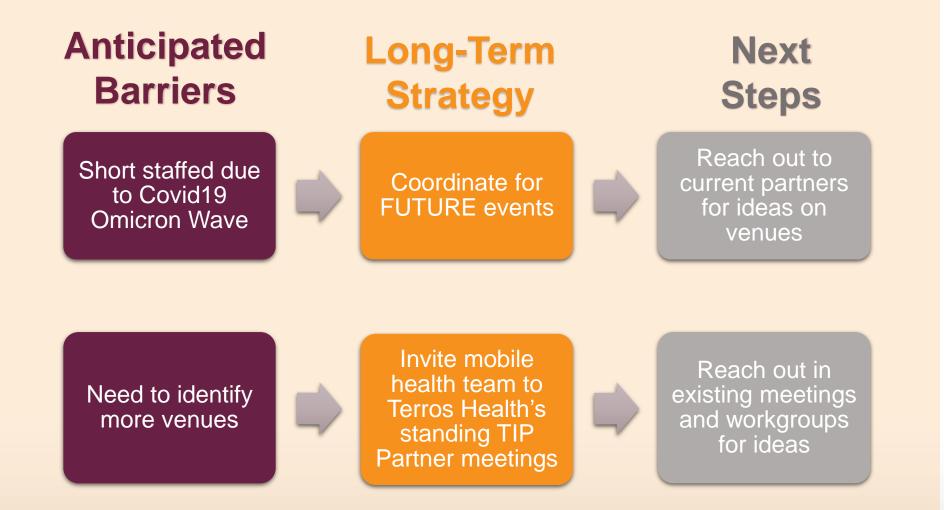
Terros Health Mobile Health Team, CHWs, Reentry Team







Initiative 1: Mobile Health





Initiative 2:

Reduce Homelessness for Justice Population by Enhancing Connections to Housing Resources

Description

 Build upon existing housing referral process and collaborate with new housing specialist staff to remove barriers and improve outcomes for housing in the justice population

Value

- Improve outcomes
- Improve quality of Life





Stakeholders and Community Partners Needed

- CCBHC Housing Specialist
 and Reentry Team
- Ozenam Manor
- Circle the City
- Phoenix Rescue Mission
- Paradise Keys
- TLC
- East Valley Men's Center
- Etc...



Initiative 2: Homelessness

Anticipated Barriers

Long-Term Strategy

Education and organization of resources, criteria, individual needs

Setup system to organize and update information and share more easily between teams

Setup workgroup with team and plan huddles with new housing specialist

Next

Steps



Initiative 3: Enhance Health Literacy education for Justice Population to increase understanding of Primary Care.

Description

 Improve and provide health literacy preventive and primary care education among Justice Population to strengthen patient knowledge and encourage whole health

Value

- Increase knowledge
- Decrease hospital and ER visits
- Create better health outcomes
- Improve quality of life





Stakeholders and Community Partners Needed



Terros Health Reentry Team Terros Health Operational Projects Team

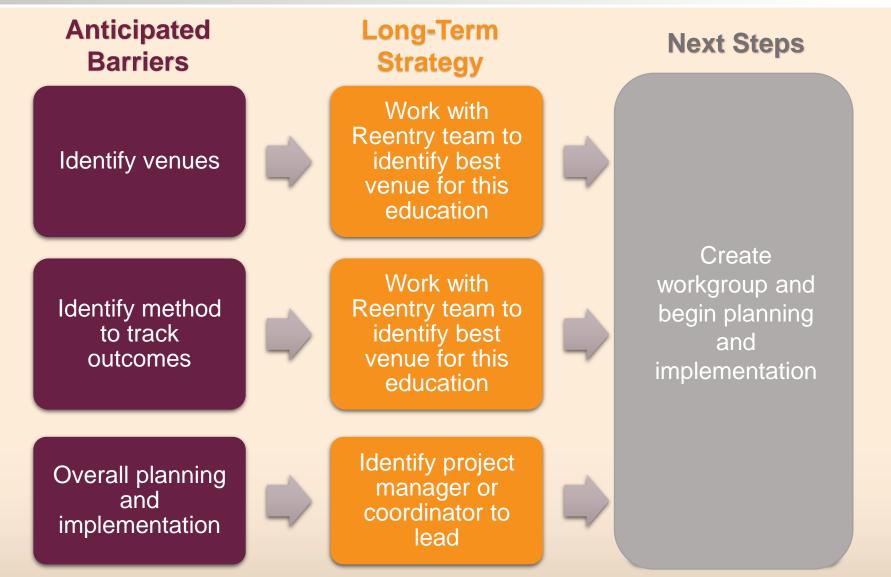
MCAPD

Health Plans and Justice Liaisons





Initiative 3: Health Literacy





THANK YOU!

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Lori Jones BTG Reentry Team Manager Lori.Jones@terroshealth.org P: 602-685-6037

Lani Horiuchi Director of Operational Projects Lani.Horiuchi@terroshealth.org P: 602-512-2967



Inspiring Change for Life

Open Discussion and Q&A

Next Steps

- Justice QI Workgroups
 - Each TIP Justice organization to identify key stakeholders and general availability for first first QI workgroup
 - More direction and details to be provided soon via email

- Questions or concerns?
 - Please contact ASU QIC team at <u>TIPQIC@asu.edu</u> if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu



Arizona State University



Targeted Investments



Center for Health Information and Research