NWX-HHS-AOA-1

Moderator: Lauren Solkowski
April 2, 2015
2:00 pm CT

Coordinator: Welcome everyone and thank you for standing by. At this time all participants
have been placed in a listen-only mode until the question and answer portion
of today's conference.

At that time if you'd like to ask a question please press Star 1 on your touch-
tone phone. Today's conference is being recorded. If you have any objections
you may disconnect at this time.

I'd now like to turn the conference over to Lauren Solkowski. Thank you and
you may begin.

Lauran Solkowski: Great. Thank you so much and good afternoon and thank you everyone for
joining us today for the Administration for Community Living's Business
Acumen Webinar on Organizational Culture Change.

As the operator mentioned this is Lauren Solkowski with ACL and I will be
facilitating the Webinar.

For our Webinar today we have invited Jamie Amanda with Bay Area Community Services in Oakland, California and she's going to present their experience on a complete redesign of their organization to help ensure integration of programs as well as a no wrong door policy.

We've also invited Sarah Lovegreen. Sarah is with the OASIS Institute in St. Louis, Missouri and Sarah is also representing the Learning Collaborative Missouri Site Lead today.

And she will be presenting on their work around developing a culture change within their organization and the importance of board and leadership buy-in.

So before we start with the presentations I have a few housekeeping announcements that I'd like to go through the first of which if you have not done so if - please use the link included in the calendar appointment to get onto WebEx so that you can follow along with the slides.

But also you'll be able to ask your questions. And you have them through the chat function.

If you do not have access to the link that we emailed you, you can also go to www.webex.com and click on the Attend a Meeting button that is at the top of the page and then enter the WebEx meeting number.

That number is 669327299. Again that WebEx number is 669327299.

If you have any other problems getting onto the WebEx please call the technical support number at 1-866-569-3239. That was 1-866-569-3239.

As the operator mentioned all of our participants are in a listen-only mode. However we will welcome your questions throughout about Webinar. And there are two ways that you can ask your questions the first of which is through the Web using the chat function.

In WebEx you can enter your questions, I will sort through them and then answer them once both of our speakers have presented.

The second way to ask your question is via the audio line. Again once both of the speakers wrap up their presentations the operator will give us instructions as to how to queue up to ask your question via the audio line.

And finally if there are any questions that we are not able to get to during the course of the Webinar we will follow-up with you to be sure that we get them answered.

If you think of any questions following the Webinar you can please email them to me. I have entered my email address in the chat box that's located there on the right-hand side of your screen.

Also as the operator mentioned we are recording this Webinar. We will post the recording, the slides and the transcript of the Webinar on the ACL Web site. I have also entered that Web site address in the chat box on the right-hand side of the screen.

For the learning collaborative members that are on today's Webinar once the Inforay and LTSS network Web site is live those materials will be posted there as well, the slides, the recording and the transcript. And I will notify everyone once those materials are posted on the Inforay site as well as on the ACL site.

Okay so with that way would - I would like to introduce our first speaker who is Jamie Almanza. Jamie is the Executive Director of Bay Area Community Services which is a specialty healthcare services and social benefit corporation.

Jamie possesses a contagious enthusiasm for public policy development, business strategy design and execution and an overall commitment to excellence in the highest quality services for their marginalized community members that are in need of help.

She has worked in the health care services field for 20 years and brings extensive knowledge of mental health services for all ages regulatory activities and strategic leadership.

Jamie, thank you so much for being with us today and I will turn it over to you.

Jamie Almanza: Great. Thank you so much for that introduction.

I would like to start by just thanking everyone for participating in the learning collaborative and allowing me the opportunity to share a little bit about Bay Area Community Services which is a heritage nonprofit organization that's been around 63 years and went through a dramatic transformation from what I characterize as a traditional kind of social services sector organization to one that is aligned with the Affordable Care Act and has really tried hard to integrate performance management into the day to day operations and culture of the organization.

So to start if you can advance the slide, our mission is to deliver support of wellness services to underserved individuals and their families.

And organizationally we have around 20 different contracts. Many are traditional contracts that leverage the Older American Act funds from federal state and local entities like our Area Agency on Aging to Behavioral Health Medicaid contracts that are fee for service to Housing and Urban Development contracts to provide three overarching service structures to people in need which are behavioral health services, aging services and homeless and housing services.

If you could advance the slide please, over the last five years our organization engaged in a strategic planning process that involved our board of directors, our management, our staff, our clients, our constituents and funders to really look at what we were doing well and what we weren't doing so well and to really think about how we can align and leverage the Affordable Care Act to change and upgrade our services to be more responsive for the community.

Part of that effort was really achieved and supported by a large foundation grant we received from the SCAN Foundation which was about instituting business infrastructure and business acumen into our organization so that we could prepare ourselves to go after contacts with the healthcare sector.

And so we just came off of a two year long program around really looking at every facet of our business infrastructure, auditing each of our programs in terms of alignment towards mission, alignment towards financial sustainability and accountability towards performance expectations for not only the contractual funder but for our community.

If you could advance the slide please, this really embarked us on a massive culture change.

And one of the things that I think we're on the cusp of and also not quite there yet is really instilling accountability in every facet of our organization.

And it goes from all the little things that we do every day and what we say to our clinicians and staff persons in the field which is accountability may be defined as returning a phone call the same day you receive it to larger things like achieving outcomes that you set out to do that you say you will do for a funder or a contractor.

And this really started a long term process that we really peeled off layer by layer within the board of directors, the management structure and the staff that aligned ourselves towards asking really difficult questions such as Program A for example we've been running it 30 or 40 years, how are we doing?

Are we doing marginally well? Are we exceeding expectations? Is the program financially solvent? All those things really helped us create an infrastructural process where we went program by program to analyze our programs towards accountability, towards these specific goals and ultimately accountability towards the mission of the organization.

What we found out when we went through our program kind of inventory is that we found some programs that for years were living kind of paycheck to paycheck if you will as a program where the infrastructure was really broken, where the services were doing okay but weren't meeting necessarily the outcomes that they had set out to meet initially.

And so they really got us thinking strategically as an organization of about what we should do. And it really brought forward a lot of interesting dialogue at all levels about whether it was time to re-envision the organization and whether it was time to think about helping to sunset some programs that we either didn't think were as viable and/or we didn't think were truly performing at the level we had set them out to perform at.

Please change the slide. So an approach that we took as an organization through our SCAN Foundation effort was to really start with the management bench strength of the organization.

And so our organization is roughly $11 million in terms of an operating budget. We have roughly 100 staff. We have a board of directors of ten individuals who are community members and members of the business sector.

And we have a really dedicated staff that for the most part had been with the organization for many, many years.

After we analyzes each of our program components we came up with a short list of programs and program managers that we realized weren't performing and weren't strategically align with where we would like to take the organization.

So what we did is we instituted an internal management training program. And we essentially got all of our managers in the room and we did a four-week training series on every facet of running a nonprofit program within a nonprofit organization.

We tackled things like how to create a responsible budget, how to implement a clinical evidence-based practice, how to market your programs, how to

recruit hire and performance manage excellent staff to provide excellent services in the community.

And we really invested a lot of time by bringing external experts and internal experts to "reset the organization" and its culture towards accountability and performance management.

What we found in kind of a pre and post test format is that that process improved the performance for about 50% of our program managers throughout the organization.

And by improving the performance that means that the programs that those program managers managed increased their performance expectations and outcomes. They reduced their turnover in terms of staff. They increased their health and safety awareness and ultimately achieved higher outcomes that we measured before and after this training series.

Now what it left us with is the other 50% of the programs and the program management structure that we did not see the same results in after going through this intensive reset process for the organization.

And so in the last year we really thought hard about what to do with the dilemma of having legacy programs and legacy program management staff.

And we embarked program by program and had a lot of individual creative decisions and creative opportunities to talk with management staff about whether they would consider moving to different positions throughout the agency, whether it was time to look at helping people move along outside of the agency.

But we really focused the conversations and the management change process on what is most important for the organization and the community. And that is to increase the performance outcomes for quiet care and community integration for programs and our clients.

And after we realized that we kept making these, having these conversations that the data and the outcomes weren't improving we made a decision.

And we made a decision even though it was very hard to do so to either sunset a couple programs and/or help a couple program managers move through the process and ultimately hire new leadership in those programs to be responsible to the outcomes and goals we set out to make.

It was a very, very interesting process because throughout that time we were really resetting the culture of the organization.

And the culture change went from being this wonderful caring social services organization that absolutely did good work and met a community need to aligning ourselves to make decisions based on data that we had never had that we started looking at on in some cases a day to day basis, a monthly basis, quarterly basis in aggregate to see whether the programs were meeting the community needs and the contractual need to prepare us for embarking on new contractual relationships with healthcare organizations.

Through that time we definitely ran into change fatigue as an organization. We went through an increased spike in turnover of staff.

We reset the on-boarding and new hire process to be extremely transparent with direct care staff when they came into the organization about how we were creating an accountable structure and that we were going to implement

and had implemented the data and performance management expectations by staff position.

And part of that was investing in a lot of infrastructural changes so that we have dashboards by staff position and by program where we could see on a day to day or week to week moment whether staff are meeting their requirements in terms of things like direct service billing units or keeping individuals out of the hospital goals.

And it really at some point in that process created a lot of internal kind of chaos.

And how we dealt with internal chaos is we kept promoting the change as one that would be about keeping our organization not only relevant and competitive in this new day and age but also ensuring that every single dollar, every single staff minute, every single administrative resource was promoted - promoting increased outcomes and increased quality in client care.

If you can advance the slide please, so what we did is for those managers that we went through our training program for we really implemented what I called a mini MBA for the whole organization.

And we started this process through our Linkage Lab product with the SCAN Foundation where senior management team went through an MBA like kind of process where we learned everything from how much each service is really costing the organization versus what are we getting reimbursed from the funding stream, how to negotiate contracts with the healthcare sector.

I remember saying in one of our class and forums it's very different sitting across the table from Anthem Blue Cross to talk about pricing structures for

our organization than it is to sit across the table with a government entity that has provided a contract with the organization for many, many years.

So it really tested our business acumen and our wherewithal as an organization of how to provide and market and sell our services without undermining our services because we have had prior contractual relationships where we in many ways devalued our own service because we were used to very poor pricing structures or reimbursement rates from many, many years ago.

So this process that we took our management team through we then integrated it into our line management team so that every manager in the organization has the skills and the business acumen and that the organization as a whole has the infrastructure so that we could start playing ball with healthcare entities and hospital systems and health plans that we had never really thought about as an organization before this opportunity came through.

If you could advance the slide, so fast forward after this two year program what our biggest challenges remain today. We still have a really significant challenge of recruiting and retaining direct program management staff that have both sides of the business.

They have the clinical and direct service capacity and wherewithal as well as the business acumen and performance management environment that we have changed our organization to operate within.

And so what we've done very recently is analyze in each of our programs based on what type of program it is whether or not to create a structure where we find business managers that can manage the contractual and the performance management process as well as then create a structure embedded

within that where the direct service and the clinical models are managed kind of in the same person versus hiring two different people to accomplish those tasks.

We have not arrived and in no way are fully succeeded in that process. But we are very close.

And I think for the first time in the organization we are understanding that recruiting for and retaining program managers is no longer the looking for those qualities that are just related to the direct service and the client care aspects but that we have to recruit people that are going to be able to manage a workforce that is based on performance management and outcomes and use in terms of data-driven decision-making.

And then the other challenge that we have fully implemented at this point is we made conscientious decisions to sunset a few of our very long-standing and traditional programs.

We have done that through a process that's taken about 2-1/2 years at this point. And it really came from the place of analyzing each of our programs fiscal models and then performance models.

And so as an example we had a Meals on Wheels program and a congregate meal program for upwards of 40 years as an organization.

And through this process what we looked at through our infrastructural analysis as well as our GAAP analysis is that we had spent a lot of agency resource and time patch working funding streams to make these programs stay above water. And that sometimes it became at a compromise of our other services and our other programs.

And so through this process we engaged our board, we engage the community, we engaged our funders who were fabulous in the process and throughout the process to really think for the first time that it may be okay to have another agency that already does Meals on Wheels services as an example carrying forward the Meals on Wheels for our community.

And so the result even though it was a huge challenge was to let go some structured services that we had been operating again for many, many decades.

If you could advance the slide please, so our big cultural shift in our business practices today and now that it is embedded in every facet of our organization is that we don't say yes to everything that comes through our door.

We are more selective and are able to really analyze the true cost of a program or a service before taking on things like grant opportunities or service opportunities.

Five years ago before this process I would look at a $15,000 grant and I would say absolutely we need that $15,000 grant, we'll plug it in somewhere.

And I wouldn't think twice about the administrative resource or the implications that taking a $15,000 grant would have on the organization throughout all of the structures.

So we are very much more selective in terms of the size of grants we take on, which service opportunities we go after within the community and whether another agency can do the service better than us or just as well as us.

Another piece that we really look at is that we do not operate contracts that require an ongoing significant match in terms of fundraising.

And that in many instances is not popular especially in our industry. And especially in some types of services there's always a match expectation requirement.

What we have done organizationally is really looked at the cost of raising $1 to supplement a program or service versus where to really focus our fundraising and to draw a line in the sand that any fundraising we do has to fund for the most part unrestricted revenues so that we can continue to build out our infrastructure and sustain our infrastructure.

And in the past all of our fundraising went to fund raise gaps in existing services. And we said if we're going to be an organization that competes in the new Affordable Care Act world that our fundraising should be about creating unrestricted revenue A, to be sure that we can sustain ourselves through some of our startups but B, to fund infrastructure so that our services can sit on top of excellent infrastructure.

In terms of another cultural piece we've really marketed ourselves internally and externally as being very entrepreneurial.

I think in our sector really dedicating and creating opportunities that are not just the status quo is something we have a lot of pride and experience in in the last couple of years and really thinking outside the box and marketing not just traditional ways of doing business but much more on the entrepreneurial side and business savviness side to be able to compete and sit in the room selling our services with the healthcare industry.

Part of what we've done is really looked at diversifying our funding streams and not having all of our eggs in one basket.

And so we have a growth trajectory of looking and being invited into other communities and other hospital and health plans to really leverage kind of diversification of our whole portfolio.

And that really has helped us in terms of being able to start up new opportunities and to be able to rely on that diversification.

And then the other thing that's been very cool that I don't think is serendipitous and it has gone through a lot of the efforts we put forward to change our organization is for the first time in five years - I've been with this organization five years.

For the first time in five years I had different communities and different funders approach various community services and say we've heard about your service, we've talked to this hospital. We'd like you to come into our community and design a service.

And five years ago before we went through this transformation I was the one, you know, trying to beat down doors to get into other communities and/or other funding streams where we know we had the capacity to do the work.

And so I think it's a real testament to the work and the implementation of the transformation process that has lent to getting invited in.

And if you could advance the slide please. Another thing philosophically I talked a little bit about it already is that I know federally and definitely locally different funding streams look at overhead for nonprofits or indirect rates.

And one of the things that we've put out there as we approach new opportunities is the cost of doing business with a high quality excellent organization that's going to rely on data and have the infrastructure to provide good services means that our overhead rate is - may be a little bit higher.

And I think as the community of nonprofit social service agencies continues to perfect itself I think those conversations with funders I'm hoping will really say that indirect and/or overhead is a cost of buying a great service as opposed to putting a cap of something very low like 4% or 8% on indirect because that is where you can continue to build one's infrastructure.

I already talked about making sure that when we negotiate new contracts and existing contracts that our contracts fully cover the cost of the service.

And now what we're seeing ourselves being successful with is negotiating a pay-for-performance margin for reinvestment.

And we for the first time entered a risk sharing contract where if we do not perform then we don't get paid the full cost of delivering the service.

If we perform at a base line that is reasonable then we get paid fully for providing the service.

If we over perform and make sure that we implement and achieve the outcomes that then save the hospital or the healthcare entities money on the other side that they pay a premium or a margin that's very attractive so that we can then invest that back into our business to be able to perform and continue to grow as an organization.

And one of the things that's been a challenge in some of our early contracts for with hospitals is I found out very quickly that we weren't a true partner.

If you could advance the slide, I look at a true partnership as between the funder and the service provider as being one where there's a sharing of data.

And in many of our traditional contracts and services we know anecdotally that we keep people out of the hospital as an example.

Yet when we go to the hospital or the entity that provides the contractual service we would never be able to get the data to demonstrate that our service or community-based intervention absolutely kept someone out of the hospital, kept someone out of the nursing home, kept somewhat out of the psych inpatient unit and that those outcomes translate to real dollars saved in emergency services, hospital in-patient, et cetera.

And so in our new partnership agreements we say from the very beginning are you willing as a health plan to share the data they can demonstrate that our intervention saves the health plan real dollars? And I think that that is a real demonstration of a true partnership.

Another is like I said before sharing of the risk and sharing of the reward. So if you outperform that - some of that savings which in some cases is in the millions that a small percentage maybe 10%, 15% of that can go back to the provider of the service to that invest in that provider.

If you can advance the slide, and then partnerships between community-based agencies, I think some of the colleague agencies that we work very closely with we've become very aligned that there's so much duplication possibility in our industry.

And so when you're looking at service opportunities or grant opportunities and you look at a lot of the requirements going after these grants where they require to have multiple community-based agencies collaborating to deliver a service really asking yourself does it make sense? Can one provider do it better than two and is it duplicative?

And so one of the things we really share in is that if we're going to collaborate that it should be something that we don't know how to do ourselves and/or if someone asked us to collaborate we want to make sure that is not something that the organization is already doing themselves.

And that's really delivered a lot more efficiency and effectiveness in terms of our collaborations between agencies.

If you could advance the slide, and so just to wrap up, our biggest reward thus far is that we've had new contracts with healthcare agencies.

And like I said before a major reward for us and something that tells us that our transformation has really been effective is that other communities are looking at us and inviting our service structures into those communities.

And I think that's it. I'm going to stop here and just again I thank everyone for taken the time. And I hope hearing a little bit about our story is something that was interesting the folks.

Lauran Solkowski: Great, thank you so much Jamie.

Okay now we are going to switch to our second presenter and I'm looking - I'm pulling up her slides.

Okay so I would like to introduce and welcome the second speaker, Sarah Lovegreen. Sarah is the National Health Director at the OASIS Institute.

OASIS offers programs in lifelong learning health and volunteer services through partnerships that provide adults ages 50 and older opportunities to pursue vibrant healthy and meaningful lives.

As the national health director Sarah leads the implementation and evaluation of health-related programs and grants across the OASIS network of 43 cities and 24 states including evidence-based programs for chronic disease management and fall prevention.

Sarah has been with OASIS for nine years working in local and national roles. Thank you Sarah for joining us today and you are welcome to begin.

Sarah Lovegreen: Great, thank you Lauren. And I think, you know, Jamie as I listened to you talk I definitely appreciate it because I think a lot of what you - we're sort of in the middle I think of a lot of the process that Jamie had described as part of her presentation on the call today.

So today I'm really going to talk about sort of how OASIS really started down this road in terms of our organizational cultural change, our commitment to evidence-based programs and evidence-based approach not only in health but really in all that we do at OASIS.

I think there's been a lot of best practices in terms of the health arena and the work that we've been able to do. And so I'll speak from that experience more specifically. But we've really been able to sort of overlay that commitment into the other areas which we work.

And so our culture change really up to this point has really focused on our leadership. It started of course with our Leadership Team, our board members as well as our partners. And that really led us to that culture change.

And really, you know, as when I spoke with Lauren and (Marissa) about participating today on the call, you know, I started thinking about it from our work with the Administration for Community Living Learning Collaborative Business Acumen Learning Collaborative and sort of thinking of that as our starting point for organizational change, culture change.

But really it goes back even further than that. In 2003 OASIS made a commitment at that juncture with the support of our board to pursue and use as our core programming evidence-based programs and practices and particularly in the health arena and really sought to engage in nationwide programs that really helps to build the evidence for many of the evidence-based programs that are being pushed through the partners health and senior services and when we think about aging services, so the (unintelligible) self-management active living every day and those types of programs. And so really that's where it started.

And I think there if we look back at that time there probably was a little hiccup. We had gone through in the 90s a very robust curriculum development period developing our own curriculum that was very valid. It was theory based. It was using a lot of those traditional health education methods with which to do change.

But we as an organization didn't have capacity to fully research those to really measure their effectiveness at the same time that these other programs were being measured.

So we've kind of transition to that core of evidence-based health programs knowing that we still needed some local flavor with each of our education centers to allow them to provide some other programming.

Next slide please. So from a leadership standpoint we really have our president as well as our director team, our Leadership Team have an ongoing commitment to innovation and sustainability.

And these are two areas in which as we're creating our goals not only on an annual basis but if you look ahead to the next three to five years these are two places where, you know, we have strong commitment in all of our departments, you know, to remain innovative and sustainable as a nonprofit organization.

And so with that we really started looking at, you know, these packages of evidence-based programs and again with the changes with the Affordable Care Act what were the opportunities for OASIS as well as our network of partners not only in the St. Louis region which is where we're piloting this work now but in our cities nationwide where we could be involved in other networks and support those activities.

So in 2012 our president was involved in some of the presentations from SCAN Foundation and the Hartford Foundation in terms of the work that's being done to sort of close that gap between community and clinic and really integrative our community health program with what's happening in primary care clinics to really help our older (unintelligible) engaged in a way (unintelligible) engage management to really put into action what their clinicians are asking them to do.

Again our focus at this time is really around chronic disease and diabetes self-management as well as fall protection and including physical activities sort of as an underlying piece to all of those problems.

You know, knowing that at some point, you know, that's our low-hanging fruit today. We're still young in this process. And so, you know, we see ourselves wanting to adopt some new programs and probably forgo some other programs as part of our network so that we can, you know, really sort of focus that energy to what is needed in the community where can we sort of product those outcomes that Jamie really focused on as part of their organization and how they're monitoring their progress.

So immediately with that first learning in 2012, you know, our leadership team was bought in particularly my predecessor in this role as well as our president.

And then, you know, we continue to educate our finance department as well as our development team on sort of why this approach was important and what that was going to look like again in the short term as well as in sort of the mid-and long term for our organization.

And it really helped us to think about our grant seeking a partnership building approach. So with that buy-in, you know, as we're talking with partners it really just a lot of our culture change just started with 101 conversations.

And but it really changed how we started looking for grants because if we knew this was our ultimate goal in terms of having and being part of a network to the St. Louis region that provides integrative models of care then that's how we needed to start our grant seeking.

And so we're gradually starting to change our wording in our grants, really thinking about the structuring in our grants that would support our end goal of creating a network of providers, you know, to do this work.

And so that really was a really big focus for overtime. And, you know, it's still an ongoing process. You know, I think that as I heard (Jamie) talk, you know, sort of there's still some programs that we are seeking small amounts of funding to patch work together particularly in health.

And so I think it's, you know, those programs are at a critical point where we either need to create more of a - make the investment to create more of a robust research evaluation component behind it to sort of help support its effectiveness or we need to think about sun setting that program and replacing it with one that would be - would still fill the need that we're looking to fill but has already has that research and evidence behind it through ongoing research and evaluation.

Next slide please. We - our bored was an easy sell too. Quite honestly we are fortunate in that respect.

And I should say for the most part, you know, we're very deliberate in who we select to be on our board particularly for national organization.

And so we want those folks who have national leadership opportunities who have the vision to see, you know, where the innovation is, you know, and those types of things.

And so we have leaders from the National Council on Aging. We have leaders from the Florida Health Network. We've got, you know, Express Scripts and

then chief medical officers from a couple different organizations and that's just sort of again around our health arena.

And so we really started talking with them, you know, about the exciting opportunity that we saw to fully align what we were already doing in a very meaningful and sustainable way.

And because we're a nonprofit organization we had flexibility with which to do that now. You know, we didn't sort of have to go a lot of buy-in from government entity.

You know, we considered having these conversations we really had that flexibility to just start down, you know, to take a turn on our road and really continue down this one to a create a care model.

So in those conversations with board members, you know, some are like absolutely do it tomorrow, make it happen quickly and get your own Medicare billing number.

Other board members, you know, were supportive and really asked some great questions in terms of how it fits with the other two arms of our mission in terms of lifelong learning and volunteer service.

And so we just worked with them to educate them and sort of how that fits not only from a national perspective but how that would impact our local centers that are really charged with implementing the national initiative that the OASIS Institute puts forward as well as, you know, their own local program that needs to have its own local flavor.

You know, then from as we kind of got that initial buy-in, you know, then we took the opportunity to bring in, you know, a consultant expert faculty to really speak to, you know, what how - what this was looking like nationwide, you know, so who was involved already to help tell that story of what was happening with other people who had embarked on this road towards an integrated model of delivery and invite, you know, not only (Tim) to come and join us speak with us but again the lead in Florida, the Florida Health Network to come and talk about their experience, how they get started on their road and sort of what their finding and outcomes have been.

And that really energizes. That was great to get the buy-in of our board. It was also great to get in that initial interest and buy-in from our partners as well.

We invited them to this morning session. And so through those learning sessions, you know, we were able to get some great one-on-one questions.

Those experts were really able to speak the language that was meaningful to our board as we were still building our business acumen to speak that language. And so that was a huge important piece of that.

And then as part of those learning sessions we also brought on additional board members that would specifically help us reach this goal and would provide us with that technical, that additional technical assistance, that guidance that we need from our Board and to continue to be able to network with other board members, you know, who are also sort of new to learning about this process.

Next slide please. In terms with our network partners I think this has been more of an ongoing process.

You know, this is and I think that, you know, we're really at a point with our partners where we're going to see who - which partners will rise to the top and sort of embarked down this road with us and which ones just don't see how their organization fits just yet. And that may be and that's fine, you know, but we're kind of at that critical tipping point with our partners.

So specifically we kind of we started with our partners as it relates we, you know, we kept our scope narrow.

We had a wonderful funding opportunity around the diabetes self-management program to be part of a national research study that looked at the impact of claims, health claims for participants who were in that study. And so that kind of built our capacity to offer that program.

And then with the existing models that exist and the resources that exist to make that a billable service through Medicare that became our initial talking point.

We'll say that we started those conversations. We learned how to engage in those conversations. We didn't necessarily start those conversations off at the right angle from the get-go.

But as we learned we were able to talk to our partners effectively about that and show them why this model is important for them in terms of being able to help us as an organization not necessarily being chasing the grant dollars so it allows us to provide services to their charter populations.

And then also offers an opportunity for some resource sharing between our two organizations and again just for that continued service and hopefully in the long term a little less intensity I guess on grant writing and really being

able to focus on those large pots of money instead of chasing after small dollars.

And again the network partners engaged with the faculty consults that we had brought in for the learning sessions, had some opportunities to ask questions about what was happening on a national level and really see the numbers.

And I think that was a big piece of that. The data that those speakers brought to the conversation and sort of what as we started to think about what that would look like for Missouri was very, very meaningful.

With our board involved in that process they were able to sort of give that a national lens. And I think that's kind of a spot that it gets a little bit difficult is with our headquarters in St. Louis we still want to be relevant to our broader network.

And so as a follow-up we've been just trying to do some regular touches. We did apply - so all of these learning sessions happened and our commitment to this model happened before we actually were became accepted into the ACL learning collaborative that we're part of now.

And so we just kind of did some periodic touches with that partner group, a lot of one-on-one conversations about sort of how they fit, what programs make sense.

You know, we found actually while we started with the diabetes self-management program that seems to - has a little bit more territory.

And, you know, there's an opportunity for more people I think to get defensive and sort of possessive almost about what they're doing potentially in that space.

But whereas fall prevention is something that, you know, everyone can come to the table around there's such a need in that area and all of our partners actually have a different way with which they can impact that directly.

So whether that's through some care management work, whether that's through implementing a banner of balance, whether that's through implementing or, you know, doing some community screenings and home visits with occupational therapy looking at med reviews and those type of things how can we each bring those resources to the table to start talking about what that package of services around falls prevention would be.

So we found that that's a little bit of an easier conversation to have at this point. In addition that's an easier conversation for us to have with our potential purchaser of programs.

We are focused enough right now to have our accountable care organization and local patient centered medical home at the table during these discussions as we start talking about what our network structure looks like, as we start talking about what our package of services look like.

And that allows us to really be sure that we're meeting their needs. It allows us to pilot resources and make sure that as we're moving forward we're being very deliberate, we're choosing the right methods and processes so that we can those opportunities to share data back and forth easily, that they know that they're achieving outcomes that they need by partnering with us and that we

can continue to prove the outcomes that we're able to do as part of this process.

Next slide please. So in terms of some of our next steps there's a lot happening right now. We're working with our partners to define roles and responsibilities.

We just had a technical assistance visit yesterday to where we had a very intensive and wonderful meetings for four hours where our brains left all very full.

But really that kind of gives us, you know, sort of the momentum with which to really get - drive that commitment from our partners to say what level of commitment and what role they see themselves playing as part of our network.

You know, we want to continue working with our partners on their vision for - and on our vision for this integrative approach.

Again this will happen through large group meetings. This happens through the meetings of our Advisory Council. This happens through one-on-one conversations.

And then ultimately what I hope will happen is that we'll have opportunities and our network will have opportunities to bring other network members and then do short board presentations to our network member boards so that their boards can be as completely bought on the process as is the OASIS Institute board as well.

In terms of some of what's happening internally with OASIS so we've previously we had a sustainability task force as part of our board.

And while great in name I think in sort of operation it was a little more difficult for that task force to be successful.

And sp just this year in order to sort of drive our vision forward we've committed to a business planning process. And the first thing we did with that was really restructure our board committees.

And so now we have new standing board committees. We've been able to go through a facilitative process with our board members to energize them and sort of get them more active and more involved in our operations and decision-making process when we think about our future and our sustainability.

Our business planning will really go intensively into again a lot of what Jamie said in terms of helping us look at real cost of services.

So what does it cost us to implement these programs? What are the ones that have real opportunity for sustainability whether that's through policy, whether that's through revenue opportunities out in the field and potential contracts or, you know, is there other sustainable grant dollars that could support some of these programs?

You know, and I think that business plan to also help to continue to build the capacity of our staff in terms of, you know, what our business acumen looks like.

You know, as a director team we're sort of in the midst of this. And we're, and it's a transition phase. You know, we're still writing grants sort of under our model.

You know, and so we have to stop for long enough. You know, we're experiencing some challenges on our own with staff vacancies at this point which is increased workload for all of us and still being able to move our vision forward but understanding that there's real day to day barriers as part of that process.

But, you know, for our direct team as well as our project management team really truly understand what we're doing, why we're doing it and the business case for that so we can all have that elevator speech when we're talking with a funder, whether we're talking with our auditors, whether we're talking with a community partner or a participant in our programs to sort of explain what we're doing or how we're doing and so having the involvement of our financial director who can really talk about what happens when we start getting contracts for services. You know, she's going to have to be involved in that contract review process.

You know, our development team who is really, you know, working with those who will be giving to OASIS potentially to support this work.

In addition, you know, I mentioned some of the funding streams that Jamie had mentioned in terms of looking at whether or not those are viable long term and are those programs viable long-term and as well as just how we're using , you know, why we still are going after some of our smaller grants, you know, so I would say, you know, $25,000 or less.

You know, we're careful as to sort of what we ask for that money to do to make that as easy as possible from an accounting and reporting standpoint knowing that those small dollars, you know, are labor intensive in writing and reporting on either side and accounting for it while it is here.

And so I think that's most of - again we're kind of in process. But you, fortunately it's been I think our commitment to innovation and sustainability is what we live and breathe every day. I think our partners feel that about us.

And so when we come and start talking to them about these ideas they have that same interest and innovation and sustainability which is why we're partners and we're serving, you know, the same population and we have been sharing between those partners.

And so I think that's really helped us be able to drive forward without too many bumps in the road. Yes, but we're also at a point where, you know, we're still in development. We're still working on that governing structure and roles and responsibilities.

And particular of our integrated network providers and so what that looks like when we actually start sharing revenue and things I think we need to constantly be thinking about, you know, culture changes and a onetime process is something that is ongoing and it is very organic.

And so just to kind of keep those doors open to that process and being sure (unintelligible) and the partners that we have at the table are open to that process as well.

Lauran Solkowski: Thank you so much Sarah. Are you done?

Sarah Lovegreen: I am yes.

Lauran Solkowski: Okay. Sorry I didn't want to cut you off. Okay thank you again. And thank you both Jamie and Sarah for your excellent presentations.

So for now we'd like to open it up for a question and answer session. So operator if you could please provide instructions for asking a question that would be great.

Coordinator: Thank you. And If you'd like to ask a question please press Star 1 on your touch-tone phone and please un-mute your phone and record your name clearly when prompted.

If at any point your question has been answered you may remove yourself by pressing Star 2. Once again if you'd like to ask a question please press Star 1 on your touch-tone phone. One moment please for our first question.

Lauran Solkowski: Great, thank you. So in the meantime while we wait for questions to come in on the phone we did receive a question on the - via the Webinar.

And Jamie this is directed to you. So they're asking if you were brought in specifically to implement the realignment piece of your organization and if not who conceived the agency realignment?

And then as a second piece of that was it conceived and then funding was sought or was this an opportunity that SCAN Foundation had brought to you?

Jamie Almanza: Those are excellent questions. Thank you. I was not brought in for this specific transformation. When I came to the organization it was very interesting because the board knew that it had a challenge in a Mission Drift.

And it was going to continue to pursue the Mission Drifted program to try to fix it and make it sustainable.

And within a couple of months the financials really told the tale in terms of the program that a lot of our financial resources went to implement was not going to work out and was completely outside of our mission.

And it was basically a social enterprise model to try to fix the grave funding issues related to our Meals on Wheels program.

So I worked with the board to help them see that investing in a social enterprise to try to fix grave funding problem was not going to suit the existing programs well.

And so from that moment on we myself and the board really looked at the organization needing to go back to what it was intending to do from a mission perspective.

And we sought out the kind of transformational need. And then with the Affordable Care Act we had already had another branch from the SCAN Foundation for a different purpose.

And then when the SCAN Foundation released the funding and concept for the business acumen phase we were already kind of in the midst of knowing that we needed to transform the organization and so we went after it that way.

Lauran Solkowski: Great thank you. Operator have we had any questions come in through the phone?

Coordinator: We currently have no questions.

Lauran Solkowski: Okay. So while we give it a few more minutes I actually had a question for I guess maybe for both of you in terms of so how are you able to balance I guess the process of moving through the culture change pieces?

So Jamie as you mention, you know, the management training, implementing the program account accountability piece with pursuing, you know, other partnerships with health care entities, health plans or hospitals? So sort of how did - what was that balance there?

Jamie Almanza: Sarah do you want me to go first order?

Sarah Lovegreen: Sure.

Jamie Almanza: Okay. Yes I was just thinking to myself the term work life balance for at least...

((Crosstalk))

Sarah Lovegreen: Absolutely, absolutely.

Jamie Almanza: We have not achieved the work life balance through this process. It's been a lot of work.

And the interesting thing is where we know we have deficits and terms of, you know, line management programs that are or have or are not performing and we in senior management step in and operate those programs while embarking on this culture change.

And I think that that's it's - I think that becomes a very important thing to really report out on from an experiential standpoint but I also think that it is why we are now being successful in kind of reaping some of the benefit.

So as an organization when you know you have a management structure or a program that's not performing I think an organization can take two paths.

One is to try to, you know, go through a process and know that it's not performing in kind of have more of a longer term plan to correct it. Or another process is to step in and immediately make sure it's performing.

And we chose the latter. And so myself personally and some other people on our senior management team daily do daily operations of programs while we're still pursuing this longer term culture change.

And the benefit has been that we learn the intimate kind of details of the program to see where the inefficiencies are and where it's not working. But the flip of that is it makes for 12-hour days.

Sarah Lovegreen: Yes. I would agree with that. There was - there's - it's a lot - there's a lot extra, you know, and I think that not only is it extra in terms of the leadership team but that extra trickles down with, you know, and so it's - I'm very cognizant I hope among my team, you know, in terms of the like seeing when sort of the trickle-down when the floodgates have opened right and so there's being a trickle down that really the workflow from my overflowing plate to try to move in this process.

But I think what has really helped, you know, I dream of the day where most, you know, half of my time is not spent in grant preparation opportunities.

And so I think, you know, since I have that, since I'm writing those grants and I see us writing them in a different way and speaking a different language and engaging with partners in that grant writing process in a different way it's encouraging, you know, and it keeps you going in terms of that process.

But it's not easy. It's not easy because especially when there's a long history at think within a program and I think that's one thing that our two organizations have a lot in common is that some of these programs, you know, that we're trying to piecemeal together have a long history in our community, a long history with our staff, you know, who've stayed with us.

We've been blessed with a very high retention rate among our team. And so, you know, it makes that change hard because we're emotionally, you know, we're not doing this for the money. We're doing this because we love what we do.

And so having that, you know, and making some hard decisions about some of those approaches and really to having to look and say, you know, is this partner valuable? Is this grant valuable? Can we take on implementing one more class when our culture had not been to say no previously?

Lauran Solkowski: Great. Thank you both so much. I mean, you know, we hear all the time sort of from especially from our first collaborative the importance of this being, you know, a linear process and not doing it step-by-step. So I appreciate sort of your experience and that, you know, that balance.

So we have another question that has come in through the chat. So for Jamie it says that you have mentioned you had to retrain your managers to make them accountable to the expected outcomes benchmarks, make data-driven decisions. But did you also now have difficulty filling those positions?

How have your program director position descriptions change as a result of that?

Jamie Almanza: It's a great question. The irony is that the program director job descriptions never changed. And I think there's been a lot of dialogue in terms of internally and with some colleague agencies I've had the privilege to talk with us about is the culture of our industry changing more towards accountability.

And what comes up a lot is are we asking too much of our program directors, of the staff, you know, it's very hard work.

And what we have found is that the job description always had the functionalities of performance expectations, outcomes management.

But internally as a culture -- and I think that I've worked in many social services agencies where I say this to managers sometimes -- it's almost like we feel a sympathy or at least in empathy in terms of the work.

And so we almost don't manage down and up and all over the place in terms of making sure that people are meeting the minimum expectations of their jobs.

And so for the management jobs the minimum expectations and the job descriptions have always been use data to inform your decisions, manage performance, et cetera, et cetera.

What we realized is that the job descriptions weren't being upheld. And that was the culture of the organization. It was kind of the just get by or because

there's always all kinds of crazies and fires to put out that we understood that a manager couldn't, you know, hold someone accountable to an expectation.

And that's been the hardest work in the learning is to find managers that want to come and managed to the job description that's set and to really see that as bolstering client care as opposed to just coming in as kind of a, you know, someone that's just doing it to do it. And I think that we're still in process with that.

Lauran Solkowski: Thank you. Operator can we check the phones for questions?

Coordinator: Thank you. At this time again if you would like to ask a question please press Star 1 on your phone and record your first and last name clearly when prompted. One moment please for your first question?

Lauran Solkowski: And while we're waiting for that another question has come in. This is towards both speakers. So what kind of data management systems have you found that you need to invest in to move to data driven decision making?

Jamie Almanza: Do you want to go first Sarah or do you want me to...

Sarah Lovegreen: What I can say to that is that we don't know. And that's part of our process I think this year.

You know, I think we had some good conversations yesterday because, you know, we know that our potential purchasers are all using something different so having that is agnostic I believe he described it as, you know, in terms - something that can export data that can be uploaded into a variety of systems but we have not been able - we have not nailed down.

We do have some resources in Missouri that are looking at some IT infrastructure opportunities that potentially maybe we can just sort of buy into those services versus having to either create or, you know, purchase.

So that - it's a hefty cost as a nonprofit network for us to incur at this point.

Our project is still completely un-funded. And so we're all sort of doing this out of the goodness of our hearts and knowing that - knowing what the long term vision is.

But that's our goal is to get something that we'll be able to speak to multiple types of infrastructures.

Jamie Almanza: First sure. And I would say for us we're very similarly contemplating an electronic health record that can talk to all of our different contracting organizations.

And we have not bit the bullet in terms of investing into purchasing our own electronic health records. So for the direct services we either use the funders of electronic health records.

And then for those funders that don't have an electronic health record we actually did probably a mini investment and we used Microsoft SharePoint which we implemented as part of our IT infrastructure just to bring in a staff Internet.

And then we realized that there's so much functionality within SharePoint that we've created kind of a mini electronic health record that sits on top all of our programs.

And that's where I can get dashboards by the program, by the staff and then the staff use Microsoft SharePoint as a dashboard, like a clinical dashboard and terms of when their treatment plan's due or when their chart has to go to utilization review.

And so it didn't take a lot of dollar investment if you have someone that knows the Microsoft platform.

Lauran Solkowski: Thanks. Operator have we had any questions come in?

Coordinator: Yes thank you. At this time we do have a question coming from (Thomas). Sir, your line is open.

(Thomas):   Hello. Do you have any this is for both presenters or either. Do you have any tips for costing out services that who's cost vary greatly from one consumer to the next?

For example if we were to sell de-institutionalization services to a hospital say or a managed care organization if the consumer in question needed to have their house modified with a ramp that would throw an extra $6000 onto the cost.

And if a ramp weren't feasible and they needed a lift that would be another $5000 versus someone whose house was already accessible and they didn't need such a modification?

So I'm wondering do you sort of try to figure out what the average cost is? Do you sort of price out the service based on what an expensive transition would cost? Any tips would be useful on that?

Jamie Almanza: Yes. I can start. We've been structuring contractual relationships and I think your example is great because I think it translates into what we do.

And we use the rule of 1/3s. And it's actually becoming much more scientific as I'm talking to some of these bigger sectors.

And the 1/3 rule is 1/3 low, 1/3 moderate and 1/3 high. And we cost out of a particular service or population in terms and then it matches up to what our experience that is in terms of kind of three rates based on the low, moderate and high.

And for us as an example that would be similar is for a mental health service population in keeping someone out of a psych hospitalization, you know, there's that low threshold of a group then the middle then the high.

And then we have flexible funds that we then average out. So we know the high population is going to need maybe $10,000 a year of flexible funds to do something like you described. But the low end of the spectrum is going to need maybe a $500 in a year.

And we did it unscientifically for about the first three contracts that we've had and then we've been analyzing how close and how far we are and then the hospitals are too. And it actually has really aligned with what the experience then becomes.

(Thomas):   Thank you.

Coordinator: Thank you. There are no further questions at this time.

Lauran Solkowski: Thank you. So we've have another question comment through the chat. So it says that you mention the culture change within your organizations.

What about your nonprofit partners those who are also social service nonprofits experienced and are shocked that you are actually asking your healthcare providers to actually pay?

And then what about the other organizations that are not asking the healthcare providers to pay? How do you share with the partners who help you deliver those services?

Jamie Almanza: Sarah do you want me to...

Sarah Lovegreen: This is Sarah. Yes I can - we actually just talked some about this yesterday, you know, and that the package of what we sell to a health insurer is different than what we would offer the general community.

So if we're still doing some general community work and outreach there's going to be an added value aspect of that by working with the health plans with which to do that.

The health plan also has a vested interest in getting their participants into our program because of the outcomes that we would be able to produce for them. So in that way I think it's a little bit different.

You know, for the - fortunately we have I think that one of the things that we all do struggle with a little bit and, you know, just over time we've been able to kind of baby step into that process.

You know, so for example OASIS in St. Louis has two area Agencies on Aging. That services our metropolitan area. There's two county areas for that.

And, you know, so we've kind of worked all three of us together because it's such a (unintelligible), you know, and it's probably 20 miles in any given direction that, you know, all three of our agencies cover and we're offering some of the same programs.

And so, you know, through planning and good communication we've been able to really look at our funding sources, what those funding sources require, what the capacity is of our different organizations.

So OASIS is great at volunteer management recruitment and training. We're great at volunteer retention and so when we're using lay leaders for programs it make sense for us to take on those roles whereas our senior center partners are great at getting out into the community, enrolling folks and driving participation into programs.

And so we're able to really kind of focus our energies in that way. We're getting it more formalized now. But, you know, we do - we are recognizing a need to be sure that all folks who are offering say a chronic disease health management program because some are going to offer it for free and we're going to start selling it as a package.

But again that health provider has an invested - has that vested interest to get their plan members in our program because it will have, you know, it's going to be a program that they can't access through the community.

And again we'll have those tracking opportunities in that feedback loop so that we'll be able to produce those outcomes for all the interested parties.

Jamie Almanza: That's great. And I think the only thing I would add because I have the exact similar kind of experience and process is that I when I talk with the health plans and the hospital systems I talk about buying accessibility.

And a lot of the initial conversations with the health plans were centered around, well the community and the government already provides that service so why should we pay extra for it?

And then the reality sinks in and terms of waitlist or the fact that someone's discharged from the hospital and needs something that same day.

And so we really structured the concept and the philosophy around the partnerships of buying access to the service.

And the other thing that we realized is that some of the hospitals and health plans don't have the same prioritization in terms of some of the outcomes that we have.

And a quick example of that is we have a hospital that buys medical respite beds for the homeless. So someone goes into physical health hospitalization and they now get dings for readmissions within the 30 days.

So they need to make sure that the person recuperates and recovers. And so they want to buy a bed for 30 days.

And it was real awkward at first because we of course have an outcome of preventing further homelessness.

And so it became very - it became a philosophical question in terms of is it okay for us to sell this service to this hospital for someone to recuperate for 30 days and then the person's then discharged back to homelessness after the 30th day.

And something that really struck me in terms of why we went forward with it is everybody deserves a humane place to recover from a physical hospitalization.

And so we still are meeting our mission by helping someone recuperate, you know, with bandages, dressing changes and all that good stuff in a warm safe place even though it's still 30 days later the hospital is not interested in the outcome of whether the person, you know, sustains homelessness or becomes permanently housed.

And that's really I think some of what comes up as we start to talk with people about who have different outcomes and goals to meet for their community.

Lauran Solkowski: Thank you. Operator I wanted to since we have a few more minutes I wanted to check one more time just for other audio questions.

Coordinator: Thank you. Once again if you'd like to ask a question at this time please press Star then 1 on your phone and record your first and last name clearly when prompted.

Lauran Solkowski: And also we got another response in the chat that was just thanking you both for such great responses.

Sarah Lovegreen: Thank you.

Lauren Solkowski: So in the meantime just quickly for the participants that are on the call or on the Webinar today we have, I wanted to let you know that we have scheduled our next topical Webinar for Friday, May 15 from 2:00 to 3:30 pm Eastern Time. And that Webinar is entitled Tools for Building Housing and Healthcare Partnerships.

So be on the lookout for more information on that and for registering. I will be sending that out soon.

So I don't - I'm not showing any other questions in the chat. Operator are - have questions come in via the audio line?

Coordinator: No ma'am. There are no questions at this time.

Lauran Solkowski: Okay great. Thank you. Well just wanted to again thank, a big thank you to both of our speakers and for such stimulating presentations. They were excellent. And also to our participants for asking such great questions as well.

If you think of any additional questions after the Webinar again please feel free to email them to me. And my email address is listed there in the chat box. It's lauren.sokolowski@acl.hhs.gov.

So with that I think I will conclude our Webinar for today and thank you again to Sarah and Jamie for joining us and to everyone else and to have a great rest of the day.

Sarah Lovegreen: Thank you. Bye-bye.

Jamie Almanza: Thank you.

Coordinator: Thank you. This concludes today's conference. Participants you may

disconnect at this time.

END