

MEETING NOTES

December 7th, 2016

Hopelink—Bellevue

Participants: Jon Morrison Winters (ADS), Francois Larrivee (Hopelink), Zoë Jorna (Hopelink), Alex O'Reilly (City Of Bellevue), Janice Deguchi (Keiro Northwest), Ron Higashi (Keiro Northwest), Ray Krueger (Hopelink), Penny Lara (King County Metro), Bill Woolley (Hopelink).

Staff: Lauren Link

WELCOME, INTRODUCTIONS, AND ANNOUNCEMENTS

The meeting began at 9:30am. All attendees provided introductions.

Lauren Link announced that the Seattle Stand Down—a community resource event for homeless and low-income Veterans to access services, VA benefits, and gear in a “one-stop” shop—was a successful event. Hopelink mobility management assisted 133 Veterans with transportation resources. Overall attendance is not yet known, but many Veterans were able to access the event through the “free fare” days from King County Metro. Veterans were able to ride for free on King County Metro buses the two days of the Stand Down.

Jon Morrison Winters advised that PSRC will announce special needs transportation project funding. ADS will be ready to assist with funding for Hyde Shuttles if Sound Generations does not receive adequate funding.

UPDATE: TRANSPORTATION TIPS FOR MEDICAL FACILITIES

Alex O'Reilly provided a history for the transportation tips for medical facilities resource sheet. The resource sheet was developed by the previous Outreach subcommittee as an effort to assist patients at medical facilities with their transportation needs. It was identified that transportation was a challenge for patients needing to access follow-up appointments and was created to assist in reducing readmissions.

Alex said that a transportation tip sheet was created for both SeaMar (Kent location) and Harborview. The relationship that was created between committee members and clinic staff made the project successful. Dinah Wilson from the city of Kent was part of the effort from the previous Outreach committee.

Jon asked about the scalability of the project. It was also asked, how do we decide which clinics to prioritize for the transportation tips resource sheet? Francois suggested that Hopelink could use data from the brokerage to see which clinics the subcommittee should approach regarding

the project. It was discussed that it might be useful to have a description of the effort/project scope to show to clinic staff when trying to pitch the idea and partnership. This description would be something tangible for clinic staff to see in order to evaluate the value of the tool. Clinics that were mentioned as places to start or where members had good contacts include: Swedish, VA hospital and clinics, Health Point in Bothell, ICHS near Aurora, other SeaMar clinics, and Overlake.

Penny Lara stated that she with other Public Health and King County Metro staff used the transportation tips sheet as a template to create their ORCA LIFT/public health map. This map/resource sheet was created to assist clients in finding the ORCA LIFT office in downtown Seattle. The resource sheet is a one-pager with English on one side, Spanish on the other. Lauren asked where the ORCA LIFT maps were being distributed. Penny answered that Public Health take the maps to outreach events. Lauren asked if the maps were at KCLS and Seattle libraries. Penny stated she was not sure, but could find out. Penny said that King County Metro and Public Health are working on maps for the other Public Health locations.

Jon mentioned that a good person to talk to about this project and to ask how helpful the resource sheets were to clients would be Nick Ramirez, clinic manager at SeaMar in Kent. Alex asked if this transportation tips sheet would be a project the subcommittee wanted to prioritize in the coming year? Subcommittee members were not sure if this project aligned with the identified priorities. It was suggested that the ease/impact map from a previous activity should be sent out to subcommittee to look over and decide on projects.

Ray asked where funding and resources came from for creation, printing, and distribution of the SeaMar and Harborview maps. Alex responded that the project did not take much money; it was more the subcommittee members' time and effort that were needed. Maps were printed either by the clinic/hospital or through an in-kind agreement from cities. Alex believed Metro assisted with GIS and printing last time.

Jon mentioned that when the SeaMar transportation tips resource sheet was complete, they paired the map with a Travel Ambassador training through the Hopelink Travel Programs. The training combined with the map allowed staff to be educated on the various transportation options and then have a tangible item for staff to refer to when talking with patients.

DISCUSSION: PACIFIC HOSPITAL PRESERVATION AND DEVELOPMENT AUTHORITY

Lauren presented information on the Pacific Hospital Preservation and Development Authority (PHPDA) Nimble grant opportunities. PHPDA funds projects that focus on bridging gaps in healthcare access and reduce health disparities in underserved populations. Agencies can apply for up to \$30,000 in the Nimble fund grant process. Agencies can submit an application at any time —the link is [here](#). February 17th is the first deadline in order for projects to be funded and begin on April 1st, 2017.

Jon stated that he had looked into applying for the PHPDA Nimble grant in previous years and thought transportation was a good fit in addressing the grant's principles. Jon said he had called the director of the PHPDA (Jeff Natter at the time) to talk about the grant process. Jeff stated

that it was a good idea to contact PHPDA before applying and to ask any questions. Jon noticed that successful applicants and projects focused on a specific underserved population. There was discussion among members as to what a funded project would look like. Lauren pointed out various projects that had been previously or currently funded by PHPDA; most notably, a current project through Seattle Central College that utilized funds for care navigation for patients (link to the project is [here](#)).

Jon mentioned that he had looked through the ongoing and previously funded projects and had never seen a project address long term care. Lauren asked if members thought this was a good funding source to pursue for the committee. It was suggested that the priorities list be sent out again to see if the priorities identified by the group would align with the principles required for the grant. A project idea of creating a template for the transportation tips map was discussed.

DISCUSSION: HOPELINK TRANSPORTATION AND BROKERAGE TOUR

Francois presented on Hopelink transportation—Mobility Management, Direct Operations (DART), and the Medicaid Brokerage. Francois highlighted the Brokerage: a competitive and diverse group of providers that are subcontracted through Hopelink to provide non-emergency medical transportation (NEMT) to Medicaid eligible clients.

The Brokerage is funded by the Healthcare Authority. Clients call the brokerage and are put through a screening process to determine which mode is most applicable to their situation and medical trip. Clients are given bus fare (ORCA card or bus tickets), gas cards, or door-to-door service for their trip. It is best for clients to call two days in advance, although the call center does have staff that specifically works with “day-of” callers. Hopelink brokerage also arranges out-of-state transportation and lodging for individuals traveling into King or Snohomish Counties for medical treatment. Bill pointed out that Hopelink has contracts with school districts under the McKinney-Vento Act as well.

Ron asked if there was any staff that was assigned to the day-of-service issues. He said he often gets calls from his clients at Keiro that are using Medicaid transportation and are unsure where their ride is. Bill responded that there is a “day-of-service” team that works on these specific issues. Clients are also able to check the status of their ride online at myrideonline.org or can call the brokerage and be directed to a specific line.

Lauren asked if there was any specific training given to staff on other transportation options if a client is not Medicaid-eligible. Bill stated that they do get specific training on other options—often by the Mobility Management team. Bill also said there are language options for clients that do not speak English. There is staff on-site that speaks Russian and Spanish. For other languages, clients must be able to say their language in English and then staff will call the language line. It is important that clients are aware there may be a delay and to not hang up the phone.

Francois took the group on a tour of the brokerage.

ACTION ITEMS

- *Staff* will send out SeaMar and Harborview transportation tips for medical facilities resource sheet;
- *Francois* from Hopelink Medicaid brokerage will research possibilities of using data from the brokerage to assist in prioritizing clinics to work with on the transportation tips for medical facilities resource sheet.
- *Staff* will send out the ease/impact map as well as a survey to gauge what projects subcommittee members wish to prioritize and what priorities align with the Nimble grant principles.
- *Staff* will contact Nimble grant (PHPDA) staff to discuss what is needed to apply for grant funding.
- *Staff* will continue to solicit input from members on the needs, gaps, issues, and ideas and add them to the Ease/Impact map.

NEXT MEETING

Wednesday, February 1st, 2017 from 9:30am to 11:00am; King County Public Health, Chinook Building, Room 115

ACCESS TO HEALTHCARE CONTACT

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