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LOCAL FINANCING INNOVATIONS

CALEDONIA–SO. ESSEX ACCOUNTABLE HEALTH COMMUNITY

Sites have a track record of innovation in their communities that predates their involvement with Bridging for Health: Improving Community Health Through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation. This series allows site leaders to reflect on innovations aimed at financing improvements in population health already underway in their communities. This reflection of ongoing work can serve to possibly reinvigorate existing efforts (e.g., expand scope or partners) or inspire others interested in spreading such innovations to other communities.

In asking communities to think about their existing innovative work at creating health system change, the Georgia Health Policy Center facilitators established the following criteria to select relevant efforts. Innovations highlighted in this series address upstream drivers of health, do not solely rely upon grants, involve multisector partners, and maintain a long-term focus, rather than fixing an immediate community need.

Accountable Health Community

The Caledonia–Southern Essex Accountable Health Community (CAHC) was one of five projects around the country to receive grant funding from Feeding America and the John and Laura Arnold Foundation. The CAHC was established two years before, but the grant award enabled the accountable health community to accelerate its collective impact efforts.

CAHC's mission is to improve the health and well-being of the people of Caledonia and southern Essex counties by integrating efforts and services, with the goal of reducing poverty in the region. The five identified outcomes the accountable health community is striving to achieve include fostering a well-housed, well-nourished, physically healthy, mentally healthy, and financially secure population.



Northern Counties Health Care fulfills the backbone responsibilities. Other members of the leadership team include Northeastern Vermont Regional Hospital, the Vermont Foodbank, Northeast Kingdom Human Services, Rural Edge, Northeast Kingdom Community Action, NEK Council on Aging, Northern Counties Health Care, and Green Mountain United Way.

In addition to grant funding, the accountable health community blends funds from other sources. The grant requires all seven leadership team organizations to provide matching funds. Given that the organizations vary in size and budget (ranging from \$2 million to \$74 million), each contributes toward CAHC based on what it can afford, totaling \$37,000 annually. Finally, the accountable health community also blends funds from Medicaid shared savings of a local accountable care organization, in which three organizations shared the savings resulting from ongoing care coordination work to reduce unnecessary emergency department visits, inpatient hospital stays, and readmissions. The Vermont Foodbank acts as the fiscal backbone and steward of the fund.

Regardless of financial contribution, for governance, each of the seven leadership partners has an equal vote. To date, the leadership partners have operated by consensus, as spelled out in a memorandum of understanding. Should consensus fail, a majority can move forward if those not participating in a project are okay with it going forward.

Community Health Workers in the St. Johnsbury School

In a unique partnership between the hospital and a school system, the Northeastern Vermont Regional Hospital funded one community health worker for the St. Johnsbury School. The hospital pays the community health worker's salary and fringe benefits through use of community benefit dollars. The needs at the St. Johnsbury School are so great this is the second community health worker placed in the school by the hospital.



The second community health worker provides support to high-risk, high-needs families in the school with children aged 0 to 6 years. These families will be identified by community and school referrals, and the referral system will assist families with a wide array of socioeconomic and behavioral issues. In addition to making access to social and health services easier, the community health worker will alleviate pressures on the teaching staff, untrained to deal with such problems in the classroom.

Mental Health Worker

Historical data show that people with low-acuity mental health issues, such as depression and anxiety, were frequent users of the Northeastern Vermont Regional Hospital emergency department. However, Northeast Kingdom Human Services does not receive adequate funding to provide services to people in this setting.



The hospital, Northeast Kingdom Human Services, and Northern Counties Health Care, a federally qualified health center, pooled their accountable care organization Medicaid shared savings and hired a social worker for the emergency department. The savings were "found" as part of long-standing, ongoing care coordination work to reduce unnecessary emergency department visits, inpatient hospital stays, and hospital readmissions.

However, after a 12-month trial, it was determined that the pilot was not working as intended. The social worker had a caseload of only five patients, and tangible benefits of increased care coordination and improved workflow were not realized. The partners are studying the issue and hope to make some adjustments before implementing another initiative to address emergency visits by this population. Early reflection determined the program was started without a clear definition of the role of the mental health worker and without adequate understanding by the staff that would be working together. Differences in organizational record-keeping and lack of clear lines of supervision also diminished the trial's effectiveness. Going forward, instead of an embedded worker, it may be more effective to proactively identify high users and review dual needs (physical and mental) of these identified patients.

Warming Shelter

In the past, homeless individuals needing immediate housing were given a motel voucher. This strategy was very expensive and an inefficient way to house individuals. Additionally, the strategy did not include linkage to supportive services such as social services, health care, job training and placement, and long-term housing options, which address the root cause of the homelessness.



In response to a state challenge to find alternatives for emergency housing and a "not-in-my-backyard" reaction from St. Johnsbury residents, the CAHC leadership team partnered to open a warming shelter on the Northeastern Vermont Regional Hospital campus. The building is owned and operated by Northeast Kingdom Human Service (NKHS) as a crisis bed facility and was already well-equipped to comfortably shelter people overnight. The Vermont Agency of Human Services, NKHS, and Northeast Kingdom Community Action provided financial, staffing, and in-kind resources. A cadre of community volunteers also staff the shelter. People housed in the warming shelter are appropriately connected to case managers and counselors, enabling many to secure permanent housing. The 2017- 2018 winter is the shelter's third season.