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| **Service Experience Team Meeting**  **ALTSA, Home and Community Services** | **May 23, 2023**  **Microsoft Teams**  **10 am to Noon** |

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| **Attendees:** | | | | | |
|  | Anderson, Zya (Member) |  | Erkkinen, Meghan (HCS) |  | Plummer, Robert (Member) |
|  | Buchanan, Frank (Member) |  | Fredell, Rick (Member) |  | Sanchez, Jovi (HCS) |
|  | Byrne, Kristin (HCS) |  | Kennedy, Kris (Member rep) |  | Shipley, Cynthia (HCS) |
|  | Carlstrom, Brenda (Member) |  | Kinnaman, Cathy (HCS) |  | Snow, Quinn (HCS) |
|  | Cooper, Zach (Member) |  | Marcella, Amanda (WACARES) |  | Thompson, Cora (Member) |
|  | Dickens, Roland (Member) |  | McCaslin, Sara (OOS) |  | Cobbs, Jacqueine (HCS) |
|  | Dronen, Nicole (HCS) |  | McNeill, Geri Lyn (WACARES) |  |  |
|  | Emans, Kelli (HCS) |  | Peterson, Isaac (Member) |  |  |
| **Main Outcome:** | | | | | |

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| **No** | **Agenda Items** | **Time** | **Presenter** | **Summary Meeting Notes** |
|  | Introductions/Approval of March Minutes | 10:00 | Kelli/Nicole | March minutes approved.  Zya will send updated bio to Nicole.  Nicole will resend Jovi’s contact info to Zya. |
|  | Leadership Discussion Brief | 10:05 | Kelli/Nicole | Provided SET’s feedback on Supportive Employment (SE) and residential terminology to leadership. Response was positive. Leadership provided feedback on SE. Wants to bring to other teams to see what training would look like. Services decision tree. 1915i waiver has an algorithm, educational videos. RAs have staff for supportive employment, mostly for residential. Unable to transfer in-home to AAAs so it’s harder to keep staff apprised of all options. Utilizing Wellness letter to inform clients of supportive services.  Multiple teams across HQ have had similar feedback on “residential”. ALTSA website explains difference, but we need to disseminate that information broadly. Also talked about improving webpage, broader issue than just ALTSA.  Cathy and Nicole have a plan for her (or Jacq, Kristin) to come and answer questions. |
|  | Legislative Updates/Rule Change/ALTSA Priorities/Decision Packages | 10:15 | Leadership Team | Kristin Byrne - Deputy Director of Field Operations  Works with HQ on Decision Packages (DP) – DPs are requests for funding to fill gaps, like staff working in state hospital that need more support. Helps determine which regions get more case managers or financial staff. Also provides feedback on where staff are needed when writing DPs.  Jacqueine “Jacq” Cobbs – Deputy Director of Headquarters Operations  Leg Session:   * HB 1128 – Personal needs allowance is being increased by $100, effective 7/1. * HB 1784 – Hunger relief. $28 mil funding for hunger alleviation and nutrition planning. Money will go AAAs effective 4/13. * HB 1694 – Credentialing of certified HC professionals. Reduces barriers for homecare aides to be certified. Currently working on a study for spouses to be paid caregivers. If you know of any unpaid spousal caregivers able to participate, please get the word out and reach out to Nicole with referrals. Report due to leg by December. Cathy is already working with a contracted program manager. * Rate increases for Medicaid service providers of all types. * Received funding for the Kinship Navigator Program. * Created a difficulty discharge taskforce. * Increased funding for AAAs working on in-home case management. * SB 5440 – New bill for individuals who have behavioral health barriers in Dept. of Corrections that are deemed incompetent to stand trial due to dementia/traumatic brain injury/intellectual disabilities. We are getting teams to help people get transitioned into our settings. * Presumptive eligibility – CMS plans to approve. We’re rolling out in 3 phases: Phase 1 is a pilot for clients that are in acute care hospitals. Phase 2 rolls out to in-home settings. Phase 3 rolls out to residential settings. It will take approximately one year before we can implement phase 3. We want stakeholder input for in-home and residential settings. SET members that are interested can contact Nicole.   Zya was impressed with unpaid caregiver pilot and might have someone that could participate. Zya and Cora will reach out to Nicole.  Kristin: Presumptive eligibility is one of our efforts to find ways to service individuals in need more quickly. We really need to make sure we get it right. We have a system that if someone uses PE it won’t disrupt their new home in residential so thy have a secure place to call home.  One currently decision package idea is the development of job position Social Service Specialist 2 to function as case aides in HCS. These staff would determine eligibility and provide case mgmt. We’ve been experiencing more ongoing needs for support for case managers to make sure all services available to clients are being offered and authorized. This model has been used in AAAs for many years. Case aides would make sure all services available are being researched, and that staff are able to go out and find providers. We need to be able to provide the full breadth of our services. We’ve been struggling to do that especially with our workforce shortage.  Kelli: We’ve spoken a lot about clients not being aware of services and that hopefully this is responsive to SET member feedback. I think one thing we’ve heard from this group is that Health Home Care Coordinators are often the person connecting the dots for them. There might be a communication need if we’re going to add case aides for clients to help understand their role since we’re adding a new person to the picture. Anyone on the team have any thoughts?  Brenda: if we have a CM through our AAA, is there another person in the pot? I wasn’t aware that they could offer those services. I’ve only received financial services from HCS.  Kristin: For last year and half or so, HCS’s function is to staff, do assessments, set up services, transfer to AAA and then have a CM through the AAA. Because of the direct caregiver workforce shortage, if we are unable to assign agency provider or IP, HCS financial staff have been case managing to support those clients. We need to do a better job of connecting clients to all services and supports in the interim.  Brenda: I spoke to my CM at AAA about COPES. He didn’t know all the services either. Information is not getting out there to the people that need to disseminate to clients.  Zya: You mentioned shortage of caregivers. I’m concerned about losing more than needed due to CDWA implementation issues. That is the first and foremost concern that has been expressed by caregivers that decided to leave the profession. So many jobs are available, and many caregivers love the work they’re doing. We can’t afford to lose good caregivers over issues with communication within that system. Is there something that can be done to encourage people to come back?  Kelli: It’s an ongoing concern. SET has provided excellent feedback to CDWA and HCS staff.  Brenda: There are many care providers that need to work two jobs but can’t because of the overtime issue. I chose to be on a legislative taskforce but haven’t heard anything about it. They’re not asking for overtime. They want two different jobs. Resolving this could open up more available care providers. They’re already trained and doing the job. It’s important to think about to have more qualified providers available.  Kelli: Jennifer Carlson came a long time ago to talk about overtime. Did we help assign you to the taskforce?  Brenda: I heard about through SET and applied through Governor’s office. I haven’t heard anything since I was sworn in. I’m not sure who is involved now.  Kelli: Maybe we can try to follow up. I don’t know what’s going on with taskforce either.  Kirstin: Under direction of the Assistant Secretary, SET feedback, and other committees around issues with CDWA, we put in a Project Manager to take a deeper five with CDWA and our staff. We made a mini process mapping to determine what is happening and where are things slowing down. PM is Beth Adams. She’s currently evaluating all of the recommendations and analyzing the pain points that are slowing the process down. We are hopeful for improvements. Should we have Sonya back soon to provide an update? (Nicole agreed.) I want to thank the SET members for their feedback. This is a priority project and I know people have been experiencing frustrating challenges.  Jacqueine can come back later to discuss DPs since we’re still in the early stages. |
|  | DSHS Rebranding | 10:45 | Sara McCaslin | Sara McCaslin - Creative Director with Visual Communications Team. Works at HQ working across multiple DSHS administrations.  DSHS is looking for a brand that is modern, accessible, easy, feels good. Sara has been speaking with staff over the last couple months on our mission statement, vision statement, and logo.  SET’s website was used as a good example of what to do!  Mission Statement Feedback:  Zya: It’s to the point and shows compassion in an industry that society has tried to brand as being discompassionate.  Isaac: There’s something on the right hand side that seems awkward. Every sentence starts with “transforms lives.” The ideas communicated are great, but the way of communicating them could be improved. I’m sure idea was to reinforce subject, but I wonder if it’s necessary to keep repeating it.  Rick: Starting with transforms lives, I would assume that line would be on a separate part of webpage so it wouldn’t be as redundant.  Sara: You’re right, they’re mostly broken out.  Zya: Increasing the font size could catch the eye better.  Rick: In a way this feels like fluff. If I’m on ALTSA site, I have a problem and I’m trying to get help. ALTSA’s statement isn’t contributing towards solving that problem. I understand it gives you the good feels, but it doesn’t contribute to solving people’s problems.  Kelli: Rick, I appreciate that comment and that is something the team has talked about. When we were working on the client resources page, the SET members said, “tell us in real language how we are going to solve a problem.”  Isaac: For the Economic Services Administration, I’m thinking something like "give families the tools to transform their lives.” I want to imply the idea to empower them, to assist them, to provide tools that they can use to transform their lives. It’s little ambiguous the way it’s currently worded. You could add a bit to make it sound less passive and more dynamic.  Sara: Good point on empowerment and assisting. Staff feedback was similar. What are your thoughts on transforming lives? Does it reflect the interaction between workers and clients?  Brenda: Maybe it’s because I’m part of the independent living movement, but I don’t need transformation. I need enhancement. I don’t need to be fixed. Transforming lives gives me a gut feeling that it’s saying that I need to be fixed. I need tools to live independently.  Sara: Most staff also agreed that it sounds patronizing. We want to move more towards assisting and empowering. We’re moving away from an outdated welfare mentality towards a more people focused, people empowered mentality. We could keep promoting choice, ind., but change transforming.  Zya: I know you’re trying to connect with person looking at that page. You want them to feel like, “I finally got to where I need to be to get the services/validation/whatever else is needed.” I think we can do better; I just need to think on it.  Sara: Everyone has great ideas. We can come back to this group later for more brainstorming.  Isaac: Something that tilts toward improving quality of life is a bit more dynamic.  Kelli: When I look at all these different statements, one of the things I feel is missing is the role clients play in improving their own lives. They have to actively engage in services. Transforming Lives feels more like something done to people.  Zya: We have to think about what makes something feel like, “that’s what I was looking for,” and providing tools clients need to improve their quality of life. That in itself is empowering to the person reading and we all need to feel empowered/validated. It’s okay to need help. The message needs to be one of comfort and safety, and feeling heard.  Rick: I see what they’re getting at, but for me I feel like everything I’m looking for is results oriented. If I have a parent that needs care, I’m looking at ALTSA’s website to provide care. These statements, even if we reword it, isn’t helping give the information I’m looking for.  Sara: I want this to feel like we provide to staff what clients are coming to look for. The balance between practical and aspirational is really important.  Vision Statement Feedback:  Zya: It feels antiseptic. The first line starts with people, but are they these things? This is not informative enough. I don’t think it adequately presents the vision. We want people to be healthy. Whether or not that’s happening is not part of the vision.  Sara: This part is meant to be aspiration. Is this a realistic aspiration to set?  Zya: When you’re dealing with chronic illness, the term healthy can be problematic. It’s better to be comfortable with their healthcare or how they’re receiving services. To create environment where people are supported.  Rick: The taxpayer line seems way out of place. I’m not sure what that means as far as a vision goes. Focusing on people is good, and that line has nothing to do with people.  Brenda: What is healthy? Many of us live with disabilities. Who determines what healthy is?  Alternatives to “healthy” included live healthier, supporting healthcare needs, and accessing care.  Isaac: Saying people are healthy, safe, etc. is a bit ambiguous. What if it was expanded to specify what is meant by heathy/safe? It could state the effect to help you and your family live with dignity. Before joining SET, I was interviewed by DSHS. I was told that no matter where you are, no matter what you accomplish, there are times when you need help and there’s no shame in that. I felt flattered by that. Can we get that explicitly stated, an idea to the effect that it’s okay to need help sometimes?  Sara; Yes, taking away the stigma. Staff provided similar feedback and agree with SET’s perspective. One staff said the “taxpayers” line implies our clients are criminals. We definitely want to strip out that line.  Isaac and Rick thought there were buzzwords that felt corporate.  Zya: Maybe work on presenting a thought that you value a community of compassion. It’s all about connection and helping clients feel welcome. “Compassionately responsive.”  Sara: Yes, that sounds more specific to what we do.  Logo Feedback:  Zya: It needs color. If you added in color, it could go through the lines and change color for a rainbow effect. When people see just the three people, they're going to start identifying it with your dept. and services without any words being there. Wouldn't that be cool if people just saw the three people and thought "Oh that's DSHS!"  Kelli: Some of the feedback SET provided is about the materials you get and how confusing it can be to know what's real and what's not. Do you think it'll be a challenge if it's changed?  Brenda: I think it shouldn’t be changed for that reason. Isn't the letterhead green?  Sara: We have blue and green headers, but the logo is always black.  Rick: I don’t notice the logo on most of stuff I get. I got a letter yesterday for annual eligibility and it has the state seal. I don't see the DSHS logo anywhere.  Sara: What does this symbol represent to everyone?  Isaac: Is it intended to symbolize "open arms"?  Cathy: The logo seems to represent able bodied people, which is not reflective of our clients with disabilities.  Brenda agrees.  Sara: We’re looking at tweaking logo to represent more without being too different. Some feedback we’ve received said they thought the arms look like crosses, like religious imagery.  Brenda: I can see how someone that’s not Christian could find that non-inclusive.  Zya: A lot of people are doing logos with ring around it. What if you did people around in a circle, making a frame for words on the inside? Showing people connected to each other in an endless chain.  Sara: I love that idea. Is SET open to the idea of three individual adults versus a nuclear family? Feedback received said our logo looks like husband/wife/child. We have less child-facing programs now with DCYF breaking off.  Zya: I have LBGTQ family and friends. Sometimes I hear them say that something that is supposed to include them doesn't feel welcoming to them when it lacks representative. Our society is changing and has so much diversity in what a family looks like these days.  Sara: Last question- we are entertaining the idea of the logo being DSHS in large letters, with the name spelled out where transforming lives currently is. It's actually rare to have mission in a logo. Would that be helpful to clients?  Brenda: All agencies have acronyms, and everyone does say DSHS. They might not know what it means. Having both makes sense.  Zya: If you do use the round chain of people, it would be easy to put DSHS inside.  Rick: There is an issue of what a family looks like. Maybe remove people completely and go in a more abstract direction?  Sara: We can come up with multiple ideas to see everyone's reaction.  Zya: Giving the logo a fresh new look will encourage people to look at the website. Any time you make a major change, people are curious to see what else has been changed. It could bring more traffic to the website.  Sara: We ran out of time to explore website feedback. Maybe I can come back and we can dig into that? (Nicole agreed.)  Sara: This SET meeting is kicking off our client discussion portion of research. I might have more feedback ready when I return. We can do a second round of drafts after meeting in August. Right now, we are working to include a lot of people in this.  Nicole: Is September too late?  Sara: September would be fantastic. I can email the first round of drafts and feedback.  SET members, please provide any feedback from handouts to Nicole to send to Sara.  Special meeting June 5th 11-12pm to discuss the higher compensation rate. Nicole will send out info today or tomorrow.  Zya: please come to the discord server! It’s a great place to brainstorm with everyone. Only me, Rick, and Isaac are currently signed up. What can we do to encourage to get that done?  Brenda and Cora had difficulties joining the discord server.  Nicole will send Zya's info to help walk through steps.  Zya: you can use discord on your phone, tablet, and computer. You can use your laptop to see bigger text.  Zya: If you don't know how to put together i bio i have professional experience. i can help. things we can discuss on the server too. |
|  | Next Steps/Discussion/July Meeting | 11:50 | Nicole/  Kelli | July meeting – WACares Gameboard, SafeinHome demo/feedback, SET upcoming changes |

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|  | **Action Items/Decisions** | | | | |
| **#** | **Action Item** | **Assigned To:** | **Date Assigned:** | **Date Due:** | **Status** |
| 1 | Contact Nicole if interested in having a bio on the SET webpage | SET Members | 11/29/22 | 4/30/2023 | In process |
| 2 | Send contact info to Kelli/Nicole to give to Zya to coordinate more frequent legislative updates | Jovi | 3/28/2023 | 4/14/2023 | In process |
| 3 | Send updated bio to Nicole | Zya | 5/23/2023 | 7/1/2023 | In process |
| 4 | Resend Jovi’s contact info to Zya | Nicole | 5/23/2023 | 5/23/2023 | Complete |
| 5 | Reach out to Nicole with referrals for the unpaid spousal caregivers pilot | SET members | 5/23/2023 | 6/1/2023 | Complete |
| 6 | Contact Nicole if interested in providing presumptive eligibility stakeholder input | SET members | 5/23/2023 | 6/1/2023 | Complete |
| 7 | Follow up on overtime taskforce for Brenda | Kelli | 5/23/2023 | 6/25/2023 | In process – Laura Han is looking into this |
| 8 | Have Sonya return for CDWA update | Nicole | 5/23/2023 | 9/26/2023 | In process |
| 9 | Provide any feedback from handouts to Nicole to send to Sara | SET Members | 5/23/2023 | 6/9/2023 | complete |
| 10 | Send Zya's info to help walk through signing up for the discord server | Nicole | 5/23/2023 | 6/01/2023 | Complete |
| 11 | Have Sara return for Sept. SET meeting | Nicole | 5/23/2023 | 9/26/2023 | In process |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |