In attendance: Sherry Trent, Andy Kegley, Sherry Trent, Lynn Pannell, Lisa Barton, Sabrina Seamon, Amy Livingston, Rebecca Dillow, Lisa Porter, Lindy Turner, Sam Edwards, Rachel Stiltner (Ballad Health), Vonda Poynter, James Caudill, Jessie Hunt, Katy Stigers, Jackie Weiss (notes)

Notes:

1. **Introductions** – Vonda introduced Rachel Stiltner, Ballad Health Community Engagement Specialist. Works closely with a lot of our community health sites to do some project work. Want to make sure everybody has what they need, questions are answered; one other piece of my role is working pretty closely with this Strong ACC on some overview and strategy also a lot of the marketing and communications work for the population health department. Went around the screen so Fahe Members and Staff could introduce themselves.

2. **Ballad Grant**
   a. **Reporting** – <u>Vonda</u> - First reporting period ends. July the 31st, any questions on reporting?
   <u>Rebecca</u> - Client/Insurance question? Not information that we collect.
   <u>Rachel</u> - the form is used for all participants, particular to clinical settings so if you don't ask that question, you do not have to fill that in.
   <u>Vonda</u> - in addition to what's on the form, we would also encourage you to also share stories, they are useful to Ballad and to Fahe. You don't need
   <u>Jessie Hunt</u> - if it's difficult to add that info to the spreadsheet - please feel free to email the stories to either me or Vonda whether the story or a link to a blog post, etc. and fill in on the spreadsheet "emailed Vonda" for example.
   b. **Questions for Client Intake - see below**

3. **Check-In/Updates -** covered during introductions

4. **Updates on UniteUS**
   a. **Usage**
   <u>Rachel</u> - the cool thing about UniteUS is that you get both the referral but also any follow-through with that client. Main Contact for UniteUs - can get you some direct information,
   <u>Andy</u> - in VA - the state will cover the cost, how about afterwards?
   <u>Rachel</u> - when CARES money is gone, Ballad will pick up the cost. If you want it to be integrated with an existing software system you're already using, there may be some cost associated with that.
   <u>Rachel</u> - the system doesn't have specific **Intake Questions**. Will check with Paula - perhaps 5 questions that speak mostly to the work that we might do, need to ask the right questions - Vonda - the rest of the group - what questions might you want to ask? How do we Pilot - How do we ask the right questions?
   <u>Vonda</u> - Andy shared this the CMS screening tool and the explanation and knows there's like five core community services that it kind of looks at it talks about housing instability: food insecurity transportation problems utility health needs. We talked about it last time we said this is something that we need to kind of be discussing. This is from Medicaid, Medicare, this is their screening tool so it does have several, several options here for, for their pieces.

Andy - We've shared it with our free clinic here in town and I've got two other hospitals, they're not part of the Ballad system and part of what I'm doing with this new grant are working on this week is proposing that the same tool will be used in these two other hospitals. We're seeing an uptick in responses from the Smith County Hospital already. I don't know whether it's driven by this tool being done in the ERs or not but that seems to be the missing link that if we could have the ER people who are if they're still doing this assessment to communicate with us.

Rachel - This actually first time I'm seeing this review tool but because I don't work with the clinical side so I read through before the email and was like, This is fantastic tool I wish I would have known about this a little bit sooner. Paula, probably has a deep understanding of what's going on so I report directly to Paula, let me get in touch with her.

Lynn - I know there's some people in southwest Virginia beginning to do that unite us piece of cross referrals, but you know if it's a housing piece, identified in the assessment. Hopefully we will get the phone call and say, can you do something about client x y z who was answered questions one and two, etc. When folks come to us first need where they refer to us because see we're not getting a call or an email from the hospital, we're just getting the client saying somebody told me to call you all because I've got lack of heat in my house or I got mold or whatever. And can we do something about it. I don't have any way to refer that back to the hospital, necessarily, we're just fixing the clients need. We hope the clients living situations improved but there's really no way to cross reference that.

Rachel - Early stages, of adoption - hosp. and community groups, not a lot of info yet but hoping to close the loop, get more people on-board, understand the platform, user interface, see the connections.

Andy - Agree - when you are bound to report to a funder through a certain platform we have a grant that we have to report to HUD. And so we use family metrics, it's a one click button right to report directly to hood, I may very well be able to capture the same thing in. In, the Unite Virginia whatever we call it, we may very well do that but I'm not going to give up that one click reporting right to do that, to go to something else and, and I like both so right now so we have to capture that because that's the ease of our reporting. And that's huge for us and so that there are other agencies that are facing the same thing.

Katy - One of the things that I feel like was also sort of maybe unstated in what Andy was saying was, you know everyone's got existing systems that they have to use for compliance reasons, so it would be great to, if you all have the ability to give feedback to Unite Us and ask if there's like a standardized report that can be exported out of some of these widely used systems that you know housing agencies required to use and things like that that can be then uploaded in into Unite US - so we save a little bit of double entry. The concern about extra reporting/data entry could be slowing down uptake by agencies who are, you know, required to use a particular kind of housing software or other things like that. So, even though there's no monetary costs there's definitely a time cost to the agency.

Rachel - that's an excellent point, and something I will bring up to unite us and see if I can get a better answer to relay back to, I guess the easiest way for us to do this one is for me to just answer these questions and then I can get them to you and you can send them out to your partners, and be great.

Katy - I think that both Andy and Lynn might have almost hit on this but is there already. We'd be interested to know what software might already be able to be integrated with that program, because we're required by funders or by the state to use certain reporting systems like HMIS.

<u>Nicole</u> - ETSU gave them some good questions, what we might want to start with. How many times have you been to the ER in the past year? How often? Slip/Fall incidents? Have started down the road on those questions?

<u>Katy</u> - Perhaps some of the Robert Wood Johnson "Healthy Environment" questions -
- Do you feel safe in your neighborhood
- Have you had a certain number of missed days of work in the past because of "feeling bad"

    b. Training: Rachel - Will check with Mallory on availability for a demo or training for meeting.

5. **Other Pertinent Items** (Jackie) - Our next regularly scheduled meeting would be Sept. 7 which is the Tues. following Labor day - we could move it back to Aug. 31 if you think that's a better option.