Advocating for Change – The Evolution of a Successful Policy Campaign

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- Jeri Schoonover - Chief Service Officer, LSS Minnesota
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Advocating for Transformative Change

Knox Kimberly
The Package

• **Sharpened Focus** - Children and Youth
• Three - Dimensional **Business Model**
• **Continuum** Built Around Five Protective Factors
• **Partnerships** Established Across Three Dimensions
• **Positive, Opportunity-Oriented Tone**
The Brand

- Evokes Our Focus
- Unifies Our Brand Family
- Presents Our Faith Heritage
- Opens Door to Building Brand Equity
- Invites People of All Faiths to Join Our Work
The Challenge

• Our Mission- To break the cycle of child abuse by empowering children, families and communities.

• Our Vision- Guided by faith, education and action, communities will be free of abuse.

• Our Reality- Child abuse is a complex social challenge that requires collective impact to succeed.
Advocacy Strategy

- Advocacy Partners
- Corporations
- Foundations
- Providers
- Non-Profit Sector
- Faith Community
- State and Local Government
Advocacy Strategy

Our Opportunity – Elevate Expectations for What Every Childhood Should Be

Follow us at www.upbring.org
Jeri Schoonover
Chief Service Officer
Lutheran Social Service of Minnesota
The 5% Campaign

Committing to Life in the Community for People with Disabilities and Older Adults

“The 5% Campaign is committed to making life in the community the first and best option for people with disabilities and older Minnesotans, as well as families, workers and our state. A decade of deep cuts and stagnation has produced significant challenges - - a 5% rate increase to community-based services is critical to move Minnesota back on track.”

April 2015

Lutheran Services in America Conference

Susie Schatz & Jeri Schoonover, Lutheran Social Service of Minnesota
What happened in 2013?

- Nursing homes received a 5% average increase

- HCBS received a 1% delayed increase, embedded in current law a partial restoration of 10% low needs cut and other minor adjustments
The 5% Campaign is born

• Disability providers and advocates gathered to reflect on “what happened” in 2013.

• Determined that a rate increase in 2014 could be possible if a campaign developed to focus solely on an increase.

• Over the following weeks, the campaign was formed, older adults were brought to the table, committees formed, chairs identified, overall goals and strategies established.
The Ask

• A 5% rate increase for all Home and Community Based Services.

• 75% encumbered to wages and benefits

Key budget number for 5% Coalition proposal:
  ◦ FY 2015: $86.3 M  |  FY 2016-2017: $172 M
Campaign Committee structure

**Steering Committee:** Committee chairs and other key leaders from the disability and older adults community.

**Lobby Committee:** Lobbyists and those with policy expertise.

**Communications Committee:** Communications professionals from organizations around the state, crossover with the lobby committee.

**Field Committee:** Grassroots advocates, many members of the disability and aging communities.

Organizations made commitments of staff time and financial contributions. Leadership of committees split between older adults and disability area.
First steps

• Each committee met several times a month to refine messaging, tactics and direct resources.

• Very intentional planning about mapping and strategy

• *Where does the coalition focus energy?*
  ◦ Leadership of the House and Senate
  ◦ Some members in vulnerable seats in next election
  ◦ Some who are sympathetic to disability issues and on HHS
  ◦ Some who are thought leaders in caucus
  ◦ Arrive at Hi/Low priority by caucus and House/Senate
  ◦ Identify Key Administration targets

• Establish a timeline
Steering Committee

• Membership: Committee chairs of Communications, Lobby and Field teams. Other key leaders in disability and older adults areas.

• Leadership split between chair from older adults and people with disabilities areas.

• Chairs of Steering Committee acted as the representative of the Campaign in testimony, media appearances, rallies, etc.

• Provided overall strategy for Campaign and approval of materials. Approval process utilized more in early stages of campaign, transitioned to Lobby committee during the legislative session.
Communications Efforts

• Membership: Communications & marketing professionals, advocates, data experts
  
  • Materials development: Talking points - agreeing on talking points and data early provided a basic outline for the Campaign language.
  • Used the talking points in sample letters, social media, website, infographic, press releases, letters to the editor, testimony and more.

• Multimedia – video, audio (accessible)

• Social Media – legislators could participate

• Public communications – Editorial boards

Live Twitter Q & A with Sen. Kent Eken
Oct. 28th 1-2pm
#support5
Lobbying efforts

• Membership: Organizational and contract lobbyists, policy experts
• Sought champions/bill authors
• Drafted language
• Determined the legislative priority list
• Collected bill signatures
• Provided mid-session strategy
Field Efforts

• Membership: Policy & advocacy associates, “Grasstops” advocates

• 15 Region statewide structure

• Activities: Sending legislators Access Press article, Tuesdays at the Capitol, asking for coauthors, site visits, office meetings, local media, press conferences, event encounters, call-ins, town hall forums, family petitions, postcards, social media, list building, story telling, petition built a quick contact list.

• Tracking legislative contacts and visits is important, monitoring feedback and coordinated effort is critical.
The Swings of Session – in 2014

• Governor proposed 4% in his budget proposal – counted the 1% in 2013 as part of the increase.

• Some legislators counted the repeal of the 1.67% proposed cut as an “increase”.

• Encumbrance to wages and benefits – 75% vs. 80%

• Minimum wage increase passed in the same session – some legislators insisted the minimum wage increase would cover an increase for these workers. Minimum wage discussion was more partisan, so treaded carefully. Rates do not increase with the minimum wage.

• Often used by the minority party to hold majority leadership accountable. Only legislative proposal with such extensive bipartisan support.

• Frequent media attention, helpful for the campaign, but not always accurate.

• STAYED ON THE SIMPLE MESSAGE.
Success! Celebrate!

- Of 201 legislators, 42 Senators and 84 Representatives signed on as coauthors.

- **5% rate increase with 80% encumbrance passed! A significant increase for many providers.**

- Celebration for advocates – honored legislative champions, grassroots advocates, Governor Dayton

- Multiple recognitions by media and nonprofits
Reflection: Some Keys to Success

• Focus on people with disabilities and older adults and life in community
  • Prioritizing of one goal – allowed a broad range of groups to stick together

• Commitments from organizations to prioritize The 5% Campaign

• Commitment from legislative coauthors before session even began – turned into a campaign issue

• Scenario planning – e.g. prepared with different responses to November and February forecast

• Sticking to 5%, not negotiating about the ask. (Not letting the campaign get pulled into other discussions, i.e. minimum wage)

• Correct the incorrect media statements: i.e. rate increase, not a wage increase

• Utilize communications experts from organizations – made it easy for others to access resources

• Division of state into regions, kept leads accountable, sought out relationships in other districts

• Cross committee liaisons and Steering Committee consistency

• **Stars aligned** – Budget surplus, Election year, fewer priorities, politically aligned majority legislature
Today...April 2015...Challenges

- **Budget Surplus $2 Billion**
- **Competing proposals in a budget year**
  - Health and Human Services
    - Nursing homes have a big request
    - MA Reform to spend-downs high costs
    - Housing/Homelessness issues
- **Cost of 5% increase is close to $300M for biennium [cost in 2014 was far less]**
- **House Budget Resolution**
  - $1.1 B cut proposed to HHS
- **Senate Budget Resolution**
  - $340M spending proposed in Senate
- **Governor Dayton did NOT include a rate increase in his budget proposal**
- **Session ends on May 18, 2015 - ???
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Texas Children’s Hospital
The Challenge to Sustain Delivery System Reform – Texas Medicaid Transformation Transformation Waiver
(A Participating Provider’s Perspective)

Lutheran Services of America
2015 Annual Conference
San Antonio, Texas
April 21, 2015

Rosie Valadez McStay, MPH
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1115 Medicaid Waiver History

Texas Health and Human Services Commission (HHSC), directed by the Texas Legislature to apply for a federal Medicaid waiver to:
1. Expand Medicaid managed care statewide
2. Reform supplemental payments in the program

Waiver consists of a partnership between CMS and State of Texas lasting 5 years.

Waiver Timeframes
- Approved on December 12, 2011 (FY 2012)
- 5 year program (each year is referred to a demonstration year)
- Beginning October 1, 2011 and ending September 30, 2016
- Currently in demonstration year 4 (DY4)
1115 Medicaid Waiver History

Waiver consists of new funding for indigent and Medicaid providers via payment pools

- Uncompensated Care (UC) payments
- Delivery System Reform Incentive Payments (DSRIP)
- Total potential funding is $29 billion over 5 years

20 Regions across the state

- Over 1,500 Category 1, 2, and 3 projects statewide
- Each regions is anchored by a public hospital or local government entity
- Region 3 is Texas Children’s service area
- Harris Health is the anchor for Region 3
Delivery System Reform Incentive Payment Projects (DSRIP)

DSRIP Project Categories Include:

Category 1 – Infrastructure Development
– The foundation for delivery system transformation through investments in technology, tools and human resources that will strengthen the ability of providers to service populations and continuously improve services.

Category 2 – Program Innovation and Redesign
– Includes the piloting, testing, and replicating of innovative care models.

Category 3 – Outcome Measures for Category 1 & 2
– Quality improvements and outcome reporting of care that can be achieved within four years.

Category 4 – Population based improvement
– The reporting of measures that demonstrate the impact of delivery system reform investments in waiver.
## 1115 Waiver Funding Allocations - UC Program and DSRIP

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<thead>
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<tr>
<td>% UC</td>
<td>88%</td>
<td>63%</td>
<td>57%</td>
<td>54%</td>
<td>50%</td>
<td>60%</td>
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<tr>
<td>% DSRIP</td>
<td>12%</td>
<td>37%</td>
<td>43%</td>
<td>46%</td>
<td>50%</td>
<td>40%</td>
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“Initiatives under the DSRIP program are designed to provide incentive payments to hospitals and other providers for investments in delivery system reforms that increase access to health care, improve the quality of care, and enhance the health of patients and families they serve.”

Source: HHSC Regional Partnership Planning Protocol Attachment
### Project Overview – by Provider

<table>
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<th>Provider</th>
<th>Count</th>
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<td>Baylor College of Medicine</td>
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<td>City of Houston</td>
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<td>Columbus Comm Hospital</td>
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<td>El Campo Medical Center</td>
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<td>Fort Bend County</td>
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<tr>
<td>Gulf Bend Center (MHMR)</td>
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<td>Gulf Coast Medical Center</td>
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<tr>
<td>Harris Health System</td>
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<td>HCA – West Houston</td>
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<td>Matagorda Regional</td>
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<td>Oakbend Medical Center</td>
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<td>Memorial Medical Center</td>
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<td>Spindletop Center (MHMR)</td>
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<td>St. Luke’s Episcopal</td>
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<td>Tomball Regional Med Ctr</td>
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<td>UT HSC</td>
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<td>UT MD Anderson</td>
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<td><strong>TOTAL</strong></td>
<td><strong>161</strong></td>
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DSRIP Accomplishments

In summary, 47 DSRIP Category 1-4 projects being simultaneously implemented across Texas Children’s Hospital.

Category specific accomplishments

- **Categories 1 and 2 - Increased Volume and Access to Care**
  - All category 1 and 2 projects have increased the volume of patients served
  - Capacity was increased by adding appropriate resources, which previously could not have been supported financially

- **Category 3 - Pediatric Quality of Life Survey Implementation in 12 departments**
  - Texas Children’s Hospital is evaluating a child’s quality of life (emotional, physical, school, and social functioning) and identifying targeted intervention strategies aimed at improving a patient’s overall well-being using the PedsQL survey.
TEXAS POLITICS

Senators call for defined goals on border enforcement

Finance Committee members say 'performance measures' needed to know whether more funding is doing its job

By Mike Ward | February 23, 2015 | Updated: February 23, 2015 8:45pm

THE TEXAS TRIBUNE 5TH ANNIVERSARY

Judge Urges Lawmakers to Fix School Finance

In his first major appearance since funding the Texas school finance system unconstitutional in 2014, retired state District Judge John Dietz said Sunday that a solution to the state's unequal and ineffective public education system should come from the Legislature.

"We are disappointed that the children's education has been placed on the back burner, but we are hopeful that the leaders in the Senate and House will find a way to fix the school finance system," said Dietz.

"We need to fix the system, not just tinker with it," he added. "It's time to fix the system, not just a part of it."

UT/TT Poll: Voters Less Open to Open Carry

Most Texans support carrying guns in public, but only a minority supports carrying them openly, whether the carriers are licensed or not, according to the University of Texas/Texas Tribune Poll. And voters are split when it comes to allowing people to carry guns on the state's public college campuses.

ALLOW TEXANS TO CARRY GUNS IN PUBLIC?

Always allowed, without a license | 10%
Concealed or open, with license | 22%
Concealed only, with license | 45%
Never | 23%

UT/TT Poll: In Texas, Walker Ties Cruz; Clinton Soaring

Open, Campus Carry Bills Pass Senate Panel

House leaders to seek more than $4B in tax cuts

AUSTIN - Texas House leaders said Monday they will propose tax cuts worth more than $4 billion annually, with some even higher.
What Does the Waiver Look Like Across Texas?

1,485 active DSRIP projects
• 305 providers – hospitals (public and private), physician groups, community mental health centers, and local health departments

Major project focuses:
• Over 25% - behavioral healthcare
• 20% - access to primary care
• 18% - chronic care management and helping patients with complex needs navigate the healthcare system
• 9% - access to specialty care
• 8% - health promotion and disease prevention

OVER $4.5B EARNED!
**Indigent care short-fall in Texas**

Without a renewal of the 1115 waiver, Texas hospitals stand to lose billions in federal funding for uncompensated care, starting in 2017.

- **Total uncompensated care**
- **Unmet costs**
- **Disproportionate share hospital payments**
- **Section 1115 uncompensated care fund**

**Source:** Texas Hospital Association
How do you keep the “Wheels Up”?

Deadlines fast approaching:
• Per waiver terms:
  • HHSC must submit a transition plan to the Centers for Medicare & Medicaid Services (CMS) by March 31, 2015
  • Plan should reflect experience with the DSRIP pools, actual uncompensated care trends in the State, and investment in value based purchasing or other reform options.
  • HHSC must submit a renewal request to CMS no later than September 30, 2015, to request to extend/renew the waiver.
• CMS can approve or deny waiver application by March 30, 2016
If not renewed/extended, waiver ends September 30, 2016

$4 billion in health care for poor Texans at risk as doubts rise about Medicaid agreement

Medicaid waiver fight threatens $4 billion net

By Markian Hawryluk | April 17, 2015 | Updated: April 18, 2015 11:22pm

Texas stands to lose some $4 billion in annual funding to care for the poor unless it can persuade federal authorities to renew a Medicaid waiver due to expire in September 2016.
How do you show “outcomes” when projects just got off the ground?

Our example: Category 1 – Expanding Access to Specialty Care

Project Number: 139135109.1.9
To increase the number of children evaluated for abuse and neglect by a child abuse specialist by increasing clinic appointments and the number of providers.
Where are we now?

Goal was to screen more children for abuse and neglect: 1,700 patients screened in 2014

Quality Outcomes - Pediatric quality of life survey (PedsQL) Four Domain Survey – Functional/Physical, Emotional, Social, and School

Community Benefits – As a non-profit hospital, how do we engage providers earlier in the problem and outside our walls?
Plan, Do, Study, Act (PDSA)

• Plan – How will we recruit new providers? Where do we need to grow? What is the data telling us about the problem?
• Do – Track your progress – DOCUMENT, DOCUMENT, DOCUMENT
• Study – what are the external issues affecting your project? (inside your hospital and in the real world)
• Act – Have frequent conversations with stakeholders about the successes but also the challenges of your project
THANK YOU

Go, Spurs, Go!
Audience Q & A
Contact Us!

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