

GCACH Workforce Committee Meeting

Meeting Minutes

September 11, 2019 | 11:00 AM – 12:30 PM | Teleconference

Participants (* denotes they called in) Chuck Eaton, John Christensen, Les Stahlnecker, *Sandra Suarez, *Dan Ferguson, *Debbie Spink, *Ajsa Sulic, *Rhonda Hauff, *Patrick Jones, *Tom Adams, Carol Moser, Wes Luckey, Becky Kolln, Lauren Johnson, Chelsea Chapman

Welcome & Introductions Dan and Carol welcomed everyone and thanked them for attending the meeting for the Workforce Committee. Dan reviewed the agenda for the meeting. Carol mentioned reviewing the minutes from the combined LHIN / Workforce meeting in July. These minutes were not available at the time and were to be sent out prior to the next meeting.

Carol recapped the former meeting with regard to presenting the Sentinel survey results to the LHIN leaders. The LHIN and Workforce meeting were combined to help the LHIN to understand the community needs through the Sentinel network.

Dan reviewed the agenda for the meeting. The group reviewed the 12-11 Workforce Committee Meeting Minutes. Ajsa motioned to approve the minutes, seconded by Sandra Suarez. Motion passed.

Dan arose a question around needing a quorum for this committee. The charter and roster were reviewed, and engagement levels was brought to the group’s attention. Due to the large number of members on the roster, a larger advisory group with the core group attending meetings on a regular basis was proposed.

Workforce Committee Charter The group reviewed the Charter section by section to ensure accuracy and relevancy. Chuck inquired around modifying the Charge to depict more of a future-forward description. The group agreed that the language needs to make sense to those who are not familiar. For example, spelling out DSRIP as Delivery System Reform Incentive Payments instead of just the acronym.

The group concurred that the current activities are not accurately reflected in the responsibilities section. Learning Collaboratives apply to the Workforce Training Strategy, for example. Carol volunteered to cross reference the Charter with ACH’s current activities to integrate current efforts.

The group revisited the types of individuals that the committee will compose of. Determining what defines a “workforce expert” was discussed and the group agreed to keep the composition at a broad level. Ajsa mentioned that an expert specifically in healthcare workforce development would be beneficial.

The group reviewed the duration of the term that people are to serve on the committee. Dan inquired if the language around the term limit was clear enough and that it may need to be modified for clarity. Dan also mentioned adding a clause around restructuring the committee as it evolves. Rhonda verified that this is, in fact, a working committee and that it is not required for members to be officially appointed by the board. Carol offered to modify the document with the items discussed and send out to the committee for additional comments.

Behavioral Health Scholarship Policy

The group discussed the intent of this policy. Carol provided an overview of the data compiled via the Sentinel network findings, Practice Transformation navigators, and the Current State Assessment. The Board of Directors allocated \$490 thousand dollars in the 2019 budget for workforce development. Workforce falls under Domain 1 of activities for Greater Columbia and all ACH's. Not only do Myers & Stauffer include questions pertaining to workforce and workforce development in their assessments, this is also mandated by the Health Care Authority (HCA) to address the workforce in the Medicaid Transformation Project (MTP). Today's focus is to get a better definition on the requirements, description, and how much money would be used for this scholarship policy.

This fund was taken out of the Phase II Behavioral Health Integration Funds. It was identified early on that the biggest gaps identified were behavioral health, whether it through clinical, training, or pure counselors. There is a great need.

The group reviewed the background and felt that the term "provider" needed further clarity. Chuck mentioned that it would be helpful to understand what the educational process looks like with regard to preparing Psychology Majors and Social Workers on an integrated behavioral health approach of delivery services in the community, and what educational institutions support that. Dan suggested making the focus a little broader to social human services, however Sandra cautions that social determinants of health is broad and has a lot of interpretations—it could lose sight of getting the desired end result. The group was reminded that the funding comes from Integrated Managed Care funding, so the focus is on workforce for the behavioral health sector.

Les inquired if "early learning" is a part of Behavioral Health, and suggested that it be referred to as "childhood development" considering it is education that is applied to a subset of children. The group agreed that this is a subset of psychology rather than its own category and will be referred to as Developmental Psychology. Les also suggested including other types of professionals, of which Marriage Family Therapists and Master Level Counselors in this composition. Dan recommended that we look to see who is actively certified with medical or counseling services by the state, and use this as a guiding principle.

Where do chemical dependency providers fit into this? In the past it has been isolated. Suggestions emerged including abuse disorder treatment, or counseling. Dan mentioned adding Applied Behavioral Health Sciences to ensure inclusivity. He also added that identifying the general area and giving examples would be sufficient.

Carol solicited feedback regarding the idea of using providers as the conduit for the funding. It wouldn't go through educational institutions; it would funnel through the organization. Les questioned how students know that funding stuff exists. Entry needs to come from both directions. There was concern that the provider must already be contracted with Greater Columbia ACH for the purposes of Practice Transformation. It might be restrictive. Les inquired about how smaller, independent providers are fitting into this. Chucks suggested that this is broadcasted to the general public to generate interest from students and awareness.

The group asked Rhonda and Sandra for insight. Both illustrated the need for marketing to be targeted toward providers. This is due to the fact that educational institutions are begging for places to put students. Additionally, incentivizing providers is necessary to help mitigate or offset the burden of lost productivity.

The group also shared concern around the requirement of being contracted with Greater Columbia ACH. Sandra inquired about expanding access to providers as a means to achieve this mission and proposing the group to consider looking at a priority ranking system. The group discussed funding criteria and how to determine what to allocate each provider organization. Dan inquired about the application process? The providers would be aware that these internships / preceptorships / job opportunities are available through GCACH, and it's the providers

that have been contacted by institutions / students and then would apply for these funds through GCACH. Providers are taking on students as is. Options include coming up with data points and determining a cost, soliciting a number from providers, or creating various levels of funding.

The goal is to start on this as early as possible.

Next Steps

Carol discussed next steps for the Workforce Committee:

- Measure engagement levels of the committee and Identify the core group
- Carol to cross reference the charter with current activities, then bring to the board.

Adjournment

Carol and Dan concluded the meeting by thanking all for attending. The group plans to meet again within the month. Meeting was adjourned at 12:35 pm. Meeting minutes taken by Chelsea Chapman.