



Leadership Council

Thursday, January 19th, 2017

9:00AM-11:30AM Meeting

[Greater Columbia Behavioral Health](#)

101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	<u>In Person:</u> Kayla Down, Rhonda Hauff, Matt Davy, Daryl Edmonds, Brisa Guajardo, Wes Luckey, Caitlin Safford, Lena Nachand, Amina Suchoski, Janis Luvaas, Andy Nyberg, Virginia Janin, Becky Grohs, Stan Ledington, Dr. Donald Ashley, Les Stahlnecker <u>On the Phone:</u> Fenice Fregoso, Susan Martin, Delphine Bailey, Liz Whitaker, Tim Cooper, Lana Stuart-Eskeli, Alex Howard, Corrie Blythe, Sue Jetter, Rebecca Sutherland, Jorge Rivera, Joyce Newsom, Deb Gauck, Carla Greene, Sandra Aguilar
Backbone	Carol Moser, Executive Director, GCACH Aisling Fernandez, Communications Coordinator, GCACH
Special Thanks	<ul style="list-style-type: none"> • Thank you to Greater Columbia Behavioral Health for providing the facility that allows us to hold these meetings. • Carol talked about the events of the week: There was a “Save our Healthcare” rally in Richland at which Wes & Carol spoke and Aisling attended. Monday was Martin Luther King Jr. Day. Friday (the next day after this meeting) is the presidential inauguration. Carol said that it is a time for us all to speak up.
TOPIC	NOTES
Welcome & Introductions	<ul style="list-style-type: none"> • Carol Moser welcomed everyone and there were self-introductions around the room.
Approval of agenda	<ul style="list-style-type: none"> • Because there was no Assessment & Planning Committee meeting this month, Carol asked if the LC members approved of the agenda. Three things were added to the agenda: 1. The 2017 work plan, 2. A Readmissions Avoidance Pilot (RAP) update, & 3. HCA updates
Action: Approval of Minutes & HUB Training Discussion	<ul style="list-style-type: none"> • December 15th minutes were approved by consensus. <ul style="list-style-type: none"> • Deb and Carol talked about how the Pathways Community HUB Model training (to be held on Friday, January 27th) came about. Dr. Sarah Redding is making a tour through WA to deliver training to several agencies and organizations, and Deb and Carol worked with the HCA to have Dr. Redding do a training in Ellensburg prior to her stop in Chelan. The training will include information about Health Homes, and will include a presentation by Emily Buechler from SE WA Aging & Long Term Care. The training will allow attendees to learn and understand about both models. • Aisling reviewed the updates to the minutes which are highlighted in red text- updates since the December meeting.
Directors Report & CCHE Evaluation	<ul style="list-style-type: none"> • Carol talked about CCHE survey on ACHs and what the results looked like for GCACH. There were more responses compared to last year and compared to other ACHs. Compared with the first evaluation, GCACH made statistically significant improvement in the “Mission, goals and objectives” domain. The feedback for the other domains remained the same (the changes were not statistically significant), which are already above the state average for all domains except for community engagement, which we hope to improve upon starting this year. Carol said that there is a need to connect to local elected officials. Curious to ask GCACH members about what people are doing to engage



	<p>community members? It is up to all of us to reach out to our sectors, find areas where we can find alignment. Talk about what's not working, what barriers are.</p> <ul style="list-style-type: none"> • Carol talked about how the Special Terms and Conditions for the Medicaid Waiver state four hypotheses to be tested in this demonstration period; this is a big experiment. • Lena added that CMS elevated our application above other states that were trying to get an 1115 waiver in place before the administration change. It's because we're doing through ACH model instead of through the hospital model. It's a test/experiment, but we're excited about it. • The Director's Report also talks about the draft toolkit, the flowchart (map) of the toolkit projects and focus areas. • There was a discussion about the Toolkit Public Comment Period: It was noted that Community Health Centers, BHOs were not acknowledged in the toolkit. The LC also talked about workforce development and community health workers.
Regional Survey Discussion	<ul style="list-style-type: none"> • Carol- The Behavioral Health Priority Work Group met in December and came up with an idea for a survey. What is already going on in the community, where can we find champions and who is doing work to develop programs? We contacted PWG chairs. What if we did an initial survey to get questions out to the community? We have an inventory, but we're sure there's more going on in the community. If we were to do a survey, what questions would we ask? <ul style="list-style-type: none"> • Meghan had suggested that PH departments could help develop an overall survey that they could send out to the distribution list created by Sue Jetter. The survey will take resources and we will need to get specific information. • Jorge said that the survey is very important and a good way to start this work. What are we going to do for care coordination? • Caitlin said there are interventions listed in toolkit but it's not limited to that. Regarding ACEs, have a menu of home visits available because certain things are not available in rural areas where there's limited nursing staff. Another home visiting program as long as we're meeting the metrics. Making improvement on specific metrics. • Matt said, hopefully now we're transitioning from the philosophical level to a more detailed level as we start talking about survey. We should also talk about structure and be intentional about what representation we have at all counties. • Meghan said it's PH responsibility. The needs are similar but capacity is very different in different communities. How do we provide TA to those communities without the means? Start with PH and hospitals already tapped into communities. • Carol wants to be cautious to not set up expectations of community agencies. We can't go too far off track. The survey is a great way to engage community. Has been very theoretical, but not we can say we're trying to make changes in this specific area. Hopefully each PWG can work toward the heart of what they need to find out. • Dr. Donald Ashley asked, "Is this an educational survey or for us to gather information?" What about surveying in other languages? • Deb said that at least 8 of 10 counties have coalitions focused on health.



	<ul style="list-style-type: none"> • Corrie said that we want to make sure it's not focusing on typical medical services program what's considered "health." Health is beyond doors of clinic. • Wes suggested that we could consider leveraging some existing surveys in our survey such as from CAC or United Way and maybe supplement with our own questions. • Carol summarized that she heard in general that the LC & PWGs are in favor of a survey to organizations who aren't yet in GCACH and to find out about programs that used to be in community. The survey should go beyond medical questions. • Carol asked for volunteers for a GCACH Regional Survey Committee and the following people volunteered: <ul style="list-style-type: none"> • Wes Luckey, Rhonda Hauff, Jorge Rivera (PWG Chair for CC), Meghan Debolt, Matt Davy, Corrie Blythe & Rebecca Sutherland. The PWG chairs can also be involved (Stan, Bertha, Janis, & Mark Koday).
RAP update	<ul style="list-style-type: none"> • Becky gave an update on the Readmissions Avoidance Pilot (RAP), which is our SIM project. They chose to address Qualis health data. At the beginning, Benton and Franklin counties had the worst in the state, we're now second to last. RAP is focusing on Medicare patients at Kadlec and Trios. They are continually working toward more referrals- that's the biggest issue right now. We're at week 11, should have 52 people enrolled by now but have 30. So far, they have really good outcomes. Some readmissions- one was a cardiac arrest, acute renal failure (they worried about appropriate discharge on this person). A lot of education about ED visits, triaging, etc. a lot of medical care coordination and a lot of social determinants. One couple is living on \$600 a month, this is two people with chronic disease issues. RAP got them on Medicaid. There are underlying problems that need long-term planning. Another patient had dementia that they couldn't see the full extent of in the hospital until they got into his home and advocated for him. Becky said she feels really good about the work Mandy is doing. She didn't realize that as a floor nurse that she's part of the problem, there are so many the cracks in the system. There are three hospital systems here and there's a lot of cross-hospital miscommunication. • Carol said that when you're working with a hospital system, you need buy in from case managers, nurses, doctors and others. Becky and her team have been doing an amazing job pushing when the systems feel like they're already doing this. Home visits make a difference!! Home visits are a theme in other toolkit programs too. Any program we deliver we need buy-in and enthusiasm. We can't work in a community that doesn't want us. How do we link up with the resources to make this sustainable? The goal is that in the end, these projects become part of our health system. It's been a great project. • Rhonda said it would be great to compare outcomes with the work of the Neighborhood Health. • Carol said that that's the whole point of these ACHs, to learn what will really work optimally. Perhaps implementing a hybrid of good ideas into a community that wants us to be there is the right formula.
Work Plan Discussion	<ul style="list-style-type: none"> • Carol walked us through the draft work plan for 2017. • Carol added the dates of our meetings through the end of December and layered together the roles of LC, Board, PWGs and State into one big work plan. At the end, there is also contract language and hyperlinks to references/resources.



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	<ul style="list-style-type: none"> • The 2nd row talks about the LC. We hope to have data from the survey in April. Between May and August- for LC and PWGs- they will do demonstration project planning and design. By July, the LC will develop logic models and measures. For SIM, they worked with CCHE to develop measures. Develop partner agreements and MOUs. By September and October, finalize agreements and submit in October, November and December. • There's a row for leadership trainings/workshops and Carol hopes to have more opportunities through the year for this.
Adjournment	<ul style="list-style-type: none"> • The meeting adjourned at 11:30AM.
2017 Meeting Schedule	<p>The GCACH Leadership Council meets the Third Thursday of the month.</p> <ul style="list-style-type: none"> • Time: Leadership Council: 9-11:30 • 2017 Dates: <ul style="list-style-type: none"> February 16th March 16th April 20th May 18th June 15th July 20th August 17th September 21st October 19th November 16th December 21st <p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p>