GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Workforce Committee Meeting Minutes

Wednesday, October 28, 2020 | 1:30 PM to 2:30 PM

Teleconference

Voting (✓): Majority Present
Italicized: GCACH Board Member

ATTENDANCE			
Committee Members	Asja Suljic	Jac Davies	*Ronni Batchelor*
	Bevan Briggs	John Christensen	*Sandra Suarez*
	Chuck Eaton	Les Stahlnecker	Scott Koopman
	Dan Ferguson (Chair)	*Madelyn Carlson*	Steve Perry
	Debbie Spink	Patrick Jones	Suzanne Swadener
	Heidi Snyder	*Rhonda Hauff*	
GCACH Staff	Becky Kolln	Laurel Avila	Sula Savchuk
	Brittany FoxStading	Lauren Noble	Wes Luckey
	Carol Moser	Martin Sanchez	
	Diane Halo	Sam Werdel	
Guests	Carla Prock (BFHD)		

WELCOME & INTRODUCTIONS	
Welcome & Introductions by Dan Ferguson	Dan Ferguson, Committee Chair, facilitated the meeting. There were 8 members present (or calling in) to the meeting.

MEETING MINUTES	
September 2020 Meeting Minutes by Dan Ferguson	Dan reviewed the September 2020 GCACH Workforce Committee meeting minutes. ✓ **MOTION:** Sandra Suarez moved to approve the September 2020 GCACH Workforce Committee meeting minutes. Seconded by Ronni Batchelor. Motion passed. No comments or questions.

DISCUSSION ITEMS

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Community Health Workers (CHW) Needs Assessment by Diane Halo and Carol Moser	GCACH is in the process of developing a CHW as a program for 2021. Becky Betts of Providence Walla Walla has a great model. Based on her recommendations the Workforce Committee and GCACH feel confident moving forward with this concept.
	
	Diane reviewed the draft CHW needs assessment questions that incorporate how organizations address care coordination needs, how to integrate the CHW, etc. She highlighted the question that encompasses the types of training the CHW needs and asked for feedback. Questions and comments included:
	• Specific revisions:
	  ○ Listing out acronyms
	  ○ Adding school districts as an example within CBO
	  ○ Addition of LHJs
	  ○ Addition of "Other (please state)"
	  ○ Addition of "Governmental Organization"
	  ○ Remove "patient" from question 3
	• Community health organizations with variety of titles and addressing complexity of identifying the number of CHWs actually out there.
	• Question 5 (employ) should precede question 4 (integrate).
	• Desire to understand: If there are CHWs, how many of them have attended the DOH CHW training and received certification. If attended, what areas do you feel were missing or would make training more beneficial to staff?
	  ○ Ronni shared her experience from the training which consisted of core competencies, Behavioral Health basics, modules for different conditions in the field (HIV, diabetes), etc. The biggest piece she took away was being able to connect with patient that was difficult to connect with through regular SIRI.
	  ○ Also desire to understand: Are your CHWs clinic based or do they do home visits as well? (both pre and post pandemic).
	  ○ Ronni also noted that telehealth follow-up with CHW is important.
	  ○ Review of the CHW standard occupational definition via onet online based from surveys deployed to employers (published through Department of Education and Department of Labor). This source collects information on emerging jobs, staff requirements, technology, etc. It is standardized across the state and nation. The link: https://www.onetonline.org/link/summary/21-1094.00.
	• Discussion around inquiring about education and/or workflow/hierarchy or structure.
	• How to train an individual around cultural competency/sensitivity and how to mindfully treat an individual. Notion of using the term "awareness and cultural humility". The Department of Health has some class appropriate services (free online trainings that DOH and other agencies offer). Sandra noted it is in their organizational culture and onboarding.
	• Add: Motivational interviewing
	• Add: Mental health first aid training

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	• Notion of healthcare literacy and training individuals. Ronni noted that the care coordinator will work closely with CHW so the needs are met. Discussion around the description for care coordinator, case manager, and CHW. Reminder that the intent of the survey is to better understand the gaps and overlaps between these roles. • Carla shared a link to the roles and competencies of a CHW: https://www.c3project.org/roles-competencies. • Establish what 100% looks like as a region based on collective conversations, needs of community and provider organizations. This may be a preliminary survey and may need to do a deeper dive (e.g. training needs). Emphasis on gathering enough now to get project started and then possibly deploying a more in-depth survey later on. • Discussion around this project will take time before fully understanding what needs to be implemented. **Next steps per Diane:** • Finalize questions and send to distribution list • Analyze results and come up with action plan based on the findings Confirmation that the agencies targeted to implement this program has been tentatively determined to be primary care facilities and/or the local health jurisdictions. The BH providers have the internship program we deployed earlier this year and the FQHCs already have CHWs. Community-based organizations is another alternative. This program has enough funding for approximately 25 positions. Ronni suggested that anyone willing to accept Medicaid dollars should be able to utilize CHWs. Carol appreciated Ronni's comments and highlighted the concerns with so much funding and having to narrow down the recipients. Additionally, placing CHWs in primary care is a way to show value to primary care providers that are not using CHWs right now. Linkage to a health care system created more sustainability. If we can show a year of successful CHWs reducing costs to that organization, it is more probable that person will have long-term employment. The hope is that during this program, we are advocating at the state level to have permanent funding for CHWs. If we can demonstrate and show the power of CHWs within healthcare provider systems (e.g. Providence) it gives us leverage in advocacy at the highest levels of the healthcare system to pay for CHWs. This is an avenue for sustainability. The LHJs will likely have their own program, but we want to work with them to have awareness of the training programs they are using. That way the CHW worker can translate their skills in any setting. Deployment date, when get results back, what results are we looking for, and how will they be measured? Identifying the needs and gaps in the system and then use that information to identify a program.

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	Discussion around the types of populations, there is a metric that is an overall pulse. If it's primary care, it can be primary care visits. **Another next step:** Identify outcome measures to gauge success of program. Possible add: What outcome measures are you using to evaluate their impact to the organization? Dan noted this first round is foundational and will likely lead us to a more in-depth evaluation so we are able to create reasonable targets. Recommendation to consider broader efforts outside of region. Patrick cautioned that using ED visits as a baseline is difficult based on the work with the Community Paramedicine program. This would rely on people's honesty and ability to keep good records. Suggestion on patients with diabetes and tracking A1C, or mother/child making it to their appointments. Bevan noted that he has a bunch of nurse practitioner students doing doctor/nursing practice projects that might be useful for a project like this (i.e. implementation). Wes noted what providers have access to (e.g. FQHCs and hospital visits or 911 calls). There may be some outcome measures at the organizational level but it will take thoughtful consideration. Ronni shared her experience with care coordinators in the emergency room, which may be another place to dig for outcomes. Patrick advised to keep this as simple as possible—simple measures that do not require HIPAA or hospital records. Dan appreciates the idea of partnering with academic institutions to advance this effort (e.g. community nurse family partnerships). Confirmation that the goal is to get survey questions finalized and deploy the survey in the beginning of November. The intent will be to leave open for one month and then possibly bring results back to the December Workforce meeting. The intent is to develop the policy and application by the beginning of the year.
ADJOURNMENT	
Adjournment	Meeting adjourned at 2:30 pm. Minutes taken by Chelsea Chapman. Recap of Motions ✓ **MOTION:** September 2020 Workforce meeting minutes Recap of GCACH Next Steps: • Finalize questions for CHW needs assessment survey and deploy • Provide report at November Workforce Committee meeting to approve plan for December board meeting

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