# Greater Columbia Accountable Communities of Health Leadership Council Meeting Minutes

Thursday, September 24th, 2015, 9:00AM-11:30AM
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336


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| **Participants:** | In person: Martha Lanman (Columbia County Public Health), Delphine Bailey (Columbia County Public Health), Julie LaPierre (GCBH), Gail Fast (School Nurse Corps, ESD105), Edward Miles (Memorial), Shawnie Haas (SignalHealth WA), Grant Baynes (Senior Life Resources NW), Marcy Durbin (People for People), Robert Martin (UnitedHealthCare), Becky Grohs (Consistent Care), Len Pavelka (Benton-Franklin COG), Bertha Lopez (Yakima Valley Memorial Hospital), Susan Campbell (WSU), Wes Luckey (TCCH), Stan Ledington (The Health Center), Sandra Suarez (YVFWC), Sandra Aguilar (CCHS), Cindy Mackay-Neorr (WSU/HSSA WFD Grant), Linda Mayovsky (WSU/HSSA WFD Grant), Jorge Rivera (Molina), Stein Karspeck (Richland Fire Dept.), Brisa Guajardo (CHPW), Indira Pintak (GC ACH Communications Committee), Rhonda Hauff (YNHS), Philip Lemley (WA State Council on Aging), Robin Read (Kittitas Co. Public Health), Amy Fuller (Kittitas Co. Public Health), Jackie Davidson (GCBH), Carla Prock (BFHD), Leslie Stalnecker (ESD123), Corrie Blythe (SE WA ALTC), Caitlin Safford (Coordinated Care), Carmen Bowser (Catholic Family & Child Services), Jose Gaona (CHPW), Andre Fresco (Yakima Health District), Blanche Barajas (Amerigroup- WA), John Sinclair (KVFR)<br><br>Phone Participants: Tonya Kreis (Yakama Indian Nation), Anna Marie Dufault (YVCF), Verni Jogaratnam (UHC), Amber Hahn-Keenan (Yakima Memorial Hospital), Kathy O'Meara Wyman (WA Dental Service Foundation), Kat Letat (CHPW), Bethany Osgood (Amerigroup Inc.) |
| **Backbone Support:** | Dr. Patrick Jones, Eastern WA State University, Facilitator; Blake Rose, PMH; Carol Moser, BFCHA; Aisling Fernandez, BFCHA |
| **Guests:** | Lena Nachand, HCA |
| **Special Thanks:** | ☐ Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for letting us use your facility, morning refreshments and call-in capabilities.<br>☐ Thank you to HCA representative Lena Nachand for your support.<br>☐ Thank you Patrick Jones for facilitating the retreat. |

| Topic | Discussion & Decisions |
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| **Welcome & Introductions (Patrick Jones)** | Meeting began at 9AM.<br>Facilitator Patrick Jones, of Eastern Washington University, thanked everyone for coming to the meeting and asked each person to introduce themselves including a short description of how their work relates to the Social Determinants of Health. |
| **Updates** | MINUTES: Aisling briefly reviewed the minutes, she read the summaries of the feedback by County (CC, BH & Obes./Diab.) and by Sector (CC, Education, Obes./Diab. & BH) that came out of the August 20th retreat. Approval of August 20th Retreat Minutes: Motion was made and seconded to approve the minutes of the August 20th, 2015 Retreat minutes. Motion carried.<br><br>HEALTHIER WA UPDATES & DISCUSSION (Blake Rose, Lena Nachand, and group comments):<br>As an ACH, we are intricate part of the Healthier WA plan. The ACH uses the Triple Aim as its Healthier WA platform (Better Care, Better Health, and Lower Costs). Suggested that it would be valuable for ACH members to look at the Healthier WA Plan of the WA State Health |

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| | Care Authority and to understand each of the projects and initiatives, including the Practice Transformation Hub, Medicaid Transformation, Performance Measures, and others.<br><br>Lena gave a brief summary of the 1115 Medicaid Waiver. It's a five year demonstration, you have to be budget-neutral and have a documented Return on Investment. We are currently in the Federal Public Comment Period which ends October 9th.<br><br>WA State is asking for $3 billion from the Federal Government. The ACHs will potentially play a critical role in how the money is dispersed across our region.<br><br>Documentation of the Return on Investment is critically important so that the State can prove the value of the work and open up opportunities in the future. In the coming months, the LC and Board will look at the inventory of programs & the State is putting together a potential toolkit of demonstrations that will hopefully align with ACHs across the state. Hopefully, the Medicaid Waiver will be approved by April 2016, although this process has taken a longer time in other states that previously went through this process. May also depend on political changes in DC next year.<br><br>Is there a link between getting a CMMI SIM testing grant and 1115 Waiver? NY State was the most recent state to get an 1115 Waiver and they also have a SIM grant. NY state has some similarities to WA state but they are implementing the waiver in different ways than WA state. The grant and the waiver are parallel but not linked. |
| **Goals for the meeting** | LARGE GROUP:<br>*Care Coordination* (CC) can be defined either as an overarching approach or as a set of programs/strategies. In the priority work groups, CC will be discussed as a set of programs/strategies. CC & Education are *themes* that could also be applied to behavioral health and obesity/diabetes prevention. It is important to identify if/what is structurally independent about CC and Education apart from the other Priority Groups.<br>Should High School Graduation attainment be added to the priorities? CDC study. There needs to be a balance between a short-term (5 years) and long-term outcomes. Future direction from HCA and Medicaid Waiver. *Why* people might be impeded in getting a HS degree (What social determinants are coming in to play?) Connection of schools with Health Care- coordination, integrated, using schools as a target group and facilities to reach kids. Education has a critical role in health outcomes, but also an opportunity where kids are a captive audience- kids of all backgrounds. Schools are a place to make a difference in the wellness of our communities. We have more kids on Medicaid than adults in our region.<br><br>PRIORITY GROUP WORK: We broke up into 4 groups. Education became an independent Priority Group during this meeting.<br>The task was to look over the regional inventory of programs in the 10 counties.<br>1. Review the work you've done so far contributing to the Regional Inventory of Programs/Services<br>2. What are the common themes & gaps?<br>3. Which programs are working well and which are missing? |

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| | LARGE GROUP:<br>Priority Group Report Out:<br>• CARE COORDINATION SUMMARY (Led by Carol): Needs a more narrow focus such as a specific population and age groups. Care coordination about partnerships: "Seek first to understand." Themes and programs: Health Homes, Nurse-Family Partnership, Consistent Care, disease registries, Community Paramedic Program, School Nurse Corps Program, chronically homeless, Integration (medical, dental, mental… one-on-one and across silos), access to CHWs, support CHWs, team-based care (CHWs), find people in the system. Gaps: Faith-based programs are not mentioned (e.g. Parish nurses), funding, returning and disabled Veterans, community health workers. Definition: Having a PCP person for community, the right care at the right time and using resources to augment care.<br>• EDUCATION SUMMARY (Report out by Gail & Cindy): Education could take the form of putting kids into the medical pipeline, it could look like putting nurses in school that facilitates better health equity and access. Education is an "upstream model" and a way of implementing prevention services, programs and measures. Education brings upstream thinking into CC, O/D and BH. The K-12 setting is a way to disseminate information and a target group. Education came up because of the HS graduation rates discussion.<br>• DIABETES/OBESITY SUMMARY (Led by Aisling): Reorganize the template into themes and categories rather than organizing the template one program at a time. This format makes it hard to see what the gaps and themes are across the counties. Themes: Media (Op-eds and newsletters in the paper) & communication, worksite wellness in individual organizations, wellness and physical activity in any building, breastfeeding, community coalitions related to health, built environment, health fairs and community events, transit (transportation is provided for clinical appointments but not for other activities that are health-promoting but not medical), health education (prevention classes & disease-specific management classes)<br>BEHAVIORAL HEALTH SUMMARY (Led by Blake): For each program listed, the inventory needs clarification on whether it is a provider-level service (one-on-one service) vs. a program? Integration of behavioral health with primary care. List is currently incomplete (Challenging to understand gaps and themes). Where do we find these resources in other counties? Behavioral health and mental health: chemical dependency, substance use, social work or psychiatrist in a clinic? More definition needs to be done. Supportive housing has a huge impact in the behavioral health world. Jail population, how to reduce recidivism and what that looks like from a BH standpoint. CC as an overarching umbrella. Behavioral illness vs. behavioral health. |
| **Break** | |
| **Announcements:** | Future meeting dates for 2015:<br>• November 19 and December 15<br>• All meetings at Greater Columbia Behavioral Health, 101 N Edison St, Kennewick<br>• Leadership Council: 9-11:30; Governing Board: 12-2:30 (working lunch) |
| **Adjournment** | The meeting was adjourned at noon. |