

Oregon Solutions-Beaverton Community Health Partnership (OS-BCHP)

November 2, 2012 Project Team Meeting Summary

Beaverton City Hall

Participants: Convener **Tina Castañares**, MD

Ann Barr-Gillespie, Pacific University; **Councilwoman Betty Bode**, City of Beaverton; **Stephen Brooks**, consultant for City of Beaverton; **Vince Chiotti**, State of Oregon Housing & Community Services; **Carlos Crespo**, Portland State University and Oregon Health Policy Board; **Mayor Denny Doyle**, City of Beaverton; **Mark Ellsworth**, Governor Kitzhaber's Office; **Dan Field**, Kaiser Permanente; **Amanda Garcia-Snell**, Washington County Public Health; **Brian Kelly**, Women's Healthcare Associates; **Lindsey Kuipers**, City of Beaverton; **Don Mazziotti**, City of Beaverton; **Mary Monnat**, LifeWorks NW; **Gil Munoz**, Virginia Garcia Memorial Health Center; **Jerralynn Ness**, Community Action; **Christine Rontal**, Virginia Garcia Foundation; **Sid Scott**, Scott Edwards Architecture; **Jeanene Smith**, Oregon Health Authority; **Bill Thomas**, Washington County Children & Families; **Dr. Jennifer Vines**, Washington County Public Health and **Dave Waffle**, City of Beaverton.

Staff: **Jim Jacks**, Oregon Solutions; **Matt Gander**, OS intern

Welcome & Introductions

Convener Castañares welcomed everyone and thanked them for participating. She read the poem *Shoulders* by Naomi Shihab Nye, walked the stakeholders through the agenda, and asked participants to introduce themselves.

OS-BCHP process update

Jim Jacks explained how this meeting fits into the larger context of the Oregon Solutions process. He discussed the December and the potential for meeting in January.

OS-BCHP Project Team Updates

- Lindsey Kuipers reported that the work with the CDC is ongoing. The budget is being finalized and the implementation plan is being revised to meet the CDC's needs.
- The City is still waiting to hear from the Bloomberg Foundation if we are one of the top 20 finalists. [A few days after the 11-2-12 meeting we learned that we were NOT selected as one of the 20 finalists.]
- The City of Beaverton is talking with Goldman Sachs representatives to determine if "social impact bonding" is a viable tool and a potential revenue source for the project. **Action item: Don M. will provide an update at the December meeting.**
- Beaverton is also looking into a \$5,000-\$10,000 grant from Portland State University. The "ask" is for help to incorporate the community's perspectives in the health chapter of the comprehensive plan update. The application is due November 9th. **Action item: Jim Jacks will provide an update at the December meeting.**

Steering Committee Report

Mary Monnat provided the following updates from the Steering Committee:

- The non-profit Single Purpose Entity (SPE) that is being formed needs a mission statement that recognizes the existing relationships, educational opportunities, community dynamics, and physical structures that need to be managed.
- We must determine who is in the group, how we share the building, how our services complement each other, and how we garner feedback from consumers/patients.
- The committee is currently drafting questions about these issues for focus group interviews.
- Stakeholders are still asking their boards of directors for approval to form a non-profit SPE.

Workplan Milestone Elements Underway

The project team had expressed interest in seeing timelines related to various parts of the project. Lindsey K. and Stephen B. described the three schedules on a doubled sided sheet in the project team member's packets. The goal was to illustrate the big picture and show what comes next. The three schedules are: non-profit formation, facility schematic design, and public involvement for the Comprehensive Plan health chapter. Discussion followed. Some of the comments and questions included:

- Can we create a map of the process so that we know where parts of the work will occur and who will lead those particular parts? The goal is to know who to connect with and when.
- At some point an outline of a finance plan needs to be created.
- Q: When the non-profit turns in their application to the Secretary of State's Office, how will it take for them to respond? A: The day they get it. However, the approval of tax exempt status from the IRS can take 6 – 9 months. But, when approved it is retroactive to the day you applied. It should be filed for ASAP because it is critical to gaining access to many revenue sources.

Measuring Performance Outcomes

Tina Castañares described this as a big topic that the group will do significant work on in the future. We need to continue to collect existing performance measures that the partner organizations currently use. The group needs to think about and then decide:

- What metrics are our organizations currently reporting
- What metrics might potential revenue sources require
- What metrics can we develop that are unique to BCHP goals and stakeholders
- How transparently will our data be shared
- What will be reported unilaterally by organizations
- What will be reported out collaboratively by the facility and/or the Partnership as a whole
- How can we measure the unique types of value this project creates; the facilities model, inter-organizational cooperation, and integrated healthcare services
- Our interdisciplinary model will have implications for how professionals supervise students. This could lead to accreditation issues and potentially changing standards.

Services Currently Offered by Stakeholders:

Jerralynn Ness articulated that **Community Action** could bring to the facility some or all of the following services, which are currently being offered by her organization in various parts of the Washington County area. For Community Action, the facility could be a place that provides classroom space and houses a small staff of Community Action employees to provide service:

- Assistance for people attempting to register for government assistance programs
- Connecting families with quality childcare

- Comprehensive pre-natal support, family planning classes, childrearing classes and parenting support
- Energy assistance
- Emergency rent assistance
- Weatherization electricity conservation programs

On behalf of **Lifeworks NW**, Mary Monnat described the services that they currently offer and would like to include in the new facility. This project coincides well with Lifeworks NW's ongoing process of consolidating their facilities and increasing their focus on people living in the Beaverton area. Except for a program that provides care to the elderly with dementia—which has specific facility requirements—Lifeworks is interested in bringing all of their services to the new facility, which includes:

- Children, youth, family, adult and older adult services
- Intensive mental health services
- Alcohol and addiction services including: prevention, treatment, outreach, and intense addiction treatment
- Crisis services

Ann Barr-Gillespie outlined **Pacific University's** interests regarding the project. Pacific offers professional degrees in 9 health professions: Optometry, Physical therapy, Occupational therapy, Physician assistant studies, Psychology, Dental health science, Pharmacy, Audiology and Masters of healthcare administration. This facility presents an ideal opportunity to improve the university's existing clinical opportunities for students.

- Training for Pacific University students enrolled in medical professional degree programs
- Integrating clinical education, practitioner supervision requirements, and accreditation standards, within a more formal and systematic clinical program through the university.
- Tie in with current Pacific facilities in Forest Grove, downtown Portland, Beaverton, and, possibly, McMinnville.
- Assist students undertaking innovative practice projects, which send them into the community to identify and serve people that do not have adequate access to healthcare.
- Look into placing students on Lifework NW's projects related to addiction issues
- Teach students in a broad range of disciplines to work together in an interdisciplinary way to provide healthcare that meets unique patient needs.

Dr. Jennifer Vines explained the perspective and interests of the **Washington County Public Health**.

- Currently Washington County Public Health provides the following direct services: WIC, breast-feeding support, farmer's market vouchers, home visits from nurses, immunizations, family planning, and STD testing and treatment.
- Their indirect services include: ensuring environmental health, tracking communicable diseases, preparing for emergencies, preventing chronic diseases, helping people live active lives, providing public transportation, educating people about tobacco prevention and cessation, and analyzing epidemiological trends.

Gil Munoz detailed **Virginia Garcia Memorial Health Center's** relevant programs and talked about the needs he sees within the community.

- Virginia Garcia currently provides healthcare to many uninsured, Spanish speaking and/or low-income individuals within the community.
- They have partnered with Lifeworks NW on behavioral health integration.

- Chronic disease management is a large part of their work
- Over the last 8 years they have partnered with many organizations within the community, but the current system has gaps between public service agencies and primary care providers.
- They currently partner with Pacific University to provide professional training programs, but are open to expand existing programs; including taking on residents in practice.
- School based health centers have become a larger part of their services, which increases opportunities for working on upstream health issues and preventing chronic diseases.
- Currently looking at high users within the community and attempting to decrease hospitalization rates by increasing home visits.

SWOT exercise

The group spent approximately an hour performing a SWOT analysis. This helped further the program integration discussion and began to inform the design of the facility and the services offered within it. The SWOT results are on the following page.

Action Items & Next Steps

- **Jim Jacks meets individually with partner organizations to discuss program integration and what they are currently doing in Beaverton and what they want to do in the future.**
- **Lindsey K. & Stephen B. adjust, as per the group discussion, the three timelines that were presented.**
- **Don Mazziotti will provide a brief social impact bonding update at the December meeting.**
- **Jim Jacks will provide an update regarding the PSU diversity grant at the December meeting.**
- **Jim Jacks continues to collect performance outcome measures currently used by partners.**
- **Jim Jacks will work with others to develop the December 7th meeting agenda.**

Future Project Team Meeting Dates

During the meeting Jim Jacks collected calendar information for a January meeting. According to the group, the best meeting slot in January is Tuesday, the 22nd from 1 – 4 pm in Beaverton. Please mark your calendars with the remaining Project Team meeting dates.

- Friday, December 7th from 1 – 4 pm
- Tuesday, January 22, 2013 from 1 – 4 pm

The meeting adjourned at 4:00 PM.

BCHP: Strengths, Weaknesses, Opportunities & Threats (SWOT) November 2,-2012

	Strengths	Weaknesses
Internal	<ul style="list-style-type: none"> • The group knows the community well. • Long history in the community. • Existing collaboration and trust between partners • Shared mission, vision, values and best practice • Diversity of expertise, interests, professions and business models • Commitment to innovation and improvement • Strong buy-in among by stakeholders • Passion for providing services to the community • The ability to design a new facility 	<ul style="list-style-type: none"> • Overlap between partners could create unhealthy competition among stakeholders • Can current parties offer a full spectrum of comprehensive services • Overestimating the benefits of direct services on community health • Need to look broader than just direct services • Harmonizing actions of complex organizations • Integrating authority, decision-making, across different organizations and types of care • Funding; non-profits operate on tight budgets, but this project requires large capital investments • Fuzzy. “who is in charge of whom?” lines of authority and realms of accountability • We need to pick up the pace of decision-making
	Opportunities	Threats
External	<ul style="list-style-type: none"> • Chance to make big impact on community health • Fertile environment for collaboration • State and federal reforms and support from all levels of government • Federal HRSA support for innovative training programs, which are patient centered and teach professionals to work together across disciplines • The Affordable Care Act facilitates the design of new models for providing healthcare including upstream and preventative approaches • Shifting community demographics require new methods of capitalizing on local human potential • Overlapping communities and service providers allow for a new system that is comprehensive • Opportunity for public/private cooperation • Real estate and city participation 	<ul style="list-style-type: none"> • Fate of reforms – ELECTION • Some funding sources impede improvisation and increase administrative workloads • Perfect storm of inadequate numbers of health professionals and organizing capacity combined with changing demographics and reforms • We may threaten other providers if not mindful to do linkage instead of competition. (E.G. private providers without access to such resources for their patients.) • Existing partnerships between organizations, both participating and not participating in the BCHP, that will exist outside of the new facility • Lack of financial strength to move the facility forward, need for further affirmation of commitment and to “get money on the table” • Serving people that have not had access to care for years (lots accumulated health problems), but now qualify under the ACA. • A tight timeline! Inertia, we’re moving too slowly. • Trying to do something new while being stretched by other rapid changes.