OREGON SOLUTIONS

Oregon Solutions-Community Health Team (OS-CHT)

Meeting Summary

January 24, 2014 Project Team Meeting
Columbia Gorge Community College – The Dalles

<u>**Participants:**</u>
Co-conveners Commissioner **Karen Joplin** and Dr. **Frank Toda**

Eli Bello, The Next Door; **Anne Carloss**, HRCSD; **Maria Elena Castro,** Office of Equity & Inclusion Oregon Health Authority; **Katy Chavez,** Oregon Child Development Coalition; **Joella Dethman**, Hood River Commission on Children & Families; **Tyler Flaumitsch,** Department of Human Services; **Judee Flint,** Oregon Child Development Coalition; **Susan Gabay,** Department of Human Services Self Sufficiency; **Deirdre Kasberger,** Hood River Community Justice; **Ellen Larson,** Hood River County Health Department; **Paul Lindberg,** Mid-Columbia Children's Council; **Joel Madsen,** Mid-Columbia Housing & Columbia Cascade Housing; **Molly Rogers,** Wasco County Department of Youth Services; **Erin Rudolph**, Providence; **Barbara Seatter,** Mid-Columbia Center For Living; **Matthew Solomon**, Mid-Columbia Children's Council; **Dan Spatz**, Columbia Gorge Community College; **Teri Thalhofer,** North Central Public Health District; **Mark Thomas**, Providence Hood River Memorial Hospital; **Catherine Whalen**, Mid-Columbia Medical Center; **Cassie Whitmire,** Hood River County School District; **Chelsea Wooderson,** Mid-Columbia Children's Council; **Coco Yackley**, Columbia Gorge Health Council.

Guests: **Bill Baney, Catherine Drinan, Dan Embree,** Portland State University, Systems of Care
Staff: **Jim Jacks**, Oregon Solutions Project Manager

<u>**Welcome & Introductions**</u>
Co-conveners Commissioner Joplin and President Toda welcomed everyone and thanked them for participating. Individual self introductions were made.

<u>**Declaration of Cooperation DRAFT Review**</u>
Jim Jacks explained that the culmination of an Oregon Solutions process is the signing of a Declaration of Cooperation (DoC). A DoC is a voluntary list of commitments that each organization has agreed to. It spells out who will do what by when. It functions as the roadmap or playbook the community uses to move forward together.

Each team member was given a first draft of the project team's DoC and an FAQ about the DoC. This incomplete first draft will be filled in and significantly revised in February and March. The project team will spend time at each of the remaining team meetings reviewing and adjusting the DoC. We expect the leader of each organization to sign the DoC at a one hour signing ceremony in April.

<u>**Grant Update**</u>
Grant writer Paul Lindberg explained that a decision was made NOT to submit an application for the $85,000 HRSA grant due January 16th. Applying would have meant that a small subset of people would in effect be

making a series of decisions (who participates in the hub, what's the governance structure, what outcomes are to be achieved, etc.) that the entire Oregon Solutions project team should actually be making.

Each January applications are due to HRSA for both planning grants and also implementation grants. The results of the work our project team is engaged in will be competitive. Paul recently met with the Oregon Community Foundation and they were very encouraging. In addition, the Ford Family Foundation is interested in our work and they only make grants in rural communities.

Paul has gathered a list of questions we need to answer and key decisions we need to make in order to successfully compete for grant funding. He will provide that list to Jim Jacks who will send it to the project team.

Strategic Landscape
Coco Yackley had been asked to prepare a visual strawman of the community landscape that illustrates some of the existing interconnections between "products & services" "operational leads" and "governance."

Comments and observations:
- Expand participation? The Governor's designation letter specifically limits our efforts to Hood River and Wasco counties. Yet there is interest in exploring including the other counties that are in 4 Rivers Early Learning Hub and that CCO and also Skamania and Klickitat counties in Washington.
- We need to figure out how the Hub should fit into the existing delivery of different types of products and services.
- Governance questions/issues for our structure.
- Funding models. Do we need to build a regional scale entity to attract funding?

Jim Jacks will follow up as per the action items section at the end of this summary.

Shared Outcomes
A key part of the Oregon Solutions process is leveraging the project team member's activities and abilities. The structure ought to enable us to help achieve each other's outcomes. The project team separated into 4 small groups. They filtered the 40+ outcomes. Please see attachment to email for results.

Proposed Model Decision
The group reviewed and discussed the survey results. They examined a visual of what a hub model might possibly look like. They reviewed and discussed the obstacle list and the strengths list from the survey. See the last page of this meeting summary for details. The project team used a five finger consensus method to come to a **consensus agreement to "create a hub model structure."**

Comments and observations:
a. Q: What is an example of limited cooperation between CCOs (survey question #7, barrier #3)
   A: Residential alcohol and drug treatment.
b. People going out-of-region for care is a problem.
c. There should be one body to strategically plan
d. Different CCO structures can result in different service levels between communities.
e. Q: How does Washington medicaid reimbursement work?
   A: Clinics individually have contracts with Washington to get reimbursed.
f. We are talking about a net add that will cost more. But the outcomes achieved and the benefits of aligning the CHW will be worth it.
g. We need to manage our expectations, perceptions and paradigms.
h. Terminology confusion with "Hub." Maybe use "Alliance" instead?
i. We need to define CHW.

j. CHW is defined by the community in which they work.
k. For our purposes maybe a CHW could be an additional level of training/certification/credential. We should be smart about using the trained staff we already have in the community.
l. If you want reimbursement from CMS then the OHA definition of CHW is needed, otherwise don't worry about defining a CHW.
m. We need to look at all kinds of people going into people's homes.

Several pages (6, 28-32, and 34-39) of information about Hubs and pathways from other communities were handed out to stimulate our thinking about decisions coming at the February and March meetings. They are attached to the email. The pages are from the report by the Agency for Healthcare Research and Quality (AHRQ) titled "Connecting Those at Risk to Care: A Guide to Building a Community HUB to Promote a System of Collaboration, Accountability, and Improved Outcomes." This hub manual can be found here: http://www.innovations.ahrq.gov/guide/HUBManual/CommunityHUBManual.pdf

Workgroups
Two Workgroups were formed. Any project team member is welcome to serve on either or both Workgroups. The Workgroups will each meet once for two hours. They will make recommendations to the full Project Team at the February 19th Project Team meeting. Please let Jim Jacks know ASAP if you want to participate.

1-- Lead Agency/Umbrella Workgroup:
The Workgroup's goal is to explore the pros and cons of using both scenarios to run the Hub, a lead agency or create a new umbrella organization. Its 8 members include: Josh Bishop, Joella Dethman, Paul Lindberg, Molly Rogers, Barb Seatter, Matthew Solomon, Dan Spatz, and Coco Yackley.

2-- Outcomes/Pathways Workgroup:
The Workgroup's goal is to review the outcomes results from the survey monkey and the outcomes work from the December and January project team meetings. We'll create a list of criteria and use them to filter the list of outcomes. Its 11 members include: Eli Bello, Joella Dethman, Tyler Flaumitsch, Judee Flint, Paul Lindberg, Barb Seatter, Teri Thalhofer, Mark Thomas, Catherine Whalen, Chelsea Wooderson, and Coco Yackley.

Action Items
Jim J	Distribute meeting summary including the compiled "outcomes" results.
Paul L	Sends Jim Jacks the list of grant application questions/decisions
Jim J	Schedules and staffs the two Workgroups
Jim J & others	Organizes outreach to primary care providers
Jim J & others	Expanded participation: 2 county or EL hub 5 counties? Washington counties?
Jim J & others	CHW definition needed for our Hub?
Everyone	Review pages 6, 28-32, and 34-39 from the hub manual (attached to email)
Everyone	Mark your calendars with our last two meeting dates (see below)
Jim J	Work with co-conveners and others to develop and frame the February agenda

Reminder: 2014 Meeting Dates
The Project Team meeting dates for the rest of the Oregon Solutions process are:
Wednesday, February 19th, from 9 am - 12 pm, in Hood River (location TBD)
Wednesday, March 19th, from 9 am - 12 pm, in The Dalles, CGCC campus

The co-conveners adjourned the meeting at 2:55 pm.

Here are the lists of from the survey and the discussion.

Questions/Concerns/Barriers
From Survey
1. Cross-sector communications and awareness
2. Just the usual in terms of funding, total buy-in from the community, focus areas and who will be the lead agency.
3. The complexity of our "region", for many partners their coverage area crosses CCO boundaries. So far, there is limited cooperation between CCOs.
4. I think calling it a "Hub" will confuse people due to the recently established Early Childhood Hubs.
5. One of the barriers that I continue to try and reconcile is how this does not create another layer of bureaucracy. I am fearful we are still creating something that is already known and risks duplication.
6. Figuring out how to make the process flow smoothly between Hood River and Wasco Counties and entities that do not currently have strong working relationships.
7. Lack of understanding. Knowledge of the OS team in terms of the model.
8. Meeting compliance and financial requirements for different CHWs.
9. Transparency.
10. HIPPA concerns, what agency will host it, 24-hour per day access?

From Group Discussion
11. How do CCOs handle people going out of region for care.

12. Cultural differences within the region

13. CCOs providing different levels of service

14. We don't have an agreed definition of CHW

Strengths of Hub Model
From Survey
1. Cross-sector collaboration
2. We have strong collaboration and a desire to move forward together
3. Easy connection to resources in the communities
4. Increased communication and increased strategic planning between agencies
5. Clearinghouse and vetting of resources for users and providers
6. The pathways with "defined completed" and specific action steps seems like it is a strong model that can be held to fidelity. Pathways help focus the issues and steps.
7. Expanding existing infrastructure.
8. Navigating health related institutions and their associated processes is key to obtaining services.
9. It is a holistic approach towards community health.
10. Can help our community become an integrated care community with a reduction of replication in services.
11. The practice is evidence based and has been replicated in other communities including rural Oregon communities.
12. It aims at providing cohesion versus fragmented care.
13. Improved efficiency, coordination, client satisfaction.
14. Efficient use of resources and relationships with children and families.
15. Continuity of Care, coordination of efforts and decreased duplication.

From Group Discussion

16. Hub enables transparency to each other and the community.

17.

18.

19.

20.