SWACH Regional Health Improvement Plan Council Meeting
December 18, 2018

MINUTES

In attendance: Dawn Tolotti, Andy Tucker, Cindy Wolverton, Beth Spinning, Haley Nunn, Hope Murray, Ilya Kuzkin, Kate Budd, Leah Becknell, Monte Constable, Sam Pike, Maria Calvert, Bridgette Fahnbulleh, Marissa Ingalls, Dominique Horn
Via Phone: Charlie Mitchell, Jackie Ross, Liz Cattin, Sela Barker, Leslie Hiebert
Staff/Consultants: Barbe West, Daniel Smith, Kachina Inman, Brette Greenwood-Wing, Jamie Smeland, Sarah Bartelmann (Providence CORE)

Action Items:

- RHIP Members to review Community Engagement goals brainstorm and be prepared to prioritize a 2019 goal for RHIP at the next meeting.
- RHIP Members contact Jamie Smeland if interested in participating in Community Leadership Collaborative Design team

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<tr>
<th>Topic</th>
<th>Summary</th>
<th>Action Items</th>
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<tr>
<td>Welcome &amp; Introductions</td>
<td>Meeting Objectives</td>
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<td>• SWACH Updates</td>
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<td>• Updated Training Matrix</td>
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<td>• Community Engagement work session</td>
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<td>Review Minutes and Action Items from last meeting</td>
<td>Dawn Tolotti reviewed the Action Items from last meeting and requested approval of the minutes.</td>
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<td>• There is still an opportunity to help with the UW Portal development if interested; please contact Daniel Smith for more information.</td>
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<td>• Liz Cattin moved and Kate Budd seconded motion to approve minutes from the November meeting with no edits; motion passed unanimously</td>
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<td>• Dawn reminded everyone that starting in 2019, RHIP Council meetings will be held every other month.</td>
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| Membership | Dawn Tolotti presented the applications for new membership  
| | • Two groups of potential members – those who were “grandfathered” having joined to replace someone else from their organization, and those who are new members or proxies for current members.  
| | • Kate Budd moved and Hope Murray seconded motion to accept all new members; motion passed unanimously.  

| SWACH Business | Barbe West reviewed the SWACH Dashboards. Highlights included:  
| | • Successful Opioid Action Summit event on December 7th  
| | • Submitted application for the Robert Wood Johnson Foundation Grant for Culture of Health and learned we have moved on to the 2nd round of the grant process.  
| | • Received 100% score on our 1st Semi Annual Report (SAR), so we will receive 100% of the funding available for that submission  
| | • We have hired Equity and Inclusion Manager – Sky Wilson  
| | • Kachina Inman will be leaving in June  

Barbe West and Daniel Smith updated the Council members on the Clinical Transformation Plans (CTPs) and Community Serving Organization (CSO) plans.  

- Staff spent a significant amount of time developing criteria to score the plans, then worked in teams to score all CTP and CSO plans, then came together to make a recommendation on how each of the plans should be categorized which was then provided to an external review team.  
- All plans are sorted into 4 categories: Category A: Clinical Transformation Partners are physical and behavioral healthcare providers that will support whole-person care and clinical integration; Category B: Community-Serving Organization Partners will help address prevention and social determinants of health; Category C: SWACH Regional Service Partners will be contracted to serve as Care Coordinating Agencies for the Community HUB; and Category D: Partners for Shared Learning and Regional Impact include a variety of organizations that are invited to participate in regional collective impact efforts through a learning and improvement system.  
- Categories A-C receive funding, Category D does not. There is a range of funding in each category.  
- External Review Team provided recommendation to Board for categorizing all plans; Board approved recommendation  

Daniel Smith informed the Council we have entered negotiations with University of Washington for the UW Portal, which will not cost providers anything to use. They are currently creating use cases and working with partners around the state to determine how it can best be used. There is an anticipated 6-week timeline to work through all of the details.
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<th>Regional Collaborative Impact</th>
<th>Kachina Inman announced that Kate Budd is the new Chair of the Policy Committee, and Tamara Shoup will serve as Vice Chair. The proposed policy agenda was presented to the Board and given approval. 10 policy items are moving forward and will be further refined to 5 primary and 5 support items. Legislator Luncheons are in the process of being scheduled with help from Senator Cleveland, along with other opportunities to help advocate and educate legislators in Olympia. The shared learning matrix will be further revised and provided at a future meeting after staff works closely with MCOs to develop it. Jamie Smeland led council members in small groups discussion about Community Engagement. Please see below and attachment for summary of what was discussed. Council members brainstormed community engagement goals for RHIP for 2019. In addition, Jamie Smeland invited RHIP members to join an ad-hoc design team to create the pilot Community Leadership Collaborative program. The design team will meet once in January and once in February. Attached documents describe the Community Leadership Collaborative and other relevant community engagement efforts at SWACH</th>
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<td><strong>Notes and Goals Brainstorm from RHIP Community Engagement Work Session (12.18.18)</strong></td>
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<td><strong>What does community engagement mean to you? Why is it important?</strong></td>
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| | • Putting listening into action  
| | • Ask for community input on actionable items—things that can actually change  
| | • Community events  
| | • Learn culture  
| | • Know history and geographic area  
| | • Community needs assessment (look at gaps and needs)  
| | • Knowing our partners  
| | • Be a good partner and recognizing groups you want to support  
| | • Moral obligation to use resources and support the community  
| | • Understanding and asking the community what they need  
| | • Deepening relationships with existing partners  
| | • Identifying uncommon allies  
| | • Connecting stories to data  
| | • Help establish priorities  
| | • More impactful together  
| | • Promote honest/transparent/better communication  
| | • Leveraging community partners  
| | • Learning and navigating  
| | • Bringing together provider and community members |
• Mutually support each organization’s needs
• Bring expertise together—inside/outside health care systems
• Distinguish between member/individual community engagement and organizational community engagement
  • Community engagement means different things to people
• Learn and understand and ask questions
• Cultural humility
• Consumer voice
• Going to community where they are

**Successful and/or innovative community engagement practices**
• True community partnerships
• Engagement at a personal level with members
• Getting the patient’s voice; patient and family committees
• Behavioral Health Advisory Board (BHAB) includes consumer voice for behavioral health (BH)
• Community resource desk
• Forum around trauma-informed approach
  • Helped identify unique ways to be trauma informed
• Recognize limits to our reach based on a population’s specific needs
• Reach out in many different and varied ways
• Do things to support the community just to support the community
  • No ulterior motive
• Work with school system to support underinsured and noninsured students
• Work with community partners to support underserved populations
• Collaboration with behavioral health, primary care, enhanced service facilities, Department of Social and Health Services (DSHS), Managed Care Organizations (MCOs)
• Incentive-based community engagement to access care
• Co-design programmatic rollouts
• Education with individuals
• Surveys and action plans
• Human-centered design
• Ask people what they want
• Tension with using evidence-based practices
• Having food present
• Trauma-informed approach; asking people how the space could be more trauma-informed for them
• Tend to go for big practices, but small actions can be impactful
• Personal level; the way you work with people
• Family and parent committees
• Incentivize providers
• Bridge between resources and the community
• Partnership is key
• Reach out in different ways
• Meet members where they are
• Multidisciplinary group
• Incentivizing
• Asking families how they want to be engaged

What would authentic community engagement look like for RHIP?
• Add community members
• Connect with BHAB; ask BHAB to present at RHIP about its work; ask if RHIP can report out to BHAB about its work
• HLC is already this vehicle (for community engagement)
• Structure the agenda to welcome community
• Interactive agenda and opportunity to contribute to the agenda and ask questions
• Mapping out organizations at the RHIP table and deciding if we want to have a new community engagement effort or a consolidated strategy
• Add community voice
• Partner organizations consider how they meaningfully engage with the community

Community engagement goals for RHIP
• Clarify RHIP members’ roles
  • Clarify how RHIP members can provide value to RHIP
  • Identify roles @ RHIP
• Homework between meetings
• Clarify if RHIP wants to have food and coffee at RHIP
  • In the past, some RHIP members said no, they don’t want food
  • Recently, some RHIP members have said yes, they do want food
• Divide up connecting with communities
• Create an inclusive environment
• Use plain language
• “Remember how weird we are” and the unique sectors within which we work and the norms and language we use
• Clarify community engagement responsibilities
  • Do RHIP members work to strengthen community engagement within RHIP? Or does someone else (who?) do this?

Next Steps and Closing

Next meeting: January 15, 2019, 9 am.