SWACH Regional Health Improvement Plan Council Meeting  
September 17, 2019

MINUTES

In attendance: Andy Tucker, Alan Melnick, Beth Spinning, Brad Berry, Charlie Mitchell (via phone), Cindy Wolverton, Hope Murray, Kate Budd, Liz Cattin, Monte Constable, Sam Pike, Samantha Waldbauer, Chardonnay Vance, Lindsay LuPone, Austin Lea, Daniel Smith, Roxane Wolfe

Staff/Consultants: Jamie Smeland, Barbe West, Molly Haynes, Eric McNair Scott, Brette Greenwood-Wing, Michelle Ahmed, Ren Autrey

Action Items:
  o Contact Monte Constable if you know of a clinic who could support with physical assessments for DSHS: Monte.constable2@dshs.wa.gov.
  o Contact Barbe West if you are aware of any workspaces for rent that are 3,000 square feet.
  o Attend SWACH Board retreat on Thursday, October 24, at 3:45. Wine, snacks, discussion.
  o Review pathways document, so you can see each of the steps.
  o Kate Budd and Jamie Smeland will meet offline and discuss RHIP Committee or connection with local group for Pathways advisory role. SWACH will report back at next RHIP meeting.
  o Contact Jamie Smeland if your organization will not be applying for the RFP and you would like to be on the review committee.
  o Send agenda items to Jamie Smeland.

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<tr>
<th>Topic</th>
<th>Summary</th>
<th>Action Items</th>
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<td>Welcome &amp; Introductions</td>
<td>Meeting Objectives</td>
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<td>• Receive key information,</td>
<td>Contact Monte Constable if you know of a clinic who could support with physical assessments for DSHS: <a href="mailto:Monte.constable2@dshs.wa.gov">Monte.constable2@dshs.wa.gov</a>.</td>
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<td>• Advise on committee idea</td>
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<td>• Advise on partner funding plan for Years 3 and 4</td>
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<td>Review Minutes and Action Items from July RHIP Meeting</td>
<td><strong>Action Item:</strong> Monte Constable announced that Family Care Clinic, who does the physical assessments for DSHS, is closing; if anyone has leads on clinics who would be interested in contracting, please let him know. Andy Tucker asked for a review and approval of the July meeting minutes.</td>
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<td>Vote on New Committee</td>
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| **Member Applications** | • Brad Berry moved, Kate Budd seconded motion to approve minutes from the July 2019 meeting with no edits; motion passed unanimously. Andy Tucker then asked the Council to review the potential new members and requested to vote on each candidate separately.  
  • Brad Berry moved, Hope Murray seconded motion to approve Kim Schneiderman as a new RHIP Council Member; motion passed unanimously  
  • Brad Berry moved, Kate Budd seconded motion to approve Daniel Smith as a new RHIP Council member; motion passed unanimously |
| **SWACH Updates** | Barbe West provided information on new staff members and other important updates  
  • In the process of going through mid-transformation assessment. Part of waiver contract. Outside consultant (Myers and Stauffer) evaluating progress of all ACHs. Identified 5 partner organizations: Kaiser Permanente, Skyline, Council for the Homeless, Family Solutions, and CVAB to do visits. Partners also had to submit information to independent assessors. Myers and Stauffer will meet with SWACH staff tomorrow and will interview Policy Committee.  
  • 2 new staff members: Ren Autrey, HealthConnect Hub Coordinator, and Molly Haynes, Deputy Director, Collective Impact. Great assets to our organization.  
  • SWACH is looking for new workspace when lease is up in June. Need is about 3000sf of space.  
  Roxanne Wolfe, President of the Board of Trustees, invited RHIP Council members to attend part of the Board Retreat meeting on October 24th.  
  • Working on reestablishing roles and responsibilities, long term sustainability, invite to afternoon session.  
  • Give an update of what happened during the day and then talk about how board and RHIP can be champions together for the SWACH work.  
  • Will have wine and snacks. 3:45 pm October 24 at Bridgeview. |
| **Contact** | Contact Barbe West if you are aware of any workspaces for rent that are 3,000 square feet.  
  Attend SWACH Board retreat on Thursday, October 24, at 3:45. Wine, snacks, discussion. |
| HealthConnect Update and Advising | Eric McNair Scott provided an overview of HealthConnect and the continuum of health.  
• When we started the MTP, state provided menu of options, Pathways was the model we were required to use for care coordination  
• In the process of moving forward, SWACH looked for additional opportunities to support care coordination across the continuum.  
• Overall MTP was about breaking down silos, so didn’t want to look at a care coordination project that didn’t connect with other systems.  
• Pathways serves rising risk  
• On high end of spectrum—multidisciplinary teams—high intensity care, bring the system to the people  
• On the low end of the spectrum—closed loop referral system, and simple access to resources  
• Healthbridge.care—partnered with 211. Working with 211 Washington to see how our region can be supported since it is currently covered by 211info/Oregon.  
• Currently exploring several options for Multi-disciplinary teams. Including working with community paramedicine.  

Michelle Ahmed provided an overview on the HealthConnect HUB’s work to date  
• Hard launch was March 2019. Currently have 139 people engaged in pathways program.  
• Over 2000 pathways have been initiated. Majority of pathways that have been opened are for social services.  
• Unduplicated number of people served is about 180 people.  
• SWACH Hub hopes to coordinate care coordination working with state to have window to who is eligible for different programs so we can refer to appropriate place.  
• Further discussion on how to make sure we are not duplicating efforts with other care coordinating systems.  
  o We started small to make sure our process works, so we are looking to expand relationships to make sure we are not duplicating.  
  o Some of the people in Pathways/HealthConnect HUB are enrolled in other systems but those systems are not working for them, but | Review pathways document, so you can see each of the steps.  
Kate Budd and Jamie Smeland will meet offline and discuss RHIP Committee or connection with local group for Pathways advisory role. SWACH will report back at next RHIP meeting. |
HealthConnect is, so this is a both/and situation.
- Need to make sure there is a connected data system and better communication.

Lindsay, a CHW with CVAB/HealthConnect provided a personal account of how the system is working for our community
- Many people I work with are homeless. Hard to help people if you can’t find them.
- Finding housing is one of the biggest problems.
- Tend to not bring out laptop as I get to know someone – I know the questions so just take notes, try not to write down a lot in front of the participants and then will input into the system after the fact.
- Have been called a guardian angel. Most people are very happy to be supported.
- Have participants that are seen 2x a week and some seen once a month.
- Barriers – some of the people are ready to change, but 2 weeks later when they have their intake who knows where they will be. Wait time for assessments and getting in the door is a barrier.
- Challenge: Having immediate access when someone is ready.
- Sometimes it takes a person with lived experience to really connect and really support a person.

Michelle and Eric further discussed outcome-based payments and the HealthConnect system
- Pathways model was specifically designed to quantify success.
- When pathways are completed, it means that they have gone through the steps successfully.
- Started with 4 agencies who partnered with us to launch. We are comfortable with the foundation and want to expand capacity in our region.
- Even if a Pathway is not closed completely, there are steps along the way that are reimbursable.

Jamie Smeland discussed the need to form a community-based advisory committee in order to be certified for the Pathways model
- We need to have locally based advisory groups—challenges in Klickitat may be addressed very differently than in Clark or Skamania.
| **Update on Partner Funding for Years 3 and 4** | Barbe West discussed the funding opportunity of somewhere between $2.5MM – 5MM for partners in year 3 and 4 of the Transformation Project. Discussion on how to move that funding into the community; comments from the council included:

- Don’t feel like we have a lot of insight into how the smaller projects fit into the bigger plan and the progress to date – hard to make recommendations
- Small projects – have only existed for less than a year so we need more time to move from ramp up period to intervention period. Worry about cutting small projects off. If you had asked me a year ago, would support larger investments that are outcome focused. Allow small projects to continue for another year, and then invest in something big that could outlive the MTP funding.
- Money broadly should go where it will be effective and be able to be sustainable
- Outcomes aren’t new, hopefully the smaller projects should be able to move the needle on those outcomes. It’s a little early to see the impact. There have been other opportunities for larger investments.
- Change agent, genuine transformation happens when small work and innovation has a chance to blossom. Large agencies have had a lot of money, so we’d be putting money into the same thing. Big systems have a hard time innovating. | Contact Jamie Smeland if your organization will not be applying for the RFP and you would like to be on the review committee. |

- In Klickitat—working with East Klickitat Housing and Homelessness Advisory Council
- Healthy Skamania will serve as the advisory committee for Skamania
- Suggesting a Sub-committee for RHIP for Clark County.
- Meetings would be quarterly.
- Building off existing groups is also a possibility.
- Add specific wording to document discussing committees to call out the need for people of color and LGBTQ+ community members to be included in the committee, as they are particularly impacted by systemic barriers.
- Kate Budd suggested to have a conversation offline to see if there are any groups in Clark County that might align that we could collaborate with |
Molly Haynes discussed the possibility of requiring organizations to apply for funding as a partnership and asked for what SWACH needs to consider around that proposal.

- partnerships are hard and take time.
- Clinical/medical/behavioral partnering with CSO.
- 30-60 days at least to formulate a partnership project plan for the letter of intent
- Offer incentive to CSOs already receiving money to expand program to scale with a partner.

SWACH is interested in having non-staff members help review the proposals, please let staff know if you are interested in participating.

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<th>Next Steps and closing</th>
<th>Upcoming Events</th>
<th>Live evaluation:</th>
<th>Send agenda items to Jamie Smeland.</th>
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<td>Give More 24! Thursday, September 19th</td>
<td>Pace of the meeting felt good</td>
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<td>HCA Medicaid Transformation Forum – Thursday, September 26th, 6 pm at Bridgeview</td>
<td>Liked hearing pathways information</td>
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<td>Community Based Workforce Expo – October 18, 12:30 pm at Firstenburg Community Center</td>
<td>Thrilled to hear Lindsay speak, and about pathways. Feels like we are missing a lot of RHIP members, would like to be as representative as possible</td>
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<td>Board Retreat – October 24</td>
<td>Enthused by optimism, love to be able to phone in</td>
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<td>Next HLC Quarterly Meeting (November 12) will be prioritizing the legislative agenda</td>
<td>Like the HealthConnect information</td>
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<td>Appreciate ability to provide feedback and ability to learn more about pathways</td>
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<td>Nice to get better idea of what pathways is on the ground</td>
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<td>Room was palpably squirrely at 2-hour mark-shorter meetings might be better</td>
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<td>Don’t want to lose out on information by cutting time when we are only meeting 6x/year</td>
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<td>Suggest homework outside of the meeting and being more accountable</td>
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<td>Suggestion to start the meeting a bit earlier which might help people get to their mid-morning meetings</td>
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