

Location	Attendees
<b>CTC</b> <b>285 Technology Center Way</b> <b>Wenatchee WA 98801</b>	<p><b>Attendance:</b> Deb Miller, Paige Bartholomew, Courtney Ward, Pat Songer, Jamie Hilliard, Loretta Stover, Holly Zvonec, Dulcye Field, Hayley Middleton, Blake Edwards, Craig Mott, Tessa Timmons, Amelia Davis, Shoshannah Palmanteer, Melodie White, Karen Jacobson, Gail Goodwin, Mike Lopez, Dale Anderson, Megan Guffey, Beck Corson, Jorge Rivera, Heather Massart, Lisa Apple, Dawn Bross, Roger Chaufournier, Kathy Reims, John McReynolds, Kendra Castaldo, Chris DeVilleneuve, Rebecca Voith</p> <p><b>NCACH Staff:</b> Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Heather Smith, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<b>Approval of Agenda &amp; Minutes</b>	<ul style="list-style-type: none"> <li>❖ Deb Miller moved, Melodie White seconded the motion to approve the agenda, motion passed</li> <li>❖ Jorge Rivera moved, Blake Edwards seconded the motion to approve the June minutes, motion passed</li> </ul>
<b>Announcements</b>	<p><b>Healthcare Authority Surveys – Assessments.</b> There are several assessments/evaluations that HCA will be rolling out over the next few months. The John Schapman, from the NCACH sent out a Survey Monkey link asking Opioid and Behavioral Health Integration questions required by HCA. If you have not received that link, please let Wendy or John know. This is required per the MOU for the HCA. Secondly, the HCA released the VBP survey that was sent to either CEOs or CFOs of each organization. There will be questions on PCMH and the Bree Collaborative. Please note that the change plan was built on the premise of PCMH and the recommendations of the Bree Collaborative. The last question asks if you want to share the results with the ACH. We are asking that you please share, just as you did last year. Completion rate is important as it is a part of the funding that we receive from HCA. NCACH had the highest response rate last year. Let's see if we can repeat that. Finally, the HCA will be conducting an Independent Assessment (IA) and Independent External Evaluation (IEE) this fall. They will be conducting interviews with our partners so please be aware. Although the VBP survey, assessment and evaluation are all different, there are overlapping questions due to the independent nature of these processes. Please see handout for difference between IA and IEE.</p> <ul style="list-style-type: none"> <li>• <b>MeHAF</b> – We are doing MeHAF assessments again. Heather and Mariah will be reaching out to schedule in the next six months.</li> <li>• <b>Family Physician Involvement in QI</b> – If you have a family physician who is a diplomat with the American Board of Family Physicians participating in QI projects as it relates to the Change plan, they can use that project for their Process Improvement credit needed for board renewals. See handout in packet for more details.</li> </ul> <p><b>Partner Announcements:</b></p> <ul style="list-style-type: none"> <li>• Lisa Cordova is retiring from Grant Integrated Services – Dale Anderson is the new Director of Clinical Services</li> <li>• Carol Diede, COO retires today from CVCH, Manuel Navarro will be replacing her</li> <li>• Dr. Kolde's last day is today at Confluence</li> <li>• Anthem has acquired Beacon Health Options</li> <li>• CEO of Children's Home Society has retired, new CEO will be touring the area this week</li> <li>• Lake Chelan's new CEO is retiring in September, they are searching for a new CEO</li> </ul>

<p><b>Learning Activities</b></p>	<ul style="list-style-type: none"> <li>• <b>Collective Medical Technologies</b> – Syllabus is at the end of the packet. First two webinars are self-scheduled. If you have previously signed up with Collective Medical, you should be able to access those webinars. If you have not signed up or are having any trouble, let us know and we will help get you in touch with the correct person. If you have questions, let us know and we will forward to Collective Medical for answers ahead of time.</li> <li>• <b>Team-Base Care LAN</b> – 132 participants / 19 teams from 12 organizations participating</li> </ul>
<p><b>WPCC Peer Sharing</b></p>	<ul style="list-style-type: none"> <li>• <b>Motivational Interviewing Train the Trainer</b> – 14 participants spread throughout the counties are all now certified Motivational Interviewing trainers. What this means is that we can offer Motivational Interviewing training to WPCC members and non-members. We can also tailor the training to do over lunch hours or afternoons instead of doing the training over two full days together. If you are interested in having your organization trained, reach out to Wendy. If an organization is not part of the WPCC, we can also train. Action Health Partners and staff from the ACH are now certified trainers and would like to focus on Community Based Organizations.</li> </ul> <p><b>Leadership Role</b> – Wendy went over how important the role of Leadership is before and after a training to create success for the participant.</p> <p><b><u>Tips for Leaders:</u></b></p> <p>Before the workshop</p> <ul style="list-style-type: none"> <li>➤ Communicate importance of the skills to your organization</li> <li>➤ Have clear expectations about how the skills will be used</li> <li>➤ Choose the right people to attend</li> <li>➤ Emphasize skill building as part of organizational culture</li> </ul> <p>Pick the right people to attend</p> <ul style="list-style-type: none"> <li>➤ Opportunities to apply the skills regularly</li> <li>➤ Keen to learn new skills</li> <li>➤ Respected by their peers</li> </ul> <p>Immediately after the workshop</p> <ul style="list-style-type: none"> <li>➤ Follow-up with attendees and ask about their experience in the workshop</li> <li>➤ Ensure that immediate supervisors pave the way so new skills can be applied.</li> <li>➤ Manage competing priorities to allow new skills to be adopted.</li> <li>➤ Encourage staff to complete the entire skill building package</li> <li>➤ Provide timely, meaningful feedback</li> </ul> <p>6-12 weeks after the workshop</p> <ul style="list-style-type: none"> <li>➤ Understand how new skills have been embedded in workflow</li> <li>➤ Evaluate the impact of the new skills. “Enthusiasm is no substitute for data.”</li> <li>➤ Showcase the value of the new skills to the organization and those you serve</li> </ul>
<p><b>Improvement Advisor Update</b></p>	<p><b>Quarter 1 Improvement Report</b> – Data presented is on the portal dashboard. We have had 418 individuals, and 23 different organizations attend learning activities. The median number of measures is 20. There are very few shared measures across organizations.</p>

	<p><b>Key Themes</b></p> <ul style="list-style-type: none"> <li>• Strengthened improvement processes</li> <li>• More organized teams, processes, and systems</li> <li>• Increased collaboration and sharing across and within sites</li> <li>• Better systems for gathering and processing information and data</li> <li>• Comprehensive care and services growing</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Organizational culture, especially related to sharing</li> <li>• Staffing, turnover, capacity</li> <li>• Getting the right data (e.g., lack of HIE, accurate coding, legislative barriers)</li> <li>• EMR accuracy, completeness, and transitions</li> <li>• Working with other organizations</li> <li>• Information sharing</li> <li>• Getting changes to work well</li> <li>• Change plan terminology confusing</li> <li>• Billing</li> </ul>
<p><b>Opioid Workgroup Update</b></p>	<p>Christal Eshelman, Project Manager for the NCACH gave an update on the Opioid Project.</p> <ul style="list-style-type: none"> <li>• Current rapid cycle Opioid Awardees: <ul style="list-style-type: none"> <li>○ Chelan-Douglas Community Action Council - Direct Service AmeriCorps Member Focusing on Opioid Outreach and Education</li> <li>○ Grant County Health District - Syringe Service Program in Grant County</li> <li>○ North Central ESD School Nurse Corps - Floor Stock Narcan Access in NCW School Districts</li> <li>○ North Valley Hospital - Education Series</li> <li>○ Oroville CARES Coalition - Pathways to Success</li> </ul> </li> <li>• In March NCACH held an Opioid Response Conference which was a distributed model conference comprised of 10 sites across NCW. 325 people participated, 13 action plans and 24 project ideas were created from this conference. After the conference, attendees had the option of staying for Narcan training where 111 Narcan kits were distributed. The Opioid Workgroup has decided to have this conference Semi-Annually and is currently planning the next conference for October 2019. They would like to find additional site locations in Grant County.</li> <li>• Recovery Initiatives Objective: Offer opportunities for people in long term recovery to be advocates and peer supports and raise awareness of recovery the recovery community and promote recovery events.</li> <li>• Funding opportunity currently available through the Opioid Project: Narcan Training and Distribution (Narcan cost reimbursement), visit <a href="http://www.ncach.org/opioid-project/">http://www.ncach.org/opioid-project/</a> for details.</li> <li>• The Opioid Workgroup meets quarterly via video conference, meetings are open to everyone, 50% attendance per rolling calendar year required for voting. Email <a href="mailto:christal.eshelman@cdhd.wa.gov">christal.eshelman@cdhd.wa.gov</a> to be added to the distribution list. Next meeting is August 16<sup>th</sup>.</li> <li>• AIMS has a contract with DBHR – OUD training for staff. Reach out to Wendy if you are interested.</li> </ul>

<b>Leadership Series</b>	Recording of Roger Chaufournier’s presentation is available on the Portal
<b>Round Table</b>	<p>Successes since the beginning of the year -</p> <ul style="list-style-type: none"> <li>• Deb Miller – Local Behavioral Health Organization reached out Action Health Partners to create a Diabetes Self-Management program. They have created a Diabetes Self-Management workshop for case managers, the eventual goal will be to have a client and case worker to become lay leaders in their agency under AHP Diabetes Self-Management License.</li> <li>• David Olson – CVCH &amp; Catholic Charities partnered to provide access to primary care at Catholic Charities. CVCH has a provider from their East Wenatchee location to go Catholic Charities 2 days a week and due to the success, may increase the amount of days.</li> <li>• Chris DeVilleneuve - Catholic Charities implemented a Whole Person Care Data Set used for stratification of our patient population. This was presented by Catholic Charities and The University of Washington AIMS Center at the Washington State Behavioral Health Conference in Vancouver.</li> <li>• Doug Wilson – Dave Kolde utilized the open access model, transformed the scheduling process for one of Confluences Primary Care Clinics. Still too early to know what it has done for access, but will report out on successes later.</li> <li>• Craig Mott – Built a report to track patients on atypical antipsychotic medications to make sure that they are getting metabolic monitoring on a regular basis.</li> <li>• Holly Zvonec – Children’s Home Society developed a collaborative treatment plan to help children with Asthma, but found that they were only able to identify a few clients that have asthma. They have a WISE team to work with high needs clients – They have hired on a case manager to work with the therapist (that does not work onsite) and bridge that gap between the therapist and the WISE team. Wendy noted that this is a great example of a PDSA.</li> </ul>