



## ACEs Work Group Meeting

### Meeting Summary, 10/25/2017

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**Support and Backbone Staff:** Jennifer Brackeen - *CHOICE*, Megan Moore - *CHOICE*, Shannon Linkous - *CHOICE*, Malika Lamont – *CHOICE*, Christina Mitchell – *CHOICE*, and Liz Arjun - *HMA*

**In Attendance:**

Katie Strozyk – *United Way*, Caitlin Safford – *Amerigroup*, Jennifer Helseth – *Department of Early Learning*, Mike McIntosh – *Grays Harbor PHSS*, Melissa Taylor – *Lower Columbia CAP*, Kirsten Johansen – *Planned Parenthood*, Mary Goelz – *Pacific County Health and Human Services*, Gretchen Thaller – *Thurston PHSS*, Liz Davis – *Thurston Thrives*, Mitzi Hamp – *Seamar CHC*, Christina Garica- *Molina Healthcare*, Greg Ender – *Behavioral Health Resources*

#### **I. Welcome and Introductions**

Jennifer Brackeen welcomed attendees and facilitated introductions. Jennifer then walked through the desired outcomes of the meeting agenda which were to review the draft project application, review the draft work plan by identifying any gaps, and discuss project alignment.

#### **II. Review Draft Project Application**

Liz Arjun discussed updates from the Finance Committee about how they have been meeting and making recommendation to the Council and Board about funding allocations. Liz also informed the group that the Council and Board decided to move forward on 6 projects instead of 8, discontinuing Diversions and Oral Health as individual work groups. They made their decision by analyzing financial factors, feasibility, metrics, need in the community, and what kind of projects will leave the greatest impact.

Liz then reviewed the project deadlines that are soon approaching. The application is due November 16<sup>th</sup>. Although this will be a very thorough application, it is not the final draft and there will still be time to make adjustments.

Liz then wanted the group to analyze the gaps they have identified in the draft proposal and suggest the leave behinds after implementation:

- Leave behinds:
  - Everyone in primary care would be screened
  - Reproductive health questions become integrated into primary care
  - Referral to home visits within primary care
  - Bright Futures Model will be adopted as standard of care



- Preventative care/ prevention strategies – unwanted pregnancy, sexually transmitted disease – providing prevention lens throughout the community
- Improve data capturing systems, universal language, infrastructure
- More improved coordinated system
- More educated work force that is trauma informed

Liz also wanted the group to identify actions that are already going on in the community so that the ACEs work group does not duplicate efforts.

Events occurring in the community:

- Some counties already have home visiting in place but they do not have the capacity to meet community needs
- Thurston County pilot project for mothers with more than one child
- Parents as teachers – still not meeting standards with such high volume of people
- Planned Parenthood gives birth control prescriptions via online appointment that are delivered to people's homes eliminating barriers of transportation and financial obligations

Things the group would like to see in the community:

- Is there a way to get data to show those who qualify for home visiting and those already being served? (coordinated entry system)
- Create a document of all counties and their efforts around ACEs
- DEL will be hiring trainers for people doing home visits through a 3-year innovation grant to do trainings (Facilitated Attuned Integration)
  - Important for CPAA to coordinate

### **III. Project Alignment Gaps, Assets, and Mitigation Strategies**

- Nothing around women's health in particular has been submitted
- CPAA could provide financial incentives to get more providers interested in participating
- In-person training for providers to help with financial loss of being closed
- Regional type training

The group also had a discussion about how important it is to involve all FQHCs because they are involved with every county so we will need them as partners to move metrics. There was also a suggestion to talk to Pierce ACH because they have already started to implement maternal and child health within their community.



The group then discussed assets within the draft work plan:

- CHOICE has developed relationships within the community
- Infrastructure can be created around home visiting
- Education partners can use Healthy Youth surveys for data
- Strategic strength in geographical location – Around state workers to promote changes/advocate for change
- Youth Behavioral Health program and Youth Marijuana Prevention and Education Program are pilot projects within the CPAA
- ESD 113 is offering behavioral health services
- The community has a major focus on ACEs through nonprofits and coalitions
- Alignment of resources among entities

Liz then reviewed the challenges that the group brought to light from the last meeting and opened up ideas to mitigate those problems within the group.

Mitigation Strategies:

1. Challenge: Assuring metrics for well-child visits are included in contracts
  - a. Mitigation Strategy: Incentives within contracts
  - b. identify clinics/providers that have billing potential for seeing children
  - c. CPAA can make recommendations as an entity
  - d. Expand time PCPs have with patients from 15 minutes to 30 minutes
2. Challenge: Shortages of certain professions – especially in rural areas
  - a. Mitigation Strategy: Training programs in rural communities,
  - b. ARNP residency
  - c. incentives to draw people to rural communities
  - d. loan forgiveness, salary increases
3. Challenge: Nurse family partnership and home visiting data are not readily available
  - a. Mitigation Strategy: No identifiable data
  - b. enhancing partnership between CPAA and Department of Early Learning
  - c. Family spirit - Tribes are interested in evidence-based home visiting program

#### **IV. Visualize projects, their alignments, and outcomes**

Liz asked the group where they see alignment with other work group projects?

- Bi-direction connection around contraceptives, prescribing, providing family planning services, and tracking well child visits
- MAT, providers screening of parents and be able to refer them for treatment
- Care coordination and MCH populations



- Transitions of Care – home visiting relationship with judicial system
- Care transitions intervention- 1 home visit and 3 follow ups
  - negative effects because Medicaid patients are funneled to the wrong resources and cannot make any progress

## **V. Next Steps & Closing**

- ❖ Next meeting is November 29<sup>th</sup>, 2017 from 3:15 pm to 5:15 pm
  - Mother Joseph Conference Room – 914 S. Scheuber Rd Centralia WA, 98531
- ❖ Send out draft work plan for review and comments