



Maternal and Child Health

Meeting Summary, February 28, 2018

Support and Backbone Staff: Jennifer Brackeen - *CHOICE*, Alexis Sullivan - *CHOICE*, Megan Moore- *CHOICE*

In Attendance: Christina Garcia – *Molina*, Katie Strozyk – *Lewis County PHD*, Erin Schreiber – *Grays Harbor County PHD*, Kristen Johansen – *Planned Parenthood*, Gretchan Thaller – *Thurston County PHD*, Liz Davis – *Thurston Thrives*, Mary Goelz -*Pacific County PHD*, Mitzi Hamp - *Seamar*, Jennifer Helseth – *Department of Early Learning*, Gary Burris – *Child Care Action Council*

I. Welcome and Introductions

Jennifer welcomed the group, facilitated introductions, and reviewed the objectives for the meeting:

- Review and discuss project assessment scores and funding
- Review assessment and Financial Executor portal letters
- Share information about Tribal Health Directors' Meeting
- Review data and determine sub regions
- Review draft logic model and provide updates
- Next steps and closing

II. Review the Project Scores and Funds Distribution from HCA

All ACHs received a score of 100% from HCA for their Project Plans. CPAA also received a 10% bonus for pursuing six projects instead of four. CPAA will receive a total of 15,855,032 for year one funding with two types of funding, DSRIP and IGT. The first installment of funding will be between March and May, and the Finance Committee is continuing to develop a method to distribute those funds.

Jennifer also shared that there is currently legislative work happening that will exempt ACHs from a Business and Occupational (BNO) tax. She will update the group as more information becomes available.

III. Review Assessment and Financial Executor Letters

CPAA is continuing to expand providers in the Financial Executor portal, so all partnering providers will receive a detailed letter on the registration process. Although we are sending a letter to all partners, it does not guarantee funding. Jennifer also informed the group that the contact information given needs to be the financial contact for your organization because they will have to answer specific financial questions.

A second letter was sent out February 28th, 2018, for the State Capacity Assessment. The State Capacity Assessment will be sent out March 5th through Survey Monkey. It will have skip logic based on the type of provider/organization, and instructions on how to complete it. There will be a PDF of the questions available for reference, and the survey will also be on the CPAA website. It will be open until March 26th. Jennifer informed the group that the survey will be used to identify gaps and identify potential partners. There will be a provided stipend to those that complete the survey as well.



IV. Tribal Health Director Meeting

CPAA members attended a meeting with all the Tribal Directors in our Region. During that visit, Jennifer learned that tribes in our region do have a home visiting program. It is called Healthy Families and was adapted from Parents as Teachers.

- Not sure if it is the same as Healthy Families of America
- Is it still allowable since adapted from Parents as Teachers?
 - Jennifer will follow up with State

The tribes in the CPAA region do not perform Family Spirit; only two tribes in WA State do this program. Jennifer also learned that one goal of the tribes is to get kids back into Tribal Clinics because many go to a pediatrician. The tribal clinics do perform vaccinations for children when they do see them.

- Could do an education campaign around immunizations

The group also had discussion around Healthy Families of America being done in Oregon

- Not sure if it is evidence-based

CPAA will continue meeting with tribal health directors every other month to strengthen relationships and create alliances.

V. Review Data and Sub Regions

Jennifer reviewed data in the CPAA region on the Medicaid population, teen pregnancy rates, high school graduation rates, homelessness, low birth weights, health equity, and CPAA low performance measures. The presentation can be found [here](#).

Graduation Rates:

- Significantly lower in different demographics for the high school graduation rates
- Look at census data of kids in each county to compare
- Early learning impacts high graduation rates (prevention efforts of ACEs)
- HYS Data on reproductive data through schools – high # of children
- Healthy Youth Survey focused on children (ACEs)

Birth Weights:

- Births data based on where the moms live, not where they deliver

CPAA Low Performance:

- Look at access to primary care – could help us move other metrics such as immunizations and home visits

Health Equity:

- Shows highest mortality rates
- Mortality data tells a small fraction of the story – group doesn't like this identifier
 - Cross reference all data to hone in all areas in each county
 - Can it be high needs populations vs. geographical areas as an identifier

Homelessness:

- Will impact health, graduation rates, and mortality
- Data source: Point in Time data



- Look at more data surrounding families; census data is lower than PIT count; talk to PIT census coordinators in each county to get more accurate data
- All data is voluntary information from people
- Look at data from schools, someone from OSPI? (Mona Johnson)
- Take homelessness information and overlap it with families and pregnant moms who are experiencing unstable housing
- Go through housing hubs for more accurate data
- Coordinated entry – referral to home visiting, referral to Pathways HUB

Jennifer asked the group for ideas on how to incentivize health equity?

- Inclusion is always better- one concern is asking providers to take on portion of Medicaid population, instead of a few providers taking on bigger populations to their detriment
 - Share resources/burden
- Integrating services – social worker in provider’s office, etc.
 - Incentivize providers who are using social workers in the office
- Provide translation services

VI. Discuss Integration with Other Project Areas

- Overall wellness – giving out memberships to families for things like the YMCA, etc.

Draft Logic Model Feedback:

- Under metrics, change “Reduce reported neglect due to reported deaths “

Overlap of Project Areas:

Care Integration:

- Developmental screenings at well child visits
- Add: developmental screenings happening at home visiting will be shared with primary care
 - Improved communication
- Clarify: While being served at substance clinics, it’s a point of contact that kids could be treated for primary services (co-located)
 - Integrate care at treatment centers that includes family planning
 - Integrate family planning at behavioral health

Pathways:

- Include reproductive and maternal child health in the Pathways assessment
- Identify children with special health needs in the pathways because there is special funding set aside for care/ coordinate with NFP nurse to receive care and be connected to services
 - NFP nurse checks in annually once they are connected to services
- Pathways will make referrals to NFP for pregnant and/or parenting moms
 - Include Parents as Teachers too for referrals
 - Identify resources for clients who do not qualify for NFP

Transitional Care:

- Nurse for every mom who has delivered is an ideal goal
- There is a program for Medicaid clients to have one home visit - Bright Start?

Opioid Response:



- Child safety – around prescription disposal
- Other organizations have done lock boxes as safe storage messaging

Chronic Disease:

- No changes

VII. Next Steps & Closing

- March 28th, 2018, continue meeting in person
 - Look into Zoom meeting
- Complete assessment by March 26
- CPAA team develops LOI/RFP
- Register for financial executor portal when letter is received