**1/27 Quick Recap:**

We have a name! Moving forward, this group will be referred to as the **Healthcare Integration Collaborative** (HIC) and will be co-chaired by Teresa Roark (Lane County H&HS Dovetail Program) and Britni D’Eliso (Lane County H&HS LaneCare/Trillium).

Regarding channels of influence and accomplishing our goals, we will begin by reporting to/advising the Clinical Advisory Panel (CAP), for Trillium and hopefully for Pacific Source in the future. Teresa and Britni are on the Agenda for the March CAP meeting, to present more about the intentions and efforts of the HIC.

Updates were shared regarding select 2020 metrics that relate to integration (see attached document). Additionally, the CCOs’ Transformation and Quality Strategy (required by Oregon Health Authority) could be considered as we develop our group’s goals, as alignment with the TQS might invite more buy-in and/or potential funding from the CCOs.

Attendees reviewed a rough draft proposal for a group “mission statement” and provided edits. The final draft will be shared at our next meeting.

Attendees split into two discussion groups to identify potential goals for the HIC to begin working toward, related to the prioritized focus points that came from the original Integration and Collaboration event held in October. The focus points include **the utilization of Traditional Health Workers** and **addressing collaboration efforts between agencies with high staff turnover and distinct discipline cultures**. See attached document for the brainstorm details around potential goals.

Plans for ongoing meetings include meeting on a monthly basis at rotating locations. The next meeting is tentatively planned for **Monday, February 24th from 3:30-5:00pm**. I will send a calendar invite once the location is confirmed. This group is still “open,” but will ideally build momentum with a consistent membership based on the content of the group objectives.

Proposed Agenda for Next Meeting:

Present final draft of Mission Statement

Refine goals and complete “one pager”

Discuss content to share with CAP

Discuss potential online document sharing (for mtg notes, resources, etc.)

**1/27 Meeting Minutes**

**3:30-3:35** Introductions and Housekeeping

**3:35-3:45** Clinical Advisory Panel (CAP) update

* + Some discussion of the CAP and examples of how their role had been implemented. Clarified change in member requirements (original policy required certain provider types, this has been changed).
	+ Understanding is that Pacific Source will have a similar CAP that will advise their Health Council, but this structure may still be in the formation stage.
	+ Proposed that the primary role of the HIC would be to advise the CAP (or similar) for both CCOs and be a peer to the Pain Guidance group and the BHASC – other ideas were that the HIC could be similar to the Youth System of Care, but focus on adults, or that they could advise the Community Advisory Councils of both CCOs.
	+ Currently focused on advising CAP and have presentation scheduled with this group in March

**3:45-3:55** 2020 Metrics Overview [pertaining to healthcare Integration]

* Shared some of the CCO incentive metrics that relate to integration. Some focus on dental, but others focus on mental health, primary care, and SUDS treatment.
* Shared that CCOs have to have a Transformation and Quality Strategy (TQS) that they report on to OHA. In the past the initiatives reported from Lane County have focused on dental integration and the ICCM model of care
* Clarified that there can be both improvement in integration between two parts of the same organization and collaboration between systems

**4:00-4:45** Group Discussion: Mission Statement, Group Goals, Sub-Workgroups

* Introduce BHASC/LCPGA One Pager

Participants received a copy of the proposed Mission Statement/High level description and were asked to make edits and turn in at the end of the meeting

* Divide into two groups to discuss goals
	+ Traditional Health Workers (Brainstorm session with plan to prioritize next mtg)
		- More THWs throughout the system
		- Identifying “rising risk” population and targeting for THW intervention
		- Buy in from orgs participating in HIC to hire and/or expand THWs
		- Maintaining integrity of THW models when moving to professional model
		- Defining common evaluation of THW models for our community (many agencies employ THWs in different ways) are their core commonalities or strategies that seem to be more effective (based on how we define effective)?
		- Identify core/effective characteristics of different worker type models within our community
		- “Shared” THWs across community organizations with shared funding and metrics
		- Engage THW liaisons from both CCOs in HIC
		- Presentations from THW models to HIC from around state
		- Inventory/Study of shared learning from THW models around state
		- Decrease divide between Peer Support Specialists focused on MH and Peer Support Specialists focused on SUDS
		- Reduce stigma among traditional professionals or peer support specialists
		- Inventory and presentations on THW models from throughout state
	+ Stigma/Workplace Wellness (Brit/Tara)
		- Develop mechanism to support agency coordination that is not “person specific”
		- Create more uniform referral protocol for PCP->SUD->MH-> referrals
		- Pursue increased funding from CCO/OHA to address the higher acuity seen at the outpatient level (which in turn is contributing to burnout)
		- Provide opportunities for disciplines to cross train
		- Facilitate event that allows for training and open communication, with local providers giving the training on each discipline, and discussion around shared language and one another’s treatment philosophies
		- Additional thoughts:
			* Use CCO metrics as foundation
			* Expand workgroup goals to be non “payer-specific”
			* HIC members solicit feedback from colleagues around what information they want to glean from or share with other disciplines
			* Offer education around CCO care management
* Report out

**4:45-5:00** Group Logistics

 Next meeting place (call-in capability?)

 Meet on monthly basis

 Consistent attendance now that goals have been defined