CROSS AGENCY HEALTH IMPROVEMENT PROJECT

Meeting Agenda

Meeting Date:	January 15, 2015
Meeting Time:	1:00-2:00pm
Meeting	Conference Rm 460, HSB Building, 500 Summer St. NE, Salem
Location:	Conference Call: 1-877-336-1831
	Participant Code: 559758
	Host (Kirsten) 643563
Meeting	Status update and next steps
Purpose:	
Regular	Belit Burke, DHS Self Sufficiency
Attendees:	Debbi Kraus-Dorn, DHS Developmental Disabilities (DD)
	Jason Walling, DHS Child Welfare
	Jeanene Smith, OHA Office of Health Policy and Research (OHPR)
	Jeff Akin, OHA Human Resources - Shared Services
	Jeremy Emerson, DHS Operations - Shared Services
	Justin Hopkins, OHA Addictions and Mental Health (AMH)
	Leann Johnson, OHA Office of Equity and Inclusion (OEI)
	Lillian Shirley, OHA Public Health Division
	Linda Hammond, OHA Interim Chief Operating Officer
	Margaret Smith-Isa, Public Employees Benefits Board
	Matthew Jaqua, Service Employees International Union
	Oscar Herrera, DHS Office of Equity and Multicultural Services
	Priscilla Lewis, OHA Public Health Division
	Robert Salinas, DHS-OHA Shared Services
	Vicki Duesterhoeft, OHA Oregon State Hospital (OSH)
	Wally Shaffer, OHA/Medical Assistance Programs (MAP)
Staff:	Kirsten Aird, OHA Public Health Division
	Beth Sanders, OHA Public Health Division

Updates	Contact	
The draft CAHIP website is being revised based on steering committee input. Steering	Beth, Kirsten	
committee members will soon be invited to review a mock-up version of the updated		
website and will be asked to provide feedback by mid February. An outline of the		
communications plan is included in the meeting packet for review.		
During the 9/8/14 CAHIP meeting, there was a presentation on the Public Health Division's	Beth, Kirsten	
Healthy Meetings Guidelines. At the spring CAHIP meeting, the steering committee will		
revisit this topic by reviewing a summary of the original presentation and discuss next		
steps.		
Agenda Item, objective and background information	Time	
1) Welcome and Introductions	Kirsten	
	1:00 – 1:05pm	
Discussion & action steps:		
2) Employee Wellness Policy	Jeff, Jeremy, Kirsten	
	1:05-1:20pm	

Background: In September, the Employee Wellness Policy and FAQs were presented to the DHS and OHA Operations committees. The proposed policy and supporting documents were presented to the Joint Policy Steering Committee in December. The Committee requested minor edits and for Jeff, Jeremy, Kirsten and Beth to return for the Jan 8th meeting.

Objectives: Update on status of Employee Wellness Policy and identify next steps

Discussion:

Jeremy announced that the Joint Policy Committee approved the Employee Wellness Policy. The policy supports employee health and wellness by allowing staff to use two hours of paid work time per month to coordinate wellness

CROSS AGENCY HEALTH IMPROVEMENT PROJECT

Meeting Agenda

committee activities. Many employees across DHS and OHA are already participating in wellness committees and the policy recognizes their efforts. Implementation of the policy will happen over an extended period of time and may be adjusted to address barriers in 24-hour facilities. Each agency's COO will execute the policy. Robert Salinas, the OHA/DHS Safety, Health and Wellness Manager, has provided ongoing guidance to wellness committees in many DHS-OHA offices and will be the main point of contact for implementation. The communications plan for rolling out the policy includes sending out a DHS/OHA Director's message to all staff, launching an intranet page and being available to speak to leadership teams in each DHS program and OHA division as requested.

3) CAHIP Workplan Justin 1:20 – 1:30pm

Background: Each meeting, CAHIP members are invited to provide updates on progress related to workplan activities. Justin Hopkins of OHA Addictions and Mental Health will give an update on the Tobacco Freedom Policy Implementation Survey.

Objective: Discuss status of workplan activities for DHS programs and OHA divisions

Discussion: In January 2013, AMH launched the Tobacco Freedom Policy, which created tobacco-free grounds in all residential facilities and requires providers to incorporate cessation resources into treatment planning efforts. In Summer 2014, AMH and PHD worked together to disseminate a survey with providers to evaluate outcomes of implementing the policy. The draft survey report includes quantitative and qualitative data with open comments from providers. Lillian Shirley and Pam Martin will be updated by PHD and AMH staff on the survey results and will identify next steps based on recommendations in the report.

Debbi asked if the facilities are treating children; Justin clarified that AMH residential facilities serve adults and that children's mental health programs are licensed through the DHS Office of Licensing and Regulatory Oversight.

PHD is scheduling trainings in the Spring for AMH residential facility providers on tobacco-free policy fundamentals and techniques to incorporate cessation into treatment practices. In addition, PHD is looking into whether the state Quit Line vendor can deliver bulk shipments of Nicotine Replacement Therapy (NRT) directly to facilities. Kirsten expressed interest in exploring how bulk NRT could be available to Fee-For-Service consumers since these services are already available through the state Quit Line contact. Wally expressed support.

Action Step:

• Beth, Kirsten, Justin and Barrett Crosby of AMH will continue to meet to finalize the survey report, plan the upcoming AMH provider training and discuss next steps with NRT shipments.

4) CAHIP Outcome Measures for 2013-2015 Workplan

Kirsten, Beth 1:30-1:50pm

Background: The 2013-2015 CAHIP workplan will conclude on June 30th. DHS programs and OHA divisions will be asked to participate to report on outcome measures and identify new activities for the 2015-2017 workplan.

Objectives:

- Present draft evaluation plan, logic model and outcome measures
- Gather ideas for the most effective way to collect this information

Discussion: With the current CAHIP workplan concluding in June, Kirsten and Beth are seeking feedback from steering committee members on how they want to report on successes from the past two years and identify future workplan activities that pertain to tobacco-free living, nutrition and physical activity through a health equity lens.

The group started with DMAP as an example. Wally confirmed that his role would be to report on progress around completing the CCO cessation services survey as well as fielding a recent CCO nutrition services survey. Margaret asked about the timeline of the Medicaid BRFSS and Wally stated that it was fielded in 2014. The proposed CAHIP outcome measures were presented. Margaret stated that it will be important to determine whether the data will be tracked on the agency level or for all PEBB members. Jeremy said that it has been challenging to access individual HEM data, which would serve as a great CAHIP metric. Kirsten shared that in researching these measures, differentials were found in employee health outcomes based on income and

CROSS AGENCY HEALTH IMPROVEMENT PROJECT

Meeting Agenda

education. Wally mentioned that it will be important to focus on CCO members as a target population since their tobacco use rate has increased from 16 to 34%.

When developing activities for the next CAHIP work plan, the group agreed that it will be important to solicit input from employees and clients, such as through the PEBB Member Advisory Committee and client or consumer advisory committees. Matt shared that the union is an important vehicle to engage staff on wellness priorities, especially front line workers who are dispersed across the state.

Action Steps:

- A team of PHD staff will work with steering committee members during the spring and summer to
 collect data on successes from the current work plan and identify future activities for the next two year
 work plan.
- Beth will revise the outcome measures to include health disparities data for employees.

5) 2015 CAHIP steering committee meetings

Kirsten

1:50-1:55pm

Objectives:

- · Identify best approach to schedule quarterly meetings
- Determine length of meetings

<u>Discussion and action steps</u>: The group decided to extend quarterly meetings to 90 minutes in order to have space for deeper discussions. Beth and Kirsten will work with executive staff to schedule a series of 2015 meetings.

6) Wrap Up and Next Steps

Kirsten 1:55-2:00pm

Objective: Discuss agenda items for next steering committee meeting. Future potential topics include:

- Workplan updates from CAHIP steering committee members
- CAHIP outcome measures
- CAHIP as a vehicle to vet possible OHA or DHS policies (e.g. Healthy Meetings Guidelines, Affordable Care Act Breastfeeding Accommodation law)
- Define how CAHIP ensures culturally and linguistically appropriate practices

Next CAHIP Meeting: TBD

OHA Director's Conference Rm 460, HSB Building, 500 Summer St. NE, Salem