

Steering Committee January 2018 Meeting Summary

Attendance

Steering Committee Members

Present: Jack Billi, Greg Dill, Norman Herbert, Nancy Graebner, Peter Jacobson, Ellen Rabinowitz, David Sarns, Doug Strong, Marianne Udow-Phillips, Marti Walsh, Brent Williams

Phone: Connie Conklin, Ann Davis, Pam Smith, Rosalie Tocco-Bradley,

Absent: Dave Brooks, Trish Cortes, Tony Denton, Leo Greenstone, George W. Waddles, Jr.,

Work Group Chairs

Present: Ruth Kraut (phone), Nancy Siegrist

Guests

Present: Dianne McCormick (phone), Alfreda Rooks

CHRT staff

Present: Nancy Baum, Elizabeth Jahn, Jeremy Lapedis, Kathryn O'Grady, Maggie Randolph, Carrie Rheingans, Karin Teske, Molly Welch Marahar

Key Summary Points

- **WHI Steering Committee Annual Appointments:** no nominations were submitted for new Steering Committee members or co-chairs. Norman Herbert and Doug Strong will consider themselves reelected as co-chairs. There are currently 2 openings for the VA organizational positions, and 2 openings for community positions. Carrie Rheingans will follow up with the newly appointed VA director in mid-February after the new director starts to determine the VA's involvement in the WHI going forward.
- **SIM Work Group Membership:** members reviewed a list of proposed organizations to constitute the SIM Work Group. Since the SIM work is moving from development and design to implementation and monitoring, some subcommittees were discontinued and key members were moved to the overall work group. CHRT staff solicited suggestions for contacts to represent local emergency departments. Nancy Graebner recommended securing a physician leader representative of EPMG, who could represent all four St. Joe EDs. Marti Walsh and Pam Smith commented that continued representation from the United Way and other Coordinated Funders is important because of the two-way sharing of local data about community needs. Marianne Udow-Phillips explained that it is important to have representation from as many Medicaid health plans as possible, even though they do have a specific subcommittee, because their integration into multiple levels of the SIM will eventually help with sustainability. The Steering Committee approved the proposed changes to Work Group membership and asked for a revised membership list with individuals (where identified) for the February meeting.
- **SIM Updates:** CHRT staff Jeremy Lapedis and Carrie Rheingans provided updates on the SIM community care coordination intervention and social needs screenings.
 - **Social determinants screenings:** as of the end of 2017, IHA has conducted 6,500 screens, with 10% screening positive for at least one social need. Of these, 25% requested a referral to local services. The top three needs in order

were: 1) social isolation, 2) food insecurity, and 3) child care. In the same time period, Michigan Medicine conducted 5,319 screens, with 7% screening positive. Of these, 20% requested a referral to local services. The top three needs in order were: 1) employment, 2) food insecurity, and 3) financial assistance. MM did not ask about social isolation or child care. Alfreda Rooks, Pam Smith, and Marti Walsh shared additional information they have learned through their work with the screenings and other community-based activities that social isolation among mothers is still a gap in the community. Michigan Medicine and United Way have done some work to address this, such as providing Child Care Network scholarships, working in specific neighborhoods in ZIP codes 48197 and 48198, and creating parent liaison groups that connect mothers to each other.

- **Community Care Coordination Intervention:** 81 total participants to date, with 30 individuals identified by the predictive model and 51 identified through referrals. A big focus of the hublets has been on initial contacts and building trust with potential participants. One value add that has been noted in recent weeks is that a number of the people referred to the intervention did not previously receive intensive care management services, so the intervention is helping identify people in the community with needs that were going unmet.
- **Mental Health in the Community:**
 - **Washtenaw County Millage:** the ordinance passed by the Board of Commissioners (Boc) adds an advisory board to the CMH board to provide data analysis and recommendations for how to spend millage funds. Advisory board membership will be approved by the BoC on 1/17. The millage advisory board must make initial recommendations in May. CHRT staff will share the group membership with the WHI Steering Committee.
 - **WHI Mental Health & Substance Use Disorder Work Group:** group members have brought a few topics to the whole group for discussion in 2018: a youth partial day treatment program, a crisis center, and long-term injectibles. The group will discuss these topics and how the group's work can inform the millage advisory board.
- **February Stakeholders Agenda:** The group approved the content for the 2/26 WHI Stakeholders meeting, and suggested adding a brief presentation of current data from the social determinants screenings happening as part of the SIM in Livingston and Washtenaw counties.

Action Steps

- Peter Jacobson and Carrie Rheingans will work on proposed language to add to the WHI 2018-2019 operating principles, focusing on how the WHI appoints new Steering Committee members and Work Group chairs.
- Carrie Rheingans will follow up with the newly appointed VA director in mid-February to determine the VA's interest in continuing on with the WHI.
- CHRT staff will confirm SIM Work Group individual members and bring a revised list to the February Steering Committee meeting.

Next Meeting

Tuesday, February 13, 2018 10:00 –11:30 AM