**Minutes**

**New Cohort Facilitator:** Meghan Nadolski, Bluebonnet Trails Community Services

* **Welcome, Introductions, and Guiding Principles** (11:30 – 11:50)
  + Consider who was not present, and who should be involved as part of the Cohort. Members encouraged to invite interested community stakeholders to join.
  + Nicole Williams with Central Counties Services offered to co-facilitate the Cohort with Meghan
* **DY4 Cohort Review:** (11:50 – 12:10)
  + Group members reviewed previous DY4 Charter and Purpose Statement
  + Group updated items marked TBD on the DY4 Charter
  + Team members and Anchor team applauded last year’s Cohort members, especially in terms of cross-provider collaboration and learning best practices from one another (i.e., Mental Health Task Force developments and collaborations formed from them in Llano and Burnet Counties).
* **DY5 Goals and Purpose Statement** (12:10 – 1:00)
  + Project Sustainability/Evaluation Tools Use, Impact, and Feedback
  + MCO Alignment
    - Anchor team provided brief overview of upcoming March 24 MCO/DSRIP collaboration meeting in Round Rock
    - Anchor serves as DSRIP provider and MCO representative introduction facilitator
  + Waiver Extension
    - Summarize HHSC’s guidance into a user-friendly tool for providers
  + Regional Initiatives/Performance Bonus Pools and Waiver Extension
    - Challenges: Some measures are more hospital-based, DSRIP project target populations very diverse, cross data comparisons (apples to oranges), too many metrics
  + Overcoming a common access to healthcare barrier among cohort members
  + Overcoming barriers to behavior health and primary care integration
    - Kim Schroeder with Scott & White suggested looking at which counties have mental health task force groups and which ones don’t, and encourage those that don’t have groups to establish these coalitions
      * They are crucial to care delivery, especially in rural areas
      * These coalitions are not funded, and they are not dependent on Waiver funds, so if Waiver went away these groups would remain
      * Common goals between primary care (PC), behavioral health (BH) and justice system (Task force helps with BH/PC integration)
      * For existing task forces, identify the member organizations, and what their objectives are
    - Paul Sisler with Bluebonnet suggested they may entice stakeholders to get involved if they focused on high-utilizers since these persons impact providers across the board (Help more people, more efficiently)
  + Other ideas
    - Resource fairs at courthouses – for community partners to collaborate and serve community member
    - Pauline VanMeurs with Williamson County EMS suggested the impact collecting and reporting Medicaid IDs would have on her project staff
      * Getting Medicaid numbers is not easy for their community paramedicine team, and if they don’t collect Medicaid IDs, how else can they verify low-income status; this would be very time consuming and would take away from time spent working with clients
    - Nicole Williams suggested we look at how Waiver is transforming healthcare– look at this from what HHSC intended to achieve with the Waiver
      * How is DSRIP impacting triple aim?
    - Meghan Nadolski echoed Nicole’s comment and posed the question, “How do we show what we’ve done?”
    - Nicole proposed Cohort members review projects, and look at how behavioral health and primary care are integrating in the region
    - Nicole suggested the need to focus on sustainability, especially with uncertainty of Waiver and what the future holds
      * Group could discuss how information is presented to stakeholders, etc.
    - Linda Stevens with Lone Star Circle of Care suggested looking at alignment with HEDIS (for MCOs) and/or NQF measures (for FQHCs); Other measures: NAIP, UDS/HERSA, PHQ-9, NCQH; look at federal government focus and start working on initiatives that align with those types of measurements to improve population health; Cohort reference HHSC transition webinar, slide 15
* **Set Meeting Schedule through DY5 (September 2016)** (1:00 – 1:15)
  + Frequency and Location (same each month, rotate location, facility tour, etc.)
  + Group agreed to meet 3rd Thursday of each month, 11:30-1:30
  + February meeting will be held in Round Rock at Bluebonnet Trails, and may continue to be hosted there
  + Travel to Round Rock is fine
  + Facility tours not necessary
* **Determine Next Steps** (1:15 – 1:25)
* Update and Finalized DY5 Cohort Team Charter (Next Meeting)
  + Identify Action Items and Assign Responsibilities

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| **Point Person** | **Task** |
| Meghan | Compile member ideas and write blurb for each potential goal/aim; send list to Cohort members and ask them to rank in order of top three; Group consensus will determine Cohort DY5 goals/aims |
| Gina | Contact Pauline and Beth for patient success stories for March bi-monthly RHP 8 newsletter; post updated materials to Cohort webpage |
| Meghan | Send out meeting series invitation via Outlook through September 2016 |
| Meghan | Send out meeting minutes to attendees |
| Cohort Members | For next meeting: Determine meeting location for remaining of DY5, finalize DY5 Cohort Charter; dial in number will be available if cannot travel to Round Rock, but in-person attendance is preference; review draft aims/goals before the February meeting, and submit identify preferences to Meghan and Nicole |

* + **Adjourn Meeting** (1:25 – 1:30)

**Meeting Preparation Materials to Review:**

* + HHSC’s [PowerPoint](http://www.hhsc.state.tx.us/1115-docs/93015/DSRIPExtensionPlanningandProtocolsWebinar_093015.pdf) – DSRIP Extension Planning and Protocols (9/30/15) (Slides 16 – 18)
  + DY4 Team Charter
  + Cohort Roles and Responsibilities
  + [Waiver Extension Application](http://www.hhsc.state.tx.us/1115-docs/101415/TX%201115_ExtApp2015_AttachD_corrected.pdf)