



Date September 19, 2018
Time 11:00am – 1:00pm
Location Auditorium
Facilitator Amalia Madrigal-Hernandez
Timekeeper Amalia Madrigal-Hernandez
Minute Taker Xee Lor
Present: General: Felicia Batts, Livingston Community Health; Marilyn Mochel, Building Healthy Communities (BHC) Equity Project and NAMI; Patti Kishi, Castle Family Health Centers; Claudia Corchado, Cultiva La Salud; Octavia Valencia, Cultiva La Salud; Sharon Mendonca, Behavioral Health and Recovery Services; Pat Powers, CACHI; Bob McLaughlin, Mercy Medical Center Merced; Lise Talbott, Golden Valley Health Centers (GVHC); Manuel Alvarado, Chamber of Commerce.
 Contractors: Paul Brown and Ravi Singh, UC Merced; Jeremy Martinez, United Way; See Lee, Independent Contractor; Starr Carson Cleary, Corporate Wellness Specialist.
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Absent: Joel Diringer, Diringer and Associates; John Weir, Intrepid Ascent; John Palm, Human Services Agency; Monika Grasley, Lifeline CDC; Jennifer Mockus, CCAH Alliance and Brian Mimura, The California Endowment.

CACHI All in For Health – Investing in Wellness Leadership Team Meeting Minutes

Agenda Item	Discussion
1. Welcome, Introductions	<ul style="list-style-type: none"> • Jeremy Martinez opened up the meeting and began the introductions • Amalia Madrigal-Hernandez provided an overview of the materials shared during the meeting
2. Wellness Fund Presentation Sustainability Updates	<ul style="list-style-type: none"> • See Lee presented to the LT an overview of some examples of the Wellness Trust and provided data on financial statements of public and private foundations within Merced County. • In the presentation, See shared entity models: <ul style="list-style-type: none"> ➤ Taskforce/Pooling Model – service provider and coordinator, pooling of funds from respective organizations ➤ Non-Profit Model – service provider and coordinator, non-profit grant invests to endowment (ex: United Way) ➤ Foundation Model – service coordinator, foundation invests to endowment invests to non-profit (ex: Community Foundation of Merced)



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	<ul style="list-style-type: none"> ➤ Benefit Corporation (Social Enterprise# 1) – service provider, social enterprise invests to endowment – social enterprise to foundation to non-profits (ex: Community Food Market, West Oakland) ➤ Benefit Corporation (Social Enterprise# 2) – service coordinator, endowment invests to non-profit invests to social enterprise (ex: Berkeley School Collective) ➤ Endowment Model – service coordinator, endowment & foundation invests to non-profits (ex: TCE) ➤ Quasi-Public Corporation Model – service provider, government invests to Public Service corporation (ex: PG&E or CCAH) ➤ Local Health Insurance Model – service coordinator, Local Health Measure to non-profits (ex: Measure V) <ul style="list-style-type: none"> • See inquired with the LT to review and identify a model the team would like to move forward in implementation the wellness trust. • See presented a proposal consisting of three phases. <ul style="list-style-type: none"> ▪ Phase 1 – Fiscal Agent, United Way to get Wellness Trust off the ground for one year and then reassess for following years
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<p>3. ROI/DCE Update</p>	<ul style="list-style-type: none"> ▪ Phase 2 – Establishment of independent Wellness Trust ▪ Phase 3 – Additional Revenue options ▪ Entity types such as nonprofit, public/private, endowment, local measure, business social enterprise, quasi: benefit corporation/endowment or non-profit. <ul style="list-style-type: none"> • Dr. Brown presented the business survey developed by the Sustainability workgroup. The goal of CACHI is to transform the way healthcare is delivered and organized in Merced. In the presentation, Dr. Brown shared the basic approaches of CACHI which focuses on diabetes, heart disease, and diabetes related depression. <ul style="list-style-type: none"> ○ Develop portfolio of interventions that addresses these issues ○ Monitor and evaluate the success ○ Identify the Return on the Investment ○ Establish a Wellness Fund that would continue the initiative • Dr. Brown listed the potential funders and types of information they would like to see <ul style="list-style-type: none"> ○ Foundations – type of information depends on the funder
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	<ul style="list-style-type: none"> ○ Medi-Cal purchases and/or private insurance companies – the cost of savings/return on investment to their members ○ Grant agencies –benefit/innovation ○ County Supervisors ○ Local businesses – focuses on the return on investments ● Activities that have been developed are tool for identifying the ROI from activities and data needs from Merced CACHI ● Value of reducing diabetes, heart disease and diabetes related depression in region <ul style="list-style-type: none"> ○ Option 1 – represent as QALY’s and apply a value of \$50, 000 per QALY saved ○ Option 2 – Get value from people in the region by discrete choice survey and need to identify value to targeted population ○ Option 3 – Identify value placed by local businesses ● Business survey – asks businesses the type of business, healthcare coverage, and if the business currently offers: flu shots, tobacco cessation programs, physical activity/exercise programs, stress management
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	<p>classes, healthy eating classes, health eating classes, mental health programs, diabetes prevention program, and others.</p> <ul style="list-style-type: none"> ○ If the business does not offer any type of Wellness program then why. If the business does not offer NDPP classes then what are the interests of the employees and what would the business need to see in order to consider offering courses ● Next steps with businesses <ul style="list-style-type: none"> ○ Option 1 – Explore their contribution to the Wellness Fund for NDPP classes ○ Option 2 – Find out what they would be interested in having the Wellness Fund do
<p>4. All In for Health Website Long Term Outcomes</p>	<ul style="list-style-type: none"> ● Due to lack of time, Kristynn did not discuss the All In for Health website ● This portion of the agenda will be added to the October meeting
<p>5. Community Engagement Update</p>	<ul style="list-style-type: none"> ● Marilyn discussed the Resident Engagement Guiding Principles: <ul style="list-style-type: none"> ○ Mutual trust ○ Mutual trust and respect ○ Support



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	<ul style="list-style-type: none"> ○ Access to decision making ○ Transparent and accountable ○ Accountable ○ Continuous Improvement ○ Monitoring ○ Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) ● For October’s meeting, input needed on adopting the guideline.
<p>6. Community Health Worker Update</p>	<ul style="list-style-type: none"> ● Lise presented on the progress of the Community Clinical Linkages (CCL) workgroup. Lise provided an overview the goals of the CHW network and referral process for CACHI work. <ul style="list-style-type: none"> ○ In September 2017 under the Lifetime of Wellness grant, the Department trained internal staff and external partners to become DPP lifestyle coaches. A total of 12 Community Health Workers (CHW) in were trained to deliver the curriculum. The CCL workgroup developed a matrix outlining the roles and skills of the CHWs. ○ The workgroup has expanded to invite other partners interested in developing a network. The group is scheduled to meet on 10/3.



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	<ul style="list-style-type: none"> ○ Referrals proposal: 211, informed design and location of future activities, promotion of existing activities, and internal to external referral.
<p>7. Other Business:</p> <ul style="list-style-type: none"> ● October 17 LT Meeting 	<ul style="list-style-type: none"> ● October 10-11 - CACHI Convening in Sacramento ● Next meeting: October 17th after CACHI Convening

Person Assigned	Action Items	Completion Date
ALL - leadership team	<ul style="list-style-type: none"> ● Provide feedback to the Resident Engagement Guiding Principles. Adoption of principles will occur in the October meeting. 	10/12/2018
See Lee	<ul style="list-style-type: none"> ● Develop guidelines/criteria for selecting a model. 	10/17/2018
Sustainability workgroup	<ul style="list-style-type: none"> ● Finalize business survey 	10/17/2018