



C A P I T A L A R E A
HealthAlliance

24th Anniversary of the Capital Area Health Alliance

Annual Meeting Program and Report

March 23, 2017

8:30 am – 11:30 am

Working together to empower our community
to achieve better health

Eagle Eye Golf Club

15500 Chandler Rd, Bath Twp.

capitalareahealthalliance.org



Welcome and thank you for joining us today for the 24th Anniversary of the Capital Area Health Alliance (CAHA). Founded in 1993, the Alliance is a coalition of diverse organizations, businesses, health care professionals, and volunteers from Clinton, Eaton, and Ingham counties advocating for community and population health and for improvements in quality and access to health care resources, with the mission of empowering our community to achieve better health.

It was a rewarding and productive year at the Alliance in 2016. I am continuously aware that the work accomplished and progress made this past year comes down to collaboration and relationships. First and foremost, to the members of the board, without whom there would be no CAHA—thank you for all that you do toward improving the health of the community, through your individual organizations and collectively through CAHA. Additionally, without the hard work of the support staff and expertise of the consultants, CAHA would not have flourished the way it did this past year. Thank you to Natalie Gottschalk, who segued from office manager to website/social media manager, for her standard of excellence, and welcome to Brianna Sosebee as she has seamlessly taken on the administrative support position. Thank you to Mary Anne Ford, consultant extraordinaire, whose healthcare expertise has been tapped non-stop this past year. A special note of appreciation to Jan Urban-Lurain, who has led the board in a meaningful and effective yearlong strategic planning process. And finally, a profound thank you to all the professionals who volunteer their time and expertise on the CAHA committees, where the work of the Alliance takes place.

Some of the highlights of the Alliance in 2016 include:

- Hosting five signature events: (1) Vision for the Future Breakfast; (2) CAPE Symposium: Community Approaches to Physician Recruitment & Retention; (3) Nurses Celebration Event; (4) Healthcare Employer Summit: MA Apprenticeship Model; (5) Medical Student Networking and Dine Around Evening
- Welcoming Sparrow Health System back as a Sustaining Member
- Completely updating the CAHA website (<http://capitalareahealthalliance.org>)
- Engaging in an in-depth strategic planning process. This process addressed the following aspects: (1) Role of CAHA in the community and value proposition for CAHA members; (2) Capacity and infrastructure needs; (3) Core strategic issues and goals; and (4) Development of a sustainable financial plan

One of the outcomes of the strategic planning process is an updated CAHA Membership Structure. The intent of the new structure is to maintain a Board of Directors at a size and structure that is conducive to fulfilling fiduciary responsibilities and making decisions for the benefit of CAHA members and the entire community, while upholding CAHA principles and history of inclusiveness. At the end of this report, please find the updated Membership Structure.

The strength of the Alliance truly lies in the people who contribute their time, talents, resources, and expertise to make a difference in the health of our community. At the beginning of this year, each committee of the Alliance engaged in a planning process for 2017. These Committee Action Plans can be found in the Strategic Road Map, included in this report.

We are grateful for your partnership and look forward to a meaningful year of work in 2017. With sincere thanks for your support for the Alliance,

Kathy Hollister
Executive Director



24th Anniversary Annual Meeting

March 23, 2017
Eagle Eye Golf Course
15500 Chandler Rd, Bath, MI

Agenda

8:30 – 9:00	Breakfast	
9:00 – 9:15	Welcome	Margie Clark <i>Board Chair, Capital Area Health Alliance Dean, Health & Human Services, Lansing Community College</i>
	Overview	Kathy Hollister <i>Executive Director, Capital Area Health Alliance</i>
9:15 – 9:35	Committee Showcase	Jeanette Klemczak, Dana Watson, Joel Hoepfner, Kathy Forrest, Abigail Lynch
9:35 – 9:40	Participant Feedback	
9:40 – 9:50	Break	
9:50 – 10:50	Guest Speaker	Marcella Wilson, PhD <i>CEO & Founder, Transition to Success™, LLC</i>
10:50 – 11:20	Discussion of Next Steps	All Present
11:20 – 11:30	Close Out*	Kathy Hollister

*Dr. Wilson will be signing her book *Diagnosis: Poverty* immediately after the closing.



Guest Speaker

Marcella Wilson, PhD

Marcella Wilson, PhD, has over 30 years of extensive experience in healthcare administration, not-for-profit management, behavioral health, criminal justice and public sector programming. Dr. Wilson, a University of Michigan alumnus, holds degrees in psychology, sociology, a master's degree in Social Work and a PhD in Health and Higher Education. In her newest role, President and Founder of Transition to Success™, Wilson is leading a national social change movement with a standard of care to treat poverty as an environmentally based medical condition. *Diagnosis: Poverty*, Dr. Wilson's newly published book, defines a scalable, sustainable, measurable, multi-generational response to poverty.

Transition to Success™, recognized as a Clinton Global Initiative, brings uniform protocols and analytics across human services, healthcare, education, government and faith based programs.

Marcella Wilson, Ph.D.
CEO & Founder
Transition To Success™, LLC
313-580-2672
MWilson@TTS-LLC.org





About the Alliance

Founded in 1993, the Alliance is a coalition of diverse organizations, businesses, health care professionals, and volunteers from Clinton, Eaton, and Ingham counties advocating for community and population health and for improvements in quality and access to health care resources, with the mission of empowering our community to achieve better health.

Board of Directors

Officers

Chairperson
Margie Clark
Lansing Community College

Vice Chairperson
Maureen Hillary
Hayes Green Beach Memorial Hospital

Treasurer
Phillip Gillespie
Blue Care Network

Executive Director
Kathy Hollister
Capital Area Health Alliance

Board Members

Stella Cash
Sparrow Health System

Larry Leatherwood
Management Consultant

Randolph Rasch
Michigan State University

Ronald Cosson
McLaren Greater Lansing

Sara Lurie
*Community Mental Health Authority
of Clinton, Eaton, and Ingham
Counties*

Linda S. Vail
*Ingham County
Health Department*

Joan Jackson Johnson
City of Lansing

George Mansour
Lansing Latino Health Alliance

Gordon White, Jr.
DHR International

The work of the Capital Area Health Alliance is carried out through the committees, task forces, and activities that embody its commitment to collaboration. This Annual Report outlines the accomplishments of the Alliance's committees in 2016.

Committee Showcase

Capital Area Physicians Committee (CAPE)

Committee Chairperson: Mary Anne Ford, Consultant,
Capital Area Health Alliance

The Capital Area Physician Experience focuses on recruiting and retaining physicians in the Mid-Michigan area. Changes in demographics and in models of health care delivery present challenges for communities across the country as they seek to attract and retain the physician workforce needed to meet their community needs. The Greater Lansing area is no exception. Through CAPE, leaders from medical education, hospitals, physician groups and the community are working together to develop strategies to show students, residents and practicing physicians that the Capital Area is a great place to live and practice medicine.

Activities in 2016 included the presentation of a symposium, *Community Approaches to Physician Recruitment and Retention*, the 8th annual *Medical Student Networking and Dine Around Evening*, and information gathering to use in development of future strategies.

Community Approaches to Physician Recruitment and Retention

The Symposium was held on April 14, 2016. It opened with a discussion of the Healthy! Capital Counties project, a partnership between Tri-County hospital systems and health departments to conduct a community health needs assessment and develop an action plan to address the priority health needs identified in the assessment; a presentation from guest speaker Allison McCarthy, MBA, of Barlow/McCarthy Hospital-Physician Solutions; and a panel featuring recruiters, a Medicaid health plan representative, a community mental health medical director and a medical school dean, discussing challenges and opportunities related to recruitment and retention in the Greater Lansing area.

Ms. McCarthy described challenges and trends affecting recruitment and retention: an aging population of patients and physicians, expanded access, shifting payment systems, new care models emphasizing primary care

and changing provider demographics and needs. Nearly 50% of a projected 91,500 physician shortage by 2020 is expected to occur in primary care. Ms. McCarthy suggested that organizations come together on strategies to bring people to the Capital Area, promoting what—beyond geography—differentiates the community from others in the state or country.

Possible strategies include working with the community to reach young people and expose them to health careers, creative efforts to link medical students and residents with opportunities that can build interest and loyalty to the area, integrating new physicians' families into the community, and developing ambassadors to potential recruits and new providers, utilizing the experience and loyalty of aging physicians who are transitioning out of practice.

Medical Student Networking and Dine Around Evening

An engaged group of students from the MSU College of Human Medicine and MSU College of Osteopathic Medicine attended the November 3, 2016 Dine Around to participate in roundtable discussions with Lansing area physicians of different specialties and experts on Graduate Medical Education and state loan repayment programs. This event showcases Greater Lansing as a welcoming community, interested in helping these students learn about the potential opportunities to train, practice and live in the area. The students were also able to learn about practicing in the Lansing area, from the experience of 25 physicians, representing 17 specialty and subspecialty areas. Recognizing that recruiting residents is an important first step in bringing physicians to the area, this year's program included a focus on planning for Graduate Medical Education (GME), including information on current residencies in the Greater Lansing area, a directory of websites with valuable information for students exploring GME options, and questions to consider when choosing a specialty.

The CAPE Committee has routinely surveyed students and physicians participating in the Dine Around, and this year focused its survey on information that could inform

strategies for collaborative, community-wide efforts to recruit and retain physicians in the Greater Lansing area. Asked how likely they were to stay in the Lansing area, 13.2 percent of the respondents indicated that they are very likely to remain here, with 34.2 percent indicating that they are somewhat likely to remain. Sixty-eight percent of the respondents strongly agreed or agreed that the Dine-Around Event influenced their thinking about exploring a residency in the Greater Lansing Area. Regarding factors important to their choice of a community in which to practice, working with a large underserved community and having opportunities for research and teaching topped the list. In the overall community, a “small town feel” and a welcoming community with activities and programs for its residents were the two leading responses. Finally, 27 of the 38 survey respondents expressed interest in receiving information from the CAPE Committee in several areas. Leading choices were: shadowing a physician (33%); loan repayment programs (28%); and serving the medically underserved (25%).

2016 Capital Area Physician Experience Members:

Barry Eaton District Health Department, Eaton Rapids Medical Center, Graduate Medical Education, Inc., Hayes Green Beach Memorial Hospital, Horizon Bank, Ingham Community Health Centers, Ingham County Medical Society, McLaren Greater Lansing, Michigan Center for Rural Health, Michigan Health Council, MSU College of Human Medicine, MSU College of Osteopathic Medicine, Sparrow Health System

Capital Area Community Nursing Network (CACNN)

Committee Chairperson: Carole Stacy, Nursing Program Director, Lansing Community College

The Capital Area Community Nursing Network collaborates with community, academia, home, and health based agencies to identify solutions through community based initiatives for challenges facing nursing. While creating sustainable partnerships to ensure safe and quality healthcare for Capital Area residents, the committee provides a unique perspective on current nursing topics such as clinical nursing education, scope of practice issues, and workforce shortages.

CACNN hosted its annual Nurses Week Celebration on May 12, 2016. The region-wide celebration was open to the public and offered a continuing education program, networking, dinner and recognition of the work of nurses

in the Capital Area. Guest speaker Leslie E. Simons, DNP, ANP-BC, Assistant Professor, Health Programs in the College of Nursing at Michigan State University spoke on Pain Management in Elders with Chronic Nonmalignant Pain. Participants who attended this session and completed an evaluation received a certificate for 1.00 hour of continuing education credits.

CACNN members have provided input on determining the future direction of the Committee. Themes that have emerged include what the model of care should be for the new age of healthcare; what the role of nurses is in alternative models of care, particularly with respect to nurse extenders; the need for diversity; alleviating the stress/burden on nurses; chronic conditions, including behavioral health and substance abuse; and a focus on healthy nurses.

2016 Capital Area Community Nursing Network Members:

Baker College, General Motors, Grace Hospice, Hayes Green Beach Memorial Hospital, Ingham County Health Department, Ingham Health Plan Corporation, Lansing Community College, McLaren Greater Lansing, Michigan Nurses Association, MSU College of Nursing, NexCare Health Systems, Sparrow Health System

Healthy Lifestyles Committee (HLC)

Committee Chairperson: Kathy Hollister, Executive Director, Capital Area Health Alliance

The Healthy Lifestyles Committee is committed to building a healthy culture throughout the Tri-County by developing and expanding initiatives to promote healthy behaviors and well-being. The HLC also provides the advisory framework for the *Choosing Health!*[®] campaign, tapping into the collective expertise of dedicated committee members.

In 2016 the HLC continued to align with the goals laid out in the Surgeon General’s Call to Step It Up! by creating an evidence-based Walking Group Toolkit and a Let’s Walk! Resource Card, both of which were widely distributed throughout the Tri-County. The Toolkit is a step-by-step instruction guide on how to form a successful, evidence-based walking group. The Resource Card displays free local walking resources, as well as the benefits of walking and walking tips.

The HLC continued its work on the *Let’s Walk and Talk with a Doctor* (LWTD) series. Each LWTD includes an opportunity for the community to learn about the benefits

of walking from a physician, a Good Form Walking Clinic presented by Playmakers, and a one-mile walk with the physician. Eight LWTD events were held in 2016.

In the summer, the HLC was invited to participate in the Ingham County Health Department's Community Health Improvement Plan, which is a planning process to address issues identified as priorities in the 2015 Community Health Profile and Health Needs Assessment. In this process, chronic disease was identified as one of the top priorities, which led the HLC to create a Strategic Action Plan that encompasses chronic disease prevention. The goal of the action plan is to increase awareness of and connection to healthy lifestyle resources in the Tri-County with the intention of reducing/preventing chronic disease. Major components include:

- Continue to promote and enhance the *Choosing Health!*® Campaign.
- Engage organizations in *Choosing Health!*® that can reach all segments of population in the Tri-County, including faith-based organizations.
- Develop a communication/marketing strategy that addresses the needs of a diverse audience to inform the community about *Choosing Health!*® resources.
- Utilize resources that have already been developed through the *Choosing Health!*® Campaign.

2016 Healthy Lifestyles Committee Members:

ALIVE, Allen Neighborhood Center, Barry Eaton District Health Department, Blue Cross Blue Shield of Michigan, Capital Area District Libraries, Community Mental Health Authority, Davies Project for Mid-Michigan Children, Delta Township Senior Council, Eaton County Parks & Recreation, Greater Lansing Food Bank, Hayes Green Beach Memorial Hospital, Horizon Bank, Hospice of Lansing, Ingham County Health Department, Ingham County Parks, Lansing Community College, Lansing Parks & Recreation, Lettuce Live Well, Michigan Department of Health & Human Services, McLaren Greater Lansing, Michigan Health Council, Mid-Michigan District Health Department, MSU College of Human Medicine, MSU College of Nursing, MSU Extension, Playmakers Fitness Foundation, Sparrow Health System, YMCA of Metropolitan Lansing

Healthcare Workforce Committee (HWC)

Committee Chairpersons: Jeanette Klemczak, Consultant, and Chad Borodychuk, Director of Corporate Training & Continuing Education, Lansing Community College

The Healthcare Workforce Committee provides an avenue for communication and collaboration among Capital Area healthcare organizations, educators and partners to capture the most useful, effective and innovative workforce development tools to support high quality healthcare in the Tri-County area.

The Committee began 2016 gathering information to better understand the needs of the region and identify potential opportunities, through presentations on health workforce diversity, regional workforce data and the US Department of Labor Apprenticeship Program. With regional data identifying a high need for Medical Assistants and Certified Nurse Assistants, the Committee decided to explore developing a community Medical Assistant apprenticeship, using the experiences of such a program in Grand Rapids as a potential model.

The HWC hosted an Employer Summit on June 22 entitled "Are Employers Leaving Money on the Table?" The purpose of the event was to present information to healthcare employers regarding the apprenticeship model of training and potential resources for the training. Russell W. Davis, Michigan State Director, US Department of Labor, Office of Apprenticeship, spoke on the Case for Apprenticeship. The apprenticeship model offers solutions to challenges confronting employers such as difficulty finding skilled workers, high rates of employee turnover, and attracting new and diverse talent. Teri Sand, Business Services Team Leader of the Capital Area Michigan Works! (CAMW), spoke about the Michigan Skilled Trades Training Fund, which assists employers in finding talent with the skills they need. CAMW will be available to advise the Healthcare Workforce Committee and employers interested in participating in the apprenticeship initiatives. Additionally, representatives from Grand Rapids Community College shared practical information about the development and implementation of the West Michigan Apprenticeship Programs for Medical Assistants. This is a collaboration among West Michigan Works!, the US Department of Labor's Office of Apprenticeship, three community colleges, and three West Michigan healthcare employers that led to the January 2016 launch of a community apprenticeship program.

Subsequent meetings were held with interested Capital Area employers to discuss the apprenticeship model of training, the details of the Grand Rapids community apprenticeship, and costs and benefits to the employers. Five area employers expressed interest in participating in a collaborative effort to develop a community apprenticeship opportunity and that group has begun monthly meetings with Lansing Community College and Capital Area Michigan Works! with the goal of launching the program by the end of 2017.

2016 Healthcare Workforce Committee Members:

Capital Area Career Center – Ingham ISD, Capital Area Michigan Works!, Career Quest Learning Center, Clinton County RESA, Community Mental Health Authority, Eaton Intermediate School District, Eaton RESA, Hayes Green Beach Memorial Hospital, Ingham County Health Department, Klemczak Healthcare Workforce Consulting, Lansing Community College, Lansing Latino Health Alliance, McLaren Greater Lansing, Michigan Health Council, Michigan Orthopedic Center, MSU College of Human Medicine, NexCare Health Systems, Sienna Facilities, Sparrow Health System, Trilog Health Services

Mental Health Partnership Council (MHPC)

Committee Chairperson: Joel Hoepfner, Prevention and Wellness Specialist, CMHA-CEI

The Mental Health Partnership Council aligns stakeholders and system leaders to improve the behavioral health landscape in the Tri-County area. The council provides updates, resources, and opportunities surrounding access to care and the behavioral health service delivery system, health and wellness promotion, training opportunities, community educational events and policy initiatives.

In 2016, the Mental Health Partnership Council focused on providing major updates surrounding important changes within the behavioral healthcare system as well as providing community outreach/awareness activities and events. Pertinent information and resource sharing at the council meetings have included:

- Updates on the revision of language in Section 298 of the Governor’s proposed boilerplate budget. Section 298 initially

proposed a dramatic shift in how behavioral health services were to be funded, and sought to move oversight to private, mostly for-profit health plans.

- Details about CMHA-CEI’s 24/7/365 Central Access Department expansion, which provides care coordination for serious mental health issues, intellectual disabilities, severe emotional disturbances, and substance use disorders.
- Development of the Crisis Intervention Team (CIT) Training. The Lansing Police Department, along with NAMI Michigan, CMHA-CEI and several other area stakeholders, have developed a 5-day CIT curriculum. The primary focus of this training is to equip law enforcement, first responders, corrections officers and dispatchers with the necessary skills to work with individuals in a mental health crisis.
- Promotion of Mental Health First Aid, which is an 8-hour course designed for community members and organizations. This training gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. It helps to build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.

Mental health was identified as one of five top priorities of the 2015 Healthy! Capital Counties Needs Assessment report. The MHPC intends to align their efforts with the strategy plan identified by the behavioral health subcommittee of the Ingham County Health Department’s Community Health Improvement Plan.

2016 Mental Health Partnership Council Members:

American Foundation for Suicide Prevention, Barry Eaton District Health Department, Capital Area United Way, Care Free Medical, City Rescue Mission, Co-Dependents Anonymous, Community Mental Health Authority, Hope Network, Ingham County Health Department, Ingham Health Plan Corporation, Lansing Community College, Michigan Department of Health & Human Services, MSU School of Social Work, NAMI Lansing, Peckham, Rainbow Homes, Sparrow Health System, St. Vincent Catholic Charities, Tri-County Office on Aging, Trinity Church, United Cerebral Palsy

Strategic Road Map 2017

I. Background

In late 2015, Capital Area Health Alliance Executive Director Kathy Hollister and the CAHA Board initiated strategic planning to address the following future prospects for the Alliance: (1) role and value proposition; (2) capacity and infrastructure needs; (3) core strategic issues and goals; and (4) development of a sustainable financial plan.

This planning has moved the Alliance towards establishing a coordinated set of actions for supporting and sustaining CAHA in achieving its mission: *empowering the Tri-County community to achieve better health.*

Planning session facilitation and the preparation of this summary document were provided by Jan Urban-Lurain, Spectra Data & Research, Inc.

II. CAHA History

Over its twenty-three-year history, CAHA has evolved from its initial mission as a health care purchaser alliance into a coalition of diverse organizations working through multiple committees with the mission of achieving better health for residents of the Clinton, Eaton, and Ingham Tri-County area.

III. Assessing the Current Environment

A. Identified Trends

In 2015, the following five areas were identified as priority health needs in the Community Health Needs Assessment of the three counties served by the Alliance:

- Access to Primary Healthcare Providers
- Access to Quality Healthcare
- Financial Stability
 - includes poverty, living wage, income inequality, and other economic factors
- Mental Health
 - includes stress, depression, access to services, safety
- Chronic Disease
 - Includes cardiovascular disease, diabetes, asthma, cancer, multiple chronic illnesses

Adapted from 2015 Community Health Profile and Needs Assessment

With the exception of financial stability, these identified needs align closely with the focus of the five active CAHA committees: Capital Area Community Nursing Network (Access to Quality Healthcare); Capital Area Physicians Experience (Access to Primary Healthcare Providers; Quality Care); Healthcare Workforce (Access to Quality Care); Healthy Lifestyles (Mental Health and Chronic Disease); and Mental Health Partnership Council (Mental Health).

B. Business Model

CAHA has traditionally supported its work through a combination of member dues, event-specific funding, grants, volunteer service and other in-kind contributions. Coming into 2015, CAHA experienced declining grant revenues and ended 2015 with a net loss.

To stabilize finances and better support the Alliance's overall sustainability, CAHA leadership worked during 2016 to develop a revised membership/dues structure. The revised membership and dues structure was adopted at the December, 2016 Board Meeting.

C. Value Proposition

In conjunction with addressing its business model and financial concerns, CAHA leadership sought feedback from its Board members and community partners on the value of CAHA to their organizations and constituents. Common themes noted in the feedback include: CAHA's capacity as a *collaborative, neutral convening body*; the role and work of the *committees*; and emphasis on/support for *healthy lifestyles and healthcare workforce issues*.

CAHA's value proposition is summarized below:

CAHA is a regional hub for organizations with interest in health and health care. Since its inception, CAHA has convened community conversations to understand and address healthcare system trends, regional needs, and opportunities for improvement. The Alliance provides an inclusive platform on which competing organizations and multiple sectors can collaborate, engaging health systems, hospitals, long term care facilities, physicians, nurses, public health agencies, mental health providers, health plans, educators, local government, community organizations and others.

Continued...

Through its committees, which bring together the expertise and resources of multiple organizations in all these sectors, CAHA connects providers engaged in the work of health care with organizations working at the community level to support innovative approaches to improve the health of the entire community and to bring resources and educational opportunities to employers, businesses and area residents. All of CAHA's work impacts economic growth and quality of life in the region.

IV. Looking to the Future

A. Identity Statement

As the work of CAHA moves forward, the identity statement provides a summary framework of *who we are* as an organization.

We, the Capital Area Health Alliance...

Advance our mission of	<ul style="list-style-type: none"> Advocating for community and population health and for improvements in quality and access to health care resources
... and seek to (impact)	<ul style="list-style-type: none"> Empower our community to achieve better health i.e. create improvements in the local healthcare resources, personal health, and well-being of our entire community
by serving	<ul style="list-style-type: none"> Participating organizations and area residents
in	<ul style="list-style-type: none"> The Clinton, Eaton, Ingham Tri-County area
through	<ul style="list-style-type: none"> Committees and activities aimed at collectively finding solutions to current health care trends
and emphasizing our collaborative strengths of	<ul style="list-style-type: none"> Being a trusted regional hub for collaboration with the proven ability to network and convene a broad, diverse group of stakeholders and form community partnerships to collectively address common issues.
We are sustainable by	<ul style="list-style-type: none"> Funds provided through member fees and the expertise of the many dedicated professionals who volunteer their time accomplishing committee strategies and initiatives. Our fee-based funding may be augmented by grants or donations received to support specific initiatives and events.

As noted in the Identity Statement, the future CAHA business model affirms a continuing focus on working with participating organizations and area residents in the Clinton, Eaton, and Ingham Tri-County area. Activities of all five Alliance committees will continue, staffed primarily with in-kind support provided by Alliance members and community volunteers.

B. Strategy Screen

Strategies developed by the CAHA committees and Board will adhere to the following criteria:

Strategy Screen	
<i>Strategies adopted by CAHA Committees and the Board will ...</i>	
Support the Mission	Empower our community to achieve better health, i.e., advocate for community and population health and for improvements in quality and access to health care resources.
Uphold Our Unique Collaborative Strengths	<p>Maintain our reputation as a trusted regional hub for collaboration with the proven ability to convene a broad, diverse group of stakeholders and form community partnerships to collectively address common issues.</p> <p>Be of value to CAHA Members as well as to the overall healthcare and health of the community.</p>
Sustain Finances	Be financially feasible.

V. Move to Action: 2017 Goals and Strategies

During 2017, the CAHA Board and Committees will address the following goals and related strategies:

Committee 2017 Action Plans

Capital Area Physicians Experience (CAPE)

Goal: Focus on both recruitment and retention activities, and on gathering data that will inform future Committee activities.

Activities:

- Promote residencies in the Greater Lansing area. Graduate Medical Education (GME) location can be a strong influence on

eventual physician practice location, and the committee plans to reach out to student groups at MSU to share information about all residencies in the Lansing area and to promote residency opportunities in psychiatry and primary care, two areas of high need in the Capital Area.

- Work with area GME programs to gather information on where physicians are going after completing their residency.
- Work with physician recruiters to develop an information and resource guide to the area, focusing on the issues of special interest to physicians considering practice in the Lansing area.
- Support residents, new physicians and their families, by developing resources and linkages to help physician spouses find employment, and holding focus groups of residents and newly recruited physicians to gather information on how we might promote the area and offer a welcoming atmosphere.

Capital Area Community Nursing Network (CACNN) – In Transition

Goal: Focus on The Healthy Nurse, with an emphasis on mindfulness, self-care, and training in safety, behavioral health and crisis intervention.

Activities: TBD

Healthy Lifestyles Committee (HLC)

Goal: Increase awareness of and connection to healthy lifestyle resources in the Tri-County with the intention of preventing/reducing chronic disease.

Strategy 1: HLC organizations provide employees and or the constituents they serve opportunities and incentives to adopt and maintain a healthy lifestyle.

Strategy 2: Continue to promote and enhance the *Choosing Health!*[®] campaign, serving all segments of the population throughout the Tri-County.

Activities:

- Identify resources, best practices/policies and interventions necessary to support healthy lifestyle behavior adoption and maintenance among employees/constituents of HLC organizations.
- Develop a strategy to engage organizations in the *Choosing Health!*[®] Campaign that can reach low-income individuals of diverse racial

and ethnic backgrounds, including faith-based organizations.

- Develop a communication/marketing strategy that addresses the needs of a diverse audience to inform the community about *Choosing Health!*[®] resources.
- Utilize resources that have already been developed through the *Choosing Health!*[®] Campaign.

Healthcare Workforce Committee (HWC)

Goal: Assure a continuous healthcare workforce supply to meet the needs of the Capital Area region employers and residents.

Sub-Goal: Confirm nursing workforce as the healthcare workforce sector of significant regional need.

Activities:

- Evaluate workforce areas of high need.
- Review key regional, state and national data on workforce segment in demand.
- Identify components and regional strategies in workforce development.
- Select solutions with greatest potential to impact the selected workforce area of demand.

Mental Health Partnership Council (MHPC): 2017-2020

Goal: Increase # of individuals that access behavioral health services (inclusive of mental health and substance use disorder services).

Objective #1: By September 30, 2020, there will be improved access and availability of Behavioral Health services (MH and SUD) in the Tri-County area.

Objective #2: By September 30, 2020, there will be an increased use of research based behavioral health interventions.

Objective #3: By September 30, 2020, enhance and improve the behavioral health screening protocol and practices within primary care and behavioral healthcare settings.

Objective #4: By September 30, 2020, stakeholders will develop and begin implementation of a Behavioral Health Promotion Campaign (inclusive of suicide prevention, substance abuse prevention, and wellness activities, events, and opportunities) to reduce stigma surrounding access to behavioral health services and improve community health and wellness.

Activities:

- Improve access/availability of treatment for Substance Use Disorders and mild to moderate conditions (i.e., co-occurring mental health and SUD) by improving the care coordination, access and referral protocols, policies, and practices of the behavioral healthcare service delivery system.
- Development of a Youth Mobile Crisis Unit.
- Support the implementation of the Tri-County Crisis Intervention Team Training for area law enforcement officers.
- Improve access/availability to psychiatric in-patient services by tracking denials and advocating for improved policies, practices, and statewide mandates.
- Support and assist in the Community Mapping activity (Lead by Sparrow Hospital) to inform the CHIP Behavioral Health Committee plan and activities.
- Continue to explore Integrated Care opportunities, grants, and partnerships

- between primary care, mental health, and substance use disorder provider networks.
- Create list of behavioral health interventions and support, promote, and expand the implementation of these efforts.
 - Provide continuing medical education to behavioral health provider networks and behavioral health education to primary care networks.
 - Promotion of and assistance with the inclusion of SBIRT in Clinical Practice—Screening Brief Intervention Referral to Treatment.
 - Develop and begin implementation of a Behavioral Health Promotion Campaign (inclusive of suicide prevention, substance abuse prevention, and wellness activities, events, and opportunities) to reduce stigma surrounding access to behavioral health services and improve community health and wellness.
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Membership and Dues Structure

Approved by Board of Directors December 7, 2016

Member Participation in the CAHA Board of Directors

The CAHA bylaws define “Member” as an organization that pays dues required for its class of membership. The dues structure features four classes of members: Sustaining Members, Sponsoring Members, Supporting Members and Committee Sponsors.

Sustaining Members and Sponsoring Members participate as voting members of the CAHA Board of Directors. Supporting Members participate as non-voting members of the CAHA Board of Directors.

The CAHA Board of Director’s Executive Committee is comprised of the officers of CAHA (Chair, Vice Chair and Treasurer) and all Sustaining Members of CAHA. Each meeting of the CAHA Board of Directors is open to voting and nonvoting members of the Board, enabling a broad group of members to participate in discussion at board meetings. The bylaws require a majority of voting members to be present to constitute a quorum. The Board of Directors will establish a process to limit voting during the meeting to only voting members.

CAHA will continue to include interested organizations and individuals in the community, nonmembers and members in all categories, in events and committees.

Member Participation in CAHA Committees

Each CAHA Committee will be open to CAHA members and members of the community at large. Each CAHA Committee will be chaired by a member of CAHA or by a CAHA staff person.

All CAHA Committees report to the Board of Directors and each CAHA Committee Chair will serve as an ex-officio member of the CAHA Board of Directors.

Sustaining Members

Sustaining Members represent the largest organizations in the Tri-County area, typically with 2,000 or more employees. Sustaining members include health systems, education and research institutions, health plans and regional employers interested in making an investment in the health of the community.

Annual Assessment: \$18,000

Sustaining Members:

- Serve on the CAHA Board of Directors as voting members.
- Serve on the Executive Committee of the CAHA Board of Directors.
- Will be appropriately recognized as Sustaining Members on the CAHA website and printed materials.
- Will be considered sponsors of the CAHA Annual Meeting.
- May have representatives serve as Committee Chairs.
- May participate in all CAHA Committees, including representatives of multiple divisions of the organization (e.g., a health system may bring in people from their health plan, ambulatory group and hospital), and will be invited to participate in annual planning related to committee priorities.

Sponsoring Members

Sponsoring Members represent organizations that are leaders in the Capital Area's health sector, engaged in providing health care, paying for health care services, or providing public health and mental health resources for the community. Sponsoring members may include critical access hospitals, nursing or post-acute care facilities, public sector agencies, ambulatory care providers, regional employers or businesses.

Annual Assessment: \$5,000

Sponsoring Members:

- Serve on the CAHA Board of Directors as voting members.
- Will be appropriately recognized as Sponsoring Members on the CAHA website and printed materials.
- Will be considered sponsors of the CAHA Annual Meeting.
- May have representatives serve as Committee Chairs.
- May participate in all CAHA Committees.

Supporting Members

Supporting members represent smaller organizations with interest in supporting health and health care resources in the Capital Area. Supporting members may include critical access hospitals, nursing or post-acute care facilities, Medicaid health plans, ambulatory care providers, regional employers, and local government, health departments in the region, or professional associations or organizations.

Annual Assessment: \$2,000

Supporting Members:

- Serve as non-voting members of the CAHA Board of Directors.
- Will be appropriately recognized as Supporting Members on the CAHA website and printed materials.
- May have representatives serve as Committee Chairs.
- May participate in all CAHA Committees.

Committee Sponsors

Organizations or businesses may sponsor a CAHA Committee of particular interest to the organization or business through an annual contribution of \$1,000.

Committee Sponsors:

- Will be appropriately recognized as Committee Sponsors on the CAHA website and printed materials.
- May have representatives serve as Committee Chairs.
- May participate in the committees which they sponsor.



CAPITAL AREA
HealthAlliance

2017 Annual Meeting

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