

Greater Columbia Community of Health
 Leadership Council Minutes
 April 23, 2015



BOARD MEMBERS PRESENT:	Katherine Bell, Heritage University; Delphine Bailey, Columbia County Public Health; Martha Lanman, Columbia County Public Health; André Fresco, Yakima County Health District; Dr. Amy Person, BFHD; Rebecca Sutherland, BFHD; Dr. Larry Jecha, WW County Health Dept; Harvey Crowder, WW County Health Dept; Brad Klos, MHP Salud, Jorge Rivera, Molina; Daryl Edmonds, Amerigroup; Blanche Barajas, Amerigroup; Bethany Osgood, Amerigroup; Brisa Guajardo, CHPW; Sandra Suarez, YVFWC; Ed Thornbrugh, CWCMH; Becky Grohs, Consistent Care; Leonor Rico, OIC of WA; Blake Rose, PMH; Julie LaPierre, GCBH; Len Pavelka, BFCOG; Anna Marie Dufault, Yakima Valley Community Foundation; Dan Ferguson, WA State Allied Health Center; Carol Moser, BFCHA; Gail Fast, ESD 105; Les Stahlnecker, ESD 123; René Biles, People for People; Erinn Gailey, DVSBF; Bertha López, YVMH; Cindy Carroll, YVMH Children's Village; Jennifer Dorsett, Prosser CIA/Pasco PDC; Deborah Gauck, Grant Writer; Mike Roberts, GCBH		
CALL IN:	Lori Brown, SEWA A<C; Rhonda Hauff, YNHS; Lowell Kruger, Yakima Housing Authority; Troy Henderson, Whitman County Health Dept; Carla Prock, BFHD; Robin Reed, Kittitas County Public Health Dept; Leta Travis, Garfield County Health District; Suzanne Petersen, Seattle Children's Tri-Cities Clinic		
FACILITATOR:	Dr. Patrick Jones, Eastern WA State University		
Topic	Findings and Discussion	Conclusions, Recommendations, Actions, And/or Motions	Follow-up
March Minutes	No discussion	Motion to accept as presented; Sandra Suarez; Second Brisa Guarjardo: Motion Approved	
Review of Governing Board and Leadership Council Roles	Patrick referred to the Thoughts on the Role of the Governing Board & Leadership Council document (page 5 of the Crosswalk) which the Leadership Council reviewed and made comments. There was discussion regarding the funding for the ACH and the role of the Leadership Council and Governing Board. It was suggested that we clarify the type of funding that will be needed to sustain the ACH; coordination of funding, or raise funding? The expectation from HCA is that we capitalize the activities of the ACH. It was agreed that the ACH would not be delivering direct services, but that the ACH needs to figure out the priorities, and a way to raise the funds, and then implement the activities that improve the health of the population.	Revised language and of the role of the Governing Board will come back to Leadership Council	

<p>Review composition of Gov Board and NC</p> <p>Recommendations</p> <ul style="list-style-type: none"> <input type="checkbox"/> FQHCs/Clinics <input type="checkbox"/> Food Systems <input type="checkbox"/> Business <input type="checkbox"/> MCOs <input type="checkbox"/> Consumer Groups <input type="checkbox"/> Transportation 	<p>Sandra reviewed the recommendations of the Nominating Committee (Blake, Carol, Deb, Sandra, Gail). NC made the following recommendations: combine Food Systems with Community Based Organizations/Faith Based organization, Behavioral Health should be its own Sector given the big focus from the state on improving population, and recommend that the Healthcare Providers with 10 or more employees also include the FQHCs in the same Sector. There had been some concern about having too many healthcare positions comprising 25% of the Governing Board so by taking out the BHOs, it made the Healthcare Providers and FQHCs a smaller group.</p> <p>A suggestion was made to strengthen some of Sectors by looking strategically for members, especially in the Business sector. (Growers Association, Hispanic Chamber of Commerce, Broetje Orchards, Fruit Packing companies). It should be our responsibility to educate the business sector to understand that investment in the health of the population really benefits them too. By making a strong commitment to bringing businesses into the ACH, it demonstrates that we believe they are an important component in the strategy to improve population health.</p> <p>Sandra referred to a document that Carol had received from Jorge listing criteria to choose a GB rep. A discussion regarding the recommendation of an MCO covered a wide range of concerns: not all MCOs attended the March 30th meeting (United & Coordinated Care not present), all MCO reps are capable of representing this Sector but are new to the region, whoever represents the MCOs on the GB will have to work outside of the GB to make a lot of decisions and that would not be fair for that individual to speak on behalf of the group.</p> <p>How are other ACHs selecting their MCO representatives? Varies widely across the state, from personal invitations to having all MCOS on the GB.</p> <p>Shared Measurement is an important aspect of the Collective Impact model, so the selection of a GB member should not be random. However, how do you find the balance of having newer MCOs to the table but don't have the advantage of membership?</p> <p>Sandra reviewed the data & criteria that had been suggested in the document and reviewed by the Nominating Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active member of the current steering committee <input type="checkbox"/> Not random or alphabetical, needs to be a meaningful criteria of current contribution to the region and to the COH formation process <input type="checkbox"/> Size of Membership <input type="checkbox"/> Size of area of service, number of Counties 	<p>Need a Subcommittee to work on Membership Development from the Leadership Council, specifically for the Business Sector</p>	
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	<ul style="list-style-type: none"> <input type="checkbox"/> Activity within the steering committee <input type="checkbox"/> Experience in management and being part of decision boards <input type="checkbox"/> Health-Insurance Plan Rankings from the NCAQ (additional recommendation from NC) <p>Based on the criteria, NC had recommended Molina.</p> <p>Brisa and Daryl suggested bringing in the other two health plans and come back with a decision by the next meeting. If they couldn't decide, they would let the NC make the decision.</p> <p>Carol asked that whatever criterion is decided needed to be defensible because it was a building block for the future.</p> <p>The initial functioning of the Work Group has been established, so the remaining decision is the Governing Board rep.</p> <p>THE LEADERSHIP COUNCIL TOOK A 10 MINUTE BREAK</p> <p>A discussion about why Food Systems were grouped with CBOs and FBOs ensued. Based on the fact that they serve the community, and were not well represented at this point in time, the thought was to include them with the CBOs and FBOs until such time they could form their own Sector. Should Food Systems include Grocery Stores, Community Gardens, Restaurants?</p> <p>It was acknowledged that this is a work in process, and these Sectors would continue to evolve.</p> <p>Consumer Groups: a large number are in the region. Which Consumer groups should be pursued? Should it relate to the priorities being pursued by the COH?</p> <p>More outreach and work needed for CBOs, Social Services, Local Government.</p> <p>Philanthropy had nominated Carrie Green. Housing Sector nominated Rhonda Hauff. Yakama Nation: Frank Mesplie had designated Tony Kreis or Katherine Saluskin as their representative.</p> <p>Should geographic representation be a factor in selecting the remaining Governing Board representatives?</p> <p>Local Government: Andre suggested that the County Commissioners should be</p>	<p>Patrick suggested that the MCOs bring in the other two MCOs (United & Coordinated Care) and come back in two weeks with a set of criteria and their decision on a representative for the Governing Board. Otherwise, they would go with the recommendation of the Nominating Committee.</p> <p>Brisa agreed to reach out to Verni and Sarah and include them in the process</p> <p>It was proposed that the Healthcare Providers and the Behavioral Healthcare Providers select a GB member in the next two weeks.</p> <p>It was agreed to wait on the Consumer Group GB member until we have a clearer picture of the priorities of the COH.</p> <p>Blake to work with PMH to find Public Safety rep. Harvey suggested a regional EMS Council rep.</p>	
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	<p>included on the GB, but isn't sure that they have the time to participate. Carol said that the RSN was going to discuss a representative at their meeting on May 7th. If they did not want a seat at the table, we could pursue other elected officials.</p> <p>Jorge suggested getting more people engaged in the growing all of the Sectors.</p>	<p>Carol asked for others who are interested in being on the NC, to let her know.</p>	
<p>County break outs: Inventory of grants & programs on Diabetes, Care Coordination and Mental Health</p>	<p>Patrick suggested that the group break out by County to work on the inventory of grants, but due to time, the inventory would be emailed and not a group activity for today's meeting.</p> <p>Sandra suggested that Carol send out the template so that everyone can fill in work being done to address Coordinated Care, Mental Health, and Diabetes. These issues were chosen on the basis of the December retreat. This could either be grants or programs. Error on the side of comprehensiveness if not sure whether or not to include it in the inventory.</p>	<p>Carol to send out the revised template to all Leadership Council members.</p>	
<p>Discussion of Timeline</p>	<p>Carol reviewed the timeline and pointed out that the Leadership Council would not meet in May, but the Governing Board would. Have scheduled meetings every other month for the GB. Vision & Mission have been finalized. Still finalizing GB Board & Criteria. When to have retreat with GB? August or Sept? Communications Framework to happen with GB & Comm Coordinator position in May-June. RHIP needs a subcommittee to work on this work in addition to forming workgroups on Community Outreach. GB to determine Performance Measures/Sustainability Plan beginning in May?</p> <p>Next meeting in June at GCBH.</p>	<p>No meeting of the Leadership Council in May. Governing Board to meet on May 21st.</p>	
<p>Adjournment</p>	<p>The meeting was adjourned at 11:35am</p>		