



Board of Directors

Thursday, August 18th, 2016

12:00PM to 2:30PM

Regular meeting

[Greater Columbia Behavioral Health](#)

101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	<p>In Person: Rhonda Hauff (Vice President), Les Stahlnecker, Lori Brown, Martha Lanman, Martin Valadez (President), Kevin Bouchey, Brian Gibbons (Treasurer), Ed Thornbrugh, Andrea Tull, Eddie Miles Excused: John Sinclair, Madelyn Carlson, Darlene Darnell Absent: Carrie Green, Jefferson Coulter, Frank Mesplie There was presence of a quorum because there were 9 or more directors present.</p>	
Backbone Support Present	<p>Aisling Fernandez, Communications Coordinator Julie LaPierre, Technology Support Carol Moser, Executive Director</p>	
Guests	<p>Bill Hinkle, Hinkle and Associates, LLC Caitlin Safford, Amerigroup On the Phone: Amina Suchoski, UnitedHealthcare</p>	
Special Thanks	<ul style="list-style-type: none"> Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for providing the facility and support that allows us to hold these meetings 	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	<ul style="list-style-type: none"> President Martin Valadez welcomed the Directors and thanked everyone for attending the meeting. He asked for self-introductions around the room and on the phone. 	<ul style="list-style-type: none">
Action: Approval of Minutes	<ul style="list-style-type: none"> July 28, 2016 minutes were approved. One correction: Andrea Tull was present at the July meeting and her name will be added to the July minutes. Minutes will be posted to the GCACH website. 	<ul style="list-style-type: none"> #1: Rhonda moved to approve July 28th, 2016 minutes. Lori seconded. Motion passed



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<p>Feedback on Tribal Workshop</p>	<p>Martin asked for members of the Board to report out on the Tribal meeting on August 16th. Board members Andrea Tull and Rhonda Hauff remarked that they thought the meeting was productive, opened up new channels of communication and opportunity. Rhonda noted that the Yakamas have several issues in common with the GCACH priorities: behavioral health, diabetes and obesity, oral health and equity. Caitlin Safford noted that this workshop attracted more Tribal participants than the other 3 workshops she had attended, and that the GCACH membership participation was excellent. She also noted that she was encouraged by the honest sharing of Tribal members regarding Medicaid billing. Carol noted that she thought a benefit of affiliating with the GCACH for Tribal members could be access to policy makers. We learned the extent to which the Tribal members deal with (and find creative solutions to) capacity, longer periods of waiting, unpredictability, needing authority and resources. The Tribal members emphasized that, even if we need to be patient to get an answer from them, it is appropriate and necessary that we wait for their reply and participation rather than proceed without them.</p>	<ul style="list-style-type: none"> •
<p>Director's Report: Carol & Aisling</p>	<p>Carol reviewed the items in the Director's report, highlighting the SIM project progress, Tribal Workshop, and GCACH RHIP Framework. Her takeaways on the Tribal Workshop were:</p> <ul style="list-style-type: none"> • RHIP lacked Tribal data and health indicators. • They shared agenda of diabetes/obesity, oral health, behavioral health, and equity. • She noted that the Yakamas shared that they experience racism frequently. • Many of their issues stemmed from internal processes preventing the staff to attend meetings of GCACH. • Confusion about the role of GCACH and the Greater Columbia BHO. • The need for better 2-way communication. • There is opportunity to collaborate on legislative/policy issues. <p>She also noted that many more people RSVP'd for the workshop that didn't show up, and that there were new people who attended that didn't RSVP. She noted that despite their chart on</p>	<ul style="list-style-type: none"> •



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	<p>Social Determinants showing a much higher rate of unemployment, this wasn't discussed at the workshop.</p> <p>Carol reviewed the RHIP Framework document that Deb Gauck had prepared as a result of the initial feedback received in the July meeting.</p> <p>Aisling reviewed Communications update noting that she will be getting the Communications Committee together to develop the next steps for community engagement. Carol & Sue Jetter have developed a robust distribution list to send out to the partners, but need a plan for content and messaging before beginning regular communications. Aisling encouraged Board members to look at the website for updates.</p>	
RHIP Feedback	<p>Carol described that the process they would use for Board comments on the RHIP would follow the ORID process.</p> <p>Observations about the report in general: Very detailed, lots of information and tables, not much narrative No Executive Summary No Tribal data or indicators No reference to data sources except on page preceding tables It's very long</p> <p>Reflections: Doesn't have a logical flow, confusing Don't know how to interpret the data, "Now what?" Doesn't feel like an action plan, just a lot of information Don't know how to present this document to the community There's lot of great data and statistics, but I'm not sure if I am interpreting it correctly.</p> <p>Interpretive: Think we need to make it a more usable document; "more meat on the bones"</p>	•



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	<p>It needs definitions at the beginning (e.g.care coordination, population health)</p> <p>It needs an Executive Summary explaining why we are developing this plan and to introduce each section</p> <p>Needs to explain why certain data and measures were selected</p> <p>Needs to explain how to use the community supports and assets section and have definitions of programs that seem similar (care coordination, care management, care transition) or combine programs into broader categories</p> <p>Needs to piggy back on what the community is already doing</p> <p>Data Sources need to be cited next to measures (not just on the preceding page).</p> <p>This plan is written to the wrong audience. Maybe the audience should be to the MCOs so that they can create incentives to address the health issues identified in the plan.</p> <p>Struggling to understand who's responsible for implementing the plan.</p> <p>Decisional:</p> <p>The plan needs to include data on the Yakama tribe. The GPRA report to the federal government is a yearly requirement and a resource. Deb should be able to find the data.</p> <p>The plan needs an Executive Summary, and a summary of each section.</p> <p>The plan needs a section with definitions of terms.</p> <p>It needs more explanation of the data and measures, and specific citations next to each measure. Give an example of how to interpret the data.</p> <p>It needs some context around each strategic issue, why and where it is a problem.</p> <p>The Training and Technical Assistance needs more specificity; what type of training will be given, and to whom.</p> <p>The document should have hyperlinks to resources listed in the document.</p> <p>There needs to be better information about the community inventory to describe the programs.</p> <p>Is it possible to include information about existing inventories (housing, for example) and include it in the document. (Could we link to housing reports, CHNAs?)</p> <p>We need to train people how to use the plan, starting with the Leadership Council and Board of Directors, then take it into the communities.</p>	
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Executive Session on Backbone Agency	The next steps for the backbone agency was not discussed at this meeting. Martin suggested that the Executive Committee would meet independently to look at details regarding the GCACH Executive Director and Communications Coordinator/Administrative Assistant. This committee will report back to the Board.	•
Adjournment	Meeting was adjourned at 2:18PM. Minutes taken by Aisling & Carol	•
Remaining 2016 Meetings	<ul style="list-style-type: none"> • Thursday, September 22nd, 2016 (moved to 4th Thursday of the month) • Thursday, October 20th, 2016 • Thursday, November 17th, 2016 • Thursday, December 15th, 2016 <p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p>	•