



Minutes

Board Members:	Directors in-person: Ed Thornbrugh, Amina Suchoski, Meghan DeBolt, Martin Valadez, Eddie Miles, Dan Ferguson, Brian Gibbons, Lori Brown Directors on the phone: Darlene Darnell We met quorum with a combined 9 directors in-person and on the phone.	
Staff:	Carol Moser, Aisling Fernandez, Wes Luckey	
Guests:	Jim Jackson, Michele Roth, Lena Nachand, Brian Kennedy, Sarah Bollig Dorn, Jorge Rivera, Patrick Jones, Deb Gauck* * Called in	
Special Thanks:	Thank you to Tri-Cities Community Health for providing the facility and support that made it possible for us to hold these meetings. Thank you to United Healthcare for sponsoring lunch. Thank you to Graze for the sandwiches and salads.	
MINUTES and REPORTS		
Welcome & Introductions	<ul style="list-style-type: none"> Martin facilitated the meeting & welcomed everyone to the meeting. There were self-introductions including name and your organization. 	
Minutes (Action):	<ul style="list-style-type: none"> Approval of February 16th, 2017 minutes. No corrections. 	Meghan moved, Amina seconded. Motion passed. Lori abstained because she only called in briefly during the February meeting to help meet quorum.
Director's Report:	<ul style="list-style-type: none"> Carol announced a new addition to our backbone team, Wes Luckey, who is GCACH's new Program Manager. Carol talked about the World Café and HCA Public Forum community event on March 11th. We received positive feedback from Nathan Johnson, and we had a successful turnout of community leaders and members. 	



- Carol attended a sub-regional meeting with the Whitman County Health Network and there was an initial discussion about how the four eastern counties (Columbia, Whitman, Garfield, and Asotin) of GCACH can work together. There is some uncertainty at the moment about whether Columbia County will join this sub-region.
- The Director's Report includes a subset of the tables that Patrick Jones developed from the latest Washington Health Alliance (WHA) Community Checkup Data. These tables show county-by-county indicators compared with the WA State average for blood sugar for people with diabetes, kidney disease screening for people with diabetes, mental health services for adults, mental health services for children, and potentially avoidable ER visits.
 - Patrick also shared a copy of the full report he created of all the indicators and passed that around the table.
 - Patrick said that he had previously believed that most of GCACH indicators would be worse than the State average, but the WHA data shows that that isn't the case. Many of the measures are higher than the State averaged (many of these are related to access to providers). You can also go to wacommunitycheckup.org to look at WHA's presentation of this data.
- Carol talked about the two-phase certification process required for ACHs by WA State and by CMS in the Medicaid Transformation Demonstration (MTD) Special Terms and Conditions (STCs).
- Carol and Wes attended the ACH Leadership Convening in Spokane on March 13th and 14th. Major discussions at the convening included the certification process, process planning, ACH data considerations, and the need for effective bi-directional communication between the Leadership Council (LC) and the Board. At the convening, attendees went through some challenging fictional scenarios (written by Lena) which the attendees found to be very instructive in terms of anticipating areas where ACHs could run into problems in the future. [Click here to see the scenarios on our website.](#)



	<ul style="list-style-type: none"> • The Board discussed some ideas on how to improve communication between the Board and the Leadership Council. The Board agreed that it is an excellent idea to create key points to share with the Leadership Council each month, but did not get to create those points this month. • Carol said that during the Leadership Council meeting there was a discussion about how to improve communication between the Board and the LC and she shared some of those suggestions (please see the next section for key messages from the LC to the Board). 	
<p>Key Messages from the March 16th Leadership Council Meeting:</p>	<ul style="list-style-type: none"> • Carol shared some of the main messages from the Leadership Council (LC) to be communicated to the Board this month, which were the following: <ul style="list-style-type: none"> ○ Suggested additions to the LC agenda (at the bottom of the page): <ul style="list-style-type: none"> ▪ A statement of the roles and responsibilities of both the LC & Board. ▪ “The following bullet points represent key decisions and discussions that resulted from this meeting...” ○ The LC and Board should be very intentional with communication. ○ The LC should use more precise language during meetings and define certain words or terms, especially when they can have different meanings in different contexts. ○ The LC is wrestling with the Medicaid project plan. ○ Suggestion to maintain time for the LC to have discussions about important issues even if there are sub-committees of the LC taking on certain types of work between LC meetings. ○ The LC wrestled with “Build vs. Buy,” meaning whether to build up GCACH infrastructure and capacity or to partner and contract with existing capacity and organizations in the region. 	
<p>Financial Report:</p>	<ul style="list-style-type: none"> • Carol gave a monthly financial update using the Revenue & Expenditure/Budget vs. Actual report. <ul style="list-style-type: none"> ○ At this point, GCACH has total assets of \$416,981.91. She is looking at hiring a contracts manager. Rent is lower we than had allocated money for. Overall, expenses are tracking below what we had anticipated. 	



<p>Proposed Process for Selection of Projects for MTD:</p>	<ul style="list-style-type: none"> Patrick talked about the process he proposed for selection of Medicaid Transformation Demonstration (MTD) projects. Meghan suggested that GCACH come to a decision on whether to approve a sub-regional approach (see discussion above about 4 Eastern counties in GCACH) before going forward with this process. 	
<p>UNFINISHED BUSINESS</p>		
<p>Commercial Lease with CAC (Action):</p>	<ul style="list-style-type: none"> Review and approval of lease with Community Action Connections (CAC) lease for GCACH staff office space. <ul style="list-style-type: none"> Ed pointed out that the lease should be changed that it says the same number of months consistently throughout the document. Carol will make this change. 	<p>Eddie moved, Dan seconded. Motion passed. No abstentions.</p>
<p>Survey and RHNI Update (Discussions):</p>	<ul style="list-style-type: none"> There was a discussion about the GCACH Regional Survey and the GCACH inventory (not to be confused with the Medicaid Transformation Project RHNI). <ul style="list-style-type: none"> Meghan asked for a better name for the inventory, which she said focuses on programs and initiatives. While there are some services and resources, we're not focusing on funding sources but rather on programs being implemented in a community. Patrick talked about updates to the regional survey. <ul style="list-style-type: none"> The required Medicaid Transformation Demonstration (MTD) projects are now included in the survey. The GCACH staff will be the first to send out the survey and the Board members will follow with messages to encourage people to take the survey. Brian & Patrick will add a question, "Does your organization work in this field?" which will direct participants to complete or not complete each section of the survey. Brian and Patrick will take out the scoring for each nominated program to simplify and shorten the time to take the survey. 	



	<ul style="list-style-type: none"> • There was a discussion on whether GCACH would do an application process for projects after the survey. • Eddie talked about understanding the resources (existing programs) to understand opportunities for linkages. • Meghan talked about balancing the two roles of funder and community partner. • Carol encouraged GCACH to hire someone who can provide expertise on creating strong project plan/portfolio who has done this before. Meghan said that in Oregon CCOs received this kind of TA to develop projects. Lena mentioned Manatt, which has subcontracted with OHSU. 	
NEW BUSINESS		
April Retreat (Discussion):	<ul style="list-style-type: none"> • There was a discussion about the details of the Board Retreat, including who should be invited, what time it should be, where it should be held, and what should be on the agenda. <ol style="list-style-type: none"> 1. Summary of retreat discussion: <ul style="list-style-type: none"> ▪ Will be held from 9-2 at Walter Clore Center. ▪ Chairs of Priority Work Groups will be invited and so will a substitute for any Board member who cannot attend to have a representative for all sectors. ▪ Ed suggested that the retreat focus on how to have difficult conversations and should focus on building trust. ▪ Carol said that she sees the Board as the inner circle for GCACH and she envisions that over time leaders from the Leadership Council (e.g. Priority Work Group chairs) may “flow to the center” and become Board members. 	
Employee Benefits Policy (Action):	<ul style="list-style-type: none"> • The Board had a conversation about staff benefits, and the following points were discussed: <ul style="list-style-type: none"> ▪ The Board discussed that GCACH employees working 30 hours or more are eligible for full medical benefits and PTO is prorated. 	



	<ul style="list-style-type: none"> ▪ Benefits would become available 60 days after beginning of employment. ▪ Suggestion to include an HSA option in the portfolio to benefit employees from a competitive standpoint. ▪ Employers must cover 80% of the insurance premium. ▪ Question about aligning with GCACH values to not cover dependents since we are a community/population health organization. ▪ Meghan said that her organization simplifies the accounting by giving everyone \$1000/month to cover insurance costs and whatever the employee does not use goes into an HSA. ▪ Carol will do follow-up work on this discussion and will bring employee policies back for further discussion and action. 	
Social Media Policy (Action):	<ul style="list-style-type: none"> • Did not get to this discussion. 	
Certification Process (Discussion):	<ul style="list-style-type: none"> • Did not get to this discussion. 	
Adjournment	Meeting was adjourned at 2:30PM. Minutes taken by Aisling.	
ANNOUNCEMENTS		
Remaining 2017 Meetings	<p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p> <p>Next event: <u>Wednesday, April 19th</u>- BOARD RETREAT 9-2 at Walter Clore Wine Center (no Board meeting on April 20th. Leadership Council meeting only).</p>	



Greater Columbia

**Accountable
Community of
Health**

Board of Directors

Thursday, March 16th, 2017

12:00PM to 2:30PM

Regular meeting

[Tri-Cities Community Health \(TCCH\)](#)

715 W Court Street, Pasco, WA 99301

	<p>The regular Board of Directors meetings for 2017 will be from 12-2:30PM on the following dates (the third Thursday of the month):</p> <ul style="list-style-type: none">May 18thJune 15thJuly 20thAugust 17thSeptember 21stOctober 19thNovember 16thDecember 21st	
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