



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

GCACH Board of Directors

Meeting Minutes

December 19, 2019 | 12:30 pm – 3:00 pm

Teleconference

ATTENDANCE	
<p>GCACH Board of Directors (Quorum: 9)</p>	<p style="text-align: right;">*✓ – Called In</p> <p><u>Voting Board Members</u></p> <ul style="list-style-type: none"> *✓ President: Rhonda Hauff-----<i>Housing</i> *✓ Vice President: Martha Lanman----<i>Public Health</i> *✓ Treasurer: Brian Gibbons-----<i>Healthcare Providers</i> ✓ Secretary: Madelyn Carlson-----<i>Transportation</i> *✓ Carrie Green-----<i>Philanthropy</i> *✓ Dana Oatis-----<i>Behavioral Health</i> ✓ Les Stahlnecker-----<i>Education</i> ✓ Ronni Batchelor-----<i>Consumer</i> ✓ Eric Nilson-----<i>Public Safety</i> *✓ Sandra Suarez-----<i>Federally Qualified Health Centers</i> *✓ Darlene Darnell-----<i>Community-Based & Faith-Based Organizations</i> *✓ Susan Grindle-----<i>Social Services</i> *✓ Jorge Arturo Rivera-----<i>Managed Care Organizations</i> *✓ Julie Petersen-----<i>Hospital</i> *✓ Dan Ferguson-----<i>Workforce Development</i> Lottie Sam-----<i>Tribes</i> Ruben Alvarado-----<i>Local Government</i> <p><u>Non-Voting Board Members</u></p> <ul style="list-style-type: none"> Tonya Kreis-----<i>Yakama Nation Representative</i> Martin Valadez-----<i>Past Board President, Advising Role</i>
<p>GCACH Guests</p>	<ul style="list-style-type: none"> *✓ Marcia *✓ Penny Bell *✓ Viktoriya Broyan *✓ Amelia Davis *✓ Deborah Ramierz-Orozco *✓ Dan Vizzini *✓ Joel Chavez
<p>GCACH Backbone Staff / Facilitator</p>	<p><u>GCACH Staff</u></p> <ul style="list-style-type: none"> ✓ Carol Moser-----<i>Executive Director</i> ✓ Wes Luckey-----<i>Deputy Director</i>

	<ul style="list-style-type: none"> ✓ Becky Kolln-----<i>Director of Finance & Contracts</i> ✓ Sam Werdel-----<i>Director of Practice Transformation</i> ✓ Lauren Noble-----<i>Marketing Manager</i> ✓ Diane Halo-----<i>Opioid Resource Network Project Manager</i> ✓ Ruben Peralta-----<i>Community & Tribal Engagement Specialist</i> Rachael Guess-----<i>Finance & Contracts Administrator</i> ✓ Jenna Shelton-----<i>Practice Transformation Navigator</i> ✓ Martin Sanchez-----<i>Practice Transformation Navigator</i> ✓ Chelsea Chapman-----<i>Administrative Assistant</i> <p><u>GCACH Facilitator</u></p> <p>Dr. Patrick Jones-----<i>Eastern Washington University</i></p>		
<p>Welcome & Introductions (Rhonda Hauff)</p>	<p>Rhonda Hauff, GCACH Board President, facilitated the meeting. Quorum was met with a total of 14 voting members present (or calling in) to the meeting. The Board members reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval.</p>		
<p>MINUTES & REPORTS</p>			
<p>Consent Calendar (Rhonda Hauff)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <p>The November 21, 2019 Board Meeting Minutes were accepted by the Board with no additional discussion.</p> </td> <td style="width: 40%; padding: 5px;"> <p>Motion by Ronni Batchelor to approve the Consent Calendar, which included the November Board Meeting minutes as presented. Seconded by Jorge Rivera. Motion passed.</p> </td> </tr> </table>	<p>The November 21, 2019 Board Meeting Minutes were accepted by the Board with no additional discussion.</p>	<p>Motion by Ronni Batchelor to approve the Consent Calendar, which included the November Board Meeting minutes as presented. Seconded by Jorge Rivera. Motion passed.</p>
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<p>GCACH Report & Updates (GCACH Staff)</p>	<p>The purpose of this section is to provide the Board of Directors a deeper look into the activities and updates among Cohorts and other focus areas.</p> <ul style="list-style-type: none"> • <u>Cohort 1 Status Tracker and Cohort 2 Tracker:</u> Martin and Jenna reviewed the trackers for both Cohort 1 and Cohort 2. No comments were made. • <u>GCACH Report:</u> Staff spoke to the articles within the GCACH report. This included: <ul style="list-style-type: none"> ○ <i>BH internship and Training Fund Launches in 2020!</i> Carol spoke to the Behavioral Health Internship and Training Fund Program in 2020. The purpose of this fund is to support organizations willing to precept, supervise, or train professionals seeking careers in behavioral health or having a behavioral health component who need clinical experience in order to complete their education and certification requirements. There are tons of organizations with interest; people are contacting GCACH about when they can get started. We are very excited to launch this project. The goal is to have the application available in January 2020. ○ <i>Farewell to an Eventful and Successful 2019!</i> The first year of the implementation phase of the Medicaid Transformation is coming to an end. As an organization, it is always fun to look back on all the work completed and accomplishments achieved in just one year. 		

Rhonda created a word cloud from all the weekly recaps of GCACH activities through the course of the year. Sam stood out quite a bit. Other words included "ACH", "review", "Lourdes", "Care", "Board", "conduct", and "Kittitas".

- *Community Resilience Campaign Update*
Earlier this year, the Community Resilience Campaign Task Force guided GCACH to focus on "community resilience" with an emphasis on Trauma Informed and Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience (N.E.A.R.) science education and awareness. This focus seeks to build resilience at the community level targeting the societal systems that bear the responsibility of being/providing protective factors to raise resilient individuals with children and families as the main priority. Rubén spoke to the progress of the campaign. Current activities include promotional mediums (e.g. brochures, radio, website). The campaign is scheduled to launch on January 6, 2020.
- *Implementing Shared Decision Aids to Achieve Evidence-Based Medicine*
GCACH would like to highlight a shared decision aid in combination with self-management tool that was presented by Dr. Kevin Taylor from Lourdes Medical at the November GCACH Leadership Council Meeting. The tool allows the provider to connect with the patient and choose a course of care based off what the patient sees as important and achievable.
- *Washington Financial Executor (WAFE) Portal Payments*
Becky spoke to how one of the takeaways is that next year we will see significantly fewer dollars. This is the peak of the funding in terms of the way the Health Care Authority (HCA) distributes funding. Next year, 50% will come from provider performance and the following year it will be 75%. The first two years relied on GCACH reporting, but the next couple years will be the providers duty to meet those requirements.
- *2020 Local Health Improvement Network (LHIN) Contracts*
Ruben spoke to the LHINs. LHINs help reach mutual goals by convening with local partners, delivery systems, local governments, and others. They review the resources in the community that strengthen the local health care delivery system by facilitating collaboration between physical/behavioral health providers and community-based organizations. One of the highlights in this piece is that the Yakama Nation has been added. We are also working on LHIN contract for 2020, so be on the lookout for the first draft any day now. LHINs will be paid out of the portal next year due mitigate risk with sending checks through the mail.
- *Provider contract updates*
For Cohort 1, year 1 is ending, and amendments have been sent out to all those providers. We also have our new scale and sustain model in 2020 for those providers. For Cohort 2 providers (BH providers). All contracts have been submitted and they have been paid for quarter 1. For Cohort 3, we are working to get sites identified and contracts finalized. Organizations are eager to start.
- *2020 Learning Collaborative Schedule*
The topics for 2020 are as follows:

	<ul style="list-style-type: none"> ▪ <i>January: Budget Review for Cohort 3 and new Cohort 1 sites</i> ▪ <i>February: Crisis Services</i> ▪ <i>March: Trauma informed care</i> ▪ <i>April: HIPAA Policy Changes</i> ▪ <i>June: Shared Decision Making</i> ▪ <i>July: Shared Care Plans</i> ▪ <i>September: How to Maximize Medicaid Reimbursements</i> ▪ <i>December: Cultural Sensitivity/ Cultural Competency</i> <ul style="list-style-type: none"> ○ <i>Question: Ronni-- Room for Town Hall meeting? Something that consumers can come to understand the ACH and what their role is. Have Jennifer Bliss to hold the Town Hall. Challenge is that there are a lot of people who are not consumers attending, if Greater Columbia came together with an outreach from Lourdes in a neutral place, perhaps we can get some attendance to that. Clarification that we are not a consumer-facing company. Dan wondered how the LHIN could play a role. GCACH staff to brainstorm some ideas. Carol likes the idea around PCMH and what changes that will be seen as a result of our work.</i> ○ <i>Provider Champion Awards</i> Martin spoke to the provider champion awards that went to Dr. Taylor at Lourdes for his taking Practice Transformation and running with it. Melissa Nesje of Columbia County Health Systems was also recognized for her efforts.
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ACTION ITEMS

<p>GCACH Executive Board, Officers for 2020 (Carol)</p>	<ul style="list-style-type: none"> • Madelyn spoke to Nominating Committee meeting and the nominees that came out of that discussion. They are as follows: <ul style="list-style-type: none"> ○ Board President- Brian Gibbons ○ Vice President- Sandra Suarez ○ Treasurer- Julie Petersen ○ Secretary- Martha Lanman ○ Past President- Rhonda Hauff 	<p>Motion by Madelyn Carlson to approve the officers recommended for GCACH's Executive Board of Directors in 2020. Seconded by Les Stahlnecker. Motion passed.</p>
<p>Approval of LoAnn Ayers as Philanthropy Sector Board Representative (Carol)</p>	<ul style="list-style-type: none"> • During the Nominating Committee meeting, LoAnn Ayers of Benton and Franklin Counties was nominated to represent the philanthropy sector. • Confirmation that the other sectors were notified of repeating officers and the following members were approved to maintain their position as the representative of their sector: <ul style="list-style-type: none"> ○ Dan Ferguson- Workforce ○ Ronni Batchelor- Consumer ○ Sandra Suarez- FQHC ○ Eric Nilson- Public Safety ○ Susan Grindle- Social Service ○ Rhonda Hauff- Housing 	<p>Motion by Sandra Suarez to approve LoAnn Ayers position on the GCACH Board of Directors for 2020-2021. Seconded by Madelyn Carlson. Motion passed.</p>

	<ul style="list-style-type: none"> • Other sectors to be filled: <ul style="list-style-type: none"> ○ Community Based Organization/ Faith-Based Organization. Carrie Green and Kendra Palomarez are potential candidates. 	
Year-to-Date (YTD) and November Financial Reports (Becky)	<ul style="list-style-type: none"> • Becky Kolln reviewed the November Financial Reports, which included: <ul style="list-style-type: none"> ○ Budget vs. Actuals ○ 2019 Statement of Activity ○ Balance Sheet • GCACH is currently in the process of hiring a Financial Auditor. About ten RFPs have been sent out. • Nominations for the Budget and Funds Flow committee have been made and will be reviewed at the January Budget and Funds Flow Committee meeting. • Notification that Becky and Rachael will be attending a training on the topic of investing as a nonprofit. 	Motion by Brian Gibbons to accept the Year-to-Date (YTD) and November financial reports, which included the Budget vs. Actuals and the November 2019 Statement of Activity, and the Balance Sheet. Seconded by Jorge Rivera. Motion passed.
Operations Budget for 2020 (Rubén Peralta)	<ul style="list-style-type: none"> • The Operations Budget for 2020 was first reviewed during the November Board meeting. Last month the proposed budget for 2020 draft. Changes since then include payroll expenses and navigator status to full year (rather than part of the year). • Becky provided a recap/ overview of the budget. The key changes from last year as follows: <ul style="list-style-type: none"> ○ GCACH vehicles ○ No LHIN money coming out of portal ○ Decrease in Payroll ○ Decrease in professional services ○ Operational expenses are based on actuals rather than estimates ○ Increase in subscriptions (e.g. Tableau program) Increase ○ Marketing ○ Staff training – process change • Questions: <ul style="list-style-type: none"> ○ Office technology- spent \$23k last year, and \$15k this year. We purchased new laptops, so we don't anticipate the same budget need this year. ○ Do we really have what we need to do what we need? Praise was provided for being so efficient with our budget. 	Motion by Julie Petersen to approve the Operations Budget for 2020 Seconded by Sandra Suarez. Motion passed.
Practice Transformation Toolkit Revisions for 2020 (Sam/Jenna/Martin)	<ul style="list-style-type: none"> • Jenna covered the changes to the Practice Transformation Toolkit for 2020. The Toolkit has been reviewed by the Practice Transformation Workgroup. • Questions and comments included: <ul style="list-style-type: none"> ○ Milestone 2B Question 11: <ul style="list-style-type: none"> ▪ Sandra- one of the issues was after one no show. Was there any discussion with 	Motion by Madelyn Carlson to approve the Practice Transformation Toolkit Revisions for 2020. Seconded by Eric Nilson. Motion passed.

	<p>the PTW? No. Still some other groups that aren't quite there yet with the EHR.</p> <ul style="list-style-type: none"> ▪ Ronni- there are certain challenges with homelessness vs housed. Missed appointments- people that are homeless don't know where they are going to be on that date, they lost their phone or don't have a phone, -- some clause where if they are homeless and they can't be contacted by phone or letter—do we just exempt them from services to be walk-ins. Rhonda responded (health care for homeless provider) we don't try any less hard. This standard works for us. Ronni—often Kadlec and TCCH becomes walk-in basis if they miss three appointments. Deborah from Kadlec—in regard to no shows- it's three no shows within one calendar year. If undeliverable, not counted as a no show ▪ Clarification that denominator is no shows, and numerator is contact with each of the no shows. ○ Milestone 2b2 Question 5: <ul style="list-style-type: none"> ▪ Expand provider base for health home providers, might be topic for learning collaborative trying to get more providers in being health home providers. Great idea – Carol. ○ Milestone 4A Question 1: <ul style="list-style-type: none"> ▪ Lourdes was excited about this measure – at front office check in collective text features – help drive positive outcomes. ▪ Ronni- texts works. She gets them for her appointment settings. 	
<p>\$50,000 Backstop Funding for Permanent Supportive Housing Project (Carol)</p>	<ul style="list-style-type: none"> • Jonathan Mallahan spoke to the project. Catholic Charities has a lot of experience. The model for housing is low-income tax credit, which was established from the 1986 tax reform act. Tax credits are provided, of which are sold. The investor gives up the equity for our project, return to them with a tax break, apply for housing trust fund dollars which allows no hard debt on properties. Which means can afford to operate with a tight budget and make them incredibly affordable. Individuals who are chronically homeless (disability) and homeless over 12 months or multiple times of three years are prioritized. Commercial space on first floor with Behavioral Health counselors, peer support, counseling, 	<p>Motion by Madelyn Carlson to approve of the \$50,000 Backstop Funding for the Permanent Supportive Housing Project for a 15-year commitment. Seconded by Ronni Batchelor. Motion passed.</p>

and property managers to keep the building safe and clean.

- Comments:
 - What fund would the backstop funding come out of? Answer- DSRIP contingency fund.
 - Eric—Is the backstop for the initial infrastructure or for the ongoing if vouchers aren't being paid for? Jonathan- the backstop is for the operating budget of the project for a 15-year commitment. Lifetime of tax credit partnership. Makes it really have impact on assessment to the underwriters of what the tax credits are.
 - Rhonda- would this be an operational reserve? Owner equity amount is to really show the bankers? Jonathan- unique to what we've done before. We do not see these dollars as an asset. They would be maintained as GCACH. They would be encumbered in a sense. They would just need to see an agreement from the organization. We would set this aside in a restricted fund to hold for you. Can be invested in an investment table.
 - Ronni- this money is so that you can get the loans to start your project? Jonathan- yes except it's not a loan- it's equity to receive lower tax credit. Ronni- Local?
 - 50% will be set aside for homelessness, 2%5 with disability, and the rest is income restrictions. No market rate units in this building.
 - How many units? – 52
 - Rhonda- a 15-year commitment, do we have any liability as an organization that doesn't even know if it is going to be around in 15 years? Madelyn- when you set aside a board restricted funds, then those funds would be held in escrow for that reason. Like a trust account.
 - Special use permit on Jan 8 in Pasco. Jonathan has had very few questions from City of Pasco. We have supplied with DOC grant application, but did not get grant. As a result of the summit, we have put together a flyer for the down town business owners. Concern that this is a project that might impact their business. We are certain the project will pass and we are doing everything we can to work with stakeholders to get support of the project.
 - Ronni- amenities distance

<p>Washington Rural Health Grant (Carol/Sam)</p>	<ul style="list-style-type: none"> ○ Sandra—put in restricted fund for 15 years ● Elya: 15-member critical access network that spans across the state. Elya is excited to work with the ACHs and scale what’s been done. She’s familiar with ACH work around PT and has been most impressed to PCMH that has been placed within Greater Columbia. When looking at HRSA Grant, it seems so aligned and a good marriage. While this is exploratory for Greater Columbia, it’s going to toward the collaborative. This is a potential strategic partnership with ACH moving forward. ● Questions: <ul style="list-style-type: none"> ○ Les- Expense or revenue request? \$36k grant, but equal amount of expense with intangible value (learning, exposure, etc.) ○ Rhonda- is there anything that seems astray from what we are doing? It appears to be aligned with what we are doing. Sam- the work itself is in align with our current work and expertise, but having Elya on board and having a relationship with this organizations will be valuable. Concern- having support of other ACH’s as well as Elya’s team. ○ Madelyn- Looking at budget for lodging? Probably fly and make site visits. Mileage gives an idea of what this will cost, but it shouldn’t be more. If it is, we’ll bring it back. ○ Eric—this is obviously on the other side of the state. Did the other ACH’s get an opportunity and not want to participate? Are we stepping into people’s back yards? Elya- Every ACH has been notified, ACH’s have been very open and welcome. The only ACH invited to apply is Greater Columbia and that is because of the PCMH tool and the existence of the CSI platform that we use. ○ Jorge- we understand that this work is very much aligned with the work at GCACH. ○ Brian- additional subcontractors that were approached? Created a list of potential vendors, spoken with each of them. One is GCACH and one is Comagine. ○ Sandra- how did we get to the 36k, and is it the right thing to take dollars out of our region? Elya- the 36k comes from budget in the HRSA grant for a different vendor that was not a right fit. Spoke with loan/ grant officer about a budget change, possible but challenging for this 	<p>Motion by Ronni Batchelor to approve of moving forward with the contract with the Washington Rural health Collaborative in the amount of \$36,000 with the ability to revisit the budget in 2021. Seconded by Les Stahlnecker. Motion passed.</p> <p>Abstentions: Julie Petersen</p>
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upcoming year. Stuck with the \$36k, happy to look at budget in 2021.

- Diane- does the grant incentivize the providers? Or how are the providers going to want to do the work? Elya- the collab did not budget fee to pay sites. Sites will not reap the benefits like GCACH sites. This is just to get them ready for PCMH contracts and models.
- Ronni- Life after the transformation, trying to get things in place that will benefit the center of excellence to move forward after the transformation. Helps to understand how we will fundamentally move forward.
- Les- Collecting funds for this region and using them outside this region? Is this permissible. Carol-From talking to Sam, it is an opportunity to grow our own expertise. It's not benefiting the providers we are going to serve; it will come into bear with the providers we are working with. Understanding the needs for rural health is valuable in and of itself. We've earned the funds, it's not a question whether or not we're obliged to keep them into the region. We have the authority and benefit to do that. Put together what was thought was reasonable.
- Les- We're making this as a proposal and it's not done until they have reviewed another proposal.
- Sam- PTNS likes the value of not using dollars to incentivize providers. It'll be fun to do.
- Eric- Future of GCACH- brand themselves as experts and the type that other people want to work with to expand their capabilities.
- Ronni- Cutoff date. Hoping to move forward in January.
- Board to deliberate on this now and hopefully carol will get back to you at the end of the board meeting.
- Add from Elya- feeling of reciprocity and the philosophy of two organizations and the long-standing trust between carol and between senior leadership. Comfortable situation to enter into.
- Les- proceed with this agreement with capping expense. Authorize GCACH to spend a fixed amount. Revision may be needed.
- Sam- not all sites will be readily available to schedule. At worst case scenario, it is based on a quarterly visit (4 visits per site). Been very successful at scheduling close range entities and

	<p>organizations, multiple at one time. Do not see that as a barrier.</p> <ul style="list-style-type: none"> ○ Sandra- In our budget, was that for a full FTE or half? In budget it only shows 0.5 FTE. Carol- put in for full FTE in operations budget. Sam asked for .5 for this project. But we need we were going to need a new person midyear, so one full FTE in budget. ○ Ronni- Clarification for enough wiggle room. ○ Brian- The grant is worth \$36k, revenue as a result of this decision. It's going to cost us \$70k worst case scenario. What are we doing to set ourselves up in the future? ○ Vote to come back and amend if needed (budget) 	
<p>DSRIP Budget for 2020 (Carol/Becky)</p>	<ul style="list-style-type: none"> • Becky spoke to the change in the DSRIP budget with respect to allocation of staff salaries <ul style="list-style-type: none"> ○ Reduced amount ○ Was presented to B&FF but it was not approved. • Reminder that IGT was approved electronically 	<p>Motion by Les Stahlnecker to approve the DSRIP Budget for 2020. Seconded by Ronni Batchelor. Motion passed.</p>
<p>Behavioral Health Internship and Training fund Application (Carol)</p>	<ul style="list-style-type: none"> • Carol spoke to the Behavioral Health Internship and Training Fund Application. Incorporations from last meeting have been made. 	<p>Motion by Sandra Suarez to approve of the Behavioral health Internship and Training Fund. Seconded by Eric Nilson. Motion passed.</p>
FIRST READINGS		
None		
OLD BUSINESS		
None		
ADJOURNMENT		
Adjournment	<ul style="list-style-type: none"> • Meeting adjourned at 3:00 p.m. • Minutes taken by Chelsea Chapman. 	<p>No motions to adjourn were placed.</p>

Thank you for your time and engagement with
Greater Columbia Accountable Community of Health!