

Minutes

ATTENDANCE	
Participants:	<p>Board Members who attended in Person: Les Stahlnecker, Ed Thornbrugh, Eddie Miles, Meghan DeBolt, Carrie Green, Martin Valadez, Madelyn Carlson, Dan Ferguson, Tonya Kreis (Yakama Nation Representative)</p> <p>On the Phone: Brian Gibbons*, Amina Suchoski*, Lori Brown*, Deb Gauck * denotes Board member who called in</p> <p>We had quorum.</p> <p>Guests in Person: Did not take attendance.</p>
Backbone:	Carol Moser, Aisling Fernandez, Wes Luckey, William Van Noy
Special Thanks:	<p>Thank you, Columbia Basin College (CBC), for today's facility and outstanding Information Services support.</p> <p>Thank you, UnitedHealthcare, for sponsoring the refreshments.</p> <p>Thank you, CG Catering, for providing the refreshments.</p> <p>Thank you to our President, Martin Valadez, for facilitating today's Board meeting.</p>
MINUTES & REPORTS	
Welcome & Introductions:	<ul style="list-style-type: none"> Martin welcomed everyone and there were self-introductions around the table. Carol introduced William Van Noy, GCACH's new CFO. Megan Kummer will start soon as the new Administrative Assistant/ Communications Coordinator, and Aisling will start a new role as Director of Community Engagement. Health Management Associates (HMA), the successful vendor of the consulting contract is starting today. Cathy Kaufman from (HMA) introduced herself and her team. She said they are here to help us. The team has a significant amount of experience with DSRIP and 1115 waiver programs. Cathy Homkey is here from the NY office and the rest are based in Portland. Cathy Homkey was the CEO of one of the 25 NY state DSRIP Performing Provider Systems, an area with 9 counties, 1400 providers, and many organizations. They had 11 initiatives.

	<ul style="list-style-type: none"> Carol introduced Mike Bonetto, the Regional Coordinator of the Manatt Team who is designated to GCACH and King County. He's a liaison between ACH, HCA and Manatt and helps to make sure everything is on schedule. 	
ACTION ITEMS & UPDATES		
Board	<ul style="list-style-type: none"> Carol said that the Director's Report was basically covered with intros to new staff and staff changes, so she didn't go into further detail. She acknowledged the staff and the PT facilitators for their work. Wes talked about how process is important to keep everyone on track. Project Teams (PTs) have completed phase 1 of certification. We'll be working with the consultant team HMA to further refine the Project Team Reports (PTRs) submitted by the PTs. In the beginning of July, we will begin the partnering application. UPDATE: Partnering application timeline TBA. Due to HCA by Sept. 1. Sept 21st final deadline. UPDATE: The Project Plan application deadline is now November 16th, 2017. Wes said he wanted to make a callout to all PT facilitators for their hard work as volunteers. He gave Dr. Kevin Martin, a medical director, as an example of a valuable provider partner who is contributing his time to GCACH. <ul style="list-style-type: none"> Carol said that some of the other ACHs are having trouble getting providers to the table. We've been blessed with provider participation. When she submitted for phase 1 certification, there were 21 providers engaged with GCACH! We've done outreach, we've gone out, and in the end, they will be the ones who have to implement these programs. Eddie asked, "Are individual organizations within ACH able to submit a sub-application underneath the projects?" Ed had some of the same worries. Other than the integration project, the other project categories others seem very prescriptive. Before the Board gets together again we must be assured that there's some variability allowed. Les said there should be an integration of current programs. 	<ul style="list-style-type: none"> Move to approve minutes. Madelyn, Meghan, Lori abstained. Motion passed.

	<ul style="list-style-type: none"> • Eddie said that for diversion intervention, in Yakima, they’re reconsidering their current vendor. What are the programs that are already being successful and include them? • Meghan said that through the Letters of Intent (LOI) process, there will be opportunities for existing programs to get involved. • Martin said that if there are concerns, we should bring them up. The Board has separate work that needs to be done. • Ed asked about the statement of work for HMA: Is it to select qualified bidders or is it to guide the process for a broad range of work? Have the outcomes already been predetermined? We need to be careful of the language used to describe the process which might be confusing. • Shawnie wants to see the RFQs. • Meghan said that she knew there was a content expert that needed to be a part of that work group, specifically Everett. If the PT doesn’t have that information from an expert, they’re only as good as the information that they have. We need to get the right people on the project teams. We need to be careful about representing our sectors not our institutions. <ul style="list-style-type: none"> ○ Ed asked if because Everett was a subject matter expert, does that predetermine we’ll do needle exchanges in every county? • Carol said that these are project proposals. This is the first phase. We can’t pick too many projects or metrics like Texas DSRIP. The culmination of projects today was very inspiring and there are many different pieces of the puzzle. The next phase is to take our suite of initiatives and figure out how to put the projects together for form a complete portfolio to address whole person care. • Madelyn thought there were great presentations today, but she did feel they were still siloed. “We’re looking at being able to integrate and as we integrate the different projects we need to be sure that we’re including Social Determinants of Health and other sectors along the way. The proposed projects are very medical 	
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	<p>and clinical. We know we have to have the faith-based services and social services.”</p> <ul style="list-style-type: none"> • Caitlin said she agrees with Ed around having RFQs rather than proposals for Virginia Mason Memorial or other organizations to say they want to be involved in x number of groups and how they qualify to do that. Sets up inclusion criteria rather than funding criteria. Question related to Meghan’s comment, “How do you identify the providers who should be on the team to design the project?” <ul style="list-style-type: none"> ○ Meghan- the provider doesn’t have to be on the team to have a successful proposal to that project area. These are proposals and room for change and growth. If we have concerns we need to take this back to PTs with feedback. Hopefully people filled out their forms thoughtfully so staff can incorporate these comments, questions, and concerns. • Lori asked about the timeline for when the board votes on this. <ul style="list-style-type: none"> ○ Bringing back proposals to board next month for a vote. UPDATE: Proposals will go before the Board for approval in August not July. • Dan said that there’s no mechanism at this point for Community Health Workers (CHWs). What’s the mechanism to create a sub-proposal? • Carol said that workforce development will be a critical piece of project implementation, but the milestone for Workforce in this phase is to develop <u>strategies</u> to address workforce for the projects that will be implemented. The PTs have been focusing on project approaches and development. 	
<p>Tribal Policy</p>	<ul style="list-style-type: none"> • Carol reported that she and Wes had met with Councilmen Frank Mesplie and Leland Bill, and Katherine Saluskin and Tonya Kreis on June 1st to hand deliver the Tribal Collaboration and Communication Policy. • Tonya Kreis, one of our designated representatives from the Yakama Nation, said they were lucky to get 2 members of the Tribal Council in a meeting with Wes and Carol because they were the right people to review the Tribal Policy (first reviewed by the Board during the May meeting). The Yakama population is over 10,000 people. Carol said that her understanding from Mr. Mesplie was that he 	

	<p>agreed with the policy, and asked Tonya if that was her understanding. She indicated that it was her understanding that Mr. Mesplie approved of the policy. Martin thanked Tonya and asked her to pass his thanks to the Council members.</p>	
<p>Fully Integrated Managed Care Resolution</p>	<ul style="list-style-type: none"> • FIMC Resolution- Important for us to have the discussion whether or not to have a resolution to go forward. Martin said he's not forcing anything on the board, but important to have something. <ul style="list-style-type: none"> ○ Carol said that although she had prepared a resolution for today's Board meeting, she had heard some concerns regarding the verbiage, and has suggested an alternative path forward. House bill 1388, (legislation that changes the designation of the state's behavioral health authority from the Dept. of Social and Health Services to the Health Care Authority) requires an inter-local leadership structure to design and implement a fully integrated managed care model for the regional service area. After reading the Bi-Directional Integration report, and knowing who was on the committee to develop the report, she feels that GCACH could propose that the Bi-Directional Committee present their report to the BHO to start the conversation about integration, rather than send them a resolution which has the potential to create ill-will. One of the lessons from NY State was that you have to have billing systems in place before you can operationalize bi-directional integration. ○ Meghan said that from a Public Health perspective, the local PH jurisdictions thread throughout region. They recently talked about their role with the County Commissioners. There was consensus from county health administrators to move forward with integration. It's a political hurdle. This resolution would put the GCACH in that political realm. An educational based, informed approach would be better so they are well informed board members of the BHO. All counties have to agree. ○ Lori represents the health service sector. As an organization under the Council of Governments, she has 6 County Commissioners on her board. 	

	<p>Having a resolution will be more of an adversarial approach and people will dig in their heels, but a softer approach might lend to get some of their questions answered.</p> <ul style="list-style-type: none"> ○ Meghan said that we need our BHO to re-open this discussion. Our BHO is not open to re-opening this discussion, but that's step 1. ○ Martin said that there are two questions for the Board to ask itself on this topic: 1. Do we as a board want to do something? 2. What does that look like? ○ Carrie suggested getting someone from the BHO more actively engaged on the Board. ○ Carol said that GCACH used to have Commissioner Kevin Bouchey representing the BHO on the GCACH, followed by Ken Roughton, the CEO. Troy Wilson, current CEO of the BHO has declined her invitation to sit on GCACH's Board. board. Carol's been working with Rick Weaver and attending the BHO board meetings She attended in May and presented a packet of information on FIMC with a request that she be included in any discussions by the Board regarding FIMC. She emailed Troy last week regarding her request, but hasn't heard back. ○ Amina suggested getting them to have ownership over the Bi-Directional report. ○ Carol- Mike Berney is on a PT, as well as Ed T, and Mike Norton – there are people, not county commissioners, but others from the BHO who've been involved in PTs. ○ Ed- that's a better approach than a resolution. This resolution would probably immediately result in a negative vote. The providers within the BHO network know about the 2020 deadline. It's not common knowledge to this room - the linkage to the health department is only in Walla Walla and the other health districts aren't as informed as Meghan. Those folks don't have the history of what the BHO has achieved compared to other 	
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	<p>BHOs. There's a sense of pride in what they've done. No one is operating under the illusion that the vote is going to turn around. Don't prod them into a reaction. He gave an analogy to terminal patient, that it's inappropriate to say to a terminally ill patient that it would be more convenient or cheaper if that patient would die sooner.</p> <ul style="list-style-type: none"> ○ Caitlin said that this is different than financial integration. Might be helpful if MCOs are there for the presentation to the BHO too. MCOs can provide background on requirements on contracts. ○ Jorge asked, "How much is it the GCACH's role to influence the Commissioners? For this board to perform whatever role it chooses to take on, not a neutral role. It's important for this board to increase the level of knowledge of what integration means and how much has already happened." ○ Andrea suggested that perhaps a good compromise is you don't have to go before 2020 but still get \$4million to help with transition period. ○ Carol suggested getting Brian Sandoval and members of 2A Project Team in front of the BHO to show them the work they've been doing. An integral piece is the financial integration. You need to be ready for this to happen. If you can delineate what those steps are, this is part of a bigger picture of improving the health of populations. ○ Ed- we're talking about the BHOs (and RSNs before that) which have been treating people with MH who are often institutionalized. The funding has been carved out for very ill folks. When we talk about bringing BHOs into alignment we need to assure them we haven't lost sight of those very ill people. ○ Carol said she can work with Meghan and Ed to finalize the approach. ○ Martin referred back to Jorge's comment. We have a mission. How do we want to advocate? What role do we want to take on? We want to be leaders in this area and sometimes that does mean having discussions with people 	
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	<p>who may not agree. At FQHCs you cannot lobby but you can advocate and educate. As the board matures, think about how we want to put ourselves out there.</p> <ul style="list-style-type: none"> ○ Lori asked- How much work is it for the backbone? We're a new organization and we're not mature yet. Do we have the capacity to take on the charge of projects and be a mid-adopter? <ul style="list-style-type: none"> ▪ Ed – Those are not connected. The full integration will be a contractual change. The ACHs won't oversee that. It could impact some of the data collection or changes in the system but it's not the same thing. ▪ Martin- Maybe we could create a document to lay that out better. <p>UPDATE: Carol's request to present the 2A Project Team report to the BHO is on hold until the BHO has had the opportunity to fully discuss the issue and hear both sides. Their next meeting is July 20th at 9am.</p>	
<p>Financial Reports</p>	<ul style="list-style-type: none"> ● Carol - In 2018 we can't carry forward more than 10% of SIM funds, so the State is requesting all ACHs to spend down their SIM funding before asking for more. She explained that the proposed budget in front of the board spends down the SIM funds, rather than relying on Design Funds for operations ● Ed- Asked to see a monthly allocation of funds rather. ● William said he could provide an approved budget, then provide a forecast, then give an actual year-to-date. ● Carol said that a more detailed Certification Phase 1 budget for \$1million would have to be approved by the Board before August 14th. She would like to have the opportunity to work with William and members of the Finance committee to detail how to spend those design funds. ● The Board agreed this would be a good plan. 	

		<ul style="list-style-type: none"> Eddie moved, Meghan seconded. Motion approved.
NEW BUSINESS		
<p>2015-17 Youth Marijuana Prevention Education Program</p>	<ul style="list-style-type: none"> PLEASE CLICK HERE TO DOWNLOAD THIS PRESENTATION Anna Marie Dufault (ESD105), Kristi Haynes (ESD123), Dana Camarena (ESD123), and Susann Bassham (Walla Walla Department of Community Health), gave an excellent presentation on the 2015-17 Youth Marijuana Prevention Education Program (YMPEP). <ul style="list-style-type: none"> The goal of the Washington State Department of Health’s Marijuana Prevention and Education Program is to reduce initiation and use of marijuana by you (ages 12-20), especially among populations most adversely affected by marijuana use throughout Washington State. After passing of I502, there regional contracts were created by DOH, one in each ACH. They only had 16 months to do the work. This is about prevention rather than about direct service. Media Campaign Strategy: “Remember Your Selfie” for kids to talk about what they love, and they shared the message through the parents’ newsletter, the Pasco high school dance team, a bus wrap, and other media and outreach efforts including PSAs. Then they designed 3 trainings. They hosted ACEs trainings. They hosted 2 ASSIST suicide prevention trainings. Based on assessments of the previous year, they contracted with a local media agency to target the 18-20-year-old age group to distribute digitally and to-date they have had 128,000 impressions. They also trained ESD prevention specialists in ACEs. It is critical to develop youth leaders who can say <i>no</i> but keep our friends- the #coolenough campaign. 	

	<ul style="list-style-type: none"> ○ Hosted a GSA (Gay Straight Alliance) forum and started new ones in schools where it didn't exist. ○ Importance of engaging elected officials. ○ Worked with Yakama Nation Tribal School leaders on ACEs. ○ Showed the Paper Tigers film. ○ Have done outreach to retail marijuana stores and want them to engage in a lawful manner. Went to a research lab to see how marijuana going into products. ○ Worked to promote health equity so they focused on youth who are Latino or Hispanic and youth who are LGBTQ. Worked with schools for them to be more okay with asking sexual orientation questions. ○ They presented to families at the Title 1 conference. Title 1 provides money for poverty schools. ○ Eddie asked- how has the state's legalization of marijuana helped or hindered these efforts? <ul style="list-style-type: none"> ▪ Anna Marie- It's known that the perception of harm is important. They have seen decreases in marijuana and alcohol use. ▪ Dana thinks that's because of money and efforts going toward prevention and for younger and younger people to talk about it. LHJs and ESDs will contract. ▪ Meghan said that Walla Walla LHJ is the lead agency (the fiscal agent). BF is the lead agency for tobacco. 	
EFFECTIVE GOVERNANCE		

<p>Manatt Presentation: Healthier Washington – Developing Effective ACH Governance- TA Resource May 2017</p>	<ul style="list-style-type: none"> • PLEASE CLICK HERE TO DOWNLOAD THE GOVERNANCE PRESENTATION • Our Regional Coordinator from the Manatt Team, Mike Bonetto, walked everyone in the Board meeting through key discussion points of the TA Resource of Effective ACH Governance, a resource from HCA. <ul style="list-style-type: none"> ○ Manatt has worked in multiple states. ○ Slide 5 shows a sample governance chart which is very similar to GCACH’s governance. Mike asked- Is everyone crystal clear on roles and responsibilities of the Executive Committee? ○ Slide 6 is about Critical Decisions: What does that need to look like? ○ Slide 7 is about Transparency: <ul style="list-style-type: none"> ▪ He thought that what we did during the Leadership Council meeting right before this meeting, where the Project Teams gave presentations on the current versions of their projects to a broad group from the region to get input and perspective was great for critical decision process and for transparency. ▪ He likes seeing all of the meeting materials posted on the website for transparency as well. ○ Slide 8: How is this board moving forward with voting? <ul style="list-style-type: none"> ▪ Our board does simple majority. ▪ Mike recommends developing something like Slide 10- a decision flow-chart (analytics capability)- is it clear how that whole decision-making process is going to go? Taking a sample decision-making flow-chart, executive committee could review this and bring it back for July meeting. ▪ Shawnie- I want to really challenge how we look at the finance committee, its membership and how its decisions are vetted. Trust is a big piece of this. Foundational understanding of what VBP is 	
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	<p>and isn't. Clearly understanding goals and objectives up front and what will and will not be funded. This is the tip of the iceberg.</p> <ul style="list-style-type: none"> ▪ Mike- Does the finance committee have a charter? Does it meet monthly? <ul style="list-style-type: none"> • Carol- No charter. It could meet monthly now with the new CFO. • Shawnie- There has not been a connection between the decisions around the project areas and how those projects will be weighted. It's theoretical- whose job is that? • Eddie- How do we distribute the \$119 as a board? • Mike- that is part of the board's purview. • Shawnie- Who leads that? Who's vetting that? Compliance? • Mike- What would you want to see within the finance committee. HCA- there is a revenue calculator 2.0- a calculator discussion on Monday? • Andrea- if there are some providers that are not participating- that's the threshold. • Mike- Maybe HMA can come back with a version of the this that addresses funds flow. • Carol- We're not behind on having this discussion now. Implementation funds will come later in demonstration years. • Wes- we still don't have a really complete understanding of rebalancing. • Carol- It's the financial executor at the state level that ultimately makes these determinations on the amount we get. • Mike- project selection flow-chart on Slide 11. 	
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	<ul style="list-style-type: none"> Slide 12- Distribute resolution. Having something like this could be helpful. Slide 13- Conflict of interest are inevitable. There is some due diligence to see how GCACH is going to proceed. GCACH has a policy. How well are you upholding and checking in with that policy? Perhaps make that a monthly agenda item as board meetings start. <ol style="list-style-type: none"> Example cases: board members should recuse themselves- make it a practice. Executive Director to be aware of membership- make sure there's a high degree of confidence and it's vetted at the LC level before coming to the board- that makes sure there's a lot of trust there. 	
OLD BUSINESS		
Employee Handbook of Policies	<ul style="list-style-type: none"> Martin asked the Board if they had any questions regarding the Employee Handbook of policies. 	<ul style="list-style-type: none"> Meghan moved. Dan seconded. Motion passed to approve the Employee Handbook of Policies.
Roundtable	<ul style="list-style-type: none"> Dan mentioned the <u>Six Thinking Hats</u> written by Edward de Bono. Six Thinking Hats is a system which describes a tool for group decision making. He emphasized that it's okay to talk about alternative views as it could be very valuable tool in making decisions. Eddie- felt like there was more time for dialogue. Martin- we're trying to manage the agenda to make it less packed and allow more time for discussion. 	<ul style="list-style-type: none">
ADJOURNMENT		



Board of Directors

Thursday, June 22nd, 2017
 9 a.m. to 11:50 a.m.
 Regular meeting
 Columbia Basin College (CBC)
 2600 N 20th Ave., Pasco, WA 99301
 Classroom L102

	Board meeting went from around 12:10 to 2:40. Minutes taken by Aisling.	
	<p>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</p> <p>The regular Board meetings for 2017 will be from 12-2:30pm on the following dates:</p> <ul style="list-style-type: none"> • July 20th • August 17th • September 21st • October 19th • November 16th • December 21st 	