

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Board of Directors Meeting Minutes Thursday, February 18, 2021 | 12:30 PM to 3:00 PM *Teleconference ONLY*

ATTENDANCE			
Board Members # Members: 17 Quorum: 9	President	Brian Gibbons (Astria Sunnyside Hospital) -----	Healthcare Providers
	Vice President	Sandra Suarez (Yakima Valley Farm Workers Clinic) -----	FQHCs
	Treasurer	Julie Petersen (Kittitas Valley Healthcare) -----	Hospital
	Secretary	Madelyn Carlson (People for People) -----	Transportation
	Past President	Rhonda Hauff (Yakima Neighborhood Health Services) -----	Housing
		Dan Ferguson (Yakima Valley Community College) -----	Workforce
		Dana Oatis (Lourdes) -----	Behavioral Health
		Eric Nilson (Kennewick Fire Department) -----	Public Safety
		Kate Mundell (Coordinated Care) -----	Managed Care Organizations
		Katherine Saluskin (Yakama Nation) -----	Tribes
		Kendra Palomarez (Catholic Charities) -----	Community/ Faith Based Org
		LaDon Linde (Yakima County Commissioner) -----	Local Government
		Les Stahlnecker (Education School District 123) -----	Education
		LoAnn Ayers (United Way of Benton & Franklin Counties) -----	Philanthropy
Martha Lanman (Columba County Public Health Dept) -----	Public Health		
Ronni Batchelor (Lourdes Health Network) -----	Consumer		
Susan Grindle (HopeSource) -----	Social Services		
Tonya Kreis (Yakama Nation) -----	Tribes		
GCACH Staff	Brissa Perez	Diane Halo	Sam Werdel
	Brittany FoxStading	Laurel Avila	Wes Luckey
	Carol Moser	Martin Sanchez	
	Chelsea Chapman	Sula Savchuk	
Guests	Penny Bell	Laurel Lee	
	Viktoriya Broyan		
WELCOME AND INTRODUCTIONS			

Thank you for your engagement with GCACH!

<p>Welcome & Introductions, Consent Calendar Brian Gibbons</p>	<p>Brian Gibbons, GCACH Board President, facilitated the meeting. Quorum was met with a total of 11 voting members present (or calling in) to the meeting.</p> <p>The Board reviewed the conflict of interest and the self-dealing transactions. Next, they reviewed the January 2021 Board meeting minutes.</p> <p>Ronni Batchelor motioned to approve the January 2021 Board meeting minutes. Seconded by Madelyn Carlson. Motion passed.</p> <p>No further discussion.</p> <p>Carol noted the updates to the board officers and reported that Sandra Suarez had nominated Les Stahlnecker for the position of Vice-President, and that Les Stahlnecker had agreed to be nominated.</p> <p>LoAnn Ayers motioned to approve Les Stahlnecker serve as Vice-President for the GCACH Board Officers. Seconded by Ronni Batchelor. Motion passed.</p>
REPORTS AND UPDATES	
<p>GCACH Report for February 2021 GCACH Staff</p>	<p>GCACH staff spoke to the articles within the GCACH Report for February 2021.</p> <ul style="list-style-type: none"> • GCACH submitted its 6th SAR on January 29th, 2021. • Martin highlighted Barth Clinic for their great work. The entire group greatly expressed the tremendous work of the clinic. Brian noted to leverage Barth clinic as an exemplar to replicate. • GCACH launched Cope, Calm, and Care Resiliency Campaign. The slogan is “Practice the Pause” and it has been really well received. • TeamSTEPPS training for Providers via the February Learning Collaborative. Brian and Dan praised this program. Dan noted having healthcare organizations promote this work in the educational systems wherever possible. • Business Planning work with Health Management Associates on the future sustainability of GCACH is in progress. SWOT Analysis and stakeholder interviews are in the first phase of this work. • The Yakima County Masking Communications campaign ended at the beginning of February and was deemed a success. COVID-19 numbers are on the decline in Yakima county.

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LHIN Tracker Brissa	<p>Brissa Perez, Community Engagement and Tribal Specialist, reviewed the Local Health Improvement Network (LHIN) tracker.</p> <p>The 2020 deliverables were audited, and all deliverables have been achieved by the LHINs except for the Yakama Nation who requested an extension to their 2020 contract. Brissa underscored the communication and availability for LHIN support. She also reviewed the deliverables for the Yakama Nation and noted they are rolling over Q4 to Q1.</p> <p>Focus at the next LHIN meeting includes:</p> <ul style="list-style-type: none"> • Look at third-party administrator (TPA) contracts and ensuring LHINs are working with those organizations • Discuss the social determinants of health (SDOH) for this upcoming contracting year. Ask to keep the same SDOH or change. <p>Brian mentioned a Community Health World Transformation grant and how it is very in line with this board and the ACH.</p> <p>Brissa updated that the ACHs will no longer provide personal, protective equipment (PPE) orders. She is also creating a list of all emergency management in each region.</p>
ORN Tracker Diane	<p>Diane Halo, Program Director, reviewed the Opioid Resource Network (ORN) tracker.</p> <p>She noted there isn't a budget for a third year and is unsure if that is an option. The reason for the ORN was to transition providers on ways to manage patients with opioid disorder. They have been trying to work with the navigators and getting into partnering provider offices—but COVID-19 has put this effort on hold and made it more difficult.</p> <p>Diane stated that GCACH staff needs to meet and come up with strategy moving forward. Brian encouraged staff to consider this further and provide a recommendation. Look at a strategy from 2 years and taper off.</p> <p>ACTION: Diane and staff to discuss and bring back to the board.</p>
ACTION ITEMS	
January 2021 Financial Statements Carol Moser	<p>Carol Moser, Executive Director, reviewed the financial statements for December 2020. This included the statement of activity, budget vs. actuals, and balance sheet.</p> <p>She announced that GCACH has hired a Director of Finance & Contracts. She will be a great asset to the team.</p>

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	<p>She reviewed the Statement of Activity in detail. She highlighted the grants, lower payroll expenses, professional services, CLA audit, staff training.</p> <p>ACTION: Take a look at the net revenue from the Statement of Activity.</p> <p>Next, Carol reviewed the Balance sheet. She noted accounts receivable, and that portal payments for Q4 of 2020 would be reflected in the March financials.</p> <p>Brian noted that the Finance Committee has reviewed this and recommends an approval.</p> <p>Sandra Suarez motioned to approve the January 2021 financials as presented with the adjustment to the net revenue piece on the income statement. Seconded by Kendra Palomarez. Motion passed.</p> <p>No further discussion.</p>
<p>Review and Approve Budget Use Categories Carol Moser</p>	<p>Carol Moser, Executive Director, reviewed the Delivery System Reform Incentive Payment (DSRIP) presentation that was reviewed with the Budget and Funds Flow Committee and Finance Committee.</p> <p>She highlighted that all the funds in the incentive use category and looked at the milestones. The discrepancy is a timing issue (Q4 payments aren't made until the following year) and the contingency funds aren't used. Brian said this was appropriate with the review at the Finance Committee and entertained a motion to approve.</p> <p>Ronni Batchelor motioned to approve the update to the budget use categories as presented. Seconded by LaDon Linde. Motion passed.</p> <p>No further comments.</p>
<p>Community Health Worker (CHW) Program Policy and Application Diane Halo</p>	<p>Carol Moser (Executive Director), and Diane Halo (Program Director) reviewed the Community Health Worker policy.</p> <p>This program has been reviewed by the Workforce Committee. GCACH also conducted a crosswalk with the recommendations coming from the 2016 CHW Taskforce. The policy review had been suggested by Suzanne Swadener and resulted in a few more requirements for Applicants, and more specificity about the training expectations.</p> <p>Dan Ferguson, Workforce Committee Chair, asked for GCACH to develop learning collaboratives and lesson learned, and recommended inviting the Managed Care Organizations (MCOs). This is feedback he's received from his workforce partners.</p> <p>Diane reviewed the next steps, which include:</p>

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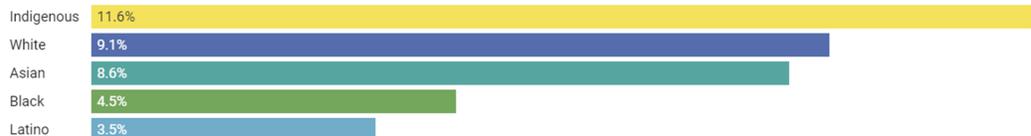
	<ul style="list-style-type: none"> • Meet with Workforce meeting and discuss launch • Develop a training on “How to hire CHWs” in March • Accepting applications through end of March • Scoring and decision by mid-April • Internship starts first of July 2021 <p>Dan requested that this is getting a lot of look from the state due to its innovation and problem-solving. He emphasized that this is specifically created for our region versus a template that could be applied elsewhere. He is hearing appreciation from the state as this is being tailored to our regional needs.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • Change the title to program (re: page 1 of the policy) • Add request of job descriptions for both positions (re: page 2 in application). <p>Other questions and comments:</p> <ul style="list-style-type: none"> • Review of CHW definition: community health workers engage people in the community and assesses their health needs and disparities, and bridge them into the healthcare system to reach their wellness goals. This is geared to primary care and is in line with what the providers use in our area to be successful. Proof of concept is proven and our goal is to scale this model. These services are not covered by the MCOs currently and is one of the reasons why we are seeking to fund this work. Further discussion as to what CHWs do. <p>Ronni Batchelor motioned to approve the Community Health Worker (CHW) Internship Program Policy and Application. Seconded by Les Stahlnecker. Motion passed.</p> <p>Dan highlighted the House Bill 1504 presented by Representative Chop and how it was in alignment with information provided by Carol and Dan last January. Dan gave kudos to the team for being innovative. Brian acknowledged weaving GCACH activities in the communications he has with legislators and plans to connect with her before any upcoming meetings.</p>
<p>Letter to State Legislators for Medicaid Transformation Project (MTP) Year 6 Carol Moser</p>	<p>Carol Moser, Executive Director, presented the draft advocacy letter for the board to send on behalf of their district. Greater Columbia ACH has six legislative districts in the region and met with 11/17 state legislators. A lot of advocacy work to explain the work of GCACH was conducted in 2020.</p> <p>Chelsea Chapman, Business Development Manager, reviewed the structure of the letter. This would mean an additional \$13.5M to providers in year 6.</p> <p>ACTION: Add additional talking points with the numbers.</p>

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	<p>Kate Mundell abstained and will not be distributing. The board is encouraged to ensure it is appropriate for them to send out on their behalf.</p> <p>Sandra Suarez motioned to approve the draft letter in support of the MTP extension of year 6 to their legislators. Seconded by Ronni Batchelor. Motion passed.</p> <p>No further discussion.</p>
FIRST READING	
None	No first readings at this meeting.
DISCUSSION ITEMS	
<p>COVID-19 Test Site Outcome Measures Carol Moser/Wes Luckey/Chelsea Chapman</p>	<p>Chelsea Chapman, Business Development Manager, reviewed the evaluation of the COVID-19 Test Site marketing campaign. This campaign was a group effort with organizations including Benton-Franklin Health District (BFHD), Columbia Safety, Department of Health, and more. Marketing was live from September 24th, 2020 to December 28th, 2020. Media outlets included social media, television, and radio (in English and Spanish). The test site grew from administering 83 tests on the first day, to 181 on day five to 700 tests per day by year’s end. The budget for the campaign was approximately \$125,000, and funding came from a contract with the Benton-Franklin Health District. Carol noted the underreporting on staff time.</p> <p>Highlights included:</p> <ul style="list-style-type: none"> • Overall, the campaign was successful due to site volume (exceeded original 500/day to 700-900/day) and in comparison, to the HAPO site. • Better targeting of at-risk population as seen in the demographics of people tested. (bi-lingual marketing through English and Spanish media channels) • Proved usefulness of project management tracking tools that were implemented. • Staff learned new skills with respect to project managing and launching new programs. • Relied on community partnerships to refine campaign message. <p>Brian praised the work. Carol noted that GCACH encouraged the BFHD to continue these efforts, and approached a partnership with them on marketing vaccinations and testing, however, BFHD is working with Visit Tri-Cities. We were disappointed but continue to stay open to marketing in the future. The conversation continued to the next agenda item.</p>
<p>ACH Role on Communications on COVID Testing and Vaccination Carol Moser</p>	<p>Carol Moser, Executive Director, started the conversation by highlighting transportation as a barrier to getting vaccinated and tested. Wes Luckey, Deputy Director, provided an overview of vaccination trends relating to low vaccination rates among Black-American and Latino communities.</p>

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Percentage of U.S. residents who have received at least one dose of COVID-19 vaccine, by race/ethnicity, across all states with available data



Data gathered Feb. 12, 2021, from the District of Columbia and the following 24 states: Alaska, Arizona, California, Colorado, Florida, Indiana, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin. Indigenous data was not available for the District of Columbia, Indiana, Pennsylvania, Tennessee and Texas. Latino data was not available for Louisiana. Asian data was not available for the District of Columbia and Florida. Asian and Pacific Islander counts are combined in North Carolina and Virginia. All denominators from the 2019 American Community Survey have been aligned to each state's method of racial data collection.

Source: APM Research Lab • Get the data • Created with Datawrapper

He further reviewed

- COVID-19 vaccination coverage by race and ethnicity and age in Washington State by the Department of Health

Figure 1: Race/Ethnicity of Vaccinated Individuals, Compared to Washington Population

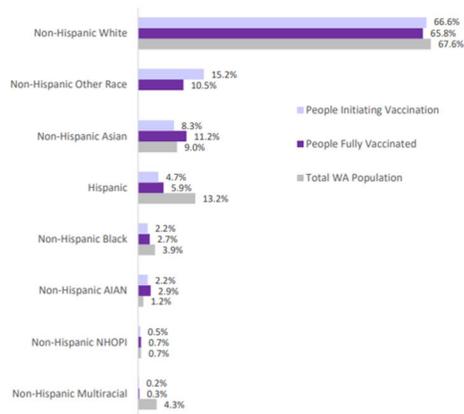
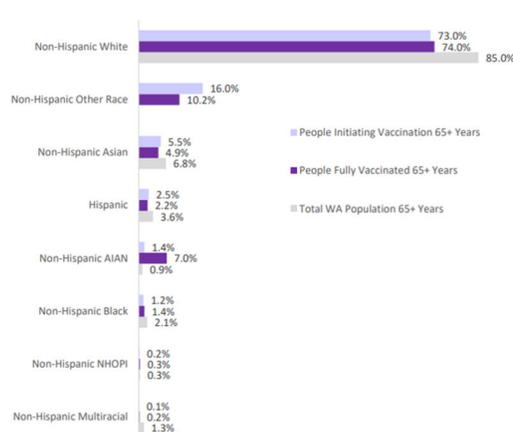


Figure 2: Race/Ethnicity of Vaccinated Individuals 65+ Years of Age, Compared to Washington Population 65+ Years



- GCACH Demographics: 65+ years of age (2020 WA OFM Estimates)
- Pulse Survey findings
 - Greater proportions of Hispanics are not getting vaccinated because they don't like vaccines, seek to have others be vaccinated first or, particularly, because of the perceived cost of the vaccine.
- BFHD ads
- GCACH Vaccination Data by County
- BFHD Vaccinations

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County					Vaccine Doses Given			People Initiating Vaccination			People Fully Vaccinated		
	Non-Hispanic	Hispanic	% Hispanic	Total	#	Rate	Graph	#	Rate	Graph	#	Rate	Graph
Asotin	21,702	938	4.1%	22,640	3,878	17.1%		2,287	10.1%		570	2.5%	
Benton	158,249	47,451	23.1%	205,700	37,546	18.3%		22,659	11.0%		6,018	2.9%	
Columbia	3,899	286	6.8%	4,185	931	22.2%		741	17.7%		214	5.1%	
Franklin	42,668	54,092	55.9%	96,760	5,043	5.2%		6,484	6.7%		1,932	2.0%	
Garfield	2,151	74	3.3%	2,225	584	26.2%		470	21.1%		21	0.9%	
Kittitas	43,731	4,409	9.2%	48,140	8,515	17.7%		7,337	15.2%		1,690	3.5%	
Walla Walla	47,938	14,642	23.4%	62,580	12,476	19.9%		10,115	16.2%		3,784	6.0%	
Whitman	47,306	3,174	6.3%	50,480	11,298	22.4%		5,747	11.4%		2,923	5.8%	
Yakima	124,080	134,120	51.9%	258,200	30,729	11.9%		22,487	8.7%		9,097	3.5%	
GCACH	491,724	259,186	34.5%	750,910	111,000	14.8%		78,327	10.4%		26,249	3.5%	
WA State	6,633,523	1,022,677	13.4%	7,656,200	1,201,120	15.7%		885,299	11.6%		309,573	4.0%	

- Overall, the GCACH is receiving vaccinations at rates less than the overall WA state average. In particular, counties with higher % Hispanic have some of the lowest rates.

LaDon noted that one of the complicated conditions in Yakima is that they are not receiving the vaccines. Carol noted a presentation by the DOH on the distribution of provider facilities that have been authorized to receive vaccines and shared there are 42 facilities in Yakima county and 42 facilities in Benton-Franklin county. This does not mean they receive the vaccines at the same time. There is a strategy the DOH is using re: vulnerability index to identify the exact locations in relation to this population. For Benton, there are only 10 sites actually giving vaccines. The DOH website shows where those sites are. LaDon noted it is not an issue of sites rather having the vaccines.

Sandra added the state adding and approving additional vaccination distribution sites; pharmacies were opened up when everyone else who was originally approved was getting less than the requested allocation. It is getting the needed doses. From an FQHC world, the governor announced a specific allotment to FQHCs in addition to what the state is receiving (i.e. receive from CMS directly). However, because how vaccines are rolled out, they will start with a subset across the nation and then slowly roll that out. Doses may come, but not until July.

Brian shared the experience from hospital perspective. They have 2-3 allotments but in the last month they received 0% and prior month they received 10%. He noted a waiting list of 4,000 people. He highlighted this is similar to needing PPE last year and supply/demand.

The group further discussed the challenges with vaccinations, messaging from the state, etc.

ACTION: Chelsea to send the updated spreadsheet to the board.

Dan shared a notice of meeting from DOH on a phased rollout plan for vaccination.

Les noted the discrepancy on who has vaccinations and who is showing up on the map (i.e. did not include TCCH or Lourdes).

LoAnn reflected on the conversation with the Health Department re: access and equity with the vaccine. The revelation that fairgrounds is closing at the end of March that is only taking 2nd vaccines not firsts—important information to share to frame expectations. Not sure any problem

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	<p>solving was done to provide transportation or messaging to fragile and eligible populations. Helpful to keep conversation going to find better solutions as supply is available.</p> <p>Carol asked for feedback from the board on which direction/the role GCACH should play with marketing COVID-19 vaccinations. She noted passing on the emphasis on “free” to partners who are advertising.</p> <p>Les noted the problems with advertising or getting the messaging out is that people are frustrated that they can’t get vaccinated; they hear about it, but can’t get it because it’s not available for their group. We hear things from the state that sounds like a lot of stuff is going to happen, and then 2 weeks later something happens and it’s not available. If we do advertising, we need to help people understand the supply and having to wait. He’s not sure the kind of campaign for masking or testing sites would be helpful with current availability. Brian agreed. He thinks if we are going to have an outreach role, it is one of support through an existing role through the public sector. Do not want to be on the wrong end of messaging. He thinks it is still early. If we are going to have a role, it needs to be in support of other efforts going on.</p> <p>Les recommended to when we are past 1B in phasing/when it is more open to the public. Sandra noted when the data starts showing vaccine doses are being allocated consistently and at larger quantities. She also agrees that GCACH should serve as a secondary role in pushing out other information and monitoring the progress.</p> <p>Ronni recommends continuing emphasis on safety, the resiliency campaign, and breaking down mis-information. She encouraged getting community leaders to affirm the accurate information. She reiterated promoting safety vs. the vaccine.</p> <p>LaDon recognized the website/app that folks use to sign-up for notifications on vaccinations. He offered to share the messaging on the Spanish radio station he is involved with.</p> <p>No further comments or questions.</p> <p>Decision: GCACH should serve as a secondary role in pushing out other information and monitoring the progress with vaccination rollout.</p>
ADJOURNMENT	
<p>Adjournment</p>	<p>Meeting adjourned at 2:45 pm. Minutes taken by Chelsea Chapman. Find the recording here: https://youtu.be/uUkqHR-hkco.</p> <p>Recap of motions:</p> <ul style="list-style-type: none"> - January 2021 minutes - Les Stahlnecker as Vice President - January 2021 financial statements - Community Health Worker (CHW) Internship program policy and application - Letter of support for MTP year 6

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Action items include:

- Diane and staff to discuss year 3 for ORNs and bring back to the board
- Take a look at the net revenue from the Statement of Activity
- Update the CHW program materials:
 - o Change the title to program (re: page 1 of the policy)
 - o Add request of job descriptions for both positions (re: page 2 in application)
- Add additional talking points with the numbers re: LOS for MTP 6
- Chelsea to send the updated COVID vaccination spreadsheet to the board

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