Greater Columbia Accountable Community of Health

Collaboration · Innovation · Engagement

Board of Directors

Meeting Minutes

May 16, 2019 | 12:30 pm – 3:00 pm

Tri-Cities Community Health (TCCH) | 800 W. Court Street, Pasco, WA 99301

ATTENDANCE	
Board Members **(*: called in)**	**Voting Board Members:** ☒ Rhonda Hauff (Housing, President) ☐ Martha Lanman (Public Health, Vice President) ☒ Brian Gibbons (Healthcare Providers, Treasurer) ☒ *Madelyn Carlson (Transportation, Secretary) ☒ Jorge Arturo Rivera (Managed Care Organization (MCO)) ☒ Carrie Green (Philanthropy) ☒ *Dan Ferguson (Workforce Development) ☒ *Darlene Darnell (Community-Based Organizations & Faith-Based Organizations) ☒ Dana Oatis (Behavioral Health) ☐ Lottie Sam (Tribes) ☐ Les Stahlnecker (Education) ☒ *Susan Grindle (Social Services) ☒ Ronni Batchelor (Consumer) ☐ Sandra Suarez (Federally Qualified Health Centers (FQHCs)) ☐ Ruben Alvarado (Local Government) ☐ Julie Petersen (Hospital) ☒ Eric Nilson (Public Safety) **Non-Voting Board Members:** ☐ Tonya Kreis (Yakama Nation Representative)

	☐ Martin Valadez (Board Past President, Advising Role)	
Guests (*: called in)	Joel Chavez*, Marissa Ingalls, Sierra Foster, Kat Latet*, Samantha Frederick, Sara Clark*, Courtney Ward*, Dan Vizzini*	
Staff/Facilitator	☒Carol Moser, ☒Wes Luckey, ☒Becky Kolln, ☐Rubén Peralta, ☒Lauren Johnson, ☒Diane Halo, ☒Jenna Shelton, ☒Martin Sánchez, ☐Patrick Jones, ☒Aisling Fernandez, ☒Sam Werdel, ☒Rachael Guess	
Welcome & Introductions	Rhonda Hauff, GCACH Board President, facilitated the meeting. Quorum was met with a total of 11 voting members present (or calling in) to start the meeting. The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval. Eric Nilson stated he would abstain from the EMS Community Paramedicine vote. Dana Oatis stated she would abstain from the Mid-Adopter Funding vote.	
MINUTES & REPORTS		**MOTIONS**
Consent Calendar (Rhonda Hauff)	4/25/19 Board Meeting Minutes were accepted by the Board members who had previously reviewed them. There was no discussion.	Motion by Ronni Batchelor to approve the Consent Calendar, which included the April 25, 2019 Board minutes. Seconded by Jorge Rivera. Motion passed. Rhonda Hauff abstained.
GCACH Report & Updates (GCACH Staff)	• Highlights of the GCACH Report included: ○ Practice Transformation Success Stories: Jenna & Martin shared stories about two of the organizations that are excelling at Practice Transformation: Columbia Basin Health Association (CBHA) (the Connell Clinic) and CHAS Health. ○ Washington Financial Executor (WAFE) Portal Update: GCACH has paid out $58,000 for Q1 milestones and all but one of the hospitals were successful. So far this year, GCACH has paid out $7.2 million through the WAFE Portal. ○ Social Determinants of Health (SDOHs) as Determined by each Local Health Improvement Network: GCACH has paid all of the Third-Party Administrators chosen by each LHIN. Additionally, the thorough process has been completed where each LHIN selected their highest SDOH priorities, with the results shown the following table.	

Highest Social Determinants of Health (SDOH) identified by each Local Health Improvement Network (LHIN)

	Access to Care/Transportation	Healthcare System Navigation	Nutrition/Food Insecurity	Behavioral Health	Housing	Employment	Education
Benton-Franklin Community Health Alliance	x		x	x	x		
Blue Mountain Regional Health Partnership	x				x		x
Kittitas County Health Network			x		x		
Southeast WA Rural Health Network	x	x	x	x			
Whitman County Health Network				x			
Yakima County Health Care Coalition	x			x	x	x	x

- The Social Determinants of Health Grant: Carrie Green shared that this opened the same day as the meeting.
- Practice Transformation Quarter One Reporting: The GCACH Practice Transformation Team has been providing technical assistance to the providers to achieve all of the Milestones which translates into incentive payments for our providers. To date, more than $11.7 million has been distributed to our 45 clinics and hospitals participating in Practice Transformation since May of 2018, the first month of DSRIP. Most of the providers are on track!
- MEETING- removing barriers
  - CAROL- the best part of the meeting was the barriers- talked about what we can do as an organization. SemiAnnualReports always ask us what we 're doing to remove barriers.
  - MARTIN- broke it down by site
  - RHONDA- will be able to add behavioral health providers?
    - CAROL SAID YES. Broken out under each project area. PCMH acts as the umbrella for all four project areas.
    - WES- to overcome barriers- planning to meet with leaders of the hospitals patient centered medical home and hospital systems and hospital business model- how do we align those better. Might be more tweaking we need to do.
- Trauma and the Opioid Crisis Summit: On June 20-21, 2019, Greater Columbia Accountable Community of Health (GCACH) and Catholic Charities of the Diocese of Yakima, in collaboration with Pacific Northwest University of Health Sciences (PNWU), are hosting a regional summit on Trauma-Informed Care and the Opioid Crisis. It will be held at PNWU in Yakima, Washington. GCACH staff talked about registration and the marketing GCACH was planning to do leading up to the event. There will be opportunities for organizations to have sponsorships and tables at the event. Yakima has an interprofessional group. Some of the speakers coming to the summit are nationally known. On Wednesday, June 19th, the evening before the summit, there will be a community event (open to the public at Eisenhower High School) with three panelists and a facilitator who will each tell their story about opioids.

	○ May 2019 Leadership Council/ Learning Collaborative Meeting: There was a brief report on the Leadership Council meeting that occurred in the morning before this Board meeting. Leanne Turnbull from ALTC presented on Initiative 2. Jacob Avery from Amerigroup presented on Initiative 3. Carol gave a brief presentation on the Supportive Housing Taskforce and the headway GCACH making with that. ○ Practice Transformation Status Tracker: The Board reviewed the PCMH Tracker that show the sites that Jenna and Martin work with. There are milestones due at the end of each quarter. More dates will be added going forward. Some sites have different metrics because the patients are different. Practice transformation is doing what it's supposed to be doing. ○ LHIN Tracker: The Board reviewed the LHIN tracker spreadsheet. Staff said that some of the LHINs didn't realize they had received payments. ○ CSI Reporting Portal/Community Page Update: Greater Columbia ACH has been working with CSI Solutions to develop a Reporting Portal site that will be used to track GCACH project areas, post educational opportunities and resources, Practice Transformation activities and other project work. This site is separate from the https://www.gcach.org website. On the community page, practice transformation organizations can log on, there are folders for each organization. Lauren is the site admin for the CSI Portal. The Practice Transformation Team will train the participating providers. The online form is linked to the toolkit; you select an organization, then a time period, then you select the milestone. There are many similarities between the workbook and the online form. The form consolidates the tables into drop-down options. Ronni Batchelor suggested that this type of site could be re-created when working with other organizations in the future with GCACH in the next phase as a consulting organization.
ACTION ITEMS	**MOTIONS**
Year-to-Date (YTD) & April Financial Reports (Becky Kolln)	• Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Financial Reports, which included: ○ Balance Sheet ○ Budget vs. Actuals ○ April 2019 Statement of Activity • Brian Gibbons, GCACH Board Treasurer, stated that there were no outstanding activities to report. Are working on an investment strategy and will talk about it at the next finance committee. ○ Becky added that the ACH Finance Leads met in SeaTac. One of the other ACHs has hired an investment organization. • Brian mentioned employee liability. • The Board supported the May Financial Reports with a motion.	Motion by Brian Gibbons to accept the February financial reports as presented, which included the Balance Sheet, the Budget vs. Actuals, and the April 2019 Statement of Activity. Seconded by Ronni Batchelor. Motion passed.
EMS Community Paramedicine	• Situation (excerpt from the CP SBAR document): To better understand the usefulness of Community Paramedicine (CP), and to leverage its implementation locally, the GCACH	Motion by Carrie Green to approve the use of $10,500

Module SBAR (Diane Halo)	would like to support a pilot project with KFD by supporting the implementation of the Community HealthTM module available through ImageTrend, an IT vendor that offers Electronic Patient Care Reporting (ePCR) solutions to EMS organizations. This software would integrate existing patient data collected by EMS through 911 calls and ED transports to highlight opportunities for face-to-face interventions with a CP within the patient's residence, with the result being to divert, redirect or eliminate future 911 call volume. The GCACH would subsidize the cost, $10,500, of the Community HealthTM Module through the pilot (Year 1). Subsequent to this pilot (Year 2 and beyond), KFD would then be responsible for all on-going annual licensing and other fees. It is also expected the that KFD EMS will use the CP module to produce summary reporting that will be transmitted back to the GCACH to demonstrate KFD's CP program's effectiveness. • Eric Nilson, Kennewick Fire Department, shared the situation and the benefits of the Community HealthTM module for the community from his point of view. ○ This is a module. Right now, in our system, we can take down a person's basic history, medication, allergies, because it's 911 they get patient history only relevant for that person *that day*, the person can reach out and get more data. This new model will have the community paramedic going to the point of care, pulling in all that medical data, referring to that data, and entering more data. This addition would allow us to *see the whole picture*. When we go out when someone has called 911, we can treat them there or bring them to the hospital. This module would enable to drill down and see for example, she didn't get to the pharmacy, and figure out what's going on. 911 don't ambulances have the time or tools to do this. This allows the medic to see the hospital data. ○ Community paramedics are different than paramedics. The community paramedics are a 40 hour a week daytime position. National data shows, those are the individuals where you can do something simple for them. If we can get this person on a better meal plan. This is the kind of thing a community paramedic can do, where they focus on a small number of people • Board Q&A: ○ Q: Does this info get to the PCP? ▪ Eric Nilson: That's the eventual goal. ○ Q: Instead of doing a more integrated system, if you're going to set it up, why go this route, not the full-on route to have the best system? ▪ Eric Nilson: ED utilization continues, contact continues to happen, when the paramedic shows up to house- integrated into that is the EMS connections- we believe we can impact those numbers without the biggest most	from the DSRIP HIE/HIT budget to fund a one-year pilot program to integrate ImageTrend's Community HealthTM module into KFD's current patient medical record system, which would support their emerging Community Paramedicine program. Seconded by Dana Oatis. Eric Nilson abstained. Motion passed.

	expensive systems. For now, we need proof of concept and willing partners. Have been using ImageTrend since summer of 2017. ○ Q: Is there a place for CHWs? ▪ Eric Nilson: We'll be flexible with what is best for the Mid-Columbia. In 2016, there was a community paramedic conference in Seattle- the keynote speaker said that all of the community paramedicine programs in this country are unique. We have so many resources around here. • The Board supported the Community Paramedic module pilot project with a motion (in agreement with the staff recommendation).	
Community Resilience Campaign Task Force Charter (Becky Kolln)	• <u>PART 1:</u> • <u>Purpose:</u> The objective of the Community Resilience Campaign Task Force (CRCTF) is to identify focus areas, target populations, strategies, and measures of success to build community level resilience that will translate into individual resilience. The Community Resilience Campaign Task Force will rely on local subject matter experts and consumers to identify existing efforts and determine the focus of the GCACH resilience campaign. The campaign will run, at a minimum, through 2020 and possibly beyond, depending on funding. The campaign will be evaluated at the end of 2019 and 2020. It will be communicated to the target audience, as identified by the Community Resilience Campaign Task Force, in English and Spanish. <u>Definition of a Resilient Community:</u> A resilient community contains the societal systems and infrastructure to provide its inhabitants equitable opportunities to meet their basic survival needs and paths to excel. In addition, a resilient community contains systems that facilitate initiatives that build and promote protective factors. • Staff shared that the original idea was an ACEs Campaign, but the idea shifted to focusing on community resiliency instead to focus on the positive, the resiliency tools, the actionable steps and to avoid re-traumatizing people. • The taskforce is currently being formed and there are some administrative duties for the taskforce. • The Board supported the Community Resilience Campaign Task Force Charter with a motion. • <u>PART TWO:</u> The Charter didn't include a specific amount for the stipend. The Board questioned why the staff was recommending payment for the CRCTF members. It was explained that the people participating were subject matter experts, and have spent may professional years understanding ACES and trauma. Many of them are	• Motion by Ronni Batchelor to approve the Community Resilience Campaign Task Force Charter. Seconded by Eric Nilson. Motion passed. • Motion by Brian Gibbons to approve payment of $100 per organization per meeting (paid out quarterly) for attending the Community Resilience Campaign meetings. Seconded by Carrie Green. Motion passed.

	clinicians, and have to take time from their clinics to participate in the meetings. It was felt that having this type of expertise was critical to the success of the campaign.	
Mid-Adopter Funding Allocation, Phase II Budget SBAR (Carol Moser, Diane Halo)	• Background: ○ The state Health Care Authority (HCA) announced in 2014 that WA State would integrate services for mental health and substance use (E2HB6312). The HCA is moving forward to meet the legislative direction under E2SSB 6312, which aims to integrate behavioral health benefits (both mental health and substance use disorder treatment) into the Apple Health managed care program so that clients have access to the full complement of medical and behavioral health services through a single managed care plan by 2020. This supports the goal of holistic patient care. The incentive payments earned for integrated managed care milestones are intended to be used to assist providers and the region with the process of transitioning to integrated managed care. • Situation: ○ On April 19, 2019, GCACH received approval for funding from the MTP Independent Assessor (Myers and Stauffer) for Phase II Integration Incentive Funding, used to assist Behavioral Health (BH) Providers to transition to a fully integrated managed care system in the amount of $6,110,350. The award was for achievement of Phase II milestones, achieved through continued GCACH project management, and Semi-Annual Report II. ○ The Board of Directors has the ultimate authority of how these funds should be spent (refer to attached email dated 6/26/2018 with HCA, and Regional Funding Sources: Mid-adopter Transition and Clinical Integration Funds, dated September 2017). GCACH staff is trying to come up with a Phase II budget that meets the intent of Board guidance and honors feedback received from some Behavioral Health Agency (BHA) organizations: ○ A primary goal of the Medicaid Transformation Project is to support implementation of a fully integrated physical health and behavioral health managed care system by January 2020. With that in mind, a concept idea has taken shape around funding to integrate services for the 17 BH Providers that transitioned to Integrated Managed Care (IMC) in early 2019, following HCA expectations (see attached "Expectations Regarding Use of Medicaid Transformation Integration Incentive Funding" document). However, at the May 14, 2019 Provider Readiness Workgroup convening, staff was not able to present	Motion by Brian Gibbons to approve the budget of the Phase II Integration Incentive Funding ($6,110,350) to be allocated to the integration incentives for 17 behavioral health providers ($4,211,631), scholarships for behavioral health internships and Community Health Workers' workforce development ($490,000), Health Commons for Opioid Networks ($360,000), Opioid Resource Network in Kittitas and Pullman ($900,000), Learning Community ($100,000) and administrative fees ($48,719). Seconded by Eric Nilson. Dana Oatis, Darlene Darnell and Ronni Batchelor abstained. Motion passed.

the suggested budget for Phase II funds. Some BHAs are not getting their claims reimbursed, creating operational difficulties, so the budget conversation was sidelined.

- Analysis:
  - There was no action taken at the May 14 Provider Readiness Workgroup meeting due to the various opinions and concerns about the proposed Phase II budget. GCACH needs approval of the Mid-Adopter Phase II Integration Incentive Budget in order assist Medicaid BH Providers and the region completing the process of transitioning to integrated managed care, and moving forward with innovative integration models. At the next Provider Readiness meeting, GCACH will discuss funds flow options and come to an acceptable model that meets provider needs.
  - The budget below demonstrates how the $6.1 million Phase II Integration Incentive Funding could be allocated:

Budget for Phase II Integration Incentive Funding		$	%
Integration incentives for 17 BH organizations	$	4,211,631	69%
Scholarships for BH Internships and CHW Workforce Development	$	490,000	8%
Health Commons for Opioid Networks (Yakima, Kittitas, SE WA, Pullman)	$	360,000	6%
Opioid Resource Network-Kittitas SE WA Pulllman (Yakima funded through state grant, BFN funded through extra DSRIP)	$	900,000	15%
Learning Community	$	100,000	2%
Administrative fee	$	48,719	1%
Total	**$**	**6,110,350**	**100%**

- Recommendation:
  - The GCACH recommends that the $6,110,350 in Phase II Integration Incentive Funding be allocated according to the above budget.
- Board Discussion:
  - Board President Rhonda Hauff: We have a Budget and Funds Flow Committee. Did the percentage in the budget come from this committee?
    - Carol: No. Staff did the analysis and compared it to the PCMH organizations. The percentages for BH organizations are somewhat higher. We felt it was the fairest way to lay out the milestones to make it somewhat similar to the PCMH organizations. We feel in order to be a good steward of the GCACH funds, there have to be milestones and reporting. This is the Board's fiduciary responsibility. Staff also supplied a document in the Board packet which is an email, which in summary showed that Ed Thornbrugh felt that GCACH was more of a pass-through agency and that

	provider organization should decide who should receive the funds. However, it's really the GCACH Board that determines the destination of the funds according to the HCA. ○ Board President Rhonda Hauff: We've already received clarification from the HCA and we've already had the Board discussion so let's proceed. ▪ Carol: The Budget and Funds Flow Committee document titled "Payments to Behavioral Health Agencies Linked to Integrated Managed Care (IMC)" shows the payment structure with amount of funding that has already gone to the BH organization. There were two allocations, with the total per organization in the right-hand column, ranging from $82k to $1.1 million. Under the Phase II model, each BH organization would receive $247,743 regardless of size. ○ Board President Rhonda Hauff: Were there any discussions during the budget and funds flow committee meeting? ▪ Darlene: Most of the meeting was about clarification about what's being done with the hospitals and primary care. There were a few questions about how we're ensuring that they're working together and that people aren't falling through the gaps. Really need to reinforce those three systems to work together. ▪ Carol: At that meeting some of the questions came from people who were new and how we came up with this formula. ○ Dana Oatis: What about smaller organizations? ▪ Jenna Shelton: Yes, maybe bring in Kadlec for a trifecta. Lutheran community services. Places that are smaller that can still do deliverables by patterning. ○ Darlene Darnell: Consistent funding to the smaller organizations really benefits them. ▪ Dana Oatis: This is different than what the BH organizations are used to. The smaller organizations can also earn this. ○ Jenna Shelton: This is something we promote- care coordination- this is one of the questions that you'd ask of the BH organizations, "What community collaborations are you promoting?" They would like more description – what does empanelment look like. Some of the feedback they've gotten. ▪ Martin: Similar to practice transformation navigators for the BH organizations.	

	○ Darlene Darnell said she would abstain from this vote because she works for a BH organization but wanted to report back. ○ Carol Moser: We had to hoped to go through the milestones on Tuesday to have a dialogue about this but we didn't have the opportunity for that conversation. We are having another provider meeting in two weeks. Might be something we're missing. ○ Board President Rhonda Hauff: Are two navigators enough to handle additional organizations going through PCMH? ○ Jorge Rivera: I'm trying to understand why this is the same for big vs. small organizations. How do you see that in the context that we have some very large providers where this is a small amount of money and they have a big impact in the community? ▪ Sam Werdel: This is not per organization, rather this is per clinic setting- an estimate based upon their population. Implementing processes across the board. Time for a QI team to get together. Take time for risk stratification. ▪ Carol Moser: You've got Providence and you've got Garfield where Providence is much bigger, but all organizations are receiving the same funding for Milestones. When we went through the original scoring process, we asked about the 8 change concepts and volume was one of them but it scored very small. Leadership was the most important piece. ○ Jorge Rivera: I don't know all of these details. Everything we do is in integrated BH and it's really critical for providers to be really engaged. • The Board supported the budget with a motion.	
DISCUSSION ITEMS		
April Board Retreat Recap/Crosswalk (Carol Moser, Jenna Shelton, Martin Sánchez)	• GCACH staff hosted the April Board Retreat at the Courtyard by Marriott Richland Columbia Point on April 25th. Chris Kelleher from OHSU facilitated the retreat with support from Dan Vizzini. The focus was on sustainability planning for the GCACH organization. • Carol: At the meeting, they ran through a financial analysis to look at cash flow for people to see what might happen in the future. • Brian Gibbons: They talked about what type of sustainability they could foresee, such as sometime down the road create a consulting arm, an opportunity for the company to develop and sell services to other health care companies- a convener company that provides services to enhance other organizations to sustain the good work. • Rhonda: Sort of like the ESD. • Carol: Like a Center of Excellence • Dana: Thought it was a good dialogue about future endeavors	

	• Ronni: Thought it was very thought provoking, it could be like an entrepreneurship, how can we be a support for organizations moving forward so there's an income base to financially sustain it. Like a liaison, this organization has done that very well. • Jorge: The data for the context for the discussion was very well done. Sets up the reality now and down the road for realistic scenarios. The information was articulated well and the projection of cash flow over the next 4 years and how much time we have to work on sustainability. Very helpful. • Rhonda: The board feels that the GCACH should continue. We have some money in the budget for grant writing. Is this the time to talk about bringing on a full-time development director to get there and not do this at the last minute? It takes for someone to research the opportunities, not just for $50,000 but for a million-dollar opportunities. How does the board feel about that as a full-time position? ○ Jorge: Makes a lot of sense. To Wes' point, it's as much an art as a science. Make a committee to shape this up. It's not just copying a job description from Google. There should be work of people who have this experience to support, how much of the job is grant writing or fundraising or whatever. ○ Darlene: If we consider this type of position, maybe consider it on a contractual basis vs. staff. Potentially your time for a position like this could ebb and flow depending on funding opportunities you're looking at. Also, because this becomes more and more critical as we move toward the end of the 5-year demonstration. Difficult to apply for funding for an organization that currently has a lot of money coming in. ○ Rhonda: I get that, but that person would not be 100% dedicated to your organization. ○ Ronni: In my experience with non-profit, having an onboard grant writer, there are things that come up, this could be done by the grant writer- the seeking out of the grant. When you have them on board as staff, they are more dedicated and seek out more for you. ○ Eric Nilson: Is this something we should look at? He says absolutely yes. 2023 is getting big in the window. Goes very fast. Would support actions today for that. ○ Carrie Green: The new center for excellence would be a 501c3? ○ Rhonda: The person could write grants now. ○ Dana: He/she could do more than write grants, and also do development and business plan, then he or she will be fully immersed, then more grant writing for the future organization ○ Rhonda: I'll ask carol to do some research and bring back ideas. ○ Dan Vizzini: If there are enough staff resources, do this before bringing on another contractor or another staff person- if you think about grant proposals, information about government, financial statements, mission, narrative about organization.	
ADJOURNMENT		
Adjournment	• Meeting adjourned at 3:03 p.m. Minutes taken by Aisling Fernandez.	Motion by Ronni Batchelor to adjourn the May Board meeting. Seconded by Jorge Rivera. Motion passed.

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

The 2019 Board meetings listed below will be in the Tri-Cities Community Health Board Room, at 800 W. Court St. Pasco, WA 99301, from 12:30-3:00 p.m. on the following dates:

Thursday, July 18th Thursday, August 15th Thursday, September 19th
Thursday, October 17th Thursday, November 21st Thursday, December 19th