



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Board of Directors

Meeting Minutes

March 21, 2019 | 12:30 pm – 3:00 pm

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

ATTENDANCE

Board Members (*: called in)	Rhonda Hauff (Housing Sector, President) Martha Lanman (Public Health Sector, Vice President) Madelyn Carlson (Transportation Sector, Secretary) Brian Gibbons (Healthcare Providers Sector, Treasurer) Jorge Rivera (Managed Care Organization (MCO) Sector) Ronni Batchelor (Consumer Sector) Dana Oatis (Behavioral Health Sector) Sandra Suarez (Federally Qualified Health Centers (FQHCs) Sector) Les Stahlnecker (Education Sector) Carrie Green (Philanthropy Sector) Dan Ferguson (Workforce Development Sector) Susan Grindle* (Social Services Sector), Julie Petersen* (Hospital Sector) Tonya Kreis (Yakama Nation Representative)
Guests (*: called in)	Ashley Walker, Joel Chavez, Marissa Ingalls, Caitlin Safford, Sierra Foster, Kat Latet
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	<ul style="list-style-type: none"> • Rhonda Hauff, GCACH Board President, facilitated the meeting. • Quorum was met with a total of 13 voting members present (or calling in) to start the meeting.

	<ul style="list-style-type: none"> The Board reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval. 	
	MINUTES & REPORTS	MOTIONS
Consent Calendar (Rhonda Hauff)	<ul style="list-style-type: none"> 2/21/19 Board Meeting Minutes were accepted by the Board members who had previously reviewed them. There was no discussion. 	<p>Motion by Ronni Batchelor to approve the Consent Calendar, which included the February 21st, 2019 Board minutes. Seconded by Madelyn Carlson. Motion passed.</p>
GCACH Report & Updates (GCACH Staff)	<ul style="list-style-type: none"> Highlights of the GCACH Report included: <ol style="list-style-type: none"> <u>The Trauma Summit</u> (The upcoming conference, Trauma and the Opioid Crisis will be a three-day event! There will be a public forum at Eisenhower High School in Yakima Washington on June 19, 2019. The topic will be “Addressing the Opioid Crisis in Our Communities.”) will have four tracks. Sponsorships are available to attend. Website registration will come out soon. <u>Status of Network Manager for Opioid Resource Network RFP</u>: We have not yet received any RFPs. The ORN in Yakima extends into Kittitas. The Yakima Hub and Spoke model is slightly different than our model because they have to be a MAT provider. In our RFP they can collaborate with a MAT provider or be a MAT provider. <u>Status of Yakama Nation LHIN/MTP Project</u>: The Board discussed (and passed a motion to explore) the possibility of developing a LHIN with the Yakama Nation at the February Board meeting. To follow up, Carol met with Arlen Washines, and he was very interested in becoming a LHIN. Staff will continue that conversation on March 28th. (Update: Mr. Washines had to move their meeting to April 17.) A small group of the Yakama Program Managers met with Rob Arnold, Wes, Rubén and Carol, including Barbe West from SWACH to discuss interoperability and IT. Interoperability is a priority for the Yakama Nation as they have 28 programs that do not interface, yet have the same clients. The DHAT program is another option for the Yakama Nation, although there were some issues with the WA State model that are being worked out. <u>Status of Supportive Housing Summit Results</u>: On Tuesday, March 19th. Greater Columbia ACH hosted the Supportive Housing Summit focusing on chronically homeless individuals in Benton and Franklin Counties. Over 90 attendees were present! Thank you to Rhonda Hauff & Patrick Jones for being presenters. Unlike Yakima, Benton and Franklin counties don’t have a supportive housing group. We’re testing out how to put one of these together. Looking at meta research. Leeza Lorence from Amerigroup gave an excellent presentation on supportive services and employment. There are several providers in our area that aren’t taking advantage of these opportunities. Members of the police department were talking with Rob McCann at the end of the meeting, and it was great to see and aid in different groups coming together to work on complex problems. Homelessness is one of those problems! Until we solve homelessness, we won’t see reductions in ER usage and other big issues. It’s important to link the social determinants of health to health care work. Hoping to duplicate 	

this if it's successful. Housing was identified in most of the LHINs as a high need. I've become a true believer in housing first. Presentations were great. Want to do presentations in other counties too once there's some experience.

5. Status of CSI Portal: GCACH is having an ongoing conversation with CSI. The site development for GCACH is much different than what the other ACHs are going through. We have a backup system with paper and electronic forms if it's not ready by the due dates in April.
6. Resilience/ACEs Campaign: Last Friday, March 15th, they convened the first taskforce, they completed the data review to look at our region to look at the hotspots where the highest needs are. Looking at the RWJF data based on school districts. They did not get to complete the charter or get to talk about strategies. Will meet again on April 1st and get deep into the charter. Impressive people on the team like Carla Prock, Kate Atkinson, Teri Barila, and Ruben Alvarado, Magdalena Naikimbalkar, and Rhonda Hauff. What stuck out from the first meeting was taking a community-wide approach, focusing on protective factors and positive childhood experiences. Comment that it was a very positive discussion! Seemed to be the sentiment we heard at the Board too, to focus on resilience rather than focusing on ACEs.
7. ACH Tribal Liaisons Convening: There was a meeting on February 22nd and there are meetings every two weeks that Ruben calls into. He shares how GCACH is collaborating and what we're doing. Some of the highlights of the meeting were the DHAT and the community health program.
8. The STEM Like ME! Program: One of GCACH's Practice Transformation Navigators, Martin Sanchez, sharing his knowledge and passion of the Healthcare Industry to Chiawana High School Freshmen on February 20th.
9. Practice Transformation Update:
 - a. The PCMH Tracker was briefly reviewed.
 - b. Over the past month Martin and Jenna been working with the practice transformation organizations. This time they are focusing on different sites and asking how the process is going for them, and chose a few sites to highlight.
 - Columbia County Health System: Shane McGuire has been instrumental in putting a team together and is always reaching out right away. They've identified some places to put the money such as upgrading their EHRs, purchasing templates for patient rostering. Wanted to highlight them as serving rural communities.
 - Pullman Regional Hospital & Pullman Family Medicine: Clinical Project Manager, Deb Watson, is the lead for all of the meetings and she's the champion. There is a small internal group and a large one. She shows people to delegate on each milestone and she's a great example of taking ownership. Pullman Regional Hospital CEO, Scott Adams, during the latest QI team meeting said, "I think it is important to realize that the work we are doing is not simply to receive some money from Greater Columbia. The efforts we are making are laying a foundation we hope to build on as we pursue the next era of excellence in healthcare in our community."

	<p>10. <u>LHIN Tracker Update</u>: Wes, Becky and Rubén hosted the First Quarter Local Health Improvement Network (LHIN) Leadership meeting, and all of the LHIN leaders attended. The group discussed the LHIN/GCACH Contract, capacity-building training ideas, and received an update on the Community Health Fund. Kittitas, Yakima and SE WA have completed the process for the Third-Party Administrator (TPA) and received their funding. The TPA process is pretty much complete.</p> <p>11. <u>WAFE Portal Update</u>: The Practice Transformation providers are doing a great job accomplishing their milestones and have been receiving payments for completing milestones in the first quarter. \$3.8 million has been disbursed in 2019 so far (inclusive of payments scheduled for the next day, March 22nd). Making a lot of progress!</p>	
<p>DSRIP Funding Presentation (Becky Kolln, Rachael Guess)</p>	<ul style="list-style-type: none"> • The Delivery System Reform Incentive Payments (DSRIP) presentation discusses the main source of funding for the 5-year Medicaid System Transformation in Washington. This presentation was also given at the finance meeting earlier in the week. • There was some discussion about the Challenge Pool for MCOs, which is an incentive for MCOs to meet quality and HEDIS metrics/goals, but more information is needed from the HCA on the specifics. • The Design Funds are done now. This was for Year 1 only. We went through the ACH certification process. • We have not yet received VBP Incentive funding. One of the goals of this program is to get as many providers into VBP arrangements as possible. • Thinking about percentage of payment within VBP payment arrangements that may be with respect to where the arrangement is held and sits. HCA and CMS measures VBP by the <u>dominant</u> arrangement. For a BH provider might have a portion of VBP and a portion of FFS. It's the total cost of care arrangement. Right now, entering a space where we're trying to go to that same goal. Gets us to the goal but may not impact the way it's being measured. • Project Pool means the project areas we chose as an ACH. • For the capacity building- there are three things and we've set aside certain provider milestones. If you're spending funding to improve EHR or other things, that's a milestone and money is set aside for that. All flows through our DSRIP budget. We haven't spent some of those use categories yet. • The day before (March 20th) there was an IT meeting. Wes briefed everyone on the IT projects and these are all within Domain 1. • There are 23 practice transformation providers, and slide 9 shows what they've been paid to date. This does not yet include March. This is just practice transformation not including the clinic milestones. • Jorge commended everyone for their work and said this was one of the best presentations on DSRIP he's seen. 	
ACTION ITEMS		MOTIONS
<p>Year-to-Date (YTD) & February</p>	<ul style="list-style-type: none"> • Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Financial Reports, which included: <ol style="list-style-type: none"> 1. Balance Sheet 2. Budget vs. Actuals 	<p>Motion by Brian Gibbons to accept the February financial reports as presented, which included</p>

<p>Financial Reports (Becky Kolln)</p>	<p>3. February 2019 Statement of Activity</p> <ul style="list-style-type: none"> • Financials of note: <ul style="list-style-type: none"> 1. In the Balance Sheet, it shows the Checking and Money Market accounts with Numerica. Previously, GCACH was pulling more money down from the Money Market into the Checking account, but the new strategy is to leave as much in the Money Market account as possible and pull down what is going to be used. It's not that we have less money than before. Another consideration to this strategy is that there is a certain number of times you can access money without fees. In sum, GCACH is trying to be careful about drawing down the funds to maximize savings and interest. 2. Something new for this year in the budget, show in the Budget vs. Actuals document, is funding for staff trainings. 3. Comment from Board Treasurer Brian Gibbons about the statement of activity and financial documents: Should you need to dig, <i>Becky has done a beautiful job presenting the specifics so it's easy to go through them.</i> 	<p>the Balance Sheet, the Budget vs. Actuals, and the February 2019 Statement of Activity. Seconded by Ronni Batchelor. Motion passed.</p>
<p>Telework Policy (Carol Moser, Becky Kolln)</p>	<ul style="list-style-type: none"> • February 2019 was a good example of why it's good to have a telework policy. • GCACH didn't have a policy so once the bad weather was over, staff discussed putting this in writing. • Staff was really grateful for OneDrive, GoToMeeting and other tools for remote work. • Becky asked for employee handbooks from other organizations and took a lot of this writing from other handbooks and GCACH experience. • Board request that it be spelled out a little more for employees in the policy so that employees are still paid if the decision is made to close the office early for safety. • At People For People, they have to record time worked because of the grant-funded programs. They have a generous annual leave so people can request annual leave when there's a delay. People can make their schedule a little more flexible during that pay period to make up the hours. • Board suggestion to have legal counsel look at this. There have also been WA state PTO policies. Will be good to have legal counsel look at this and bring it back to the board, and look at the whole handbook. • Board recommendation to have legal counsel also look at exempt vs. non-exempt employees. • Board suggestion for style: Instead of wording "it's going to be loosely based on," say something more like "will take into consideration the delays at the schools." 	<p>No motion was made.</p>

<p>Cross-ASH Collaboration SBAR (Carol Moser)</p>	<ul style="list-style-type: none"> • Staff presented the background for the collaboration to the Board: <ol style="list-style-type: none"> 1. ACHs have been meeting for over a year to discuss common concerns, and they have been working with Deanna Davis from Applied Insight. We need more subject matter expertise (SME) than just facilitation, we need someone with SME. In February the ACHs came together to put together a request for proposals to cover HIT/HIE strategies and sustainability. ACHs are all approaching these differently across the state. We owe it to our partners to have as much uniformity as we can. Susan McLaughlin from King County ACH is working on a standardized care plan. GCACH is working on a resource directory. SWACH is working on EMS. It would be nice to have more alignment between the ACHs. Reaching an agreement with the ACHs has taken this long, but they developed an RFP in February and interviewed four firms at their ACH meeting on March 12th. The ACHs unanimously chose Artemis Consulting which includes some familiar experts: Cathy Kaufmann, Dr. Bruce Goldberg, Diana Bianco (Principal of Artemis Consulting), Rim Cothren (an IT expert). They gave a great presentation. RFP is for up to \$170,000. Our share would be \$19,200 for one year. We have the capacity to pay for this service. It is staff's recommendation for the Board to approve this contract with Artemis. Better Health Together will administer the contract. It will allow the ACHs a methodology to talk with HCA with a single voice. • The Board motioned to approve participation in this collaboration. • The Board had a discussion: <ol style="list-style-type: none"> 1. Comment that it's good to have a single-minded approach and MCOs are very supportive. Also have to say that many of the Boards that MCOs belong to, GCACH is the first to ask the Board to approve the funding for this. The language is vague and we want to know more about certain things like what does 1. What does <i>negotiate with MCOs</i> mean? 2. What does <i>work on sustainability</i> mean? Maybe work more on the contract and bring it back to the Board? 2. Comment that vagueness allows the Board to move things forward. 3. Conclusion, staff will bring it back to the Board to review again once it is a more specific contract. Right now, it is a general SBAR. 	<p>Motion by Sandra Suarez to approve participation in the Washington State ACH Collaborative, approving Better Health Together (BHT) as the contract administrator, and participation in the Artemis Consulting contract in the amount of \$19,200. This contract would come out of the operational budget under the ACH Project Plan Development & Implementation use category. Seconded by Ronni Batchelor. Motion passed.</p>
<p>April Board Retreat Agenda (Carol Moser)</p>	<ul style="list-style-type: none"> • The Board will have a Retreat in April to talk about sustainability instead of the regular meeting. • GCACH is working closely with Chris Kelleher and with Dan Vizzini. • The focus will be on sustainability planning. • The presentation for this agenda item is called, "Long-Term Goals for the Region and the ACH Initial Brainstorm Session" 	<p>No motion was made.</p>

	<ul style="list-style-type: none"> • There was no motion. The Board agreed with the agenda and with the questions and content in the PowerPoint. 	
DISCUSSION ITEMS		
2017 Audit Review (Becky Kolln)	<ul style="list-style-type: none"> • Moss Adams audited GCACH finances ending on December 31, 2018 and issued their report on February 5th, 2019. • The Board looked at the Internal Controls document (a spreadsheet), the letter “Communication with Those Charged with Governance” from Moss Adams, and the audit documents for 2017. • GCACH has these weaknesses because there are not enough staff members. Staff has looked at what they recommended in the 2017-2018 audit and have already made changes to address it. 	
CCHE Survey Results (Carol Moser)	<ul style="list-style-type: none"> • The Center for Community Health and Evaluation (CCHE) As part of the ACH evaluation, CCHE conducts an annual survey of regional stakeholders engaged in each of the ACHs. The survey is intended to support ACH strategic learning and to spark conversations about continuous improvement. It provides a snapshot of ACH participants’ opinions and perspectives about how their ACH is developing and functioning. – It highlights areas of strength and growth to support conversations about how the ACH can continue to improve. • The results for 2018 were better than 2017. 105 people responded to the survey this year. We learned that it’s not a good idea to send out the survey to everyone, which previously included many people who were only marginally involved. This year we were more intentional about who we sent it to, and we had a higher response rate (64% compared to 29%). Our Board outperformed in terms of who responded compared to other ACH Boards. • Respondents represented 5 membership groups (and many people (35.6%) were involved in more than one group): <ul style="list-style-type: none"> ○ Partnering Provider Organization and/or Behavioral Health (IMC) Organization ○ Practice Transformation Workgroup ○ Leadership Council ○ Board of Directors ○ LHIN • The sectors that the respondents represented were (the majority chose only one sector): <ul style="list-style-type: none"> ○ Behavioral Health provider or organization ○ Primary Care (including Community Health Centers) ○ Community-Based Organizations ○ Hospital or health system ○ Local public health department • Many (almost a quarter) have been involved for more than 3 years, which is a higher proportion than in 2017 and higher than the state average among ACHs. • The majority reported being <i>engaged</i> or <i>very engaged</i> with GCACH. • 75.3% were <i>satisfied</i> or <i>very satisfied</i> with how GCACH is operating. This is pretty high. Those who are not satisfied went down since 2017 and we attributed this to who we sent the survey to (those more involved in the work). 	

- Our lowest scores were in Community Engagement, but so were all of the ACHs- a tough nut to crack. Slightly behind in organizational function. Slightly ahead elsewhere.
- Ronni- maybe we should focus on that.
- Carol- last month we used the Mentimeter to get some really great ideas about community engagement.
- Did better across all the domains in 2018.
- Only significant difference was in mission and goals domain.
- Individual strengths and opportunities. Leadership and staff work together to further agenda.
- Opportunities-
 - Less agreement about aligning resources and reducing duplication. Last year teeing up practice transformation and get provider orgs into a change structure. Much more opportunity for this year.
 - Impact of the ACH- scored higher over time. A good trend!
- Carol- Comment on connecting on a larger scale. Trying to reach across the region to learn from one another. Valuable to have peer learning.
- Carol- great to work with different sectors than we normally work with – a wide variety of people we don’t normally have around the table for the housing summit! A good example of Collective Impact.
 - The 6 domains: Member Participation, Mission and Goals, ACH Governance, ACH Organizational Functioning, Community Engagement, and Regional Health Improvement Projects & Activities.
 - We rated significantly higher on Community Engagement and on Regional Health Improvement Projects compared to 2017.
 - We rated higher (but not statistically significant) in the other 4 domains compared to 2017.

➔ **Drilling down to individual survey components:**
The top three strengths and opportunities for improvement

Strengths	Opportunities
<ul style="list-style-type: none"> • Has leadership and staff that work to further the agenda of the collective ACH. (38.9% rated as outstanding) • Has leaders who bring the skills and resources that the ACH most needs. (36.4% rated as outstanding) • Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.) (35.1% rated as outstanding) 	<ul style="list-style-type: none"> • Engages the broader community with opportunities for public comment or participation. (25.3% rated as needs improvement) • Communicates effectively with the broader community about the ACH mission and activities. (23.5% rated as needs improvement) • Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation. (21.7% rated as needs improvement)

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<p>Community Resource Directory Update (Wes Luckey, Lauren Johnson)</p>	<ul style="list-style-type: none"> • Lauren and Wes have been looking at existing community resource directories and comparing them. They have compared: OneDegree, 211 Connecticut, WIN211, and Health Bridge in this spreadsheet. • Having a community resource directory is important for housing, nutrition, employment, etc. Many resources are available like 211, Aunt Bertha, Healthify, Health Bridge, as well as many paper directories (the Red Book, the CAC directory, Impact Compassion). In addition, MCOs are doing something like this. Amerigroup is working with Aunt Bertha. We want to validate WIN 2-1-1 vs. google maps vs. the reference directory created by Sue Jetter in 2017. • They started the process in January and Lauren compared these resources in Yakima. WIN 2-1-1 had many, many more useful resources for the consumer compared to google maps. • The database they used for WIN 2-1-1 hasn't been implemented yet. These are the findings from the first analysis. • Consumer Representative: There are many people who hold information and people will call a 2-1-1 operator. When they're tech savvy they'll get recommendations from FB. If they're in a situation they'll go to groups like the Compassion Center. • Board President: From a provider's standpoint, we get annual requests to update information and we probably won't do that twice for two different databases. Hope that's a consideration. • We also want to loop LHINs into this process. Recommendation going forward. • Executive Director: There's been so much work on this and maybe all the ACHs could get behind this if we can all pull our resources. For example, the public transit feature is very important for our clientele and a value add to an already great database. • This won't be a big contract, but can bring it back in the form of the SBAR.
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<p>RWJF Report (Wes Luckey)</p>	<ul style="list-style-type: none"> • Staff will bring this report back for another meeting.
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ADJOURNMENT

<p>Adjournment</p>	<ul style="list-style-type: none"> • One additional announcement before adjournment: <ol style="list-style-type: none"> 1. Dan Ferguson shared that everyone will receive info from Lauren about the Sentinel Network. GCACH has been great working as sentinels in the past. Look in your communications about this. Will also be highlighted at the world health conference. • Meeting adjourned at 3:00 p.m. Minutes taken by Aisling Fernandez. 	<p>Motion by Ronni Batchelor to adjourn the March Board meeting at 3p.m. Seconded by Sandra Suarez. Motion passed.</p>
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Thank you for your time and engagement with Greater Columbia Accountable Community of Health!

April Board Retreat: Sustainability Discussion
 Thursday, April 25th
 12:00 to 3:30 p.m.

Preference for Board Members and Staff Only
 Courtyard by Marriott Richland, Columbia Point

480 Columbia Point Drive, Richland, WA 99352

**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:**

(PLEASE SEE ABOVE FOR APRIL MEETING DETAILS) Thursday, May 16th

(NO BOARD MEETING IN JUNE) Thursday, July 18th Thursday, August 15th

Thursday, September 19th Thursday, October 17th Thursday, November 21st Thursday, December 19th