

## Greater Columbia Accountable Community of Health (GCACH) Bio Sheet

AGENCY NAME: Greater Columbia Accountable Community of Health  
 LOCATION: 8836 W. Gage Blvd. Ste 202A, Kennewick, WA 99336  
 PHONE: 509-567-5584  
 SERVICE HOURS: Monday – Friday | 8:00am – 12:00pm and 1:00pm – 5:00 pm

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## ORGANIZATION SUMMARY:

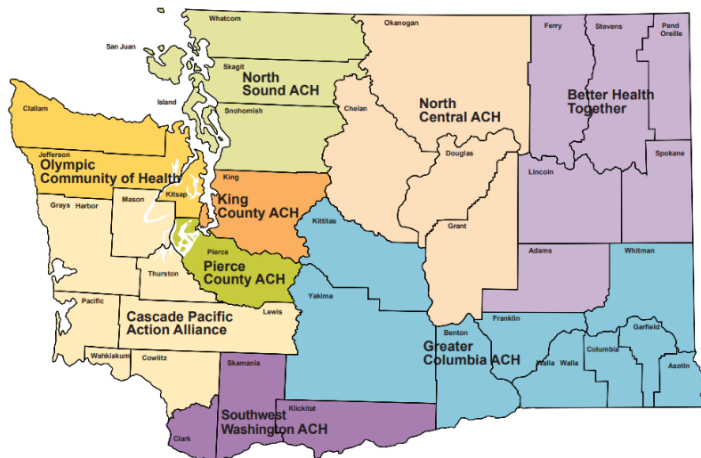
Greater Columbia ACH is a certified 501 (c) (3) private non-profit corporation that was created in response to State legislation, Engrossed Second Substitute House Bill 2572 and Senate Bill 6312 to improve and transform the health care delivery system in the State of Washington. Known as the initiative "Healthier Washington," the state is redesigning the health care system so that people are healthier and the cost of health care is more under control. There are three main goals of Healthier Washington:

- Building healthier communities through a collaborative regional approach
- Integrating how we meet physical and behavioral health needs so that health care focuses on the whole person
- Improving how we pay for services by rewarding quality over quantity

Accountable Communities of Health (ACHs) are part of the state strategy to create healthy communities. ACHs bring together leaders from multiple health sectors around the state with a common interest in improving health and health equity. As ACHs better align resources and activities, they support wellness and a system that delivers care for the whole person.

There are nine Accountable Communities of Health across the state of Washington. The purpose of these collaboratives is to align and coordinate the actions of providers and stakeholders to achieve healthy communities, improve health care quality, and lower costs.

ACH Regions Map



Washington State's Medicaid Transformation Demonstration is supporting healthcare transformation efforts by authorizing up to \$1.5 billion to support three initiatives, one of which is transformation through Accountable Communities of Health. The Delivery System Reform Incentive Program/Payment/Pool (DSRIP) is funding transformation efforts by incentivizing providers to achieve specific milestones and outcomes related to improving care for Medicaid enrollees.

GCACH has chosen four project areas through a regional collaborative process that will address the most pressing healthcare issues for the region:

- Bi-Directional Integration of Physical & Behavioral Health
- Transitional Care
- Addressing the Opioid Public Health Crisis
- Chronic Disease Prevention & Control

In partnership with 70 agencies and organizations, a strategic plan has been developed and implemented to improve specific measures and target populations. GCACH is also partnering with state agencies to address workforce needs, population health management, and value-based payments.

## VISION STATEMENT:

The GCACH region is a vibrant, healthy community in which all individuals, regardless of their circumstances, can achieve their highest potential.

## MISSION STATEMENT:

GCACH's mission is to advance the health of our region-wide population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and engagement.

GCACH's vision for health system transformation is based on four foundational concepts that work together in our theory of Action:

- Collective impact through strong cross-sector partnerships and collaboration;
- Health system integration and care coordination, including clinical and community linkages
- Health equity with a focus on social determinants of health
- Individual and community empowerment to create a culture of health throughout the region.

## REGIONAL BOUNDARIES:

Greater Columbia ACH spans nine counties and the Yakama Indian Nation, from the foothills of the Cascade Mountains, to the Idaho and Oregon borders.

The economy of the region is closely tied to agriculture, as is employment. Health equity is a strong priority for GCACH because of the large numbers of children and adults receiving Medicaid benefits. Of the 710,000 people in our regional service area, nearly 225,000 receive Medicaid benefits equating to almost 35% of our population. The largest ethnic group is Hispanics who comprise 50% of the GCACH Medicaid population. The Yakama Nation is the largest Native American Tribe in the state with over 11,000 members.



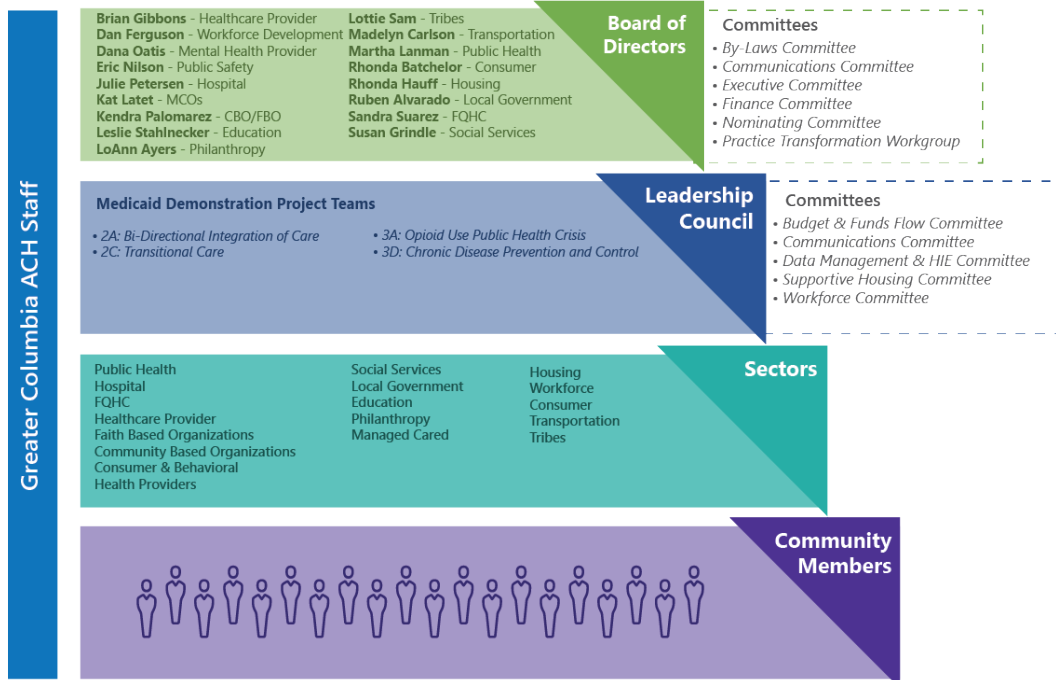
Health disparities in the GCACH's service area arise from high rates of poverty, lack of education, job opportunities, high rates of uninsured, limited English proficiency and lack of access to health insurance.

## ORGANIZATIONAL STRUCTURE:

Our organization is governed by a Board of Directors who reside in the regional service area, and represent 17 sectors. GCACH has adopted the Collective Impact model as its approach to tackle its strategic health issues. Collective impact is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

The Leadership Council represents more sectors of the economy, and is the creative energy behind the project teams, and the strategic plan. The Leadership Council members also participate in Project Work Teams that are formed around the eight There are over 400 members participating in GCACH activities.

## Greater Columbia Accountable Community of Health Collective Impact Model



### THE ROLE OF THE BOARD OF DIRECTORS:

Greater Columbia Accountable Community of Health governs by its Board of Directors, which is responsible for the oversight of the organization by:

1. Planning for the future
2. Establishing broad policies
3. Identifying and proactively dealing with emerging issues
4. Interpreting the organization’s mission to the public
5. Soliciting prospective contributors
6. Contracting for the Executive Director
7. Establishing and maintaining programs and systems designed to assure compliance with terms of contracts and grants

The Board is responsible for hiring and periodically evaluating the organization’s Executive Director, who shall be responsible for the day-to-day oversight and management of Greater Columbia Accountable Community of Health.

### BOARD COMMITTEES:

The Board of Directors has formed the following committees to fulfil its responsibilities. These committees represent vehicles for parceling out the board’s work to smaller groups, thereby removing the responsibility for evaluating all of the details of particular issues from the full board’s consideration. Standing Board-level committees of Greater Columbia Accountable Community of Health consist of the following:

1. Bylaws Committee
2. Executive Committee
3. Finance Committee
4. Nominating Committee

Specific guidelines regarding the composition and election of the Board of Directors and committees are described in the organization’s by-laws and charter documents. However, roles of committees with direct responsibilities for the financial affairs of the organization are further described in this manual. These committees shall be referred to in appropriate sections of this manual.

In addition to the Board committees mentioned above, Greater Columbia ACH has formed committees that are a combination of Board, Leadership Council, and community leaders. These committees are comprised of subject matter experts in order to bring full consideration to the decisions and policies effecting our strategic direction. They are:

## GCACH COMMITTEES

1. Budget & Funds Flow Committee
2. Bylaws Committee
3. Communication Committee
4. Data Management and Health Information Exchange (DMHIE) Committee
5. Executive Committee
6. Finance Committee
7. Nominating Committee
8. Workforce Committee
9. Technical Advisory Committee
10. Practice Transformation Workgroup

## Behavioral Health Integrated Managed Care (IMC) Committees

1. Provider Readiness Workgroup (expiration: June 2019)

## Board of Directors

Name	Position	Sector Representation
Brian Gibbons	President	Healthcare Providers
Sandra Suarez	Vice President	Federally Qualified Health Centers
Julie Petersen	Treasurer	Hospitals
Madelyn Carlson	Secretary	Transportation
Rhonda Hauff	Past President	Housing
Dan Ferguson	Director	Workforce Development
Dana Oatis	Director	Behavioral Health
Eric Nilson	Director	Public Safety
Kat Latet	Director	Managed Care Organization
Kendra Palomarez	Director	Community Based/Faith Based Organizations
Les Stahlnecker	Director	Education
LoAnn Ayers	Director	Philanthropy
Lottie Sam	Director	Tribes
Martha Lanman	Director	Public Health
Martin Valadez	Director	FQHC
Ronni Batchelor	Director	Consumer
Ruben Alvarado	Director	Local Government
Susan Grindle	Director	Social Services

**MEETING SCHEDULE:**

Leadership Council and Board meetings are generally scheduled for the 3<sup>rd</sup> Thursday of every month. The Leadership Council meetings from 9:00am-11:30am, and the Board meets from 12:30pm-3:00pm. This allows GCACH members the opportunity to attend both meetings during the day as opposed to traveling long distances two times per month. This meeting schedule was determined in 2016, and is reviewed periodically to ensure that the majority of GCACH members' needs are being met.

The following is a list of meetings during 2020 for Leadership Council and Board meetings:

January 16	May 21	Sept 17
February 20	June 18	October 15
March 19	July 16	November 19
April 16	August 20	December 17 (Board Only)

**MEETING LOCATION:**

Greater Columbia has tried to vary the meeting locations to enable broader participation of its members. However, due to the need for advance planning to accommodate large groups with facilities that have robust IT capabilities and seating, the membership has determined that a central meeting location, midway between Pomeroy and Ellensburg, Tri-Cities, is in the best interest of the majority of the GCACH membership. For this purpose, GCACH has contracted with United Way of Benton & Franklin Counties to utilize their space for the majority of our meetings. This also allows for participants to attend remotely via the internet.