

Board of Directors Meeting Minutes

Tuesday, December 15th, 2015, 12:00-2:30PM

[Greater Columbia Behavioral Health](#)

101 N. E. ...



Participants	<p>In person: Brian Gibbons, Caitlin Safford, Ed Thornbrugh, Lane Savitch, Les Stahlnecker, Madelyn Carlson, Martha Lanman, Martin Valadez, Rhonda Hauff</p> <p>Called In: Kevin Bouchey, Lori Brown</p>
Backbone Support	Patrick Jones, Carol Moser, Aisling Fernandez, Julie LaPierre
Guests	Lena Nachand, Jorge Rivera
Special Thanks	<ul style="list-style-type: none"> <input type="checkbox"/> Thank you to Lane Savitch of Kadlec for sponsoring lunch. <input type="checkbox"/> Thank you to Fresh Leaf Co. for the lunch buffet. <input type="checkbox"/> Thank you to Greater Columbia Behavioral Health for letting us use your facility, morning refreshments and call-in capabilities. <input type="checkbox"/> Thank you to HCA representative Lena Nachand for your support. <input type="checkbox"/> Thank you Patrick Jones for facilitating the meeting.
Welcome & Introductions (Patrick Jones)	The regular monthly meeting of the Greater Columbia Accountable Community of Health Leadership Council was held on Tuesday, December 15 th , 2015, beginning at 12:20PM. Wraps, salad, iced tea, and fruit were available for the directors for lunch. Facilitator Patrick Jones, of Eastern Washington University, thanked everyone for coming to the meeting and asked each person to introduce themselves.
Action: Approval of November 2015 Minutes	The November 19 th , 2015 minutes were read. Madelyn suggested a correction to the November minutes (it was Lori Brown not Madelyn Carlson who seconded the motion to approve the Bylaws) and she moved to approve the minutes, Brian Gibbons seconded the motion. Motion carried.
Leadership Council Report	<p><u>The Leadership Council report was given by Patrick Jones.</u> During the December 15th LC meeting, the participants broke into 4 small groups (Priority Workgroups): Care Coordination, Behavioral Health, Obesity/Diabetes, Healthy Youth & Equitable Communities</p> <p>The aims of the Priority Workgroups at this meeting (as suggested by the A+P Committee) were to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Present evidence-based programs in a “Speed Dating” style within their Priority Workgroup

- Use the Priority Spokane documents and the Seven Speed Dating Questions to guide the speed dating presentations/discussions
- Come to a better understanding of some of the top programs and services within the GCACH related to each Priority Group

GCACH has been making progress toward its Communications Framework goals recently by developing a logo that will be a centerpiece to GCACH public relations. The GCACH Communications Committee (Carol, Blake, Indira, Rhonda, Caitlin & Aisling) have been working with Mark Showalter & Mark Palazzo from PS Media, Inc. to think about what defines the GCACH and how that can be expressed visually. The Communications Committee received a slate of eight logos to start with, then suggested modifications to several of the top logos, and narrowed it down to two finalists.

Before the vote on December 15th, Carol explained the symbolism behind each of the logos in relation to the purpose of the GCACH. The LC voted with sheets of paper with both images by circling the image of their preferred logo, placing the sheet in a box, and then an employee of GCBH counted the votes.

The Leadership Council voted on the GCACH logo, choosing between the following two designs:

Both logo ideas represent people, community, change, evolving and better health. The bold font is used to emphasize Accountable Communities of Health, while the Greater Columbia title play a complementary role.



Design 1: The figure/icon represents the growth of the Greater Columbia community. The green color of the leaves represents vitality and life.

	 <p>The winning logo!</p> <p>Design 2: The figure/icon with the half circle around its waist represents vitality, growth and stability. The colors yellow and orange represent vitality, wisdom, healing and inspiration. The orange color also brings focus to the essence of life and living.</p> <p>The Leadership Council voted for Design #2 over Design #1, 21-18, and this image is now the official GCACH logo to be used on internal and external communications, the future website, business cards, etc.</p>
<p>Assessment & Planning Committee Report</p>	<p>A+P COMMITTEE DECISION: The A+P Committee determined that the GCACH LC would not be scoring projects for the HCA toolkit during one of the LC meetings.</p> <p>There were two A+P Committee meetings between the November & December Leadership Council Meetings and the committee discussed how to assess and filter the inventory of projects into a manageable number to consider for the RHIP. The first meeting resulted in the writing of a list of Seven Speeding Dating Questions to better understand projects within each Priority area. The second meeting confirmed the plan for the LC council do a “Speed Dating” exercise to better understand the top programs in each Priority area. The second meeting also confirmed that the LC Priority Groups would use the “Priority Spokane: Guidelines in Community Prioritization” documents and the Seven Questions (written during the first of the two A+P committee meetings) to guide the information provided in the “Speed Dating” activity. In preparation for the LC meeting on December 15th, the Priority Workgroup chairs were tasked with preparing their groups for the LC meeting work by encouraging “program sponsors” to come to the LC to talk about programs they want to promote & tasked with looking at the Regional Inventory of Programs and Services</p>
<p>Director's Report</p>	<p>Carol shared a Director’s Report that captures the activities of the GCACH and activities at the State level since the meetings on November 19th.</p> <p>DIRECTOR’S REPORT (Carol reviewed the December GCACH Director’s Report for the Board).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Readiness Proposal Submitted 11/30/15 by Carol Moser & Sue Jetter. This proposal was submitted to the HCA for the GCACH to receive designation as ACHs. <input type="checkbox"/> WAHA Releases Common Measure Set for ACHs <ul style="list-style-type: none"> o The Washington Health Alliance (WAHA) released a “starter set” of 52 measures, focused on access to primary care, prevention, acute care and chronic care. These measures make a strong case for having a single intervention for the region. Not every health plan has reported on all the measures.

Carol Moser 12/28/15 8:47 AM
Comment: Did Patrick give the A&P report?

	<ul style="list-style-type: none"> ○ WAHA released the Performance Results for Accountable Communities of Health report ○ WAHA may present to the GCACH Board in February □ Medicaid Waiver <ul style="list-style-type: none"> ○ December 1st HCA released the Medicaid Transformation Waiver Guide to Development of the Transformation Projects List ○ December 8th Webinar on how to submit project proposals by January 15th. Watch the video of the webinar here ○ Background on Medicaid Transformation, including periodic updates on the waiver, can be found on the Healthier Washington website. ○ In November, Lena encouraged the LC to use the December and January meetings to think about what projects we would like to submit to the State for the toolkit that are in line with our ACH priorities. ○ ANYONE CAN SUBMIT PROJECTS TO HCA for the Medicaid Waiver Toolkit, so this will not be a focus of the Leadership Council meetings. GCACH partners are not required to send the Waiver projects through the Governing Board. If you wish to submit a project through GCACH, please email completed project templates by January 13th to Aisling Fernandez, afernandez@bfcha.org, or anyone can submit a project to HCA by submitting their completed project template to medicaidtransformation@hca.wa.gov with the subject “Medicaid Waiver Project” by January 15th, 2016. A copy of the project template will be attached in the email when we distribute these minutes. □ Regional Health Improvement Planning (RHIP) Process <ul style="list-style-type: none"> ○ The statutory basis for the ACH planning requirements can be found in HB2572 Section 4 (4)(G) ○ GCACH has been gathering an inventory of projects and programs under the four priority areas ○ The Assessment and Planning Committee has been shaping the RHIP process & deciding on Priority Group work for each Leadership Council meeting that helps the GCACH make progress on the RHIP. ○ The GCACH is adapting a criteria tool developed by the North Sound ACH ○ It is expected that a consultant will be contracted to lead the RHIP process to work closely with the Priority Groups, the LC and the backbone agency. □ There was a brief discussion of the 2015 Budget, <u>and the need to have greater clarity of who will control the funds generated by ACH activities. Carol explained that money that comes from the HCA is now treated as a pass-through in the BFCHA books, although she has created a specific account under Greater Columbia ACH to track each transaction that goes through the BFCHA books. Several Directors felt that it would be cleaner to form a separate 501(c) 3 as soon as possible. Several Directors stated they would like to stay under the umbrella of the BFCHA, but create a Memorandum of Understanding to clarify the fiscal authority of each organization. Update: During the BFCHA Board meeting on 12/21/2015, the hospital CEOs reviewed the GCACH budget that was recommended to them by the GCACH Board, but the BFCHA Board did not approve the budget. They would like to have the MOU in place before taking action to approve the GCACH budget. BFCHA Board will review the budget again in January along with the MOU.</u>
Letters of	<ul style="list-style-type: none"> □ Carol presented a draft “Letters of Support from the Board of Directors”

Carol Moser 12/28/15 8:52 AM
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Support Discussion	<ul style="list-style-type: none"> □ Ed Thornbrugh recommended turning to Ken <u>Roughton</u> as a resource who has experience with letters of support (LOS) in a similar context □ Martin Valadez summarized the Board’s agreement that the GCACH is not going to determine the merit of one group over another □ ACTION <ul style="list-style-type: none"> ○ Ed Thornbrugh made a motion that the BFCHA Director (Carol) can write letters of support. ○ Martha Lanman suggested the amendment to strike #8 from the LOS draft ○ Madelyn Carlson seconded this amendment ○ No one opposed the amendment (Rhonda Hauff and Caitlin Safford abstained) ○ No one opposed the motion (Rhonda Hauff and Caitlin Safford abstained) ○ <u>Motion carried.</u>
501c3 Discussion	<ul style="list-style-type: none"> □ There was a discussion of other ACHs and their decisions around 501c3 status, being an independent organization or not, and choice of backbone organization. <ul style="list-style-type: none"> ○ The ACH Better Health Together (NE corner of WA State including Spokane, Adams, Lincoln, Ferry, Stevens and Pend Oreille counties) is already a 501c3 and makes decisions through the Board of Directors (their Board is not community-selected). ○ The ACH Cascade Pacific Action Alliance (CPAA) has a backbone that is a 501c3. ○ WAHA is the backbone for the North Sound ACH (NSACH). □ The North Sound ACH recently decided to have two parallel discussions, one about the steering committee and another about the WAHA Board of Directors. □ There is a difference between being a “coordinating entity” (refers to a potential role for the GCACH to coordinate the Medicaid Waiver) and the “backbone” (BFCHA’s current contractual relationship with the HCA/GCACH). □ Currently, no decision has been made on whether or not the GCACH will become a 501c3. Currently, the GCACH does not yet have the authority to authorize a budget (not until it becomes a designated Accountable Community of Health with approval from the HCA). <ul style="list-style-type: none"> ○ Update: GCACH received notice that it is a designated ACH pending response to questions about the decision making process. Aisling responded with an explanation of the process and supporting documents to the HCA Review Team on 12/22/15 and we are waiting for them to review this reply). □ Lane Savitch noted that the GCACH and the BFCHA have separate buckets of money which need to stay separate. One way to address this issue of control is to have a clear letter of agreement between the two organizations, such as a Memorandum of Understanding (MOU). This would help keep things clear without going through the 501c3 process at this time, but GCACH can always become a 501c3 later. This is a short-term solution. <ul style="list-style-type: none"> ○ Caitlin promoted the idea of becoming a 501c3 because this would make decisions and control much cleaner. She proposed making this change in mid-2016 so that it would help with expectations and make things easier (not too rushed later) if done sooner than later. ○ Rhonda preferred to make the decision and/or make the change to 501c3 status later, to make sure the

Aisling Fernandez 12/23/15 12:45 PM
Comment: Ken who? Ken Roughton or someone else? What organization?

Carol Moser 12/28/15 9:08 AM
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	<p>GCACH is making the right decision in terms of sustainability.</p> <ul style="list-style-type: none"> ○ Martin said that he is not concerned about sustainability of the GCACH in the long-run, independent of this decision. ○ Lane made a motion to create a MOU between the GCACH and BFCHA, seconded by Brian Gibbons. No objections, Caitlin Safford abstained. <ul style="list-style-type: none"> ▪ Caitlin brought up the idea of a timeline to reevaluate if the MOU is working. Lane suggested that in no more than 6 months, the Board reevaluate the MOU. ▪ Carol Moser will draft a MOU between BFCHA & GCACH. ▪ Update: During the BFCHA Board meeting on 12/21/2015, the hospital CEOs reviewed a draft MOU, but suggested that this be written by a lawyer for liability purposes. The MOU is not yet approved by the BFCHA Board. ○ Martin pointed out that there is a conflict of interest between the hospitals and the GCACH. This might put Carol in a hard situation. <ul style="list-style-type: none"> ▪ BFCHA disseminates funding but will not apply for waiver dollars. ▪ Lena stated that the conflict of interest policy (Article X in the GCACH Bylaws is “Conflicts of Interest and Prohibited Transactions”) is important for BFCHA and all Board members.
<p>Governing Board Sector Representation Discussion</p>	<ul style="list-style-type: none"> □ Lane Savitch, the Hospital Sector representative to the Board, has another commitment scheduled at the same time each month in 2016, so he will need someone to take his spot for next year. The Board reviewed pertinent wording in the Bylaws for guidance, and Lane will put forth one candidate for the hospital sector for 2016. <ul style="list-style-type: none"> ○ Update: During the BFCHA Board meeting on 12/21/2015, Lane and other hospital CEOs suggested that Carol look for a new hospital sector representative by contacting the Hospital Councils. □ The Board is also looking for Business and Consumer sector representatives. <ul style="list-style-type: none"> ○ There was a discussion around “consumers” and who might be an appropriate representative. The Northwest Health Law Advocates (NoHLA), the Yakima Homeless Network, and the NW Justice Project were mentioned as potential organizations that represent consumers and would be appropriate to have someone from this type of organization be a sector representative. It was discussed whether to have a consumer sector representative be a consumer (although we are all consumers of health care services) or someone who works on behalf of consumers. ○ Suggestion that Roger Bearston from the Chamber of Commerce could be a resource or a rep for the Business Sector.
<p>GCACH Project Criteria</p>	<ul style="list-style-type: none"> □ Carol and Aisling brought a redline version of the North Sound ACH tool for considering “early win” project proposals that has been modified to work for the GCACH. □ The Board decided on the following changes to the Scoring Form: <ul style="list-style-type: none"> ○ Project Alignment= 15 points possible (previously 10 points) ○ Project Description= 10 points possible (not changed) ○ Project Evaluation= 15 points possible (previously 10 points) ○ Likely to Succeed= 35 points possible (previously 30 points)

Aisling Fernandez 12/23/15 12:35 PM
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	<ul style="list-style-type: none"> ○ Project Finances= 15 points possible (previously 30 points) ○ Value Statement= 10 points possible (not changed) ○ Total points =100
Miscellaneous	<ul style="list-style-type: none"> □ Carol reviewed the Board of Directors members and officers □ Managed Care Organizations (MCOs) will hopefully present to the GCACH Board and LC in the near future. <ul style="list-style-type: none"> ○ Comment: ACHs should hold MCOs accountable □ Lena commented on shared savings. Shared savings are important and are more of a collective effort and partnership of all 9 ACHs in WA State and the initiatives of Healthier WA, not just the GCACH.
Adjournment	The meeting was adjourned at 2:30PM.
2016 Meeting Schedule	<p>GCACH schedule for 2016 (the Third Thursday of each month):</p> <ul style="list-style-type: none"> □ Location: Greater Columbia Behavioral Health, 101 N Edison St, Kennewick Time: Leadership Council: 9-11:30; Governing Board: 12-2:30 (working lunch). <ul style="list-style-type: none"> ○ Thursday, January 21st, 2016 ○ Thursday, February 18th, 2016 ○ Thursday, March 17th, 2016 ○ Thursday, April 21st, 2016 ○ Thursday, May 19th, 2016 ○ Thursday, June 16th, 2016 ○ Thursday, July 21st, 2016 ○ Thursday, August 18th, 2016 ○ Thursday, September 15th, 2016 ○ Thursday, October 20th, 2016 ○ Thursday, November 17th, 2016 ○ Thursday, December 15th, 2016 <p>Thank you for your continued time and engagement with the Greater Columbia ACH!</p>

Carol Moser 12/28/15 9:14 AM
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