

# Leadership Council Meeting Minutes

Tuesday, December 15th, 2015, 9:00AM-11:30AM

[Greater Columbia Behavioral Health](#)

101 N. E. ...



<b>Participants</b>	<p>IN PERSON: Daryl Edmonds, Bethany Osgood, Caitlin Safford, Martha Lanman, Delphine Bailey, Janis Luvaas, Sandra Suarez, Corrie Blythe, Harvey Crowder, Becky Grohs, Frank _____ (United HC), Brisa Guajardo, Wes Luckey, Carmen Bowser, Eileen Grigsby, Julie LaPierre, Marcy Durbin, Les Stahlnecker, Dan Ferguson, Katie Klute, Liz Whitaker, Robin Read, Amy Person, Shawnie Haas, Eddie Miles, Stein Karspeck, Gina Ord, Lena Nachand, Loreen _____, Carla Prock, Linda Mayovsky, Cindy Mackay-Neorr, Rebecca Sutherland, Lindsey Ruivivar, Bill Dixon, Amina Suchoski, Efrain Quiroz, AnaMaria Martinez, Ed Thornbrugh, Susan Campbell, Kim Keltch, Jorge Rivera, Rhonda Hauff</p> <p>PHONE PARTICIPANTS: Kat Latet, Kathy O’Meara Wyman</p>
<b>Backbone Support</b>	<p>Patrick Jones, Carol Moser, Aisling Fernandez, Julie LaPierre</p>
<b>Guests</b>	<p>Lena Nachand</p>
<b>Special Thanks</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for letting us use your facility, morning refreshments and call-in capabilities.</li> <li><input type="checkbox"/> Thank you to HCA representative Lena Nachand for your support.</li> <li><input type="checkbox"/> Thank you Patrick Jones for facilitating the meeting.</li> <li><input type="checkbox"/> GCACH thanks Sue Jetter for taking on the Readiness Proposal report, organized our documents, meeting minutes and data into a document that we can all be proud of.</li> <li><input type="checkbox"/> Thank you Mark Showalter &amp; Mark Palazzo from PS Media, Inc. for your creativity and quality in designing options for the GCACH logo. Thank you for working closely with the GCACH Communications Committee.</li> </ul>
<b>Welcome &amp; Introductions (Patrick Jones)</b>	<p>Meeting began at 9AM. Facilitator Patrick Jones, of Eastern Washington University, thanked everyone for coming to the meeting and asked each person to introduce themselves. There were self-introductions around the room and then Patrick reviewed the agenda.</p>


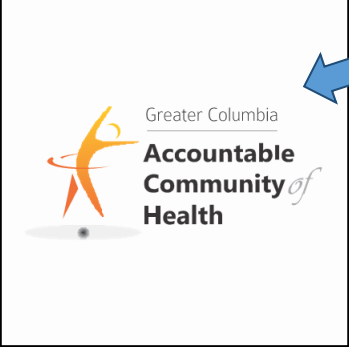
<p><b>Reports</b></p>	<p>MINUTES: The Leadership Council Meeting minutes from November were read and approved by consensus.</p> <p>DIRECTOR’S REPORT (Carol):</p> <ul style="list-style-type: none"> <li>□ Readiness Proposal Submitted 11/30/15 by Carol Moser &amp; Sue Jetter. This proposal was submitted to the HCA for the GCACH to receive designation as ACHs.</li> <li>□ WHA Releases Common Measure Set for ACHs <ul style="list-style-type: none"> <li>○ The Washington Health Alliance (WHA) released Washington State Common Measures Set for Health Care Quality and Cost, a 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.</li> <li>○ WHA released the <a href="#">Performance Results for Accountable Communities of Health</a> report</li> </ul> </li> <li>□ Medicaid Waiver <ul style="list-style-type: none"> <li>○ On December 1<sup>st</sup>, HCA released the <a href="#">Medicaid Transformation Waiver Guide to Development of the Transformation Projects List</a></li> <li>○ On December 8<sup>th</sup>, there was a webinar on how to submit project proposals by January 15th. <a href="#">Watch the video of the webinar here</a></li> <li>○ Background on Medicaid Transformation, including periodic updates on the waiver, can be found on the Healthier Washington website.</li> <li>○ 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.</li> <li>○ <b>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 13<sup>th</sup> to Aisling Fernandez, <a href="mailto:afernandez@bfcha.org">afernandez@bfcha.org</a>, or anyone can submit a project to HCA by submitting their completed project template to <a href="mailto:medicaidtransformation@hca.wa.gov">medicaidtransformation@hca.wa.gov</a> 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.</b></li> </ul> </li> <li>□ Regional Health Improvement Planning (RHIP) Process <ul style="list-style-type: none"> <li>○ The statutory basis for the ACH planning requirements can be found in HB2572 Section 4 (4)(G)</li> <li>○ GCACH has been gathering an inventory of projects and programs under the four priority areas</li> <li>○ The Assessment and Planning Committee has been shaping the RHIP process &amp; deciding on Priority Group work for each Leadership Council meeting that helps the GCACH make progress on the RHIP.</li> <li>○ The GCACH is adapting a criteria tool developed by the North Sound ACH</li> <li>○ 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.</li> </ul> </li> <li>□ Carol reviewed the Board of Directors members and officers</li> </ul> <p>ASSESSMENT &amp; PLANNING COMMITTEE REPORT:</p>
-----------------------	--

	<ul style="list-style-type: none"> <li>□ 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. ANYONE CAN SUBMIT PROJECTS TO HCA</li> <li>□ There were two A+P Committee meetings between the November &amp; 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” document and the Seven Questions for Speed Dating Exercise document (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 15<sup>th</sup>, 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 &amp; tasked with looking at the Regional Inventory of Programs and Services template/spreadsheet to look for the programs that are evidence-based and should presented during the “Speed Dating” exercise. <ul style="list-style-type: none"> <li>○ The “Priority Spokane: Guidelines in Community Prioritization” and the Seven Questions for Speed Dating exercise will be included as an attachment when we distribute these minutes.</li> </ul> </li> </ul>
<b>Priority Workgroup Goals &amp; Activity</b>	<p>The LC broke into 4 groups: Care Coordination, Behavioral Health, Obesity/Diabetes, Healthy Youth &amp; 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"> <li>□ Present evidence-based programs in a “Speed Dating” style within their Priority Workgroup</li> <li>□ Use the Priority Spokane documents and the Seven Speed Dating Questions to guide the speed dating presentations/discussions</li> <li>□ Come to a better understanding of some of the top programs and services within the GCACH related to each Priority Group</li> </ul>
<b>Priority Workgroup report Outs</b>	<p>BEHAVIORAL HEALTH SUMMARY (Report by Rhonda):</p> <ul style="list-style-type: none"> <li>□ BH Participants: Rhonda Hauff, Ed Thornbrugh, Janis Luvaas &amp; others</li> <li>□ The BH Priority Group discussed mental health and screenings in schools, adult residential treatment facilities, mental health improvement project (UW &amp; CHPW had significant ROI with high needs, low-income adults), and integrated care (add pharmacists to care coordination team).</li> </ul> <p>DIABETES/OBESITY SUMMARY (Report by Bertha):</p> <ul style="list-style-type: none"> <li>□ D/O Participants: Marcy Durbin, Martha Lanman, Delphine Bailey, Dr. Amy Person, Aisling Fernandez, Bill Dixon, Kim Keltch, Gina Ord, Rebecca Sutherland, Robin Read</li> <li>□ There were four programs presented: 1. Walk the Walk, Talk the Talk, See Your Doc 2. Youth Advocates for Health 3. WSU Master Gardner Food Gardening Program 4. Stanford Program: Chronic Disease Self-Management Program. This group found some common themes: personal and community engagement, ROI is strong and goes beyond the end of the program, can be scaled up or down depending on size/resources of the counties, address several social determinants and health equity, engage youth, training new leaders and passing knowledge forward.</li> </ul>

Carol Moser 12/28/15 9:31 AM

**Comment:** Aisling, I'm pretty sure Amina Suchoski attended the BH meeting. I think it is important for us to keep track who is attending each break-out. I know that you already asked Rhonda, but I would ask again. Do you have a list of the people attending the HVEC breakout?

	<p>CARE COORDINATION SUMMARY (Report by Jorge):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CC Participants: Jorge Rivera, Carol Moser, Corrie Blythe, Susan Campbell, Shawnie Haas, Stein Karspeck, Brisa Guajardo, Wes Luckey, Becky Grohs, Caitlin Safford, Carmen Bowser, Eileen Grigsby, Liz Whitaker, Carla Prock, Ed Thornbrugh, Rhonda Hauff</li> <li><input type="checkbox"/> There were eleven presentations to the CC group. Eight programs are on the A-list and others on the B &amp; C lists. They have 12 programs to present to the LC at the meeting in January.</li> </ul> <p>HEALTHY YOUTH &amp; EQUITABLE COMMUNITIES SUMMARY (Report by Cindy):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HYEC Participants: Cindy Mackay-Neorr, Carla Prock, Les Stahlnecker, Sandra Suarez, Harvey Crowder, Linda Mayovsky &amp; others</li> <li><input type="checkbox"/> HYEC did not do the activity because they are missing programs in the inventory. They are assigning themselves the work of improving the inventory- adding and removing programs. They don't want to compete with the programs listed. They want to establish their own set of criteria for a HYEC program and then re-categorize their programs. Subcategories: home visits &amp; workforce. This group wants to have a group that is more upstream than the other three groups. <ul style="list-style-type: none"> <li><input type="checkbox"/> Caitlin Safford is supporting/writing a submission to the HCA related to home visits if anyone wants to team with her. She needs someone else to submit it.</li> </ul> </li> </ul>
<p><b>Data &amp; Communications Needs Discussion</b></p>	<p>DECISION TO FORM A DATA TEAM</p> <p><b>LC Members who said they will join this new team:</b> Wes Luckey, potentially someone from Shawnie Haas' group, Caitlin Safford, Les Stahlnecker, Ed Thornbrugh, Kat Latet, Harvey Crowder (a public health person).</p> <p><b>Background:</b> Wes, Les, Rhonda, Jorge, Caitlin, Shawnie, Lena and others contributed to a discussion that the GCACH needs to have infrastructure for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Data analysis, IT infrastructure, data sharing, tracking savings &amp; ROI- possibly a SharePoint site <ul style="list-style-type: none"> <li><input type="checkbox"/> Important that the Data Team and the data site do not replicate efforts at the State level.</li> <li><input type="checkbox"/> Les Stahlnecker can access educational data and others can access other types of atypical data</li> <li><input type="checkbox"/> DESIRABLE FOR THE HCA TO PRESENT ON DATA IN THE FUTURE.</li> </ul> </li> <li><input type="checkbox"/> Internal communications- post minutes, agendas, etc.</li> </ul>
<p><b>Vote on GCACH Logo</b></p>	<p>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 &amp; Aisling) have been working with Mark Showalter &amp; 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.</p> <p>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.</p>

	<p>The Leadership Council voted on the GCACH logo, choosing between the following two designs:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; padding: 10px; width: 30%;">  </div> <div style="background-color: #c8e6c9; padding: 10px; width: 30%;"> <p>Design 1: The figure/icon represents the growth of the Greater Columbia community. The green color of the leaves represents vitality and life.</p> </div> <div style="background-color: #e0e0e0; padding: 10px; width: 30%;"> <p>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.</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 10px;"> <div style="border: 1px solid black; padding: 10px; width: 30%;">  </div> <div style="background-color: #ffccbc; padding: 10px; width: 30%;"> <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> </div> <div style="background-color: #ff9800; padding: 10px; width: 30%; text-align: center;"> <p>The winning logo!</p> </div> </div> <p><b>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.</b></p>
<b>Adjournment</b>	The meeting was adjourned at approximately 11:30 AM.
<b>Future Meetings</b>	<p>GCACH schedule for 2016 (the Third Thursday of each month):</p> <ul style="list-style-type: none"> <li>□ 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"> <li>○ Thursday, January 21st, 2016</li> <li>○ Thursday, February 18th, 2016</li> </ul> </li> </ul>

- 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

Thank you for your continued time and engagement with the Greater Columbia ACH!