Greater Columbia Accountable Community of Health

Board of Directors

Thursday, December 15th, 2016
12:00PM to 2:30PM
Regular meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	In Person: Martin Valadez, Madelyn Carlson, Andrea Tull, Brian Gibbons, Dan Ferguson* On the phone: Eddie Miles, Lori Brown, Ed Thornbrugh, John Sinclair, Les Stahlnecker, Meghan Debolt*, Amina Suchoski*, Rhonda Hauff (called in for the executive session) There was quorum because there were a combined 9 directors who attended in person or on the phone. *New Board member for 2017 approved during the meeting, did not count toward quorum	
Backbone Support Present	Carol Moser, Executive Director Aisling Fernandez, Communications Coordinator	
Guests	Virginia Janin, SEWA ALTC COG Benton/Franklin Counties (sitting in for Lori Brown) Becky Grohs, Consistent Care Julie LaPierre, Greater Columbia Behavioral Health Bill Hinkle, Hinkle and Associates, LLC Lena Nachand, Health Care Authority	
Special Thanks	• Thank you to Greater Columbia Behavioral Health for providing the facility, WebEx capability and support that allows us to hold these meetings.	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Martin Valadez welcomed everyone to the meeting, and asked people for self-introductions including name and organization.	
Minutes	• Review and approval of September and October Board minutes.	John Sinclair moved. Madelyn Carlson seconded. Motion passed unanimously.
SIM Project Update	• Becky gave a report on the State Innovation Models (SIM) project, which is titled the Readmissions Avoidance Project (RAP). Those enrolled in the RAP project are all Medicare, some being duals, in which case Becky works with Virginia Janin & Ann Taylor. What makes this project innovative is the medical intensity. They work	

	with medical records. There's a lot of education around pathways. They work with the nurses and doctors to tell them about the pilot and provide services that support the work of these providers. Health Homes focus on identifying what the patients' goals are and work on those (the patient responsibility component), the RAP program does this but also addresses system gaps that allow patients to fall between the gaps in care. There are big gaps for clinical needs after discharge from a hospital. There are gaps in medical knowledge. The RAP staff go with the patients to primary care appointments and do home visits. The care transitions are at the core but RAP also adds medical support. The overall project goal is to have 80 patients (40 in control groups and 40 in the intervention groups). RAP needs all cases enrolled by February 28th so each person has a 30-day observation period. As of this meeting, one patient had graduated from the program after completing a 30-day observation period without readmitting. The project started on November 7th.	
Priority Work Group Report Outs	• Carol reported about PWGs meetings during the Leadership Council meeting earlier in the morning. They were given the charge to review the projects in the Pre-Draft Waiver Toolkit to find alignment with the Regional Health Improvement Plan.	
Director's Report (Carol)	• Carol reviewed the Director's Report which addressed the required and optional projects of the Toolkit, and Timeline. ○ She announced that the HCA released the Draft Toolkit for the Medicaid Waiver. (Update: On December 3rd, the HCA released a revised version and opened the Public Comment Period get the new version here). ○ Carol believes it was wise of GCACH to contract with Deb Gauck to do the Regional Health Improvement Plan (RHIP), which sets us up well to develop the Regional Health Needs Inventory (RHNI), a toolkit requirement. The State will provide data for the RHNI. Every project in the Waiver Toolkit begins with the RHNI. ○ We need to have some specific conversations with the MCOs. We don't know how ACHs will enable Value-Based Payment (VBP) contracts with providers. That's part of the MCO-provider relationship. ACHs will try to bring providers to the see the value in VBP.	

	○ With specialized workforce training, we can do training for Community Health Workers and specialty positions. The Workforce Transformation Plan (Domain 1) in the toolkit will develop capacity to do the projects. ○ Carol reviewed the tentative timeline for Waiver Demonstration Year 1 and the months leading up to it. As of the December 2016 Board meeting, the Health Care Authority & CMS were negotiating Special Terms & Conditions (STCs) for the Waiver and we were anticipating a public comment period for the Waiver to start soon. Demonstration Year 1 will start during the Project Toolkit 30 day public review, then there will be a period to develop protocol, which will be due to CMS 60-120 days post approval (by a third party). Simultaneously there will be Regional Public Forums throughout Washington State for public engagement with the HCA. ○ At the time of the Pre-Draft Waiver Toolkit (December 2016), the required projects under the waiver were: ▪ Regional Health Needs Inventory ▪ Financial Sustainability through Value-Based Payment ▪ Workforce Transformation plan ▪ Systems for Population Health Management Capacity Transformation Plan ▪ Bi-Directional Integration of Care and Primary Care Transformation ▪ Community-Based Care Coordination ▪ Addressing the Opioid Use Public Health Crisis ○ Go to our website to read the December 2016 Director's report.	
Approval of payment to BFCHA	• Carol presented an invoice in the amount of $20,048.07 payable to the Benton-Franklin Community Health Alliance. These are funds that have been drawn on the BFCHA bank account to cover expenses, salaries, and wages for Carol and Aisling for GCACH activity. The invoice detailed the amounts and the expense description. Motion to approve payment to BFCHA.	John Sinclair moved. Brian Gibbons seconded. Motion passed unanimously.
Board Nominations Report &	• The Leadership Council Nominations Committee met twice to prepare for Board Nominations. The Board was presented with a document with the slate of directors.	John Sinclair moved to add Workforce Development as a new

Approval of Board Positions: Action	Based on the workforce transition Plan within the Toolkit, there was a recommendation to add a new sector for Workforce to the Board of Directors. Before approving the slate of nominees, there was discussion and a motion to approve adding the new sector/position/chair. ○ Carol explained that when GCACH was putting together the list of sectors for the Board of Directors in 2015, they had a thoughtful process and followed HCA guidelines. The initial set of sectors was clinically and medically heavy, so they added more non-medical sectors like FBOs, CBOs, Transportation, and Social Services etc. Looking across the GCACH region, we lack health care and social services in rural areas, and employment opportunities. Strategically, it would be good to have a focus on workforce development to beef up capacity in our region. As you employ people in your area you build capacity and provide job opportunities in those areas. ○ Carol proposed to Martin to have Dan Ferguson represent our board at the statewide level on the Workforce Development Taskforce, and suggested that we add him to the Board of Directors. ○ Adding a new sector is allowed in the bylaws. • Motion to approve the slate of directors proposed by the Nominations Committee.	sector. Madelyn Carlson seconded. Motion passed unanimously. John moved to approve the slate of directors. Madelyn seconded. Motion passed unanimously.
Nominations and Approval of Executive Positions: Action	• Martin proposed that GCACH Board keeps the current slate of officers. ○ Martin Valadez will remain President ○ Rhonda Hauff will remain Vice President ○ John Sinclair will remain Secretary ○ Brian Gibbons will remain Treasurer • Martin asked the Board members to email him or Carol to request either a 1- or 2-year term. Andrea Tull said that the MCO sector will do one year terms.	John Sinclair moved to keep the current officers. Dan Ferguson seconded. Motion passed unanimously.
Conflict of Interest Policy (signatures)	• GCACH Board members are required to sign the Conflict of Interest Policy annually. The Conflict of Interest document was passed around the room for signatures.	

Draft Budget Discussion for 2017	• Ed suggests a biennial budget. We'll go back to the bylaws to see if it should be for 1 or 2 years. (The bylaws say that we need an annual budget.) • Carol walked us through the budget draft document. She had heard from 2 other ACH Leaders that the HCA was providing anywhere from $1 million to $3 million in funding for the Waiver projects, so her Budget assumed $1,000,000 in new revenues. The largest expense was in salaries and subcontracts for technical assistance, project management, data & analytics, accounting & contracts, and communications. Carol identified a possible staff of 4 (including herself), and a large contract for Technical Assistance to help plan and prepare the Medicaid Waiver projects. She estimated approximately $56,000 in office expenses which included rent, equipment, supplies, phone, and internet. She also included $12,000 in travel expenses & training for staff and ACH Board members. She identified $185,000 in funding for the Regional Health Improvement Plan (implementation and consulting.) • Lori asked about Directors and Officers insurance. Carol said that with fiscal sponsorship agreement with BFCHA, we have been around for 2 years, which might qualify us for the insurance. Not yet sure about contracting versus hiring staff. Carol appreciates the comments and feedback. Carol will work on general liability insurance as well. • Suggestion to look at Clear Risk Solutions, a program for non-profits that manages insurance and risk pools in the State of Washington. • Madelyn suggested a financial audit. Martin agreed. Lena said that the lion's share of money will go through the external financial executor. • Lori observed that the 2017 budget did not assume carrying forward funding from 2017. Carol confirmed that this would be a Board decision, but based on GCACH's current bank balance, there should be over $350,000 in the bank by years' end. There is another expected SIM payment in 2017.	

Executive Director Discussion (Executive Session)	• There was an executive session.	
Final discussion topics	• Bill Hinkle asked why the State is endorsing a broad spectrum of governance models. Lena replied that ACHs are set up using the Collective Impact Model. While there are some requirements about board structure and there being a single point of accountability (the Board), the Board also has flexibility to set itself up. • Lori asked about core responsibilities for the Board and requirements for procuring contracts. Madelyn replied that as a 501c3 GCACH will fall under a federal system that will determine the procurement process. • DSRIP funds do not carry over from year to year. • There will be a public engagement process for the toolkit work. Different hospitals, providers and clinical systems express interest. We'll strive to understand the scope and needs of a project and then we'll get involvement. • Idea to develop a toolkit FAQ	
Executive Director's Contract: Action	• Motion to approve Carol's contract and salary.	Motion unanimous except for Ed Thornbrugh who abstained.
Contracting Policy: Action	• Postponed to January 2017 meeting.	
2017 Meeting Schedule Discussion	• There was discussion around a Board retreat in 2017. Email Martin and he'll get a sense of concerns and ideas for the retreat. He was thinking that we should set aside 4 hours in the morning. There has also been a request to work with SW ACH to avoid scheduling meetings at the same time since they also meet on the 3rd	

	Thursday of the month. Carol said that she would work with Dawn Bonder, ACH Lead and ask her if GCACH could retain its current schedule since it had been meeting on the 3rd Thursday of the month for 2 years.	
Adjournment	Meeting was adjourned at 2:30PM. Minutes taken by Aisling.	
Remaining 2016 Meetings	This was the last meeting of 2016. Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!	