



## Minutes

Participants:	<p>In Person: Dr. Larry Jecha, Susan Campbell, Dr. Stan Ledington, Marcy Durbin, Jessica Stallings, Jim Jackson, Mike Norton, Carla Prock, Doug Logan, Angelina Thomas, Becky Grohs, Michele Roth, Sue Jetter, Sarah Bollig Dorn, Dr. Don Ashley, Amy Person, Rebecca Sutherland, Martha Lanman, Nicole Austin, Eddie Miles, Ed Thornbrugh, Corrie Blythe, Andy Nyberg, Matt Davy, <b>Brianna _____</b>, Lena Nachand, Brian Kennedy, Liz Whitaker, Meghan DeBolt, Carmen Bowser, Jorge Rivera, Martin Valadez, Dan Ferguson, Kirk Williamson, Amina Suchoski</p> <p>One the Phone: Mande Olson, Kathy O’Meara Wyman, Kevin Martin, Deb Gauck, Shawnie Haas, Susan Martin, Virginia Janin, Jac Davies, John Sinclair, Kim Keltch, Dr. Don Solberg</p>
Staff:	Carol Moser, Aisling Fernandez, Wes Luckey
Special Thanks:	Thank you to Community Action Committee (CAC) for providing the facility and support that made it possible for us to hold these meetings.
<b>MINUTES and REPORTS</b>	
Welcome & Introductions	Patrick facilitated the meeting & welcomed everyone to the meeting. There were self-introductions including name, your organization, and what you’re doing for St. Patrick’s Day.
Minutes (Action):	Approval of February 16th, 2017 minutes. No corrections.
Director’s Report:	<ul style="list-style-type: none"> <li>• Carol announced a new addition to our backbone team, Wes Luckey, who is GCACH’s new Program Manager.</li> <li>• Carol talked about the World Café and HCA Public Forum community event on March 11<sup>th</sup>. We received positive feedback from Nathan Johnson, and we had a successful turnout of community leaders and members. We’d like to duplicate this event in other areas so the public can come in and talk about the local initiatives. Several of the folks who attended the World Café and Public Forum event were also at the Leadership Council meeting so they also added some of their thoughts about the March 11<sup>th</sup> event!</li> <li>• Last year Whitman County petitioned to go to the Better Health Together ACH in the Spokane region instead of our ACH. Carol attended a sub-regional meeting with the Whitman County Health Network and there was an initial discussion about how the four eastern counties (Columbia, Whitman, Garfield, and Asotin) of GCACH can work together. There is some uncertainty at the moment about whether Columbia County will join this sub-</li> </ul>



region. Jac Davies said that anyone in the Leadership Council can talk with her about this topic if they would like to.

- The Director's Report includes a subset of the tables that Patrick Jones developed from the latest Washington Health Alliance (WHA) Community Checkup Data. These tables show county-by-county indicators compared with the WA State average for blood sugar for people with diabetes, kidney disease screening for people with diabetes, mental health services for adults, mental health services for children, and potentially avoidable ER visits. You can also go to [wacommunitycheckup.org](http://wacommunitycheckup.org) to look at WHA's presentation of this data.
- Carol and Wes attended the ACH Leadership Convening in Spokane on March 13<sup>th</sup> and 14<sup>th</sup>. Major discussions at the convening included the certification process, process planning, ACH data considerations, and the need for effective bi-directional communication between the Leadership Council (LC) and the Board.
  - At the convening, attendees went through some challenging fictional scenarios (written by Lena) which the attendees found to be very instructive in terms of anticipating areas where ACHs could run into problems in the future. [Click here to see the scenarios on our website.](#)
  - The Leadership Council discussed possible steps to improve bi-directional communication with the Board:
    - Suggested additions to the LC agenda (at the bottom of the page):
      - A statement of the roles and responsibilities of both the LC & Board, which are identified at every meeting.
      - "The following bullet points represent key decisions and discussions that resulted from this meeting..."
    - The LC and Board should be very intentional with communication.
    - The LC should use more precise language during meetings and define certain words or terms, especially when they can have different meanings in different contexts.
    - The LC is wrestling with the Medicaid project plan.
    - Suggestion to maintain time for the LC to have discussions about important issues even if there are sub-committees of the LC taking on certain types of work between LC meetings. Request for more time to process discussions and not rush issues, which is when we have issues.
    - At the end of the meeting, take time to recap the most important messages that the Leadership Council wants to communicate to the Board from this meeting.
    - Take short breaks to stand and stretch to keep minds engaged and facilitate positive thinking.



	<ul style="list-style-type: none"> <li>▪ Suggestion that there is a liaison to the Board</li> <li>▪ Suggestion for the Board to have time for Board development, which can help with communication with and between the two groups. It's important to be intentional.</li> <li>▪ Suggestion that the LC can see the Board agenda to understand what decisions are being made that day at the Board level.</li> </ul> <ul style="list-style-type: none"> <li>• Carol announced that GCACH is now officially a 501(c)(3) recognized by the IRS, and we are the first ACH to get this status! This opens many doors for us, and brings more responsibility. We can go into the ACH certification process as a 501(c)(3).</li> </ul>
<p>Proposed Process for Selection of Projects for MTD:</p>	<ul style="list-style-type: none"> <li>• Patrick talked about the process he proposed for selection of Medicaid Transformation Demonstration (MTD) projects. <ul style="list-style-type: none"> <li>○ Lena said that ACHs should think about the collective approach to any problem, such as diabetes management and prevention, think about duplication, what is the evidence, whose programs are doing well, why, is it a lack of cultural competency, not enough reach, not enough money? How do we think about how this applies across our region?</li> <li>○ Jim said to look to the toolkit (and its measures) for guidance, which shows the State's priorities for programs and projects. We can look at discrete programs but it's more about bringing organizations together.</li> <li>○ Eddie expressed concern about getting paralyzed analyzing every program or building a huge infrastructure.</li> <li>○ Ed expressed that we are still missing major players at the Leadership Council table.</li> <li>○ Lena said that whatever organizations receive money will need to use the money to work toward the next milestone for incentive payments.</li> <li>○ Don Ashley gave an example of a situation where a young boy is being seen by different providers who are not directly communication but relying on the mom for communication. They miss multiple early opportunities for interventions for this boy's health and his health worsens over time.</li> </ul> </li> </ul>
<b>UNFINISHED BUSINESS</b>	
<p>Survey and RHNI Update (Discussions):</p>	<ul style="list-style-type: none"> <li>• There was a discussion about the GCACH Regional Survey and the GCACH inventory (not to be confused with the Medicaid Transformation Project RHNI).</li> </ul>



	<ul style="list-style-type: none"> <li>• Meghan said that the inventory focuses on programs and initiatives. While there are some services and resources, we're not focusing on funding sources but rather on programs being implemented in a community.</li> <li>• Carol said that the purpose of this inventory is to update the one that GCACH took in 2015 and to understand what is in our communities. The survey is also a way to reach out to key partners and to determine the energy behind existing work. Hopefully we can get some grants in addition to the Waiver to do more population health work.</li> <li>• Ed talked about how he is excited about ideas for partnership that will come out of the survey and inventory. Just as an example a partnership that will help mentally ill people who are newly diagnosed with diabetes.</li> <li>• Eddie said that if we have infrastructure that's identified through the inventory, then we would be well served to contract with that entity.</li> <li>• Patrick talked about updates to the regional survey. <ul style="list-style-type: none"> <li>• The required projects of the Medicaid Transformation Demonstration (MTD) are now included in the survey.</li> <li>• The GCACH staff will be the first to send out the survey and the Board members will follow with messages to encourage people to take the survey.</li> </ul> </li> </ul>
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**NEW BUSINESS**

<p>Key Messages from the March 16<sup>th</sup> Leadership Council Meeting:</p>	<ul style="list-style-type: none"> <li>• Carol asked, "What are the key messages that we want to communicate from today's LC to meeting to the Board?" <ul style="list-style-type: none"> <li>○ The LC wants to share the following with the Board: <ul style="list-style-type: none"> <li>▪ The LC and Board should be very intentional with communication.</li> <li>▪ The LC wrestled with "Build vs. Buy," meaning whether to build up GCACH infrastructure and capacity or to partner and contract with existing capacity and organizations in the region.</li> <li>▪ There should be time for LC discussions so the group can grow.</li> <li>▪ Need for more precise language.</li> </ul> </li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ More defined roles (and routine reminders) of the LC &amp; Board could help.</li> <li>▪ Going back to the global work plan to see how each agenda fits in to the larger work.</li> <li>▪ Get the meeting materials earlier.</li> </ul>	
Adjournment	Patrick thanked everyone. Meeting was adjourned at 11:30 a.m. Minutes taken by Aisling.	
<b>ANNOUNCEMENTS</b>		
Remaining 2017 Meetings	<p><b>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</b></p> <p>The regular Leadership Council meetings for 2017 will be from 9-11:30 a.m. on the following dates (the third Thursday of the month):</p> <ul style="list-style-type: none"> <li>April 20<sup>th</sup> (No Board meeting this day- Reception at CAC to follow LC meeting)</li> <li>May 18<sup>th</sup></li> <li>June 15<sup>th</sup></li> <li>July 20<sup>th</sup></li> <li>August 17<sup>th</sup></li> <li>September 21<sup>st</sup></li> <li>October 19<sup>th</sup></li> <li>November 16<sup>th</sup></li> <li>December 21<sup>st</sup></li> </ul>	