

GREATER COLUMBIA ACCOUNTABLE COMMUNITY OF HEALTH

Board of Directors Meeting Minutes

Thursday, October 15, 2020 | 12:30 PM to 3:00 PM

Teleconference ONLY

ATTENDANCE			
Board Members # Members: 17 Quorum: 9	President	Brian Gibbons (Astria Sunnyside Hospital) -----	Healthcare Providers
	Vice President	Sandra Suarez (Yakima Valley Farm Workers Clinic) -----	FQHCs
	Treasurer	Julie Petersen (Kittitas Valley Healthcare) -----	Hospital
	Secretary	Madelyn Carlson (People for People) -----	Transportation
	Past President	Rhonda Hauff (Yakima Neighborhood Health Services) -----	Housing
		Dan Ferguson (Yakima Valley Community College) -----	Workforce
		Dana Oatis (Lourdes) -----	Behavioral Health
		Eric Nilson (Kennewick Fire Department) -----	Public Safety
		Kat Latet (Community Health Plan of Washington) -----	Managed Care Organizations
		Katherine Saluskin (Yakama Nation) -----	Tribes
		Kendra Palomarez (Catholic Charities) -----	Community/ Faith Based Org
		Les Stahlnecker (Education School District 123) -----	Education
		LoAnn Ayers (United Way of Benton & Franklin Counties) -----	Philanthropy
		Martha Lanman (Columba County Public Health Dept) -----	Public Health
Ron Anderson (Yakima County Commissioner) -----	Local Government		
Ronni Batchelor (Lourdes Health Network) -----	Consumer		
Susan Grindle (HopeSource) -----	Social Services		
Tonya Kreis (Yakama Nation) -----	Tribes		
GCACH Staff	Becky Kolln	Diane Halo	Sula Savchuk
	Brittany FoxStading	Laurel Avila	Sam Werdel
	Carol Moser	Lauren Noble	Wes Luckey
	Chelsea Chapman	Martin Sanchez	
Guests	Donny Guerrero	Kira Mauseth	
	Kate Mundell	Viktoriya Broyan	
WELCOME AND INTRODUCTIONS			

Thank you for your engagement with GCACH!

<p>Cope, Calm, Care</p>	<p>Carol introduced Dr. Kira Mauseth, a clinical psychologist and co-lead of the BH Strike Team for WA State DOH. Carol reminded the Board that they had requested that the GCACH staff bring back some ideas for a community resilience campaign, and after hearing Dr. Mauseth’s presentation at the September Leadership Council meeting, the staff felt that addressing the behavioral health impacts from the pandemic was greatly needed across our region.</p> <p>Dr. Kira Mauseth shared a possible model for the Resilience Campaign.</p> <p>She broke this down into two phases: psychoeducation and skills and tools. She also outlined the following:</p> <ul style="list-style-type: none"> • Three levels (infographics, tip sheets, guidance) • Common responses to disaster for adults and children • Resilience development and the COPE model <p>Diane shared that this material was shared at the BH Provider-MCO-HCA meeting and received good feedback. Volunteers from the BH committee are eager to participate on a workgroup to help advance the resilience campaign forward (i.e. strategy and identifying measures).</p> <p>This campaign helps provide awareness on normalizing what is happening. Ronni touched on delivery (e.g. kids watching cartoons). Dr. Mauseth mentioned apps that are consistent with this (rather than reinventing the wheel/designing own app). Choose age audiences and find apps that complement the COPE model.</p> <p>Diane touched on how this campaign is versatile and emphasized the focus on outcome measures to gauge success.</p>
<p>Welcome & Introductions, Consent Calendar Brian Gibbons</p>	<p>Brian Gibbons, GCACH Board President, facilitated the meeting. Quorum was met with a total of 15 voting members present (or calling in) to the meeting. The Board reviewed the conflict of interest and the self-dealing transactions.</p> <p>Next, they reviewed the September 2020 Board meeting minutes.</p> <p>Eric Nilson motioned to approve the 2020-09-17 meeting minutes. Seconded by Kat Latet. Motion passed.</p>
REPORTS AND UPDATES	
<p>GCACH Report GCACH Staff</p>	<p>GCACH staff spoke to the articles within the GCACH Report. This included:</p> <ul style="list-style-type: none"> – GCACH Supporting Pasco COVID-19 Test Site by Wes Luckey. He spoke to the new site and GCACH’s contributions via marketing. Lauren shared the television advertisements. Wes noted that the site peaked at 430 individuals in a single day last week, but have declined as of lately. The measures are being tracked and will be shared at the conclusion of the

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	<p>campaign. The group discussed what the process looks like. Brian praised the throughput number.</p> <ul style="list-style-type: none"> - Fight for Your Loved Ones Against, COVID-19, Put on Your Mask by Lauren Noble. She shared details about the masking campaign in Yakima County. Advertisements were on television, radio, and Facebook. Metrics from this campaign will be shared at the next Board meeting. - 2020 Learning Symposium: Community Health Through an Equity Lens by Carol Moser. She reminded the group of the upcoming event October 26, 27, and 28. - Shine Through for Seniors by Diane. She shared that all the care packages have been delivered and the recipients were very happy. - Practice Transformation Success Story by Martin Sanchez. He highlighted Tri-State Memorial and their success with their three sites. - WAFE Portal Payments by Becky Kolln. She shared that since this report was run \$1.2M has been paid out in addition. She touched on the manual processes involved with submitting payments as well as working closely with Dan Vizzini. - Washington Rural Health Collaborative by Martin Sanchez. He highlighted the partnership and the progress thus far. Kat mentioned the CHART model recently released from CMS. - Diane spoke to the upcoming Learning Collaboratives. The topics include "Tools for Identifying and Caring for Patients with Opioid Use Disorder" and "Cultural Competency". <p>No further comments or questions.</p>
<p>LHIN Tracker Lauren Noble</p>	<p>Lauren Noble reviewed the Local Health Improvement Network (LHIN) tracker. The Kittitas and Whitman health networks have met their deliverables and have been paid. We are waiting on a few more deliverables on the others. SE WA Alliance for Health has not been paid as they are awaiting their 501c3 status. No major concerns.</p> <p>Carol Moser announced an update in the organizational structure with respect to Lauren overseeing the new Community and Tribal Engagement Specialist (due to the close association with marketing). Becky will oversee the Administrative Assistant, Chelsea. Lauren announced that Brissa Perez has accepted the new position and will be joining the team on November 2nd.</p> <p>No further comments or questions.</p>

ACTION ITEMS

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<p>Financial Statements Becky Kolln/Julie Petersen</p>	<p>Becky Kolln reviewed the GCACH Financial Reports which included the expenditures under the Budget vs. Actuals section. We are under budget (have spent just under half of what was anticipated). Due to COVID, this is expected with lack of in-person convenings and traveling. She highlighted that funds have been reallocated to other activities such as using some of the payroll money for the staff stipend (with permission of the Finance Committee). We are also working on the 2021 budget for DSRIP and operation. These draft budgets will be brought before the Board in November for a first reading.</p> <p>Julie notified the Board that normally the audit would be completed by now but there has been delay as a result of bringing on new auditors and not being able to meet onsite, along with turnover with the former Finance and Contracts Coordinator. Julie has recommended to the GCACH to bring on additional accounting help. This should take place in the next couple of months. Becky shared that Carol has reached out to an accountant.</p> <p>Julie Petersen motioned to approve the September 2020 financials as presented. Seconded by Rhonda Hauff. Motion passed.</p> <p>Becky updated the Board that the Budget and Funds Flow Committee is seeking nominations for a new Chair as well as new members in general. She requested the Board to send over any nominations (name and resume) they may have in mind her way.</p>
<p>PTW Nomination Carol Moser</p>	<p>Carol Moser shared a nomination for the Practice Transformation Workgroup. This individual is from Kadlec and is already involved in the practice transformation program. She is to replace Bill Dunwoody, who is no longer with Kadlec. Carol asked for approval for Molly Calhoun, Director of Nursing, to join the PTW.</p> <p>Les Stahlnecker motioned to approve Molly Calhoun’s nomination to join the GCACH Practice Transformation Workgroup. Seconded by Dan Ferguson. Motion passed.</p>
<p>DISCUSSION ITEMS</p>	
<p>CRC Update Carol Moser/Diane Halo</p>	<p>Carol Moser looped back to Dr. Mauseth’s presentation on COPE, CALM, and CARE. She reminded the group that the Board asked GCACH to take revamp the Community Resilience Campaign. GCACH launched a survey across the region to better understand what the needs are as a result of the pandemic. Based on those results, the focus of the campaign will shift from ACEs to more of a Behavioral Health approach. GCACH interviewed Dr. Mauseth to assist with those efforts, per her presentation. Carol asked if the Board would feel comfortable with GCACH developing this type of a campaign.</p> <p>Brian praised Dr. Mauseth’s presentation. Madelyn stated that it is an excellent model and would like to see it extended further for essential workers and everyone having to work during these times. Besides the health concerns, overall mental health is a huge concern. Les shared that Dr. Mauseth packaged it really well. There as an emphasis on not reinventing the wheel and utilizing the skills that many people already have. Dan noted that getting it out to the community and building</p>

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awareness is important, and touched on the 80/20 principle. Collectively it will be important to see how to get this out to the public broadly. The ACHs are positioned well, but this will be a good test of our community partnerships. Rhonda agreed and stated that it should be explicit in the contract to use her materials going forward. Carol confirmed that has already been discussed and agreed with Dr. Mauseth.

Because this is mental health oriented, Carol has asked Diane to manage this effort as she has a lot of experience to bring to the table with this work (rather than the new Community and Tribal Engagement Specialist). Diane has established relationships with the BH providers and they are excited to help shape this campaign. Carol highlighted that the faster we can get this information out to the community, the better. In November the Board will have more of an idea on what the campaign will look like.

Lauren briefly reviewed the COVID needs assessment results. There were a wide variety of responses across many sectors including behavioral health, education, healthcare, and substance use. Results indicated that the activities that have increased in severity since the pandemic including anxiety, depression, and alcohol consumption. Other activities mentioned that were not included in the survey were relapses, anger/rage/assaults, and youth violence.

Although there was not a significantly high response rate, the Communications Committee agreed that this data is reflective of what they are seeing in the region. Brian noted that GCACH is on the right track and has found a good product to present.

Diane asked the Board to consider outcome measures they would recommend to gauge the success of this campaign. Rhonda recommended a survey on if people feel they have more tools to work with as a result of having participated. Brian seconded and added that looking at statistics (e.g. suicide rates, alcohol consumption) are difficult to measure because they are long-term and complicated. The goal is to help people deal with this stuff, and if they feel they have more than they did yesterday, then we are meeting the goal. Dan inquired about polling the community on level of awareness and then do another poll following the campaign.

Other outcome measures shared by the BH providers included ER visits related to depression and anxiety. Brian noted to be careful with ER rates as he is seeing that patients are not coming to ER's in general. Everyone is off by 30-45%, so he advised to be careful of using that as a baseline.

Kat commented on determining what the baseline awareness is with respect to the impacts of disaster and continuous disaster. She shared her experience with sharing information on the surge in BH rates and the level of shock among her colleagues when she had shared that health information (that was widely available). She advised to consider this as a baseline to measure increase in awareness.

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	<p>Rhonda shared that in terms of getting a measurement, an easy way is to do a pre and post survey. For a webinar, have survey questions before the session and survey questions following the session to measure a difference. It would be fresh as it would be tied to each activity.</p> <p>Dan shared that engaging health students at the universities (Central WA or Eastern WA) to conduct the polling. He also mentioned the WSU Political Science and Public Health or the Nursing Program at WSU. Brian liked that idea and commented that throwing this in front of the students might solicit ideas we didn't think of. Madelyn shared that Heritage University that might have students as well.</p>
<p>CHW Program Diane Halo/Wes Luckey</p>	<p>Diane Halo and Wes Luckey reviewed the proposal for GCACH to launch a Community Health Worker (CHW) program. The objective would be to increase the capacity and adoption of care coordination activities using CHWs in the GCACH region through the development of internship programs within GCACH primary care organizations. He further reviewed the goals and research, as well as asked for their feedback on the needs assessment.</p> <p>In response to needs, Les shared that the problem is that people don't understand how CHWs are a part of the healthcare delivery system. It is hard to decide there is a need. There are a lot of people who believe that the CHW will replace healthcare professionals' jobs (concern that may arise in needs assessment). If GCACH could articulate a clear model of value (e.g. adding to care—helping the harassed overworked individual to bring someone in to help them), that would be beneficial.</p> <p>Brian highlighted that the intent is to use a CHW to take pressure of somebody who is overworked or overburdened. Rhonda noted Les' comment and highlighted the colloquial "Nurses vs. Medical Assistants" issue. She recommended highlighting organizations that are successful, e.g. these are the kind of things of what CHWs do to support the team. Diane noted and described the model that Becky Betts of Providence shared. She would like to include this model in the program.</p> <p>Les cautioned using cost-savings outcomes as they do not always add up to the bottom line. He used emergency room visits as an example. It has to be in a broader context of looking at cost.</p> <p>Ronni noted the value-based payment model we are promoting. As a Peer Counselor and CHW, what she finds of value for the CHW model is that they reach more than just people. They reach areas that are unreachable in conventional ways. They are boots on the ground. They do go to homes, they do find out what care needs are there. She described the difference between patients missing appointments from a PCP perspective vs. CHW (e.g. going to the patient to identify and create solutions to barriers like transportation).</p> <p>Sandra touched on Becky's CHW model and cautioned using one model. For FQHCs, they have used CHW for many different roles with different job descriptions. She suggested adding into the assessment, "How are CHWs being used in your clinics?" She recommended identifying the gaps in resources to actually achieving the outcomes what we want?". For example, housing is always a</p>

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challenge but that is something the CHW cannot address. She suggested being aware of these things and possibly using the needs assessment as a comparison for down the road.

In response, Rhonda commented that one of the biggest gaps is around technology. Teaching our parents and families how to access patient portals, video visits, basic skills on the internet, etc. They would plug a new person into that overnight. When discussing health disparities, that is what's needed: a health literacy on where to access information on COVID, how to talk to doctor on portal, home health diagnostics (e.g. continuous glucose monitors, take blood pressure and send to provider). We can give them access to technology, but if they don't know how to use it they have to come to the clinic. Les highlighted learning in your own home environment. You can learn something in an office and it doesn't work when you get home.

Diane suggested adding in the application process, "how would you use the money to fund a CHW and how would you use it in your practice?". This would allow flexibility to tailor the program to what the provider needs. She noted that not all providers would know how to use their CHW and that's when we would go in and provide that structure (i.e. Becky's CHW model). She further explained the value of this work.

Dan shared that where GCACH has an opportunity is to think differently. If we align efforts to identify a mutual benefit and help define the value proposition, we can go further than anyone else in the state. He has strong feelings about this having witnessed this effort over the last five to six years and has not seen true alignment of efforts. If this is done, it will be light years ahead of the state.

Kat commented that this is an interesting concept and highlighted looking to others that are more in tune with what is going on within the region. She cautioned not duplicating the work and strategically defining the next piece. She wants to ensure we are speaking with CHWs and understanding the barrier to having them engaged and employed. What are the other challenges to that? She wants to make sure we have that point of view of well. Lastly, she advises have Community Based Organizations involved as well, including those who have CHWs onsite as well. She'd like to learn more about what GCACH is exploring for this effort.

Martha commented that the Department of Health is on this track as well with care coordination and CHWs. Their original focus was on isolation and quarantine and where that sits in extended services (paying for rent, bills, resources, etc.). It has extended beyond that to the DOH realm and there is funding that has been allocated to this. There is an RFP out there to the different regions of the state. The BFHD is deciding if they can manage the project, they are putting a lot of money into it. They will know more about that within the next two weeks. By November meeting, they will know what exactly the needs and expectations from DOH as this may complement these funding efforts.

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Ronni commented that the Certified Peer Counselor positions are funded by either grant or Medicaid dollars. What she's never understood why Medicaid hasn't picked up that for CHW—she can get a paid job working as a Certified Peer Counselor, but cannot get a job working as a CHW. Things she believes needs to happen is the inclusion in Medicaid. She continued to share her experience with facilitating extraordinary health outcomes as a CHW for individuals, but not being recognized in the healthcare delivery system. The biggest challenge with being paid. Many CHWs are volunteering but not seen by the public eye. There are a lot of places the CHW could be utilized.

Carol noted that the reason we are bringing this to the Board is because we would like to fund this program in 2021 at the same level as the BH program: \$850,000. GCACH felt it was important to get feedback from the Board and understand the needs of the region. A more detailed proposal will be presented at the November meeting.

Wes continued reviewing the questions for the Board, which included recommendations for populations served, sponsoring employers, and possible training modules.

Brian commented that this is great. Rhonda volunteered to participate on a task group for this work if there is one. She believes flexibility is key and it depends on the task the CHW will be doing. She also noted that one thing that is missing is motivational interviewing. Martin agreed that options are needed and it should be in primary care settings. He reminded the group that one of the goals is the reduction of ED visits and to keep that in mind. He also shared Columbia County Health System's use of a van to transport patients to their appointments, and highlighted that being a CHW is one of the requirements to be a driver. The driver is in communication with the care team for patients and is involved in morning huddles to align on patient needs. Diane added that this complements the PCMH model really well.

GCACH will vet this through the Workforce Committee. LoAnn suggested tethering this to the MyTri2030 work.

Diane reviewed the project outline areas which include:

- Internal review
- Needs assessment survey
- Finalize program specifications
- Application process
- Contract cycle
- Training program
- Program implementation

No further comments or questions.

ADJOURNMENT

Thank you for your engagement with GCACH!

Adjournment

Meeting adjourned at 3:00 pm. Minutes taken by Chelsea Chapman. Find the recording here:
<https://www.youtube.com/watch?v=BziDG3VSQCQ&t=3661s>.

Recap of motions:

- ✓ September 2020 Board meeting minutes
- ✓ September 2020 financial statements
- ✓ Molly Calhoun's nomination to join the GCACH Practice Transformation Workgroup

Next steps/action items include:

- Share conclusion of COVID test site at end of campaign
- Present first reading of DSRIP and Operations budget for 2021
- Provide an update on the Community Resilience Campaign
- Provide an update on the CHW program

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