



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Board of Directors

Meeting Minutes

September 19, 2019 | 12:30 pm – 3:00 pm

Tri-Cities Community Health (TCCH) | 800 W. Court Street, Pasco, WA 99301

ATTENDANCE

Board Members (*: called in)

Voting Board Members (Minimum 9 for Quorum):

- Rhonda Hauff - President (Housing)
- Martha Lanman - Vice President (Public Health)
- Brian Gibbons - Treasurer (Healthcare Providers)
- Carrie Green (Philanthropy)
- Dana Oatis (Behavioral Health)
- Les Stahlnecker (Education)
- Ronni Batchelor (Consumer)
- Eric Nilson (Public Safety)
- Sandra Suarez (Federally Qualified Health Centers (FQHCs))
- *Darlene Darnell (Community-Based Organizations & Faith-Based Organizations)
- *Susan Grindle (Social Services)
- Madelyn Carlson (Transportation, Secretary)
- *Jorge Arturo Rivera (Managed Care Organization (MCO))
- *Julie Petersen (Hospital)
- Dan Ferguson (Workforce Development)
- Lottie Sam (Tribes)
- Ruben Alvarado (Local Government)

Non-Voting Board Members:

- Tonya Kreis – (Yakama Nation Representative)

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| | <input type="checkbox"/> Martin Valadez – (Past Board President, Advising Role) | |
| Guests (*: called in) | Courtney Ward (AmeriGroup), Krista Gronniger (Myers & Stauffer), Leslie Barrons (Myers & Stauffer), Penny Bell (Ideal Balance), Kat Latet (CHPW) Danika Gwinn, QBH, Whitney Garrison, QBH | |
| Staff/Facilitator | <input checked="" type="checkbox"/> Carol Moser, <input checked="" type="checkbox"/> Wes Luckey, <input checked="" type="checkbox"/> Becky Kolln, <input checked="" type="checkbox"/> Rubén Peralta, <input checked="" type="checkbox"/> Lauren Johnson, <input checked="" type="checkbox"/> Diane Halo, <input checked="" type="checkbox"/> Jenna Shelton, <input checked="" type="checkbox"/> Martin Sánchez, <input type="checkbox"/> Patrick Jones, <input checked="" type="checkbox"/> Chelsea Chapman, <input checked="" type="checkbox"/> Sam Werdel, <input checked="" type="checkbox"/> Rachael Guess | |
| Welcome & Introductions | Brian Gibbons, GCACH Board Treasurer, facilitated the meeting. Quorum was met with a total of 13 voting members present (or calling in) to the meeting. The Board members reviewed the Attestation of Conflict of Interest and the Self-Dealing Transactions: Prohibition and Standard for Approval. | |
| MINUTES & REPORTS | | MOTIONS |
| Consent Calendar <i>(Brian Gibbons)</i> | <p>The August 14, 2019 Board Meeting Minutes were accepted by the Board with no discussion.</p> <p>The group reviewed the Sponsorship Request Policy and its updates. The items modified included:</p> <ul style="list-style-type: none"> • Scholarship application window • Funds distribution cycle • Evaluation criteria • Language in the application acceptance letter | <p>Motion by Ruben Alverado to approve the August 14, 2019 Board Meeting minutes as presented. Seconded by Les Stahlnecker. Motion passed.</p> <p>Motion by Les Stahlnecker to approve the updated Sponsorship Policy. Madelyn Carlson seconded. Motion passed.</p> |
| GCACH Report & Updates <i>(GCACH Staff)</i> | <p>The purpose of this report is to provide the Board of Directors a deeper look into the data and analytics among Cohorts and other focus areas.</p> <ul style="list-style-type: none"> • <u>Cohort 1 Status Tracker</u>: This tracker represents the First Cohort of organizations in the Practice Transformation journey. The dates indicate when the providers turned in their Practice Transformation Implementation Workbooks. It is important to note that this tracker does not reflect the frequency of engagement between Practice Transformation Navigator (PTN) and each provider, who often meet at least once a month to evaluate progress (in areas such as Risk Stratification, Shared Decision Making, etc.) and determine effective action plans to improve these focus areas. • <u>Cohort 2 Status Tracker</u>: This tracker represents the Behavioral Health Organizations (BHO) that transitioned with Integrated Managed Care (IMC) earlier this year. This cohort is coming up on their first quarter, so learnings from Cohort 1 (who is on their 3rd quarter) are being embedded (e.g. more equipped / familiar with data requirements on the front end, thus better reporting). This tracker shows dates with regard to kickoff meetings, CSI portal registrations, signed contracts, and submitted budgets. Currently, PTN’s are pleased that providers are motivated to go above and beyond the requirements. The next deadline for Practice Transformation Implementation Workbooks, from both cohorts, is October 15, 2019. | |

- Opioid Resource Network (ORN) Status Tracker: The purpose of the ORN network is to be a hub, or one central location that can refer housing, food security, and other things outside of treatment (i.e. a wraparound service). The goal is to establish these hubs by creating contractual Memorandum of Understandings (MOU's) with different organizations to use as spokes within their referral networks.

Thus far, we are contracted with Benton Franklin/Walla Walla, which is Consistent Care and Blue Mountain Heart to Heart. Contracts in process are Kittitas (Kittitas Valley Healthcare), Whitman (Palouse River Counseling), Asotin/Columbia/Garfield (Blue Mountain Heart to Heart and TriState).

Preliminary data from the BFWW ORN shows 43 inductions completed out of a goal of 100 inductions. This is amazing considering they are only in their first quarter and their contract is for 100. The Syringe Exchange Program has been a major driver. Consistent Care and Blue Mountain Heart to Heart would like to accompany the PTN's to visit providers as a means to generate exposure to their program.

- Local Health Improvement Network (LHIN) Status Tracker: Every LHIN has completed their contract deliverables ending August 31st, 2019. Contract deliverables funding reports, 2019 budgets, identification of SDOH, Leadership Council and quarterly LHIN meeting participation, submission of rosters and minutes and sponsorship funding. None of the Training Fund has been used, but interest has been shown utilizing training for LHIN members. Applicants for the Sponsorship Fund primarily came from the Benton Franklin and Walla Walla area. All 3rd party administrators have received their portion of the Community Health Fund. BFCHA grant applicants will be interviewed around October 4th and a selection will be made soon after.
- GCACH Report:
 - *Permanent Supportive Housing (PSH) Update:* GCACH was approached by Lourdes Network in February of 2019 expressing concern about the loss of mobile homes, supporting one of their programs. GCACH stepped into the housing environment and pulled together partners that are serving chronically homeless individuals. A summit was held on March 19th to determine community interest in permanent supportive housing. Ninety-one people attended representing a broad cross sector of agencies and organizations. Two PSH projects were presented and discussed; one from YNHS and the other from Catholic Charities of Eastern WA. The consensus of the attendees resulted in the preference for the Catholic Charities model. This model includes on-site mental health, substance abuse treatment, medical, primary care, legal assistance, and transportation services. Since March, GCACH has been working with Catholic Charities to put a permanent supportive housing complex in the city of Pasco. Next Steps:
 - *Application for a special use permit and public meeting with the Pasco Hearings Examiner*
 - *Community forums for the project*
 - *Putting together a financial package for the bank which will require \$350,000 in backstop funding*

We are working with multiple organizations to generate a collective impact. Partners include the Kennewick Housing Authority, Community Action Connections, Lourdes, Trios, Kadlec hospitals, Benton Franklin Human Services (BFHS), and Catholic Charities of Central. The long-term goal is to transition this committee under the governance of Benton-Franklin Human Services since they oversee the Benton-Franklin Continuum of Care committee. The site for the PSH structure will be identified soon, with the plan of breaking ground in March of 2020 if all goes well.

- *Washington Financial Executor Portal Update:* These funds have been contracted to PCMH providers and the IMC funding for Phase 1 has been distributed. Cohort 2 are the BH providers that transitioned from IMC. Q2 payments for Cohort 1 are nearly finalized. The total payments for 2019 are up to \$9.6 million, but a significant amount is set to be distributed before the end of the year.
- *GCACH Workforce Committee Update:* The Behavioral Health Scholarship Policy progress includes refining the focus on what it is about the workforce that needs to be funded (which is internships, preceptorships, peer counselors and community health workers), and establishing who will be funded (the providers since they are the ones taking on the burden / loss of productivity). The goal is to bring the policy to the October Board meeting for approval in order to get these monies in the hands of providers as soon as possible. A Board member noted that it is important to recognize that the money offered will not offset the entire cost, but it may reduce the cost to recruit or intern prospective providers.
- *Learning Collaboratives Schedule:* The Learning Collaboratives schedule has been identified for the rest of the year. The upcoming Learning Collaboratives include:
 - November 2019: Ken Kraybill will present on Trauma-Informed care. GCACH staff has listened to his presentation and it really resonated with the group.
 - December 2019: Adam Falcone will be presenting on Manage Care Contracting. He’s done a lot of presentations and his expertise is widely utilized.
 - In January and February 2020: Crisis providers will give a deeper dive in best practices.
- *Community Resilience Campaign:* For the last couple months the taskforce has been looking at a lot of data (collected from Yakima) on what the resiliency message should be. This information was collected, distilled, and filtered through a number of groups to ensure the correct language and wording. The result: Resilient communities raise resilient children. Build resilience, play, laugh, love, protect. These are the general categories that surfaced when respondents thought of a resilient community. The focus is express that we need to protect our children and build resiliency within the community and our families. This is imperative given the correlation between traumatic childhood events and the adverse impacts in adulthood.
- *Open House:* The GCACH staff is moving and there will be an Open House at the new office. Currently it is set for October 25, 2019. More information will be forthcoming.
- *New GCACH Employee:* Chelsea Chapman is serving as GCACH’s new Administrative Assistant.

| ACTION ITEMS | | MOTIONS |
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| Year-to-Date (YTD) and | <ul style="list-style-type: none"> • Becky Kolln, GCACH Director of Finance and Contracts, reviewed the Financial Reports, which included: | Motion by Ronni Batchelor to accept the Year-to-Date (YTD) |

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| <p>August Financial Reports (Becky Kolln)</p> | <ul style="list-style-type: none"> ○ Balance Sheet ○ Budget vs. Actuals ○ 2019 Statement of Activity <ul style="list-style-type: none"> • There are some discrepancies in the financials with regard to deferred revenues, which was done by our auditor (without providing notice). This adds to the list of challenges experienced as a result of their firm’s internal turnover / reorg. GCACH has reached out to rectify, but the auditor has been unresponsive. • Impacts to the expenditures from include activities the big move, payments to the LHINs, Learning Collaboratives, and the upcoming Behavioral Health Scholarship Policy per the Workforce Committee. | <p>and August financial reports, which included the Budget vs. Actuals and the August 2019 Statement of Activity. Seconded by Sandra Suarez. Motion passed.</p> |
| <p>Provider Recognition Awards (Lauren Noble)</p> | <ul style="list-style-type: none"> • The purpose of this event is to highlight Practice Transformation and recognize our providers for the difficult work they are doing, whether it be attending our Learning Collaboratives, accomplishing Milestones, etc. Attendees will include Cohort 1, Cohort 2, Cohort 3, ORN Project Managers, LHIN leaders, as well as the Board of Directors. • The event will be located at Walter Clore on October 30th. John Gilbert will be the keynote speaker on improving motivational interviewing skills. Awards will be given out to our organizations. • Lauren presented the proposed budget: \$20,000 for awards, catering, decorations, entertainment, marketing, speaker, and venue. This will be taken out of the Contract Services budget. | <p>Motion by Ronni Batchelor to authorize the \$20,000 budget for GCACH to host the October Provider Recognition Awards event. Sandra Suarez seconded. Motion passed.</p> |
| <p>Approval of Cohort 3 (Sam Werdel)</p> | <ul style="list-style-type: none"> • GCACH sent out LOIs and CSAs to 29 organizations as an invitation to participate in Practice Transformation. Upon review of submissions, GCACH and OHSU identified four (4) organizations for the PMCH program. These organizations included: Garden Village, RCCH/ Trios HC, Ideal Options, and Chaplaincy Health Care. • The idea around allocating funds in proportion to providers with larger volume of Medicaid patients might need to be considered in the future. | <p>Motion by Eric Nilson to approve Garden Village, RCCH/ Trios HC, Ideal Options, and Chaplaincy Health Care for practice transformation, (Cohort 3) and to allow a “rolling” application period through the end of 2019 to allow time to make presentations to organizations unfamiliar with the MTP and PCMH model. Madelyn Carlson seconded. Motion passed.</p> |

DISCUSSION ITEMS

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| <p>Semi-Annual Report Presentation <i>(Wes Luckey, Carol Moser)</i></p> | <ul style="list-style-type: none"> • This Semi-Annual Report (SAR) is required by the Healthier Washington Medicaid Transformation’s terms and conditions. New topical areas include Quality Improvement Strategy and Pay-for-Reporting. After the SAR was turned in, feedback is provided and an opportunity to revise is granted. Feedback included a request for an updated implementation plan. This included: <ul style="list-style-type: none"> ○ Pay-for-Reporting metrics completed internally through MeHAF’s, CSI reporting portal, etc. ○ The number of steps toward embedding PT. ○ Activities include PCMH as a framework for Quality Improvement. This includes the technical assistance provided by the PTN, and the progress they track for each provider through the PTIW. This helps analyze the workflows at a strategic level. Using Subject Matter Experts (SMEs) at our Learning collaboratives is another way to help providers understand the advantages and value propositions to PT. The providers work through a structure’s workbook assisted by PTN to design and implement their own program. The process that is overseen by Practice Transformation Workgroup (PTW), of which is chartered by the Board of Directors and is comprised by technicians, clinicians, nurses, Quality Improvement experts, and workforce SMEs. • The upcoming SAR include new activities such as mechanisms that have been established for coordinating care management and/or transitional care plans with related-community based services and supports such as those provided through supported housing programs. A requirement includes providers expanding into the medical neighborhood, which addresses this activity. • Components of the quality improvement plan include: the PCMH model as the framework for quality improvement, hands-on technical assistance by the PT team, formation of a QI team for each clinic that work with the PTNs, changes to the clinic’s business model including workflows, policies, and processes, EHR optimization, Learning Collaboratives to reinforce evidence-based practices and encourage peer learning, the Practice Transformation Reporting Workbook and Toolkit, quarterly reporting into a web-based portal site (Healthcare Communities), evaluation and monitoring by the Practice Transformation Workgroup, and payments for met milestones. |
| <p>Summit Speaker Evaluation Results <i>(Diane Halo)</i></p> | <ul style="list-style-type: none"> • The goal of the Summit Speaker Evaluation Results is to provide an overview of the feedback from The Trauma and Opioid Crisis: Coming Together to Advance Prevention, Care, and Recovery Summit. There were four (4) tracks and over 200 attendees. The results demonstrate an overall score, competency enhancement, and comments. For the most part, the speakers received high remarks and competency was considered to be enhanced. • The Transitional Care and Disease Management Learning Collaboratives. There were 2 (two) tracks and almost 100 attendees. 11 the 25 presentations received an overall score of 96% or higher, 7 received 92%-95% overall scores, and 4 presentations received 86-94% overall scores. The SIM lab received a lower score due to the logistics of demonstrating how to interview patients with OUD in a simulated environment. • The value of bringing these various individuals, professionals, and experts together is beneficial on multiple levels. The group recognized Diane for her amazing efforts in pulling this together. |

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| Cultural Competency Training | <ul style="list-style-type: none"> • Cultural Competency training to be held by the Yakama Nation at Legends casino on Thursday, September 26, 2019. This includes GCACH staff and the Board of Directors. |
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ADJOURNMENT

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| Adjournment | <ul style="list-style-type: none"> • Meeting adjourned at 2:31 p.m. Minutes taken by Chelsea Chapman. | <p>Motion by Les Stahlnecker to adjourn the September Board meeting at 2:31 p.m. Seconded by Madelyn Carlson. Motion passed.</p> |
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Thank you for your time and engagement with
 Greater Columbia Accountable Community of Health!
The remaining 2019 Board meetings will be located at
United Way of Benton and Franklin Counties
401 N Young St, Kennewick, WA,
from 12:30-3:00 p.m. on the following dates:
 Thursday, October 17th Thursday, November 21st Thursday, December 19th