

Greater Columbia Community of Health
 Governing Board Minutes
 May 21, 2015



GOVERNING BOARD MEMBERS PRESENT:	Martha Lanman, Columbia County Public Health; Lori Brown, SEWA A<C; Rhonda Hauff, YNHS; Ed Thornbrugh, CWCMH; Madelyn Carlson, People For People; Leslie Stahlnecker, ESD 123; Brian Gibbons, Sunnyside Community Hospital; Judith Gidley (Alternate, CBO), CAC; Carrie Green, Three Rivers Community Foundation; Susan Remer for Commissioner Kevin Bouchey, Yakima County
CALL IN:	Darlene Darnell, Catholic Charities; Jorge Rivera, Molina Healthcare; Bethany Osgood, Amerigroup; Brisa Guajardo, CHPW, Verni Jogaratnam, CMO United Healthcare, Erin Hafer, CHPW, Caitlin Safford, Coordinated Care; Amina Suchoski, United Healthcare
BACKBONE SUPPORT:	Dr. Patrick Jones, Eastern WA State University, Facilitator; Blake Rose, PMH; Carol Moser, BFCHA
GUESTS:	Beckie Hildman, CAC; Kyli McSpadden, CAC Intern, Sergio Alvarez (CAC IT support)

Topic	Findings and Discussion	Concerns, Conclusions, Recommendations, Actions, And/or Motions	Follow-up
Introductions	<p>Facilitator Patrick Jones thanked the Board members for attending the first GB meeting and asked each member to introduce themselves. He gave an overview of the content of the meeting, and hoped that each member might be willing to work outside of the governing board meeting to be more involved in the work of the Greater Columbia Community of Health.</p> <p>Martha – Population Health Brian – Help understand focus on service provision, physician recruitment Les – Student Health Madelyn – How to best coordinate transportation services Rhonda – representing housing sector, look at ways to address social determinants that improves health Susan – for Kevin Bouchey learning about ACHs Carrie Green- Philanthropy Can let community know of needs in the area and funnel dollars Judith – alternate for CBOs/Food Systems/FBOs; sees the ACH as advancing the work her agency does Lori – Designated Area on Aging – provide community supports Have many contractors providing 8 county area with social services; can provide feedback on what state envisions happening with ALTC Becky – Sitting in to learn about ACHs – Dept Director for Child Care services and Navigator Program Kyli – doing practicum through Utah State Darlene – interested how multiple services need to coordinate & work together</p>		
History of ACH development & Greater Columbia COH	<p>Patrick commented that the state's intent of improving population health included an emphasis on including those agencies who worked on the social determinants of health, so he was glad to see members of the Governing Board representing those agencies.</p> <p>Carol reviewed a power point highlighting the State's healthcare transformation efforts and legislative directives, the history of the Greater</p>	<p>Lori asked if the HCA could better frame the right interventions. Patrick suggested that we concentrate on the priorities and needs of the 9 county</p>	

	<p>Columbia ACH, how GC COH was using the collective impact model & how the GB members were selected. She briefly covered the timeline through the end of 2015 and the next steps for the GC COH: Determine Governance Structure, Determine Funding/Sustainability, Determine Needs, Determine Projects/Actions. The bottom line is savings to the state (\$1 billion over 4 years) and improving population health.</p>	<p>area, then look at strategies to address issues. Rhonda mentioned that the WA HA was providing good indicators & measures for our region that would be good tools to determine needs.</p>	
<p>Role of the Governing Board</p>	<p>Patrick reviewed the Governing Board Functions (page 5 of the Crosswalk) as developed by him and refined by the Leadership Council at their April meeting. Patrick emphasized that the ACH would not be in the direct service delivery business, although some of the agencies we represent would be.</p>	<p>Judith suggesting clarifying the role of the GB with regard to the backbone organization, contract, and Executive Director: (GB) Will select and manage the backbone organization and contract; GB will define the role and function of the Executive Director</p>	<p>Board accepted changes to GB Functions. Carol to make changes to Crosswalk document.</p>
<p>Composition of the Governing Board</p> <ul style="list-style-type: none"> <input type="checkbox"/> Selection of MCO Representative <input type="checkbox"/> Add FQHC Sector? 	<p>Patrick explained that the LC had come up with criteria for Governance and asked the members to read it to confirm if the criteria (pg 6) made sense. Carol emphasized that Neutrality seemed to be one of the most important considerations emphasized by the LC.</p> <p>Carol and Blake reviewed the Sectors and how the GB members were chosen: Public Health, Hospital, Healthcare Provider, Behavioral Healthcare Provider, Food System/CBOS/FBOs, Social Services, Local Government, Education, Philanthropy, Managed Care Organizations, Housing, Business, Yakama Tribe, Public Safety, Consumer, Transportation, FQHC?</p> <p>MCOs have not agreed to GB rep or criteria at this time. Patrick suggested listening to Nominating Committee recommendation, or give MCOs one more month to select representative.</p> <p>Patrick spoke about the history of having 16 slots on the GB. He reiterated that the FQHCs represent populations that the HCA wants ACHs to address. Blake spoke that the FQHCs represent cultural diversity and the at-risk population which was a strong reason for having a separate slot for them on the GB. Rhonda felt that the FQHCs offer more than just health, but dental, basic health, and some public health services. Ed added that FQHCs also represent the uninsured and undocumented. FQHCs also offer upstream services like interpreters, and case management in addition to medical. Brian felt that prevention services were a big part of what FQHCs do and should be included.</p>	<p>Consider having an alternate GB member in the bylaws for all Sector positions</p> <p>Education communicating with Post secondary to understand how they can represent their students</p> <p>Patrick would like at least two more Sectors filled by next GB meeting</p> <p>We need bylaws for GB members to make decision on MCO which don't exist. Do we need MCOs on the GB? Are MCOs a part of the solution? Could MCOs have a different role than being on GB?</p> <p>Are FQHCs already sufficiently</p>	<p>GB MCO Seat is to remain vacant until MCO Sector reaches agreement on GB rep</p> <p>Members agreed to include FQHCs on the GB. Blake & Brian will lead process to select GB member.</p>

		represented on GB? Will having more GB reps in the healthcare delivery system influence what is paid for?	
HRSA Grant	<p>Blake announced that PMH Medical Center had applied for a HRSA planning grant and received the announcement that they had been selected two days ago. They received one of 15 grants in the nation. The grant starts June 1st 2015 and ends July 31st 2016 and is for \$100,000.</p> <p>PMH will put the money back into ACH work. Has to be used in rural areas, and mostly likely will be used for time and resources, admin support, and communications.</p>		
<p>Possible Subcommittees</p> <ul style="list-style-type: none"> <input type="checkbox"/> Governance & Org Structure (Bylaws) <input type="checkbox"/> Membership <input type="checkbox"/> Assessment & Planning (track progress) <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Communications 	<p>Patrick reviewed some of the possible subcommittees that need to be populated in order to develop and form the Greater Columbia ACH. He asked the members to consider which are most important to get started. Since Leadership Council is larger, perhaps they could tackle the Assessment & Planning with a liaison from the Board. Carol asked if a Care Coordination of the LC committee could be blessed by the GB? Blake suggested that we need to find a source of funding to write grants to support the ACH. Martha is concerned that we need to involve all nine Counties; how do we engage them? Maybe form a subcommittee comprised of the various regional agencies to engage with the other Counties. Could some of the remaining slots be filled with Counties not currently engaged? WSHA starting to get more engaged in ACHS. How does grant writing coincide with service delivery? Patrick explained that the Spokane model identifies the need but the money goes to the agency delivering the service.</p>	<p>Priority s/b governance structure</p> <p>Communication & Outreach Committee another priority; perhaps the GB could develop the strategy around what the communication and outreach could be and ask LC how to implement</p> <p>A Partnership with a LC Assessment & Planning subcommittee</p>	
Next Steps:	<p>Patrick suggested another GB meeting in June. Could revisit some of the materials from today, but would like to plan a joint meeting with the Leadership Council in July. Yakima Neighborhood Health Services will host the June 18th meeting.</p> <p>(Comprehensive has video link to Walla Walla, ESD's have teleconferencing also)</p>	Members agreed to meet again on June 18 and plan on joint meeting with LC in July	
Adjournment	The meeting was adjourned at 11:35am		