

Greater Columbia Community of Health  
 Minutes  
 March 19, 2015



MEMBERS PRESENT:	Stephanie Koerner, TC Youth Soccer Assn, Stan Ledington, The Health Center; Katherine Bell, Heritage University; Delphine Bailey, Columbia County Public Health; Andre Fresco, Yakima County Health District; Dr. Amy Person, BFHD; Dr. Larry Jecha, WW County Health Dept; Brad Klos, MHP Salud, Jorge Rivera, Molina; Daryl Edmonds, Amerigroup; Blanche Barajas, Amerigroup; Brisa Guajardo, CHPW; Sandra Suarez, YVFWC; Ed Thornbrugh, Comprehensive; Becky Grohs, Consistent Care; Martin Valdez, TCCH; Leonor Rico, OIC; Beckie Hildman, CAC; Wes Luckey, WA-HBE/CAC; Carmen Bowser, Catholic Family Child Services; Blake Rose, PMH; Lane Savitch, KRMC; Suzy Diaz, Yakima Valley Community Foundation; Tonya Kreis, Yakama Nation; Katherine Saluskin, Yakama Nation; Julie LaPierre, GCBH; Ken Roughten, GCBH; Vonie Aeschliman, GCBH; Len Pavelka, BFCOG; Lori Brown, SEWA ALTC; Anna Marie Dufault, Yakima Valley Community Foundation; Dan Ferguson, WA State Allied Health Center; Carol Moser, BFCHA		
CALL IN:	Gail Fast, ESD 105; Les Stahlnecker, ESD 123; Gail Price, Garfield County Human Services; Suzanne Petersen, Seattle Children’s Tri-Cities Clinic; Deb Gauck, Consultant; Bob Burden, Group Health; Amina Suchoski, United Healthcare; Craig Nolte, Federal Reserve Bank; Harvey Crowder, WW County Health Department		
FACILITATOR:	Dr. Patrick Jones, Eastern WA State University		
Topic	Findings and Discussion	Conclusions, Recommendations, Actions, And/or Motions	Follow-up
February Minutes	No discussion	Motion to accept as presented; Sandra; Second Stephanie: Motion Approved	
Rural Health Care Coordination Grant	<p>Deb reported that a cross sector cross county workgroup was pulled together that would focus on improving the high rates of diabetes in our nine county region. During this time, Carol and Blake met with the Critical Access Hospital Network (CAHN) Executive Director, Sue Dietz who told them CAHN was applying for the grant, and has partnered with the Empire Health Foundation, which will provide a \$100,000 match for the application. The Greater Columbia COH is unable to partner with any of the 11 foundations given their geographic focus.</p> <p>Carol and Blake believe that the Empire Health Foundation's match and participation in developing the announcement gives CAHN a substantial advantage over other applicants. Given that HRSA will only fund eight grantees, it is possible that only those applicants partnering with one of the 11 foundations will be awarded.</p>	<p>Deb felt that the group that came together should continue to meet as a Care Coordination Work Group.</p> <p>We need to understand how BHT funds grant writing</p>	<p>Carol to find out how BHT funds grant writing</p>

<p>Rural Health Care Grant (con't)</p>	<p>In addition, our HCA grant cannot fund grant writing due to federal restrictions. Therefore we think it prudent to not apply for the grant.</p> <p>However, the development work for the application has positioned us for other grant opportunities or work groups in the areas of:</p> <ol style="list-style-type: none"> <li>1. Conducting asset mapping of care coordination services</li> <li>2. Identifying service areas in need of care coordination services</li> <li>3. Developing a care coordination model, e.g., regional Community Health Worker network</li> <li>4. Partnering with health care and other providers to implement care coordination services</li> </ol>		
<p>Vision and Mission Statements</p>	<p>Gail reported that she revised the V&amp;M statements based on what was reflected at the last meeting. The Vision is outcomes based; what we want to be as a community. The Mission is what we need to do to get there:</p> <p><b>Vision: The Greater Columbia Region is a vibrant, healthy community in which all individuals, regardless of their circumstances, have the ability to achieve their highest potential.</b></p> <p><b>Mission: The mission of the Greater Columbia Accountable Community of Health is to advance the health of our population by decreasing health disparities, improving efficiency of health care delivery, and empowering individuals and communities through collaboration, innovation, and <b>community</b> engagement.</b></p>	<p>Motion to accept as presented; Ed; Second Sandra Motion Approved</p> <p>Motion to accept as amended; Sandra; Second Stephanie Motion Approved</p>	
<p>Purpose and composition of Leadership Council</p>	<p>The structure of the Governing Board (GB) and Leadership Council (LC) was reviewed by Patrick. The GB meets less frequently than the LC, has fewer members (one per Sector), is neutral, and is expected to liaise between the LC, local, state and other elected offices. The LC is the big tent comprised, ideally of at least one representative from each County and can represent any of the Sector slots, or be an elected representative from a County, city, or hospital district. All MCOs have a seat at the LC with each member serving a three year term. The number of seats on the LC was not determined except that when it comes to voting, most Sectors will only have one vote. By function, there are more Sectors represented on the LC than the GB with consumers, Oral Health, and 2 at Large positions added. The LC is open to participation from month to month and work on concrete issues. The Working Groups (WG) can be subject matter experts on a single issue, form around various topical areas, or work on Ad Hoc issues like Mental Health, Diabetes, or Care Coordination. It mirrors the make-up of the GB but has more room for participation. The goal of the LC is to receive input from the community, so the real question is who gets to vote. What principles will guide "one voice"? Every group</p>		

	needs to know how the input from the LC and WGs will be communicated. Bob said that the expectation is that whoever is on the GB will reach out to the LC and WGs.		
Sector Caucuses	The group broke into 11 Sectors to discuss 1) How do you see your organization contributing to the COH? 2) Who should be included?	No Sector Representation for Food Systems, Public Safety or Consumers	
Reports	Role	Potential Sector Composition	GB Rep
Transportation	Champion for transit/dial-a-ride services especially in rural areas; champion for pedestrian and bike facilities and complete streets; knowledge of state and federal policies that guide comprehensive plans; convener or stakeholder groups (bike, peds, paratransit) having special transportation needs; advance health in transportation policy by watching for grant opportunities for Safe Routes to Schools, non-motorized facilities; help social service agencies link w/paperwork for grants; determine unmet needs from social service organizations	People for People, Ben-Franklin Transit, Valley Transit, City & County Planners, BF COG, WW COG, Yakima COG, Arc of the TC, Grape Line (DOT) , Tribal Transit	TBD
Public Health	Advocates for community in different way than providers; form partnerships in the community to accomplish goals; advocates for population health	All Public Health Agencies	Martha Lanman
Education	Can facilitate collaboration between the public systems of health and education at the regional and state level	Community Colleges, Universities, ESDs, Early Learning, K-12	TBD
Business	Stephanie to work with Carol; did not get a good response from the local Chambers	Chambers of Commerce	TBD
CBO/FBO	Addresses housing, utility assistance, diaper banks, living needs	Action Councils, Faith based agencies	TBD
Social Services	Orchestrator and advocates across services; connects people with services;	DSHS, AGLTC, BMAC, Food Banks, Kittitas CAC, Kittitas Center for Independent Living	TBD
MCOs	Will leverage presence in region by working together on issues; share data; consolidate claims data for clearer picture of health issues	Molina, Amerigroup, United Healthcare, Coordinated Care, Group Health, CHPW	TBD
Philanthropy	Builds capacity; Partnerships, Networks	School Foundations, United Way, 3 Rivers Foundation	
Hospital			Blake to email hospitals
Local Government		County Commissioners	Ken to put on RSN agenda
Tribes	Represent one of the largest Tribes in the State; will represent all sectors (like a city); Act as liaison to Tribal Council	Yakama Nation	Tonya Kreis, and Katherine Saluskin
Future Meeting Dates	April 23, May 21, June 18, July 29, Aug 20, Sept 24, Oct 22, Nov 19, Dec 15		
Adjournment	The meeting was adjourned at 11:35am		