



Greater Columbia Accountable Community of Health

Collaboration • Innovation • Engagement

Leadership Council

Meeting Minutes

February 21, 2019 | 9:00 a.m. – 11:30 a.m.

ATTENDANCE

Participants (*: called in, †: GCACH Board Member):	Shawn Domagalski, Bethany Hickey, Sandy Quiroga, Fenice Fregoso, Hayley Middleton, Matt Davy, Susan Campbell, Kirk Williamson, Dana Oatis†, Barbara Mead, Bill Dunwoody, Veronica Gutierrez, Dr. Kevin Martin, Matthew Kuempel, Ronni Batchelor†, Stein Karspeck, Eric Nilson, Diane Compos, Michelle Sullivan, Dan Ferguson†, John Christianson, Gary Castillo, Kat Latet, Lisa Hefner, Joyce Newsom, Les Stahlnecker, Chuck Eaton, Judy Miller*, Bertha Lopez*, Nicki Kitter*, Martha Lanman†*, Shane McGuire*, Mandee Olsen*, Corrie Blythe*, Amy Norton*, Dr. Amy Person*, Deb Watson*, Kelly Sanders*, Virginia Janin*, April Grant*, Marcia Baden*, Kim Nygreen*, TJ Osborne*, Theresa Kwate*, Lindsey Ruivivar*, Sandra Aguilar†*, Jac Davies*, Vicky Machorro*, Jorge Rivera†*, Samantha Frederick*, Elizabeth Hillman*, Carrie Barr*
Staff (*: called in):	Carol Moser, Wes Luckey, Becky Kolln, Rubén Peralta, Lauren Johnson, Diane Halo, Jenna Shelton, Martin Sánchez, Sam Werdel, Rachael Guess, Dr. Patrick Jones, Aisling Fernandez

MEETING PRESENTATIONS & REPORTS

Welcome & Introductions (Dr. Patrick Jones): <ul style="list-style-type: none"> GCACH Report (GCACH Staff): 	<ul style="list-style-type: none"> • Dr. Patrick Jones facilitated the meeting. He welcomed everyone and asked for introductions around the room. • GCACH REPORT: <ul style="list-style-type: none"> ○ <u>Network Management for the Opioid Resource Network:</u> Greater Columbia Accountable Community of Health (GCACH) is requesting proposals to manage an Opioid Resource Network (ORN) for Benton, Franklin and Walla Walla counties. The purpose of the ORN is to coordinate a systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on medication assisted treatment (MAT) for individuals with Opioid Use Disorder (OUD). <ul style="list-style-type: none"> ▪ Update: At the Board of Directors meeting after this Leadership Council meeting on February 21st, the Directors passed a motion to allocate \$300,000 from the DSRIP funds to contract with a Network Manager for the Opioid Resource Network for a twelve-month period.
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- Regional Summit on Opioid Use Disorder and Trauma Informed Care: GCACH is partnering with Pacific Northwest University to host this summit and is hoping to see sponsorships cover some of the speaker fees. There will be about 26 speakers. One of the co-founders of the ACEs work, Dr. Vincent Felitti will be a speaker at the Opioid Forum.
- Behavioral Health Providers Move to Fully Integrated Managed Care (IMC): IMC is going well. Happy to report that all payments have been made! You can reach out to Diane Halo for more information at dhalo@gcach.org.
- Financial Updates: GCACH has made payments made to our providers through the WAFE Portal in each of our project areas during 2019 (\$3,093,882 so far), and the year-end total for 2018 (\$3,302,518). The Practice Transformation providers are doing a great job accomplishing their milestones and have been receiving payments totaling \$1,255,000 for Provider Engagement. Pushing money out and feeling good about that.
- GCACH Health Information Technology (HIT) Initiatives Update:
 - CSI Solutions Practice Transformation Reporting Platform: CSI is the vendor GCACH is working with for the Providers' reporting platform. The contract with CSI is in place. Milestones for GCACH are unique and extensive, pushing out the deadline for finishing the site. Hopefully there will be a web page by the end of March for providers to do reporting: directories for practice transformation efforts, MEHAFs, change plans, etc. It will be a great resource for providers including information about the Learning Collaborative, a calendar, RSS feed, Direct Secure Messaging (DSM) and more. Three other ACHs are also using CSI.
 - DataMotion Direct Secure Messaging Interoperability: Interoperability supports coordination of care and links clinical providers to clinical providers and providers to community-based organizations. We also support the implementation of DSM technology within our regional EMS organizations and will make funding available to those organizations wishing to adopt it.
 - Health Commons: This is a referral management system that establishes care pathways. Most of the work involves setting up the processes and workflows of the organization and applying HIT as needed. Once a "use case" has been established, referrals can be added fairly easily.
- 2019 GCACH Housing Summit: For those of you who were here last month to hear the presentations about the Staten Island Preferred Provider System's (PPS) experience, they started with engaging 25 practices and 100+ PCPs in obtaining PCMH recognition. This was their "first wave" of activity. GCACH seems to be on the same trajectory; we have engaged 23 practices with approximately the same number of providers. Now that we have the first wave of activity under our belt, the GCACH staff can tackle other important community initiatives, and so we are hosting our first ever supportive housing summit for Benton and Franklin counties. The convening will take place on Tuesday, March 19, 2019 from 2:00 pm – 4:30 pm at United Way of Benton and Franklin Counties; 401 North Young Street, Kennewick, WA 99336. GESA community bank has asked to be a part of this! We are lucky to have two housing experts as speakers at the summit: Dr. Robert J. McCann, PhD, president and Chief Executive Officer of Catholic Charities, Spokane Diocese as a speaker as well as our

	<p>own Board President Rhonda Hauff Chief Operations Officer of Yakima Neighborhood Health Services, current Chair of the Health Care in Public Housing Committee for the National Association of Community Health Centers. Presentations will be centered around their successes in building permanent supportive housing units in Spokane and Yakima.</p> <ul style="list-style-type: none"> ○ <u>Adverse Childhood Experiences (ACEs)/Resilience Media Campaign:</u> GCACH is addressing the Social Determinants of Health, which accounts for 80% of what determines health. GCACH will allocate close to 2 million dollars through 2020 toward this work. \$1.4 million of those funds will go to the 6 LHINs, and those groups are working to prioritize the SDs for their regions. The remaining funds will go to an ACEs Awareness Campaign, which will emulate the public health campaigns around smoking, AIDS, seatbelts. The Communications Committee recently met to discuss the ACEs/Resilience Media Campaign. It was decided to create a task force comprised of persons with varied expertise to help guide Greater Columbia ACH in ensuring the messaging is focused, targeted, demographically sensitive, and complementary to the efforts already being carried out locally within our region. The Communications Committee recommended 37 people for the task force and so far, 20 have committed to participating. ○ <u>Practice Transformation Navigator Update:</u> The Practice Transformation Navigators have been meeting with organizations to review the Toolkit, Reporting Workbook and budgets via GoToMeeting and Skype, but mostly through virtual tools like Skype and Go-To-Meeting because of the weather. The deadline for the budgets was February 15th and most of them turned the budgets in on time. Organizations from our nine-county region have been giving excellent feedback on the Toolkit and Reporting Workbook. As the first reporting date approaches, the Practice Transformation Navigators will continue to work with the organizations so that they can complete all of the Milestones in the Reporting Workbook. ○ <u>Greater Columbia Region Behavioral Health Ombuds Service:</u> The contract for the Greater Columbia Region was awarded to Behavioral Health Ombuds Service. This is a consumer directed advocacy service. The Ombuds will be located at the Greater Columbia Behavioral Health office; 101 N. Edison Street, Kennewick, Washington; (509) 783-9444.
<p>Community Trends (Patrick Jones)</p>	<ul style="list-style-type: none"> ● Dr. Patrick Jones, gave a presentation on Eastern Washington University’s Community Indicators Projects that can be accessed at: http://www.bentonfranklintrends.ewu.edu/loc_map.cfm. ● This talk is about community trends specifically focusing in on social determinants of health in several of the counties in our region that have the data and visualizations completed (this is about 90% of the GCACH population): Yakima, Benton & Franklin, Walla Walla, and Columbia counties. The presentation was intended to step back from the DSRIP outcomes (the Triple Aim) that GCACH is trying to change and look at what factors are behind the ability to move the needle. ● These community trends have been around for 12-13 years. The most recent is Yakima and Spokane is oldest project (although Spokane is in a different ACH). The goal was to better inform ourselves about what’s going on. The

Community Indicators Projects are for these communities to examine what matters and what the priorities are, even if it's not directly about health. There are some principles we've applied to make the info more meaningful. 1. To make it comprehensive. 2. No lens or agendas. The goal is to not to interpret everything through a health perspective. There are stats on public safety, business, and economics. We want to visualize information while staying neutral and fact-based. 3. We have had the communities decide on the indicators they want using focus groups, therefore these projects reflect what indicators the counties choose for themselves.

- We're going to consider some economic indicators- if you don't have income, it's hard to do a lot of things!
- "Health follows wealth" and we must recognize that. Wealth follows income. This helps determine health outcomes. We are looking at the US and the state of Washington comparisons. At this [link](#), you can see that the Median Household Income in 2017 in Yakima County was \$47,400, quite different (lower) than \$60,336 for the United States and \$70,979 for Washington state. Every community in Eastern WA is below the median for US except for the Tri-Cities.
- Now look at poverty and what's happening to the bottom decile/quartile. This poverty threshold is used to decide who and who does not qualify for Medicaid. Poverty level varies by size of family and by inflation. Many people think the poverty measure is inadequate. United Way has come up with the ALICE measure, which is much different in terms of poverty threshold and you can read about it [here](#).
 - Look at Yakima County where close to 45,000 people are living at or below the poverty line. About \$25,000 is the level for a family of four. Anyone just above that isn't "poor" you can see the inadequacy of this measure. Lower here is better and the numbers have come down.
 - Looking at Benton and Franklin counties, for those of you who live in Pasco- you know a lot of people are going across the bridges and it's a measure of where people live, not where they work.
 - Walla Walla and Columbia counties are below the benchmarks for poverty.
 - Asotin has 13% who meet the threshold for poverty.
 - Kittitas is at 20%. You have students living off campus, as in a lot of college communities, the students are counted as part of the community.
- Go to the Yakima page to look at food insecurity. This is very difficult to measure and we didn't think you can tabulate this but it's been an effort across the food banks. There's an umbrella group called Feeding America, it's not a direct survey and uses a bit of black box economics. You should also know they're 5-year rolling averages not year to year. They define food security "eating diminished amounts of food or skipping meals due to diminished resources compared to proper 3 meals a day". Children's rates are always above other rates, even worse than for seniors. A lot of our kids don't have enough to eat. We have a forum at EWU on food insecurity for EWU students. The all age population rate is below the benchmark.
 - Food insecurity is 9.8% for BF counties, below the benchmarks, and there's been a slight decline.
- There's a story behind all these trends not just numbers.

CCHE Evaluation Findings (Carol Moser, Dr. Patrick Jones):

- For background, please read the section of the GCACH Report called “February 2019 Leadership Council meeting” on page 4:
 - *The Health Care Authority (HCA) contracted with the Center for Community Health and Evaluation (CCHE) in 2016 to monitor the “essential elements of collaboration of ACHs.” CCHE chose six functional domains that capture the story of the ACHs’ development, successes and challenges.*
- Patrick Jones presented the results from the Greater Columbia ACH Participant Survey: 2018 Results.
 - Results showed our organization needs to raise awareness on our community engagement efforts.
 - GCACH is excited to use the 2018 CCHE Survey results to continue to raise the bar in each domain. Thank you to those that participated! To view the results, click [here](#).
 - 105 people responded to the survey, which is higher than the state average for all of the ACHs. We got a high response rate from the board, a higher response rate from the board than at other ACHs.
 - In 2018, we took a more targeted approach with whom we sent the survey to (compared to in 2017) and the results reflect a higher response rate from organizations and people who have been more involved.
 - With the practice transformation group and Board, there was some overlapping membership between groups.
 - Length of participation: Almost one quarter of survey respondents reported being involved for more than 3 years, a higher proportion than in 2017 and higher than the state average.
 - Three-quarters of respondents reported being satisfied or very satisfied with how GCACH is operating in 2018.
 - Each year, CCHE evaluates all ACHs across 6 Domains (Regional Health Improvement Projects, Organizational Function, Governance, Mission and Goals, Membership, & Community Engagement).
 - In 2018, GCACH was the same or better in 5 of the 6 domains compared to the WA State ACH average. Only a small difference in one category compared to the average.
 - In 2018, survey respondents rated ALL domains higher than they did in 2017 for GCACH! These changes were significant for the Community Engagement and the Regional Health Improvement Project domains.
 - Here is one table from the survey results, showing some key takeaways and opportunities:



Drilling down to individual survey components:

The top three strengths and opportunities for improvement

• Strengths

- Has leadership and staff that work to further the agenda of the collective ACH.
 - (38.9% rated as outstanding)
- Has leaders who bring the skills and resources that the ACH most needs.
 - (36.4% rated as outstanding)
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
 - (35.1% rated as outstanding)

• Opportunities

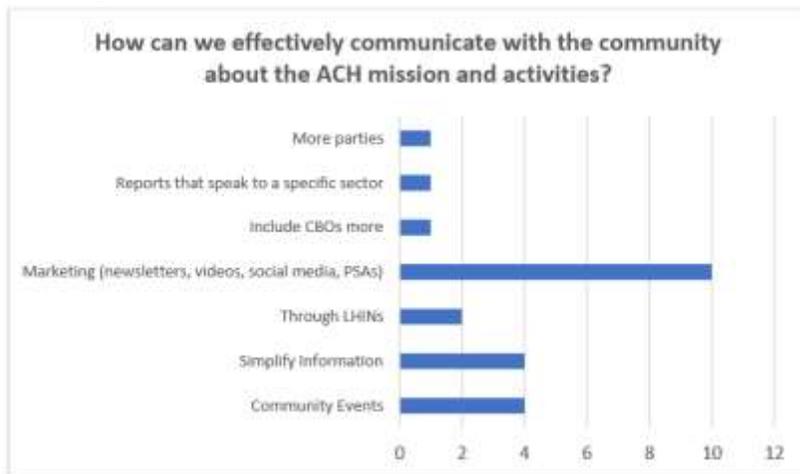
- Engages the broader community with opportunities for public comment or participation.
 - (25.3% rated as needs improvement)
- Communicates effectively with the broader community about the ACH mission and activities.
 - (23.5% rated as needs improvement)
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.
 - (21.7% rated as needs improvement)

- - Impact of ACH is pretty detailed to look at different components. By in large, the 105 respondents gave good reviews and most respondents agreed that GCACH is supporting system transformation (and reviews on the Impact of our ACH improved from 2017 to 2018 in all categories).
 - There was less agreement for these two questions:
 - *My ACH is helping to align resources and activities across organizations and sectors in our region.*
 - *My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.*
 - Open-ended feedback about this year's successes at GCACH included the following themes:
 - Engaging partners from across sectors, organizations, and the region to work collaboratively together.
 - Project progress, particularly bi-directional integration and practice transformation efforts.
 - Open-ended feedback with suggestions for improvement for GCACH included the following themes:
 - Communication and transparency, including accessibility and clarity of information and updates especially for newer partners or stakeholders.

- Organizational/staff or governance structure and issues: comments related to size/bureaucratic nature of the organization and how that impacts the work.

2019 Leadership Council Topics: Survey Results (Lauren Johnson):

- Staff asked the Leadership Council participants to go to menti.com to answer the following questions live during the meeting. Here are the results:





Community Health Fund Update (Rubén Peralta):

- Social Determinants of Health are defined as, “conditions in the environment in which people are born, live, learn, work and play.” Health care contributes to 20% of health outcomes, physical environment to 10%, health behaviors to 30% and socio-economic factors to 40% of health.
- The Social Determinants of Health (SDOH) Community Health Fund (through 2020) will be funded with a total of \$1,995,200 in two parts: LHINs will receive \$1,395,200 and the Regional ACEs & Resilience Campaign will be supported with \$600,000.
- Ruben showed metrics from the Robert Wood Johnson Foundation County Health Ranking in 2017 for each of the counties in our region compared to the Statewide population. The *median household income* is worse for all 9 of the counties and so are *access to exercise opportunities*, the *dentists ratio*, the *mental health providers ratio*.
- The next slide shows CHF distribution across the LHINs of our region.
- The goals of the ACEs and Resilience Media campaign is as follows:
 - GCACH seeks to emulate the success of other public health crisis awareness campaigns such as the anti-smoking, seatbelt, and HIV/AIDS campaigns.

Social Determinants of Health (Dan Ferguson, YCHCC):

- YCHCC- Dan Ferguson, GCACH Board of Directors:
 - Dan is involved with the Yakima County Health Care Coalition. Slide two shows the large group of organizations that make up the coalition.
 - Rhonda was a big resource in formulating the ideas.
 - They decided to use the PRAPARE tool, converted the paper survey to Survey Monkey. They collected over 500 surveys at different events in only six weeks!! There were many volunteers and staff who helped a lot.
 - PRAPARE stands for “Protocol for Responding to and Assessing Patient Assets, Risks and Experiences.”
 - Consumer Engagement: The top results from surveys included housing, employment, education, transportation, and emotional/mental health.

Local Health Improvement Network (LHIN) Report Out (Kirk Williamson, BFCHA):

KCHN's Social Determinants of Health Priorities (Robin Didricksen-Read, KCHN):

- Priorities align with the United Way and Yakima Community Foundation (YCF).
 - YCHCC has asked YCF to the Third Party Administrator
- RFPs went out in early January and we'll hear soon about the results of the RFPs.
- BFCHA- Kirk Williamson:
 - Kirk talked about the thoughtful process that BFCHA went through to prioritize SDOH for their region. TCCH helped conduct 700 surveys in less than a month at events and they also did a survey online. They looked at what they could from 211 (although this isn't Medicaid-specific).
 - In the end, the top three were 1. Housing, 2. Mental Health, 3. Food Insecurity in that order.
 - Transportation surfaced in the online survey but it was not top 3, and BFCHA is still concerned about this issue. Ben-Franklin Transit is working on this issue.
 - They are using surveys to dig deeper into the top three issues, asking what residents mean by "housing," for example, to make it easier to create solutions.
 - They have selected Three Rivers Community Foundation as the Third-Party Administrator to help inform the RFP process.
- Kittitas County Health Network- Dr. Kevin Martin filled in for Robin Read:
 - KCHN used a consumer voice survey. The tool was created by Community Health of Central Washington, and the instrument is based on American Academy of Family Physicians.
 - They asked questions about housing, transportation, food/nutrition, employment and safety.
 - Surveys were distributed at Kittitas Valley Healthcare to Medicaid recipients and at Community Connect Day to low-income people. There were 134 responses.
 - The results were not a surprise from what we knew about the county, with almost all of the responses related to safe housing.
 - Not enough secure housing, not enough food, trouble paying power, water or heat bills. 7% didn't feel safe in their homes (domestic violence or not having a door that locks).
 - Priority selection: At the December LC meeting there was a discussion about housing and food insecurity.
 - Housing and food were confirmed as priorities.
 - Maybe we should build more houses that are affordable.
 - Working on RFPs hope to have them for this cycle.
 - Ronni asked- "What's the position of your housing authority in your county?"
 - Dr. Martin replied that HopeSource does most of that work. When we were going through the planning process, we thought we'd be more nimble for hiring through HopeSource. Most of the places that HopeSource has identified have identified have not worked because no one wants this housing in their backyard.
 - May be that the university is the solution to a lot of the housing by shifting the market.

	<ul style="list-style-type: none"> • Final Conversation about Leadership Council Meeting topics. <ul style="list-style-type: none"> ○ In January, GCACH took a survey about what topics the LC would like to learn about, and the feedback is being used to design future meetings on these topics.
ADJOURNMENT & MEETING SCHEDULE	
Adjourn:	<ul style="list-style-type: none"> • Minutes taken by Aisling G. Fernandez
<p><i>Thank you for your time and engagement with Greater Columbia Accountable Community of Health!</i></p> <p>2019 Leadership Council Meetings will be held from 9 a.m. to 11:30 a.m.</p> <p>at Columbia Basin College, Classroom L102 (2600 N 20th Ave, Pasco, WA 99301) on the following dates:</p> <p>Thursday, March 21st Thursday, April 18th Thursday, May 16th Thursday, June 20th Thursday, July 18th Thursday, August 15th</p> <p>Thursday, September 19th Thursday, October 17th Thursday, November 21st</p>	

