



## Greater Columbia Accountable Community of Health

*Collaboration • Innovation • Engagement*

### Board Minutes

September 21, 2017 | 12:00 pm – 2:30 pm  
Columbia Basin College, L102

ATTENDANCE		Action Items
<b>Participants:</b>	<p><b>Board Members In Person:</b> Madelyn, Les, Rhonda Hauff, Dan, Meghan, Darlene, Sarah Bollig Dorn (for the MCOs), Brian Gibbons, Lori</p> <p><b>Guests in Person:</b> Sierra Barrett, Jac Davies, Jim Jackson, Miguel Messina, Lauren Baba, Erin Hertel</p> <p><b>On the Phone:</b> Kayla Down, Lara Sim, Debbie Dumont, Jorge, Brian, Cathy K, Cathy H, Caitlin Safford</p>	
<b>Backbone:</b>	Carol Moser, Patrick Jones, William Van Noy, Megan Kummer, Wes Luckey	
<b>Special Thanks:</b>	Thank you, Columbia Basin College for today's facility. Thank you, UnitedHealthcare, for sponsoring the refreshments.	
<b>Welcome &amp; Introductions:</b>	<ul style="list-style-type: none"><li>• <b>Rhonda –</b><ul style="list-style-type: none"><li>○ Review of conflict of interest statement</li><li>○ Review of self-dealings transactions statement.</li></ul></li></ul>	

	<ul style="list-style-type: none"> <li>○ I'd like to move an action item up to the top here (Confirm Consumer Representative). Please flip to Ronni Batchelor's bio in your packet.</li> <li>• <b>Carol</b> - Ronni gave an eloquent testimony a couple of months ago at a Leadership Council Meeting. We've been looking for a consumer representative for the board for some time. Jefferson Coulter recommended her as his replacement. Ronni always found herself helping other people. It takes courage to be an advocate for people on that other side. She can give real life experiences and add value to our discussions.</li> <li>• <b>Wes</b> – Ronni is an advocate for her clients, has a passion for her work and is highly driven. I highly recommend her.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion to accept Ronni Batchelor as the consumer representative for the board by Brian. Seconded by Dan. Motion passed.</li> </ul>
<b>MINUTES &amp; REPORTS</b>		<b>Action Items</b>
<b>Consent Calendar</b>	<ul style="list-style-type: none"> <li>• <b>Rhonda</b> – We'll look at the minutes first in the consent agenda. (These were not included in the packets, as they were very long from last month).</li> <li>• <b>Wes</b> – People question why we take such detailed minutes, but we want to be sure to preserve transparency with these meetings. Many people involved in our work can't make every meeting, and these minutes help keep them informed. <ul style="list-style-type: none"> <li>○ <b>Rhonda</b> – Does the board like this level of detail?</li> <li>○ <b>Meghan</b> – I do. I think it's nice in terms of transparency. In all of the boards I am a part of, I encourage this level of detail because not everyone can be here. It's also helpful to bring back to our sectors as sector representatives.</li> <li>○ <b>Wes</b> – We are now also recording these meetings. We have those available as well if you want even more detail.</li> <li>○ <b>Ronni</b> – I like the length of it because it gives me a lot of detail and information. I like that these are available online when I need to review them. It also shows all of the work involved with all of this.</li> <li>○ <b>Les</b> – This was also reflected in last month's minutes. We went through a lot.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion to accept the consent agenda (August Minutes, Bylaws Charter, and Nominating Charter) by Meghan. Seconded by Les. Motion passed.</li> </ul>
<b>Director's Report &amp; Updates</b>	<ul style="list-style-type: none"> <li>• <b>Carol</b>- I will make this brief- the biggest news is that all of the ACHs passed the Phase 2 Certification in the highest tier and will receive \$5 million. We find out tomorrow what our scores are, and we also have a follow up interview with Manatt. This interview will help us find out what we're missing, to strengthen our November Application. Jim Jackson was one of</li> </ul>	

the evaluators if he would like to share a little bit about that evaluation process:

- **Jim** – It was an 8-part application (Theory of action, governmental organization, community engagement, clinical participation... etc.). There was a team at the state of 3-4 people who evaluated each of those sections. Those scores were averaged, and then compiled into a final score. The sections that I participated in was community and provider engagement. I thought that GCACH was very strong in that area. I only gave 3 ACHs a 10, and GCACH is one of them.
- **Wes** – Will the Phase 2 Certification applications be posted on the website?
- **Jim** – I believe so.
- **Carol** - LOIs went out on 9/5 on the website and via email (600). Megan and I also followed up and called some of the larger providers that weren't on our email list. We are hopeful that we will get a lot more back than we've gotten so far (only 3). We have all of the materials we sent out, including a FAQ document up on our website, and we resend out these materials every Friday. As we gather these LOIs and put them into a list, this list will help us identify any gaps we may have.
- **William** – Design 1 Funding Allocations. I was recently notified that phase 1 and 2 design funds can be used throughout the 5-year period.
  - **Rhonda** – Is this the same budget we approved last month?
  - **William**- Yes it is, and money can be moved around within these categories after knowing how much money we spend.
- **Carol** – BHO update. I had a resolution in July that I was prepared to send to the BHO, that we ended up not sending. This ended up being a good thing. I worked with Rick Weaver, and he advised against meeting with individual Commissioners. He and MaryAnne Lindeblad made a presentation to the BHO last month and said, “doing nothing is not an option, and that we need to be prepared for this transition”. In the end it was a 7-2 vote to extend the deadline for them to respond to the binding letter of intent. The Benton County vote was on Tuesday, and I've contacted Kyle Sullivan to learn how that went. They were one of the 2 no votes against mid-adoption. Penny from Ideal Option asked the very smart question of “What's the plan with the providers?”. This was one of those points that the commissioners needed to address.

- **Meghan** – I also liked that we talked about how that transitional year will be used to discuss how they will actually transition from having all of the Medicaid dollars go through them to just the block grant dollars. We also talked about how they will spend down those reserves.
- **Carol** – The last thing I want to touch on in the Director’s report is the LOI timeline. We wanted the board to take a look at this and approve how this looks before sharing it with the leadership council. We are planning on sharing a list of the LOIs at the 10/26 meeting. LOIs are due by 10/5. (Review of the timeline, and reviewal process of LOIs). This list of partners will be included in our project plan application. After the project plan application is turned in the Budget and Funds Flow Committee will be looking at the methodology of how we will spend those funds.
  - **Dan** – Can the ACH allocate money to special projects regarding workforce, i.e. trainings?
  - **Carol** – This is correct, and it would come out of our design funds, not the project area funding. On 10/23 the ACHs are planning on getting together and talking about Domain 1. What we’ve discussed thus far is that there needs to be a statewide plan for workforce.
  - **Dan** - I support statewide approach, but also discussions at the local level that influence at the regional/state level.
  - **Carol** – We included a question about an apprenticeship program in our LOI. We recognize that this is another way to tackle this issue.
  - **Rhonda** – I like the statewide approach, but I also think that we want to do something for our region in the area of recruitment- we want Providers to come to Eastern Washington.
  - **Ronni** – I think the individuality of each region is important to look at with workforce. The statewide approach may not be as good for our region.
  - **Wes** – There should be a combination of both the statewide approach and the regional approach. CHWs are needed across all ACHs, and I think that statewide planning would be helpful around that.
  - **Dan** – We’re trying to do a good job of elevating this conversation to multiple levels.

	<ul style="list-style-type: none"> <li>○ <b>Lori</b> – I would say that it has to be regional. The wait times in Yakima are horrendous. They are medically underserved. How can they access physicians when they don't have them? New people coming into the system have problems finding care.</li> <li>○ <b>Ronnie</b> – The wait times for mental health providers are challenging as well. It's hard to keep people going into their appointments as well to keep the momentum going. If there's not built in support to help between their appointments, there can be a decline in the patient.</li> <li>○ <b>Brian</b> – It's challenging to recruit physicians. Population growth (with a high percentage of Medicaid clients) in combination with a low number of primary care physicians is hard to combat.</li> <li>○ <b>Carol</b> – When I say statewide strategy, what comes to my mind is funding a workforce program/policy. Regions can't do this funding piece on their own. We are thinking regionally, but we need more resources than we have in our design funds.</li> <li>○ <b>Dan</b> – I can assure this Board that all of our conversations at the state level have involved discussions around statewide resources, regional ACHs and local LHICs, and having that feedback loop.</li> </ul>	
<p><b>Target Population &amp; Alignment Retreat Update</b></p>	<ul style="list-style-type: none"> <li>● <b>Cathy K</b> – <ul style="list-style-type: none"> <li>○ The PAC members (project team facilitators) and invited guests were brought together to work on: <ul style="list-style-type: none"> <li>▪ Review of Regional Data</li> <li>▪ Refining project target populations</li> <li>▪ Addressing oral and maternal child health</li> <li>▪ Alignment across projects</li> <li>▪ Equity</li> </ul> </li> <li>○ Oral &amp; Maternal Child Health <ul style="list-style-type: none"> <li>▪ PAC shared Board's commitment to addressing oral health and maternal child health even though those areas are not moving forward in the Project Portfolio:</li> <li>▪ 2B (Care Coordination) seen as a key project for addressing these needs with pathways for each</li> </ul> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>▪ 2A (Bi-directional Integration) and 3A (Opioids) see oral health interventions as important services for their target populations.</li> <li>▪ 3A will also include pregnant women as a target population.</li> <li>▪ 2D (Diversion) will look at diverting people who got to ED for oral health needs</li> <li>▪ Oral Health and Maternal Child Health subject matter experts will be pulled into project implementation planning in 2018</li> <li>▪ GCACH planning additional investments outside the projects</li> <li>○ Target Populations <ul style="list-style-type: none"> <li>▪ Participants actively engaged in discussion of target populations for each project and shared populations across projects.</li> <li>▪ Key target populations for the project portfolio: <ul style="list-style-type: none"> <li>▪ Medicaid beneficiaries with Severe Persistent Mental Illness (SPMI) and other co-morbidities (for example, diabetes)</li> <li>▪ Medicaid beneficiaries with 6 or more ED visits in past 12 months</li> <li>▪ Medicaid beneficiaries with an ED visit and a MH, ETOH (alcohol) or Drug abuse diagnosis</li> </ul> </li> <li>▪ Important to target Medicaid beneficiaries with preventable ED visits even if they don't have 6 or more in a year (3D will address patient education)</li> <li>▪ Important to identify people with social determinant needs across projects</li> <li>▪ Developing a visual of target populations and how they enter the system / 6 GCACH projects</li> </ul> </li> <li>• <b>Rhonda</b> – Our theme was the 'no wrong door approach'. Our goal is that no matter where the consumer enters the system, they get the consistent and quality care they are needing.</li> <li>• <b>Darlene</b> – My initial concern was that the 6 areas that we are formally moving forward with are very clearly called out in the LOI, while the other 2</li> </ul>	
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areas only have 1 question. I just wanted to make sure that there is integration of those two areas. Thank you for that explanation.

- Project Portfolio Alignment Questions
  - Rich discussion of Project Portfolio Alignment in answer to these questions:
  - What will the shared interventions, resources and infrastructure be across projects?
  - How will the projects advance equity in the Greater Columbia region?
  - How will the projects be sustainable after the Medicaid Demonstration ends?
- Project Portfolio Alignment Discussion
  - Key areas of alignment include:
  - Information sharing (HIT/HIE) and work force (esp. CHWs) foundational across projects
  - Pathways as a connection point across projects
  - Screening for social determinants, behavioral health needs as well as patient engagement (Patient Activation Measure)
  - Trauma Informed Care
  - Equity needs to be meaningful consideration in project planning and projects need common means of defining, measuring and tracking race/ethnicity and language.
  - Suggestion: Ask project teams to use King County Equity Tool for each project during planning phase.
  - Projects need GCACH to provide a shared infrastructure /TA for building business case and measuring ROI
  - Suggestion: Sustainability Task Force to begin this work across projects now.
- Next Steps
  - HMA is starting to draft project section of Project Application due Nov. 16<sup>th</sup>
  - Will work through PAC to gather further information as needed and get input on drafts
  - All projects will go through a planning phase in 2018 – this is really when all of the project implementation is worked out

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<b>Communication Committee Update</b>	<ul style="list-style-type: none"> <li>• <b>Megan</b> – The communication committee has been meeting weekly, and are working on developing an RFP for the website redesign. Our tentative timeline for this project is: <ul style="list-style-type: none"> <li>○ Post the RFP by 9/25 (This was actually posted by 10/2)</li> <li>○ Responses will be due by 10/13 (This was pushed back to 10/20)</li> <li>○ We will have a recommendation to the board at the 10/26 meeting</li> <li>○ Tentative kickoff for the project is 11/2017</li> <li>○ Deadline for completion is 2/2018</li> </ul> </li> </ul>	
<b>ACTION ITEMS</b>		<b>Action Items</b>
<b>Financial Reports</b>	<ul style="list-style-type: none"> <li>• <b>William-</b> <ul style="list-style-type: none"> <li>○ There were some duplicate entries in salary that dated back to June. I've eliminated those entries, and now our checking account matches our bank statement. <ul style="list-style-type: none"> <li>▪ <b>Madelyn</b> – Will this adjustment have any effect on our contracts?</li> <li>▪ <b>William</b> – No, it won't.</li> </ul> </li> <li>○ Walkthrough of August financials <ul style="list-style-type: none"> <li>▪ Budget vs. Actuals Phase 1 – Food expenses were moved from SIM funding to the Phase 1 design funding because food and lunch expenses are not allowed in SIM funding.</li> <li>▪ Balance Sheet – In September we will now start to show a PTO liability in the liability section.</li> </ul> </li> <li>○ <b>William</b> - Calendar vs. Fiscal Year, Accrual Based Accounting Discussion <ul style="list-style-type: none"> <li>▪ <b>William</b> – We are currently on a SIM funding fiscal year (February – January). I would like to move to a fiscal (July to June) or calendar (January – December) year at the end of this year.</li> <li>▪ <b>Meghan</b> – A calendar year is nice to have.</li> <li>▪ <b>Brian</b> – I agree with moving to the calendar year.</li> <li>▪ <b>Rhonda</b> – When we received our 5013C status, did we have to name our year?</li> <li>▪ <b>Brian</b> – I don't recall, but I do know that it's a struggle to remember that our year starts in February.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion to approve the August 2017 financials by Brian. Seconded by Madelyn. Motion passes.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>Carol</b> – We won't be receiving SIM funding for much longer, so it makes sense to move to a calendar year.</li> <li>▪ <b>William</b> – I also ask that we also move from cash to accrual based accounting if there is a motion for the calendar year.</li> <li>▪ <b>Les</b> – There's no issue with HCA being on a different system?</li> <li>▪ <b>Brian</b> – No, they are also accrual.</li> </ul>	<ul style="list-style-type: none"> <li>• Motion to move our financials to a calendar year, and also adopt accrual based accounting by Brian. Seconded by Meghan. Motion passes.</li> </ul>
<p><b>Printer Expense Approval</b></p>	<ul style="list-style-type: none"> <li>• <b>William</b> – At this current point we are using an older copier from CAC, and we would like to get a new copier that belong to use. This would be a more robust color copier, that would serve our needs better. We've found a couple bids (Canon and Konica Minolta). The Cannon option is above Carol's spending limit, so we wanted to get approval to go with either of these. <ul style="list-style-type: none"> <li>○ <b>Wes</b> – The current copier (black and white) we have isn't connected to our computers at all, and it's very slow. We are needed an updated printer to better suit our needs. We sometimes take our printing needs to office depot for larger jobs. We also have small laser jets around the office, but they are slow and very expensive.</li> <li>○ <b>Ronni</b> – What is the cost/maintenance of each printer?</li> <li>○ <b>William</b> – Generally copiers have a life of 5 years. For maintenance, the monthly fees would be well below Carol's spending limit. The service provider for the Canon is Canon, the service provider for the Konica is Abadan- which is local.</li> <li>○ <b>Meghan</b> – It's important to note that leases can be expensive.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Motion to allow Carol to spend up to \$7,000 for a new copier (which could be either the Konica or the Canon model) by Meghan. Seconded by Brian. Motion passes.</li> </ul>
<p><b>Policy &amp; Charter Approvals</b></p>	<ul style="list-style-type: none"> <li>• <b>Carol</b> – Sector Representation Policy <ul style="list-style-type: none"> <li>○ The Phase 2 Certification required us to have a sector representation policy in place, so I put together this draft.</li> <li>○ <b>Rhonda</b> - We need to talk about how we honor this policy and connect with our sectors.</li> <li>○ <b>Les</b> – With this ask, I think that it would be helpful to have support. I don't have the capacity to do some of these extra things. I would want some help with this, for example a newsletter or something to forward on.</li> <li>○ <b>Meghan</b> - I have a monthly call the Monday after the Board meeting. I do a set an agenda that goes over the last ACH meeting. I</li> </ul> </li> </ul>	

give the highlights from the meeting to the sector. This call includes others in the Leadership council as well. I asked them to give me permission to not consult also, so that I don't need to go back to them to make decisions for this board.

- **Dan** - There is a developmental process. We don't want to set the bar too high. We want to be able to have an achievable goal. I would like us to be cautious of how we dictate how this representation is defined.
- **Lori** – Some of these sectors are very broad, i.e. social services. A lot of my partners are already on the Leadership Council. It's a real challenge, to keep everyone up to speed, as we're all a part of networks. We can all inform those networks. When the LOI went out, I made sure my commissioners knew.
- **Sarah** – The MCO's have it easier. My concerns are less about how each representative communicates with their sector, and more about what we need from the GCACH staff to do those communications (i.e. things we are voting on, or minutes from the last meeting).
- **Darlene** - Some sectors are infinite, and not well defined. This makes it hard to have a policy that covers them all.
- **Rhonda** – My understanding is that I was chosen from a group, because I'm knowledgeable on how housing effects health, and I am trusted to make decisions for my sector.
- **Les** - I don't have any ideas on how many educational connections are in our area. Most of those people don't know who I am. I would like to get these people involved in the Leadership Council so that the decisions we're making are well informed to begin with.
- **Dan** - What is the shared benefit of this? I think it's part of our role to find the right time to bring it to our sectors when it is for their shared benefit.
- **Rhonda** – Is our role more of serving as ambassadors to our sectors?
- **Ronnie** – I think we will all need to communicate to our sectors a little bit differently. Consumers won't understand a lot of the language and terms that we use. I work with people who can give

	<p>their voices, and I've been advocating for them to join the Leadership Council meetings. ACHs are good because they bring whole health in.</p> <ul style="list-style-type: none"> <li>○ <b>Madelyn</b> - I like the idea of rewriting the policy to be more general. For transportation, I want to identify non-duplication of efforts.</li> <li>○ <b>Lori</b> - One of our responsibilities (i.e. when the leadership council was reviewing the projects), is to give feedback on what's missing in the project areas from your sector. You may need feedback from others in your sector in some situations</li> <li>○ <b>Wes</b> - We need to work toward encapsulating what we're about. It's essential. We are trying to change population behavior and culture within a broad segment, and we need to be able to clearly communicate this.</li> <li>○ <b>Carol</b> - I see all of you being actively engaged in your sectors. You are already doing things. This is really just making sure there is bidirectional information sharing. It's easier for some organizations than others. We will need organizations in each part of our region to make sure we get everyone working together to move the needle. I can distill this down to be broader, and make it more about sustainability. We will also need replacements from the Leadership Council that will eventually fill the Board positions. I will rework this policy and bring it back next month.</li> <li>● <b>Carol</b> – Dispute Resolution Policy <ul style="list-style-type: none"> <li>○ This policy was taken from HMA and adapted for us. If you look at the tool kit website, they use this as an example of this policy. I feel very comfortable with this policy as it's laid out.</li> <li>○ <b>William</b> - This will come up with many projects, so it's important to have this in place.</li> <li>○ <b>Les</b> – Can we possibly adopt a first reading and second reading of these proposed policies (introduced at the first meeting, voted on at the second meeting). Is this a practice we can implement?</li> <li>○ <b>William</b> – In my past experiences, we've used a policy committee that reviews and vets them before they come to the board.</li> <li>○ <b>Wes</b> – Is this something the executive committee can do?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Motion to approve the dispute resolution policy by Madelyn. Seconded by Ronni. Motion passes.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ <b>Ronnie</b> - Once policy is put in place it's too late. We need to properly vet these.</li> <li>○ <b>Madelyn</b> - We're seeing more policies because we're just starting up. I don't have a problem in having the executive committee handle this responsibility.</li> <li>○ <b>Rhonda</b> - We did have these several days ahead of time to review.</li> <li>● <b>Carol</b> – Executive Committee Charter <ul style="list-style-type: none"> <li>○ This is an amended copy that includes the new dispute resolution policy.</li> </ul> </li> <li>● The budget and funds flow committee charter was tabled until next month, as we did not have the most up to date version.</li> </ul>	<ul style="list-style-type: none"> <li>● Motion to approve the amended Executive Committee Charter by Les. Seconded by Darlene. Motion passes.</li> </ul>
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<b>NEW BUSINESS</b>	<b>Action Items</b>
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<p><b>Value Based Payment Presentation</b></p>	<ul style="list-style-type: none"> <li>● Note – William gave a presentation on the Value Based Payment model that raised some concerns among our MCO partners. In lieu of including his presentation, below is a link to several resources that our partners recommended: <ul style="list-style-type: none"> <li>○ <a href="#">VBP Resources</a></li> </ul> </li> <li>● <b>Dan</b> – I'm interested in adding a quadruple aim that includes workforce.</li> <li>● <b>Carol</b> – The big question in the ACH's mind is it's up to MCO's to have these VBP contracts. What is our role by 2020, when 90% of all of these contracts have to be in a VBP model. How can we help the MCO's? 90% is a tough target.</li> <li>● <b>Sarah</b> – We're still talking about this as a sector. There is still a lot of back and forth with the state to see what this will really look like. The timeline along with that 90% target is very aggressive. This has already been done with Medicare and commercial, and these will help us inform how to do it with Medicaid.</li> <li>● <b>Rhonda</b> - Community health centers started their new alternate payment method in July. One challenge is HCA is giving us our patient panels on 9 HEDIS measures, and they are only giving us the clinical data for 3 of them. We have to look up the other 6 for the baseline. How we get from upside risk to P4P?</li> <li>● <b>Wes</b> - I'd like to talk to you sometime Rhonda about how you handle panel patients that don't come to you for care. How do you take responsibility for those?</li> </ul>	
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	<ul style="list-style-type: none"> <li>• <b>Rhonda</b> – That’s true. So much of the conversation is about retrospective paneling. Does Washington state do this?</li> <li>• <b>Wes</b> – This is an important topic because at one of our other ACH meetings, one of the other ACH directors was very upset because HCA could not attribute to individual providers.</li> <li>• <b>Rhonda</b> – We ask them attribute to our clinics, and not providers.</li> </ul>	
<p><b>Local Health Improvement Coalitions (LHICs)</b></p>	<ul style="list-style-type: none"> <li>• <b>Carol</b> – Local Health Improvement Coalition Presentation <ul style="list-style-type: none"> <li>○ What is a LHIC? <ul style="list-style-type: none"> <li>▪ <i>A local health improvement coalition is a formalized group of individuals who coordinate and collaborate on activities and programs to address the health issues and disparities in their respective communities.</i></li> </ul> </li> <li>○ Why should we support the LHICs in our service area? <ul style="list-style-type: none"> <li>▪ Our region is geographically large. It is a 2-hour drive from the Pasco office to Ellensburg or Clarkston.</li> <li>▪ LHICs have relationships with the other “<i>movers and shakers</i>” within their communities. (<i>State Representatives, Commissioners, Local Elected Officials, CEOs, School Superintendents, Workforce Development, Philanthropies</i>)</li> <li>▪ Our committees and work groups have been supported by dozens of people from LHICs, and they have asked for our help in supporting their local programs and activities. This is a good way to reciprocate.</li> <li>▪ LHICs can help us with Community Engagement activities such as outreach, Consumer Councils, Elected Official engagements, Edit Boards, and local media connections.</li> </ul> </li> <li>○ Existing LHICS in GCACH Service Area <ul style="list-style-type: none"> <li>▪ Kittitas County Health Network</li> <li>▪ Yakima County Health Care Coalition</li> <li>▪ Benton-Franklin Community Health Alliance</li> <li>▪ Healthy Communities Coalition</li> <li>▪ SE Washington Rural Health Network</li> </ul> </li> </ul> </li> </ul>	

- Populations by county

Greater Columbia by County Population & Medicaid %**				
County Population	Healthier WA Dashboard	% of GCACH Population	Population on Medicaid**	% on Medicaid
Asotin	22,138	3%	6,863	31%
Benton	188,474	26.5%	58,427	31%
Columbia	4,058	.6%	1,177	29%
Franklin	88,239	12.5%	36,178	41%
Garfield	2,216	0.3%	665	30%
Kittitas	43,483	6%	10,436	24%
Walla Walla	61,268	8.6%	17,155	28%
Whitman	46,622	6.6%	8,392	18%
Yakima	252,463	35.6%	116,133	46%
<b>GCACH Population</b>	<b>708,961</b>	<b>100%</b>	<b>255,326</b>	<b>36%</b>
<b>WA State Population</b>	<b>7,170,351</b>		<b>1,909,374</b>	<b>26.6%</b>

\*\* <https://forbes.wa.gov/151/News/Healthier/WashingtonDashboard/PopulationExplorer--measurement-period> 10-1-2015 to 9-30-2016

- How should we support LHICs?
  - In July 2017 the GCACH Board voted to financially support LHICs in DY1-DY5. An actual contract or agreement to allocate funding will need to be developed after the Project Plan application has been submitted in November. Contracts will need to be tailored for each LHIC. These contracts will need to clearly state how the LHICs intend to support the work of the GCACH (measures), and how to evaluate their performance at the end of each year (evaluation). The methodology for funding the LHICs will need to be determined by the Board.

	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ We can also support them through training, technical support (data), joint grant applications, participating in their meetings, and disseminating information.</li> </ul> </li> <li>○ Memorandums of Understanding to Formalize the Process           <ul style="list-style-type: none"> <li>▪ The vehicle to formalize this process will be through a Memorandum of Understanding, which outlines the background, vision, and general expectations of the partners.</li> <li>▪ It also includes an attestation to support the project initiatives chosen by GCACH in its project plan.</li> </ul> </li> </ul> </li> <li>• <b>Carol</b> – Memorandum of Understanding Discussion       <ul style="list-style-type: none"> <li>○ Partnering with the LHICs is really just to help our region attain our goals.</li> <li>○ <b>Meghan</b> - We did this Oregon. A lot of this work is happening at a local level already. Getting their respect would go a long way.</li> <li>○ <b>Madelyn</b> – It would be good to have some stronger language about including all sectors represented here. Transportation isn't included.</li> <li>○ <b>Meghan</b> - We can encourage our board members to engage in these LHICS as well.</li> <li>○ <b>Les</b> - I would want to encourage more reaching out to these groups, and then they also reach out more on their level.</li> <li>○ <b>Dan</b> – I would be interested in having a bidirectional conversation on how they want these MOUs to look, and to mutually create document and partnership.</li> <li>○ <b>Ronni</b> – This is a good point, and allows us to look at how they can align with what we're doing.</li> <li>○ <b>Dan</b> – There may be one caveat to working on this mutually, -in that they may want us to create the script. But the opportunity to go back and forth would be nice.</li> <li>○ <b>Carol</b> - We could take these out to the LHICs and get feedback, come to mutual agreement.</li> <li>○ <b>Brian</b> – I think this is a good idea, to get input from both parties.</li> </ul> </li> </ul>	
<b>ADJOURNMENT</b>		<b>Action Items</b>
	Meeting was adjourned at 2:43 pm. Minutes taken by Megan Kummer.	
	<b>Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!</b>	

	<p>The regular Board meetings for 2017 will be from 12-2:30 p.m. on the following dates:</p> <ul style="list-style-type: none"><li>• October 26<sup>th</sup> (Columbia Basin College in Pasco)</li><li>• November 16<sup>th</sup> (Columbia Basin College in Pasco)</li><li>• December 21<sup>st</sup> TBD</li></ul>	
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