Minutes of the Greater Columbia Interim Leadership Council

February 19, 2015, 9-11:30

Greater Columbia Behavioral Health, 101 N. Edison, Kennewick, WA

Present: Bertha Lopez, Sandra Aguilar, Amy Person, Rebecca Sutherland, Martha Lanman, Delphine Bailey, Larry Jecha, Mary Garza, Blanche Barajas, Brisa Guajardo, Brian Sandoval, Sandra Suarez, Wes Luckey, Carol Moser, Lowel Krueger, Blake Rose, Julie LaPierre, Gail Fast, Les Stahlnecker, Ken Roughton, Jorge Rivera, Suzy Diaz, Brad Klos, Ed Thornbrugh, Lori Brown, Deborah Gauck, Becky Grohs, Mike Roberts, Hollie Kaiser, Len Pavelka, Stephanie Koerner, Martin Valadez, Anna Marie Dufault, Bob Burden, Patrick Jones

By phone: Harvey Crowder, Katherine Bell, Troy Henderson, Carla Prock, Rick Weaver, Amina Suchoski, Andrea Boch, Robin Read, Craig Nolte, Dan Ferguson

Welcome, Introductions

Patrick Jones welcomed everyone to the meeting and noted that today was the beginning of the Chinese New Year, the Year of the Sheep, and sheep are an amiable group. He asked people to keep an open mind for today's meeting as we discussed governance, and to be respectful of other opinions.

Minutes: Ed requested that the January 28th minutes include the opposing dialogue about having MCOs as a member of the governing board. Sandra moved the minutes be approved as amended. Second by Brisa. Motion carried.

Dates for 2015: Members discussed the idea of alternating between the 3rd Wednesday and 3rd Thursday of the month in order to facilitate people who couldn't attend on Thursday. It was determined that it would be better to have a consistent meeting day, and that many members had already scheduled the dates from the Doodle poll results. Ed suggested that a Wednesday time before the meeting be established for members who couldn't attend the meeting, but need a chance to call in to ask questions that could then be taken to the Leadership Council. **Carol agreed to set up a time for people to call in on the Wednesday before the meeting with questions or concerns that she would take forward to the Council.**

The Council agreed to meet the 3rd Thursday of each month for the remainder of 2015 with the exception of July 29th (Wednesday), April 23 (4th Thursday) Sept 24 (4th Thursday) Oct 22 (4th Thursday) and December 15 (Tuesday) from 9-11:30am at Greater Columbia Behavioral Health.

The 2015 Schedule of COH Leadership Council dates are: March 19, April 23, May 21, June 18, July 29, Aug 20, Sept 24, Oct 22, Nov 19, Dec 15.

Mission and Vision Statements: Patrick explained that a mission and vision statement could act as a compass to help guide the direction of our group, and had asked Carol to research what other ACHs had written. Vision statements are typically aspirational; the ideal end-state of the long-term desired change resulting from an organization or program's work. Carol had written several options to spark comment and input. Gail commented that the vision statement should be the outcome of our mission. Patrick reminded the group that what the HCA is going after is the Triple Aim: improved population health, individual health, and lower cost.

Mission: To advance the health of individuals and communities

Ideas for vision statement for Greater Columbia ACH

The Greater Columbia Community of Health is known for:

1. Empowering communities to improve their health
2. A community commitment to population health improvement
3. Improving the health and well-being of our community
4. Ending health disparities and inequities in the GC COH
5. It's community wide partnership to improve health
6. It's innovative approach in tackling community health priorities
7. Each individual reaching their highest potential for health

The following phrases were mentioned as visionary: "ending health disparities and inequities, individuals reaching their highest potential for health, empowering communities to improve health and wellness through innovative approaches, maximizing all available resources." Deb read from the State Innovation Plan which struck her as visionary language " Ensuring individuals and families have person-centered, coordinated health and social services, and addressing the social determinants of health". Related to Mission, she read "ACHs align the actions and initiatives of a diverse coalition of players in order to achieve healthy communities and populations." Several people mentioned that a combination of #2 and #7 would be good candidates.

Comments were made that we stick to words and phrases that the public can clearly understand.

Patrick offered to work with Deb and Carol to craft some statements for the next COH meeting.

Rural Health Care Coordination Network Partnership Program, RHCCNP Funding Opportunity: Deb explained that the purpose of the grant was to support rural health networks that addressed diabetes, congestive heart failure and COPD within in the primary care setting in a coordinated fashion. (Could be an urban county with a rural census tract.) She will ask HRSA if we could focus on one illness, or all three.

It is a $200,000 per year grant for three years. Applicant must be located in a rural census tract as well as the delivery of services. She reviewed some of the other considerations including the network organization, how the rural health network is defined, the inclusion of a vision and mission statement, and the history of collaboration as a mature network.

She referred to the clinical outcome measures that would need to be collected from the providers, and the data from the COHs on the prevalence of the health factors related to diabetes, CHF and COPD.

The Council then discussed the concerns and benefits of proceeding with the grant application. Concerns included: Greater Columbia COH is not a viable applicant as it is not a mature network, the complexity with Federal funding, duplication of programs and activities already happening in the region for diabetes, not enough funding to spread across the nine-county region, whether provider organizations are measuring this data currently, what the technological capacity is from the rural clinics to collect this data, what counties would be included since the money needs to be focused.

Benefits of pursuing the grant included: Greater Columbia COH includes six of the ten highest rates of diabetes according to the Diabetes Epidemic & Action Report , Community Priorities as identified in the December retreat listed obesity and diabetes in 7 Counties, the rural counties would benefit from additional resources, it could be a learning opportunity to understand what capacity there is in the nine county region, having the discussion could help us understand the gaps, could be a demonstration research project, could help us understand what networks exists.

Amina suggested another approach which would examine all of the diabetes, CHF, and COPD programs being delivered in the region by the MCOs to see how they could be tailored or augmented by the grant funding.

Who would be the 3 providers? PMH, Yakima Memorial, and Columbia could possibly be the three partners for the grant application.

This grant would be submitted by ACH with substantial support from the participants.

Patrick asked for a vote to have our weight put behind the grant proposal. All voted YAY, except Ed Abstained.

Becky asked that we reach out to all of the Counties to ask if they would be interested in participating.

Patrick revisited the idea of understanding what programs, activities, and grants were happening in each county for health improvement, and how quickly the Resource Assessment could be accomplished. Ideally, the Assessment could be accomplished by April.

Gail asked how we could get a community-wide look at all of the agencies and organizations in the region? It was suggested that the Local Health Jurisdictions be the starting point for the Resource Assessment. Jorge suggested exploring the possibility of creating a Community Improvement Coalition similar to waha. Lori could share the Health Home grant data.

Patrick suggested that the Health Districts start the process of collecting a grants inventory from their local partners, and the partners of the COH fill in what they know from their organizations. Gail suggested that one of the fundamental purposes of this group is to look at all of the programs being delivered in the nine counties, to understand what is happening, and learn how to do it better. Sandra suggested that we could start with the COH partners, and ask the work groups to fill in with their information when they are formed.

BREAK

Governance Position Committee Report & Discussion:

Carol referred to a handout called **Recommended Governing Board Positions – 16** that was the result of two meetings of the Governing Board nominating committee (Deb Gauck, Sandra Suarez, Gail Fast, Blake Rose and Carol Moser) that felt that it met the expectations of the HCA and the circle diagram listing the sectors of an ACH. Those positions included one representative from the following sectors, 16 slots total: Public Health, Hospital, Healthcare Provider, Food System, Community/Faith Based Organization, Social Services, Local Government, Education, Philanthropy, Managed Care Organization (MCO), Housing, Business, Tribe, Criminal Justice, Consumer, Transportation. She noted that two of the sectors, Public Safety (formally called Criminal Justice) and MCO were added given previous discussions of the Leadership Council. Blake added that as the committee was working through the process, they discovered that the lists were very similar and decided to use the HCA list although there is some work to do to find Board Members for all of the slots, like Food Systems.

Patrick asked Carol to review the Suggested Rules of Member Selection.

1. Initial members of the governing board will serve a one year term.
2. Governing Board Members will not sit on the Leadership Council.
3. The mechanism to choose each slot will vary by sector. Each sector will determine how to select GB members. Some organizations, like the Yakama Nation, will have a seat on the GB due to their sole status in that category.

Each sector will caucus to achieve a consensus opinion that represents.

The one year time frame for GB members will allow adjustments in year two to ensure we correct any flaws in the rules.

Ed suggested that some of the slots could be two years to ensure continuity of leadership.

The issue of who gets to vote was raised. It was proposed that one person from each organization vote as well as the people on the phone. Populating the GB positions could be done electronically whereas the 16 slots vote could take place at the meeting.

Amina suggested that the MCO GB position could caucus and agree on a vote to cast.

The nominating committee envisions each sector caucusing to determine who represents them on the GB.

Patrick asked for the vote of the 16 Governing Board slots. The vote was unanimously in favor.

The Rules for the GB Selection were put to a vote.

1. **Initial members of the GB will serve one-year terms. Passed unanimously.**
2. **GB Members will not sit on the Leadership Council or Work Group.**

There were differing opinions regarding this rule. Nominating Committee will wrestle with this rule and bring back to the Leadership Council. It might be helpful to have some involvement of the GB on the Leadership Council or a member of the Work Group. Some members felt the separation of the two boards was important to keep them independent and to encourage participation from more people.

It was noted that not all of the positions on the Governing Board would be filled right away in order to increase the number of participants in each sector.

3. **Mechanism to choose each slot will vary.** It was generally agreed that each sector will determine their nominee for the Governing Board, and develop their criteria for selection.

Carol explained how she populated the cross walk and asked everyone to double check to ensure they were in the correct sector.

Outreach to organizations in each sector will be necessary in order to have a good representation on the Leadership Council.

Small work group to do outreach was suggested. Stephanie Koerner volunteered to reach out to the Chambers for business representatives. Consumer organizations might be the best way to find a representative consumer. Molina has an inventory of consumer organizations that they can provide to Carol.

Patrick suggested that we start the meeting by addressing the GB sector representation by getting as many people as possible to attend the meeting in order to caucus, and to nominate people for each sector. He also asked Carol, Deb, Blake, Les, Gail to come up with a proposal on the vision and mission statement.

Next meeting March 19, 2015.

Meeting adjourned