Greater Columbia Accountable Community of Health

Board of Directors

Thursday, July 28th, 2016
12:00PM to 2:30PM Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Minutes

Participants	In Person: Rhonda Hauff, Carrie Green, John Sinclair, Les Stahlnecker, Darlene Darnell, Madelyn Carlson, Lori Brown, Martha Lanman, Martin Valadez, Kevin Bouchey, Andrea Tull On the Phone: Ed Thornbrugh	
Backbone Support Present	Patrick Jones, Facilitator Aisling Fernandez, Communications Coordinator Julie LaPierre, Technology Support Deb Gauck, RHIP consultant	
Guests	Lena Nachand, HCA Diana Vergis Vinh, DOH Anne Buchan, DOH Jorge Rivera, Molina Bill Hinkle, Hinkle and Associates, LLC Caitlin Safford, Amerigroup	
Special Thanks	• Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for providing the facility and support that allows us to hold these meetings. • Thank you Patrick Jones for facilitating the meeting.	
TOPIC	NOTES	ACTIONS
Welcome & Introductions	• Self-introductions around the room and on the phone.	•
Action: Approval of Minutes	• May & June minutes were approved (See Actions Column- Motion #1)	• #1: John motioned to approve both minutes. Madelyn seconded. Ed abstained.
Deb- RHIP	• SIC committee has been meeting since April, first thing we did was to make sure it was cross-sector, cross-priority, cross-county	•

	• We realized that we needed to get broader to address social determinants of health. • We are splitting the difference between providing specific strategies and allowing communities to choose their own strategies. A lot of work over the last months and couple of years from the SIC Committee, LC, and GB went into selecting five priorities of behavioral health, care coordination, diabetes/obesity, healthy youth/equitable communities, and oral health. We provide an overall framework in our RHIP and recommend that they align with these priorities. Then step back and understand the importance of community engagement. Without community ownership the chance of sustaining that work is very small. • Training and technical assistance and the SIM project are the two strategies in our RHIP. • The value-add of the ACH to the communities is focusing on cross-sector and population health. We will provide technical assistance- what is an ACH, what is RHIP, what is the COH framework. Work with them to look at evidence-based practices and programs and help them to implement whichever program/practice they choose. The training and technical assistance is a uniform strategy throughout the region, but the evidence-based practices and project themselves will differ from community to community. There will be parameters. Has to relate do diabetes or oral health for example. We don't know enough about what is happening on the ground in each of the communities to prescribe specific practices and programs. Communities are distinct from each other and have different needs and will chose different strategies to get to the outcomes and impact. • Lori- thought that the Culture of Health was interesting. How are we these getting baseline measures? • Deb- let's say social support. The measure we found for that is a BRFSS measure- annual data, county level, publicly available- "in the past 14 days how many good mental health days have you had?" Available by county and you can stratify by race, ethnicity, etc. • We're going to submit this to HCA, pending board approval, this is a draft document. Want to give folks the month of August to review. • The SIM project will be implemented in a uniform way. • Darlene- on page 14-15, talks about resources. How was that table developed? Do you want more information? It could be more accurate.	

	• We talked about this in the LC meeting, we know we need more information for this to be a comprehensive list. These lists were developed by priority work groups. • Martin – we could send out the template in a form. • Darlene- what kind of info do you want to support to put a X there? • Les- suggestion for the future- Put the service in a form rather than in an excel sheet, focus on the service rather than figure out where it fits on the excel spreadsheet. • Martha- suggestion- a living document – people can have an interactive place on the website to add programs.	
Jorge- SIM Project	• Deb- the process that we used to do this. After the SIC Committee reviewed this work, went back to the priority workgroups, developed the prioritization tool. Consistent with guiding principles. Came up with a list of 16 criteria. Then PWGs used this tool to rank their top projects. Select a top project. Forwarded this recommendation to the SIC committee. • Jorge- the CC group was the one that put this project forward. Think about this in the scope over the last 6 months. Making the best decisions possible. Coming from the SIC committee meeting every week at 7am. We came to a fairly decent level of confidence- first SIM project put forth by the GCACH. To give context, this has a little funding ($50,000) expectations are to put forth an EBP with a quick turn-around. No time to put together a new idea in such a short time. Something that will address a big need in our region. On page 8 of the RHIP, looking at some of the scores. You'll see one particular measure "preventable hospital stays, %". This is really good in Walla Walla but worse in other counties. Went to Walla Walla to ask what they're doing right. Started the Patient Safety Coalition. It's a hospital readmission reduction program. It would be focused on the hospitals and have a strong community services component. Connect with community services. The spirit of it is that patients don't come back to the hospital. Discharge planning tool called BOOST to identify those patients who have been admitted to the hospital and will be likely to return soon. Send CHWs or nursing students to their homes to avoid them coming back to the hospital. We will soon have results proven in BF	• #2: Rhonda moved to submit the RHIP, seconded by John. Motion passed. • #3: Rhonda restated the motion to approve the RHIP draft including the SIM project. Martin seconded. Motion passed with Andrea abstaining. Ed

	counties and build out to other counties. Program is pretty simple. Hotspotting through geocoding. Program that connects with community services. Work with the members. • Lori – the target population hospital. We'd be looking at all the hospitals in a community. You can't target everyone. • Jorge- Here in BF, ready to go. Have run some of the data. Very likely they can produce results very quickly. Have already used data to identify members who are likely to readmit. With 3-6 months, hard to do many other programs. Advantage we can be in every county. • Deb- we're going to ID super-utilizer individuals. We're going to provide care coordination services to them on an individual basis. With hotspotting we'll geocode those individuals and make changes for communities, not individuals. Let's look at those individuals and trace them back to specific areas/communities and see what they have in common. We know that if 80% of those super-utilizers are from the same area, then chances are, many other individuals in same communities have similar health conditions. • (Motion #2- see Actions Column) • Andrea- abstain- not MCO conversation. Disconnect between what they thought was being proposed on Tuesday, from what is actually being proposed today. • Caitlin- This intervention was not vetted by the hospitals. There are a lot of gaps in information. Not a lot of time to do that work- should spend that time planning rather than an actual intervention. • Jorge- thought conversation was clear. One specific pilot project. • Deb: split the difference between Caitlin and Jorge. Understood from meeting that SIM project would be implementation of care coordination project; but also recommend that undertake planning and development of project over next 3-6 months. • Lena- two intentions- something that can go on beyond the end of the year. Also an opportunity for the ACH to demonstrate its value. With Deb on splitting the difference. Trying something and trying again.	was unable to vote due to technical difficulties.

	• Les- start something small, run it through, see what adjustments we have to make. The results- we could go to other hospitals, here are our results, how can we include you. Read it as a pilot project.
	• Kevin- was comfortable before until the discussion. Ask to revisit the motion. Are we under time constraints?
	• Lena- yes we have created a deadline. The $50,000 is based on having a plan and budget. Money has a deadline for January 31st, end of the grant year. We're not funding a multitude of projects. Pushing ACHs to move to the action stage.
	• Kevin- asking for the motion to be stated…
	• Lori- we know that hospitals have care transitions programs. Is this evidence-based or best practice?
	  • Caitlin- doesn't think it's been evaluated.
	  • Jorge- Tool has been used somewhere else not here
	  • Lena- Support by literature
	  • Deb- Literature supports an evidence-based practice of care transitions and care coordination… maybe not the specific program proposed. The RHIP is a working document that can be revised as your project develops. We have gone through a lengthy process to get to this point. We have planning and development time to talk about how this works with the waiver, if the hospitals are on board, etc.
	  • Jorge- need to be clear with the board. Are we entertaining not doing this project or just flesh out this project more? Thought that the SIC thought this was the project should move forward.
	  • Rhonda- other priorities evolved and blended into this project, i.e., trauma-informed care, ACES. The motion was that we do put this forward because it's a draft and go forward with what we want to implement
	  • Carrie- project to reduce re-admittance to hospitals, is that the motion?
	  • Rhonda- voting on full document
	  • Deb- doesn't separate the two. The SIM project is incorporated into the RHIP and it's one of the two major strategies.	

	• Les- pg. 50. School-based health centers are too specific. ▪ Deb- those are the five programs that were recommended and reviewed. • Lena- clarification. You do not have to have outcome measures by March. You don't have to reduce hospital readmissions between now and March. There is technical assistance through CCHE from the Group Health Research Institute. Process measures toward the goals of this program. HCA wants a sense that progress is being made. There are different ways to show progress/success than just the outcome measure. • Deb- we can change the language around the goal statement to not be time-specific. • Lena- that's a long-term goal. So what is the timeline to see results on avoidable readmissions? • Final Motion for RHIP (See Actions Column, Motion #3)	
Health Care Authority: Medicaid Waiver Updates (Marc Provence)	• Lena- Barriers to co-located BH & physical care. The ACH through transformation projects under the waiver. Will be looking at integrating physical and BH. That provider would fall under 80% of payments to providers if they are co-located. The ACH can help the provider become a fully-integrated. • Darlene- you're talking about true clinical integration? • Lena- Two prongs going on simultaneously • HILN- 9-12:30 webinar tomorrow • LENA_ We are working on purchasing. Waiver is talking about clinical integration • Lena- HCA.wa.gov has more info on VBP road map. HCP-LAN white paper. • Caitlin- suggest having this at least at the board and LC. Definitely at the Board level we should all really understand this. We need to develop projects that work with the VBP system.	•
Finance Report	• Opened Numerica account, talked about the agreement between the BFCHA and GCACH, there were some outstanding balances. Everything will go into the Numerica account. Originally $20,000 staying over but only $10,000. Does not account for $50,000.	• #4: Les moved to transfer $373,434.11

	• John- when he talked with Carol- because he is grant-based and dependent on grant, you cannot use federal money to write grant. There are a couple of provisions. Important to have a reserve account. Main motion is to move money into credit union account now that we're a nonprofit in WA. Motion to have a dedicated reserve fund. Currently we have a CD of 1.69% which is about 4x the average right now. Personal services agreement- the BFCHA hired this person to help with the books. In the interest of transparency, they went ahead and approved it and GCACH would ratify it. Can't speak for the BFCHA, but as we separate, we'd look to use this book keeper to help us in the interim. Carol feels it's important from a transparency perspective. • Madelyn- are there any strings for those funds? • John- only other suggestion is approaching the MCOs to ask them to donate money on an annual basis to support a grant writer. a. Andrea- process questions- in the future- we'd like to have materials a day in advance if not more. MCOs are trying to encourage ACHs to look to other investors as well… will help with stewardship. Not saying no, just need more time. • Martin- if there is a preference for where money should come from. Put a name to that pot.	into Numerica Credit Union. Seconded by John. Motion passed. Ed was unable to vote due to technical difficulties. • #5: Les moved to ratify the personal services agreement with Pro-Accountant. Seconded by John. Motion passed. Ed was unable to vote due to technical difficulties. • #6: John moved to put on September's agenda a

		discussion with MCOs regarding funding a grant writer. Madelyn seconded. Motion passed. Ed was unable to vote due to technical difficulties.
MOUs with MCOs for Data Agreement	• Andrea- MOU conversation. MCOs are in the process of conversation. • Caitlin- start having the MOU conversation in August. 5 different ways of pulling claims data. Problem at North Sound. Capacity problem at HCA to send data quickly. Extensive legal teams at MCOs concerned about codes and conditions and HIPAA.	•
Diana & Anne	• Had to leave	•
Madelyn	• People For People (PFP) has been a 501c3 for 50 years. • Washington Information Network 2-1-1 (WIN211) is a separate 501c3. • WIN211 had reductions of funding. WIN211 Board of Directors looked at how to sustain this over time. Had to cut as much administrative costs for staffing, support etc. that they had at the time. Funding to individual call centers no longer provided. WIN211 Board decided to contract out WIN211 Administration. PFP was providing the network support for the phone system, an interconnected network where calls can be forward from one region to another, very high tech. looked to PFP to provide admin support. If you look at the org chart. • WIN211 contracts with PFP for Administration. The WIN211 Program Manager was retained and became a PFP employee.	•

	• WIN211 has a contract with website admin with another entity. • WIN211 has a contract for advocacy. • At times, WIN211 has contracted for a grant writer. • All the work for WIN211 is provided with contracted services. • Win211 board is providing governance and oversight to make sure mission is upheld. Separate bank account. Funds retained under EIN as a separate entity. WIN211 completes the IRS 990 annually. • State funding through DSHS. • Program manager reports to Madelyn. Program Manager supports the WIN211 board. Madelyn attends all WIN211 board meetings in terms of info and quarterly outcomes to make. • Rhonda- what's the relationship between the two boards? a. Madelyn- each board has their own policies and procedures. • Madelyn was president of CTA Northwest, a membership organization. When first started Community Transportation Association of the Northwest, hired org support from Olympia. They provided all the admin for the board. Organized all the activities. Did all the accounts payables, receivables, tax filings, secretary of state filings. As they grew, hired their own ED. Other organizations can provide that support for nonprofits. • There's a contract which lays out the roles and responsibilities. Need to have a clear conflict of interest. Every year that is renewed. There was a competitive process that the board went through to see who would administer. Every year the board looks at that contract and makes a decision to renew or put it out for a request for a proposal. • There is a cost-effective and saving of resources. When you're able to identify what services you need and contract out for that instead of hiring for staff. • Martin- when WIN211 board has questions about performance, do they go to Madelyn or to the program manager? a. Usually go to Madelyn. Program manager provides direct services to call centers and contractors. If the board has concerns they go to Madelyn. b. WIN211 holds PFP/Madelyn accountable.	

	c. WIN211 got to keep the person that had been working there for 5 years at that time and has continued to work for 5 more years. Because this person provides direct support to the board. • Martha- what's the timeline for federal 501c3? a. Lena- right now recognized as a legal entity, just not a 501c3. Retroactive, we won't be taxed for this. Organization that is eligible to pursue funding. CAN WE PURSUE FEDERAL GRANTS OR DO WE HAVE TO WAIT? ASK JEFFERSON.	
Communications	• Aisling- details about the communications plan and database for external communications/ community engagement.	•
Waiver Updates	• Lena- concern about the trend line. If we trend more that's better for us. Heard yesterday that we're really close and expect to hear soon.	•
Announcement	• Martin- Tribal meeting on Tuesday, august 16th at legends casino. • Lena- plug for tribal engagement event. Really important to make this a priority as much as possible. • Andrea- these tribal meetings have been really important for relationship building and to for us to understand to learn more about tribal. Would highly encourage attendance.	•
Discussion about August Board meeting	• Darlene- has a conflict that day • Keep august on the same day • Move September meeting September 22nd.	•
Adjournment	• The meeting was adjourned around 11:30AM.	•
2016 Meeting Schedule	The GCACH Leadership Council meets the Third Thursday of the month. • Location: Greater Columbia Behavioral Health, 101 N Edison St, Kennewick • Time: Leadership Council: 9-11:30 • Dates: ○ Thursday, August 18th, 2016 (Board meeting only, no LC meeting in August) ○ Thursday, September 22nd, 2016 (moved to 4th Thursday of the month) ○ Thursday, October 20th, 2016	

	○ Thursday, November 17th, 2016 ○ Thursday, December 15th, 2016 Thank you for your time and engagement with the Greater Columbia Accountable Community of Health!