Board of Directors

Thursday, February 18th, 2016
(11:30AM-12:00PM Press Conference)
12:00-2:30PM Board Meeting
Greater Columbia Behavioral Health
101 N. Edison Street, Kennewick, WA 99336

Greater Columbia Accountable Community of Health

Minutes

Participants	Martin Valadez*, John Sinclair, Darlene Darnell, Madelyn Carlson, Caitlin Safford*, Brian Gibbons*, Rhonda Hauff* Phone Participants: Martha Lanman	
Backbone Support	Patrick Jones, Carol Moser, Aisling Fernandez, Julie LaPierre	
Guests	Jorge Rivera, Lena Nachand, Christy Ivy (ALTC, sitting in for Lori Brown)	
Special Thanks	• Thank you to Pacific Pasta & Grill for lunch • Thank you to Albertsons for the cake. • Thank you to Greater Columbia Behavioral Health, especially Julie LaPierre, for providing this meeting space at no charge, for snacks, coffee and water, for call-in capabilities, for your time and collegiality that allows us to hold these meetings.	
TOPIC	**NOTES**	**ACTIONS**
Welcome & Introductions	• From 11:30 to Noon there was a press conference to announce designation status of GCACH. The Leadership Council and Board members were invited to stay for the press conference, lunch, and cake. ○ Request for Aisling to share .pdf copy of the GCACH org chart with the Board. • The Board meeting commenced at 12:29PM. There were brief introductions around the room, where everyone gave their name and organization.	•
Action: Approval of Minutes	• Those present at the meeting were given an opportunity to review the minutes from the Board meeting on January 21st.	• John Sinclair moved to approve the minutes. Seconded by Caitlin Safford.

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Leadership Council Report	• Patrick gave a brief overview of the activities during the Leadership Council meeting. There was some new business, a report on the HRSA grant funding we are receiving via PMH, we discussed news on HCA and the waiver, we spent time figuring out the methodology for the work groups and the Regional Health Improvement Plan (being led by Deb Gauck), and then we broke into work groups. • Priority Workgroup Summaries: • Care Coordination (Jorge summarized): He believes that having Deb lead the RHIP development will be very good for GCACH. Bringing structure, list of dates and tasks is very helpful. The CC group discussed moving forward with ER reduction programs. Very encouraged. • Behavioral Health (Rhonda summarized): The BH committee has met several times since the last LC meeting. This morning, they talked about some goals. Two examples they have talked about as a spring board are: 1. ACEs (see this as root cause) and 2. Mental Health Improvement Project. Use these as test environments to talk about goals. How to develop community levels of expertise across the region? If we were able to do systematize how to ID health needs. Talked about not only how you develop projects within this group, but also contemplating how this group's projects will impact other priorities that the GCACH has identified. • HYEC: Caitlin reported out. She thinks the meeting went really well. This committee was delayed in the past, however she expressed gratitude for Stan and Suzy who have been able to gather everyone in this group around the common goal of increasing HS graduation rates. Then figure out what's next. • Lena's Comment: How do you link ACEs and HS graduation rates? • Rhonda: Would like the chairs of the other priority groups join the BH group to have these kinds of fruitful discussions. • Martin also participated in the HYEC meeting today and believes this meeting is doing very well. • ORAL HEALTH did not meet this day, but they had a conference call with participants from numerous counties. There was a lot of interest around this topic. In rural areas in particular, oral health is particularly hard to access. • DIAB/OBES: Patrick sat in on the D/O group today thinks they're doing quite well. • Regarding the March meeting: Martin, Rhonda, & Caitlin will all be out of town. In March, we will only have a LC meeting to give priority workgroups more time to flesh out their work and have full discussions. Discussion on whether to cancel the Board meeting in March and give the LC more time for their Priority Work Group meetings. This was also discussed during the LC meeting.	• John Sinclair moved to cancel March board meeting to allowed LC more time. Seconded by Darlene.

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Waiver Webinar Highlights	• HCA did a waiver webinar on February 4th. A place in time update on how negotiations are going with CMS. Talked about all 3 initiatives. One of the initiatives is to delink Nursing Facility Level of Care (NFLOC) from Home and Community-Based Services (HCBS) to raise the eligibility bar so some can stay home and receive home services. Because of certain waivers in our state, chose to take that piece out of the 1115 and do that on a slower timeline. Instead of a 50/50 match. Took the NFLOC out of LTSS while maintaining HCBS. Some regions will go fully integrative before others. Still working this out. • Rhonda: supportive housing and supportive employment. Eligible providers for those are very different from each other. BH providers couldn't be involved. For supported employers, that's an entirely differently group. Need less fragmentation among providers. • The Olmstead Policy Academy has workgroup for supportive employment. • Initiative 1: the one that primarily affects the ACHs. • Lots of maternal, BH integration, school suggestions- similar models of care being suggested by these projects submitted to HCA. • Slide 17: those 177 *ideas* submitted to the HCA fit there. It's how HCA extracts themes. How do we create a CC model that allows for regional flexibility that can still be approved by CMS? • The three domains: this is the first attempt to break it down. • Money – not based on total pop, Medicaid pop, geographical square miles or counties, but also not enough money to make those kinds of decisions- *everyone is getting the same amount of money.* • Probably the Medicaid waiver money will be by # of Medicaid lives touched- just a guess • Brian- Needless care in the ED. They have seen a substantial increase in the number of patient visits. But there's been a huge increase in ED primary care. A huge paradigm shift to change population behavior. We created part of the problem, we solve this problem by resolving another problem. Increase in Medicaid users (now have insurance) led to an increase in the ED, it's an access problem. From the point of the greater good, now they are getting care, then we just adjust from there and get them to other sites for care. • *We've gotta make the right thing to do the easy thing to do.* • Brian went to DC for a policy institute. CMS is very interested in the Triple Aim. Of all the presentations given at that institute- none of the other states were doing anything like what we're doing. Sue Dietz presented on what's happening in Idaho – ACOs.	• Carol: Motion of privilege. Since Julie has to stay and attend the computer, Carol asked the Board to move the discussion about the webinar up, so Julie can do other things with her time.

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	• Caitlin- next step in WA to look at ACOs. • John: looking at Maine, went early on with ACOs • Brian- Minnesota- doing well with ACOs. Get good at managing risk • Carol: talked about causal factors to ED. Will require systems changes. Not all hospitals are uncomfortable with fact that ED usage rates have increased. Important for healthcare providers (like Brian) must be a part of the conversation. Transportation too. Within our workgroups, seeing ACEs pop up, supportive services, innovation and thinking outside the box (especially between systems). Dorothy Teeter said there's a lot of inefficiency between systems e.g., Schools, jails. Sharing the savings (DSRIP) can move the needle of the cost. • Once we disincentive fee-for-service, then hospitals will not want those extra patients in the ED. • What MCOs would like to to see projects focused on value-based purchasing. 90% by 2018 according to Senator Berwick. • One of the challenges for GCACH is the timing- we can't get too far ahead of the toolkit, then we're missing opportunities. Hopefully working with Deb's timeline will align us with CMS.	

Legislative Issues Update (Caitlin & Lena)	• Caitlin & Lena
	  ○ Most legislation has passed out of the house
	  ○ Increasing the minimum age of persons for tobacco- bill died yesterday
	  ○ Dental exchange plans- has good momentum
	  ○ Co-pay task force- affordability of copays.
	  ○ Access to appointments with small providers is being reduced. When talking to legislators, don't see these changes happening this year. Push to make this the main conversation for next year, but probably not.
	  ○ Medicaid suspension for incarcerated persons rather than having it canceled. Senator Parlett. First time ACHs have been mentioned as a vehicle for community change.
	• John- from a strategic perspective- when we think we'll have a significant body of work done for this group (by June or July) we should have a legislative meeting and local officials. Help them to have a strong understanding of what we do so they will champion for this work in 2017. Invite them in the summertime then again in Nov/Dec after the election with anyone new.
	• We might get funding because we have a pilot project that might align with a senator or representative's passion.
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	• Yesterday, the revenue forecast was released. It was down for the next budget. Probably a leaner budget this year. HCA asks and needs- caused problems in the senate. Frustration with HCA from both parties.	
Director's Report (Carol Moser)	• Look through lenses of practicality, sustainability and innovation. • Strategic viewpoint of what's coming from the LC • Linkages to clinical care. Community and clinical linkages. • Aisling needs bios, pics, etc. from the Board for the GCACH website. • Communications committee- e-newsletter. Broad distribution. • Working on website content of e-newsletter. • Suggestion: Commissioners and legislators should be on distribution list. • Look at media from today- hotlinks to the stories, esp. archive after 3-4 months. • Rhonda's article on the front. Aisling will post on website. • Name, organization , county and sector for LC. Diversity information. Do an opt out email. • Links to the organizations represented. • If other media outlets- we should be able to respond, re-tweet. • Create a twitter account, LinkedIn for GCACH, Instagram	•
Fiscal Sponsorship Agreement	• Establishes indemnification, establishes Carol's role as the Executive Director of the GCACH. Common way to birth an organization under an established non-profit. Timeline through the end of the year to give us time to decide about whether to incorporate. Clear delineation of responsibilities and accountability. • There needs to be a discussion around separation of finances between the two organizations at the GCACH-BFCHA joint board meeting this afternoon. Separate banks accounts, etc. • First ACH to do this agreement • Have a discussion in June about the path forward. Hoping it will only take 4-6 months to incorporate. • Pg. 6- dates—use the same report ○ Phone call with Alisha Fehrenbacher yesterday- explore a N Central and BHT to share resources and personnel • Would really like to have data & a CFO. Important to becoming a coordinating entity. Carol thinks it would be very good to have a complete audit before separating the books so both org feels good and there are no questions about the integrity of the finances. John & Brian say we just need a fiscal review rather than a more expensive audit.	•

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	Discussion of grant opportunity: only 44 nationwide. Could potentially detract from the ACH goals, very health care oriented- more about screenings. Hospital-driven. GCACH is not going to motion whether or not to do this. **No quorum, lack of information.** o Get information to make a vote on this next vote- ask Alisha for more. Want to know more about what we're getting in to. o As partners, we'd benefit from having additional resources. What's expected on our end to make it happen? Is it too much aligned with hospitals? • Need to establish a process for grants. Suggestion to create a Grant Task force when there's grant opportunity, a short-term committee. o Pose critical questions to Alisha to get specific info back. o How does this align with our goals? • The GCACH will be meeting this afternoon with the BFCHA Executive Board to discuss the FSA.	
GCACH Policy Reviews	• Conflict of Interest Policy discussion o Request for feedback in writing for the April Board meeting • Distribution of Member Information Policy o Request that "members and Board members" be better defined. o John's suggestion: Keep a log, but sunset it. Otherwise gets too much after 6-12 months. • We'll bring these back for the meeting in April.	•
Adjournment	• 2pm adjournment	
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; Governing Board: 12-2:30 (Working Wunch) • Dates: ~~o~~ BOARD MEETING CANCELED in March to allow for a longer meeting of the Leadership Council o The next Board meeting will be Thursday, April 21st, 2016 o Thursday, May 19th, 2016 o Thursday, June 16th, 2016 o Thursday, July 21st, 2016 o Thursday, August 18th, 2016 o Thursday, September 15th, 2016 o Thursday, October 20th, 2016 o Thursday, November 17th, 2016	

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

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