

## SWACH Board of Trustees Meeting Minutes

June 23, 2022  
 9:00 am - 11:00 am  
 Meeting held via Zoom

*We bring partners together to create equitable, sustainable systems change that reduces cost and improves whole-person wellness for all.*

**Members Present:** Dawn Tolotti (President), Robb Kimmes (Vice-President), Kevin Witte (Treasurer), Andy Tucker (Secretary), Susan Stearns, Andrea Pruett, Karyn Kameroff, Matania Osborn, Dr. Adriana Linares, Quinton Harold, Tamara Cissell, Worku Negussie,

**Staff Present:** Eric McNair Scott, Nichole Peppers, Janet Sanchez, Ryan Carrillo, Drew House, Eddie Gallagher, Basevi Adamo, Ami Hanna, Sashila Mistiuk

**Guests:** Sydney Doherty, Daniel Smith, Laurel Lee, Monica Stonier

**Members Absent:** None

**Minutes Formatted by:** Janet Sanchez

| TOPIC  | DISCUSSION (HIGHLIGHTS)  | MOTION / ACTION  |
|--|--|--|
| <p><b>Call to Order</b></p> <ul style="list-style-type: none"> <li>- Land Acknowledgement</li> <li>- Consent to Agenda</li> <li>- Minute Approval (April 2022 Minutes)</li> <li>- New SWACH staff member Introduction</li> </ul> | <p>This meeting was called to order by Dawn Tolotti at 9:02 am.</p> <ul style="list-style-type: none"> <li>- SWACH's Land Acknowledgement read by Dawn Tolotti</li> <li>- Dawn Tolotti brought up some housekeeping changes on the agenda. Order of agenda topics have changed. The Communication Update and the HealthConnect Update have changed sequence order.</li> <li>- Sarah Brewer will be taking on a new position outside of Legacy, so has resigned from SWACH's Board of Trustees</li> <li>- No discussion on consenting agenda</li> <li>- April 2022 minutes were approved.</li> <li>- Introduction of new staff member Eddie Gallagher Finance Director for SWACH was made.</li> </ul> | <p>Kevin Witte moved; Robb Kimmes seconded motion to approve the minutes from the February 2022 Board of Trustees meeting; motion passed unanimously</p> |



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|----------------------------------|--|-----------------|
| <b>Executive Director Update</b> | <p>Nichole Peppers went over updates:</p> <p>First update went over funding within contract renewals. SWACH currently has a Department of Health contract to support Covid-19 resources called CareConnect Washington (CCWA) within the HealthConnect program. SWACH has received an initial first quarter contract renewal that indicates the same funding amount as Year 2. CCWA Y2 will be ending on June 30<sup>th</sup>, 2022. The contract renewal for Year 3 will begin on July 1<sup>st</sup>, 2022, with a full year of funding till 2023. Final amounts will be provided after July 15<sup>th</sup> when the analyst report is completed of all CCWA funds.</p> <p>SWACH has also received a no-cost extension for their HRSA grant, which is under the Mobilizing Culturally Appropriate Community-Based Workforce (MCAW) which is also partnered with the Southwest Equity Coalition and some of HealthConnect integrated Partner programs. The contract was set to end in July 2022 but with the unspent funds, SWACH was able to get the no-cost extension to January 2023. All subrecipient agencies have been notified and have affirm that they would like to continue this work with SWACH.</p> <p>SWACH was also able to extend a no-cost extension with CORE. CORE is the agency that is helping complete the HealthConnect Hub analysis. The contract was set to complete at the end of August 2022; however, upon consideration on the scope of work and how to carry out the Hub analysis ethically CORE's leadership asked for the no-cost extension till the end of the year to complete the work fully. The extension will allow SWACH to finish the HealthConnect Hub analysis, including Workforce and Partner survives through the end of December.</p> <p>A further updated was given on funding that was previously approved by the Board of Trustees for the 2022 budget. The approval was set for three million dollars to be released through Community Impact Grants. These grants would be approved for a one-year term to community agencies to center racial equity in a design or capacity building for their organization. The application process took place in March and SWACH received 15 applications for the funding. Applications were reviewed by a community panel filled with panelist from Systems, Partner Organizations, and from Culturally specific represented community organizations. The panel reviewed all the applications using the specific scoring guideline that was provided with each application.</p> |                 |



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| <b>Executive Director Update (Cont.)</b> | <p>The Community Impact Grant was awarded to 12 organizations. Under three different grant proposals - 5 Capacity Building grants up to \$15K , 4 Organizational Redesign grants up to \$200K, and 3 System Redesign grants for up to \$496K.</p> <p><b><u>5 Capacity Building grants awarded to</u></b></p> <ul style="list-style-type: none"><li>• Ideal Options, Bridgeview Resource Center</li><li>• Columbia River Mental Health</li><li>• Council for the Homeless</li><li>• Empower Family Focused Solutions</li></ul> <p><b><u>4 Organizational Redesign grants awarded to</u></b></p> <ul style="list-style-type: none"><li>• Children’s Home Society</li><li>• Culture Seed</li><li>• Lutheran Community Services NW</li><li>• Pacific Islander Community Association of WA</li></ul> <p><b><u>3 System Redesign grants awarded to</u></b></p> <ul style="list-style-type: none"><li>• Family Medicine Southwest</li><li>• Klickitat Collaborative</li><li>• Latino Leadership NW/Welcome Health Home</li></ul> <p>Nichole Peppers also went over SWACH staffing updates. SWACH welcomes Director of Finance Eddie Gallagher who started on Friday, June 17<sup>th</sup>, 2022. Interim bookkeeper Christy Brown will continue through July 14<sup>th</sup> and Interim finance director Drew House will continue and decrease schedule to 1 day a week through August to support Eddie.</p> <p>SWACH is also in the process of developing a Request for Proposal contract grant writer.</p> <p>The Director of Equity and Engagement interviews have been scheduled and the second round of interviews are currently in progress with the third round taking place in early July. In both the second and third interviews, SWACH will include support from Community Partners. The overall process for this position has been very inclusive with SWACH staff to design job description, interview questions, and rubric.</p> |                 |



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| Executive Director Update (Cont.) | Final update, SWACH is in process of updating the Handbook with Cascade Employers Association and reforming language to be more inclusive and equity aligned.  |                 |
| Communication Update              | <p>Ryan Carrillo; SWACH Communication Manager, gave an updated on the department and showcased the new website. The SWACH website went live on June 22<sup>nd</sup>, 2022. The new site launch immediately replaced the old website.</p> <p><b><u>A couple of important notes for the new site:</u></b></p> <ul style="list-style-type: none"><li>• A good website is a continuing project - Ryan will continue to look for ways to improve the site as SWACH evolves.</li><li>• There may still be bugs and other possible issues that need to be worked out after launch -which is perfectly normal during this time. Ryan will be working extensively on the website over the next couple of weeks, testing things out to ensure everything is working correctly.</li></ul> <p>Ryan moved forward and provided a tour of the site. He focused on how the new site went over the goals established from the contact audit that was done on the old site. The contact audit focused on what works well and what needed to be improved.</p> <p>The first goal focused on providing a reason for people to come back to the site. The new site will offer updates, and new information to engage visitors. The updated home page now offers access to the blog articles and news updated on the top menu. Another addition to the Homepage is a Program Spotlight that would be active for 2 to 4 weeks on the site that would allow for initiatives that are high priorities within SWACH and easy to access for visitors.</p> <p>Second website goal was to improve user experience - easy to navigate, helpful information for multiple audiences, and feature a logical design. This goal was meant by focusing contact more towards community members, streamlining the navigation bar and developing contact within each menu page. A link path called 'Serving Southwest Washington' was also developed to cover SWACH's current work and a way for new visitors to be informed on SWACH's programs.</p> |                 |



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| <p>Communication Update<br/>(Cont.)</p> | <p>The new site also has a '404' page, which is a very useful tool to track broken links and allows visitors to be redirected back to SWACH's home page. Contact information is also provided on the '404' page to allow visitors to reach out if they can't find what they are looking for.</p> <p>Third goal was to better reflect what SWACH does within the community. The previous website was outdated, with the new site categories have been created for HealthConnect Hub, Equity and Collaborative Impact, Washington Integrated Care Assessment, and Healthy Living Collaborative, where regular updates will be made.</p> <p>Fourth goal is to be transparent on the site. The contact section has been built out and now includes a 'Communication and Press' tab which includes newsletters, press releases, and print materials. A 'Website Support' was also created where you can submit any issues you may encounter and get in touch with Ryan. New email address has been created where the public can directly reach Ryan at <a href="mailto:Communications@southwestach.org">Communications@southwestach.org</a>.</p> <p>Final goal for the new site is highlighting our work with equity and racial justice. The "Serving SW WA" tab has pages that reflect SWACH's commitment to the community which showcases the Community-based Workforce, and equity work with the following focus areas.</p> <ul style="list-style-type: none"><li>• Transforming our policies and systems through organizational development work</li><li>• Transforming our outcomes through partnerships and programming</li><li>• Transforming together through collaborative growth</li><li>• And transforming from within through personal growth</li></ul> |                 |



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| <b>ECI Update (Naloxone Vending Machine Project)</b> | <p>Ami Hanna: SWACH Collaborative Impact Project Manager, provided an update on the Naloxone Vending Machine Project. These machines are being placed within the Southwest Washington region.</p> <p>Washington State is currently in the middle of an opioid crisis. There has been an increase in opioid overdose deaths. There are many factors for this crisis - one of the factors are largely attributed to an influx of fentanyl into the drug supply. Which is making drugs more lethal and causing an increase of overdoses. Current community dashboards demonstrate a need for both preventative and harm reduction interventions. Providing wrap around solutions for members that are struggling with opioid used disorder is very important during this time.</p> <p>Studies have showed that having easily accessible Naloxone (Narcan) can prevent excess deaths and overdoses in high-risk populations. However, Narcan is not always as accessible. A creative solution to help solve this issue is to provide an innovative way to access Naloxone (Narcan) via vending machines. Narcan would be provided at no cost.</p> <p>Most Narcan vending machines are set up in urban areas, but the intervention in a rural setting is newer. SWACH has seen great success with North Central ACH who have placed several machines within their region. SWACH is moving forward with replicating and expanding on North Central ACH's success. In partnership with Beacon Health Options, SWACH was awarded \$162,000 to begin a one-year pilot program.</p> <p>Overall Naloxone Vending Machine goals include:</p> <ul style="list-style-type: none"><li>• Access to free naloxone without provider or pharmacy visit</li><li>• Reduce social stigma barrier</li><li>• Connect clients to recovery support services</li><li>• Measure impact of machines on overdose deaths in SW WA</li></ul> |                 |



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| <b>ECI Update (Naloxone Vending Machine Project) (Cont.)</b> | <p>Five (5) Vending Machines are being placed across the SWACH region in the following counties and agencies.</p> <p><u>Clark County</u><br/>Xchange Recovery<br/>Lifeline Connections<br/>Recovery Café</p> <p><u>Skamania County</u><br/>NorthShore Medical Stevenson</p> <p><u>Klickitat County</u><br/>Klickitat Valley Health</p> <p>A one-year supply of Naloxone will be provided along with monthly machine maintenance and restocking. A major key goal is to provide access to free Naloxone without a provider or pharmacy visit. Machines have been strategically placed in areas that offer recovery and support services that can be a warm sendoff to life saving services. Final goal is to measure the impact of the machines and gather data if this is an effective intervention and decreasing overdose deaths. User evaluations would also be collected via voluntary pre/post surveys (surveys not required to access Narcan).</p> |                 |
| <b>HealthConnect Update</b>                                  | <p>Eric McNair Scott introduced part of his HealthConnect team; Sashila Mistiuk and Basevi Adamo, along with going over the HealthConnect Cohort which was coinciding with June's Board of Trustees meeting. Sashila and Basevi are also leading the HealthConnect Cohort and have taken time away to present to the board.</p> <p>The HealthConnect Monthly Cohort meeting is an essential component of the infrastructure HealthConnect has developed to support their community-based workforce, and valued partners which are employed by our 17 Partner Agencies. Last month there were 60 community-based workers that attended the cohort.</p>  |                 |



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| <p>HealthConnect Update<br/>(Cont.)</p> | <p>The Cohort is one way the HealthConnect Community Hub centers and uplifts their community workforce and other community-based workers. The community workforce is highly trusted, and Partners bring cultural representation and shared live experiences to a needed resign of regional systems of care and support. The Community workforce is the corner stones to advance equity to engage with diverse populations, to support connection to resources, and to improve community health outcomes.</p> <p>The monthly cohort is a network with those who have shared lived experiences. The meeting is also a professional development opportunity to share learning, access training, and recognition each other as Partners and resources. The training opportunity is an important component along with the infrastructure that helps keep the cohort connected. A monthly HealthConnect Cohort newsletter is sent out to the community-based workforce with updates and Partner news.</p> <p><b><u>Additional HealthConnect Partners</u></b></p> <ul style="list-style-type: none"><li>• Bridgeview Resources Center</li><li>• Child and Adolescent Clinic</li><li>• Columbia River Mental Health Services</li><li>• Free Clinic of SWA Washington</li><li>• The Next Door, Inc.</li></ul> <p>HealthConnect is actively supporting the onboarding of the five new agencies (listed above) to expend the HealthConnect Pathways program.</p> <p>Basevi Adamo presented on a six month look back on the CareConnect Washington program. The program is design to help those who have tested positive for Covid or who have been exposed. The program provides food, supplies, and financial assistance to allow households to safely quarantine at home. SWACH has contracts with delivery services, which is used to help delivering supplies to home throughout Southwest Washington.</p> <p>Care Kits - Hygiene Products<br/>Food Kits - Enough food for up to 5 days .</p> |                 |





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| HealthConnect Update<br>(Cont.) | <p>In the last six months 541 Care kits and 475 Food Kits have been delivered. In recent months CCWA has also been able to offer Covid test kits. CCWA also offers fresh grocery delivery and there have been 700+ orders submitted.</p> <p>The financial aspect of CCWA goes towards rental/mortgage assistance and Utilities up to \$1,500.00. This program has served over 435 households.</p> <p>DOH will be extending the program for a third year.</p> <p>Sashila Mistiuk provided an updated on HealthConnect's partnership with schools in the Vancouver School Districts. The partnership would provide resources for students that have tested positive. Currently HealthConnect is working with both Klickitat and Skamania school districts to provide the Pathways referral program with a project timeline of August 31<sup>st</sup>, 2022. Overall goal is to continue to expand these partnerships and provide students/families with more community-based coordinator in the future.</p> |                 |
| Finance Update                  | <p><u>Finance / HR Department Updates</u></p> <p>May has been closed! SWACH is in June and Christy Brown has been able to catch up and close prior months.</p> <p><u>Financials Progress</u><br/>Financial Statements closed through April 2022 (after issuing included statements)<br/>May close pending shortly and nearly current!</p> <p><u>Audit 2021</u> - Initial selection work in progress, field work to start Late June 2022</p> <p><u>HRSA (Vaccine Program)</u><br/>Slow program startup has resulted in the granting of a No Cost Extension (NCE) and a SWACH re-budgeting of financial resources to partner agencies through Jan 2021</p>  |                 |



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| Finance Update (Cont.)   | <p>(1) Overall Revenue under budget performance based largely on timing of revenue recognition events and equal budget allocation over the calendar year. Grant revenue for HRSA award is significantly behind plan as overall program was slow to start. Significant Grant, Contract and Incentive Revenue is recognized in April and May (\$2.63M) which will bring us ahead of budget.</p> <p>(2) While FA1, Equity and Engagement is under budget, much of this has to do with the timing of a planned Partner grant program which was equally budgeted throughout the year but for which the bulk will be awarded in Jun/Jul.</p> <p>(3) Health Connect: While client assistance w/ Housing, Utilities and food consumed considerable staff time and resources due to the Q1 Covid surge, partner incentives were less than planned for the quarter resulting in under budget expenses.</p> <p>(4) Covid-19 Response: Program delays in the HRSA Vaccine Program mentioned above have resulted in higher than budgeted program expenses as Partners ramp up operations late in Q1 that would have otherwise been spent in the prior year. These delays were not anticipated at the time of budgeting.</p> |                 |
| Executive Director update: Waiver Application Information and Presentation | <p>Nichole Peppers; SWACH's Executive Director presented on the Waiver Application and lessons learned from Waiver 1 and the ACHs role in Waiver 2.</p> <p><u>Lessons Learned – Waiver One</u></p> <ul style="list-style-type: none"><li>• Value of statewide direction to drive comprehensive outcomes</li><li>• <i>“The state and ACHs...will evolve with MTP 2.0. Within each region, ACHs will continue to lead renewal strategies to meet HRSN, facilitate community-based care coordination, and advance health equity within a statewide strategy.” (pg. 30)</i></li><li>• Need for care coordination and social needs support</li></ul> <p>Clear need for more robust health and CIE statewide with a focus on data exchange services, support of CBOs in adopting technology, establish directories that support a closed-loop referral and create capacity to securely share health-related information across care coordination.</p>  |                 |



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| <p>Executive Director update:<br/>Waiver Application<br/>Information and<br/>Presentation (Cont.)</p> | <p><u>Lessons Learned – Waiver One (Cont.)</u></p> <ul style="list-style-type: none"><li>• Importance of adequate community-based workforce for achieving whole-person care</li><li>• Continued need for coverage and supports for vulnerable populations and critical life stages<ul style="list-style-type: none"><li>• Populations: those in transition from justice-involved settings; children under age six; and postpartum individuals who are dropped from coverage.</li><li>• LTSS services were not always able to be accessed fast enough because of eligibility-determination delays.</li><li>• Additionally, certain older adults with behavioral health conditions don't have the legal guardian supports needed to leave facilities, even if they did not need an institutional level of care.</li></ul></li></ul> <p><u>Vision and Goals for Demonstration Renewal</u></p> <p>The goal of Waiver 1 was to fundamentally transform the health care delivery system in Washington. Waiver 1 set the course to shift a system that was fragmented to one that is fully integrated, community driven and focused on providing high quality, cost-effective, and well-coordinated, whole-person care. Waiver 2 aims to continue and deepen the impact of the current waiver and center its focus on advancing health equity. Washington has clear direction and commitment from Governor leadership to a pro-equity and anti-racist agenda in care delivery to reduce disparities and improve equitable outcomes statewide. Waiver 2 is core for Health Care Authority to realize this commitment.</p> <p><u>Waiver 2 Aims and Goals</u></p> <p>Ensure equitable access to whole-person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.</p> <ul style="list-style-type: none"><li>• Includes fully integrating health systems and align access of care to settings of people's choice including homes, communities and focus on transition from institution and justice-involved settings</li></ul> |                 |



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| <p>Executive Director update:<br/>Waiver Application Information and Presentation (Cont.)</p>         | <p><u>Waiver 2 Aims and Goals (Cont.)</u></p> <p>Build healthier, equitable communities with communities.</p> <p>Pay for integrated health and equitable, value-based care.</p> <ul style="list-style-type: none"> <li>HCA aims to leverage its purchasing power to shape the health system of Apple Health enrollees and build new foundations to improve the health of future generations</li> </ul> <p>Snapshot of goals related to ACHs and their work:</p> <table border="1" data-bbox="516 646 1589 1260"> <thead> <tr> <th>Primary goal</th> <th>Policy/program name</th> <th>Status within this renewal request</th> </tr> </thead> <tbody> <tr> <td rowspan="4"><b>Goal 1: expanding coverage and access to care, ensuring that people can get the care they need</b></td> <td>1.1 Continuous Apple Health enrollment for children</td> <td>New</td> </tr> <tr> <td>1.2 Pre-release and re-entry coverage for incarcerated individuals</td> <td>New</td> </tr> <tr> <td>1.3 Apple Health postpartum coverage expansion</td> <td>New</td> </tr> <tr> <td>1.4 SUD and mental health IMD: supports for people receiving SUD and mental health treatment (formerly MTP Initiatives 4 and 5)</td> <td>Continuing</td> </tr> <tr> <td rowspan="2"><b>Goal 2: advancing whole-person primary, preventive, and home- and community-based care</b></td> <td>2.1 MAC and TSOA programs (formerly MTP Initiative 2)</td> <td>Continuing</td> </tr> <tr> <td>2.2 Program innovations for LTSS           <ul style="list-style-type: none"> <li>Rental subsidies</li> <li>Coordinated personal care</li> <li>Guardianship and decision-making supports</li> </ul> </td> <td>New</td> </tr> </tbody> </table> | Primary goal                       | Policy/program name | Status within this renewal request | <b>Goal 1: expanding coverage and access to care, ensuring that people can get the care they need</b> | 1.1 Continuous Apple Health enrollment for children | New | 1.2 Pre-release and re-entry coverage for incarcerated individuals | New | 1.3 Apple Health postpartum coverage expansion | New | 1.4 SUD and mental health IMD: supports for people receiving SUD and mental health treatment (formerly MTP Initiatives 4 and 5) | Continuing | <b>Goal 2: advancing whole-person primary, preventive, and home- and community-based care</b> | 2.1 MAC and TSOA programs (formerly MTP Initiative 2) | Continuing | 2.2 Program innovations for LTSS <ul style="list-style-type: none"> <li>Rental subsidies</li> <li>Coordinated personal care</li> <li>Guardianship and decision-making supports</li> </ul> | New |  |
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| <b>Goal 1: expanding coverage and access to care, ensuring that people can get the care they need</b> | 1.1 Continuous Apple Health enrollment for children  | New                                |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |
|   | 1.2 Pre-release and re-entry coverage for incarcerated individuals   | New                                |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |
|   | 1.3 Apple Health postpartum coverage expansion   | New                                |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |
|   | 1.4 SUD and mental health IMD: supports for people receiving SUD and mental health treatment (formerly MTP Initiatives 4 and 5)  | Continuing                         |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |
| <b>Goal 2: advancing whole-person primary, preventive, and home- and community-based care</b>         | 2.1 MAC and TSOA programs (formerly MTP Initiative 2)  | Continuing                         |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |
|   | 2.2 Program innovations for LTSS <ul style="list-style-type: none"> <li>Rental subsidies</li> <li>Coordinated personal care</li> <li>Guardianship and decision-making supports</li> </ul>  | New                                |                     |                                    |   |   |     |  |     |  |     |   |            |   |   |            |   |     |  |



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| <p>Executive Director update: Waiver Application Information and Presentation (Cont.)</p> | <table border="1" data-bbox="520 277 1598 656"> <tr> <td data-bbox="520 277 827 331"></td> <td data-bbox="835 277 1360 331"> <ul style="list-style-type: none"> <li>• Presumptive eligibility</li> </ul> </td> <td data-bbox="1369 277 1598 331"></td> </tr> <tr> <td data-bbox="520 337 827 412"></td> <td data-bbox="835 337 1360 412">2.3 Washington Integrated Care Assessment (WA-ICA)</td> <td data-bbox="1369 337 1598 412">New</td> </tr> <tr> <td data-bbox="520 418 827 623"> <p><b>Goal 3: accelerating care delivery and payment innovation focused on HRSN</b></p> </td> <td data-bbox="835 418 1360 623"> <p>3.1 Taking Action for Healthier Communities (TAHC) program (formerly MTP Initiative 1):</p> <ul style="list-style-type: none"> <li>• Community-based care coordination hub (“Community Hubs”)</li> <li>• HRS</li> <li>• Health equity programs</li> <li>• Community-based workforce</li> </ul> </td> <td data-bbox="1369 418 1598 623">Evolving</td> </tr> <tr> <td data-bbox="520 630 827 656"></td> <td data-bbox="835 630 1360 656">3.2 FCS (formerly MTP Initiative 3)</td> <td data-bbox="1369 630 1598 656">Continuing</td> </tr> </table> <p data-bbox="508 743 1598 850">Goal three really focuses on ACHs with their initiative called “Taking Action for Healthier Communities (TAHC), which was formerly MTP initiative 1. TAHC is made up of four different components.</p> <ul data-bbox="625 883 1577 1062" style="list-style-type: none"> <li>• Community-based care coordination hub for HRS (Community Hubs and Native Hub)</li> <li>• Health Related Services</li> <li>• Community-based workforce</li> <li>• Health equity programs</li> </ul> <p data-bbox="508 1122 1570 1187">With the next Waiver Application there is a multiprong approach with the role of ACHs.</p> <p data-bbox="508 1219 1297 1252"><u>Community Hub Concepts - Evolution from the First Waiver</u></p> <p data-bbox="508 1279 1570 1344">The Hub is an evolution of work that began in MTP–embedded within the ACH infrastructure–and will align with recent efforts by DOH’s CareConnect program.</p> <p data-bbox="508 1386 1598 1511">Community Hubs will use CIE and resource and referral processes to support resources for Apple Health enrollees. Community Hubs will be instrumental in identifying unmet needs within the community and at the individual level. (Process yet to be determined)</p> |                 | <ul style="list-style-type: none"> <li>• Presumptive eligibility</li> </ul> |  |  | 2.3 Washington Integrated Care Assessment (WA-ICA) | New | <p><b>Goal 3: accelerating care delivery and payment innovation focused on HRSN</b></p> | <p>3.1 Taking Action for Healthier Communities (TAHC) program (formerly MTP Initiative 1):</p> <ul style="list-style-type: none"> <li>• Community-based care coordination hub (“Community Hubs”)</li> <li>• HRS</li> <li>• Health equity programs</li> <li>• Community-based workforce</li> </ul> | Evolving |  | 3.2 FCS (formerly MTP Initiative 3) | Continuing |  |
|   | <ul style="list-style-type: none"> <li>• Presumptive eligibility</li> </ul>  |                 |   |  |  |  |     |   |   |          |  |                                     |            |  |
|   | 2.3 Washington Integrated Care Assessment (WA-ICA)   | New             |   |  |  |  |     |   |   |          |  |                                     |            |  |
| <p><b>Goal 3: accelerating care delivery and payment innovation focused on HRSN</b></p>   | <p>3.1 Taking Action for Healthier Communities (TAHC) program (formerly MTP Initiative 1):</p> <ul style="list-style-type: none"> <li>• Community-based care coordination hub (“Community Hubs”)</li> <li>• HRS</li> <li>• Health equity programs</li> <li>• Community-based workforce</li> </ul>  | Evolving        |   |  |  |  |     |   |   |          |  |                                     |            |  |
|   | 3.2 FCS (formerly MTP Initiative 3)  | Continuing      |   |  |  |  |     |   |   |          |  |                                     |            |  |



| TOPIC   | DISCUSSION (HIGHLIGHTS)   | MOTION / ACTION |
|---|---|-----------------|
| <p>Executive Director update:<br/>Waiver Application<br/>Information and<br/>Presentation (Cont.)</p> | <p><b><u>Community Hub Concepts - Evolution from the First Waiver (Cont.)</u></b></p> <p>There will be 9 Hubs with ACHs and 1 Native Hub for a total of 10</p> <p>HCA will explore managed care flexibilities and contracting to support increased payment for community-based workforce through the Community Hub model.</p> <p>Specific note in application: ACHs are not evolving into Community Hubs. Rather, the ACH organizational infrastructure will remain, and each ACH will oversee, manage, and coordinate Community Hub functions. These functions will be performed by an ACH or entity contracted by the ACH.</p> <p><b><u>Funding and Implementation considerations</u></b></p> <ul style="list-style-type: none"><li>• HCA will outline the key milestones ACHs will need to reach over the first year of MTP 2.0 in DY7 (2023) to implement Community Hubs in DY8 (2024).</li><li>• Each ACH and the Native Hub oversight entity will submit an implementation plan to HCA detailing existing readiness and plans to meet the specified milestones. HCA will determine the amount and timing of the development and implementation funding based on those implementation plans.</li><li>• DY7 will also include the development of community-based workforce standards for training, contracting, and payment.</li><li>• ACH are being considered for payment mechanism for some services.</li><li>• Implementation begins January 2023-December 2024</li></ul> |                 |



| TOPIC  | DISCUSSION (HIGHLIGHTS)   | MOTION / ACTION |
|--|---|-----------------|
| Executive Director update: Waiver Application Information and Presentation (Cont.) | <p><u>Supports to Address Health Equity</u></p> <ul style="list-style-type: none"><li>• ACHs will convene community stakeholders with the essential expertise, knowledge, and community awareness to assist in developing health equity strategies.</li><li>• Communities will play a key role in determining how funds will be best distributed to enhance the success of these initiatives.</li><li>• Leveraging the infrastructure of the Community Hub, ACHs will have the option to implement health equity initiatives with their staff or by developing agreements among CBOs or coalitions who meet the standards of program development and implementation.</li><li>• ACHs will aim to avoid duplication or silos when achieving the goals of the health equity programs by convening local stakeholders, CBOs, and other ACHs in collaborative efforts across the community.</li><li>• HCA will ensure appropriate oversight of health equity programs. Each planned project that utilizes equity funding must identify key process and outcome measures related to equity goals that will be tracked and reported.<ul style="list-style-type: none"><li>• HCA will work with the independent external evaluator (IEE) to develop standards for measurement and accountability, and the IEE will assist HCA in evaluation of equity projects.<ul style="list-style-type: none"><li>• Uses of equity funding will be reported on a schedule developed by HCA in collaboration with ACHs.</li></ul></li></ul></li></ul> |                 |
| Public Comments  | <ul style="list-style-type: none"><li>• There were no questions or comments from the public.</li></ul>  |                 |
| Adjourn  | Dawn Tolotti adjourned the public meeting and announced the Board would reconvene in <b>Executive Session</b> .   |                 |