Members Present: Jon Hersen (Chair), Sharon Crowell (Vice Chair), Les Burger, Dave Edwards, Dave Kelly, Robb Kimmes, Steve Kutz (via phone), Laurel Lee, Craig Pridemore, Kirby Richards, Kevin Witte (via phone), Roxanne Wolfe, Daniel Smith (Staff), Andy Silver (Staff), Kachina Inman (Staff), Brette Greenwood-Wing (Staff)

Non-Members Present: Robbi Kay Norman (Uncommon Solutions), Adam Aaseby (Pierce County ACH – via phone), Meg Taylor (Pierce County ACH – via phone), Kathy Burgoyne (Foundation for Healthy Generations)

Members Absent: Karen Stral

1 Public Comment

2 Approve May Minutes-Action Item
Sharon Crowell moved, Laurel Lee 2nd motion to approve minutes. Motion passed unanimously.

3 Pathways-Action Item
Kathy Burgoyne provided an overview of the Pathways model to make sure all Board members understood what the model is, what was adopted in our project plan, and answer questions about the model and technology associated with it.

- HCA only gave one option if you wanted to do community care coordination – Pathways Hub Model, which is endorsed by several national agencies, such as CDC.
- Many organizations do care coordination within their own organization.
- Community Care Coordinators are out and about and usually provide services in people’s homes.
- Community Care Coordinators do not need to be clinical personnel as it is mostly about connecting people to resources for social determinants.
- The HUB is a neutral entity.
- There are 20 core pathways – this is the only part of the model which is set in stone. Behind each pathway is a whole menu of options.
- Each step along the pathway that you follow through earns a payment, but 50% comes when the pathway is completed.
- Payors have a contract with the Hub to determine what they will pay for, including MCOs, Medicaid, State Agencies, etc.
- Coordinating Care Agency (“CCA”) closes a path, that information goes back to the Hub, Hub then bills the payors.
- SWACH is currently planning on being the HUB. SWACH does not currently have any contracts with Payors for the HUB.
- Works best with braided funding systems.
Ohio, where pathways started, started with a small group and only certain pathways, which is now expanded because of the positive results.

- Care Coordination Systems (“CCS”) – the company which provides the technology system behind the HUB - is able to provide key performance indicators.
- There is a possibility to have HUB connected to Behavioral Health or Physical Health electronic record.
- Meg Taylor provided an overview of the costs associated with Pathways/HUB/CCS
- Adam Aaseby noted that if SWACH become the HUB, our staff would have access to HIPPA protected information, which has technological and cost implications.
- We are planning on doing a cross ACH evaluation of Pathways. Will work with Providence CORE as they have a contract with CCS to access their data.
- Laurel Lee mentioned that the HUB serves as a triage point so that efforts are not being duplicated, there is no overlap with Health Homes
- Craig Pridemore moved, Sharon Crowell 2nd, motion to adopt CCS as our technology partner for Pathways HUB, with a friendly amendment by Laurel Lee to also commit to evaluation. Motion passed unanimously
- David Kelly commented that the assessment needs to tie back to individual clients to see if the needle has moved, rather than at a global level.

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<tr>
<th>Healthy Living Collaborative -Action Item</th>
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<tr>
<td>Kachina Inman and Roxanne Wolfe provided a brief overview of the history of the Healthy Living Collaborative (HLC), the work HLC does, and their strategic plan</td>
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<td>HLC came in to effect through Clark County Public health in April 2012, but is now a community-driven coalition with 60+ partners.</td>
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<td>Led by HLC Committee and Policy Committee.</td>
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<td>HLC has been recognized in the state for the strength of partner collaboration.</td>
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<td>Work has been focused in 4 areas – Health in all Policies and Systems, Connections Across Diverse Organizations and Communities, Community Engagement and Action, and Shared Learning.</td>
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<td>HLC has several funding sources, funding in a unique way – funders come to us to support our pillars of work. Stay true to the work, rather than chasing grants that change the work.</td>
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<td>Policy platforms are decided upon by the community.</td>
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<td>Furthering equity work – when we first started there is very little understanding of what Equity really means.</td>
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<td>All HLC board members have gone through the equity training. Equity training is being shared with community partners.</td>
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<td>Community engagement programs –</td>
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<td>CHW teams – recruited natural helpers and leaders in 3 identified communities and trained them as CHWs. They are the eyes and ears of the community – they sit on HLC and Policy Committee, they come to Olympia to help advocate/educate.</td>
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Currently have open request for community organization(s) to take on day to day work of supporting CHW teams. Wahkiakum is entirely youth driven.

- Education Community Health Worker Program - Community health Advocate imbedded in school system working through Free Clinic.
- CHAPS – Community Health Advocate and Peer Support Network

- Built in evaluation from the beginning. Working with CORE and Multnomah County Community Capacitation Center.
- We are the only ACH which has a policy committee – Prevention Alliance we are on the steering committee. At every RHIP Meeting we do a touch point with HLC Policy committee. It will be an evolution regarding if it should be SWACH policy committee.
- Important to promote elevation of community voice and engagement – opportunity for tight connection with SWACH.
- Long term sustainability is key. How do we create funding sources for the innovative work? This also ties into the work SWACH does beyond the 5-year project.
- Next steps for integration. rocky road so far. Cultures are different and communication was challenged. But there is still a great opportunity to integrate. Mutually beneficial partnership.
- Dave Edwards moved, Kirby Richards 2nd, motion to approve HLC strategic plan. Motion passed unanimously.

### Management Review

- **Transformation Plan Process**
  - Clinical Transformation Plan – help inform regional implementation plan. Implementation plan is due October 1st.

- **Semi Annual Report**
  - Due July 31st to state.
  - Will share draft with RHIP.
  - Assessed value – met or not met score for each question.
  - Pretty high degree of confidence that we have the tools and information that we need to complete the report successfully.

- **Funds Flow: Approval of Next Phase**
  - **Action Item**
    - Goal is by the time we sign binding agreements with clinical partners, we will have integrated non-clinical partners so we have a cohort to do the work.
    - HIE Assessment – budgeted for 28 completed assessments, planning on paying $7500 per assessment.
    - Originally, we were thinking we’d pay more for some partners based on size of organization, but could not come up with an equitable way of doing that, so proposal is to pay the same for everyone.
    - We’ve bucketed for Non-Clinical Partner engagement which doesn’t include the work they will do in 2019.
    - There will need to be a large amount of money set aside for these pieces in 2019 as well.
As we move to the binding contracts, the accelerators will be in play so payments will be based on several different factors and not the same for every participating organization.

Board discussed in there was a conflict of interest in approving money that will flow to Clinical Partners; Board members are representing region not specific organization.

Dave Edwards moved, Sharon Crowell 2nd, motion to approve Funds Flow as presented. Motion passed unanimously with Craig Pridemore, Kirby Richards, and Sharon Crowell abstaining.

**Financials**
- Financial component of the Semi-Annual Report – need to report on how the design funds were spent based on different use categories. Books were not set up in a way that was conducive to this type of reporting, so we are re-doing our books to align with the reporting needed by HCA.
- Not getting monthly financials as we are in the process of updating and recoding expenses

**RHIP Action Items**
- **Approve updated RHIP Charter** - Action Item
  - Sharon Crowell moved, Kevin Witte 2nd, motion to approve updated RHIP Charter. Motion passed unanimously
- **Approval of RHIP Vice Chair: Andy Tucker** - Action Item
  - Sharon Crowell moved, Laurel Lee 2nd, motion to approve Andy Tucker as Vice Chair of RHIP Council. Motion passed unanimously.

**Hiring Updates**
- **CEO/ED**
  - ED entering final phase of recruitment process.
  - Extending July board meeting to allow for candidate presentations.
  - RHIP and Community partners, and staff will interview separately and provide their recommendations for Board.
- **Finance Director**
  - 3 candidates – interviews next week
- **Additional Recruitment**
  - Community engagement coordinator position still open
  - Also thinking through programmatic needs for the organization.

**Public Comment/Good of the Order**
- Dave Edwards discussed a new collaborative One Community Health has started to develop community shared value around health.
- Kirby Richards requested an updated version of the SWACH organizational chart
- Laurel Lee suggested the Board review the Conflict of Interest Policy to see if it needs to be updated