SWACH Board of Trustees Meeting  
Thursday, January 18, 2018  
9:00 am – 12:00 pm

Clark College  
500 Broadway Street, Room 207, Vancouver, WA

MEETING MINUTES

Members Present: Jon Hersen (Chair), Sharon Crowell (Vice Chair), Les Burger, Dave Edwards, Dave Kelly, Laurel Lee (via phone), Craig Pridemore, Kirby Richards, Karen Stral, Kevin Witte, Dawn Bonder (Ex Officio) (via phone), Janice Finley (Staff), Marguerite McCormack (Staff), Brette Greenwood-Wing (Staff)

Non-Members Present: Roxanne Wolfe (Clark County Public Health)

Members Absent: Steve Kutz, Shona Carter

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| 2 | Approve December 7, 2017 Minutes and Interim Board Member  
   Karen Stral moved, Les Burger seconded to approve December 7th minutes and Roxanne Wolfe as Interim Board Member; motion passed unanimously. Roxanne will fill Shona’s seat during her leave of absence. |
| 3a| Board Approval of Budget for remainder of 2017/2018 Fiscal Year  
   Janice Finley explained that income flow has been adjusted to allocate design funds spread across 5 years rather than all up front. Additionally, she pointed out other revenue beginning in January will come from Pierce ACH to offset the shared costs of Branden Pearson’s position. We are recruiting for Communications Director, Community Engagement Coordinator, and Pathways Support position; however, the scope of the Pathways position will change as we re-strategize our approach with the Pathways Model. Healthy Living Collaborative (HLC) underspent last year, so a significant amount of money was brought over to SWACH from Healthy Gen. This should provide adequate funding to support this work. Discussion regarding investment strategy policy for the money received for completing the certification process and how to present the financials in a clear and accurate way. Karen Stral moved; Sharon Crowell seconded to approve budget as presented; motion approved unanimously. |
| 3b| Board Approval of Financial Statements  
   Majority of funds are currently sitting in a money market account, but we are looking into other options. Overall, we are still below budget. Kevin Witte moved, Sharon Crowell seconded to approve financial statements; motion unanimously approved. |
| 4 | Q &A |


Dawn Bonder presented slides which illustrated the timeline for the next phase of the MTP. Assessments are starting now, which will help inform implementation.

5 **Formation of Incentives and Investment Committee**

Systems Capacity Building Fund will be used for regional investments intended to build infrastructure and sustainability of work, including building and implementing health IT and health IE management systems, workforce development, transformation training, coaching, and technical assistance, value-based payment technical assistance and preparation, support for innovations, and assistance with lost revenue. Assessments will be fielded in the next 3 months to determine exact needs and costs of provider partners. Preliminary information from State shows smaller practices, and specifically behavioral health providers, will be most impacted/challenged with transition. The SWACH Incentives and Investment Committee will decide best practices and policies around how to spend funds we expect to earn. Discussion regarding possible structure and make up of new committee, and how to avoid any actual or perceived conflict of interest. Board should have input and oversight. Initial thoughts indicated Committee should be a sub-set of the board, small in size, report to the Board, and have the ability to bring in expert advisors as needed.

6 **Intergovernmental Transfers (IGT) and Delivery System Reform Incentive Program (DSRIP) Funding**

Dawn made a presentation explaining how the Delivery System Reform Incentive Program (DSRIP) is funded through Dedicated State Health Programs (DSHP) and Inter-Governmental Transfers (IGT). IGTs permit governmental entities to transfer funds to the state to qualify for matching funds from the federal government. IGT contributors then receive back their transferred funds plus a premium. IGTs are commonly used to access federal matching funds. However, when IGTs are used with DSRIP, the IGT contributors must earn their contributed funds and premium through work with the Accountable Communities of Health (ACHs). HCA is working to determine how IGT contributors can provide resources towards Domain 1 activities: workforce development, population health, and value-based purchasing. Each ACH will be asked to agree to allow IGT contributors to provide Domain 1 resources as a way to earn their contributions plus premium. Discussion highlighted the potential loss of DSRIP funds to SWACH and the other 8 ACHs.

7 **Board Planning for 2018**

Half-day retreat planned for February 15th from 8 am – 12 noon.

8 **Public Comment/For the Good of the Order**

United Nations report on Poverty and Equity – worse health and wealth inequality score. There are significant disparities in outcomes between poor and wealthy. One Community Health started looking at these outcomes and has virtually eliminated disparities in outcomes. Gives hope that we can have a meaningful impact on our community. Request to know what was being measured to track ability to change outcome disparity.

*Items in Red indicate Action Items*