Board of Directors Meeting

Washington Association for Community Health

Hybrid: Sea Mar Museum, CVCH, Zoom

January 13, 2022 | 9:00am-1:00pm

		Strategic Priority
9:00-9:10	**Welcome**	
9:10-9:15	**Consent Agenda**	
	• October 2021 Board of Directors Meeting Minutes	
	• October-December 2021 Standing Committee Minutes	
	○ Executive Committee	
	○ Finance Committee	
	• Joint Legislative Committee Minutes Oct-Dec, 2021	
	• 2022 Board Meeting Dates: April 14, July 15, October 5-6	
9:15-9:20	**Financial Statements** *Joe Vessey, Treasurer*	
	○ October & November 2021	
9:20-10:30	**Capacity Building**	
9:20	• Workforce Development	
	○ MA Apprenticeship Update *Kristina Alnajjar/Alyssa Burgess*	
	○ Year 3 HRSA Workplan *Kristina Alnajjar*	
9:45	• Strategic Priorities *Bob Marsalli. ACTION*	
10:00	• CHC Campaign *Team Soapbox*	1B, 2A, 2C
10:30-11:00am	**Policy, Advocacy, and Implementation**	
10:30	• Association Policy & Advocacy Committee Charter *Courtney Smith*	1A
10:45	• Joint Policy Committee Charter-Proposed Changes *Courtney Smith*	
11:00-11:50am	**Convening**	
11:00	• Executive Committee Report *Jennifer Kreidler-Moss*	
	○ Vacancies – Current & Upcoming	
11:10	• Workforce Development Committee Report *Gaelon Spradley*	
11:20	• Pharmacy Committee Report *Jennifer Kreidler-Moss*	
11:30	• Behavioral Health Committee Report *Jim Coffee*	
11:40	• FQHC Committee Report *Bob Marsalli*	1C
11:50am	**Airtime / Lunch**	
	• NACHC Update *Jennifer Kreidler-Moss*	
	• Executive Session	
	○ CEO Contract *Jennifer Kreidler-Moss*	
	○ Performance Evaluation *Michael Maxwell*	
	• April 14, 2022 Board Dinner Event	
1:00pm	**Adjourn**	

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

BOARD OF DIRECTORS MEETING

DECEMBER 10, 2020 | ZOOM MEETING

PRESENT: BOARD MEMBERS

1. Mary Bartolo, SeaMar
2. Teresita Batayola, ICHS
3. Sheila Berschauer, MLCHC
4. Jim Coffee, CFAM
5. Sheryl Davis, HCHN Proxy
6. David Flentge, CHC
7. Nieves Gomez, CBHA
8. Angela Gonzalez, CHCW
9. Jennifer Kreidler-Moss, PCHS
10. Toni Lodge, NATIVE
11. Michael Maxwell, NOHN
12. Carlos Olivares, YVFWC
13. David Olson, CVCH
14. Desiree Sweeney, NEWHP
15. Lisa Yohalem, HP
16. Aaron Wilson, CHAS
17. Jim Davis, TCCH
18. Joe Vessey, CHC Sno

ABSENT BOARD MEMBERS:

1. Meredith Vaugh, Neighborcare
2. Dana Fox, MCMC
3. Jesus Hernandez, FHC
4. Jodi Joyce, UCNW
5. Ether Lucero, SIHB
6. Rhonda Hauff, YNHS
7. Debra Wulff, LRCHC
8. Galeon Spradley, VVHC
9. Brandy Taylor, CDCHC

STAFF:

Bob Marsalli
Courtney Smith
Alyssa Burgess
Kristina Alnajjar
Deanna Fluke

GUESTS:

Dr. Judy Zerzan-Thul

OCTOBER 6, 2021 CALL TO ORDER

President Jennifer Kreidler-Moss called The Board of Directors Meeting to order at 3:04pm.

WELCOME & INTRODUCTIONS

An introduction of attendees, guests and presenters provided.

DR. JUDY AERXAN-THUL, MD, TPH

Dr. Judy Zerzan-Thul, MD, MPH Chief Medical Officer, Washington State Health Care Authority, Clinical Quality and Care Transformation provided a presentation on Primary Care Transformation Coordination. "Building a new Multi-Payer Primary Care Model for WA"

Goals

- Align payment, incentives, and metrics across payers and providers
- Promote and incentivize integrated, whole-person and team-based care that includes primary care, physical and behavioral health care, and preventive services
- Improve provider capacity and access
- Increase primary care expenditures while decreasing total health spending
- Work with interested public and private employers to spread and scale the model throughout Washington State.

General Timeline

- Develop, refine, finalize model details in 2021
- Implementation activities 2022
- Program launch for initial cohorts and plans January 1, 2023
- Ongoing phase in of model 2023-2025

Several components of the model to be phased in

- Participating providers
- Plan business lines

- Certification process
- Provider supports

Questions from the floor:

1. How are we going to ensure incentives are aligned between PCP and hospitals? If they are capitated and we are paid in some way that is not aligned, my concern is chart will fail, but needs all players discussing and planning and bring in the health centers and stakeholders in the community.
    a. We are still figuring that out, but the answer is yes. There is a plan to bring stakeholders together across the community, which is where CHCs come in. The first year, started October 1, 2021, is all planning. The chart model will begin aligned. Stay tuned.
2. How does this work with what we are currently doing with the transformation grants with ACA?
    a. Closing care gaps, monitoring provider performance, significant investments in team-based care, HCA to share best practices currently underway in health centers to the broader health care system, in various stages. The system is catching up with CHCs. Larger question is how is this all woven together?
        i. APM4 is ending, so this would be the next step for that.
3. APM4 is over? Contract is expiring and will need to make a new contract whether that be apm4 or apm5. Work to figure out what is next.
4. This is not a supportive health care act... how are we so far off from ACA?
5. What you are hearing is a disconnect with HCA with money and the narrative is we need to change the metrics etc. We need to find a way to have this conversation with more in this state to show we are far ahead of this conversation.
6. APM4 has been disconnected? How did her presentation become such a disconnect from where we are? Was not asked to cancel our contract, we were forced into cancelation.
7. Huge investment with the feds and state with ACHs
8. Team based care and transformation: doing all the work- but we have to live with the incentives they give us based on the measures that are not transformative?
9. Appropriate to say thank you for the presentation, but here is what we heard that are problematic, where is this system heading and how does it articulate with what we have been doing?

Follow-Up: Need to document in a form of a letter addressed to Dr. Z. How else can we cultivate wider support/ how to address primary care and fund this transformation. Need to increase our bandwidth. If looking at us for how to save money, we need to look at that and how it affects us. Need all signatures on strategic alignment.

REVIEW AND REFRESH THE ASSOCIATION'S STRATEGIC PRIORITIES: WHAT IS NEEDED? WHAT IS MISSING?

Virtual Facilitators: Alyssa Burgess and Kristina Alnajjar

In person facilitators: Bob Marsalli and Courtney Smith

Focus on sustainability

-protect and invest in the safety net.

-arms of telling the CHC story through data

Focus on the work of HCA and promoting the CHC value to the HCA.

-Telling story through data is too soft and needs to be stronger

Data is more of a tactic woven into all the priorities

Keep foster a culture of equity

Workforce stays
Lead and creatively develop disruption and intervention
Increase the power and influence of the CHC system with decision makers.

ADJOURN @ 5PM

OCTOBER 7, 2021

BUSINESS OF THE BOARD
Consent Agenda
Motion to approve Consent Agenda by Carlos Olivares, seconded by Angela Gonzalez. Approved unanimously.
Finance Report

FY2021 Audit Report Out Audit
Kyla Delgado, CliftonLarsenAllen
No significant findings.
Staff excused for questions from the Board to the Auditors.

Motion to accept the audit report made by Carlos Olivares, seconded by Aaron Wilson. All in favor. Motion passes.

Review of Financial Statements
Motion to accept the July, August and September 2021 financial statements made by the Finance Committee, motion passes unanimously.

990 Tax Return Draft
Motion to accept 990 Tax Return Draft made by Angela Gonzalez, seconded by Jim Davis. All in favor. Motion passe unanimously.

Executive session was held to discuss the CEO's evaluation results and contract, along with the general beginning plans for recruiting a CEO at the end of the next three year contract period.

Equity Action Team One-Pager
Kristina Alnajjar and Bob Marsalli
Creating a culture of equity within the Association over the next year. Survey to the staff for organization assessment and three main sections included 1, 2, 3. Outlined activities in response to assessment.

Policy/Advocacy Update
Recommendation regarding the Association's Standing Legislative Committee
Sheila Berschauer and Jennifer Kreidler-Moss, Co-Chairs, Joint Legislative Committee
Where we are in the discussion of the JLC and Association legislative committee.
In terms of equity, all three need to be knitted together and overlap. Bigger shift towards inclusion.
Really evaluate our Lobbyist support and have the right people engaged to increase our relationship with the HCA.

Involve all CHCs – might also want to rename our legislative committee – important to know and understand what is coming out of that committee.

Motion to activate the legislative committee: Carlos, seconded by David Olson. All in favor.

CY2022 Policy & Advocacy Landscape

Courtney Smith, Director of Government Affairs

Presentation provided by Courtney Smith around looking ahead to the legislative session. No new large asks. Budget picture improving but caution remains.

- Want APM as a clear focus strategy legislatively with HCA. Take a different approach.
- Foster of equity, we need to be in action and include American Indian tribal clinics. It is up to all of us to increase health conditions of our American Indian populations.
- Ensure sustainability of healthcare safety net: need to voice what the HCA is doing to our FQHCs. Needs to be a strong priority.

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

Executive Committee Meeting

October 13, 2021 | 3:00pm-4:00pm

Called to order by President Jennifer Kreidler-Moss

Present: *Jim Davis, Michael Maxwell, Joe Vessey, Jennifer Kreidler-Moss, Toni Lodge*
Absent: *David Olson*

Review and Approval Minutes

September 8, 2021 minutes presented for approval with change from QIF to QIS in the first paragraph.

MOTION: *Approved by acclimation*

Debrief of Board Meeting

Notes from breakout groups provided. Purpose was good, more time is needed to address issues thoroughly and have longer conversations. Next meeting will be held the week of January 10, 2022 with regional cohort options for Eastern and Western sides as well as a virtual option.

COVID-19 Vaccine Exemption

Association staff vaccine exemption reviewed and approved, with suggestion for lawyer to overlook exemption request. Because of remote work in place, it would be hard pressed to not allow the accommodation. If the Association changed the dynamic from remote/partial remote to 100% in office, would need to change workplace rules and rules would apply to all individuals.

JLC Fall Retreat

"Investment in the Safety Net: Ensure CHCs remain sustainable in wake of COVID-19". This is a line-out created by Courtney Smith, Director of Government Relations, to be discussed at the JLC Fall retreat.

CEO Evaluation

The Board would like to offer a 3-year contract at the end of current contract. Will be brought forth at the next Board meeting. Will discuss salary with outside resources. And will look for replacement of CEO at end of next 3-year contract. Will use an outside firm for that search.

Airtime/Conclude

Request to regroup COOs into a roundtable, nothing too robust, just to keep up with turnover and sharing of best practices.

Adjourn at 3:47pm.

Washington Association for Community Health
Community Health Centers Advancing Quality Care for All

Executive Committee Meeting

December 8, 2021 | 3:00pm-4:00pm

Called to order by President Jennifer Kreidler-Moss

Present: *Jennifer Kreidler-Moss, Joe Vessey, Michael Maxwell, David Olson*
Absent: *Toni Lodge*

Call to Order
Jennifer Kreidler-Moss, Joe Vessey, Michael Maxwell, Bob Marsalli, David Olson

- David Olson has reached agreement to leave as of the end of January. Officially retiring, but not fulltime. Potential to do interim positions.

Minutes:
October 12, 2021 Approved with edits requested to the Covid-19 exemption.

CHC Communications Campaign:
After meeting in October, we took away promotion of the CHC brand broadly, but strategically to build influential power with elected and state agencies. Team Soapbox provided a ballpark idea of what a campaign would look like. Is this something the Board would pursue, and invest resources in? Are we off track in thinking this is something the Board was asking for, along with other initiatives to be more influencers? Deliverable to strategic priorities (KPIs).

- Reasonable, makes sense, summary at end, seems reasonable with cost and goals to get our story out there. Message crafting and target ideas are right on.
- This is exactly what I thought would be helpful in telling our story. Infiltrate and build relationships. Need a PR public campaign.
- Goal statements are accurate, target list is accurate. Offended by geographic corridor. Need a broader range of area. Plan is to infiltrate the HCA, for the cost-the delivered materials for all centers to use-don't want a generic campaign. Rather more investment. ASK WHAT DO YOU NEED, WHAT DO YOU WANT to make the big impact
- Strategy to impact HCA more. This would be a larger set of initiatives. Think tactically how to push our agenda forward in a successful way.

Staff will bring suggestions to Team Soapbox and present to the full Board in January.

Strategic Priorities Document
Please complete if you have not done so yet.

340B and HepC:
HCA requests not to use 340B for treatment for HepC. Outlined in memo, met twice with HCA staff, to make health centers the ship to for the medication, but let us do case management. Lisa Nelson has been helping. Intend to proceed as we currently do. It is about the patient, not the HCA.

MCOs at Board Meetings
Carry over to January meeting.

Secretary Vacancy:
Define number of months in each officers terms that will be left incomplete and which officers are up for election in April and provide to EC to think about. Think about pros and cons leaving positions vacant through April, think of those who have the most drive forward.

Thinking about CHP turnover as well.

A lot of movement in a lot of positions. Starting to hear and restructure. Need to remind people there is work to be had, but not as much as you think. And some obligation to what is needed.

1. Who is up in April
2. Terms left incomplete by outgoing officers
3. If should be filled, who would be suitable
   Larger conversation in January with large movement in CEO positions. Ample time for discussion in January. (30-45 minutes)
4. CEO contract renewal. (30-45 minutes)

CEO Report: Staffing Updates
Programmatic movement, cultural changes. Moving in a good direction.

Sami Bailey and Negheen Kamkar have joined the Association policy team, creating a full woman-workforce, where 50% identify as a woman of color.

Airtime

ASSOCIATION FINANCE COMMITTEE MEETING

TUESDAY, NOVEMBER 16, 2021 | 3:30 PM

Conference Call: 1 (404) 891-0552
Access Code: 633-074-689

AGENDA

1. Call to Order by Joe Vessey
2. Acceptance of meeting minutes from September 21, 2021 (Page 3-4)
3. Financial Statements October 2021 (Pages 5-8)
4. Investment Report (Page 9-10)
5. Operating Cash Options (Page 11)
6. Confirm next meeting: December 21, 2020 3:30 PM

FINANCE COMMITTEE MEETING VIA CONFERENCE CALL
MINUTES FOR THE MEETING OF TUESDAY, SEPTEMBER 21, 2021

MEMBERS PRESENT:
Aaron Wilson
TJ Cosgrove
Joel Emery
Desire Ashbrooks

MEMBERS ABSENT:
Joe Vessey, Treasurer
Sheila Berschauer

STAFF PRESENT:
Eric Griffith
Bob Marsalli

GUEST PRESENT:

STAFF ABSENT:

CALL TO ORDER

Aaron Wilson called the meeting to order at 3:40 P.M.

APPROVAL OF MINUTES

The Committee reviewed the meeting minutes from August 17, 2021

MOTION: Aaron moved and Joel seconded to accept the Finance Committee meeting minutes from August 17, 2021. No one opposed. Motion passed.

MINUTES

- Aaron asked for the presentation of the August 2021 draft financial statements.
- The August Financial Highlights included the ending cash and equivalents total of $3,690,366 with 382 days of operating cash on hand, 144 days of reserve cash on hand. There was a $19k gain during August, netting a $106k loss YTD. Revenues were 143% of year-to-date budget, while expenses were 144% of year-to-date budget.
- Eric then walked through the financial statement notes, the first of which addressed the jump in “other current assets”, which were pre-paid expenses. Both the Canvas MA online education platform and the Association’s D&O/employment practices insurance had been renewed for the next year.
- On the Statement of Activities, there was a jump in “Other revenue”. An accreditation arrangement payment had come in from one of the colleges. The variance still shows under budget year-to-date, but that is expected to drop as more of these payments come in.

- Eric explained that the jump in Misc Expense was because the recruiting expenses for hiring for new and vacant positions rolled up under the Misc account schedule on the statement.
- Personnel expenses between April and July were 11% under budget due to staff turnover. Several new staff have started and three more positions are (or will soon be) recruited.
- August professional services included MA program instructors and Bennett, Bigelow et al, for contract review for licensing the program in other states. The total professional services, fiscal year-to-date was $124,025

MOTION: Joel moved and TJ seconded, to accept the August 2021 draft financials. No one opposed. No one abstained. Motion passed.

- The Committee asked about the Association's financial audit, which had started in May and was still not finalized. Eric said it was done and they were just waiting on the auditors for the final draft of audited financials. The Committee agreed that it was appropriate for them to review the financials before they were presented to the full Board. Bob suggested setting up a meeting before the Board meeting to renew the draft of audited financials. The Committee agreed.

UPCOMING EVENTS

The next Association Finance Committee meeting is scheduled for Tuesday, November 16, 2021 at 3:30 PM.

ADJOURNMENT

There being no further business, Aaron adjourned the meeting at 3:56 PM.

ASSOCIATION FINANCE COMMITTEE MEETING

TUESDAY, DECEMBER 21, 2021 | 3:30 PM

Conference Call: 1 (404) 891-0552
Access Code: 633-074-689

AGENDA

1. Call to Order by Joe Vessey
2. Acceptance of meeting minutes from November 16, 2021 (Page 3-4)
3. Financial Statements November 2021 (Pages 5-8)
4. Confirm next meeting: February 15, 2022 3:30 PM

WASHINGTON ASSOCIATION FOR COMMUNITY HEALTH

FINANCE COMMITTEE MEETING VIA CONFERENCE CALL
MINUTES FOR THE MEETING OF TUESDAY, NOVEMBER 16, 2021

MEMBERS PRESENT:
Joe Vessey, Treasurer
Aaron Wilson
TJ Cosgrove
Joel Emery

MEMBERS ABSENT:
Sheila Berschauer
Desire Ashbrooks

STAFF PRESENT:
Eric Griffith
Bob Marsalli

GUEST PRESENT:

STAFF ABSENT:

CALL TO ORDER

Aaron Wilson called the meeting to order at 3:35 P.M.

APPROVAL OF MINUTES

The Committee reviewed the meeting minutes from September 21, 2021

MOTION: Joel moved and TJ seconded to accept the Finance Committee meeting minutes from September 21, 2021. No one opposed. Motion passed.

MINUTES

- Aaron asked for the presentation of the October 2021 draft financial statements.
- The October Financial Highlights included the ending cash and equivalents total of $4,071,437 with 416 days of operating cash on hand, 144 days of reserve cash on hand. There was a $0k gain during October, netting a $265k gain YTD. Revenues were 176% of year-to-date budget, while expenses were 127% of year-to-date budget.
- Eric then walked through the financial statement notes, the first of which addressed the appearance of leasehold improvements and related amortization on the statement. The office remodel projects were above the capitalization threshold, and so recorded this way.
- Deferred revenue showed a jump in deferred tuition for the MA program by nearly $200k for the big October 2021 cohort. This was tied to the increase in cash in bank, because it's an up-front payment for a year-long training program.

- On the Statement of Activities, Eric explained that he had combine tuition, licensing fees, and colleges revenues for the MA program under "MA Program Revenue" on the statement. They are different GL accounts which role into this account group.
- Personnel expenses between April and July were 11% under budget due to staff turnover. Now in October, personnel expenses are higher than in April, before the turnover.
- October professional services included MA program instructors and CliftonLarsonAllen for audit and 990 preparation services. The total professional services, fiscal year-to-date was $167,711

MOTION: Because the MA Program Revenue line was missing a budget amount, the Committee agreed that it should be fixed and emailed out for approval.

- Joe then asked for the presentation of the investments and reserves information. Eric first showed the balances of both Morgan Stanley and Edward Jones investments. Morgan Stanley funds were mostly in a savings account because CDs are nearly impossible to find. Edward Jones bond funds had gone up and down during the pandemic but averaged 7.8%.
- Next Eric listed options he had gathered from talking to the bank and the investment brokers. He said these options were available for both MS savings and some of the cash in the bank. He reminded the Committee that per the investment policy, any amounts transferred into an investment vehicle required Board approval to withdraw or transfer. The Committee commented that this may or may not be warranted.
- It was decided to schedule a meeting earlier in December to discuss these options and a strategy for reserves in more detail.

UPCOMING EVENTS

The next Association Finance Committee meeting is scheduled for Tuesday, December 21, 2021 at 3:30 PM.

ADJOURNMENT

There being no further business, Joe adjourned the meeting at 4:02 PM.

Joint Legislative Committee – Meeting Minutes

Friday, October 15, 2021
CHNW
9:00 – 10:30 am

JLC Members		**CHNW / Association Staff**	
☒ Aaron Wilson	☒ Sheila Berschauer	☐ Kate White Tudor	☒ Leanne Berge
☒ Carlos Olivares	☐ Teresita Batayola	☒ Len McComb	☒ Alan Lederman
☒ David Flentge	☒ Lisa Yohalem	☒ Dave Knutson	☒ Dekker Dirksen
☒ Desiree Sweeney	☒ Jim Davis	☒ Bob Marsalli	☒ Jess Emsley
☒ Mary Bartolo	☒ Jennifer Kreidler-Moss	☐ Jessica Bateman	☒ Jessica Hauffe
		☒ Courtney Smith	☒ Hawa Elias
			☒ Thalia Cronin
			☒ Tatiana Rebellon

Minutes recorded by: Tatiana Rebellon

Topic	Discussion	Actions & Decisions
Convene Meeting	Convened at 9:03 AM.	
Minutes	Minutes from 10/1 approved.	
2022 Legislative Priorities Discussion/Finalization	**Political and Budget Context:** Reserves projected in the September revenue forecast for this biennium has grown to $4.45B. The revenue total tells us that stakeholders will look at these numbers and propose large expenditures. Every legislator on the fiscal committee is concerned about building new programs this upcoming session. **CHNW/Association Proposed Priorities:** Ensure financial sustainability of healthcare safety net- During the pandemic we did everything the state wanted us to do and more. We shutdown dental clinics in response to the Governor's order to preserve PPE and took on a lot of local public health tasks in our areas. Yet, we didn't receive as much support from the state for our activities. This upcoming 60-day session we have to change the narrative and perception of anyone who believes that FQHCs don't need any more help because we got through the pandemic. We are planning to ask the state to provide the $8-15M for overpayments owed by AMP3 clinics, as well as $35.6M for APM4 clinics that were underpaid in CY2020 due to COVID-19. Lastly, we want to	

	find an opportunity to provide relief from the quality metrics in CY2020; either through leveraging relationships with MCOs or running our own legislation to get payment at 100% of the benchmark. **Questions/Comments:** *MLCHC is an APM4 clinic. In addition to working with the FQHC committee, will you be doing the same thing with our clinics to find our numbers after we complete our 2020 reconciliation?* Yes, the idea is to get a full comprehensive understanding of where all CHCs are, not just the members of the FQHC committee. *PCHS feels like everyone's got money, but we are getting even more money taken away. On the state level, it doesn't make sense. There's probably back end federal money, but the HCA is not coming through with that. We are feeling disrespected and unappreciated.* *We can put together a strong narrative for how we used those federal funds. The quality metrics felt like another punch in the gut. We're wondering where they got their information because we were doing so well and there wasn't a drop in any of the quality measures. This needs to be investigated.* *The additional consequences of laying some people off as of today needs to be taken into consideration, because it will slow down our activities in serving patients and meeting quality metrics. We need to present that to the state and the HCA since we didn't create this ourselves.* **Support and expand the healthcare workforce-** Investments into workforce often go towards rate increases to providers and other areas that don't fall into the FQHC bucket. We need to make sure that whatever we support also addresses the issues that FQHCs are encountering. We will have additional information about the workforce asks toward the end of the month. In the BH workforce group, we've seen proposals for a 7% bump, which is around $144M. They're also pushing a Peer Licensure proposal, and prescribing authority for psychologists. There will likely be an array of workforce issues in workforce legislation before session is over. We have told them that we have workforce issues that are just as important in providing the services to the low-income population. We will come back to JLC to discuss items you are willing to support, alter, or oppose. **Questions/Comments:** *The biggest issues are in the support staff side because of the volume of cases in the area and people needing to stay home. The childcare subsidy piece is huge.*	

There's still a disconnect with local health officers. They are not providing consistent guidance to the schools about how to handle isolation and quarantine for kids that are unvaccinated, which is driving our staff out of work.

Capital Budget Grants- All projects that are requesting capital grant funding must be shovel ready. They can be used for infrastructure to support clinics. Dental, behavioral health, and school-based centers are the three main capital budget requests likely to move forward this session. Rep. Riccelli thinks that a package of 1-2 projects is possible, ideally one on the east side, one on the west side. One in a democratic district, and one in a republican district. It's still unclear how we will translate his vision into what our needs are, but our staff will be working with everyone here to get a sense of who has dental projects and what a potential package could look like.

There's strong Legislative desire to fund BH capital projects and school-based health centers. We will be surveying this group to find out what your needs are.

Priorities Discussion:
It the past they wanted us to select the projects and we pushed back because we didn't want to be in that position. Our feedback is to not put us in that situation again. Chris pushed back and we got out of that jam. We put them off for so long that they had to make decisions on their own and they had enough money to capture most items on our list. We can delay and let them make the decision.

There is a full list of BH that's going to be funded already through commerce. Is this funding in addition to that? From our understanding there will be additional interest in funding BH.

There are limited capital dollars available in 2022 because the major portion of the capital budget was appropriated in 2021. There could be both capital and operating budget opportunities from the infrastructure package and the Build Back Better plan currently under negotiation. If a stakeholder wants a onetime capital project, they could use ARPA funds.

Will we go through the normal process of surveying CHCs on their capital request? Yes, we are working to get that process up and ready.

We have three buckets for priorities this legislative session, but this is not all that we work on. We are continuing to track other issues like dental access/dental managed care, provider scope of practice issues, 340B, housing/SDOH, and other federal issues.

	*We need a strategy on developing APM5.*Lead staff at HCA said they will utilize the current APM4 structure to work on the next iteration. There is a plan internally we don't know anything about yet. *The experience we've lived through working with HCA staff does not reassure me.* All concerns you raised are legitimate. This can all change with a new Medicaid director, depending on who's chosen and the perspective and experience with FQHCs elsewhere. We request that if there is going to be an ongoing discussion with the HCA, the communication between the FQHC committee, JLC, and staff has to improve. *NEWHP doesn't want to sign a contract for APM4 or APM5 last minute, and we either sign it or don't have a contact. This is time sensitive, and it needs to be a priority in the Association.* Thank you for all your comments. We want to note that the APM and reimbursement issue transcends beyond legislative session so we are also thinking through what our long-term strategy would be to address your concerns. *We've tried years of building this relationship with HCA and now we are faced with another Medicaid Director and we are all at the point of no return in thinking that their attitudes will change. Is there anything that can be done with the Legislature to put our rails up for our protection?* If you are going to get the Legislature involved, there could be a budget proviso directing the HCA to come up with an APM strategy or reimbursement method to address all FQHCs rather than APM3/4/5. *We had this conversation yesterday. We have a disconnect between what's contractual between the HCA and administrative, and policy. Every time we need something, we are told to tell our story but that results in nothing. If this isn't the only thing you care about, you just don't understand that this is the only thing you should care about and everything else is irrelevant. We may not win, but if we don't use the opportunity to wage the battle, then we aren't playing the right game. From the Association side, you're doing all you can, but we need to hire a contract negotiator. If we need to raise money we are all for that.* *It's imperative that we continue to maintain our relationship with the HCA. We have some trouble, but when we look at the 30-year relationship with the HCA and the way they have treated us as FQHCs, no other states in the country have done as well as we have or gotten the level of support of FQHC reimbursement we've got. That's not to say that we shouldn't have a legislative strategy that*	

	doesn't deal with the contract itself. Our strategy should be combining payment structure, working with the HCA to continue to dialogue about what's important, and we may need someone who can do analysis to rebut some of those conversations. *We want to come to an agreement that our 2022 Legislative agenda would include the three topics- Ensure financial sustainability of the health care safety net, support and expand the health care workforce, and make CHC capital investments. We will modify the slide to ensure the financial stability of the health care safety net.* *It seems like this motion has already been passed by the Association, our next step should be that this motion gets passed by the network and if the two agree, we have a strategic set of priorities.* The Association didn't formally approve because the JLC had not adopted and recommended to each of the board of directors legislative priorities. The request for a motion is appropriate. **Next Steps:** We'll be going to the boards and finalizing everything for the materials going forward. Legislative session begins January 10, and we'll have our Pre-Session Webinar on January 7. Joint Legislative days will be on January 26 and 27. Staff will get that on our calendars.	**Is there a motion to approve and send these priorities to the respective board of directors for final approval? Jim moved, Aaron seconded. All in favor, none opposed. Motion passed unanimously.**
Airtime	Staff has done great work in developing a list of strategic priorities for this upcoming legislative session and thinking hard about how to incorporate the Association's board of directors' concerns and building tactical approaches to those concerns in a short time. The clinic card program is a great way to make sure our patients are staying involved in the decisions that are made about their health care, and given what we've learned about the digital divide, its important that our clinics are involved, and we let folks know what's happening around the health centers and the things that will influence their care. Please make sure your staff is engaged. We will use the appropriate strategies for the different timelines throughout this session. *Thank you for participating and for great materials and a good presentation. It's a great time to be in the JLC with our current staff.* Adjourned at 10:15 AM.	

Joint Legislative Committee – Meeting Minutes

Friday, November 12, 2021
CHNW
9:00 – 10:30 am

JLC Members		**CHNW / Association Staff**	
☒ Aaron Wilson	☒ Sheila Berschauer	☐ Kate White Tudor	☒ Leanne Berge
☒ Carlos Olivares	☒ Teresita Batayola	☒ Len McComb	☐ Alan Lederman
☒ David Flentge	☒ Lisa Yohalem	☒ Dave Knutson	☒ Dekker Dirksen
☐ Desiree Sweeney	☒ Jim Davis	☒ Bob Marsalli	☒ Jess Emsley
☐ Mary Bartolo	☐ Jennifer Kreidler-Moss	☒ Jessica Bateman	☐ Jessica Hauffe
		☒ Courtney Smith	☒ Hawa Elias
			☒ Thalia Cronin
			☒ Tatiana Rebellon

Minutes recorded by: Tatiana Rebellon

Topic	Discussion	Actions & Decisions
Convene Meeting	Convened at 9:03 AM.	
Minutes	Minutes from 10/15 and 10/29 approved.	
Budget and political environment	The economic revenue forecast will be updated next Friday and there will be more money on the table. The state has $4.5B in reserves in addition to $500M in the general fund, $805M in ARPA funds, and $280M in the CARES funds. There are more than enough requests to use this money. DOH has a decision package to get $400M to continue pandemic related services. We are continuing to monitor the infrastructure package. **Questions/Comments:** *Loan repayment is great, but our crisis is with our support staff. Can we think about that so we can solidify the DA, hygienist, and MA workforce.* Activity is ramping up in preparation for the 2022 session. Next week will be busy as the House and Senate Policy and Fiscal committees will all be holding work sessions and public hearings in the health and behavioral health areas. They'll be looking at the implementation of the 988-crisis emergency response system, which will go into effect next year, and get an update on the impact of the vaccine mandate. On Monday the State Redistricting Commission will be issuing their final recommendations on re-drawing the boundaries of all 49 Legislative districts and 10 Congressional districts. We've had 3 Senators that announced they will be resigning prior to the 2022 session, so	

	there will be 3 new Senators in those districts. In addition, Sen. Brown and Sen. Frockt both announced they will not be running for re-election. *It was recently announced that Sen. Brown is the new executive director for the Greater Columbia ACH.*	
Behavioral Health Workforce Proposal	Please refer to the PDF presentations titled *BHWAC Meeting (10.15.21)* included in the JLC materials. Workforce will be a major issue this session in the BH and health care sectors. There will be separate proposals for increasing the training, recruitment, and retention of nurses; a proposal for a 7% increase in Medicaid reimbursement for licensed and certified community behavioral health agencies contracted though MCOs; retention incentives for employers, possibly though loan repayment and stipends, but it's unclear if it includes us; retention incentives for workers with possible retention grants and pandemic specific bonuses, which excludes all of us except the 7; and strengthening the loan repayment program. **Questions/comments:** *Thank you for including those of us who are not licensed or certified. Yesterday our BH supervisor was assaulted by someone in the street. We need to find a way for security to be a part of this and the protection of our employees must be a factor.* *This document doesn't discuss or acknowledge the work that community health workers are doing across the state with the integrated model. There is a tremendous shortage and loan repayment alone won't fill that void. YVFWC has 20 BH vacancies, but we can't expand because we can't find folks and it doesn't take long until they realize they can make more money in the private sector. The 7% increase in revenue is a fascinating number and we are grateful, but it's irrelevant when you have 20 vacancies. We should push harder to alleviate the current requirements for rotation supervisors and incentivize health centers to do their own rotations and supervision training. We need to find a different way to deal with BH in a capitated environment.* *Thank you for reiterating that. Staff has a good understanding of the difficulties in filling those positions across the system and all over the state.* *ICHS had capital funding for BH. The facilities are built but we are not able to staff them. The state is going to expect something out of us and yet we have this crisis.*	

	CHAS looked at the strategies, but we are not optimistic that they will fix a broken system. The system is in crisis and we need to grow capacity immediately. Other states have more expansive opportunities to bill for services that are already included in their rate. Have we looked at expanding the folks who would be eligible to bill an FQHC encounter rate if they aren't licensed BH agencies? *What has been the response from the participants in the committee about the role of CHCs and our ability to be included?* We took a note of the comments you made today and will come back to that. Please refer to the PDF presentations in the JLC materials. The first part of the letter sketches out the problems that have caused interruptions of our operations, and cautions that if CHCs are not included, they are increasing the competition within the BH workforce to the disadvantage of CHCs. Our initial argument is that we are being left out while CHCs offer a full range of BH services in primary care. Thousands of people in Washington state need BH and when you look at where they get their services, the bulk of those services are initially provided through primary care. There's a section on increasing investments in loan repayment without impacting base funding and advises that the Legislature should come up with a dedicated funding source in the budget as an ongoing commitment. We do a lot of training of BH workers, but we were completely left out of the incentives for both the employer costs for training and the individuals who are in the training. We suggested that we would recruit members from your staff that are participating in the BH learning group to help us to structure training incentives. *ICHS gets inundated with requests for internships, proctoring, and shadowing, and we need to get embedded in the system so that we are part of payment for training. UW is doing an accelerated process for undergrads to be BH providers, which fuels people into the workforce quicker, but these will be inexperienced people. This creates risk with the severity of the cases we are seeing.* *Is there anything you're hearing in the groups you participate about recommending to credential BH staff other than LICSWs, psych nurse practitioners, psychologists, and MDs? That's a big challenge we have, and it will take a long time if the minimum requirement for reimbursement is an LICSW.* That hasn't come up, please send specifics so we can talk to legislators about it. *Will you be making modifications to the letter based on the conversation today?* Yes, we will sit down and add some of these comments.	

	To clarify, The Association has requested feedback from all BH directors as well. *We all received an email on November 12 concerning the feedback on the multi-payer primary care transformation model. This morning, YVFWC got together to look at the requests and it seems that rather than us having a random 10-15 health centers respond, that we build common language that we can all include in this response because we are running the risk of having contradicting feedback.* Great idea, thank you. It's so important to educate policy makers in terms of what CHCs are going through with the workforce shortages because we've heard over and over that the CHCs have more money than they need and that if only the rest of the BH agencies got paid the same way we get paid the problem would be solved. There's a lot of misinformation out there.	
Airtime	Staff will be doing outreach around the capital requests; you can expect an email from Jessica Emsley with a survey. Please start thinking about what you want funded this year. Please review the telehealth reimbursement by LOB document included in the JLC materials, we will talk about it at our next JLC meeting. Adjourned at 9:56 AM.	

Joint Legislative Committee – Meeting Minutes

Friday, December 10, 2021
CHNW
9:00 – 10:30 am

JLC Members		**CHNW / Association Staff**	
☐ Aaron Wilson	☒ Sheila Berschauer	☒ Kate White Tudor	☒ Leanne Berge
☐ Carlos Olivares	☒ Teresita Batayola	☒ Len McComb	☒ Alan Lederman
☒ David Flentge	☒ Lisa Yohalem	☒ Dave Knutson	☒ Dekker Dirksen
☒ Desiree Sweeney	☐ Jim Davis	☐ Bob Marsalli	☒ Jess Emsley
☒ Mary Bartolo	☒ Jennifer Kreidler-Moss	☐ Jessica Bateman	☒ Jessica Hauffe
		☒ Courtney Smith	☒ Hawa Elias
		☒ Sami Bailey	☒ Thalia Cronin
			☒ Tatiana Rebellon

Minutes recorded by: Tatiana Rebellon

Topic	Discussion	Actions & Decisions
Convene Meeting	Convened at 9:03 AM.	
Minutes	Minutes from 11/12 approved.	
Budget and political environment	The governor's budget will be released next week. We are cautiously optimistic about the operating budget since there is a lot more money than they're used to dealing with. The legislative session will be mostly remote in the House, with floor action with a third of their membership on the floor. There's no indication that they'll be coming out to communicate with lobbyists, which has been the only way of getting quick communication to them in the past. There's also an ongoing security conversation about not letting anyone in without a badge. Proof of vaccination will be needed from members to be permitted in campus. We're now 30 days from the start of legislative session. **Questions/Comments:** None.	
Legislative Priorities	**Finance:** Legislator responses to our legislative asks have been good. Rep. Chopp supports our agenda completely and gave us tips on how to improve our one-pager. Rep. Tharinger's response about our ask for one-time expenditures related to the pandemic was also very positive. Rep. Cody was open but asked a lot of questions about APM3, APM4, how much Federal money CHCs received, losses, and financial decisions faced during the pandemic. Sen. Robinson supported our ask but responded strongly to the centers not meeting their quality measures. We'll need to provide her more information. We're likely to come out of session with most or all our asks.	

Questions/Comments:
Staff is in the process of adding up all the reported reconciliation numbers you reported through the FQHC committee.

We have the highest numbers of visits from complex patients, so it is hard to achieve all our quality measures. We need to build that into the argument. We'll reach out to you to find out which measures we should be looking at as response to the quality issue.

Do we have the information related to the number of tests and vaccines the CHCs did during the pandemic? It would be a great component since some of us weren't able to focus on the quality because of our response to everything else. We have 2020 data for testing and only a few weeks of data from vaccinations. It would be helpful to get 2021 data.

We were doing the HRSA reports. Can staff work on collating all those reports? We have someone working on that, but it won't be ready for a couple weeks. Please send to Courtney.

AMP4 clinics received a set of questions. Are we going to send out an email to tell others to answer, not answer, or answer collectively? We will connect with Bob for advice on how to manage that.

Workforce: We have received a lot of affirmation that BH workforce will be delt with this session. FQHCs do earliest intervention though primary care; therefore, we should be included in the workforce recommendations. So far, we've received positive feedback on that. We're being represented on the workgroup and working on licensure requirements.

Questions/Comments: None.

Capital: The dental capital survey is due today. Please send to Jessica Emsley. Rep. Riccelli wants to keep a few projects funded and told us to make a modest ask for new projects, while Rep. Tharinger was more cautious and would prefer to provide money for projects that have already been funded in the capital budget. The results from the dental capital survey so far fit Rep. Riccelli's request nicely. We will have a more robust opportunity to work with the capital budget writers to support dental access in 2023.

Questions/Comments: None.

Joint Legislative Committee Charter	Please refer to the PDF presentations *Joint Legislative Committee Charter Outline 12 10 21* and *Joint Legislative Committee (JLC) Charter- 12 10 12* included in the JLC materials. Board chairs and staff from the Network and Association have had conversations about updating the JLC charter. We are proposing to change the committee's name to Joint Policy Committee, to formalize and reiterate that this is a policy committee that regularly engages with state agencies and does regulatory work. We also want to formalize a process to engage non-JLC CHCs on a regular basis by adding two additional quarterly meetings and opening our fall retreat to the entire system to vote on our priorities, add Tribal representation, change the meeting frequency to reflect the current situation, clarify the language in our goals, changed the definition of a quorum, and set collaboration requirements between JLC and The Association's Policy and Advocacy Committee. **Questions/Comments:** *In the key responsibilities section, it says, "make recommendations on Legislative strategy", where does that place all the policy and advocacy work we do? How do we put that kind of perspective being mindful that CHNW is different than The Association?* *Legislative strategy is pretty specific. At some point someone is going to say that we are acting beyond of the scope of our committee.* We understand, there's probably a way to incorporate it into the meeting frequency, key responsibilities, or both. *Are we able to do what we're trying to do without revisiting both sets of bylaws?* Yes. *We don't want to meet next week and we have quorum difficulties, how do we proceed?* The Association meeting is on January 14. We could approve changes on our next JLC call. We will work with ICHS to make sure the language works. *We all have to show up on January 7*.	
Airtime	Adjourned at 10:10 AM	

OCTOBER 2021 FINANCIAL STATEMENT HIGHLIGHTS

- Total cash and equivalents was $3,729,331 and $4,071,437 at the end of July and August, respectively.
- Reserves = 146 days, or 4.8 months
- Operating cash (includes restricted funds) = 416 days
- Payables cycle remains within 30 days. A/R is within 60 days.
- The current ratio, current assets compared to current liabilities, is 3.04:1.0
- For October, 2021:

	MONTH	YTD	% OF BUDGET
Revenue	$ 195K	$ 2,348K	176%
Expenses	$ 195K	$ 2,083K	127%
Gain / (Loss)	$ 0K	$ 265K	
From Reserves	-	-	
Net with Reserves	**$ 0K**	**$ 265K**	

Washington Association for Community Health
Statement of Financial Position

Reporting Book: ACCRUAL
As of Date: 10/31/2021

	Month Ending 10/31/2020	Month Ending 09/30/2021	Month Ending 10/31/2021	
	1 Year Ago	Last Month	Current Month	
Assets				
Current Assets				
Cash and Cash Equivalents				
Heritage Bank Checking	2,085,064	2,705,038	2,912,925	
Morgan Stanley - Reserves	485,030	485,188	485,188	
Edward Jones - Reserves	518,073	539,105	539,105	
Total Cash and Cash Equivalents	**3,088,167**	**3,729,331**	**3,937,218**	
Accounts Receivable, Net	**114,317**	**164,674**	**111,539**	
Other Current Assets	**14,818**	**24,064**	**22,680**	
Total Current Assets	**3,217,302**	**3,918,069**	**4,071,437**	
Long-term Assets				
Property & Equipment				
Capital Equipment	8,028	8,028	8,028	
Office Furniture	14,631	14,630	14,630	
Leasehold Improvements	0	21,706	33,981	A.
Accum. Depr. Capital Equip.	(1,529)	(2,581)	(2,676)	
Accum. Depr. Office Furniture	(14,631)	(14,630)	(14,631)	
Accum Amort Leaseholds	0	(2,276)	(2,928)	A.
Total Property & Equipment	**6,499**	**24,877**	**36,404**	
Other Long-term Assets	**6,104**	**6,104**	**6,104**	
Total Long-term Assets	**12,603**	**30,981**	**42,508**	
Intangible Assets, Net				
Amortization	**0**	**2,276**	**2,928**	
Total Intangible Assets, Net	**0**	**(2,276)**	**(2,928)**	
Total Assets	**3,229,905**	**3,946,774**	**4,111,017**	
Liabilities and Net Assets				
Liabilities				
Short-term Liabilities				
Accounts Payable	**51,739**	**37,349**	**49,844**	
Accrued Liabilities				
Accrued Expenses Payable	0	(50)	(50)	
Wells Fargo Credit Payable	435	151	610	
Salaries Payable	(2,730)	0	0	
403b P/R Deductions	0	1,585	1,585	
Pre-Tax, Plan 125 P/R Deductions	202	78	77	
Post-Tax P/R Deductions	237	103	103	
Med Ins P/R Deductions	(999)	(1,072)	(1,177)	
Accrued Vacation Payable	45,303	70,204	70,204	
Government Loans	226,935	0	0	
Accrued PCA Fee Sharing	9,969	13,321	14,165	
Total Accrued Liabilities	**279,352**	**84,320**	**85,517**	
Deferred Revenue				
Deferred Member Dues	0	209,396	174,093	
Deferred Grant Revenue	400,430	539,747	536,980	
Deferred Tuition Revenue	215,990	303,487	493,404	B.
Total Deferred Revenue	**616,420**	**1,052,630**	**1,204,477**	
Total Short-term Liabilities	**947,511**	**1,174,299**	**1,339,838**	
Total Liabilities	**947,511**	**1,174,299**	**1,339,838**	
Net Assets	**2,282,394**	**2,774,751**	**2,774,107**	
Total Liabilities and Net Assets	**3,229,905**	**3,949,050**	**4,113,945**	

Washington Association for Community Health
Statement of Activities - Board

Reporting Book: ACCRUAL
As of Date: 10/31/2021

	Month Ending 09/30/2021	Month Ending 10/31/2021	Year To Date 10/31/2021				
	Prior Month	Current Month	Actual YTD	Budget YTD	Budget Diff	Budget % Var	
Change In Net Assets							
Revenue							
Grants Revenue							
HRSA Grant	103,045	61,499	691,116	589,796	101,321	17.17 %	
Dental Grants	7,464	4,241	43,780	38,962	4,817	12.36 %	
DeltaCenterGrant	0	0	0	19,400	(19,399)	(99.99) %	
Kaiser Grant	597	321	21,241	16,416	4,824	29.38 %	
CambiaGrant	2,430	1,936	10,019	167,268	(157,249)	(94.01) %	
Tides Grant	0	19	354	2,569	(2,215)	(86.22) %	
UW-Research	7,986	4,246	12,232	0	12,232	(100.00) %	
Total Grants Revenue	121,522	72,262	778,742	834,411	(55,669)	(6.67) %	
Pass-thru Grant Rev	0	0	533,668	0	533,668	(100.00) %	
MA Program Revenue	184,571	65,071	649,348	415,443	233,905	56.30 %	C.
Membership Dues	37,723	35,302	249,539	229,833	19,706	8.57 %	
GP Administrative Fees	422	21,885	123,408	57,167	66,241	115.87 %	
Contributions	0	122	275	5,833	(5,559)	(95.29) %	
Interest & Other	13,387	97	13,954	206,009	(192,053)	(93.22) %	
Total Revenue	357,625	194,739	2,348,934	1,748,696	600,239	34.32 %	
Expenditures							
Personnel							
Salary and Wages	94,223	95,413	648,162	706,525	(58,362)	8.26 %	
PR Benefits	22,415	17,686	124,182	153,549	(29,367)	19.12 %	
PR Taxes & Fees	8,176	8,282	55,961	54,915	1,046	(1.90) %	
Total Personnel	124,814	121,381	828,305	914,989	(86,683)	9.47 %	D.
Occupancy	6,828	6,605	47,534	84,511	(36,977)	43.75 %	
Professional Fees	22,497	21,189	167,711	165,982	1,728	(1.04) %	E.
Lobbyist	7,000	7,000	56,000	49,674	6,326	(12.73) %	
Grants Awarded Expense	0	0	533,668	116,667	417,001	(357.42) %	
General and Administrative Expenses							
Conferences, Conventions, and Meetings	524	3,117	23,983	10,791	13,193	(122.24) %	
Depreciation	95	96	669	934	(265)	28.32 %	
Due and Subscriptions	0	1,195	2,523	2,041	482	(23.57) %	
Equipment Rental	0	341	1,193	1,284	(91)	7.03 %	
Finance Charges	335	10	502	233	269	(115.09) %	
Insurance	681	683	4,105	4,083	21	(0.52) %	
Meals and Entertainment	0	0	573	1,167	(593)	50.86 %	
Miscellaneous Expense	2,155	540	8,617	1,587	7,029	(443.03) %	
Office Expenses	6,696	9,498	33,767	37,663	(3,895)	10.34 %	
Other Fees	0	844	256,875	158,306	98,568	(62.26) %	
Printing and Publications	310	442	1,770	1,669	102	(6.10) %	
Program Events & Expenses	15,802	10,693	75,962	58,467	17,494	(29.92) %	
Postage and Delivery	97	639	1,413	2,217	(804)	36.26 %	
Repairs and Maintenance	396	653	3,753	0	3,753	(100.00) %	
State and Local Taxes	3,160	3,133	10,983	11,016	(32)	0.29 %	
Telecommunication	1,768	1,693	11,221	4,118	7,102	(172.47) %	
Travel Expenses	2,036	5,631	12,460	18,089	(5,628)	31.11 %	
Utilities	52	0	312	0	312	(100.00) %	
Total General and Administrative Expenses	34,107	39,208	450,681	313,665	137,017	(43.68) %	
Total Expenditures	195,246	195,383	2,083,899	1,645,488	438,412	(26.64) %	
Total Change In Net Assets	**162,379**	**(644)**	**265,035**	**103,208**	**161,827**	**156.79 %**	

NOTES TO OCTOBER 2021 FINANCIAL STATEMENTS

A. Association office remodel projects capitalized and amortized
B. Almost $200k in MA Tuition revenue came in for October cohort, increases deferred revenue and cash
C. Reporting of MA revenue changed to show tuition, licensing, colleges revenues on this statement line
D. Personnel expenses took a dip early in the fiscal year, but they'now higher than before summer turnover
E. Professional Services: October 2021 expenses included MA program contracted instructors and CliftonLarsonAllen for audit and 990 prep services. Total year-to-date is $167,711 with breakdown in table below:

PROFESSIONAL SERVICES					
	MTD	YTD	Budget	% of Budget	
CliftonLarsonAllen	$ 8,925	$ 23,888			
ACCOUNTING & AUDITING	$ 8,925	$ 23,888	$32,250	74%	
Feldsman, Tucker, Leifer, Fidell	$ 765	$ 12,915			
Bennett, Bigelow & Leedom	$ -	$ 12,540			
LEGAL EXPENSE	$ 765	$ 25,455	$63,500	40%	
Katie Bell Consulting	$ 3,300	$ 4,800			
Team Soapbox LLC	$ -	$ 7,500			
CliftonLarsonAllen (CHC Cov19 Rev Impact)	$ -	$ -			
Thomas Architecture (office configure)	$ -	$ 1,166			
ADMINISTRATIVE	$ 3,300	$ 13,466	$40,000	34%	
Adriane Engeland - MA instructor	$ 4,833	$ 30,712			
Tanya Van Buskirk - MA instructor	$ 3,667	$ 21,984			
Jessica Bustillos - MA instructor	$ 1,599	$ 6,182			
Lauren Marshall - MA lab assistant	$ -	$ 15,433			
Alisha Liedtke - MA lab assistant	$ -	$ 3,000			
MA Apprenticeship	*$ 10,099*	*$ 77,310*			
Grant T. Chyz DDS		$ 1,250			
Douglas Young	$ -	$ -			
Mark Koday DDS	$ -	$ -			
Dental Learning Network	*$ -*	*$ 1,250*			
Archbright (Workforce Committee)		$ -			
Workforce	*$ -*	*$ -*			
Foundation for Health Care Quality	$ -	$ 100			
Rosalina James	$ -	$ 300			
Ariel Singer LLC		$ 5,200			
Oregon PCA - Social Needs Learning Collab.	$ -	$ 2,000			
CHCW - speaker honorarium	$ -	$ 2,000			
Just Health Collective	$ -	$ 5,000			
Ted Bowen		$ 500			
National Nurse-Led Care Consortium		$ 4,845			
Evoke Training & Consulting	$ 550	$ 550			
CURIS Consulting	$ (2,450)	$ 3,118			
Hassanah Consulting	$ -	$ 250			
TRANSFORMATION	*$ (1,900)*	*$ 23,863*			
Robert Dansie	$ -	$ 2,000			
Fanny Cordero	$ -	$ 480			
O&E and Health Equity	*$ -*	*$ 2,480*			
PROGRAM SPECIFIC	$ 8,199	$ 104,903	$148,790	71%	
TOTAL PROFESSIONAL SERVICES	$ 21,189	$ 167,711	$ 284,540	59%	

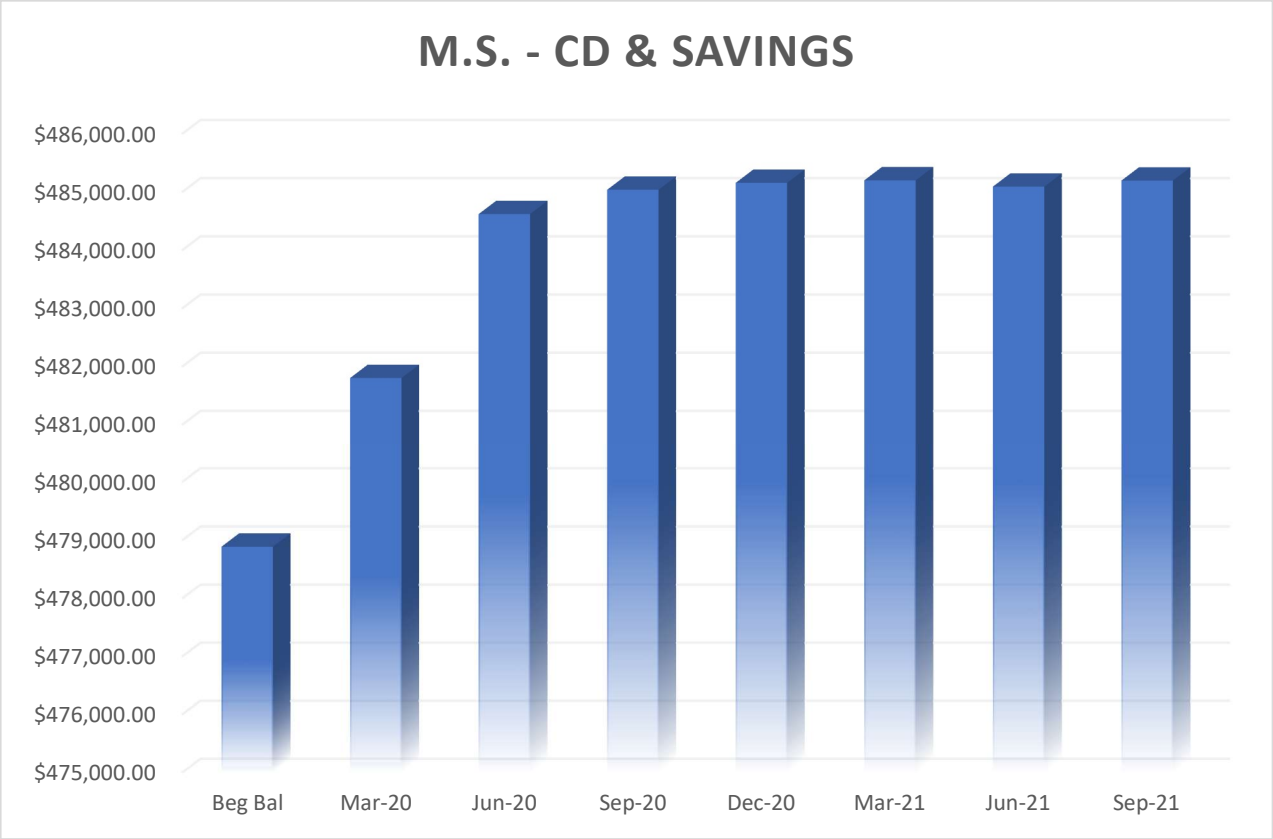
INVESTMENT/RESERVES REPORT

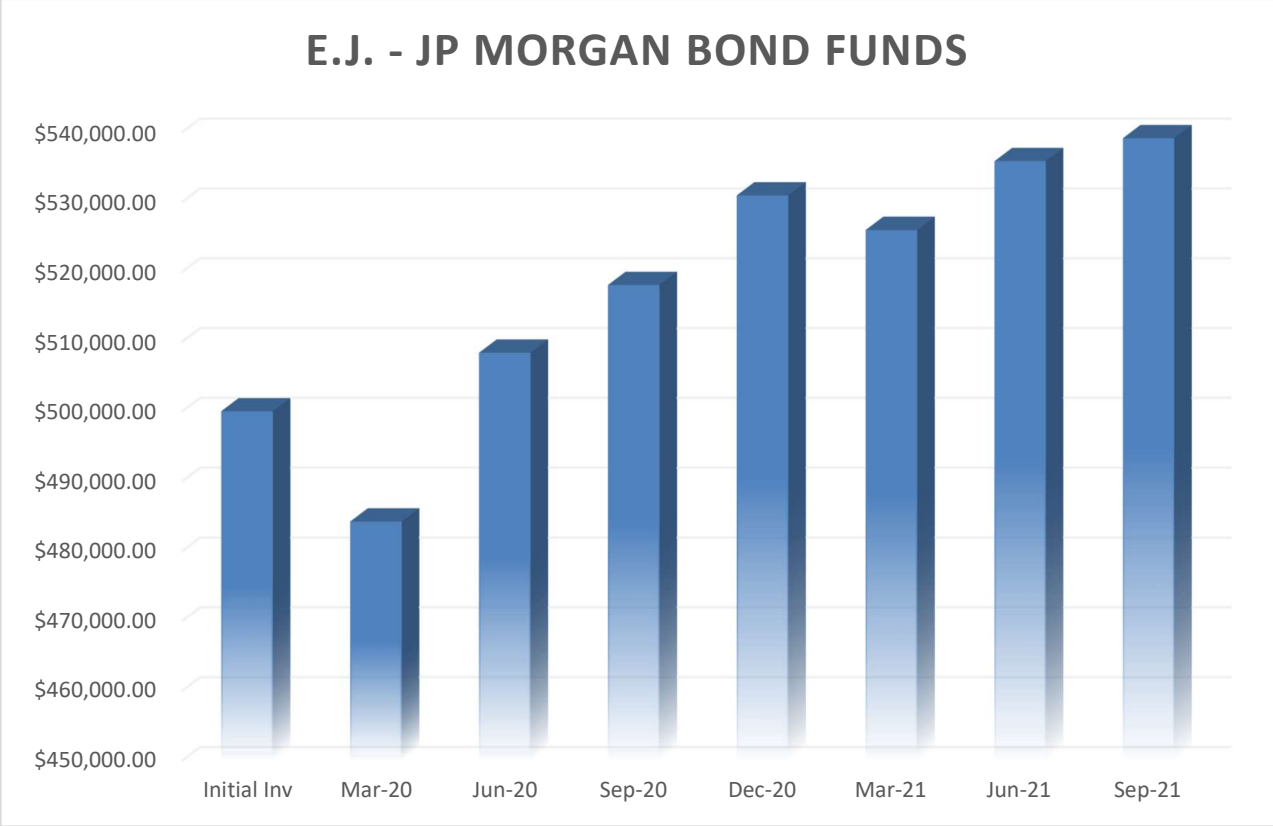
SEPTEMBER 2021

MORGAN STANLEY				
Certificates of Deposit				
Purchase Date	Maturity Date	Bank	Interest Rate	Face Value
7/21/2021	1/30/2023	SAFRA National NYNY CD	0.20%	$ 104,000.00
9/30/2021		MSPBNA Preferred Savings		$ 380,897.96
Money Market Account				
		Money Market (Cash)		$ 244.57
Account Summary				
		Description		Amount
		Total Face Value		$ 485,142.53
		Diff Due to Market Value Fluctuation		$ 45.44
		Balance Per General Ledger		**$ 485,187.97**

EDWARD JONES				
Investment Assets				
Purchase Date	Original Amt	Description	Gain/Loss %	Current Value
3/23/2020	$ 500,000.00	JP Morgan Core Bond Fund	8%	$ 539,105.07
TOTAL VALUE OF INVESTMENTS / RESERVES				**$ 1,024,293.04**

INVESTMENT/RESERVES REPORT





OPERATNG CASH OPTIONS

Heritage Bank (the Association's current bank)

- Current Non-Profit Business checking, currently at 0.04%
- Money Market account at 0.08%
- Business savings at 0.10%
- CD for 9 or 11 months at 0.20%

Morgan Stanley:

- SMAs
  - Pros: Customization and tax benefits
  - Cons: Complicated and 1-3% management fees

Fund	'19 Rtn	'21 Rtn	Risk	MS Rtn	Makeup	Examples	Fee/Exp Ratio
American Funds Inflation Linked	6.57%	2.39%	-Avg	High	95% Bonds, 5% Cash,	US Treasury Notes	Mgmt 0.70% Front 2.50% Redeem N/A
Loomis Sayles Inv Grade Bond A	8.78%	0.38%	+Avg	+Avg	87% Bonds 8% Cash 5% Other	US Treasury, JPMorgan Chase, Bank of America, Boeing, T-Mobile	Mgmt 0.40% Front 4.25% Exp Rat 0.80%
Calvert Balanced C	22.82%	7.47%	Avg	+Avg	60% Stocks 35% Bonds 5% Cash	Microsoft, Amazon, Apple, Fed Nat Mortgage Assoc, VISA, Paypal, Wells Fargo	Mgmt 0.52% Front 0.00% Exp Rat 1.0%
Columbia Balanced C	21.83%	8.40%	Avg	+Avg	56% Stocks 39% Bonds 5% Cash	Treasury notes, Microsoft, Amazon, Apple, Fed Nat Mortgage Assoc	Mgmt 0.58% Front 0.00% Exp Rat 1.0%
Investco QQQ Trust	39%	14.40%	+Avg	High	99% Stocks	Apple, Microsoft, Amazon, Tesla, Facebook, PayPal, Netflix, Comcast	Mgmt 0.00% Exp Rat 0.20%
iShares Core Div Growth ETF	30.02%	13.77%	-Avg	High	99% Stocks	P&G, Johnson&Johnson Pfizer, Merck, Apple, Microsoft	Mgmt 0.08% Exp Rat 0.08%

Edward Jones:

- Current funds (mostly bonds with some equity) have averaged 7.8% since March 2020. Considering the consistent two-year drops in return on MS options above, this is impressive.

NOVEMBER 2021 FINANCIAL STATEMENT HIGHLIGHTS

- Total cash and equivalents was $4,071,387 and $4,034,376 at the end of October and November, respectively.
- Reserves = 146 days, or 4.8 months
- Operating cash (includes restricted funds) = 402 days
- Payables cycle remains within 30 days. A/R is within 60 days.
- The current ratio, current assets compared to current liabilities, is 2.92:1.0
- For November, 2021:

	MONTH	YTD	% OF BUDGET
Revenue	$ 271K	$ 2,620K	131%
Expenses	$ 356K	$ 2,445K	130%
Gain / (Loss)	$ (85K)	$ 176K	
From Reserves	-	-	
Net with Reserves	**$ (85K)**	**$ 176K**	

Washington Association for Community Health
Statement of Financial Position

Reporting Book: ACCRUAL
As of Date: 11/30/2021

	Month Ending 11/30/2020	Month Ending 10/31/2021	Month Ending 11/30/2021	
	1 Year Ago	Last Month	Current Month	
Assets				
Current Assets				
Cash and Cash Equivalents				
Heritage Bank Checking	2,081,025	2,912,925	2,820,744	
Morgan Stanley - Reserves	485,030	485,188	485,188	
Edward Jones - Reserves	518,073	539,105	539,105	
Total Cash and Cash Equivalents	**3,084,128**	**3,937,218**	**3,845,037**	
Accounts Receivable, Net	**89,697**	**111,489**	**169,380**	
Other Current Assets	**12,907**	**22,680**	**19,959**	
Total Current Assets	**3,186,732**	**4,071,387**	**4,034,376**	
Long-term Assets				
Property & Equipment				
Capital Equipment	8,028	8,028	8,028	
Office Furniture	14,630	14,630	14,631	
Leasehold Improvements	0	33,981	33,980	
Accum. Depr. Capital Equip.	(1,625)	(2,676)	(2,772)	
Accum. Depr. Office Furniture	(14,630)	(14,631)	(14,630)	
Accum Amort Leaseholds	0	(2,928)	(3,580)	
Total Property & Equipment	**6,403**	**36,404**	**35,657**	
Other Long-term Assets	**6,104**	**6,104**	**6,103**	
Total Long-term Assets	**12,507**	**42,508**	**41,760**	
Total Assets	**3,199,239**	**4,113,895**	**4,076,136**	
Liabilities and Net Assets				
Liabilities				
Short-term Liabilities				
Accounts Payable	**11,645**	**54,111**	**180,593**	A.
Accrued Liabilities				
Accrued Expenses Payable	0	(50)	0	
Wells Fargo Credit Payable	612	609	104	
403b P/R Deductions	0	1,585	1,589	
Pre-Tax, Plan 125 P/R Deductions	162	78	77	
Post-Tax P/R Deductions	174	103	103	
Med Ins P/R Deductions	(1,015)	(1,178)	(981)	
Accrued Vacation Payable	45,303	70,205	70,205	
Government Loans	226,935	0	0	
Accrued PCA Fee Sharing	10,200	14,164	15,422	
Total Accrued Liabilities	**282,371**	**85,516**	**86,519**	
Deferred Revenue				
Deferred Member Dues	0	174,094	138,791	
Deferred Grant Revenue	431,926	536,980	525,237	
Deferred Tuition Revenue	192,211	493,404	450,328	
Total Deferred Revenue	**624,137**	**1,204,478**	**1,114,356**	
Total Short-term Liabilities	**918,153**	**1,344,105**	**1,381,468**	
Total Liabilities	**918,153**	**1,344,105**	**1,381,468**	
Net Assets	**2,281,086**	**2,769,790**	**2,694,668**	
Total Liabilities and Net Assets	**3,199,239**	**4,113,895**	**4,076,136**	

Washington Association for Community Health
Statement of Activities - Board

Reporting Book: ACCRUAL
As of Date: 11/30/2021

	Month Ending 10/31/2021	Month Ending 11/30/2021	Year To Date 11/30/2021				
	Prior Month	Current Month	Actual YTD	Budget YTD	Budget Diff	Budget % Var	
Revenue							
Grants Revenue							
HRSA Grant	61,449	131,171	822,237	674,052	148,185	21.98 %	B.
Dental Grants	4,241	3,836	47,615	44,528	3,087	6.93 %	
DeltaCenterGrant	0	0	1	19,400	(19,399)	(99.99) %	
Kaiser Grant	321	2,877	24,118	16,416	7,702	46.91 %	
CambiaGrant	1,936	2,925	12,944	191,164	(178,220)	(93.22) %	
Tides Grant	19	2,104	2,458	2,936	(478)	(16.28) %	
UW-Research	4,246	5,401	17,632	0	17,632	(100.00) %	
Total Grants Revenue	**72,212**	**148,314**	**927,005**	**948,496**	**(21,491)**	**(2.26) %**	
Pass-thru Grant Rev	0	0	533,668	0	533,668	(100.00) %	
MA Program Revenue	65,071	73,801	723,150	474,792	248,358	52.30 %	
Membership Dues	35,302	35,303	284,842	262,667	22,175	8.44 %	
GP Administrative Fees	21,885	13,763	137,171	65,333	71,838	109.95 %	C.
Contributions	122	17	292	6,667	(6,375)	(95.62) %	
Interest & Other	97	97	14,052	235,438	(221,386)	(94.03) %	
Total Revenue	**194,689**	**271,295**	**2,620,180**	**1,993,393**	**626,787**	**31.44 %**	
Expenditures							
Personnel							
Salary and Wages	95,413	114,954	763,117	807,457	(44,340)	5.49 %	
PR Benefits	17,686	20,311	144,494	175,485	(30,991)	17.66 %	
PR Taxes & Fees	8,282	9,294	65,254	62,760	2,494	(3.97) %	
Total Personnel	**121,381**	**144,559**	**972,865**	**1,045,702**	**(72,837)**	**6.96 %**	D.
Occupancy	6,605	930	48,464	96,584	(48,120)	49.82 %	
Professional Fees	25,455	22,805	194,782	189,693	5,089	(2.68) %	E.
Lobbyist	7,000	7,000	63,000	56,771	6,230	(10.97) %	
Grants Awarded Expense	0	14,709	548,377	133,333	415,043	(311.28) %	
General and Administrative Expenses							
Conferences, Conventions, and Meetings	3,118	2,324	26,308	12,333	13,975	(113.30) %	
Depreciation	96	96	765	1,067	(302)	28.32 %	
Due and Subscriptions	1,195	685	3,208	2,333	874	(37.47) %	
Equipment Rental	341	170	1,363	1,467	(103)	7.03 %	
Finance Charges	10	10	512	267	245	(91.95) %	
Insurance	682	683	4,788	4,666	121	(2.59) %	
Meals and Entertainment	0	78	651	1,334	(681)	51.12 %	
Miscellaneous Expense	541	400	9,016	1,813	7,202	(397.20) %	
Office Expenses	9,498	10,593	44,361	43,043	1,317	(3.05) %	
Other Fees	844	141,591	398,465	180,922	217,544	(120.24) %	A.
Printing and Publications	441	68	1,839	1,907	(68)	3.56 %	
Program Events & Expenses	10,694	4,055	80,016	66,820	13,196	(19.74) %	
Postage and Delivery	639	60	1,473	2,533	(1,061)	41.87 %	
Repairs and Maintenance	652	652	4,405	0	4,406	(100.00) %	
State and Local Taxes	3,133	1,405	12,389	11,016	1,372	(12.46) %	
Telecommunication	1,694	2,272	13,493	4,707	8,787	(186.68) %	
Travel Expenses	5,630	1,219	13,679	20,673	(6,994)	33.83 %	
Utilities	0	52	364	0	364	(100.00) %	
Total General and Administrative Expenses	39,208	166,413	617,095	356,901	260,194	(72.90) %	
Total Expenditures	**199,649**	**356,416**	**2,444,583**	**1,878,984**	**565,599**	**(30.10) %**	
Total Change In Net Assets	**(4,960)**	**(85,121)**	**175,597**	**114,409**	**61,188**	**53.48 %**	

NOTES TO NOVEMBER 2021 FINANCIAL STATEMENTS

A. Registration fees to Wenatchee Valley College for MA student accreditation (affects Nov loss and A/P)
B. Expenses over YTD budget for HRSA grant (no carryover anticipated)
C. GP admin fee income more than double YTD budget
D. Personnel expenses Increased $23k between October and November, with new staff coming onboard
E. Professional Services: November 2021 expenses included MA program contracted instructors and MAP Retirement for Form 5500 audit. Total year-to-date is $194,782 with breakdown in table below:

PROFESSIONAL SERVICES					
	MTD	YTD	Budget	% of Budget
CliftonLarsonAllen	$ -	$ 23,888		
MAP Retirement LLC	$ 3,170	$ 3,170		
ACCOUNTING & AUDITING	$ 3,170	$ 27,058	$32,250	84%
Feldsman, Tucker, Leifer, Fidell	$ -	$ 12,915		
Bennett, Bigelow & Leedom	$ 28	$ 12,568		
LEGAL EXPENSE	$ 28	$ 25,483	$63,500	40%
Katie Bell Consulting (leadership consulting)	$ 3,250	$ 8,050		
Team Soapbox LLC	$ -	$ 7,500		
CliftonLarsonAllen (CHC Cov19 Rev Impact)	$ -	$ -		
Thomas Architecture (office configure)	$ -	$ 1,166		
ADMINISTRATIVE	$ 3,250	$ 16,716	$40,000	42%
Adriane Engeland - MA instructor	$ 6,683	$ 37,394		
Tanya Van Buskirk - MA instructor	$ 4,423	$ 26,406		
Jessica Bustillos - MA instructor	$ -	$ 6,182		
Lauren Marshall - MA lab assistant	$ 4,083	$ 23,783		
Alisha Liedtke - MA lab assistant	$ -	$ 3,000		
MA Apprenticeship	*$ 15,189*	*$ 96,765*		
Grant T. Chyz DDS		$ 1,250		
Douglas Young	$ -	$ -		
Mark Koday DDS	$ -	$ -		
Dental Learning Network	*$ -*	*$ 1,250*		
Archbright (Workforce Committee)		$ -		
Workforce	*$ -*	*$ -*		
Foundation for Health Care Quality	$ -	$ 100		
Rosalina James	$ -	$ 300		
Ariel Singer LLC		$ 5,200		
Oregon PCA - Social Needs Learning Collab.	$ -	$ 2,000		
CHCW - speaker honorarium	$ -	$ 2,000		
Just Health Collective	$ -	$ 5,000		
Ted Bowen		$ 500		
National Nurse-Led Care Consortium		$ 4,845		
Evoke Training & Consulting		$ 550		
CURIS Consulting	$ 668	$ 3,786		
Hassanah Consulting	$ -	$ 250		
TRANSFORMATION	*$ 668*	*$ 24,531*		
Robert Dansie	$ -	$ 2,000		
Everyday Life Consulting	$ 500	$ 500		
Fanny Cordero	$ -	$ 480		
O&E and Health Equity	*$ 500*	*$ 2,980*		
PROGRAM SPECIFIC	$ 16,358	$ 125,526	$148,790	84%
TOTAL PROFESSIONAL SERVICES	$ 22,805	$ 194,782	$ 284,540	68%

JANUARY 2022

IN-REACH
Institute for Rethinking Education & Careers in Healthcare

MA Apprenticeship

- Quarterly Cohorts: January, April, July, & October
- Enrolled the 1000th apprentice this month
- Over 60 Approved Training Agents
- CHC's have priority enrollment
- Apprentices using this curriculum in WA, ID, OR, MN & WI

MA APPRENTICESHIP BY THE NUMBERS

19
CHC'S HAVE PARTICIPATED

383
ACTIVE APPRENTICES

507
GRADUATED APPRENTICES SINCE 2014

84%
AVERAGE RETENTION RATE

98%
CCMA EXAM PASS RATE

Upcoming Projects

- DA Training Program - Spring 2022
- Behavioral Health Apprenticeship
  - SUDP
  - BH Tech
  - Peer Support
- Exploring:
  - Billing/Coding Training
  - MA-R Training
  - Pre-apprenticeship pipelines
  - Preceptor/coach Training

For more information:

Alyssa Burgess
Workforce Improvement & Innovation Manager
aburgess@wacommunityhealth.org

Washington Association for Community Health: 2022-2024 Strategic Priorities

FINAL DRAFT

Strategic Priority #1:
Protect and Invest in the Community Health Center Safety Net

a. Increase commitment from and leverage influence with national and state decision-makers, funders, and agencies (Convening, P/A)

Primary Objectives

- Cultivate positive relationships with key individuals in critical state and federal agencies
- Intentional participation on committees, etc., that have the greatest likelihood to advance *our* priorities

Secondary Objective

- Build ways to celebrate and acknowledge CHCs

b. Use data and narrative to prove CHCs deliver integral and unmatched care to their communities (Capacity Building, P/A)

Primary Objectives

- Map the difference between what primary care used to be at chc (and still is in some private clinics) compared to what it is today—disciplines and modalities enhancing care
- Create CHC 101 resources, talking points, narrative(s), white or position papers for select audiences and uses
    - Elected Officials
    - HCA and other key stakeholders
    - New CHC CEOs, Boards, staff

Secondary Objectives

- Ensure all CHCs receive individualized UDS reports
- Draft white paper chronicling impact of CHC and how equity is our roots/foundation

c. Reevaluate payment methodology at the HCA so that CHCs value and innovation are recognized, protected, and rewarded by the HCA (P/A)

Primary Objectives

- Engage with HCA and CHCs to build APM5
- Map similarities and differences (crosswalk) between Primary Care Transformation Model Components against FQHC model with a goal of positioning our network well for negotiations.
- Participate in HCA Multi-Payer Primary Care Transformation Model Discussion in order to find ways to position the FQHC model as an innovator.

Secondary Objective N/A

Our mission: To Strengthen and advocate for Washington's Community Health Centers as they build healthcare access, innovation, and value.

Strategic Priority #2:
Foster a culture of equity within and beyond the WA Association for Community Health

a. Advocate for and with under resourced, marginalized populations and demonstrate the value that FQHCs bring to these communities (P/A)

Primary Objective N/A

Secondary Objectives
- Explore qualitative and qualitative data insights for P/A purposes
- Build CHC client advocacy base
- Understand barriers to equity and disparities and work to reduce them

b. Build out Association's Equity Action Plan (Capacity Building)

Primary Objectives
- Review internal P&P around HR with equity lens
- Implement regular all Association staff Anti-Racism and Pro-Equity trainings

Secondary Objective N/A

c. Support CHC Communications around equity (Capacity Building)

Primary Objective
- Develop a statewide spotlight to showcase CHCs work to decrease health disparities

Secondary Objectives
- Use land acknowledgement language. Help the CHCs come up with a statement to use as well.
- Enlist SME experts with lived experience for trainings/speakers series (including a WA AI training)

d. Embed equity in <u>all</u> strategic priorities and activities (Convening)

Primary Objective
- Board of Directors agree upon a common definition of "culture of equity" and build a commitment statement regarding establishing a culture of equity for all WA CHCs

Secondary Objectives
- Board of Directors agree upon a common definition of "equitable care"
- Support CHCs through Organizational Equity Assessments

Strategic Priority #3:
Develop, train, and support the [tomorrow's] health workforce

a. Develop leadership resources

Primary Objectives
- Convene Statewide Peer Learning Networks made up of CHC staff
- Increase Leadership Development Opportunities (including project management basics and comprehensive workforce planning)

Secondary Objectives

- Provide training/resources for the rising levels of burnout amongst all staff. This could also include general wellness resources for CHC staff.
- Continue to provide resources/training on equitable retention and recruitment strategies
    - Cultural humility, lived experience, diversity
    - Implicit Bias in Hiring
    - Shared decision-making

b. Invest in long term workforce approaches

Primary Objectives

- Advocate for changes in Federal/state loan repayment that supports CHCs workforce shortages (including expansion to all members of the care team)
- Explore and expand Health Professions Training Programs

Secondary Objectives

- Build diversity in all health professions pathway development & consultation
- Help cohorts of CHC bi-lingual staff to get certifications in translation

c. Improve interpreting services covered by Medicaid

Primary Objectives

- Advocate for mental health interpretation payment
- Advocate for more than one approved vendor for interpreting services

Secondary Objective N/A

d. Expand access to and training of rural providers

Primary Objectives

- Fix Auto-HPSA or help CHCs with workarounds
- Increase possibility for virtual supervision training for behavioral health
- Assist CHCs in understanding the application to become a BHA

Secondary Objective N/A

Strategic Priority #4: Lead and develop disruption and innovation

a. Address common barriers or shortcomings of Virtual Care

Primary Objectives

- Support Post pandemic CMS expectations to carry forward for telehealth at FQHC encounter rate
- Advocate for telehealth resources, equipment, and education for rural patients

Secondary Objectives

- Build more specialty care into telehealth/telemedicine
- Explore options around remote device management/monitoring for care coordination (dm/hypertension)
- Convening groups

b. Support CHCs in communications around innovations

Primary Objective	• Assess current WA FQHC innovations and promising practices. Report out regularly
Secondary Objective	• Build criteria to identify innovations/promising practices across the WA CHC System

Policy & Advocacy Committee Charter
Washington Association for Community Health

Effective Date:
Last Revision: 12/~~7~~1/2021

I. Purpose & Scope

The Washington Association for Policy & Advocacy Committee ("Committee") engages with the staff and board of directors of the Washington Association for Community Health ("Association"). The purpose of this charter is to guide the Committee in the legislative and regulatory advocacy efforts in supporting the Community Health Centers (CHCs). Committee scope to include state and federal environments.

The Committee ~~will also guide~~will work collaboratively with the ~~Association engagement within the~~ Joint Policy Committee (JPC).

Goals

- Maximize the shared legislative and regulatory success of CHCs and the Association
- Ensure there is a balance of equity, access, and power in decision-making
- Collaborate with the Association Board of Directors (BOD), the Joint Policy Committee, Community Health Network of Washington staff, and CHC CEOs, CHC policy staff and Association policy staff
- Deliver Committee policy ~~agenda~~ recommendations ~~on an annual basis~~
- Coordinate and provide technical to all CHC policy leads

III. Committee Members

Chair

The ~~CHC member organization~~Association Board President shall name the Committee Chair and committee members.~~ from the voting members of the committee~~. The Policy and Advocacy Committee Chair who shall serve as the Joint Policy Committee (JPC) co-chair. The Chair will serve a two-year term and may be reappointed for additional terms.

Voting Members

- Board president or designee
- At least three (3) board members, appointed by the Board President, who are not members of the JPC
- JPC co-chair or designee
- 3-5 members who are appointed by Board President, with input from other organizational members
    - Members not required to be members of the board of directors, but should have knowledge, expertise, or experience with policy or regulatory issues

- ~~Each CHC member organization shall have one voting member on the Committee. The voting member will be the CHC board member or their appointee.~~
- It is critical that the participant has the authority to make recommendations on policy decisions, and as such, participants should occupy the role of CEO, senior executive or policy lead at the CHC they are participating on behalf of.

Commented [CS1]:

Commented [BM2R1]: I support the recommendation to change the name from Legislative to P&A

Commented [CS3]: Called out specific relationship to the JPC

Commented [CS4]: DISCUSSION REQUIRED We need to discuss agenda setting and how exactly the scope, deliverables and timing will interact with the JPC.

Commented [BM5]: Let's look at our Association bylaws. I believe that the Board President may appoint any Committee chair. We may want to think about making the Board VP the Chair of the P&A Committee.

Commented [CS6R5]: Member appointments clarified and in line with Association bylaws.

Commented [CS7]: -number of committee members
-appoint of committee chair
-appropriate distribution of CHC representation
-possible overlap between JPC and P&A Committee

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- ~~Due to the iterative nature of policy and advocacy, committee members are expected to be consistent in their attendance and participation.~~
- Each CHC member organization appoints its member to the Committee by emailing PolicyAdvocacy@wacommunityhealth.org.

Non-voting members

Participate in a consultative role. Listens and provides feedback and additional information when requested by committee members.

Association Policy Team Staff

- CEO (as needed)
- Director of Governmental Affairs
- Health Policy Associate
- Policy Analysts
- Contract Lobbyist(s)

IV. Roles & Responsibilities

POLICY COMMITTEE

- ~~Help set~~Provide guidance and recommendations to Board of Directors on the ~~long term~~short- and long-term policy and advocacy strategy for Association
- Develop ~~annual~~ policy and advocacy proposals, priorities, and principles for the Association
- Assist staff and consultants in promoting and communicating policy positions
- Support Association staff, Community Health Center staff ~~and consultants~~ in growing key relationships with policymakers, community leaders, and agencies
- In collaboration with Association staff, provides technical assistance to policy leads
- Engage in advocacy on behalf of the Association, Members and JPC
- Raise policy, regulatory, and advocacy issues experienced by or that could potentially impact CHCs to the Policy Team Staff
- Share pertinent ~~intelligence~~ updates with staff, consultants, and committee, including updates regarding local political affairs that may impact state and federal policy landscapes.

CHAIR

- Facilitates committee meetings ~~using Robert's Rules of Order (see "Robert's Rules of Order" in Section IX: Other considerations)~~ and appoints facilitator if unavailable to attend the meeting
- Manages committee agenda in coordination with the Association Policy Team
- Present recommendations, resolutions, and updates to Board or appoints another Committee members or Association Staff to do so
- ~~Communicates regularly with Association Policy Team~~
- ~~Conducts orientation call with incoming chair~~
- ~~Be a member of the Board~~
- ~~Serves as the Association designated co-chair of the JPC~~
- ~~Serves two year term. The Chair may be reappointed for additional terms~~

Commented [CS9]: Email address will be created prior to launching committee

Commented [CS10]: Participate in a consultative role. Listens and provides feedback and additional information when requested by committee members.

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Commented [CS11]: DECISION POINT:
Are additional roles (ie – vice chair) necessary?
Who will be responsible for minutes on the policy team?

Commented [BM12R11]: Need to check bylaws for composition of standing committees. Suggest analysts rotate as note takers.

Commented [CS13]: Deleted due to duplication

VOTING MEMBERS

- Participate in Committee meetings as scheduled and attend the JPC Joint Legislative Days in Olympia
- ~~Quorum needed when approving Policy Priorities and resolutions~~
- ~~Contribute personal and professional experience and expertise to the group~~
- ~~Read agenda and supplemental materials in advance of meeting~~
- ~~Final approval of meeting minutes at meetings~~
- ~~Provide input and feedback on the Committee's policy priorities, resolutions, platform and strategies~~
- ~~Follow Robert's Rules of Order during meetings~~
- ~~Maintain confidentiality of materials and information related to policy priorities and resolutions, until such time the Policy Team releases the information its full membership and the general public~~
- ~~Review committee charter as need arises.~~
- No term limits apply to the membership. Voting and non-voting members may change at any time, at the direction of the Association board member representing that CHC.

~~LOBBYIST/POLICY STAFF~~

- ~~Develops agenda with input from Chair and Committee members and sends to Committee~~
- ~~Facilitate meeting if Chair is not available~~
- ~~Provides policy updates to Committee and Board~~
- ~~Reviews meeting minutes before minutes go to the Committee for final approval~~

AD HOC PARTICIPANTS:

- At times, the Committee may find it necessary to include additional CHC staff or Association staff in policy discussions. When this is the case, the chair and policy staff shall coordinate to identify the correct participants and coordinate their participation in the meeting.

V. Decision Making Method

A quorum (simple majority) is required to act. ~~RSVPs are required to ensure quorum. In order for a decision to be made and action to be taken, more than 50% of the Voting Members must be present to reach a quorum. Then, more than 50% of voting members present must affirm and/or negate a motion for it to pass or fail.~~

~~Setting the Policy Agenda~~

~~The final Policy Agenda is determined through a vote by each organization's board of directors.~~

~~Urgent Issues Protocol~~

~~If a decision must be reached on an issue or bill that was not included in the Committee agenda prior to the next Committee meeting, the Chair, _____, ___, will direct the Committee agenda and give authority to Association staff to act accordingly without conferring with the Board. Three of the five CHC representatives must be present to establish a quorum for any urgent protocol vote. If time permits, the Committee Chair may also call an emergency meeting of the PA for this purpose.~~

VI. Operating Procedures

Commented [BM14]: I would support term limits for CEO members (e.g., 2 year term) in order to give all centers the opportunity to participate, contribute, learn. I'd also like to think about power dynamics. If I'm staff and my CEO is also on the Committee, will I or won't I freely participate in discussion/decision-making? Hmm?

Commented [CS15R14]: **DECISION POINT:** Term limits?

Commented [CS16]: Is a simple majority the appropriate strategy for decision making in this committee?

Commented [BM17R16]: Simple majority seems right to me.

Commented [CS18]: **CONTEXT:** How do we want policy agendas to work? Does this committee inform the JPC? Do they approve the JPC recommendations and identify addition policy priorities beyond the JPC if needed?

Commented [CS19]: **DECISION POINTS:**
-What should the involvement of the policy committee be throughout a legislative session and what does this relationship look like to the JPC? Is this a monthly meeting?
-How do we prevent duplicative meetings and work?
-What deliverables are required from the P&A Committee?

Commented [CS20]: Deleted

Meeting Frequency

- Conference call ~~weekly during the state legislative session~~
- ~~Conference call biweekly during interim between sessions~~monthly throughout the year

Meeting Agenda & Materials

- Determined by the chair and staff
- Meeting agendas, materials, notes from previous meeting will be distributed in advance of each meeting via email

~~***Lobbying Efforts***~~

~~The Committee will have an agenda that supports the position(s) of Washington's CHCs on legislative, regulatory, and other policy issues. This agenda will make proactive position statements on specific issues (such as Medicaid, health care for the uninsured, etc.) and recommend positions on specific bills that have been introduced, or are expected to be introduced, in the upcoming session. As a reference on recommended positions, levels of support are included below. Committee members shall not openly oppose the official Committee position while presenting themselves as a "member of the Committee."~~

~~LEVELS OF SUPPORT~~	
~~**Actively Support**~~	~~Dedicate all staff, lobbying, and grassroots resources towards passage~~
~~**Support**~~	~~Review bill and amendments, add the Association to the list of supporters, write letters and/or speak with legislators indicating the Association's support~~
~~**Actively Monitor**~~	~~Review bill in detail, monitor progress closely, potentially work on amendments to bring bill into one of the support or oppose categories~~
~~**Monitor**~~	~~Report on fate of bill to the Association members at end of session~~
~~**Actively Oppose**~~	~~Dedicate all staff, lobbying, and grassroots resources towards defeat~~
~~**Oppose**~~	~~Review bill and amendments, add the Association to the list of opposition, write letters and/or speak with legislators indicating the Association's opposition.~~

~~***Member Dissention***~~

~~It is the intent of the Committee to reach a consensus on all priorities and positions. If consensus is not achieved among members, CHCs who disagree with an official position may oppose the official position as an individual CHC but may not represent their dissention as the official Committee position. CHCs intention to oppose the official Committee position must share their intent with the Association Policy Team, Board and Chair.~~

~~VII. Authority of the Committee~~

~~Quorum needed for setting Policy Priorities and policy resolutions. Also required if there is a vote to amend priorities or engage in advocacy (i.e. supporting a ballot measure).~~

~~Once priorities and resolutions are set, the Association's Policy Team has authority to make decisions that support these priorities without taking each individual decision back to the committee for a vote. Policy Committee does not have the power to approve or change policy priorities without approval from the board.~~

VIII. Communication Plan

Commented [CS21]: DECISION POINT: meeting cadence and communication cadence

Commented [CS22]: I like including this in expectation setting for the committee and what engagement levels actually mean. However, this may be a better fit for a pre-session or post-session presentation, vs. charter document

Commented [CS23]: Another place where the relationship, scope and timing of agenda setting by the Committee must be clarified.

- PolicyAdvocacy@wacommunityhealth.org is the point of contact for the Policy Committee, managed by the Association's Public Policy Staff.
- Meeting notice, agenda, and supplemental materials will be sent to Committee members via email
- Committee minutes are approved by the committee at its meetings
- The Policy Team is responsible for ensuring action items dictated at meetings are met
- Committee chair presents recommendations and/or resolutions to Board
- Approved decisions and priorities communicated to Board, JPC and full membership

~~IX. Other considerations~~

~~Authority Matrix~~

~~Authority of the Policy Committee vs. Board~~			
~~**Subject**~~	~~**Policy Committee Authority**~~	~~**Degree of Agreement**~~	~~**Full Board Authority**~~
~~Policy Priorities~~	~~Develop and recommend Committee's policy priorities, put forward to the JPC~~	~~Quorum~~	~~Approve Policy Priorities~~
~~Ballot Measures~~	~~Provide recommended Committee's position~~	~~Quorum~~	~~Approve~~
~~Committee Minutes~~	~~Approve~~	~~Quorum~~	~~No Action Needed~~
~~Updating the Committee Charter~~	~~Propose and approve changes and recommendations~~	~~Quorum~~	~~Approve Charter changes~~

Revision History

Revision Date	Revision Description	Revision Made By

Joint Legislative Committee Charter Updates

Committee name: changes from **"Joint Legislative Committee"** to **"Joint Policy Committee"**	
Numbers added to identify sections	
Section	**Changes**
I. Purpose:	-Reiterated that the committee focuses on **policy and legislative strategies** with both the **Legislature and agencies**
II. Composition:	-Included a **tribal clinic representative** to fill one of the 12 positions
III. Term of Office:	-No change
IV. Meeting Frequency:	-Updated **meeting frequency** in the interim from monthly to bi-weekly to reflect the current meeting frequency
V. Reports to:	-No additional changes
VI. Staff Lead:	-Updated title of Association staff lead
VII. Reporting Frequency:	-Updated **meeting frequency** in the interim from monthly to bi-weekly to reflect the current meeting frequency
VIII. Reporting Structure:	-No additional changes
IX. Goals:	-Clarified that **success is to the benefit of the members of CHNW and the Association** -Reiterated **policy advocacy** is within the scope of the work -Changed **"support for Association & CHNW legislative and policy advocacy"** to **"support for the JPC recommended legislative and policy advocacy"**
X. Decision Making:	-Changed definition of **quorum to seven members or a majority of current members**
XII. Changing the Joint Policy Agenda:	-No additional changes
XIII. Operating Procedures:	-No additional changes
XIV. Engagement: -New section-	-Addresses **non-JPC member engagement** -Opens JPC participation to entire CHC system **at least quarterly**: -One quarterly meeting is the annual **CHC system leadership retrea**t -One quarterly meeting is the annual **JPC fall retreat** -JPC fall retreat is newly **open to the entire system and voting is open to the entire system**, either by leadership or proxy with decision making authority -Clarifies **additional opportunities** for non-JPC engagement, including the annual pre-session legislative session webinar, and Joint Legislative Days.
XV. JPC Member Responsibilities:	-No additional changes
XVI. Key Responsibilities:	-Expands key responsibility to recommend policy advocacy strategy for CHNW and Association Boards, including convening urgent JPC meetings as critical matters requiring policy advocacy recommendations are needed. -Sets requirements around **collaboration with the Association Policy & Advocacy Committee** and CHNW

Joint Policy Committee Charter

I. Purpose: The Joint Policy Committee (JPC) engages with staff and boards of directors of Community Health Network of Washington (CHNW) and the Washington Association for Community Health (the Association) in formulating shared policy, legislative and regulatory priorities and implementing accompanying legislative, administrative and agency strategies in support of the CHC system, including Community Health Plan.

II. Composition: The JPC shall be composed of twelve (12) positions, which shall be filled by the following representatives:

1. One (1) co-chair from the Association Board of Directors;
2. One (1) co-chair from the CHNW Board of Directors;
3. Four (4) Association Board members selected by the Association board chair;
4. Four (4) CHNW Board members selected by the CHNW board chair.
5. One member shall be a representative of a tribal clinic; and
6. The Chair of the CHNW board and the President of the Association board.

III. Term of Office: Not applicable

IV. Meeting Frequency: The JPC meets via conference call weekly during the state legislative session, and bi-weekly during the interim between sessions. In consultation with the JPC co-chairs, staff requests additional meetings or cancels meetings as needed.

V. Reports to: This committee spans two distinct but related organizations: 1) the Washington Association for Community Health (the Association); 2) the Community Health Network of Washington (CHNW). The JPC reports to the Board of Directors of each of these organizations.

VI. Staff Lead:

The JPC is supported by the following staff:

- CEO, the Association;
- CEO, CHNW;
- Director of Public Policy, Manager of Government Affairs (CHNW);
- Director of Government Affairs (Association); and
- Other policy staff and consultants from each organization.

VII. Reporting Frequency: Quarterly or periodically as needed.

VIII. Reporting Structure: The committee is co-chaired by two people, one representing CHNW, and one representing the Association. Co-chairs are appointed by the Chair or

President of each organization's board of directors annually for a term beginning July 1. Committee co-chairs are responsible for fielding and responding to concerns about committee direction or strategy from other committee members or others not represented on the committee.

IX. Goals:

- Maximize the shared legislative and regulatory success of both CHNW and the Association for the benefit of its members.
- Ensure alignment across the community health center system in legislative and policy advocacy work.
- Build awareness of, engagement in and support for the JPC recommended legislative and policy advocacy activities among all health centers and the boards of directors of both organizations.

X. Decision Making: Because the JPC spans two organizations that exist as separate legal entities, certain decisions will be referred to the CHNW and Association board of directors. Other decisions will be made by the committee, as described below.

A. Voting

A quorum of seven (7) members, or a majority of the current members, is required to approve recommendations or decisions.

XI. Setting the Joint Policy Agenda:

The "Joint Policy Agenda" is the package of proposals for which CHNW and the Association and their members will advocate and devote available resources during the legislative session. *The final Joint Policy Agenda is determined through a vote by each organization's board of directors.* The Joint Policy Agenda is developed and recommended as follows:

- Each interim, staff gathers feedback from JPC members and the CHNW and Association boards of directors and analyzes the external environment. Staff prepares legislative agenda recommendations for the JPC co-chairs. These recommendations will represent the strategic and operational needs of CHNW and the Association and the entire CHC health care delivery system and reflect the political and economic climate.
- The JPC co-chairs and staff will use interim JPC meetings to refine the initial agenda with the committee, and ultimately ask the committee to vote on a final Joint Policy Agenda recommendation in advance of the coming legislative session.
- Once a Joint Policy Agenda recommendation is approved, it is then proposed to and approved by the Boards of CHNW and the Association. This agenda becomes the Joint Policy Agenda for the session.

XII. Changing the Joint Policy Agenda:

The fiscal and political context during each legislative session changes rapidly, requiring quick decision-making and occasional adjustments to legislative strategies, including the content and size of the Joint Policy Agenda. The JPC is authorized to make these decisions on behalf of both organizations. The boards and membership of each organization will be advised of changes. In instances where a significant change is required quickly, the JPC will make reasonable efforts to obtain feedback from the membership of both CHNW and the Association.

XIII. Operating Procedures:

Meeting Agendas & Materials:

Meeting agendas are determined by the JPC co-chairs and staff. Meetings agendas and materials, including notes from the previous meeting, are distributed in advance of each meeting via email.

Communication:

In consultation with the co-chairs, the following activities constitute the communication procedures:

- Policy digests will be provided weekly to the membership of CHNW and the Association during the legislative session. Policy digests are provided monthly outside of session.
- High level information will be provided throughout legislative session on budget and bill proposals.
- A written legislative summary will be completed each year after the legislative session and distributed to the membership of CHNW and the Association, as well as policymakers, other stakeholders and the media.
- Email communication will be used as needed to report events or request actions from the JPC or organizational members.
- Staff will provide email updates to JPC members regarding formal comments submitted on behalf of the Association and/or CHNW on issues pertaining to the JPC committee. At the direction of the co-chairs, staff will provide opportunities for JPC member input in advance, either by emailing high level information for comment or discussing during a JPC call.

XIV. Engagement

To ensure the maximum effectiveness of the JPC, the JPC and supporting staff will provide additional opportunities for involvement and feedback by those CHCs who do not have formal representation on the JPC.

- Quarterly system-wide JPC meetings:
    - The JPC will open participation to the entire community health center system at least quarterly.

        - One quarterly meeting is the annual CHC System Leadership Legislative Retreat where post-legislative session strategy and potential legislative priorities are discussed.
        - One quarterly meeting is the annual JPC Fall Retreat, where legislative priorities are finalized and approved by the system. Each CHC receives one vote on priorities, which may be done by CHC leadership or a proxy with decision making authority .
            - Each proposed priority area will be voted on individually.
    - Participants should occupy the role of CEO, senior executive or policy lead at the CHC they are participating on behalf of. CHCs will consistently strive to send the same representative.
- JPC staff and lobbyists will annually hold a pre-legislative session webinar, open to all CHCs and staff, to give an overview of legislative priorities before session begins.
- An annual Joint Legislative Days briefing provides CHC leadership, board and staff with an important opportunity for CHCs to receive legislative updates in the middle of session, as well as provide feedback to staff, lobbyists and their legislators.

XV. JPC Member Responsibilities:

JPC members have the following responsibilities:

- JPC members are expected to attend all scheduled meetings. The CHNW Board Chair and the Association Board President reserve the right to replace committee members who are not meeting attendance requirements.
- JPC members are expected to attend Joint Legislative Days in Olympia and other meetings with policymakers as needed, and to participate in grassroots organizing and media relations activities as needed.
- JPC members are expected to represent the entire system.
- JPC members are expected to serve as ambassadors to other community health centers for the work of the JPC, including assisting staff in increasing participation in legislative work as needed.

XVI. Key Responsibilities

1. Recommend policy advocacy strategy for CHNW and Association Boards, including convening urgent JPC meetings as critical matters requiring policy advocacy recommendations are needed.
2. Develop annual policy proposals, priorities and principles for the CHNW and Association Boards.

3. Assist staff and consultants in promoting and communicating both legislative and administrative policy priorities to elected officials, executive and legislative staff and the media.
4. Assist staff and consultants in engaging health centers in activities as needed.
5. Facilitate data gathering and information sharing to assist staff in preparing positions and position papers, research, analyses and other supporting documents.
6. Review and approve certain policy-related publications and materials for legislative audiences.
7. Perform other tasks related to public policy as assigned by the Boards.
8. With staff, ensure broad participation and input from CHNW and Association membership in the dissemination of legislative and regulatory information and in the development and execution of the joint CHNW – Association annual legislative agenda.
9. Work collaboratively with Association Policy & Advocacy Committee and the CHNW

Revision History

Revision Date	Revision Description	Revision Made By
8/1/08	Charter approved by CHNW and WACMHC Boards of Directors	Rebecca Kavoussi
12/6/09	Update Support Staff and Communication sections for approval by CHNW & WACMHC Boards	Rebecca Kavoussi
1/9/12	Update Support Staff and Communication sections for approval by CHNW & WACMHC Boards as recommended by the JPC co-chairs	Erin Hertel
	11/21/12 - Changes approved by the WACMHC Executive Committee	
	2/9/12 - Changes approved by the CHNW Board	
2/28/19	Incorporates name change from WACMHC to the Washington Association for Community Health (the Association). Updates Association support staff title to Senior Policy Advisor to align with current participation. Adjusts	Dekker Dirksen

	purpose and scope to include administrative and regulatory work. Requires approval of CHNW & Association Boards.	
3/21/19	Changes approved by the CHNW Board	Dekker Dirksen

Washington Association for Community Health
Community Health Centers
Advancing Quality Care for All

Workforce Development Committee
Board Report
January 2022

- The Workforce Development Committee redefined its purpose and responsibilities in September 2021.
    - Purpose: The Workforce Development Committee shall provide a structured forum for input on the Association's Workforce Development Strategy as it envisions a diverse, equitable and inclusive workforce to support community health centers. Workforce Development is defined as the set of initiatives and activities that educate and train individuals to meet the current and future needs of FQHCs to maintain a sustainable, competitive advantage.
    - Key responsibilities include:
        1. Annually advise Association staff on upcoming HRSA workplans which are likely to include health professions pathway development (HP-ET), workforce training & technical assistance, care & quality improvement and/or integrated care innovation activities.
        2. Determining the measurable goals and objectives that define success in achieving the Board's priorities which relate to the CHC workforce and communicating these to the Board.
        3. Communicating with the Board regarding workforce issues and soliciting approval when all members of the Board are requested to act regarding an Association workforce initiative.
        4. Reviewing proposed legislation which may affect the CHC workforce and making recommendations for Association action to the Board.

- The Association recruited new members to the committee at the same time in September 2021. The committee now has 20 members from 14 CHCs.

- The September 2021 Meeting focused on explaining the new purpose and makeup of the committee. We reviewed the Association structure, HRSA deliverables, and the committee meeting cycle.

- The November 2021 Meeting included an overview of three different comprehensive workforce plan frameworks/outlines. We discussed the major components that should be included in a comprehensive workforce plan and some resources/references for each component. This meeting also included a discussion on workforce priorities and what items members would like to see the Association focus on in our upcoming HRSA plan. The committee also received a policy update from our Director of Government Affairs, Courtney Smith.

- The Learning Network met in a conference call on November 9, 2021. Topics of discussion for the November agenda included: dispensing Hep C drugs, Apple Health PDL/covered NDC and wholesaler availability, workforce impacts of vaccine requirements, and pharmacy network financial benchmarking for measures including:

    - % Gross Margin
    - Revenue per Prescription
    - Gross Margin per Prescription
    - % In-House Capture
    - Drug Cost per Prescription
    - Prescriptions per Pharmacist Hour
    - Prescriptions per Technician Hour
    - Prescriptions per Staff Hour
    - Labor per Prescription

- The Learning Network will begin to collect and discuss these financial benchmarking measures as a network in 2022.

- HHS has released notice of the Health Center COVID-19 Therapeutics Program, which directly allocates a limited supply of several oral antiviral pills for the outpatient treatment of COVID-19 at FQHCs. The first phase of the program will provide access to oral antivirals to 200 health centers (including 15 in Washington). As supply increases, the program will expand to include additional FQHCs. Association staff will monitor needs of participating health centers and provide forums for peer learning and TA to successfully implement the program.

- The Association continues to monitor discriminatory contracting between PBMs and 340B covered entities, collaborating with fellow state associations to educate key agency and legislative stakeholders about discriminatory contracting and defend 340B in the state.

- The Network will meet in February, May, August, and November of 2022.

- The Learning Network met on January 4 in a session focused on policy updates for Behavioral Health. Dr. Phillip Hawley from Yakima Valley Farm Workers Clinic gave a presentation to attendees on the care integration model use by YVFWC.

- The Learning Network will meet next on April 5, 2022.

- Beginning in early 2022, the Association will lead a community of practice for CHCs interested in implementing Trauma Informed principles at an organizational level. The Association will host listening sessions to co-design this offering with participating CHCs, beginning in January 2022.

- Association staff continues to monitor Behavioral Health legislation, rulemaking, and state-convened workgroups in areas including:

    - SUDP Apprenticeship Advisory Committee - Rulemaking process and curriculum review for implementation of EHB 1311.

    - Integration Assessment Provider Advisory Group - Recommendations for implementing a statewide assessment for Behavioral Health and Primary Care integration.

    - Children and Youth Behavioral Health Workgroup - Implementation of Community Mental Health legislation; School-Based Health Center implementation of Behavioral Health programs.

    - State Opioid Workgroup - State updates regarding prevention of opioid misuse, identification and treatment of substance use disorder, and recovery support.

- The Association in partnership with Northwest Regional Telehealth Resource Center and the Behavioral Health Institute will be hosting a telehealth webinar on January 26 for our rural health centers.

    - Learning objectives include:

        - Dispel common myths related to Tele Behavioral Health based on the literature.

        - Describe how to obtain Informed Consent with a client.

        - Describe an effective Safety Plan when providing Tele Behavioral Health Services.

        - Identify 3 digital divide issues and describe how they impact delivery of Tele Behavioral Health services.

DENTAL LEARNING NETWORK

- The Learning Network met virtually on December 9, 2021. Topics of discussion for the December agenda included: introduction of new policy staff, a legislative preview of the 2022 session, a presentation on resiliency in ordinary and extraordinary times by Ann Marie Roepke, Ph.D. and an update on the Association's 2022 dental assistant training program.
- Members of the Learning Network continue to connect with peers and Association staff for input and assistance on a variety of topics.
- Association staff continues to monitor dental rule making and policy development.
- The Learning Network meets next meeting on April 6, 2022.

Substantiative changes to contract

1. Term of Agreement – change one-year extensions to 90-day extensions after the initial 3-year term
    - "The term of the Employee's employment hereunder shall be for a period of three (3) years commencing on the Effective Date. Such term may be extended by successive 90-day periods from the then existing expiration date if the Association gives written notice of each such 90-day extension at least thirty (30) days in advance of the then existing expiration date."
2. Base Compensation – increased from $165,000
    - "The Employee shall be entitled to a salary at the rate of One Hundred Seventy Thousand Dollars ($170,000) per year ("Base Compensation"), payable in equal installments in accordance with the Association's usual payroll policies."
    - Using Archbright data from September 2020,
        - Minimum = $118,000
        - Mid = $154,400
        - Maximum = $190,100
    - Note: Bob asked for $175,000 however once I explained that he would have the ability to earn up to additional 10% as a performance incentive, he is happy with the proposed $170K base plus performance approach
3. Incentive Compensation – removed Chair and Executive Committee; language does not seem consistent with transparency processes desired at Board level
    - "The Association's Board may, in its sole discretion, provide additional incentive compensation or bonuses in addition to the Employee's Base Compensation and any other benefits to which the Employee is entitled under this Agreement"
4. Performance Appraisal – significant rewrite; full Board vote so no need to change by-laws or any committee charters
    - "The Association's Board shall annually evaluate the performance of Employee by the Fall Board meeting. The results of the performance appraisal shall be made known to the Employee in writing. Budget permitting, as conferred by a vote of the Board, the CEO shall have the potential to earn a performance bonus up to 10% of current salary based on the results of the annual performance evaluation."

Annual Performance Appraisal

CHIEF EXECUTIVE OFFICER
Washington Association for Community Health

A Performance Appraisal of the Chief Executive Officer is conducted annually by the Board of Directors. Each Board member will have the opportunity to participate in the evaluation by completing a Performance Appraisal via distributed online survey instrument. The Executive Committee will compile the results and meet with the Chief Executive Officer to present and discuss the results of the Performance Appraisal.

QUANTITIVE INPUT:

Each category to be appraised will be evaluated/scored as follows:

- **(1) Expectations Not Met**
- **(2) Expectations Somewhat Met**
- **(3) Expectations Met**
- **(4) Exceeded Expectations**

VISION & STRATEGY (50%)

1. Successfully and clearly communicates the Associations mission, vision, values and strategy to all Stakeholders. ___

2. Develops, maintains, and communicates a clear system of goals and metrics that tie to the mission, vision, values, and strategy and executes on those metrics. ___

3. Knows what makes the Association successful and provides short-and long-term solutions to problems before they impact the Association. ___

4. Rate how successfully the Association achieved the goals of its ***(Q1'20 - Q4'21) Strategic Plan:***
    a. Told the WA CHC story through data. ___
    b. Fostered a culture of equity within and beyond the Association. ___
    c. Developed, trained, and supported tomorrow's healthcare workforce. ___
    d. Understood and embraced disruption and innovation. ___
    e. Cultivated and sustained strong partnerships. ___

Average score: ____
(x2) = weighted score ____ (max. 8)

PEOPLE (25%)

1. Hires Qualified staff which represents the organization's populations and assures they are developed to perform to their fullest potential. ___

2. Provides a stable and fulfilling work environment as evidenced by high staff satisfaction, low turnover, and staff engagement. ___

Average score: ___ (max. 4)

CAPITAL AND RESOURCES (25%)

1. Ensures solid planning and budgeting systems are in place. ___

2. Ensures the Association's goals and strategic plan support sound financial planning. ___

3. Accomplishes the Association's near-and long-term financial goals. ___

Average score: ___ (max. 4)

***Total Score: _____** (max. 16)*

QUALITATIVE INPUT:

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1. *Describe the CEO's greatest success(es) over the past year.*

2. *Describe the CEO's greatest areas for development in the coming year.*

3. *What skills did the CEO utilize to showcase his strengths?*

4. *What skills should the CEO work to improve over the coming year?*