

**MINUTES OF MEETING OF BOARD OF DIRECTORS
OF THE REACH FOUNDATION
March 27, 2014**

Attendees:	Raymond Rico
Bill Bruning	Janie Schumaker
Tom Carrico	Brenda Sharpe, ex-officio
JC Cowden	Brad Stratton
Harold Johnson	Rachelle Styles
Syrtiler Kabat	Liz Wehlage
Randy Lopez	Judy Works
Chad Moore	
Stuart Munro	

Not in Attendance:	
Dana Abraham	George Pierson
Brenda Bohaty	

Guests:	
Becky Benak, REACH Staff	Georgeann Hemry, REACH Staff
Brian Colby, Missouri Health Advocacy Alliance	Pattie Mansur, REACH Staff
Mathew Davis, REACH Staff	Bill Moore, REACH Staff
Dawn Downes, REACH Staff	Lyle Pishny, Legal Counsel, Lathrop & Gage
Troy Findley, Summit Strategies Group	Jo Yun, REACH Staff
Carla Gibson, REACH Staff	

Welcome and Introduction

Chair Bill Bruning called the meeting to order at 4:15 p.m.

Foundation Strategy

Bill Bruning turned the meeting over to Bill Moore, Vice President of Programs, Policy & Evaluation, who introduced our guests: Troy Findley of Summit Strategies Group, and Brian Colby of Missouri Health Advocacy Alliance.

Both Troy and Brian provided updates on the status of Medicaid expansion in Kansas and Missouri. It remains a highly charged political issue and is not anticipated to expand this year in Kansas. In Missouri, a number of bills have been proposed that reform the State's Medicaid program, but most do not include an expansion. Advocacy organizations and hospital associations continue to educate legislators about the economic benefits of Medicaid expansion. Proposed legislation placing additional restrictions and requirements on health insurance marketplace navigators was also discussed, followed by a question-and-answer period. The Board was reminded that the open enrollment deadline for coverage obtained through the health insurance marketplace is March 31, and that to date, it is estimated that 6 million people have enrolled through the federal exchange.

President's Report

Brenda Sharpe provided the president's report, beginning with an overview of March activities related to Board and staff professional development. In addition to attending GIH, REACH had Board and staff representation at the Commonfund Institute in Florida, Funders Oral Health Policy Group in Minneapolis, the Grants Managers Network in San Diego, and the Patient-Centered Primary Care Medical Home Summit in

Philadelphia. REACH also co-hosted a sold-out *On the Road to Cultural Competency Conference* with our funder colleagues from the Cultural Competency Initiative in Kansas City.

Policy Advocacy activity included work on Medicaid expansion, safety net funding, Registered Dental Practitioner legislation, and ACA implementation-related legislation being considered in both states.

The CAC completed their most recent Board nominations cycle in February and again produced a high-quality slate of nominees. The Board Nominee Meet and Greet held on March 13 was well-attended and Brenda thanked the Board for the welcoming atmosphere they created for the Board nominees. Board members were asked to express our thanks by sending a quick note to CAC Chair Heather Flick at hflick@jccc.edu.

A reception for the CAC will be held on Thursday, April 17 at 5:30 p.m., location to be determined, to celebrate their nominations results and to elect officers. Please let Brenda or Georgeann know if you would like to attend.

Brenda will host luncheons in Allen, Cass and Lafayette Counties in April and May. This provides our key partners and stakeholders in those areas an opportunity to share their thoughts about health and health care trends and needs in their communities. Board members are welcome to join Brenda on these visits.

Foundation Business and Consent Items

Bill Bruning reviewed the items on the consent agenda, including the January 16, 2014 Board meeting minutes, December 2013 and January 2014 Financials, and Program Policies, revised February 11, 2014. Tom Carrico made the motion to approve the consent agenda; seconded by Syrtiller Kabat. The motion carried.

Committee Reports

The Executive Committee report was given by Bill Bruning. He stated that the recent trip to Atlanta for the Annual GIH Convention and CDC Tour was well worth attending. The keynote speakers, pre-conference workshops, and plenary sessions were outstanding. Discussion ensued as to the value of sending a large delegation to GIH each year, or to return to our traditional practice of sending new Board members and key officers. Tom Carrico noted that when there is a special opportunity to add value such as the CDC Museum tour, it would be good to send the whole Board, otherwise suggested we send new members only.

Harold Johnson shared that the plenaries were great, but workshops hit-or-miss. Bill Bruning noted the value of the Trustee session, "What's keeping you up at night" but felt facilitation was poor. He also noted that off-site trips filled up very quickly.

Brad Stratton mentioned that it was beneficial to visit and learn from fellow attendees in a more casual and unhurried setting. He would definitely attend the dine-arounds again and encouraged others to give them serious consideration if offered by GIH at next year's annual meeting. Judy Works shared that she appreciated the discussion generated amongst Board members following plenary sessions, and opportunity for both new and veteran Board members to interact. Chad Moore noted it was a great primer for moving forward with strategic planning. Rachelle Styles felt it was an excellent use of her vacation time, and found the plenary sessions motivating. JC Cowden suggested considering mentor/mentee pairings be sent to GIH in future years, and Liz Wehlage was struck by the implications of Adverse Childhood Experiences (ACES) covered in one of the plenary sessions on the Foundation's work and in her own profession. All in all, attendees felt it was money and time well spent.

Bill noted that the upcoming health policy summit hosted by Kansas Health Foundation in Wichita is another excellent opportunity for Board development and trustee networking.

Bill then reminded the Board that officer elections will take place at the next Board meeting. Please let him or Brenda know if anyone has an interest in a leadership role on the Board.

The Finance Committee report was provided by Brad Stratton. Using the January dashboard as his reference document, Brad noted nearly \$2.0 million programmatic and initiative related grants were awarded in January; however, only \$30,000 was paid on existing grant commitments during the month. Total community investment, which includes consulting and convening expenses in addition to grants, is \$42.9 million since inception.

At January month end, the investment balance for the Foundation was \$132.5 million which is \$3.1 million lower than the month prior. Although the information was not included in the Board materials for this meeting, Brad did note that February was a better month for the investment portfolio and the ending balance for February was \$134.9 million. This performance was particularly impressive given that \$1.2 million was transferred out of investments to the operating account during February to pay grant and operating expense commitments. Equity assets, which represent 83% of the Foundation's portfolio at the end of January, have continued the strong performance experienced in 2013. Brad provided a brief overview of the investment market environment for the fourth quarter of 2013, using information produced by Cambridge Associates and recently presented to the Finance Committee. In summary, the S&P Index for the year was up 32%, which is the best return since 1997. Although investment performance, particularly for equities, has been strong for the past five years, the Finance Committee remains committed to a diversified portfolio philosophy in order to mitigate volatility in total returns and support the long-term perpetual mandate of the Foundation.

Chad Moore announced that the Program and Policy Committee report would be given by Bill Moore. Bill began with an update on the Foundation's internal improvement initiatives.

1. **Common Indicators/Metrics** – In order to provide the Board and our larger stakeholder community with a set of consistently measured indicators of the value of the Foundation's investments in supporting change in the health care system and health outcomes, program staff have implemented a process in 2014 to engage our grantees in thoughtful and informed dialogue about the best indicators:
 - a. The program staff met with our larger grantee and stakeholder communities to invite their participation in an initiative to identify, define and select a set of indicators that effectively communicate the impact of REACH's investments in their work.
 - b. Consistent with our TOC we asked participants to share their most important indicators of increased access, improved quality, improved health outcomes and increased equity.
 - c. The team then met separately with mental health, oral health, and primary care/safety net providers and leaders to narrow down a list of hundreds of indicators generated at the larger community convenings.
 - d. A smaller group of leaders in each of these interest areas met with staff this winter to narrow down to 2-4 indicators for access, quality, health outcomes and equity.
 - e. This same group of leaders will meet for the final time in April to refine and define all recommended indicators:
 - i. April 15 – Mental Health
 - ii. April 16 – Oral Health
 - iii. April 17 – Safety Net Clinics
 - f. Our advocacy and policy grantees are focused on issues of indicators and metrics too through the Advocacy Evaluation learning Initiative where they are learning about and implementing a common framework for evaluation.

- g. Our plan is to put the final touches of the recommended indicators in May and share with the public through e-communications in June.
- h. A much deeper discussion and explanation will be provided in our pre-proposal conferences and our annual evaluation workshop in order for applicants to incorporate into their grant proposals for 2015.

2. **Core Operating Partners** – The Foundation’s move to non-competitive, solicited core operating grants was accompanied by an increased level of accountability and commitment to quality improvement on the part of the core operating partners.

Eighteen organizations are now partners and form the core operating partners learning community.

As part of their involvement as a partner, organizations will be:

- a. Participating in several learning community meetings throughout the year which will focus on learning, collaborative problem solving, and creating new partnership. The learning community will set their goals and establish an agenda for the remaining two meetings.
- b. The second meeting is scheduled for May 29 and will include a focus on planning in the midst of system change – a topic identified by the partners in the first learning community meeting.
- c. Actively seeking and creating new partnership and collaborations among members in the learning community.
- d. Participation in an annual reflective assessment with their program officer at the conclusion of the grant term.
- e. Participation in an organizational capacity assessment at the beginning of the grant term to self-assess their current levels of capacity in key areas of organizational operations and leadership.
- f. Setting targets for improvement in organizational capacity and identifying action steps to be taken throughout the grant term.
- g. Completing and submitting an organizational capacity assessment at the conclusion of the grant term to demonstrate changes in capacity.

3. **Taking Stock – Series of discussions with the Program and Policy Committee over the next three P&P meetings in which staff and grantee guests will be:**

- a. Sharing information with the P&P about our past and current work on key initiatives in order for committee members to better understand where we have been and where we currently are on key strategic investment areas such as health equity, care integration, system capacity/capacity building, and rural health.
- b. Staff will also offer our perspective of where future opportunities exist, where the Foundation seems to be very successful and able to make an impact in our community, and where current investments can evolve to create even greater impact.
- c. Staff’s goal is to provide the Board with a deeper look at our work and invite ideas and thinking about our programmatic and strategic work leading up to strategic planning in 2015.
- d. The next P&P meeting is April 1 at 5:00 p.m. where the “Taking Stock” focus will be on health equity.

At 5:40 p.m., JC Cowden made a motion to adjourn to closed session for 30 minutes to discuss CAC and Board processes of identifying qualified individuals to be nominated to fill Board vacancies. Chad Moore seconded the motion. Motion carried.

At 6:03 p.m., Brad Stratton moved and Janie Schumaker seconded a motion to return to open session. Motion carried. Upon returning to the open session, personalized ballots were distributed to each Board member, with Brad Stratton carrying Dana Abraham's proxy. Ballots were collected and tabulated by Lyle Pishny, legal counsel, and the summary ballot was reviewed by Bill Bruning and Brenda Sharpe. Bill Bruning announced the following individuals had received the necessary 2/3 majority vote required to elect new members, and in fact were all elected unanimously: Dana Abraham, Tom Carrico, Linda Hall, Andy Klocke, Stuart Munro, and David Thomas.

There being no further business Harold Johnson made the motion to adjourn at 6:10 p.m., which was seconded by Syrtiller Kabat. Motion carried and meeting was adjourned.

Respectfully submitted,

Georgeann Hemry
Executive Assistant