

**MINUTES OF MEETING OF BOARD OF DIRECTORS
OF THE REACH FOUNDATION
January 18, 2018**

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| Attendees: | Danielle Jones |
| Dana Abraham | Andy Klocke |
| Arif Ahmed | Jon Marshall (by phone) |
| Laura Bond (by phone) | Joe Reuben |
| JC Cowden (by phone) | Raymond Rico (by phone) |
| Heather Samuel | Jim Sanders |
| Linda Hall | Brenda Sharpe, ex-officio |
| Tom Handley | Rachelle Styles |
| Angela Harse | Lisa Thurlow |
| Not in Attendance: | Vicki Hohenstein (proxy) |
| Guests: | Carla Gibson |
| Becky Benak | Georgeann Hemry, REACH Staff |
| Mathew Davis | Pattie Mansur, REACH Staff |
| Dawn Downes | Patrick Sallee, Vibrant Health Systems |

Welcome

Chair Dana Abraham called the meeting to order 4:00 p.m. Dana welcomed everyone and noted that Laura Bond, JC Cowden, Jon Marshall and Raymond Rico are participating by phone. In addition, Vicki Hohenstein is unable to attend so has designated Dana Abraham to vote her proxy.

Brenda Sharpe introduced Patrick Sallee, CEO of Vibrant Health Systems and then turned the meeting over to him.

Foundation Strategy

Patrick Sallee said that in 2016, Turner House Children’s Clinic Board of Directors, along with the leadership of the University of Kansas Health System and the University of Kansas School of Nursing began conversations and planning to merge the operations of three existing safety net clinics in Wyandotte County. Those clinics were Turner House (now Vibrant Health-Central), Silver City Health Center (now Vibrant Health-Argentine), and the KU Pediatric Clinic housed at the Children’s Campus of KC (now Vibrant Health-Downtown). The merger was finalized at the end of 2017 under the Turner House 501(c)3.

The goal of the merger was to bring together operations of these three clinics to provide a more efficient organization, increase patient volumes and improve the payer mix. This work has included bringing all three clinics under one unified electronic medical record system, transferring employment to one HR system, conversion of accounting and medical billing systems, and work toward a cohesive brand. Through the efforts of the board and staff, an increased number of patients have received treatment. Central now treats approximately 6,000 pediatric patients who receive medical, dental, and behavioral health services. Argentine sees 1,000 patients for medical and behavioral health issues, and Downtown sees 1,200 pediatric patients for medical.

Patrick added that Vibrant Health has recently achieved the designation of Federally Qualified Health Center (FQHC), Look-Alike status from the Health Resources and Services Administration. As part of this federal designation, Vibrant will now receive an increased reimbursement rate from Medicaid and Medicare as well as the opportunity to participate in the 340b pharmacy assistance program. These changes have resulted in more than a \$1 million positive impact on the organization, allowing them to invest in more services to the most vulnerable in our community.

A question and answer session followed.

Dana Abraham then turned the meeting over to Brenda Sharpe for the President's Report.

President's Report

Brenda noted that the program team has held several deep dive meetings to firmly ground all of our work in the Theory of Change. This has required a great deal of revisiting our current processes, policies and culture. The team feels confident in their ability to implement the Board's adopted vision, mission and strategies to work with our many partners to reduce the rate of uninsurance and improve the quality and quantity of the safety net services available in our area. She then provided a review of 2017 accomplishments within each of our three Outcome Investment areas.

Outreach and Enrollment

Late last year, REACH issued more than \$400,000 in grant awards to support outreach and enrollment for the fifth open enrollment period for www.healthcare.gov. Enrollment numbers in the health care marketplace exceeded all expectations given the administration's lack of marketing and funding for outreach and enrollment. In keeping with our long-term target to reduce the percentage of uninsured in the foundation's service area from 11% in 2014 to less than 5% by 2020, our data-tracking partners at MARC indicate that since the passage of the ACA, all counties in the REACH service area experienced a significant drop in the percentage of residents without health insurance. The metro uninsurance rate has dropped nearly 5 percentage points, from 13.2 percent in 2013 to 8.4 percent in 2016. Not included is 2017's enrollment data, which will be available in the coming months. Meanwhile we continue to monitor federal efforts to undermine the ACA and advocate accordingly in keeping with our mission.

Close the Coverage Gap

In Kansas, REACH and our colleagues at KS Grantmakers in Health remain supportive of the Alliance for a Healthy Kansas. The Alliance continues to host forums and social media outreach throughout the State as part of its grassroots organizing campaign to support the passage of KanCare expansion. Brenda said that six legislators attended a recent session in Olathe and Pattie Mansur said one attended the Wyandotte County session.

To date, the lack of Medicaid expansion in Kansas has resulted in the forfeiture of more than \$2 Billion dollars in federal matching funds, which could have been and still could be used to cover expenses currently coming out of the state general fund. More than 150,000 Kansans would benefit from a KanCare expansion, and thousands of jobs would be protected and created as well. Hospitals, particularly those in rural and underserved communities, remain at significant risk of closure with an expansion.

In Missouri, we continue to see a lack of a coordinated Medicaid expansion strategy and leadership from key statewide partners such as the hospital association and business community. REACH has provided support to about ½ dozen nonprofit advocacy organizations working on Medicaid expansion, but there remains a lack of a clear path forward and a strategy to get there. Staff has arranged for our current Medicaid expansion grantee organizations to meet with us later this month to discuss these issues and how they may impact our future investments in the Missouri Medicaid expansion space.

Two significant research and analysis investments of the foundation will come to fruition in 2018. The Bi-State Health Consumer Experience Survey has been essentially completed, and the analysis of the data and development of reports is underway. Once the reports are available, we will work with our foundation colleagues that co-funded this effort to plan a series of communication events and strategies.

The *Assessing Prospects for Medicaid Expansion in Kansas* study conducted by the Harvard T. H. Chan School of Public Health and co-funded by REACH and the Commonwealth Fund is also nearing completion.

Both of these studies provide important data about the health needs and concerns of consumers, particularly those that fall into the coverage gap. The outcomes will inform our work and those of our partners in the Midwest for years to come.

The Immigrant Health body of work continues to develop. Several key grants were made in the last quarter of 2017, which will gain traction early in 2018. A grant was made to Wyandotte Health Center (now Vibrant Health) to provide support for a staff member who will act as a convener of the Immigrant Health Advisors and continue their work to identify barriers and opportunities in our service area. We commissioned a study with the Migrant Health Institute out of Texas, and the Juntos program at KU Med to do a deeper dive on health-related concerns and experiences of our local immigrant populations. Lastly, we made a grant to Children's Mercy Hospital to expand a program there designed to improve access to culturally appropriate, bi-lingual mental health services.

Strong Safety Net

In the Strong Safety Net Outcome Investment area, the foundation issued 27 core operating grants totaling more than \$1.4 million earlier this month. Also in Strong Safety Net, the Kansas Dental Project continues to gain momentum. The Kansas Dental Hygiene Association will sponsor Dental Therapy Advocacy Day next Wednesday, January 24 in Topeka. The KS Dental Project team, along with more than 130 advocates including several REACH staff and Board members will participate in meetings with legislators from across the state. Last year's bill has been through the Reviser's office, and the leadership team has been working with Senate and House Committee leadership to shore up support.

Last week, REACH released a Request for Proposals for approximately 10 grants totaling around \$400,000 to be awarded to organizations seeking to start or expand their care coordination programming with highly vulnerable populations. These awards will be made in February and will cover a 12-month grant year. This is the first open RFP the foundation has issued in several years, so we will be monitoring the community's response and determining its effectiveness in advancing the Theory of Change.

Just as staff has identified areas in which we are able to rapidly advance strategies under the new Theory of Change, we are also identifying areas, which will require additional learning and research. We are meeting with key partners serving transition-age youth, particularly those in the foster care system, as well as homeless serving organizations.

Foundation Business Consent Items

Dana Abraham noted the items on the Consent Agenda including the November 16, 2017 Board meeting minutes: October and November Financials, and the D&O Insurance Policy Renewal for 2018. Dana said that all have been reviewed by the respective Board committees and are recommended for approval.

Jon Marshall made a motion to approve all items on the Consent Agenda as presented. Heather Samuel seconded the motion. Motion carried.

Executive Committee Report

Dana Abraham asked Brenda Sharpe to provide an update on the applications for upcoming Board vacancies. Brenda said there will be seven vacancies including two slots held by incumbents who are eligible for a second term: Jon Marshall and Heather Samuel. The Foundation received a total of 13 Statements of Interest, including those from the two incumbents, and one from a CAC member. The Community Advisory Committee met this past Tuesday and pared the list down to 10 individuals to be interviewed by the entire CAC. Interviews will be held on Friday, February 2 at the Foundation's offices. Brenda continued by saying that a review of professional licensing status for applicable candidates has been completed.

Dana announced that this year's annual Grantmakers in Health convening will be held June 19-22, 2018 in Chicago, IL. Please let Georgeann Henry know if you would like to attend. Brenda strongly encouraged new Board members to attend, and they will have the first opportunities to reserve a spot at the conference.

Dana Abraham announced that the next Executive Committee meeting will be Thursday, February 15, 2018.

Finance Committee Report

Jo Yun provided the Finance Committee report on behalf of Vicki Hohenstein. Although December 2017 books are not finalized, it is clear the Foundation made great progress in hitting 2017 objectives. Grant awards through the end of November 2017 totaled \$4.2 million; bringing the total since inception to \$57 million. The value of investments has increased overall month over month, with an ending November value of \$137.6 million. Over the course of the year, the Foundation has moved \$6.0 million from investments to cover operating costs and grant payments. The projected full-year return for 2017 is expected to be approximately 15.7%, far exceeding the projected benchmark of 14.1%, for the same period. All sectors of the Foundation's investment portfolio had a positive return in 2017, with many of the equity-related sectors having returns in excess of 20%.

Management expects program related and operating expenses to finish the year at or near budgeted levels. Total 2017 expenses for the Foundation are estimated to be as much as \$5,000-\$10,000 under budget at year-end.

Program and Policy Committee Report

Jon Marshall said the Strong Safety Net: Care Connections RFP was recently released. The Foundation's strategic plan places a priority on improving access to quality health care for disconnected and marginalized populations in our service area with a particular emphasis on homeless, refugee, migrant and undocumented immigrant persons, and youth transitioning out of foster care. In 2018, the Foundation will invest in safety net organizations utilizing culturally appropriate community health workers, engagement specialists, care coordinators, healthcare navigators, mental health engagement specialists, promotoras and other forms of patient support designed to connect uninsured and underinsured consumers to accessible, affordable, quality health care services. The Foundation will award grants to organizations who demonstrate a strong history of service to, and experience with, disconnected and vulnerable populations in our service area.

Along with these priority populations, proposals will be considered from organizations who demonstrate deep expertise with, and service to, rural and urban uninsured persons and those living in remote or high-poverty communities. In addition, application organizations must demonstrate a significant proportion of their service utilizers reside in the Foundation's six-county service area.

Pattie Mansur distributed and reviewed the Public Policy Update, which was provided in writing to Board members.

Jon Marshall concluded his report by directing the Board's attention to the final Discretionary Grants report and asked Brenda Sharpe to provide a brief overview of the staff process. Brenda noted that staff members bring potential opportunities to the full team for review and debate, and that they primarily fund requests that are

highly aligned with the Theory of Change and are generally one-time, short-term grants. The Foundation also makes an annual holiday gift to an emergency assistance organization in each of the six counties in our service area.

Dana Abraham reminded members of the Board applicants' "Meet and Greet" social on Tuesday afternoon, February 27 and of the March 22 annual meeting/board elections.

There being no further business, the meeting adjourned at 5:30 p.m.

Respectfully submitted,

Georgeann Henry
Executive Assistant