

NCACH Governing Board MEETING NOTES

12:30 – 2:30PM December 5th, 2016
Confluence Technology Center
285 Technology Center Way, Wenatchee

Attendance:

<u>Board Members onsite</u>: Peter Morgan, Ray Eickmeyer, Sheila Chilson, Kevin Able, Theresa Sullivan, Jesus Hernandez, Kat Ferguson-Mahan Latet, Winnie Adams, Doug Wilson Senator Linda Evans Parlette, Barry Kling <u>Board members via phone</u>: None

Public Attendees onsite: see sign in sheets for details

Public Attendees via phone: Senator Judy Warnick, Jim Jackson, Carry Anthony, Tracy Midland

Agenda Item	Notes	Follow up Tasks
Introductions:	Meeting was opened at 12:30 PM by Barry Kling	
Approval of October/November meeting minutes	Sheila Chilson moved to approve October and November meeting minutes, seconded by Ray Eickmeyer. Motion passed	
Executive Director's Update	Senator Parlette reminded the board of the need to reevaluate board structure and functioning annually, and reviewed open governing board positions: behavioral health, business community, tribal person, and elected official. Committee meeting to review membership is scheduled for December 14 th . December 7 th , Linda	 Send any input about board member recommendations to John Schapman
	and Barry have a meeting scheduled with attorneys to initiate creation of a nonprofit ACH entity. Current board membership is split approximately 50% medical and 50% non-medical. Send any input about member recommendations to John Schapman.	 Send Advisory Council questions to John. John will gather questions and send to Isabel.
	Medicaid waiver: Thank you Winnie for sharing toolkit. Most recent email that went to all legislators (December 1 st), from Nathan Johnson: Received partial draft of terms and conditions and waiting on revisions. Timeline is much shorter. Kat mentioned there is a webinar December 12 th about Toolkit.	
	FIMC Coordinator/Advisory Committee: We need a coordinator to take lead on Advisory Committee. Current candidate is Skip Rosenthal from Okanogan Behavioral Health. He will speak to his board Dec 8 th to seek their support. Barry stated Skip is transitioning from his current role in April. We will contract with Okanogan Behavioral Health until April when he leaves OBH and we can hire Skip as an employee.	
	Advisory group is a group of stakeholders who have active input in creation of integrated contracting. Coordinator role is to ensure this group meets regularly, provides feedback, and communicates with ACH and HCA. Kat asked about job description and support	



	expectations of ACH. Linda referenced 2 page document provider by HCA. Sheila clarified the FIMC coordinator will report to Executive Director. Sheila C expressed concerns with Skip currently being a public employee and being paid with additional public funds. Barry stated we would purchase a portion of his time within his current position, and Okanogan would pay the remaining balance, so there would be no double payment. Skip would remain a full time employee of Okanogan Behavioral Health until he leaves them in April, and would receive his normal salary. Additional questions were asked about the advisory committee. If they are not the decision makers, who are? Isabel explained HCA will make ultimately make the final decisions, but the point of the advisory committee is to enable people in the region to influence those decisions. Additionally, the ACH board and the BHO board will have a voice. The ACH would be the organization tasked with organizing and implementing the advisory group More details will come on topic. Until there is a coordinator, Linda and Isabel will work committee details. If community and board members do have questions, send those questions to John and he will gather to email to Isabel. Isabel stated that today the NCBHO will vote if it wants to participate in crisis intervention and other non-Medicaid services not included in the integrated contracts, or if they want it to go to a third party. Linda recognized Deb Miller for all of the work that she has done in	
	getting the ACH to its current state.	
BHO/Mid- Adopter/Parkside	Clinical director is retiring. Last day is Dec 30 th . Clinical care manager position is open. Posted on Douglas county website	
Updates	Parkside: Finalizing blue prints and plans for 32 bed mental health inpatient unit. There is a presentation tonight for BHO governing board. Working with Tim Hoekstra (CVCH) on technical issues. Will need entity to hold lease after BHO is no longer in existence. A draft proposal for operations will come out soon. There has been interest expressed by larger entities to take over operations. We are currently looking for individuals to join the BHO advisory board. We need members from peer support sector. We are drafting a timeline for dissolving out the BHO. Once	
	finalized and approved a copy could be provided to the ACH.	



November HCA Convention Update	John gave a summary of the ACH Convening. Major focuses were on the Toolkit update, KPMG lessons learned from New York, and Qualis Health update with Practice Transformation Hub. Emphasis was place that your board structure should be designed to deal with funds, IT issues, and stakeholder outreach. It was recommended that the KMPG slides get shared with the group.	 Email copy of KPMG slides from Convening to board members
Pathways Hub Update	Barry stated the Pathways hub is emerging as a big component of waiver. This would coordinate services of Care Coordinators, and cannot be a service provider. One goal is to eliminate multiple care coordinators for one patient. There is currently 20 pre-established pathways that can be billed. Barry reviewed power point slides. Notes and comments from	1. Research lessons learned from Oregon and Health Homes about Pathways Model to share with board at future meeting (Meeting
	 board members: Ray E - EMS could be hands and feet on the ground. Would be good to include them in pathways Sheila C – Would be good to learn Oregon's experience in one of our 2017 board meetings. Doug W – PCP will see the value if there is some guarantee that there is going to be progress on patients medical issues Kat L –BHT is implementing the pathways hub as the State Innovation Grant project. As well, WA State has a health homes model we can leverage Jesus H – Ensure we work out the practical aspect of work. Currently care coordinators need to do certain work for payment. Linda – Could we learn more about health homes and incorporate those lessons into this model. Deb stated health is one pathway currently. This could be educational efforts to the board. Barry stated a presentation on the HUB model will be part of the January Whole Person Care workshop. 	date TBD)
Initiative Update	Whole Person Care Collaborative:January Conference: January 27th/28th, Campbell's Resort (Chelan,WA) Three person segment on WPC: PCMH, Behavioral healthIntegration, Whole Person Care. Save the date notices will be sentout again with key speaker information. Have discussed setting acap on non-provider attendees. Barry stated we have a block ofdiscounted rooms available at Campbell's Resort.Sheila C – We as a board have a responsibility to ensure ourproviders attend this conference. It is important that we have	 Save the date notices will be sent out again with key speaker information Board members need to actively recruit providers to conference
	providers attend this conference. It is important that we have direct service providers in attendance at meeting. Peter stated that the Collaborative is still focused on being a learning collaborative. States he has received positive responses from HCA on this direction.	 John to send toolkit summary to Population Health Workgroup members



Barry reported that we are talking with Qualis to have the practice transformation hub focus as its first regional project on determining the Behavioral Health provider current IT status and IT infrastructure needs.	
Peter stated that the WPC Collaborative decided to open its meetings to all interested attendees, though in the interest of time and getting things done there may not be time for everyone to participate in every discussion of the Collaborative Steering Committee.	
Population Health Workgroup Winnie stated that the workgroup is focusing on updating the asset inventory in conjunction with WIN211. We will review the possibility that this could be a tool to gather data for our Regional Health Needs Inventory (RHNI). More discussions will follow.	
The Workgroup will review the toolkit at the December meeting to determine if our current direction may align with potential funding. Discussion and questions will be shared with the ACH governing board at the next meeting.	
Peter M: Need to review the rest of the governing board structure (Leadership Council/CHI). Feels it is time to re-activate those groups.	
Jeff Davis: Feels like things are starting to turn.	
Sheila C: Wants to ensure whoever the FIMC coordinator is, they can participate face to face.	
Kat L: Excited to have governance discussion. Structure will be helpful. Struggle with form/function.	
Barry K: Balancing the need to focus on a manageable set of activities in the midst of so many HCA/ACH developments has been a challenge. Barry encouraged partners and board members to get in touch if they have any concerns about how we are handling that balance, or about anything else we are doing	
Senator Parlette: We want to ensure we do not create too many meetings for individuals. Invite the right people at the right time.	
Deb M: Updated everyone that the CHNA should be published by the end of this week.	
Meeting adjourned by Barry Kling at 2:31 PM.	
Next Meeting Monday January 9 th 12:30 PM – 2:30PM. Location will be in Quincy. Details to follow	
	transformation hub focus as its first regional project on determining the Behavioral Health provider current IT status and IT infrastructure needs. Peter stated that the WPC Collaborative decided to open its meetings to all interested attendees, though in the interest of time and getting things done there may not be time for everyone to participate in every discussion of the Collaborative Steering Committee. <u>Population Health Workgroup</u> Winnie stated that the workgroup is focusing on updating the asset inventory in conjunction with WIN211. We will review the possibility that this could be a tool to gather data for our Regional Health Needs Inventory (RHNI). More discussions will follow. The Workgroup will review the toolkit at the December meeting to determine if our current direction may align with potential funding. Discussion and questions will be shared with the ACH governing board at the next meeting. Peter M: Need to review the rest of the governing board structure (Leadership Council/CHI). Feels it is time to re-activate those groups. Jeff Davis: Feels like things are starting to turn. Sheila C: Wants to ensure whoever the FIMC coordinator is, they can participate face to face. Kat L: Excited to have governance discussion. Structure will be helpful. Struggle with form/function. Barry K: Balancing the need to focus on a manageable set of activities in the midst of so many HCA/ACH developments has been a challenge. Barry encouraged partners and board members to get in touch if they have any concerns about how we are handling that balance, or about anything else we are doing Senator Parlette: We want to ensure we do not create too many meetings for individuals. Invite the right people at the right time. Deb M: Updated everyone that the CHNA should be published by the end of this week. Meeting adjourned by Barry Kling at 2:31 PM.