1.       Regarding elected officials, the public health administrators will reach out to county commissioners in their jurisdictions to update them on what we are doing and to find out how they would like to be involved. This includes the question of seats on the governing board, but also the possibility of some systematic way to discuss ACH developments with them at their regular commissioners’ sessions, since seats on the board do not necessarily mean adequate engagement for all 12 commissioners in our counties. We will attempt to do this before our next meeting on 2/26 if possible.

 2.       At this point we are developing a governance proposal to be widely discussed among partners, we are not making the final decision yet. On that basis we discussed this proposal for Gov Board membership:

  Behavioral Health (2 Representatives, not from same county)

Confluence Health (2 reps, one for Central Wa. Hosp, one for primary care.)

Hospitals other than CWH (2 Representatives, not from same county)

Primary care clinics other than Confluence (2 representatives, not from same county)

Elected Officials (to be determined)

Public Schools – Perhaps NCESD? (1 representative)

Public Health (2 Reps)

Area Agency on Aging

Hispanic community representative

Total: 14 (not including elected)

 My understanding is that there is agreement in the Lead Group to use this as a proposal for discussion in the coming weeks, including our discussions with elected officials. **PLEASE RESPOND IF YOU ARE NOT COMFORTABLE WITH THAT.**

 3.       The sub-group on governance will focus next on the question of Advisory Group membership and on bylaws/charter, and will report on this at next meeting 2/26. Jesus asked to join that sub-group.

 4.       Regarding Coalitions for Health Improvement, it was clarified that the CHIs are the grass-roots county-level partner coalitions meant to function as part of our governance/engagement structure. The health improvement initiative workgroups are separate, smaller groups focused specifically on the diabetes initiatives.

 5.       We agreed to shoot for a round of CHI meetings, one in each county/jurisdiction, in March. The main content of these sessions will be updates on the Design Grant and other health care reform developments. Many partners have been asking about this. Story-telling on local successes would be used to help build a shared vision of health improvement and whole-person care. If the timing is right, the sessions might be used for feedback on the governance proposal or other matters being considered by the lead group or Governing Board (if there is a GB by then). Quarterly CHI meetings would be scheduled on a tentative basis for the rest of 2015, though we will decide as we go whether there is sufficient CHI work to do before finalizing each date. The CHI sub-group will work on scheduling and on a more specific agenda for these meetings and will report back at our next meeting 2/26.

 6.       HCA has not yet finalized the grant award and Barry will use the revised budget when that happens. If you have any concerns or comments after reviewing the revised budget (attached) get your feedback to Barry ASAP.

 7.       At our 2/26 meeting we will further discuss opportunities for “convenings” facilitated with the help of the Federal Reserve Bank.

 8.       I’ve attached the announcement for the December 6 conference on Population Health Meets Medical Care, mentioned by Jeff.

 9.       We discussed other places to hold these meetings but for now we’ll stay with CDHD.