

Board of Director's Meeting Minutes

Date: 04/11/2022	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam
Chair In-Person: Thomas Locke, <i>Jamestown S'Klallam Tribe</i> Members Attended In-Person: Cherish Cronmiller, <i>Olympic Community Action Programs</i>; Heidi Anderson, <i>Forks Community Hospital</i>; Jennifer Kreidler-Moss, <i>Peninsula Community Health Services</i>; Jim Novelli, <i>Discovery Behavioral Healthcare</i>; Jody Moss; Michael Maxwell, <i>North Olympic Healthcare Network</i>; Stormy Howell, <i>Lower Elwha Klallam Tribe</i>; Susan Buell, <i>YMCA of Pierce and Kitsap Counties</i> Members Attended Virtually: Bobby Beeman, <i>Olympic Medical Center</i>; Brent Simcosky, <i>Jamestown S'Klallam Tribe</i>; Caitlin Safford (arrived at 1:17), <i>Amerigroup</i>; G'Nell Ashley, <i>Reflections Counseling</i>; Keith Sprague, <i>St. Michael Medical Center</i>; Laura Cepoi (arrived at 2:16), <i>Olympic Area Agency on Aging</i> Non-Voting Members Attended In-Person: Kate Ingman, <i>Community Health Plan of Washington</i> Non-Voting Members Attended Virtually: Audrey Silliman, <i>Coordinated Healthcare</i>; Brian Burwell, <i>Suquamish Wellness Center</i>; Derek Gulas, <i>United Healthcare</i>; Laurel Lee, <i>Molina Healthcare</i>; Lori Kerr, <i>St. Michael Medical Center</i>; Mariana Sital, <i>Community Health Plan of Washington</i>; Matania Osborn, <i>Anthem</i>; Siobhan Brown, <i>Community Health Plan of WA</i> Guests and Consultants Attended Virtually: Elke Geiger, <i>Pacific Source</i>; Lori Fleming, <i>Jefferson County Community of Health Improvement Plan</i>; Michael Arnis, <i>Health Care Authority</i> OCH Staff: Amy Brandt, Ayesha Chander, Celeste Schoenthaler, Debra Swanson, Miranda Burger		

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Tom Locke	Welcome, introductions, land acknowledgement, housekeeping		
Tom Locke	Consent agenda		Minutes APPROVED unanimously Consent Agenda APPROVED unanimously
Tom Locke	Public Comments (2-minute max)		
Ayesha Chander & Miranda Burger	Data & Reporting Updates	Ayesha asks members to look at selected HCA metrics that show significant changes between 2018 and 2020. What improved? What helped? How did the	

		pandemic influence these changes? The percent homeless showed improvement likely due to the many services implemented due to the pandemic, such as additional housing options, including hotel rooms for isolation due to COVID19. Fewer ED visits, this improvement likely due to human behavior during the pandemic, where people tended to avoid medical centers and clinics. How long did it take for health centers to set up telehealth systems? It took PCHS 2 weeks, and they included a mobile pediatrician. Setting up telehealth was quick but getting patients to access it took time. Kitsap area switched to telehealth quickly but lacked the buy-in with the public. Some major agencies closed their doors. Some people on Medicaid did learn how to access services and/or people leaving areas to seek supports elsewhere. With kids out of school, parents were trying to maintain jobs, this likely had an influence on capacity to access services.	
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		How do we think we performed according to these numbers and considering the pandemic? Data is worthless unless we can do something about it. We can't change anything when we are looking at 2020 metrics in 2022. SUD treatment penetration may have improved due to closer contact with caregivers and parents. And youth adapted to telehealth more easily than adults. Some of the data conflicts with what we experienced. We must remember that these metrics represent all three counties. West End had no infrastructure due to lack of internet access. Telehealth was not a solution. We had to stay in-person.	
Amy Brandt	Inviting a new partner to the OCH table: key messages & elevator pitches		
Michael Arnis, Deputy Policy Director, HCA	HCAs renewal waiver	Typically, HCA doesn't start by considering rural areas, so how do we advocate for our region? HCA will start statewide, with everyone starting at a different place and building capacity. How do we know when we have reached success? There are issues with common definitions. Can we get a	

		definition of integrated behavioral health? Everything is driven by the reimbursement model in the US. If we don't want this renewal to fail, increase the reimbursement rate. It is because of the reimbursement rate in dentistry that no dentist will serve a patient with Medicaid in our region. If you set a low reimbursement rate for the community-based organizations, it will fail. Will there be structure for feedback by region? Feedback regarding what the roll out looks like for our region, for the tribes, and the differences for Kitsap and Clallam? We did not have direct feedback during the waiver process. There are regional roadblocks. Michael Arnis will take this back to his team and the HCA executives. They want this to succeed. There is not really a template for the flow of ACH and MCO dollars. How they flow? What is the ACH role, handling the funds? A payer? More details soon would be great. Regarding CIE, for the ACH to function effectively, will there be a statewide implementation to support the work? Is that planned? What is the timeline?	
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		Michael Arnis – I hear you on getting the payment methodology solidified, the details and how that works together. This will happen after the waiver is submitted. Regarding CIE, the HCA would like a statewide strategy, we do have funding to get started. We did not get funding throughout the state, but we did get the ability to start studying it. Rural regions need more autonomy to succeed. When it's too big and grandiose it is too big to implement. Michael Arnis - One thing we have talked about is phasing. We can only ask for something in a 5-year period with the feds, so we do ask for a lot, but it can be in phases and we can build on something in a smart way.	
Tom Locke	Good of the Order – Board member and public comments (2-minute max)		
Tom Locke	Next meeting & Adjourn May 9, 7 Cedars (optional lunch prior and happy hour after)		