Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Director's Meeting Minutes

Date: 4/10/2023	Time: 1:00 PM	Location: 7 Cedars Hotel, Jamestown S'Klallam

Chair In-Person: Michael Maxwell, *North Olympic Healthcare Network*

Members Attended In-Person: Apple Martine, *Jefferson County Public Health*; Brian Burwell, *Suquamish Wellness Center*; Jim Novelli, *Discovery Behavioral Healthcare (alternate for Wendy SIsk);* Kate Mundell (alternate for Beth Johnson), *Coordinated Care*; Bobby Beeman, *Olympic Medical Center*; Heidi Anderson, *Forks Community Hospital;* Jody Moss; Laura Cepoi, *Olympic Area Agency on Aging; Roy Walker*

Members Attended Virtually: Cherish Cronmiller, *Olympic Community Action Programs*; G'Nell Ashley, *Reflections Counseling*; Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Jolene Winger, Quileute Tribe; Keith Sprague, *St. Michael Medical Center*; Stephanie Lewis, *Salish Behavioral Health Administrative Services Organization*; Stormy Howell, *Lower Elwha Klallam Tribe*; Susan Buell*, YMCA of Pierce and Kitsap Counties*

Non-Voting Members Attended In-Person:
Non-Voting Members Attended Virtually: Bergen Starke, *Peninsula Community Health Services*; Derek Gulas, United Healthcare; Jolene Kron, *Salish Behavioral Health Administrative Services Organization;* Kate Jasonowicz, *Community Health Plan of WA*

Guests and Consultants Attended In-Person: Barb Jones, *Jefferson County Public Health Community Health Improvement Plan*
Guests and Consultants Attended Virtually: Ayesha Chander, *Kitsap Mental Health Services*; Lori Fleming, Jefferson County Public Health Behavioral Health Consortium

OCH Staff: Amy Brandt, Celeste Schoenthaler, Debra Swanson, Miranda Burger

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Mike Maxwell	Welcome, introductions, land acknowledgement, housekeeping		
Mike Maxwell	Consent agenda	1. BOD Minutes from March 13, 2023 2. April Executive Director Report Revision requested in the	Minutes **APPROVED** unanimously. Consent Agenda **APPROVED** unanimously. Michael Maxwell Abstained due to his absence at the March 13th meeting.

		March minutes to show that Barb Jones works for the Jefferson County Public Health Community Health Improvement Plan and Lori Fleming works for Jefferson County Public Health Behavioral Health Consortium. Debra made these edits and will note this going forward.	
Mike Maxwell	Public Comments (2-minute max)		
Celeste Schoenthaler	ACH Association Updates: • Association formation HB 1812	Link to HB 1812 Info. This law would continue the BO Tax waiver for ACHs. "Coalition of ACHs" is the official current name.	
Celeste Schoenthaler	Renewal Waiver CIE Update Cross-ACH Social Care Model	3. CIE letter to HCA 4. HCA letter to ACHs re: CIE 5. ACH Budget comparison (initial House and Senate budgets for renewal waiver and CIE) **Renewal Waiver:** In the past, OCH received 4% of the funding. We are proposing that there is a floor to the funding, so none of the ACHs earn less than this amount. ILOS means "In leu of services". Do you think CMS is in favor of Equity work? Yes, they just don't have it	

		figured out yet. As we move the needle on equity work, measuring it is the byproduct of complexity and we are all trying to figure that out. Medically prescribed meals are an example of health adjacent, rather than health delivery. These would be new benefits through Medicaid that are not health delivery but respite, housing transition, medically tailored meals, etc. Is the CBCC Hub an extension of what existed in the last waiver, is it a bridge from the former waiver? It is an attempt, the original waiver talked about addressing the social determinants of health. Pathways did not work. Is this a course correct? It could be. I am seeing parallels with O3A work currently funding for providing medically tailored meals. Fork Com Hospital sees more efforts for medical respite to relieve hospitals. What is their definition of "stabilization"? Alternative destinations for those who are intoxicated or on drugs, primarily those	

		who are also homeless, offering a safe place to become sober. Adults intoxicated but conscious are eligible for service. Covered for less than 24 hours. "Sobering Centers" is the term most often used now. There are lots of conversations about crisis stabilization centers expansion, not sure if this is related. The terminology is very vague, making it hard to know exactly what it means. **Community Inform Exchange (CIE):** The timeline doesn't make sense. ACHs will be able to opt in for certain parts and pieces. There are additional costs to interface. There is 23 million dollars off the top of the waiver for this purpose. We are asking "Does this include training, interoperability, and other items?" We have not received any answers currently. Both the house and senate are intending the HCA to go through this with some caveats. The devil is in the details with CIE. It's hard to get on	

		board without the details, although we are all clearly in support of it. ACHs are keeping neutral with concerns. What it should look like and how it works to get all the statewide providers onboard and then once agreed, you must find a vendor. Has this ever been done? Some states have done it but it's still early and the results are not clear. Inoperability is key. In WA, Healthier Here ACH is the furthest ahead. Their CIE goes live this month. They have been working on it for years now. They are using a consultant, who was just hired by the HCA, so this is a good thing. WA Health Alliance data is useful. **Social Care Network Proposal:** A huge issue for nonprofits when contracting for government funding is that depending on politics the funding can go away. If smaller organizations come together with a Hub organization that manages administrative work, while the service organizations keep their independence, this could help manage claims and contracts with	

		MCOs. ACHs would monitor for network adequacy, assess resources and gaps in the region, be a collective voice, leverage community resources etc. If we could achieve this, it would be great. Listening and loving this. It is a moon-shot. I am imagining the pain points of decapitated funding. We have been playing whack-a-mole to be a part of the healthcare ecosystem. This would be very hopeful. My concern/caution would be to ensure that all the decision makers at the table give input. They have legally vetted this as care coordination space. Sounds great. It is what we want, what patients need, but is it legal? Are we willing to dive into risk space? We would need critical mass to buy in for this to be sustainable. With MTP there was no endpoint, this vision has a clear coherent end point. Unpaid family caregivers provide most of the care in our community. I am curious how this would play into this.	
Miranda Burger	Medicaid Redetermination and Public Health Emergency "Unwind"	6. Redetermination plain language 7. Cross Agency Desk Guide	

		Another tool to inform clients is adding it to your phone tree “Press 1 for more information on Medicaid lapse in care”. And asking patients when they check in if they are aware of this. Cold calls may be possible for smaller clinics. All 5 MCO’s have been hitting the pavement hard to inform the public. Food Banks are a good avenue to disperse information. Port Angeles food bank handed out materials. Also, churches, schools etc. I should send my navigators to the food bank to hand out information. The deadline is based on the renewal date in WA. It is helpful to know it’s a rolling 12-month process, but this is not the case throughout the US.	
Amy Brandt & Celeste Schoenthaler	Connecting to Data (OCH “data hub”)	Link to Connecting to Data Exceptional work, great data. We plan to update annually. This is population health, not specifically Medicaid. Let OCH know how to add value, what could we include in the next version?	

		Congratulations on accomplishing this amount of work. The added element of highlighting programs is nice. More homegrown, contextualized for our region. Olympicch.org/data Way to put the sizzle in the spreadsheet.	
Celeste Schoenthaler	Summer BBQ Fall Board Retreat	Following the August Board meeting there will be a BBQ and in November, we will plan the BOD retreat.	
Mike Maxwell	Good of the Order – Board member and public comments (2-minute max)	The only dermatology clinic that accepts Medicaid is leaving Sequim. For Medicaid recipients, there is no one to refer out to. Keith Sprague has a meeting to discuss this next week. He will keep us posted.	
Mike Maxwell	Next meeting & Adjourn **May 8** Location: 7 Cedars Hotel & Casino Lunch is provided prior to the meeting, and everyone is welcome at a post-meeting social hour.		