

DRAFT Summary

Present (In person):

Gary Goldbaum, MD, Snohomish Health Dist.
David Jefferson, Skagit Health Dept
Connie Davis, Skagit Regional Health
Federico Cruz-Uribe, MD: Sea Mar
Greg Winter, Opportunity Council
Greg Arnold, North Sound BHO
Chris Phillips, PeaceHealth
Janette Schuman, Providence
Pete Mayer, Snohomish Health District
Becky Olson-Hernandez, Compass
Greg Winter, Opportunity Council

Present (by phone):

Glenn Puckett, WA Dental Fnd.

Linda McCarthy, MBPP
Caitlin Safford, Amerigroup
David Kincheloe PhD, consumer
Siobhan Brown, CHPW
Allan Fisher, UHC
Stephen Gockley, JD

Guests

Gina Clark, Sno Health Dist

Staff

Liz Baxter
Lee Che Leong

Topic

1. Welcome and Meeting Agenda

- Welcome to the Program Council, including new members.
 - Discussion of timeline and sequencing; update on HCA timelines and what needs to be completed by September.
 - Description of the plan to transition to Board of Directors from current Governing Body. This Program Council is the critical board committee which will make final project recommendations to the Board for approval. We have a long history in ACH of building trust. Recommendations from this body will be deeply respected by the BOD.
 - Group would like a record of meetings for transparency and to track decisions made
 - To meet the HCA requirements, the North Sound ACH must select at least 2 projects in addition to the required projects of BH integration and Opioids
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2. Timeline

Very high level mileposts of the coming months was shared:

- **March:** Must populate 2 workgroups: BH and Opioid and begin to form 3 additional work groups.
 - Program Council to decide how many projects will be selected: not limited to 4 but probably better to be laser focused and not set up for failure. Will require significant upfront investment including in kind and time.
 - Need to put Community engagement explicitly on the timeline: at least 2 opportunities for feedback
 - **April:** landscape scan to ID potential partners to deliver projects; need commitment by September and plans for sustainability
 - Need workgroups to draft work plans
 - **September: project plans due to HCA**
 - We also need to ensure evaluation: know data, questions, meeting metrics from HCA and from Program
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Council

- ACHs were not created just to address the Medicaid population, we do have a broader purpose for the whole region. Unclear if we have time for a rigorous project selection process.
- Concerned at the timing of the RHNI as its data is supposed to drive project selection
- Hope to see template draft for the RHNI in next month
- We will need Program Council help in identifying assets
- The LHJ have done significant work moving toward alignment in CHAs both of which were built into our initial RHNI
- LHJs are collaborating to bring a proposal to support future evaluations
- Staff will do the work around RHNI rather than the Program Council
- These projects need buy in from local providers. We must assemble provider panel for input
- Becky Olsen is interested in helping coordinate providers
- Suggestion to consider a staggered timeline so community engagement on the 2 required projects first?
- Unless structured application process, we may not get workable proposals.
- (Federico) On 4 other ACHs he is involved with, care coordination is a critical focus area. Suggested 3 workgroups; pathways could include dental, diversion, opioid, could have framework encompassing most if not all projects.
- Questions about staffing capacity to manage all the work groups
- Stakeholders need to be involved at all process, including stakeholders
- BH systems are going through huge growing pains; opioid will be primary driver over next 6 months. Providers are completely overwhelmed so structured and focused opportunities. Currently working on getting reimbursement for basic services from BHO
- The 5 county workgroup has a skeleton for RHNI so would like to run past this group and have input on potential steps.
- We need project specific work plans.
- Possibility that we have populated the first workgroup – the 5 counties around RHNI?
- Staff will bring detailed timeline to next meeting of March 2nd.

3. Populating Program Council and subcommittees

- Recommendation: 5 work groups - 4 projects and RHNI.
- Need to determine how to populate the Program Council, using the required membership approved by the Governing Body as a lens.
- Not every hospital, LHJ, etc. needs to be included – must represent sector.
- The expectation and network that may need to be established should be reflected in charter. Two-way communication and caucus notion not captured in the charter.
- We need corrections and law enforcement, school system and recovery houses too
- Some of that could be in workgroup but not sure we want people to represent a sector, more voice the perspective of the sector – act as an ambassador and engage. Should have 1 community health coalition per county; there's a budding island effort.
- Please share who to contact
- Must ensure adequate representation and that people will be champions to move this forward. At the workgroup level, need those doing the work and affected by the work. Work groups will need to work hard in the next months so we need to be thoughtful about who needs to be in the council. Distinguish champion vs technical expert
- Jan Sherman: recommended Dr. who does suboxone training, perhaps Dixon? Physician engagement and treatment would be helpful. Will get name to Liz
- People from sectors must engage with sector but are not bound by majority vote. Along those lines, 1

person from each county is vital as city and counties have differences.

- Glenn volunteered to pull together a workgroup to identify who and what is missing in an ad hoc way on oral health
- Recommendation to get clear on skill sets and expectations, how many meetings and how to connect; also should we convene leads for optional programs?
- Please send names for *5* workgroups and Council to Liz.

4. Next Meeting

- Agreed to 2 meetings a month 1st and 3rd Thursday starting in March; shoot for Thursday March 2 at 1pm and March 16th. Location TBD but encouraging as many to join in-person as possible

5. Adjourn