

Community Leadership Council:

- = present (in person or by phone)

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|---------------------|------------------------------|------------------------|
| ● Mary Anderson | ● Noraarena | Indira Tapias |
| ● Jim Bloss | ● Jen Marzocca | ● Beth Williams-Gieger |
| ● Monica Burke | ● Maia McCoy | ● Gerald Yorioka |
| ● Conner Darlington | ● Stephanie Morgareidge | Anthony Young |
| ● Janna Emelander | ● Esther Piñeiro Hall, Chair | |
| ● Anastasia Garcia | ● Natasha Raming | |
| Katarina Gombocz | | |

Staff Members:

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| ● Leah Wainman | Community Engagement Coordinator |
| ● Hillary Thomsen | Program & Communications Coordinator |
| ● Heather McGuinness | Project Manager |
| ● Tiffany Edlin | Executive & Governance Coordinator |

Guests:

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| ● Barbara Cheney | Snohomish County ECEAP |
| ● Ellen Wilcox | San Juan Co Health & Comm Svcs |
| ● Mark Tompkins | San Juan Co Health & Comm Svcs |
| ● Jennifer Armstrong | Peace Island Medical Center |
| ● Ann Preston | Lopez Island Hospital District |
| ● Connie | Community Health Plan of WA |

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Minutes

Topic

1. Welcome and Meeting Agenda

- Motion by Monica to approve February meeting minutes with no changes. Conner seconded. All in favor. Approved.

2. Board update

- Esther is now chair of CLC, sits on Board of Directors. CLC needs to vote to affirm her as Chair.
- Nora made motion, Conner seconded. All in favor. Approved.

3. Vice Chair

- Conner Darlington submitted his interest to be candidate. Monica made motion to make him Vice Chair. Beth seconded. All in favor. Approved.

4. Tiffany, Executive & Governance Coordinator

- Tiffany Edlin, the North Sound ACH Executive and Governance Coordinator provided a brief review of basic roles and responsibilities as a committee member.
- The Board has 6 sub-board committees; the CLC is the newest board committee.

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- Committees meet every other month. This gives time between committee meetings to allow for meaningful and thoughtful input between committees and staff for recommendations and materials to go to the Board for review.
 - Board Chair appoints each Committee Chair from the Board of Directors. Each Committee Chair also sits on the Executive Committee.
 - Board establishes which committees are needed, and can add and disband committees.
 - The charge of each committee comes from the Board (not the committee). This also mean the Board approves committee charters.
 - Only the Executive Director and Board Chair can speak on behalf of the North Sound ACH as an agency.
 - Committees are established to help inform our work -- thank you!
 - Good attendance is a requirement. If member attendance drops down below a certain threshold, the Chair can remove a member from a committee.
 - Committee Chair affirms membership once a year.
 - Quorum is required for action items.
 - CLC members should be asking staff for information. This applies to requesting and sharing information. The CLC operates as a group, not as a group of individuals. If folks seek things out themselves, they are acting as an individual community member, not as a "CLC member."
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5. ACH Updates

- Slides – presented by Leah
 - Reminders of goal and level set
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6. Facilitated Intentional Group Learning Activity

- The North Sound ACH Participant Survey: Selected 2017 Results
- Heather presented slides with survey results. Broke into groups to discuss questions, then reported out.

What rises to the top for you? What surprises you?

- Unawareness of the work we do. Not much knowledge about what's going on, the projects, or that the ACH exists.
- Consumers more concerned with accessing care, not so much other info.
- Need to get people engaged in a way that's meaningful to them, has an impact; need approaches that are going to be successful for average people.
- Complicated system, difficult to get community involvement.
- In rural areas, there are a lot of groups that help with health that fall outside the scope of providers -- churches, community groups, recovery groups, etc. Need to communicate with them in a simple way, include them in conversation.
- Seems accurate, captures concern that folks aren't aware of mission or work.
- Need more input from consumers, Medicaid enrollees.
- Need to get word out about North Sound ACH and the Medicaid Transformation.

Where are the key tension points or areas for improvement?

- Need to get word out about North Sound ACH and the Medicaid Transformation.
 - Future surveys could focus more on consumers, at providers, in public setting.
 - Would be helpful to have clear messaging to connect with others, communicate ACH info, consistent.
 - Providers need to have buy in, be aware. People on the ground, doing the work with people need to know what' going on.
 - Surveys could be given to participants at providers when they come in. Meetings during the day don't engage average person. Idea - Grocery Store. Need input from real people through random sampling. Methodology - future surveys - want to account for bias when gathering future surveys.
 - Future surveys - stated purpose to get input from public, consumers, etc.
 - Many providers who are simply not aware of ACH work - big area of improvement. Important to publicize work. Many didn't know about this work. Higher ups in administration but people more on the ground don't know.
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How can this data ground our provider and community engagement work, including increased communication and transparency?

- Once it's described, there is a lot of enthusiasm - need to get some good messaging out.
 - Equip the CLC members with some good messages so they can share.
 - Still an issue: people who don't have health insurance or enrolled in Medicaid. Need to address this.
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7. Facilitated Intentional Group Learning Activity

Staff Questions for the community:

- ◆ What is a topic, that's relevant to the ACH in 2018, that we can present during community forums?
 - ◆ Question of the month: What are the things we need to know from the community?
 - Focus on disparities, focus on women of color, infant mortality
 - Being more concrete and clear on topics
 - Can be difficult to engage people on broad topic, but if we narrow down to focus areas, maybe draw more interest.
 - Forum -- asking others what they're interested in and what they need
 - Making sure community forums are in settings and times accessible to groups
 - Important to make clear the benefit of the project, why beneficial to consumers. How they can engage and why it's important.
 - Find out barriers, problems when try to access services, what's working, assess where they're at.
 - Emphasizing primary care
 - What are attitudes out in the general public?
 - Lack of primary care providers, continued repeating medical history, retraumatizing and stressful for patients
 - Fragmentation in care
 - Terminology, lack of knowledge around what Medicaid is and what is a PCP
 - There are limited slots available for individuals who are on Medicaid, not all providers take Medicaid, but also those who do, have slots. Often hidden, not available in a list/referral system
 - Time period you need to wait for primary care services and specialist care
 - Rural participants have transportation issues to receiving healthcare in their region
 - Lack of behavioral health providers, continued/repeated medical history, retraumatizing and stressful for patients
 - Sustainability and effectiveness, making sure the sustainability plan is communicated to the public, change the mindset of doing this work for the community. Community forums look like different things for different people, setting and environments that already exist.
 - Audience being community/consumers - have we made a statement/argument for what the benefit of this transition project is for consumers? Why this is important? (Gotten clear with each other about the benefit)
 - If we want people to be engaged, know what's in it for them.
 - How community members can be engaged, why it's important for them to be engaged, and what's it in for them to be engaged.
 - ◆ If you had to pick 3 populations that are falling through the gaps in your community, which populations would you select?
 - Teens/transitional aged youth (16-21) especially in regard to drug use
 - Kids aging out of foster system, specifically youth of color (another layer of inaccessibility, lack of cultural competency, racism; migrant youth, children whose parents are migrants
 - Criminal justice - police focus on children of color – racism
 - People experiencing homelessness, elders
 - Stigma - around services, behavioral health needs
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- ◆ What has occurred recently that may affect our local health systems, including health care, behavioral health, social services, human services, public health and others?

**Not enough time to get to second question or report out (besides participants on the phone). People may provide more feedback via [this survey](#).

8. Public Comment

None.

9. Closing

- Next Board Meeting:
 - Friday, April 27 in Friday Harbor (EMS Community Room)
 - Remote Access:
<https://zoom.us/j/389439300>
+1 408 638 0968
Meeting ID: 389 439 300
- Next Program Council Meeting
 - Thursday, May 17 (Location TBD)
- Next CLC Meeting
 - Monday, June 18, 12:00 – 2:00 pm;
North Sound ACH office in Bellingham

10. Adjourn

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