

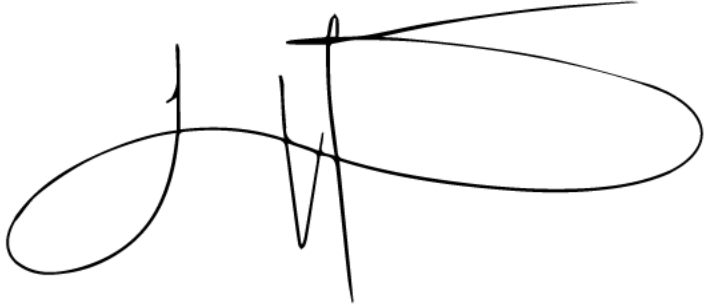
**Community Behavioral Health
Meeting Minutes: Board of Directors**

Meeting Date: Tuesday, February 14, 2022	Time: 3:03pm	Location: Zoom Meeting
<p>Board Members Present: Dr. Jill Bowen/President; Dr. Jean Wright/Vice President; Dr. Tierra Pritchett/Secretary and Treasurer; Eva Gladstein/Member; Liz Hersh/Member; Deborah Irby/Member; Nicole Mitchell/Member; Kimberly Ali/Member; Andrea Brooks/Member Dr. Cheryl Bettigole/Member. Other Attendees: Dr. Faith Dyson-Washington/CBH Chief Executive Officer; Robert Bickford/CBH Chief Financial Officer; Dr. Tamra Williams/CBH Chief Clinical Officer; Shawna Dandridge/CBH Chief of Staff; Josh Roper/MDO Policy Director; Donald Tavakoli/CBH Chief Medical Officer; Lolita J. Griffin/DBHIDS Special Advisor Commissioner’s Office; Andrew Devos/CBH Chief Program Officer.</p>		
Meeting Purpose: Community Behavioral Health (CBH) Board of Directors		
Materials included in Board Packet: Meeting Agenda; December 15, 2021 Meeting Minutes; CBH CEO Report		
Agenda Item	Discussion	Action Taken/Follow up
Call to Order	The meeting was called to order, and introductions were made.	<i>The meeting was called to order at 3:06 pm by Dr. Jill Bowen. Liz Hersh requested an org chart for DBHIDS. Jill Bowen stated we can get one to her. Acknowledged Andrea Brooks replacing Sandy Vasko on the Board and Jean Wright replacing Roland Lamb on the Board.</i>
Minutes of Meeting December 15, 2021	The meeting minutes from December 15, 2021 , were reviewed.	<i>Andrea Brooks to be added to attendees. Dr. Jean Wright to be removed from attendees. Meeting minutes were approved with the change.</i>
CEO Report	Dr. Faith Washington provided an overview of the CBH CEO Report, which focused on priority updates from across the organization. Updates included: Provider Operations - Highlighting the Community Autism Peer Specialist (CAPS) RFP, the ASAM 2.1 Intensive Outpatient RFP, and the Adult Crisis Response Center RFP. Clinical - Highlight of clinical department’s key metrics focused on care management strategies and clinical outcomes. Regarding Integrated care plans (ICP’s), the state set standard is 213 per month and we are on target for Q3 and Q4. Also has met the goal of decreased youth utilization of Psychiatric Residential Treatment Facilities (PRTF). Clinical initiatives highlighted are the ongoing progress working with St. Christopher’s Hospital on the Integrated Care for Kids (InCK) pilot with CBH in process of hiring InCK team members, onboarding, and training. CBH will transition virtual	<i>No board action required.</i>

	<p>care management to onsite at St. Christopher’s in February. Also highlighted Intensive Behavioral Health Services (IBHS) implementation: IBHS provider cohorts have begun training in Evidence-Based Practices and 24 of the 27 completed training between July and December 2021 and the remaining 3 providers will complete training in February 2022.</p> <p>Quality Management – Highlighting the NCQA Re-Accreditation which is beginning preparation for renewal survey and applying for the Multicultural Healthcare Distinction. In terms of compliance: during Q3 of 2021, CBH Compliance recovered \$389,910.82 in overpayments which is an increase from recoveries in Q2 of 2021 where compliance recouped \$102,664.34. Continues to make referrals to Office of Attorney General (OAG), CBH compliance hotline calls activity: there were 180 referrals in 2021.</p> <p>Technology - Department continues ongoing goals of Scalability, Stability, System Modernization, and Technology-Enabled Digital Health.</p>	
<p>UM Annual Evaluation</p>	<p>Dr. Don Tavakoli gave an overview of the utilization management (UM) program and an overview of the annual evaluation process. Details included the objectives of UM, what criteria are included in a UM annual evaluation, explanation of Utilization Management Committee (UMC) oversight body that meets monthly, the specific work that is done in the UMC, details on the Inter-Rater Reliability (IRR) Test, goals and practices on clinical quality improvement, member experience, and provider experience. Dr. Bowen stated it gave a behind the scenes critical view on what is required and thanked Don and team for extraordinary work during challenging times.</p>	<p><i>No board action required.</i></p>
<p>Adult Priority Work</p> <ul style="list-style-type: none"> • Trauma Treatment 	<p>Dr. Tamra Williams presented highlights of adult priority work. This included complex care member engagement, background on complex care management, metrics needed to meet complex and integrated care, an overview of the CBH Complex Care Management Team, teams under the complex care umbrella (Cohort Complex Care Management, Health Partners Plans (HPP) Integrated Care Team, Keystone First Integrated Care Team, Perinatal Teams) which include various partners, care coordination, and care management teams within each.</p> <p>Trauma Treatments highlights included updates on Trauma EBP Resources including informational flyers, the PE (prolonged exposure) Initiative, utilization data, and The PACTS (Philadelphia Alliance for Child Trauma Services Network) program, and a view of the 2021 TFCBT Quarterly Claims Data.</p> <p>Question from Deborah Irby about what accounted for the drop-off in quarterly claims data. Dr. Bowen stated the Q4 is not finalized yet and there is a 3-month lag. Dr. Williams stated there is a dip during the summer of utilization and then an uptick in the fall.</p> <p>Dr. Bowen thanked Tamra and spoke about the PACTS programs and it being a robust network and asked Tamra if they are at capacity. Tamra stated there is some capacity and that providers are feeling the strain in terms of workforce.</p>	<p><i>No board action required.</i></p>

<p>Board Requested Updates:</p> <ul style="list-style-type: none"> • Bridge Payments • Telehealth & Workforce 	<ul style="list-style-type: none"> • Robert Bickford presented updates on Bridge Payments. Phasing out Covid-19 APA so a bridge payment plan is in place to keep providers whole. Recommendation is to support providers transitioning from the APA via bridge payments starting January 2022. First payment will take place in March. Very well accepted by providers so far. Will titrate down after first quarter. • Andrew Devos presented updates on Telehealth & Workforce. History of telehealth in the Medicaid behavioral health program under HealthChoices. Was limited before the pandemic until Feb 2020 restricted to psychologists and psychiatrists only by approved request from OMSAS. Mostly rural usage not many requests within Philadelphia. Expanded with some providers and became more streamlined after February of 2020. After March of 2020 OMSAS opened telehealth up and streamlined it. During pandemic 75% of members utilized Telehealth. Provider survey went out around telehealth and feedback was very positive. Want to continue to offer telehealth going forward, current regulations require a physical location within Philadelphia, and providers must be enrolled in the Promise system. Internally a couple practitioners want to go telehealth only and they are looking at that possibility. 	<p><i>No board action required.</i></p>
<p>Adjournment</p>	<p><i>Meeting adjourned at 4:31 pm</i></p>	<p><i>No board action required</i></p>

Respectfully Submitted by,



Tierra Pritchett, Secretary/Treasurer