

Purpose:	Community Behavioral Health (CBH) Board of Directors
Date:	Monday, April 8, 2024
Time:	3:07 p.m.
Location:	CBH 801 Market Street
Board Members Present:	Dr. Jill Bowen/President; Dr. Jean Wright/Vice President; Dr. Tierra Pritchett/Secretary and Treasurer; Kimberly Ali/Member; Amanda David/Member; Keisha Hudson/Member; Crystal Yates-Gale/Member; David Holloman/Member Frank Franklin/Member; Alex Gauthier/Chief Financial Officer CBH; Andy DeVos/CBH, Nate Thompson/CBH, Trupanshi Desai/CBH, Chip Altman/CBH, Stephen Branigan/CIO CBH, Linda Trin/CBH, Katie Dunphy/ Chief of Staff CBH

Agenda Item	Discussion	Action Taken/Follow Up
Call to Order	The meeting was called to order, and introductions were made. Dr. Bowen began the board of directors meeting by reflecting on her first experience in such a meeting, finding it fascinating and an incredible asset for the city of Philadelphia. She expressed gratitude for the dedication of all board members, acknowledging the challenges and triumphs they faced together. Dr. Bowen noted this would be her last meeting as board president, describing it as a privilege and a pleasure to serve.	The meeting was called to order at 3:07 p.m. by Dr. Jill Bowen.
	Dr. Bowen announced her transition from the Commissioner and Board President roles with an interim plan appointing Dr. Pritchett as interim board President and Amanda David as interim Secretary-Treasurer, leaving the Vice President position vacant. She also mentioned Donna Bailey's confirmation as the permanent CEO of CBH despite her absence due to jury duty.	
	Dr. Wright is moving on to a role in New York, and Andy DeVos is now the COO of CBH.	
Minutes Review	The meeting minutes from February 14, 2024, were reviewed.	The meeting minutes were approved.
Staffing/Internal Ops DEI Framework	Andy introduced the CBH diversity, equity, and inclusion framework, emphasizing its importance as a core value and lifestyle for the organization, with Nate Thompson leading the discussion on the specifics of this initiative.	No board action required.



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	Nate Thompson discussed CBH's DEI framework, emphasizing its importance in both organizational work and the workplace, focusing on members and employees. He noted the national debate on DEI, with some institutions cutting such programs, but highlighted CBH's commitment to HealthEquity. This initiative aims to provide high-quality, accountable care while addressing barriers faced by historically marginalized communities.	
	He outlined key focus areas: access to care, cultural humility, policy advocacy, and confronting bias. Access to care involves removing geographical, language, and cultural barriers. Cultural humility emphasizes learning about diverse cultures to provide better care. Policy advocacy involves championing initiatives for equal access to care, while confronting bias focuses on training to address systemic injustices. Nate emphasized the goal of making CBH a top workplace through inclusive programming, such as the caregiver initiative, transformative DEI training, and recruitment efforts to reflect Philadelphia's diversity.	
	He highlighted current DEI efforts, including DEI training, language services for non-English speakers, and celebrating diverse holidays. Future goals include collecting SOGI (Sexual Orientation and Gender Identity) data, revising bereavement policies, implementing preferred name policies, and introducing a bilingual pay differential.	
	Ongoing efforts involve annual staff surveys to inform DEI strategies and ensure equitable salaries through a compensation review process. Nate concluded by stating that CBH's DEI framework is a continuous journey of learning and improvement, committed to addressing barriers, advocating for equitable policies, and celebrating organizational diversity.	
Staffing/Internal Ops → CLAS	The CLAS framework was presented for board approval. Trupanshi Desai outlined the role of the CLAS MAC (Cultural and Linguistic Appropriate Services Member Advisory Committee), emphasizing its function as a continuous evaluation platform. This committee aims to identify service deficiencies, improve service delivery, and ensure quality care for CBH's diverse member population by integrating their experiences, perspectives, cultural differences, and linguistic needs into CBH's CLAS goals. At the conclusion of the presentation, requesting approval from the board. Dr. Bowen then inquired about the availability of sharing a supporting data report related to past numerical information, asking that it be available for board members to look over. Ultimately, following a motion and unanimous vote, the board approved the CLAS framework as presented.	Unanimous vote to approve the CLAS
Staffing/Internal Ops RTO	Andy DeVos addressed the return to office (RTO) initiative at CBH. He emphasized that RTO has become a significant topic of interest within the organization and acknowledged the substantial shift to remote work during the pandemic. He outlined the phased approach for different levels of staff to return, starting with directors and senior staff, followed by supervisors, managers, coordinators, and directors, ultimately leading to a broader return	No board action required.



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	for all staff by June. Andy mentioned ongoing preparations and IT infrastructure to facilitate hybrid work models effectively. He also addressed concerns raised about safety, particularly regarding transportation, and discussed efforts to address these issues with local authorities. The discussion touched upon challenges such as childcare and the potential benefits of returning to the office environment, including enhanced collaboration and social interaction.	
Staffing/Internal Ops Compliance Structure Changes	Andy DeVos introduced a renaming and restructuring initiative for the compliance departments at CBH during the meeting. He explained that the external provider-facing compliance department, historically known as Compliance, will now be rebranded as Program Integrity. This change aims to better align with the focus on fraud, waste, and abuse within the provider network, similar to state-level practices. Simultaneously, the internal compliance functions and risk management will be consolidated and rebranded simply as Compliance. Dr. Pritchett sought clarification on whether this restructuring would involve separate committees. Andy confirmed this, detailing the creation of a new Program Integrity Committee to oversee external compliance issues, alongside a newly formed internal compliance committee. Dr. Bowen raised the importance of aligning these changes with CBH's bylaws, particularly concerning the composition of board members on each committee, which would need to be reviewed to ensure compliance with governance requirements.	No board action required.
Staffing/Internal Ops → Fiscal Projections	An update on CBH's fiscal projections for the remainder of the year was provided. Alex Gauthier elaborated on recent trends affecting CBH's financial outlook, noting a decline in member months due to the unwinding of continuous coverage policies tied to the Public Health Emergency (PHE). This decline impacts CBH's capitation numbers and consequently affects their budget, projecting a deficit for the fiscal year. Alex reassured the board that despite the deficit, CBH's funds, including reserves in risk and contingency, can cover operational needs. However, he cautioned that dipping into these reserves may preclude CBH from funding potential reinvestment initiatives.	No board action required.
	Dr. Bowen raised concerns about maintaining sufficient funds in risk and contingency as per state regulations, suggesting the possibility of requesting an extension if needed. Alex confirmed that their projections incorporated current rate decisions but did not account for potential impacts from pending initiatives that could further strain finances. He indicated stability in their membership projections for the year, reflecting discussions with state authorities about a mid-year review to assess financial trends and adjust rates accordingly.	
	The discussion also addressed the impact on service providers and the challenge of maintaining rate increases amidst financial constraints. The board discussed strategies for managing service delivery amidst fluctuating	



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	membership and financial pressures, acknowledging the complexities of maintaining operational stability while adhering to regulatory mandates.	
Staffing/Internal Ops Providers	Andy DeVos continued by addressing challenges within CBH's provider network landscape, emphasizing significant issues such as access constraints and workforce shortages, particularly in Intensive Behavioral Health Services (IBHS) and case management. He highlighted ongoing efforts to support substance use disorder providers in preparation for the Kensington initiative, stressing the critical need for adequate staffing amidst financial strains. Andy acknowledged the varied financial health of providers, noting concerns raised by network providers regarding financial difficulties and leadership transitions.	No board action required.
	Transitioning to the regionalized IBHS timeline, Andy reviewed CBH's efforts in school-based services, which began as wrap-around services and evolved into IBHS. He outlined metrics used to evaluate provider performance, including crisis services, evidence-based practices, claims-to-authorization ratios, penetration rates, and staff vacancies. Andy disclosed upcoming discussions with IBHS providers to address service viability concerns and potential shifts in provider participation based on performance metrics.	
	In response to questions about the effectiveness of regionalized IBHS, Andy acknowledged varying provider performances and the upcoming transition to fee-for-service models. This transition aims to optimize service delivery and provider accountability under evolving payment methodologies.	
Members • Member Portal	Andy DeVos concluded the presentation by introducing the Member Journey project, an initiative aimed at enhancing member engagement and education regarding behavioral health services. This project includes assessments and educational materials designed to demystify behavioral health options, reduce stigma, and empower members to make informed decisions about their care. Andy emphasized the importance of creating a supportive environment where members feel comfortable exploring these topics.	No board action required.
	He invited board members to explore the Member Journey project via a link in the presentation, highlighting its potential to expand beyond substance use services to encompass a broader range of behavioral health resources.	
Adjournment	The session ended at 4:30 p.m.	No board action required.



MEETING MINUTES: BOARD OF DIRECTORS

Respectfully submitted,

Tierra Pritchett, Secretary/Treasurer