Community Behavioral Health	
Meeting Minutes: Board of Directors	

Meeting Date: Thursday, August 8, 2022

Location: Zoom Meeting Location: Zoom Meeting Location: Aliana Present Present

Board Members Present: Dr. Jill Bowen/President; Dr. Tierra Pritchett/Secretary and Treasurer; Eva Gladstein/Member; Liz Hersh/Member; Kimberly Ali/Member, Cheryl Bettigole/Member, Keisha Hudson/Member; Nicole Mitchell/Member **Other Attendees:** Dr. Faith Dyson-Washington/CBH Chief Executive Officer; Robert Bickford/CBH Chief Financial Officer; Shawna Dandridge/CBH Chief of Staff; Josh Roper/MDO Policy Director; David Henley /CBH General Counsel; Kenneth Inness/CBH Compliance Officer; MaryEllen Robinson/CBH Director of Internal Compliance and Risk Management

Action Taken/Follow up

Meeting Purpose: Community Behavioral Health (CBH) Board of Directors

Aganda Itam

Materials included in Board Packet: Meeting Agenda; June 13th, 2022, Meeting Minutes

Discussion

Agenda Item	Discussion	Action Taken/Follow up
Call to Order	The meeting was called to order, and introductions were made.	The meeting was called to order at 3:02 pm by Dr. Jill Bowen.
Minutes of Meeting June 13, 2022	The meeting minutes from June 13, 2022, were reviewed.	The meeting minutes were approved with no change.
Subcommittee on Staff Recruitment and Retention approved recommendations	Dr. Jill Bowen gave a final update on the subcommittee. Board met in a special session to review the subcommittee on staff recruitment and retention recommendations. Those final recommendations were shared with Dr. Washington they have passed and have been accepted. Those recommendations will be shared with the board. Dr. Washington and her team have provisions now that gives the flexibility to be able to utilize the residency waiver with some limitations. There are a couple of additions to reporting responsibilities that come with the adoption of these recommendations. There will be additional reports where the board will continue to get updates and address any issues with the adopted recommendations. There will be a quarterly update about residency waiver retention and recruitment, then twice a year a report on the longer-term initiatives, then an annual report to look at the overall issue. In the event, the	No action needed
CEO Updates	exemptions reach 10% the board will have a focused conversation around those policies. Dr. Faith Dyson Washington presents the CEO report highlighting operational updates: Communications – As part of CBH's rebranding, there has been a revamping of the CBH website and a soft launch of new features such as a new member page and other features that will make the website easier to navigate. Working on a local revamp as well, we want our members to know who we are and what we do, and the new website is a part of that. Welcome feedback and suggestions for the website. Also doing media campaigns such as local radio, print, bus wraps, social media, and newsletters. Working with a firm to do some internal surveys and focus groups around designing and reimagining the CBH logo. In terms of process improvement, an internet	Follow up on workforce questions from members Liz Hersh and Eva Gladstein

platform where employees can receive updated information about CBH and feel connected as we continue to work in this hybrid environment will be starting soon. Partnered with an organization called Simpler and it will help to provide a new onboarding experience as well. Also looking to use Culture Amp which is an innovative engagement platform as well, it will allow us to do organizational surveys to help us increase our engagement strategies. We onboarded our policy stat software; this is where employees can engage our company policies. We also have vendor software being implemented that will help us track our vendor contracts, spending, and timeframes. We will be able to categorize where those contracts are falling, making sure that contractors stay on scope, and that the information is in one place.

Data Governance – Also working on enhancing data governance systems which will allow for a better process of managing the availability, usability, integrity, and security of our data and systems. Procuring a metadata management system to support those efforts, this project is housed within the IT department.

Process Improvement – Initiated a partnership with Health Catalyst which is a software program that will help us implement our population management software, which will help transform and manage our care and support service delivery to meet the needs of our members. Also kicked off a partnership with HealthShare Exchange(HSX) an organization that gathers and makes electronic patient health information available. Want to pair the Health Information Exchange (HIE) with HSX and that will help us to look at advanced analytics which ties into the population health initiatives as well.

CEO Suggestion Box which employees can email directly to has been going well. Some of the things that have come up in the suggestion box are: employees want to understand the work of other departments, also interest in more employee engagement, interest in more communications, and questions around what growth and expansion mean for the organization as we move forward.

Summer gathering event being held on August 19th meeting in Fairmount Park at Belmont.

Engaged a firm to help with the 25th-anniversary celebration of HealthChoices. Having a filming, also gathering historical items, and stories to tell the history of CBH and DBHIDS and it's humble beginnings and painting a picture for the future.

Questions from board member Liz Hersh: What kind of trends are you seeing in claims? What are members turning to CBH for? What are people accessing and what kinds of services do they feel they need? How are providers doing with staffing shortages?

Dr. Faith Dyson Washington responds that utilization is not where it was in 2019, which also involves workforce issues. A lot of providers are on bridge payments and there is about to be a bump up in the requirement for bridge payments from 25% to 50% in September. Providers are maintaining contact with members however there has been a decrease of 30% for new members. Once our internal systems are up and running, we will be able to speak to that population health software and have faster access to data. Also going to start a project mapping out everything that's in our system so that it can overlap with the population health software and we can make determinations about the best flow in terms of intervening on when, where, how, and why we're able to share that information with our provider networks. Will keep the board posted on the progress as that is beginning to be mapped out.

Liz Hersh asks about staffing concerning the great resignation and how there is talk that people are coming back. Staffing challenges were mentioned, but another question is how are the providers doing with the staffing and what are the ramifications of that? It's something that has been talked about off and on over the last several months and is having an impact.

Dr. Faith Dyson Washington responds that yes, and there was a staffing survey completed and those results can be pushed out and discussed at a future board meeting to understand what we're hearing as feedback.

Dr. Jill Bowen inquires about a reference to the redetermination process and asks to explain more about that as it is a significant challenge on the horizon.

Dr. Faith Dyson Washington responds that under the governor's public health emergency, members have not fallen from our roles typically as they would have and haven't been required to go through the redetermination process. That public health emergency will be lifted. We don't have a definite date yet, it's been pushed out to October, and it could even be pushed out till next year but once that happens there's going to be a six-month period after the federal order is lifted until it takes effect in Pennsylvania.

Robert Bickford responds that it will probably be the spring of 2023 when that may take effect. Once that takes effect we will see if people who were or who are eligible for Medicaid will not be able to receive Medicaid benefits. It's significant as that are a lot of people who could find themselves in a bit of a challenging situation with their healthcare and providers and physical health plans as well, so there will be future conversations and discussions about how to mitigate that.

Adjournment	Meeting adjourned at 4:32 pm	No board action required
Questions & Comments	Dr. Jill Bowen informed the board that Andrea Brooks is moving on and leaving the state and we wish her the best in her career moving forward. Amanda David will be stepping in as her interim.	No board action required
Review of 2nd Quarter Financials & PHE Implications	Robert Bickford presents the 2 nd quarter financials. Comparison of income statement from last year to this year. Financially healthy is the general outlook presented. Some concerns around 2023 capitation rates, more information to come. Eva Gladstein inquired about explaining the reinvestment funds further. Robert Bickford and Dr. Jill Bowen further explained the reinvestment dollars process using various examples.	No board action required
Compliance and Board Governance Presentation	explore this further it would be an interesting topic for the board to continue to speak about. Presentation by David Henley, general counsel going over principles of compliance and governance. Topics covered: . Compliance is everyone's responsibility (having a compliance officer, compliance committee, IT security, and other personnel) . Seven Elements of an Effective Compliance Program (Implementing Written Policies and Procedures, Designating a Compliance Officer and Compliance Committee, Conducting Effective Training and Education, etc.), . Code of Conduct and Conflict of Interest (the foundation of ethical actions) . Board Role and Responsibility and Management Role and Responsibility (Act in a fiduciary manner, Govern the organization by broad policies and objectives., Set the tone at the top, etc.)	No board action required
	letter out, working with the physical health MCOs also partnering with advocacy organizations to help support them, making sure families are engaged, partnering with the school district, exploring our partnership with the community legal services, and taking a multi-pronged approach to make sure that we're addressing that. Eva Gladstein inquires further that this is going to be a major push throughout the community to make sure people retain their rights. The city has had a very ambivalent relationship with the health exchange. She would be really interested to hear how that works out with the (HIE) as it has grown a lot over some period of time but at the beginning, it was felt by some that the amount of data from the health system wasn't sufficient for it to be very fruitful. She suggests that as we	

Respectfully Submitted by,

Tierra Pritchett, Secretary/Treasurer