

## API Governing Body Meeting Minutes Minutes

Date: Thursday, June 20, 2019 / Time: 1:30 p.m. – 4:00 p.m.

Alaska Psychiatric Institute Conference Room A27C

X	<b>Albert Wall Chairman &amp; DHSS DC</b>	X	Constance Woulard, Wellpath DON	X	Elizabeth King, ASHNA
	<b>Gennifer Moreau-Johnson, DHSS DBH Dir.</b>	X	Laura Russell, DHSS Policy Advisor		Daniel Delfino, AHFC
X	<b>Lezlee Henry-Dupoux, API COO</b>	X	Promise Hagedon, API Acting DON	X	Lynn Cole, Wellpath
	<b>Charlene Tautfest, AMHB Member</b>	X	Samantha Gunes, SCF	X	Summer LeFebvre, ABHA
X	<b>Katie Baldwin-Johnson, AMHTA</b>	X	Brenda Moore, AMHB	X	Alyssa Hutchins, DHSS
	<b>Jason Lessard, NAMI</b>		Jillian Gellings, DHSS	X	Josiah Leigh, DHSS
X	Erica Steeves, API QAPI Director		James Farley, CFO		Laura Brooks, DOC
X	Jeremy Barr, Wellpath	X	Kerry Mangold, Wellpath		Ben Wright, CEO PCHS Alaska

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call)	<b>Chairman Al Wall</b>	Roll taken.	Quorum established to conduct Governance business.	Completed
	Review and Approve Agenda		<b>Motion to approve</b> – Katie Baldwin-Johnson <b>Second</b> – Gennifer Moreau-Johnson	Hearing no objection, the motion passed.	Completed
2.	Review June 16, 2019 Governance Meeting Minutes	<b>Chairman Al Wall</b>	<b>Motion to approve</b> – Lezlee Henry-Dupoux <b>Second</b> – Katie Baldwin-Johnson	Hearing no objection, the motion passed.	Completed

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3.	Overview of June 6 <sup>th</sup> , 2019 Meeting with CMS	<b>Chairman AI Wall</b>	<p><u>AI Wall</u>: This most recent survey had state employees from the local health care facility licensing department at CMS, as well a member from region 10, the federal level of CMS responsible for the oversight of state level CMS surveyors.</p> <p>There were some findings, we have not received the report back yet, but it looks as if we will retain our accreditation for CMS.</p> <p><u>Erica Steeves</u>- PowerPoint slide provided entailing areas that went well and noted areas for improvement.</p> <p><b>Things That Went Well:</b></p> <p><u>Video Surveillance Review</u></p> <ul style="list-style-type: none"> <li>• CMS surveyor watched nearly 2.5 hours' worth of surveillance video's looking at multiple episodes of seclusion and timeouts in the Oak Room, with no citations or findings.</li> </ul> <p><u>Restraint Review</u></p> <ul style="list-style-type: none"> <li>• Looked at video surveillance concerning brief manual holds, looked into our logs and documentation, with no citation or findings.</li> </ul> <p><u>Treatment Team and Care Planning</u></p> <ul style="list-style-type: none"> <li>• No citation or findings.</li> </ul> <p><u>Transparency Improvements- Communication</u></p> <ul style="list-style-type: none"> <li>• At the end of each survey day, Matt Dammeyer, CEO, held CMS debriefing meetings with all employees who had contact with the surveyors. Each employee summarized their interactions with the surveyors. All API staff was given a brief summarized bullet point list of all necessary survey information discussed in the debriefing meeting for that day.</li> </ul>		



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3. (Cont'd)	Overview of June 6 <sup>th</sup> , 2019 Meeting with CMS	<b>Chairman Al Wall</b>	<ul style="list-style-type: none"> <li>We are working with the management of the Education department to ensure we have up to date records and the right amount of CPR classes being offered.</li> </ul> <p><u>Policy Management</u></p> <ul style="list-style-type: none"> <li>In general our policy management is a problem.</li> <li>We will be instituting a monthly policy meeting, the first meeting will be held on the 25<sup>th</sup>.</li> <li>Any medical staff policy or overall compliance type policy will be reviewed.</li> </ul> <p><u>Credentialing Process &amp; Bylaws</u></p> <ul style="list-style-type: none"> <li>During the review of credentialing processes and bylaws, it was identified that we have a provider who has been practicing and seeing patients with expired credentials.</li> <li>Matt Dammeyer and Rose are working with our medical staff to make that improvement.</li> </ul> <p><u>Al Wall-</u> The CMS Survey had a Governing Body segment and exit meeting, the first occurrence of this type of CMS meeting request.</p> <ul style="list-style-type: none"> <li>We were able to appropriately express where we are currently as a body and where we intend to be.</li> <li>One week after the CMS survey team left, we were visited by the region 10 Independent Director who met with the Commissioner and myself.</li> </ul> <p><u>Erica Steeves-</u> The CMS Survey was also a complaint survey, with 4 complaints reviewed, 2 of which were substantiated.</p> <p style="text-align: center;"><b>Complaints of Harm</b></p> <p><u>Staff Against Patient Violence</u></p> <ul style="list-style-type: none"> <li>During an assault the staff responded to a violent attack by hitting back, the patient was not hurt but the staff member has not returned to work.</li> </ul>	In the process of being rectified.	Ongoing



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4.	Wellpath Update	<b>Constance Woulard</b>	<p><u>Constance Woulard</u>- Since the last Governing Body meeting, Wellpath has continued to provide the following operational support to API:</p> <ul style="list-style-type: none"> <li>• Assist with responses to CMS, TJC, Ombudsman, and other regulatory and licensing bodies</li> <li>• Secured Interim Chief of Psychiatry position with Dr. Blanford through June 25</li> <li>• Submitted two Director of Nursing candidates for State consideration</li> <li>• Hired Quality Specialist to support QAPI efforts, improve data collection and reporting</li> <li>• Increased marketing campaigns to attract additional psychiatrists, psychologists, and high level nursing positions</li> <li>• Continue to provide on-going TJC/CMS Consultant support <ul style="list-style-type: none"> <li>○ On-site CMS consultant provided during recent CMS survey</li> <li>○ Dedicated resource to monitor and ensure progress with corrective actions</li> </ul> </li> <li>• Provided expertise with appropriate treatment and care planning process <ul style="list-style-type: none"> <li>○ Ensured person served and PNA involvement in treatment team planning</li> <li>○ Attend and support 100% of treatment team meetings</li> </ul> </li> <li>• Wellpath Buddy Program implemented for 30 days to support reduction in seclusion and restraint, appropriate 1:1 coverage, and de-escalation techniques</li> <li>• Engaged in employee recognition by supporting PNA week celebration and development of Employee Recognition Program</li> </ul> <p><u>Laura Russell</u>- In addition, Wellpath also brought up a Forensic Psychiatrist to fill in for the Taku Unit to ensure the forensic restoration services aren't interrupted and are continuing with progression.</p>		

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4. (Cont'd)	Wellpath Update	<b>Constance Woulard</b>	<p><u>Al Wall</u>- We're pretty much caught up on the evaluations for the forensic cases, the Trust helped out by providing funding for that.</p> <ul style="list-style-type: none"> <li>• We are not caught up on restorative care, there are still around 30 people in DOC waiting for this type of care.</li> <li>• In addition, Wellpath attends and speaks at 3 town hall meetings per week, which are held on Wednesday's.</li> </ul> <p><u>Summer LeFebvre</u>- You mentioned 30 people waiting in DOC for restorative care, how long is the waitlist to get into API?</p> <p><u>Al Wall</u>- API and myself receive a daily report regarding patient wait time for Title 47 patients (waiting in hospitals) and Title 12 patients (forensic patients waiting in DOC). These reports change on a daily basis, but I do know that the average length of wait has gone down.</p> <ul style="list-style-type: none"> <li>• We were able to send a number of patient's home who had been waiting for evaluations and were dismissed because they were found capable of standing trial.</li> <li>• Gavin Carmichael sent out an API Hospital Vacancy Report to higher level administrators.</li> <li>• API has the capacity to fill around 300 positions, currently 137 of those positions are vacant.</li> <li>• Most of our capacity issues are surrounding the hiring process of qualified individuals and staffing.</li> <li>• There is a recruitment plan in place to fix that, with a deadline for the end of December.</li> </ul> <p><u>Elizabeth King</u>- Just to follow-up on what you were saying, the average length of wait has decreased, but do you have a sense of what that average looks like?</p> <p><u>Al Wall</u>- That is something we need to look into and include it in our handouts for the Governing Body members.</p>	Send out Town hall meeting notes to all GB members.	Weekly & Ongoing

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4. (Cont'd)	Wellpath Update- Questions	<b>Chairman AI Wall</b>	<ul style="list-style-type: none"> <li>It's simply a data reporting issue on how long someone is waiting, in order to provide the GB with a report, there needs to be a specific point in time. We can pick a date to begin to do a standard baseline comparison. We can run a report on the 1<sup>st</sup> of the month, every month, allowing for average to be determined.</li> <li>Moving forward, we will meet with Erica and try to determine the proper metrics to use for this report, we need to be able to report title 12 &amp; 47 separately.</li> </ul> <p><u>Elizabeth King</u>- Point of clarification from the Wellpath update, you had mentioned that there is an interim chief of psychiatrist deadline through June 25<sup>th</sup>, do you have a position to fill next week?</p> <p><u>AI Wall</u>- An offer has been made for a more permanent solution, which is currently in negotiations.</p> <ul style="list-style-type: none"> <li>Any other questions and or comments?</li> </ul> <p><u>Brenda Moore</u>- As the IMD exclusion goes away on July 1<sup>st</sup>, will that impact wait time?</p> <p><u>Gennifer Moreau-Johnson (via conference call)</u>-</p> <ul style="list-style-type: none"> <li>The services that are rolling out on the 1<sup>st</sup> of July are services related to substance use disorder, which includes the exemption for the IND exclusion, so for substance use disorder, facilities with 16 beds or more will be able to bill for Medicaid coverage for ages 21 and older and 64 and under.</li> <li>That being said, based off of data from Medicaid and ASHNA, I do believe you will receive a relief in pressure due to the number of patients presenting with psychiatric issues, whose primary issues are substance abuse.</li> </ul>	Determine average length of wait reporting and documentation process.	TBD

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4. (Cont'd)	Wellpath Update- Questions	<b>Chairman Al Wall</b>	<p><u>Katie Baldwin-Johnson</u>- My question is related to the phase II of the 1115 Waiver, is there anything included within the waiver that will impact IMD exclusions?</p> <p><u>Al Wall</u>- We're working with CMS on that, we have received mixed responses to that question. Initially, everything I saw indicated, yes that we could receive a waiver, but lately it's been heading in the other direction, but they are willing to talk to us about it.</p> <p><u>Elizabeth King</u>- Do you have any sense of when the behavioral health component for the 1115 Waiver might become public?</p> <p><u>Gennifer Moreau-Johnson (via conference call) –</u></p> <ul style="list-style-type: none"> <li>• The SUD portion is approved and rolling out July 1<sup>st</sup>.</li> <li>• The second portion is in the final stages of drafting an agreement and is projected to roll out in October or November.</li> <li>• The exemption from the IMD exclusion for the mental health services, is the only portion of the 1115 waiver behavioral health component that we are currently negotiating.</li> </ul> <p><u>Laura Russell</u>- I found the old data points on the status of the length of wait time. As of May, there were 9 people in Taku for restorative care, 24 waiting for evaluation, with 17 being in DOC custody awaiting evaluation (6 were outpatient and one had a bench warrant out).</p> <p><b><i>No Motion set Forth</i></b></p>		Completed



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5. (Cont'd)	Standing Committee Discussion	<b>Chairman AI Wall</b>	<p>and our Governance Body documents are messy, contradict one another, and contain incorrect information. We as the Governing Body need to amend our bylaws. Amending bylaws can be very difficult and lengthy. I'm recommending, we empower a committee to start looking at our bylaws to put forth recommendations for changing those bylaws for bringing them in accordance to what they should be, both to our accrediting body, CMS, and in conformance with how the state operates.</p> <p>Initially, it needs to meet monthly and have recommendations for adjusting the bylaws at each Governing Body Meeting.</p> <p>With that I'll call it to vote, can we set up a committee to review and offer recommendations for change to our bylaws and other Governing Body Documents.</p> <p><b>Motion To Approve-</b> Lezlee Henry-Dupoux <b>Second-</b> Katie Baldwin Johnson</p> <p><u>AI Wall-</u> I'd like to talk about the composition of the committee next.</p> <ul style="list-style-type: none"> <li>• Lezlee Henry-Dupoux will be the head of the committee for the API staff</li> <li>• AI Wall</li> <li>• Steve Bookman or Laura Russell</li> </ul> <p><u>AI Wall to Jillian Gellings-</u> From now on in the agenda, after all of the updates at the very end, could you put a section on there for "Items for Consent", allowing any items the committee's reviewed to be voted on and accepted.</p>	No further discussion, committees have been approved.	Completed
6.	Further Discussion- Governing Body Document	<b>Chairman AI Wall</b>	<p><u>AI Wall-</u> Discussion moved to the table for next governance meeting, to allow for Bylaw Committee to meet and review bylaws.</p>	Discuss next Governing Body meeting.	July 18 <sup>th</sup> , 2019

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7a.	Staff Update	<b>Lezlee Henry-Dupoux</b>	<p>Hearing no objections, discussion is put to the table for next Governing Body Meeting.</p> <p><u>Lezlee Henry-Dupoux-</u></p> <ul style="list-style-type: none"> <li>• Joanna Bacareta has stepped down from Director of Nursing position</li> <li>• Promise Hagedon is replacing her as acting DON</li> <li>• Dr. Blanford, as acting Chief of Psychiatry</li> <li>• We have some locum doctors coming in who are currently still in training, but will be here after completion: <ul style="list-style-type: none"> <li>○ Dr. Ridgeway- has AK license (3months)</li> <li>○ Dr. Kaiser- has AK license ( 3 weeks per month x 3 months)</li> <li>○ Dr. Cotoman- has AK license (1 full month)</li> </ul> </li> </ul> <p><u>Al Wall-</u> There is an offer out for a Chief of Psychiatry, which would be a more permanent solution. There has been an ongoing discussion with the Governor's office, who approves that decision, so we are waiting for that to get approved.</p> <p><b>No motion set Forth</b></p>		Completed
7b.	Fiscal Status Update	<b>James Farley</b>	<p><u>James Farley-</u> The supplemental has finally been approved. Prior to that approval, we were reviewing all of our obligations and encumbrances and were able to identify a couple hundred thousand dollars that could be released and still be able to pay contractors and providers. Now that the supplemental has been approved, we're going through our projections for what we will need for the remainder of the year for obligations.</p> <p><u>Al Wall-</u> In the survey there were a number of structural issues found by CMS that will need to be changed and will require another monetary ask, what is the process to ask for those funds for capital improvement on some-what of an emergent basis?</p>		

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7b. (Cont'd)	Fiscal Status Update	James Farley	<p><u>James Farley</u>- I have reached out to the facilities that handle capital funding, and from my understanding the glycol pump is already a part of the capital budget. For the other side of it, we may not have money for capital, but the facilities office is still looking into it for on. On my end, I'm trying to come up with a plan to include those structural issues as part of our operating budget, but we will have to wait for more information regarding whether or not those issues will come from the operational versus capital budget.</p> <p><b>No motion set Forth</b></p>	Find out the procedure for asking for capital funds in the mid-term.	TBD
7c.	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<p style="text-align: center;"><b>Important Quality Measures</b></p> <p><u>Compliance with Screening</u></p> <ul style="list-style-type: none"> <li>• These numbers come out of our publicly reported data, current through March.</li> <li>• Healthcare has a vast amount of screening tools, here we're looking at violence to others and violence to self as some of our most important safety measures.</li> <li>• We do have tools within our Meditech platform, but are currently looking to implement evidence based tools that are a little more objective with the violence to others.</li> <li>• Ultimately we need to pick a tool that allows us to have the right level of intervention service for the patients that we serve.</li> </ul> <p><u>Physical Restraint Overall</u></p> <ul style="list-style-type: none"> <li>• According to this graph, it looks like we have a high increase during this last quarter in restraints.</li> <li>• 42% of those incidents were from one specific patient.</li> </ul>		Completed

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7c. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<ul style="list-style-type: none"> <li>• When you start to see those kind of behavioral numbers, specific behavioral plans are necessary for certain patients.</li> <li>• We created a specific behavioral plan for this patient, made medication adjustments, and increased consistency amongst team members so all staff is responding to this patient in the same manor.</li> <li>• Patient was able to reintegrate into another unit and hasn't had a restraint episode in over a month.</li> <li>• We are looking at patient level data as well as overall rates for the general population.</li> </ul> <p><u>Seclusions</u>- Overall downward trend in seclusions, but if you look at the graph, quarter 2 has an increase in the amount of seclusions from quarter 1. This is due in part to the same patient as mentioned above, we decreased their restraints but as a result their seclusion episodes increased.</p> <ul style="list-style-type: none"> <li>• We have improved overall as a facility within our seclusion and restraint documentation.</li> <li>• Weekly restraint meeting that looks at every episode of brief manual restraint and seclusion.</li> <li>• Front-line PNA and nursing staff attend meetings.</li> <li>• Holding mock restraints as training, allowing us to simulate a code blue. We evaluate and play with the necessary equipment and provide feedback in real time.</li> </ul> <p><u>Multiple Antipsychotic w/Appropriate Justification</u>- The company that we use for our vendor data did an interview with our pharmacist and data specialist Kate. This interview will be published nationally for our improvements around this particular measure.</p> <ul style="list-style-type: none"> <li>• Our pharmacist, Patty, attends all of the medical staff meetings and provides real-time updates.</li> </ul>		

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7c. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<p style="text-align: center;"><b>Trends and QAPI Projects</b></p> <p><u>Medication Safety</u>- Our Medication Safety Program has multiple quality projects:</p> <ul style="list-style-type: none"> <li>• Reducing therapeutic duplication</li> <li>• Improving consistency of allergy documentation and recognition- making sure that what is on the patient and on the chart matches what is in the electronic record.</li> <li>• Court ordered medication dosing- making sure we don't exceed the 24 hour dosing limit ordered by the court.</li> <li>• Multi-use medication labeling (Flonase)</li> </ul> <p><u>Discharge Planning</u></p> <ul style="list-style-type: none"> <li>• 16% of our patients are discharged to a shelter.</li> <li>• 8% are discharged against medical advice due to a court order.</li> <li>• Discharge review committee and new utilization review committee will be working with the medical staff and advocacy groups on addressing this issue.</li> </ul> <p><u>AI Wall</u>- Regarding patients discharged to a shelter, is that the patient's choice because they are offered a place to go and they don't want to go to it, or is that because the patients have nowhere to go?</p> <p>This is an issue we need to have a discussion about. We just had a meeting with the Trust regarding housing vouchers that are available. There is a priority list for these housing vouchers, which has individuals being discharged from API high on the priority scale.</p> <p>Mark is tracking the 811 vouchers, but there are a number of potential reasons as to why a patient could not be eligible to receive those vouchers that we need to be following up on.</p>	Erica and Lezlee follow-up on shelter discharge trend and 811 voucher availability.	TBD

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7c. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	Erica Steeves	<p><u>Daniel Delfino, Alaska Housing (via conference call)</u> – My division runs the voucher program and I would be happy to chat about that with anyone on your staff if you have any questions.</p> <p><u>Erica Steeves:</u></p> <p><b>Unusual Event Reporting-</b> Our current process is a paper driven process, which requires a lot of specific and detailed data to be documented.</p> <ul style="list-style-type: none"> <li>• June 26<sup>th</sup>, Lynn and I will be hosting leadership training on how to properly document and review an event and on overall just culture.</li> <li>• Staff Speak up for Safety program starting July 1.</li> </ul> <p><u>Elizabeth King-</u> The last Governing Body meeting we were told that UOR reporting was going electronic, how has that been going?</p> <p><u>Erica Steeves-</u> Wellpath comes with a wealth of resources, but our API staff aren't Wellpath employees, so if we implement the program we have been offered, our staff can't use it.</p> <ul style="list-style-type: none"> <li>• For now we have to use what we have, but we are looking into other options, the potential to buy a separate UOR system such as Riskqual and integrating our systems later.</li> </ul> <p style="text-align: center;"><b>Patient Safety Data Forms</b></p> <ul style="list-style-type: none"> <li>• Our UOR system tracks 12 metrics that we are trending.</li> <li>• Falls data is included. This year there has been 2 falls that resulted in a fracture. There has been no documented or reported falls since May 3<sup>rd</sup>.</li> <li>• Infection Prevention- hospital required skin infection and other infection.</li> </ul> <p><u>Brenda Moore-</u> Regarding your topic of suicide risk assessment, this is something AMHB has been looking into. In addition, The Division of Behavioral Health was</p>		



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7d.	POC Update	Lynn Cole	<p><u>Lynn Cole</u>- There are a number of surveys that have occurred in the past 6 months. The Master CAP Tracker includes a number of survey points for our attention from CMS, DHSS, The Joint Commission, The Ombudsman, and OSHA.</p> <ul style="list-style-type: none"> <li>• There are 277 points that we are looking at that in which we were found to be non-compliant in those areas.</li> <li>• We have corrected 97% or 271 out of 277 CAP items.</li> <li>• This does not include the most recent CMS visit because we are still waiting for that official report.</li> </ul> <p><b><i>No motion set Forth</i></b></p>		Completed
7e.	Litigation Status	Laura Russell	<p><u>Laura Russell</u>- There has been little change in our litigation status since the last Governing Body Meeting. As far as court decisions, our status is still pending the court order in the Disability Law Center case. There is still a few months before the deadline for a court ruling.</p> <p>The final information gathering meeting for the Forensic Feasibility Study occurred yesterday. That should hopefully be completed and released to the department by the end of July.</p> <p><b><i>No motion set Forth</i></b></p>		Completed
7f.	Hiring Process	Lezlee Henry-Dupoux	<p><u>Lezlee Henry-Dupoux</u>-</p> <ul style="list-style-type: none"> <li>• We had 16 applicants for safety officer, and are in the process of constructing an offer to a highly qualified applicant. He has a lot of experience working with the Joint Commission and CMS as well as EOC management experience for 3 years.</li> <li>• 7 Vacancies in Social Services Department</li> <li>• Recently hired 2 discharge planners</li> </ul>		

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7f. (Cont'd)	Hiring Process	Lezlee Henry-Dupoux	<ul style="list-style-type: none"> <li>• A lot of applicants for Nursing and Medical Records Administrator position (s).</li> <li>• Staff Psychiatrists: 8 vacant positions</li> <li>• Advanced Practice Professionals - Medical Officer Staff: 1 vacant position</li> <li>• Locums:               <ul style="list-style-type: none"> <li>○ Dr. Ridgway – has AK license (3 months)</li> <li>○ Dr. Kaiser – has AK license (3 weeks per month x 3 months)</li> <li>○ Dr. Cotoman – has AK license (1 full month)</li> </ul> </li> <li>• Credentialing               <ul style="list-style-type: none"> <li>○ Kaichen McRae, PhD, will be on contract, for forensic evaluations</li> <li>○ Craig Kaiser, DO, psychiatrist</li> <li>○ Beth Ridgway, MD, psychiatrist</li> <li>○ Dan Cotoman, MD, psychiatrist</li> </ul> </li> </ul> <p><b>No motion set Forth</b></p>		Completed
7g.	Feasibility Study- Off Script	Chairman Al Wall	<p><u>Al Wall</u>- As Deputy Commissioner, I have personally stepped back in my role of drafting the RFP for the Feasibility Study for Privatization, and shall we move towards privatization, any RFP for that. I am completely removed from that process, but I do know that it's in process and there is a draft out there, but it has to go through legal first.</p> <p>I also recommend that a select group or ad-hoc committee be designated, that only meets once, for the purpose of reviewing the feasibility study and RFP, and so the Governing Body is aware of what's going on.</p> <p>If approved, I will send out an email to the Governing Body soliciting for ad-hoc committee members and if not, I will explain why.</p> <p><b>No motion set Forth</b></p>	Attorneys check with the Department of Law regarding what would be required or allowed for this certain scenario.	TBD  Completed

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	Good of the Order	<b>Chairman AI Wall</b>	<p><b><u>Next GB Meeting:</u></b> The next meeting of the Governance Committee is scheduled for July 18, 2019.</p> <p><b><i>Motion to adjourn – Lezlee Henry-Dupoux</i></b> <b><i>Second – Katie Baldwin-Johnson</i></b></p>	Have policies legally reviewed and corrected by next meeting for further review.	July 18 <sup>th</sup> , 2019
Meeting Ends	Adjourned at 4:00 p.m.				

Minutes prepared by: Alyssa Hutchins 06/20/2019

Approved by: Albert Wall:  6/20/2019  
(Initial) Date