API Governing Body Meeting Minutes - Minutes

Date: Thursday, July 18, 2019 / Time: 1:30 p.m. – 4:15 p.m.

Alaska Psychiatric Institute Conference

Room A27C

X	**Albert Wall Chairman & DHSS DC**	X	Lynn Cole, Wellpath	X	Gayle Nash, Wellpath
	Gennifer Moreau-Johnson, DHSS DBH Dir.	X	Steve Bookman, AAG	X	Glen Klinkhart, API
X	**Dr. Lily Lou, DHSS CMO**	X	Michelle Meloche, Dept. of Law	X	Monique Martin, AK Regional
X	**Lezlee Henry-Dupoux, API COO**	X	Laura Russell, DHSS	X	Durbin Hobbs, API
	Charlene Tautfest, AMHB Member	X	Promise Hagedon, API	X	Shane Coleman, SCF
X	**Katie Baldwin-Johnson, AMHT**	X	Ron Cowan, API	X	Elizabeth King, ASHNHA
X	**Jason Lessard, NAMI**		Jillian Gellings, DHSS	X	Alyssa Hutchins, DHSS
X	Matt Dammeyer, API CEO		James Farley, CFO		Beverley Schoonover, MHB
X	George Gintoli, Wellpath	X	Dave Morgan, Commonwealth North		Daniel Delfino, AHFC
X	Erica Steeves, API QAPI Director	X	Ross Bieling, Commonwealth North		

(Voting members in blue)

#	Standing Agenda Items	Lead Assigned	Discussion	Action Item	Due Date
1.	Welcome Introductions (Roll call)	**Chairman Al Wall**	Roll taken.	Quorum established to conduct governance business.	Completed
	Review and Approve Agenda		***Motion to approve –*** Gennifer Moreau-Johnson ***Second*** – Charlene Tautfest	Hearing no objection, the motion passed and the agenda was approved.	Completed
2.	Review June 16, 2019 Governance Meeting Minutes	**Chairman Al Wall**	***Motion to approve*** – Gennifer Moreau-Johnson ***Second*** – Jason Lessard	Hearing no objection, the motion passed and the June Meeting Minutes were approved.	Completed

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3.	Wellpath Update	**George Gintoli**	George Gintoli- Wellpath has provided the following operational support to API since the last Governing Body meeting:
			• Assist with responses to CMS, TJC, Ombudsman, OSHA, and other regulatory and licensing bodies
			• Secured forensic psychologist(s) to support restorative care through September
			• Continue to provide on-going TJC/CMS Consultant support
			    o On-site CMS consultant provided to assist with Plan of Correction
			    o Dedicated resource to monitor and ensure progress with corrective actions
			• Continue to provide expertise with appropriate treatment/care planning process
			    o Ensured person served and PNA involvement in treatment team planning
			    o Attend and support 100% of treatment team meetings
			• Provided opportunity for 3 API staff to attend Advanced MANDT training to support in-house education and increase competency in de-escalation techniques for all direct care staff
			• Revised and updated all Infection Control policies to bring facility into compliance and satisfy CMS guidelines
			• Nurse Educator will be in-house next week to work assist with competencies for nursing
			• Supported DHSS efforts to secure placement for inappropriate API admission to another Wellpath facility in Columbia, South Carolina
			• Implemented pre-paid fund to support incentives in patient’s behavior or care plan with a physician’s order
			
			Wellpath continues to provide operational support and is working on finalizing the following areas:		

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3. (Cont'd)	Wellpath Update	**George Gintoli**	• Finalizing implementation of electronic policy management system • Continuing to support on-going operations and identifying potential candidates for key vacancies • Providing onsite Infection Control and Nursing Education support to educate staff, bring facility into compliance, and satisfy CMS guidelines • Working on opportunity to expand the current patient incentive cart, reintegration program, and other social programs Al Wall- You mentioned Nursing Competency Training, does that training pertain to the most recent CMS survey finding? George Gintoli- Yes Jason Lessard- Regarding bullet point 2, with the hiring of a Forensic Psychologist through September, are you still looking to hire more? With the current caseload, what is your projected outcome regarding Forensic cases? George Gintoli- Yes, we are still recruiting, but I cannot speak as to how it will affect the current caseload. We're still aiding the state with filling critical vacancies. • DON candidate coming in for their 2nd interview • Clinical Director candidate that the state is interviewing • We still need recruits for psychologists, social work, and additional RN's.		
3. (Cont'd)	CAP Tracker Update	**Lynn Cole**	Lynn Cole- From a compliance standpoint, we are following 359 data points or metrics. These metrics are from CMS, TJC, Ombudsman, OSHA, and other regulatory and licensing body surveys. • 95% of metrics are either completed or substantially in progress • 5% have not yet been started		

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3. **(Cont'd)**	CAP Tracker Update	**Lynn Cole**	Erica Steeves- In order to address all previous plans of correction, education and training had to occur hospital wide to satisfy compliance. All of these items were assigned to the Hospital Education Department, so if you're busy training all day, filing will get set aside for the next day. With multiple surveys a month, this process can manifest into a problem of its own. We have identified that we have a critical gap in training, auditing and competencies. This week we have assigned 3 additional resources to determine what we have and have not done. Hands on with return demonstration training for the emergency medical equipment has been implemented to address the competencies cited during the CMS visit. ***No Motion Set Forth***		Completed
4.	Items for Consent	**Chairman Al Wall**	Al Wall- This is a new item for the governance body, in a large organization the governing body in usually involved in the revision and approval of policies. API in particular has a number of policies for revision, so in order for the Governing Body to address all of these items, sub-committees must be comprised for the revision of these documents prior to the Governing Body meeting, to allow for consent by the entire board. As a full board, we will vote on the full packet. If you go through those items and notice a particular policy you have a question on, when I pull that item up for discussion, you would state "can we pull number X,Y,Z?" and that item would be taken out for discussion.		
4a.	Policy Review Committee	**Erica Steeves**	Erica Steeves- **Infection Control Policies** • On the front of these policies you can see the effective date, then on the back, the reviewed by date		

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4a. **(Cont'd)**			• These have been reviewed by nursing, there are no changes, but these are the existing policies • We were cited in our most recent survey regarding policies that hadn't been reviewed based off of our Policy on Policies, that states we will look at them every 3 years • The committee did meet, each member was given 2 policies to review, and this will be the process used moving forward ***Motion to approve –*** Jason Lessard ***Second*** – Katie Baldwin-Johnson Jason Lessard- Alaska Department of Health and Human Services, is referenced instead of the Alaska Department of Health and Social Services, should we be aware of that type of language? Al Wall- In this scenario, it is correct because the Federal level is being referenced, but you are correct we will need to change the acronym then, to reflect DHHS not DHSS.	Hearing no objection, the motion passed and the consent agenda was approved. Note change in acronym, for policy committee.	Completed
4b.	Bylaws Committee	**Lezlee Henry-Dupoux**	Lezlee Henry-Dupoux- The Bylaw Committee, Dr. Lou, Dr. Kasukonis, Gayle Nash, Laura Russel and myself, met on July 9th to review the current bylaws and propose amendments for our re-credentialing process. • Revise the current Bylaws to meet the standards set forth by the Joint Commission and the Alaska Ombudsmen Code • Define the members of the medical staff • Define the function of the MEC Committee • Define the rules of the Governing Body and their support of the MEC • Review and redefine the MEC membership and how members are elected • Review the components of the History and Physical credentialing committee ○ Need to add section		

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4b. (Cont'd)	Bylaws Committee	**Lezlee Henry-Dupoux**	• Reporting of re-credentialing to the MEC • Describe the bylaws and how they should be amended • A clear process of peer review OPPE FPPE, every 6 months • Development of a Credentialing Committee and the functions of that committee After the committee addressed these items, they were submitted to the MEC for review, which they will be given 3 weeks to provide questions or comments, to then bring back to the board. Next meeting is scheduled for Tuesday, July 23rd. ***No Motion Set Forth***		Completed
5.	Staff Update	**Matthew Dammeyer**	Matthew Dammeyer- We previously discussed the challenges of recruiting into environments where you have uncertainty of what the organizations future looks like from an employer's standpoint. In a span of just two months, we have had a number of things happen organizationally that is starting to stabilize our workforce. The areas we are working on are: • Hiring a clinical director of psychological services • Hiring a department head for Rehab and Occupational Therapy • Hiring a Director of Nursing • Hiring the appropriate amount of positions for the Clinical level The work done by the state in ensuring that state nursing position salary be at a more equitable level has attributed to some of our success in the hiring process. Shane Coleman- I'm curious as to what your current bed capacity in regard to Psychiatrists and prescribing practitioners, Advanced Nurse Practitioners included.		

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5. (Cont'd)	Staff Update	**Matthew Dammeyer**	Matthew Dammeyer- API is licensed for 80 bed, right now we're running at about mid-30s. Our bottle neck is not our providers, we are actually over-staffed for our capacity on the provider's level. Today we had 4 psychiatrists and 3 ANPs all here today for 35 patients. Al Wall- On Tuesday I met with the Director of Personnel for the state and some representatives from HR and discussed compensation levels for psychiatrists and doctors. In 2015 the state adopted a pay-scale which took the average salary for providers from 3 states, regardless of what field they worked in, so this methodology is outdated. We started a dialogue with the division about fixing this issue. Currently, we can negotiate pay for medical doctors because they are exempt, but for ANP and Nurse positions, due to the SOA classification we cannot, so the hiring process takes longer and is more difficult. We are putting together some documentation to request to look into fixing this issue in the near future.		
5a.	Hiring Process- Credentialing	**Matthew Dammeyer**	Matthew Dammeyer- One of the issues that was brought to light by the most recent CMS survey was our credentialing process. The CMS Surveyors could have been much more aggressive with the citations but II feel confident in our plan moving forward.		
5b.	Census and Placement Updates	**Matthew Dammeyer**	Matthew Dammeyer- We just crossed the mid-30s threshold for the first time on our census since the 13 weeks I have been here. We are having great conversations with how we can improve discharge planning and communicating with people outside of this organization. Yesterday, I met with a couple of politicians here at API on how we can really improve this system of communication from what happens at API to what happens In the larger society. We need to have a continuum of care that doesn't allow for API to be the last		

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5b. **(Cont'd)**	Census and Placement Updates	**Matthew Dammeyer**	stop for every single complex patient because no facility encompasses that level of expertise. Monique Martin- When you're talking about the challenging placements, does that mean out of state then typically, or what does that placement look like? Matthew Dammeyer- When I think of challenging placements I think of both directions, people coming in that really shouldn't be placed here because they are outside the scope of what we're really capable of doing, but more referring to placing people outside of the institution. When people come into the institution with complex behaviors and symptoms, even when we stabilize them, it's very hard to find healthy, stable placement outside of API. Al Wall- Since December, there has been 2 very difficult placements. One placement regarding mental illness's such as autism or dementia, which don't necessarily belong at API, there is just no other place to go. Another category being individuals who are extremely violent and difficult to stabilize in any sense. In the behavior health world, when we have an individual that is complex, we don't have level 5 care for appropriate placements, so in those two scenarios we did send those out of state. This isn't routine or ideal, but sometimes we have to place patients in an environment that can be restorative, and sometimes that isn't API. ***No Motion Set Forth***		Completed

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5c.	Fiscal Status Update	**James Farley**	James Farley- Working on closing out FY19. Since the last meeting we have been clearing all of our errored transactions and as of 7/12 they are all cleared. We are processing the remaining invoices that have come in. • Personal Services have all hit and our appropriations are all zeroed out for personal services. Was able to move roughly $700,000 back into the continuing operating appropriations that we are able to use in FY20 for personal services. • Once we have all invoices paid for FY19 I will be looking at what we will have left in our budget for FY19 for Services and Commodities that I can apply to some of our existing contracts that will allow us to free up FY 20 funds. • We are looking in great shape to closeout FY19. We will be able to have everything processed by the year end processing deadlines for the Department. **Fiscal Year 2020** • Working on Management Plan for FY20 to move funds around. The way the funds were allocated in FY20 requires us to move funds around based on what we project to spend for the year. • In FY20 we were allocated a small portion to personal services and all the rest was allocated to services. Matt Dammeyer- There is management of our expenditures, which James has done an incredible job of, but one thing we haven't talked about is revenue generation, which means creating an environment where paying customers and commercially insured customers are able to have access to your facility because they heard how great the care was. API currently does not have one single commercial payer. ***No Motion Set Forth***		Completed

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5d.	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	Erica Steeves- **ORXY Quality Indicators** • ORYX measures are Joint Commission outcome and performance measurements that are used to make improvements in care • There are standard measures for different care sets (inpatient, psychiatric) • This is our Q1 data for this year that we report externally, looking at appropriate screenings for patients, hours of seclusion, and restraints • Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey ○ This is our experience data, we do administer a survey at the end of the hospital stay and in the past 6 months we have had a pretty significant decrease in the number of surveys returned ○ 10-15% return rate, on very small numbers ○ We conduct our surveys vocally, most hospitals will send them our through the mail or electronically, we may over time look into a different methodology **CMS Survey Data- Patient Grievance Information** • Grievance Data- When we were surveyed, we were cited for not being in compliance with "Ensure proper notice of a grievance decision for a seven-day update and resolution letter within 30 days" • Our response rate for the year is 87% • We are working on a standard work document that allows anyone to pick up, understand, and respond within the timeframe, allowing us to not just rely on one employee to write all of the letters • In order to address the "A-TAG", our CMS deficiencies, the senior management team will have line of sight into grievances every week at our senior leadership meeting		

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5d. (Cont'd)	Quality Assurance Performance Improvement (QAPI)	**Erica Steeves**	Ron Cowan- Real briefly, the changes to the charter are very minute, primarily a change in the verbiage of the grievance committee. It was decided after the charter had already been written and approved that the written verbiage was more involved than was really functional, so we decided to go ahead and make the CEO the final arbiter, which is the final change in the discrepancies. We do have a process if it doesn't need to go to the CEO, the progression is to first come to me (patient advocate), the QAPI Director (Erica), and lastly to the CEO (Matthew). This is the primary change in the charter. Our prior policy was very involved and convoluted, there were numerous variations to the types of grievances. We took the interpreter guidelines, adopted and codified our grievance process to reflect those. The most recent changes ensure that we try to solve the grievance within a 7 day period and provide a written response to accommodate it. If we cannot resolve the grievance within 7 days, we contact the grievant and notify them that it's taking longer than we thought and provide them with a letter of gratuity explaining what has been done regarding the grievance (30 day period). Grievances are picked up daily and triaged, allowing for grievances of neglect or abuse to be seen on the day of, allowing for immediate response. Our verbal response time has always been very good, our issue identified by CMS was regarding written response. Monique Martin- I have a question real quick, on page ¾, there's a comment box about removing agencies like the Disability Law Center, Adult Protective Services, and OCS, then there's a note from someone indicting that the JC suggested that they be added to the policy? Ron Cowan- No, just the opposite actually. Last year in our efforts to maintain compliance, we had consultants from the JC come and look into our grievance process.		

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5d. **(Cont'd)**	Quality Assurance Performance Improvement (QAPI)- Patient Grievance	**Erica Steeves**	We have historically in our letters included every agency that would be appropriate for a consumer to contact in the event that they were not satisfied. The suggestion was, when they reviewed our grievance policy, was that we should only include the state agencies. It was my opinion that I would like to continue including all of the agencies for consumers re reach out to, should they need. What that comment box was basically indicating was that we can go along with the suggestion from the JC and get rid of all those contacts, but I don't think we should. So in our letter, we currently include all of those contacts for the agencies. Al Wall- I'd like to make a statement of process, in that we're supposed to have the motion, second, and then open it up for discussion. ***Motion to discuss –*** Katie Baldwin-Johnson ***Second*** – Jason Lessard Katie Baldwin-Johnson- I'm particularly sensitive to the grievance process, the Trust has been engaged as well as DBHSS for years, over concerns and revisions. Thinking about the patient grievance process in a way that eliminates the potential perception that "the buck stops here" by removing the avenue for someone who really feels like their grievance hasn't been addressed. Al Wall- I would like to entertain a motion for this policy up to and including an amendment to that section if you would like to restore that verbiage and move this policy forward. Katie Baldwin-Johnson- I don't know how effective that process is. I don't know how engaged those agencies are		

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5d. (Cont'd)	Quality Assurance Performance Improvement (QAPI)- Patient Grievance	**Erica Steeves**	or if they are engaged at all. I would like to know if it works and if it's adding value to the grievance process. Beverly Schoonover- This is definitely something I think should be talked about more in depth. The state Ombudsman would be the person that patients could report to if they wanted to elevate their grievance or if they weren't getting the response that they needed and she has told us that if a contractor comes in and takes over that personnel, she wouldn't have that function anymore? Al Wall- The State Ombudsman issue is something that's been in discussion and I have been working with the AG's office right now. Her scope is defined by the legislature, so that needs to be addressed if that's a problem. The AG's office is deciding on that issue. It is my personal opinion that the ombudsman be included. I also think that patient's should have the capacity to entertain their grievance to the governance board. Ron Cowan- If this helps your concerns, we do have patient rights groups and one of the things cover on a weekly basis, per unit, is ways patients can go about making a grievance and reminding them of the other agencies that are available. In my letter, that I use to respond to each and every grievance I include not only the names of those agencies but their contact information as well. Al Wall- I think what I'm hearing is the general consensus that we'd like the language restored at least, but it's my understanding that we were cited by CMS in their most recent findings, so we need to get it fixed. I would like to see if we can amend and vote on that today. Is there verbiage for an amendment on that paragraph that's suggested?		

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5d. **(Cont'd)**	Quality Assurance Performance Improvement (QAPI)- Patient Grievance	**Erica Steeves**	Monique Martin- I'm curious if there's a way to approve this for a 3-month time period, because then it would be a priority for all of us to figure out what that looks like. Al Wall- Yes, we could make a motion to pass this and refer it to committee for review. It would be reviewed in the next Policy Review Committee meeting and then we could have that discussion. I would entertain a motion for approval on a short-term basis for review. Matt Dammeyer- It's always a dangerous strategy to put end dates on policies when surveyors will be showing up within a weeks' time. I suggest that we approve this policy, without an end date, but take responsibility as a Governing Body and refer it to committee. Al Wall- One of the things I'm hearing, and I echo is that it's not just about putting a list of names into the policy, but talking about the process itself. Dr. Lily Lou- I would suggest adding to the verbiage of this policy: "In addition contact information for external agencies and stakeholder groups will be provided to the grievant". ***Motion to approve*** – Dr. Lily Lou ***Second*** – Jason Lessard Policy passes, will be referred to committee and kept on the agenda for next Governing Body meeting.	Keep on agenda for Policy Review Committee.	Next GB Meeting

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5d. (Cont'd)	Quality Assurance Performance Improvement (QAPI)- Policy Approval	**Erica Steeves**	Erica Steeves- In front of you in a letter from CMS with a list of deficiencies in their language as well as our written response and Plan of Corrections. Last week we spent time with each group relating to each documented deficiency and designed the intervention that would address that particular deficiency. There has been adequate progress on the majority of these, with two outstanding education items, one on continuity of care and the other on dementia training. Two things that the body needs to address today, the Ligature Risk Mitigation Plan, which includes capital expenditures and a time line associated within the plan. That last CMS survey cited an "immediate jeopardy" regarding our door closure devices, which we took care of, but the next day we were cited for our handrails. Lezlee Henry-Dupoux- I've been working with our building maintenance specialist and CFO to address this issue and in finding funds for this project. After sitting down with a number of people we determined that the bidding process will take about 3 months. Once we go through the bidding process, funds for construction. RFP for a specialist, we most likely won't start constriction until November. The construction is expected to be finalized in April of next year. Erica Steeves- The second item that I wanted to draw your attention to addressing medical staff credentialing peer review forms. Part of the role of the governing body is to have medical oversite to the medical executive committee. The medical staff has changed their form numerous times over the past few years, and CMS asked whether or not the Governing Body was aware of this or not. There was no documentation of communication between those two groups and our responsibility in here is to ensure that we have some oversight. We brought the concerns to the Medical Executive Committee last week, and they will be reviewing their forms to ensure	Provide CMS Financial Hardship Waiver for next GB meeting.	

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			that they are using one version, then it will come back next month. The existing versions are provided for you today, giving you the ability to see that. The other thing CMS also found to be a problem was with our credentialing. They pulled our provider files and found that we had a provider who had been practicing without being fully credentialed. We have fixed all of those things and are working on an ongoing tracking system to ensure that this doesn't happen again. Legionella Risk Management Water Assessment Program. Along with this draft you will also see an assessment conducted by Legionella and a policy addressing this. Al Wall- So nested within this conversation, these are the issues needing to be addressed, which I will propose in order of precedence, Risk Mitigation Plan and Waiver, Water Control, and Medical Staff Documentation. I will entertain a motion for the Risk Mitigation Plan and Waiver. ***Motion to approve –*** Dr. Lily Lou ***Second*** – Katie Baldwin-Johnson	Hearing no objection, the motion passed and the waiver was approved.	Completed
			I will entertain a motion for the acceptance of the Medical Staff Documentation as is. ***Motion to approve –*** Dr. Lily Lou ***Second*** – Katie Baldwin-Johnson	Hearing no objection, the motion passed and the Medical Staff Documentation will remain an open item on the agenda.	Completed
			I will entertain a motion for the acceptance of the Legionella Water Control Plan as is. ***Motion to approve –*** Monique Martin ***Second*** – Dr. Lily Lou	Hearing no objection, the motion passed and the Plan was approved.	Completed

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6.	Public Comment		Al Wall- Now I would like to open the meeting up for public comment. Is there anyone online or present that would like to make a statement? Dave Morgan, Commonwealth North- My colleague and I have been attending the Governing Body Meetings since November of 2018, and I would have to say that we've never seen this fast of an improvement transpire within a healthcare facility. Commonwealth North will be writing a letter and inviting members of this board to discuss this organizational change, which I will run by Deputy Commissioner Wall after the meeting. Al Wall- Thank you, I really appreciate you coming to these meetings. Just a real quick follow up, there is a portion of community engagement that API needs to do because the conversations at local meetings are very important. These meetings are being conducted without updated information and go off of what they see, or what their neighbors have told them. The only way to get the truth out there is to show up to the meetings. If Commonwealth North invites us over to chat, I would love to come over, I will check with my supervisor. Ross Bieling, Commonwealth North- My background is in healthcare, with sincerity, the first meetings we attended, the first time I was in the facility, it was ominous to be here. But to work here and bring your education and talents in providing services is second to none. What's so important to the state, both image wise and to the communities that you serve from all over the state is that you bring people back together, not only physically, mentally, but families as well. Thank you to Wellpath for being a partner in the revitalization of this facility. Al Wall- Thank you. Is there any member of the public online that has a statement they would like to make? ***No Further Statements, Public Comment Closed.***		Completed

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7.	Regulatory/PI Events Update	**Laura Russell**	Laura Russell- A few months ago the Ombudsman released their findings report on API and the state had the opportunity to write a response letter back to the Ombudsman addressing a plan to correct the issues cited in the report. In addition, they recently asked for a status report, a little earlier than usual, and we were able to provide them with that, as well as the most recent CMS Survey documentation. There will most likely be an additional status check from the Ombudsman within the next 3 months. A draft for the RFP Feasibility Study for the privatization of API has been submitted to procurement. We invite any members of the Governing Body to submit ideas or information suggested to go in that report before it is finalized. Al Wall- When that report goes live, I would like to provide all the Governing Body members with the information and a link to the document. It should go live before our next GB meeting in August. Monique Martin- What does the RFP proposal evaluation committee look like? In addition, is there an opportunity for someone from the GB to serve on that PEC? Laura Russell- I will talk to a procurement officer about that. Monique Martin- I would like to make a motion that at the next Governing Body meeting there's feedback from the Procurement Office regarding a member of the Governing Body being involved in the PEC process. ***Motion to approve –*** Monique Martin ***Second*** – Katie Baldwin-Johnson	Provide the GB with the link to the RFP when it goes live. Hearing no objection, the motion passed.	Completed

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8.	Litigation Status	**Steven Bookman**	Steven Bookman- Last time I was here I told you how nothing had happened with the Disability Law Center suing API about the idea of waiting in jail or the referring of hospitals while waiting to get into API. We still have not heard anything back yet on this particular case. No date set for next court appearance. The disability Law center has filed a motion for a meeting to be held. In an individual case, one of the issues with people waiting to get it, when they are waiting to get in and they ask for a court hearing, what's the court looking for, is there still probable cause or convincing evidence to hold them while they are waiting in jail or an ER facility. This case has been briefed by the Supreme Court and we will see an answer in a year to 18 months. When I was here I discussed a habeas corpus case about the delays for restoration treatment which I regarded an irrelevant case because I believed it to be the wrong vehicle in general. There has been no motion in that case either. An individual patient appealed their situation, which was that they were in on a pretty low level charge, but he never got into restorative care, so the DA dismissed his charges. The briefing on that has just been completed. In that brief the prosecution suggested that one of the things the court of appeals might do is appoint a special master to learn more about the delays in restoration treatment. We're expecting an answer within 7-12 months. ASEA filed a suit regarding the RFP. In my opinion, most of that has been muted out due to us actually conducting an RFP. The case is still technically still open, we moved to dismiss it and we agreed they can file their opposition for dismissal for removal 5 days after the RFP is released. ***No Motion Set Forth***		Complete

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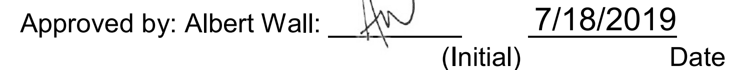
9.	Good of the Order	**Chairman Al Wall**	Dr. Lily Lou- At some point, would it be appropriate to have on our agenda a Legislative update? Al Wall- Yes, I typically include that when there is movement, but it is needed to be included for next meeting because I'm hoping that by then they will have completed their second special session. Right now there is still a couple of things moving, including finance items that we will need to attend to. The other thing we do need an ongoing update on is a bill that got introduced during this last legislative session that addresses the API Governing Body. There has been an ask by the Governor's office for any proposals to potential changes to Title 47 and Title 12, dealing with inpatient psychiatric care. I will entertain a motion to adjourn. ***Motion to adjourn –*** Al Wall ***Second –*** Monique Martin ***Next GB Meeting:*** The next meeting of the Governance Committee is scheduled for ***August 15, 2019***	**Open Items on Agenda** Patient Grievance Policy Medical Staff Documentation Provide the GB with: 1. RFP link, once it has gone live 2. CMS Financial Hardship Waiver For next GB meeting. Include Legislative Agenda Item for Next GB Meeting.	All items due next GB Meeting.
Meeting Ends	Adjourned at 4:15 p.m.				

Minutes prepared by: Alyssa Hutchins 07/32/2019



Approved by: Albert Wall: ________ (Initial) 7/18/2019 Date