



**Leadership & Governance Workgroup
Meeting Minutes
10.30.2015**

Attending: In-person: Carol Maloney, Mary Moulton, Terri Edgerton, Jane Helmstetter, Chuck Myers, Alix Gibson, Todd Bauman, Charlie Biss, Cheryl Huntley.
Phone: Sadie Fischesser, Willa Farrell, Mark Johnson & Julie Coffey.

Agenda Items	Discussion Points
<ul style="list-style-type: none"> • Review of Joint Meeting with SLT 	<ul style="list-style-type: none"> ○ Conversation about regional savings → loss of trust. ○ Shared FSD pressure as Children’s safety holder. ○ Finding balance of state and local decision making. ○ Need for conflict resolution protocols/agreements.
<ul style="list-style-type: none"> • CIS Experience 	<ul style="list-style-type: none"> ○ First three rolled out differently than next three: <ul style="list-style-type: none"> * First step is to decide who is at decision making table ○ Fiscal agent: <ul style="list-style-type: none"> * What does it mean? Who makes the decisions? ○ Most regions took six to 12 months to develop their document – one region took two years <ul style="list-style-type: none"> * Hartford includes a corrective action plan ○ Each region’s agreement is different <ul style="list-style-type: none"> * E.g., Hartford as multiple DA’s, PCC’s, two-states, some overlap with three counties * Each contractor has a minimum number of Medicaid clients to get monthly amount * One provider consistently missed targets → set up a process to respond * Worked out new agreement to shift numbers and claim amounts in a way that would work for everyone → not fiscal agent making the decisions * Governance document clarifies who votes ○ Largest CIS contract is over \$2 million ○ CIS is traditional Medicaid, GC and federal Early Intervention/Part C money
<ul style="list-style-type: none"> • CIS Budget 	<ul style="list-style-type: none"> ○ Includes transportation: <ul style="list-style-type: none"> * Special accommodation grants
<ul style="list-style-type: none"> • Single Fiscal Agent 	<ul style="list-style-type: none"> ○ Changes relationships locally and encourages deeper collaboration and teaming work ○ Question about Medicaid compliance and responsibilities → Terri explained this came up in every region <ul style="list-style-type: none"> • DA’s have a document that says they are responsible – DVHA has made fiscal agent responsible for Medicaid funding. They’ve been consistent with this.

Agenda Items	Discussion Points
<ul style="list-style-type: none"> • Data Driven 	<ul style="list-style-type: none"> ○ Each region is in a different stage of development: <ul style="list-style-type: none"> * At beginning they collected process-related data * Developing data collection → measuring now ○ Local people identify priorities → the state doesn't dictate priorities ○ The look at data and staffing in CIS is not happening in governance groups in IFS → IFS teams are looking at the bigger picture <ul style="list-style-type: none"> * Question about how much day-to-day is governance and how much is grantee/ other organizations responsible for
<ul style="list-style-type: none"> • CIS Lessons 	<ul style="list-style-type: none"> ○ CIS bundle has defined services ○ IFS has governance for services minimally in bundle ○ Question about voice at governance table and financial stake ○ State funded entities sit at the table with their mandates <ul style="list-style-type: none"> * Discussion about what role state has at local decision making tables ○ In CIS, the only entitlement is EI → no other mandates under the CIS portfolio, so there is flexibility ○ Addison's governance is about vision and strategic priorities ○ Franklin/Grand Isle is in weeds, focusing on specific services (linked to \$)
<ul style="list-style-type: none"> • CIS Governance Purpose 	<ul style="list-style-type: none"> ○ Recognition early on that trust issues need to be put on table to force the discussion of topics that are difficult for the community ○ Function that moved from state to community ○ Is CIS more of an operational agreement? ○ Is governance discussion all about overall governance of vision? ○ Discussion about who votes → in CIS, it is not driven by who has money in the pool
<ul style="list-style-type: none"> • Discussion about IFS Governance 	<ul style="list-style-type: none"> ○ Group divided governance tasks into two categories – 1) operations level tasks and 2) higher governance level – IFS governance groups/teams needs to be focused on the following issues: <ul style="list-style-type: none"> ○ Professional development ○ Vision ○ Strategic priorities – shift resources (collectively) <ul style="list-style-type: none"> • Strengthening Families • Prevention • Public health integration ○ Principles and values (Act 264) ○ Outcomes ○ Review data (community-level) ○ Identify themes ○ Family/youth voice ○ Broad stakeholders ○ Engagement

Agenda Items	Discussion Points
	<ul style="list-style-type: none"> ○ Collective impact conditions ○ Connection to health care reform efforts
<ul style="list-style-type: none"> ● Next Steps 	<ul style="list-style-type: none"> ○ Review governance components: <ul style="list-style-type: none"> * Carol will send out most recent version of governance template to work group * Group to compare notes from this meeting to governance template document and be prepared to discuss at December 30th meeting ○ Follow-up on compliance responsibility: <ul style="list-style-type: none"> * Mary will have her compliance officer send their document. * Carol will have Selina Hickman and Alan Sullivan weigh in.