

Location	Attendees
Virtual Meeting	<p>Governing Board Members Present: Molly Morris, Rosalinda Kibby, Doug Wilson, Christal Eshelman, Ken Sterner, Jesus Hernandez, Cathy Meuret, Carlene Anders, Becca Davenport, Deb Murphy, Tory Gildred, Nancy Nash Mendez, Ramona Hicks, Dell Anderson, Kaitlin Quirk,</p> <p>Governing Board Members Absent: Senator Warnick, Ray Eickmeyer, Lisa Apple</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Declaration of Conflicts 	<ul style="list-style-type: none"> Meeting called to order at 9:00 AM by Molly Morris. Molly started the meeting with a land acknowledgment and plans to do that at future meetings to acknowledge and give respect to where we come from. <ul style="list-style-type: none"> Molly went over the Board Chair history, starting with Barry Kling, then Blake Edwards and now she is serving in the role. Molly explained how she views her role as the Board chair - we do not always have to agree, all voices should be heard, majority vote rules, and is looking forward to a fair discussion. Declarations of conflicts: <ul style="list-style-type: none"> Kaitlin Quirk Re: CBCC, works for Action Health Partners Ken Sterner Re: CBCC, Contracted CCO w/ Health Home Jesus Hernandez Re: CBCC, Contracted CCO w/ Health Home
<ul style="list-style-type: none"> Health Equity 	<p>Sahara Suval led a discussion on Health Equity</p> <p>Goals of discussion:</p> <ul style="list-style-type: none"> To identify what our community partners (Board member organizations) are doing to address equity within their organizations To identify level of alignment between the Board's collective understanding of health equity (HE) and the HE statement/definition developed by NCACH staff To identify some ways that NCACH can support equity work / equity, including additional learning opportunities To identify how the organization will coordinate building a culture of equity <p>NCACH Proposed definition of health equity: Health equity means that everyone has a fair and just opportunity to reach their full health potential</p> <p>Proposed supporting statement: We, as a community, achieve health equity when we work together to remove obstacles to health — such as poverty and discrimination — and their consequences including lack of access to healthcare, transportation, affordable housing, quality education, good jobs with fair pay, and safe environments.</p> <ul style="list-style-type: none"> A survey was sent out to Board members ahead of the meeting. The survey found that many expressed alignment with the health equity statement, some made content suggestions (particularly on the supporting statement). Many expressed desire for continued learning and moving forward on this work.

	<p>During this session the group was broken out into many small discussion groups (See the data from the 1/22 Workbook here: https://docs.google.com/presentation/d/1izrZsMFTt2Fyr4JWfhiRHXQ44RpzkP4ZcAA2WiYw0mg/edit?usp=sharing)</p>
<ul style="list-style-type: none"> • Action Items from the Health Equity discussion 	<ul style="list-style-type: none"> ➤ Send out what all of the groups did today and a survey to provide some input, will bring back to the Board for more discussion. ➤ Linda wants to hear what other orgs are doing around health equity whether it be one on one interviews or roundtable. ➤ Jesus – 1-1 would be more beneficial, would be good to create a matrix that they all speak to in the interviews. ➤ Send the bicycle slide for others to use in the organizations
<ul style="list-style-type: none"> • Community Based Care Coordination (CBCC) 	<p>Molly Morris started the discussion explaining that the purpose is to pick up where we left off in December and decide if a Board Committee is needed, if an asterisk is still needed on the CBCC line item, and what work can and can't move forward. Molly explained that staff reached out to Board Chair Blake Edwards after the December meeting for clarity on the approval of the CHI Community initiatives motion, as it included projects that had crossover with CBCC. Blake confirmed that those projects were approved and staff moved forward with MOUs with those partners.</p> <p>Caroline Tillier reviewed where we have been with the Pathways HUB and why it failed, the overarching vision for where we are heading with CBCC, and the proposed objectives and plans for 2021.</p> <p>CBCC Big Picture Goal</p> <p>Strengthen the network of community-based care coordination programs across the region so that the network is more cohesive and better able to respond to the needs of North Central residents, especially those with significant behavioral health needs, those utilizing acute healthcare services frequently, and those struggling with incarceration.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Strengthen the Health Home Program in the NCACH Region 2. Deepen awareness and understanding of regional care coordination efforts 3. Expand reach of community-based care coordination models to rising risk populations 4. Strengthen common resource inventory tools that can benefit all care coordination agencies across our region 5. Strengthen data collection and sharing mechanisms across care coordination network 6. Organize continuing education opportunities to promote broad based community based health workforce development 7. Work with potential future funders and advocate for future funding mechanisms to sustain CBCC programs

Budget Projections



1 Strengthen the Health Home program in the NCACH region

Budget Item	Amount	Details
Health Home expansion	\$225,000	Seed funding to bring on additional Health Home care coordinators (focus on Okanogan and Grant counties).
Platform Costs	\$200,000	New Health Home platform for Action Health Partners.
Platform Development and Training	\$125,000	Action Health Partners staff time for platform migration, development and training of CCO partners.
TOTAL	\$550,000	

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Budget Projections



2 Invest in infrastructure that can support all care coordination

Budget Item	Amount	Details
Recovery Care Coordinators	\$300,000	Seed funding to expand capacity for CBCC to recovery population.
WA 211	\$100,000	Development costs for improved functionality of 211 web interface.
NCW 211	\$100,000	Invest in 211 resource management capacity, and prioritize staffing footprint in our region.
CBCC Programs - Rising Risk	\$500,000	Seed funding to expand capacity for CBCC to rising risk populations (proposals coming through the CHI community initiatives process.)
Platform Costs	\$100,000	Cover costs for CBCC partners who are interested in using trusted platforms.
TOTAL	\$1,100,000	

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Board discussion and questions:

- Molly - What is HCA's stance on Health Home Program expansion and roll out going forward? They liked that we were looking to expand and strengthen the program in our regions. HCA is prioritizing this program as the community based care coordination program they are getting behind and looking to expand, because it saves the state a lot of money.
- Molly – Regarding seed funding to bring on additional Health Home care coordinators. Molly suggested there is also more work to be done to find people who currently qualify but are not yet engaged.
- Dell – concern he experienced in the early years (2013-14) is that Health Home required a minimum caseload to get payment. Not sure if this payment restriction is still an issue, but it was a struggle to engage clients assigned by health plans and reach the minimum caseload. Does think it's a fantastic opportunity when program is working well.
- Christal - Is a new IT platform financially sustainable with AHP HH budget in the long-term? This was a concern with CCS. That is definitely a question we need to answer, and a first step is to explore if a different platform could meet the HH program platform needs, and how much it costs (if sustainability is even possible.)
- Rosalinda – Has an ROI been done on the current Health Home program (what is financial impact on CCOs)? Is there anything that can be done to make the program not so cumbersome? Ken shared information about the huge challenges of investing in early up-front costs needed to implement this program, before any financial gains could be made. This is not a money making program; it's not easy and it involves a lot of partnerships and platforms. Rosalinda wonders whether we can focus on redesigning elements of the program to make it easier & better and not extend a burdensome infrastructure.
- Christal - Roughly how many additional Health Home care coordinators will be supported by the \$225,000? Caroline will bring this information back to February Board meeting.

Action items for CBCC

- **Caroline will follow up on above questions and come back at February Board meeting with answers.**