North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, February 1, 2021

Location	Call-in Details
Virtual Meeting Only	Conference Dial-in Number: (253) 215-8782 US Meeting ID: 831 8445 6718 Passcode: 123456 One tap mobile: +12532158782,,83184456718# *Join Zoom Meeting:* https://tinyurl.com/NCACHWPCC

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	*Introductions –* **Molly Morris** • Zoom Etiquette • Board Roll Call • Declaration of Conflicts • Public Comment • Approval of Consent Agenda	• Approval of Consent Agenda	• Agenda, Acronyms & Decision Funds Flow Chart • Consent Agenda – December Minutes, January Retreat Minutes & Monthly Financial Statement	*1-4* *5-15*
1:10 PM	*Executive Director Update –* **Linda Parlette**		• Executive Director Letter	*16*
1:20 PM	*Executive Committee Nomination –* **Molly Morris**	• Approve Treasurer Nomination - Rosalinda Kibby	• Board Decision Form	*Separate Attachment*
1:30 PM	*Community Based Care Coordination cont. –* **Caroline Tillier**	• Identify path forward for CBCC	• Board Decision Form	*17-19*
2:10 PM	*Health Equity Discussion cont. and follow-up –* **Sahara Suval**		• Health Equity Discussion Summary	*20-24*
2:55 PM	*Improving Information Sharing for Board –* **Caroline Tillier**		• Board Information Sharing	*25-27*
3:05 PM	*Governance Committee Update –* **John Schapman**		• Presentation Slides	*28-38*
3:20 PM	*Round Table (if time) then adjourn*			

North Central Accountable Community of Health

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

BAA: Business Associate Agreement

BH: Behavioral Health

BH-ASO: Behavioral Health - Administrative Service Organization

BLS: *Basic Life Skills*

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and Innovation

CCS: Care Coordination Systems

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

COT: Chronic Opioid Therapy

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: *Emergency Dept. Information Exchange*

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

OUD: Opioid Use Disorder

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PDSA: *Plan Do Study Act*

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: *Syringe Services Program / Syringe Exchange Program*

SMI: Serious Mental Illness
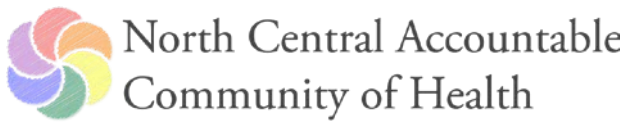
SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions
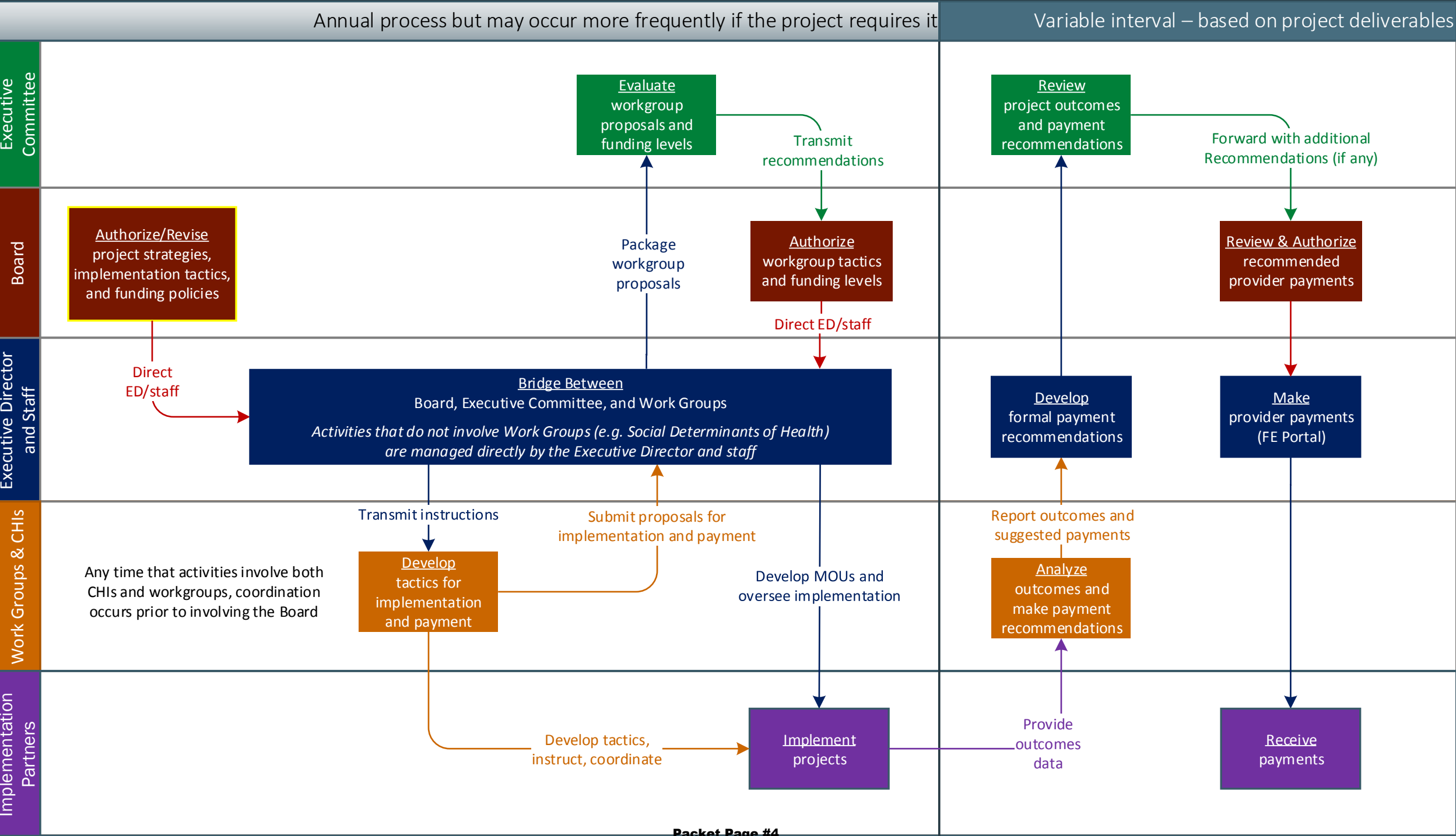
TCM: Transitional Care Management

VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]

	Annual process but may occur more frequently if the project requires it	Variable interval – based on project deliverables

Executive Committee

- Evaluate workgroup proposals and funding levels
- Review project outcomes and payment recommendations

Transmit recommendations

Forward with additional Recommendations (if any)

Board

- Authorize/Revise project strategies, implementation tactics, and funding policies
- Authorize workgroup tactics and funding levels
- Review & Authorize recommended provider payments

Package workgroup proposals

Direct ED/staff

Executive Director and Staff

- Bridge Between Board, Executive Committee, and Work Groups
  Activities that do not involve Work Groups (e.g. Social Determinants of Health) are managed directly by the Executive Director and staff
- Develop formal payment recommendations
- Make provider payments (FE Portal)

Direct ED/staff

Work Groups & CHIs

Any time that activities involve both CHIs and workgroups, coordination occurs prior to involving the Board

- Develop tactics for implementation and payment
- Analyze outcomes and make payment recommendations

Transmit instructions

Submit proposals for implementation and payment

Develop MOUs and oversee implementation

Report outcomes and suggested payments

Implementation Partners

- Implement projects
- Receive payments

Develop tactics, instruct, coordinate

Provide outcomes data

Location	Attendees
Virtual Meeting	**Governing Board Members Present:** Blake Edwards, Rosalinda Kibby, Doug Wilson, Christal Eshelman, Ken Sterner, Jesus Hernandez, Cathy Meuret, Carlene Anders, Brooklyn Holton, Molly Morris, Deb Murphy, Jorge Rivera, Ray Eickmeyer, Lisa Apple, Nancy Nash Mendez, Becca Davenport **Governing Board Members Absent:** Ramona Hicks, Senator Warnick, Christal Eshelman **NCACH Staff**: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes

Agenda Item	Minutes

• Declaration of Conflicts
• Approval of Consent Agenda
• Public Comment
	• Meeting called to order at 1:00 PM by Blake Edwards
	• Declarations of conflicts: Brooklyn Holton re: CHI Initiative Funding
	• Public Comment: Jorge – today is his last meeting. It has been a privilege to work with this group of people and Senator Parlette.
	   ❖ **Brooklyn Holton moved, Nancy Nash Mendez seconded the motion to approve the consent agenda, motion passed. (Fix Blake's name in the under annual meeting elections in November minutes)**
	   ❖ **Carlene Anders moved, Deb Murphy seconded the motion to cancel the January 2021 Board meeting, motion passed**

• Executive Director Report	• Thanked Jorge, Blake and Brooklyn for being great Board members, they will all be missed. • The CDHD has been interviewing for the future administrator, will update at next meeting. • Will continue to provide updates on the ACH 6th year extension, the public comment period ends this week. • Will set up Zoom call with the 7th, 12th and 13th District Legislators to show the value of the ACH's. • Thanked the new finance committee for their help on the 2021 NCACH budget.
• Annual Meeting Elections	❖ **Ken Sterner moved, Brooklyn Holton seconded the motion to approve the slate of renewing or new Board members terms beginning January 1st, 2021** *Board Member Seats: If approved, members will either renew for a 3-year term, start their first 3-year term on January 1st, 2021, or assume a term of a current member. Executive Committee Officers: If approved, officers will serve a 2-year term or assume term of existing officer. **2021: Renewing Board Members: Expire 2024** • Confluence Heath (Primary Care) – Dr. Doug Wilson, Confluence Health • Public Hospitals – Ramona Hicks, Coulee Medical Center • Business Community – Carlene Anders, Mayor Pateros • Public Health – Christal Eshelman, Chelan Douglas Health District • At Large – Ray Eickmeyer, Lake Chelan Community Hospital **New Board Members: (Bios in packet)**

1

	• Behavioral Health – Dell Anderson, Grant Integrated Services – Expires December 31, 2021 • Manage Care Organization - Tory Gildred, Coordinated Care – 1 year term • Chelan Douglas CHI – Kaitlin Quirk, Action Health Partners **Board Chair –** Molly Morris, Coulee Medical Center Expires 12/31/2022 The above slate of Board members and officers will leave an open seat in the following Executive Committee positions: • Board Treasurer • Board Secretary The nominating committee is nominating Cathy Meuret for the Secretary position ❖ **Carlene Anders moved, Jesus Hernandez seconded the motion to approve Cathy Meuret to fill the secretary position on the Executive Committee, Motion Passed. Expires 12/31/2022** • The Executive Committee will bring a name forward to fill the Treasurer position at the February 2021 meeting. • Jesus asked for clarification if the Treasurer needs to be the chair of the Finance Committee. John will do some checking on this and get back to him.
• 2020 CHI Community Initiatives -Award Finalists	This proposal is to approve the funding to the for CHI Community Initiatives funding. There were over $2 Million in requests from the community. This request is for the original approved budgeted amount of $450,000 plus an increase to a total of $485,000 for project overlap for Community Based Care Coordination. Sahara showed the projects that have been scored and approved by the three CHI's. Discussion: • Ken Sterner – What are the outcomes of these projects? How do we track? We are addressing many SDoH needs and there is a lot of collaboration. Each partner enters into an MOU and they explained how they will measure their success. • Rosalinda Kibby – It would be helpful to add to the table what SDoH is being addressed by the project. • Ray Eickmeyer – Would like to see how these project compare to other resources that are already out there. Sahara responded that these finalists are the ones that have went through the vetting process approved by the Board. • Jesus Hernandez – We have a very good list of projects that merit our support. Thinks that the work that the CHI's can do going forward is one of the most important part of the ACH legacy that can be left behind. The Board can provide more guidance and structure to the CHI's on our priorities in the future. Right now we are lacking in focus. • Brooklyn Holton– Part of the vetting includes looking at duplication. She trusts the process, if we as a Board want these types of details then we need to start to be on the review process. ❖ **Carlene Anders moved, Nancy Nash Mendez seconded the motion to approve the 2020 award finalists for the 2020 CHI Community Initiatives funding and fund four proposals that demonstrate overlap with Community-Based Care**

2

	Coordination (CBCC) through 2021 CBCC budget - Abstentions: Cathy Meuret, Jesus Hernandez, Brooklyn Holton, Motion passed ➢ Board requested a list of who did not get a funded, along with an update to the form with two more columns to include expected outcomes and project or SDoH addressed.
• NCACH 2021 Annual Budget	Blake noted that a lot of work has been put into this budget by the finance committee and staff. Board is being asked to approve the overarching budget. Staff will continue to work with the Board making sure that due diligence is followed when entering into contracts. Brooklyn noted that the Board would normally have more time to meet as one group to go over the budget, but this year we did create an ad hoc finance committee. Last year we approved the budget with many items "*" meaning that staff needed to bring this back to the Board with a motion form before moving forward on that line item. This slowed down their work. We are hoping to have less of those "*" items. • John reviewed where the NCACH started and how we have progressed. • Staff gave a quick project and budget overview • Caroline went into a little more detail about the Community Based Care Coordination (CBCC) Overarching Goal of CBCC • 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. Objectives of CBCC – • Strengthen the Health Home program in the NCACH region • Deepen awareness and understanding of regional care coordination efforts • Expand reach of community-based care coordination models to rising risk populations • Strengthen common resource inventory tools that can benefit all care coordination agencies across our region • Strengthen data collection and sharing mechanisms across care coordination network • Organize continuing education opportunities to promote broad-based community health workforce development • Work with potential future funders and advocate for funding mechanisms to sustain CBCC programs Caroline broke down the CCBCC budget explaining the line items. We are looking at a two pronged approach: 1. Strengthen Health Home program in our region 2. Invest in infrastructure that can support all care coordination

3

	Discussion on overall budget: • Jesus – Feels very rushed to approve a lot of money to go out to a lot programs when we are talking about strategic planning at the same time. There is a lack of intentionality in a lot of the areas. • Rosalinda – Appreciates the deep dive and history. Are we looking to double the budget? Yes • Jorge – What is the process after the budget approval today? What decision making does that Board have in project during the year? We can "*" any item that the Board would like be able to approve via a motion form before staff proceeds. 3:19 Board went into Executive Session to discuss the budget, meeting resumed at 3:29 PM ❖ ***Brooklyn Holton moved, Molly Morris seconded the motion to approve the 2021 annual budget for fiscal year January 1st to December 31st, 2021 as outlined in the attached budget spreadsheet totaling $9,025,334.*** ***Amendment: "*" on the CBCC partner payments line item, motion passed.*** Discussion: • Doug Wilson – Appreciates the discussion and transparency from staff, but feels that we can always improve transparency. He would approve this budget. • Would recommend an amendment because there's a lot of money being approved for projects that are in some case lacking in detail, and there are things pending that it would be important for Board to hear before spending. Recommends that future expenditures on each of these aspects of the budget be reviewed whether in committee or with the whole Board. Jesus recommends that the CHI's work with a Board committee, Brooklyn suggested Chris Kelleher. Suggested Executive committee engaging with the CHI Leadership Council. Also suggests that a Board committee help further define the investments in the CBCC line item. • Brooklyn asked for more discussion around Jesus' recommendation and it was decided to add an "*" to CBCC. Board would like a more in depth presentation from Caroline on CBCC including more information on WIN 211 at a future meeting/retreat. CHI Funding will stay as an approved item, but the Board Executive Committee will engage with CHI Leadership Council and possibly Chris Kelleher to provide guidance on NCACH goals.
• Adjournment	Meeting adjourned at 3:45 by Blake Edwards

4

Location	Attendees
Virtual Meeting	**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, **Governing Board Members Absent:** Senator Warnick, Ray Eickmeyer, Lisa Apple **NCACH Staff**: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes

Agenda Item	Minutes

• Declaration of Conflicts	• 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.
	     o 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:
	     o Kaitlin Quirk Re: CBCC, works for Action Health Partners
	     o Ken Sterner Re: CBCC, Contracted CCO w/ Health Home
	     o Jesus Hernandez Re: CBCC, Contracted CCO w/ Health Home

• Health Equity	Sahara Suval led a discussion on Health Equity **Goals of discussion:** • 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 **NCACH Proposed definition of health equity:** Health equity means that everyone has a fair and just opportunity to reach their full health potential **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. • 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.

1

	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)
• **Action Items from the Health Equity discussion**	➢ **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**
• **Community Based Care Coordination (CBCC)**	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. 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. **CBCC Big Picture Goal** 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. Objectives: 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

2

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	

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

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	

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

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.**

3

NCACH Funding & Expense Summary Sheet

Funding Source	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
	SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
SIM Funding*	$ 115,329	$ 115,329	$ -			
Transformation Project Funding						
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	$ 5,000,000					
Transfer from FE Portal	$ 226,961					
Interest Earned on Demo Funds	$ 253,595					
Transformation Total	$ 6,480,557	$ 3,874,429	$ 2,606,128			
			$ -			
Workshop Registration Fees/Misc. Revenue*	$ 22,387	$ 13,720	$ 8,667			
Aetna Grant	$ 70,000	$ 25,322	$ 44,678			
Financial Executor Funding						
Project Incentive Funds				$ 19,172,370	$ 9,546,294	$ 9,626,076
Integration Funds				$ 5,781,980	$ 58,422	$ 5,723,558
Bonus Funds				$ 1,455,842		$ 1,455,842
Value Based Payment (VBP) Incentives				$ 650,000		$ 650,000
Interest Earned in FE Portal				$ 62,283		$ 62,283
DY1 Shared Domain 1 Funds**				$ 5,811,865	$ 5,811,865	$ -
Totals	$ 6,688,272	$ 4,028,799	$ 2,659,473	$ 32,934,340	$ 15,416,581	$ 17,517,760

*A portion of funds in this category were collected when CDHD held the SIM Contract

**Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet

2020 NCACH Budget: Monthly Summary

CDHD Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Nov-20	Dec-20	Totals YTD	% Expended YTD to Budget
^ Salary & Benefits	$ 967,407	$ 75,962	$ 68,876	$ 873,632	90%
Supplies					
^Office	$ 9,420	$ 17	$ 65	$ 190	2%
Drugs and Medicines	$ 20,000		$ 15,000	$ 15,000	75%
Furniture < $500	$ 2,400			$ 538	22%
Books, References, & Videos	$ -	$ 43		$ 43	
^Software	$ 2,500			$ -	0%
Computer Hardware	$ 6,000			$ 825	14%
Services					
Legal Services	$ 8,400		$ 500	$ 7,000	83%
Computer	$ 9,600			$ -	0%
Misc. & Contracts	$ 8,000			$ 2,960	37%
Telephone					
Mileage	$ 57,000			$ 2,975	5%
Professional Travel and Training	$ 9,000			$ 1,299	14%
Conference - Program Meals/Lodging	$ 26,250			$ 497	2%
Other (Train/Plane/Boat/Parking)	$ 10,200			$ 630	6%
Advertising - Newspapers	$ 3,800			$ 1,409	37%
Advertising - Other	$ 5,400			$ 18,694	346%
Insurance	$ 6,000			$ 6,324	105%
Printing - Office	$ 6,250			$ 792	13%
Printing - Copier	$ 11,000	$ 255	$ 213	$ 4,200	38%
Dues and Memberships	$ 3,400			$ 301	9%
Subscriptions	$ 1,280	$ 56		$ 4,969	388%
^Other Expenditures	$ 186,963	$ 6,508	$ 2,255	$ 52,481	28%
^CDHD Hosting Fee 15%	$ 212,647	$ 12,426	$ 13,036	$ 149,214	70%
Grand total	$ 1,572,917	$ 95,268	$ 99,945	$ 1,143,973	73%

% of Fiscal Year   100%

FE Portal Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Nov-20	Dec-20	Totals YTD	% Expended YTD to Budget
Operations					
Project Management and Organizational Development	$ 70,000		$5,869	$40,339	58%
Program Evaluation	$ 59,700			$0	0%
Data Analytics	$ 30,000			$2,787	9%
Feldsman Tucker Leifer Fidell LLP	$ 40,000			$0	0%
Workforce Development (Carry over of $48,500, Approved in 2019)	$ 36,000			$2,775	8%
Workforce Development (2020)	$ 30,000			$0	0%
^ COVID-19 ICS & NCACH Funds (FE Portal)	$ 94,923		$1,187	$94,923	100%
^ COVID Community Support Funding	$ 150,000			$146,394	98%
Community Engagement and SDOH Capacity Development					
Lead Agencies (CHIs)	$ 150,000	$16,348		$135,261	90%
CHI Partner Payments (Carry over of $450,000, Approved in 2019)	$ 350,000	$87,525		$282,575	81%
CHI Partner Payments (2020)	$ 450,000		$47,524	$47,524	11%
* Community Information Exchange Workgroup	$ 50,000			$0	0%
^ Tribal Investment (Colville Confederated Tribes)	$ 669,000			$150,000	22%
Whole Person Care Collaborative					
Comagine Health	$ 50,000			$100	0%
CCMI - Advising	$ 78,000			$65,000	83%
Learning Activities	$ 280,000			$175,345	63%
CSI - portal & TA	$ 36,000	$2,916.7	$5,833	$44,583	124%
Learning Community - fixed	$ 1,080,000	$208,750.0	$36,250	$1,010,000	94%
Learning Community - variable	$ 800,000			$240,000	30%
Pathways Hub					
Action Health Partners - Hub Lead Agency(January - June 2020)	$ 476,250			$225,650	47%
* Community Based Care Coordination	$ 575,544			$0	0%
Transitional Care and Diversion Intervention					
TCDI Hospital Partner Work	$ 520,000	$9,750.0	$105,000	$303,750	58%
EMS Partner Work	$ 230,000	$39,000.0		$205,000	89%
Technical Assistance/Training	$ 65,000			$0	0%
^ Community Partnership for Transition Solutions (Recovery Coach Network)	$ 9,000			$0	0%
Opioid Project					
Rapid Cycle Applications	$ 100,000			$18,950	19%
Support Opioid Conference Site Teams	$ 80,000			$0	0%
Training Opportunities (General public, organizations, sector)	$ 15,000			$5,750	38%
Public Awareness Contract	$ 30,000			$21,400	71%
School Based Prevention Contracts	$ 120,000	$40,000.0		$80,000	67%
Opioid Prescriber Coaching Pilot	$ 28,000			$0	0%
Grand total	$ 6,752,417	$404,290	$201,664	$3,298,105	49%
				% of Fiscal Year	100%

Total Budget	$ 8,325,334	$ 499,557	$ 301,609	$ 4,442,079	53%

"*" asterisks - This means a line item will need to go back to the Board in 2020 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2020

Budget Amendments - 2020

Date	Amendment
2.3.20	Board moved to remove the "*" for the Community Partnership for Transition Solutions program which program cost for 2020 is expected to be $127,972. Motion Passed
3.2.20	Amend the 2020 budget to include the Recovery Coach Network (excluding Evaluation Coordination and Support) in the CDHD budget rather than the Financial Executor Budget: **Proposal Budget Item Amount** **CDHD Budget Line Item** Salary and benefits $62,400 (For remainder of 2020) Salary & Benefits Recovery Coach Stipends $9,200 Other Expenditures Training Expenses $20,000 Other Expenditures Equipment $3,500 Software ($1000), Office Supplies ($1,000), Telephone ($1500) Supports for clients $4,854 Other Expenditures CDHD Hosting Fee $14,993 CDHD Hosting Fee **Total $114,947 into CDHD Account. $9,000 left in FE line item for evaluation activities**
3.2.20	Thee Board approve and commit up to $669,000 to support the Colville Confederated Tribes' health improvement efforts starting in 2020 through December 31, 2021.
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)" process up to $50,000.
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: Community Support" Processes as attached up to $200,000. $150,000 to support community partner's work on COVID-19 $50,000 to support NCACH's direct operational work on COVID-19
4.6.20	Approve an additional $187 of NCACH expenditures above the $5,000 approved by the Executive Committee for the North Central COVID-EO Contest to increase the total NCACH expenditures to $5,187.00
5.4.20	Approval to increase Community Mitigation Incident Command System funding from $50,000 to $100,000 (allocate an additional $50K)
7.1.20	General Budget Adjustment - Funding initially approved for NCACH and ICS COVID-19 support funding was budgeted in the CDHD Monthly Budget. If able to expend out of FE portal, NCACH Staff will pay utilizing the COVID-19 ICS & NCACH Funds (FE Portal) budget line item and subsequently decrease the total budgeted in the CDHD account when done.
8.3.20	Governing Board approved 2020 CHI Initiative Proposal which resulted in the removal of the "*" for the CHI Partner Payment (2020) budget line item.

Executive Director's Report – January 2021

I received two calls last summer, from people looking for insight into our State's legislative process. Something that happens frequently as a former State Senator, I always enjoy the opportunity to help fellow community-members navigate our state's legislative process. The calls were about the need to change state laws to modify telemedicine delivery for both designated crisis responders and medical assistants.

After connecting with my former colleague, Representative Eileen Cody, about these issues, she brought two drafted bills to share with her peers in the legislature. Able to move quickly with the urgency of the COVID-19 pandemic, she found two prime sponsors to bring forward two new bills in the current legislative session. As I write this, Senate Bill 5073 "An act relating to improving involuntary commitment laws," and House Bill 1378 "An act relating to the supervision of medical assistants," are being reviewed by our elected officials. If approved, the bills will improve access to crisis response services and provide telehealth reimbursement for medical assistant services to providers. It is often these kinds of grassroots efforts, like a phone call to a legislator, that can help inspire new legislation or updates in state laws.

In addition to keeping my focus in Olympia this month between calls to local legislators, the Executive Directors from the other ACHs, and the Health Care Authority (HCA), I had the pleasure of participating in a Recovery Coach training and a retreat with NCACH's board and staff.

The Recovery Coach training, a six-hour introductory course hosted by Joseph Hunter, NCACH's Recovery Coach Network Coordinator, and provided by Harmony Recovery Services, was quite insightful for me. Listening to so many share their own stories and lived experience was powerful, and illuminated that the road to recovery can look different for everyone. Recovery Coaches help people find their way.

Our January Board retreat focused on health equity and community-based coordination, led by staff. Using Zoom breakout rooms, we identified opportunities for future health equity work, and talked about barriers and opportunities to address health equity in the region, including ways that COVID-19 has highlighted and heightened disparities. We then took a deep dive on NCACH's community-based care coordination efforts, reviewing and refining our updated project plan that was approved by the HCA in November last year. For more context, read our recent Community-based Care Coordination update here.

We will continue discussions on both topics at our February 1st Board Meeting. I look forward to learning more and leaning in with you all this year.

Charge on! Linda Evans Parlette, Executive Director

Board Decision Form

TOPIC: CBCC Partner Payment Budget Line Item
PURPOSE: To clarify a path forward and to resolve Board concerns around the proposed Community-Based Care Coordination (CBCC) investments for 2021.
BOARD ACTION: ☐ Information Only ☑ Board Motion to approve/disapprove
BACKGROUND: In December 2020, the Board asterisked the CBCC partner payments line item in the proposed 2021 Budget. See *Impact/Opportunity* section for detailed line items, including budget projection and descriptions. The Board Chair at the time clarified that CBCC proposals that were approved through the 2020 CHI Community Investment Process could move forward. The rest of the work, however, was put on pause until further Board review. Board and staff dug into CBCC at the January Board retreat by reviewing: • factors that contributed to the Pathways HUB failure • an overarching vision and approach for future investments • 2021 CBCC objectives and associated budget projections Based on this increased understanding, the CBCC project manager is requesting that the Board clarify the following: • What proposed investments can staff move forward with? • What proposed investments need further review? • Is a committee/workgroup needed, and what should that look like?
PROPOSAL: Staff propose one of three options and welcome other proposals from the Board in order to facilitate a path forward: 1. Keep everything asterisked (with exception of CHI/CBCC proposals) and form a CBCC Advisory Sprint Team (Board only) to work with staff on developing recommendations about what can be un-asterisked by March Board meeting. 2. Keep proposed platform investments asterisked ($425K) and form a CBCC Platform Advisory Group (Board and impacted partners) to work with staff on assessing feasibility and merit, and developing recommendations by April meeting. 3. Fully remove the asterisk on the CBCC partner payment line item with expectation that updates be provided at monthly Board meetings

IMPACT/OPPORTUNITY (fiscal and programmatic):

Approach	Objective	CBCC Line Item	Amount Budgeted	Description *subject to refinement*
Strengthen the Health Home program in the NCACH region	Strengthen the Health Home program in the NCACH region *by expanding footprint*	Health Home expansion	$225,000	Seed funding for CCOs to bring on additional Health Home care coordinators, giving them time to ramp up caseloads (focus on Okanogan and Grant counties). The cost of a Health Home care coordinators estimated @ $75K per FTE (fully loaded with benefits and mileage). This would cover 6 care coordinators, for 6 months.
	Strengthen the Health Home program in the NCACH region *by improving infrastructure*	Platform Costs	$200,000	New Health Home platform for Action Health Partners, having the potential of minimizing number of platforms in use by CCOs.
	Strengthen the Health Home program in the NCACH region *by improving infrastructure*	Platform Development and Training	$125,000	Action Health Partners staff time for platform migration, development and training of CCO partners.
Invest in infrastructure that can support all care coordination	Expand reach of community-based care coordination models to rising risk populations	Recovery Care Coordinators	$300,000	Seed funding to expand capacity and pilot dedicated CBCC for recovery population. Estimating 5 FTE @ $60K per FTE (fully loaded with benefits and mileage).
	Strengthen common resource inventory tools that can benefit all care coordination agencies across our region	WA 211	$100,000	Develop and invest in improved functionality of 211 interface, which is not meeting needs of residents and care coordinators.
	Strengthen common resource	NCW 211	$100,000	Invest in 211 resource management capacity, and

	inventory tools that can benefit all care coordination agencies across our region			prioritize staffing footprint in our region (not in Yakima or Ellensburg).
	Expand reach of community-based care coordination models to rising risk populations	CHI / CBCC Proposals	$500,000	Seed funding to expand capacity for CBCC initiatives serving rising risk populations, based on proposals that come through the CHI community initiatives funding process.
	Strengthen data collection and sharing mechanisms across care coordination network	Platform Costs	$100,000	Cover costs for CBCC partners who are interested in using vetted platforms for their CBCC work.

| **TIMELINE:** See *Proposal* section |
| **RECOMMENDATION:** |

Submitted By: Caroline Tillier, CBCC Project Manager
Submitted Date: 02/01/2021

NCACH Governing Board Meeting 2/1/2021

Health Equity Discussion Continued

Please come prepared to discuss:

1. What is your organization doing to address health equity? *Please bring specific examples to share in a round-table format at the 2/1 Board Meeting.*
2. Do you disagree with any of the recommendations listed below? Are there additional or alternative recommendations you suggest?
3. Which roles/functions should NCACH prioritize in 2021? What is needed first in order for us to move forward in this work?

Key Roles/Functions Identified:

- Assessment - increase access to and use of data to identify health equity disparities and gaps (to inform internal decisions/priorities, as well as external work done by partners), understand what health equity work is happening across the region
- Education - organize and sponsor internal and external training opportunities and events to increase access to health equity literacy and awareness (e.g. cultural competency, structural racism)
- Relationship-building - connect organizations and partners working on health equity to increase peer sharing and accelerate action across the region
- Funding – support local solutions to address health equity needs (e.g. through CHIs, by building expectations in applications and MOUs with funded partners, by engaging specific communities, by investing in infrastructure like telehealth, etc.)
- Internal Capacity Building – adopt a framework and develop operational policies to embed equity as an organizational value that shapes our decisions and priorities (including investment strategies)

NCACH Governing Board 1/22/2021 Retreat

Notes and Summary

Examples of ways our partners are addressing health equity in their own organizations:

- Creation of Diversity Councils and Equity Steering Committees, annual trainings focused on diversity and equity
- Approaches to program delivery include equity considerations (e.g. Disaster case management; early learning; providing behavioral health care for agricultural workers; Oxford House models; Financial assistance for clients)
- Many organizations have incorporated equity language into their missions / visions / strategic plans
- Use of community advisory groups to help inform and shape local equity approaches
- Intentional diversification of staff to help bridge language and/or cultural barriers
- Use of advocacy to champion for populations in need
- Many organizations have incorporated intentional equity learning into their regular operations and governance meetings

Examples of barriers to addressing health equity experienced by partners in their organizations:

- Current payment structures can create barriers for both clients accessing services and provider reimbursement
- Differing views / buy-in across organizations (especially at leadership levels) regarding equity and need to address equity
- "Having a mission statement doesn't mean you will have the framework to actually do the targeted work"
- Political pushback when discussing health equity, or even using terms like "equity"
- Access to data and ability to understand data to identify barriers
- Capacity and time needed to build authentic connections with communities you are trying to serve
- Capacity and time needed to coordinate with all partners to achieve equity (e.g. lack of buy-in; lack of resources; lack of commitment)

- Some program models (e.g. Recovery Coaches) work well for some populations, but not others – can create capacity issues for program delivery efforts (e.g. lack of workforce, lack of cultural competency)
- Health equity is a new concept for many – takes time to learn, understand, and be able to be proactive

(See the data from the 1/22 Workbook here:
https://docs.google.com/presentation/d/1izrZsMFTt2Fyr4JWfhiRHXQ44RpzkP4ZcAA2WiYw0mg/edit?usp=sharing)

Recommendations generated from 1/22 Board Retreat:

- Use the CHIs to identify local equity gaps and needs, and then fund and support to develop local solutions
- NCACH serves as a convener to help increase equity literacy and awareness
- Identify local groups already doing equity work and help support knowledge-sharing throughout region
    - Provide capacity or funding to help strengthen local initiatives
- Embed requirements to address equity in future funding applications
- Increase community engagement:
    - Encourage partners and NCACH stakeholders to participate in equity learning
    - Work with non-clinical organizations and partners to help them understand their role in health equity work and ways that they can contribute; focus on efforts to link and bridge clinical and non-clinical partners
    - Engage specific communities (e.g. Wanapum Tribe) and work to understand their unique barriers and opportunities – build relationships
    - Work on building trust and relationships – use partnerships and outreach to help
- Offer training opportunities (e.g. cultural competency, structural racism)
    - Host a Summit focused on equity
- Invest in infrastructure to support and overcome barriers to accessing care (e.g. telehealth; mobile service delivery)
- Increase access to, and use of, data to identify disparities within client populations
- "Role of NCACH – focused assessment of needs first, funding for dedicated time to build models, connecting partners and then letting them strengthen partnerships"
- Focus on bottom-up approaches, not top-down
- Identify opportunities for structural equity and resources to mitigate inequities

- Use data to inform efforts; develop policies to compensate and mitigate inequities

(See the data from the 1/22 Workbook here:
https://docs.google.com/presentation/d/1izrZsMFTt2Fyr4JWfhiRHXQ44RpzkP4ZcAA2WiYw0mg/edit?usp=sharing)

Recommendations for baking health equity into our organization, developed by staff and the NCACH Governing Board Executive Committee, developed prior to the 1/22/2021 retreat:

- Develop a health equity lens for decision-making process at all levels of the organization. This includes Board decisions, workgroup recommendations, and organization-level decisions. For example, a set of prompts could be included in our decision-making processes (e.g. Board Decision Form.) *Example questions include:*
    - How and when have the people who will be impacted by this decision been included in the decision-making process?
    - Have we considered the impacts of this work on all members of our community both:
        - *Individually*-- how have we considered our own experiences shape the decision we are about to make, and can we acknowledge that those things may be influencing our decisions?
        - *Organizationally*--how will our decisions (often informed by our biases above) impact communities?
    - How does this decision help to shift the power away from those who typically have the most?
- Identify or develop a health equity framework that helps us put health equity principles into practice. Having a shared framework helps us act consistently and systematically across all aspects of NCACH's work and shapes the WHAT and HOW (e.g. how and what we choose to prioritize, how and what we communicate, what capacity we choose to build, who and how we fund, how we approach community engagement, how we gather and share data, etc.)
    - For example, North Sound ACH is using the Targeted Universalism framework as a Strategy for Transformative Change https://youtu.be/YhQc1yH6344.

- Include prominent language on our website on health equity, including our definition and any frameworks that are shaping our work and holding us accountable. Consider including language that acknowledges that our understanding of health equity, how it shapes us as an organization, and how we do our work will evolve and grow. We are open to learning and willing to be pushed/stretched by our community.
- Staff should identify small, concrete action items that can be taken to create an organizational culture of health equity. These include but are not limited to: developing an internal Diversity Equity and Inclusion (DE&I) policy; developing additional language that will be shared with our stakeholders (e.g. the 'we're learning' disclaimer that accurately describes where our organization is in its learning journey and understanding of health equity);
- Promote a Board-level commitment to use existing data resources (e.g. the CHNA) and ongoing assessment of impacts that have been made to address inequities and gaps; which will help inform future efforts and strategies.
- Conduct 1-on-1 interviews with NCACH Board Members to better understand:
  - What work their organization is already taking on to address health equity
  - Their vision of health equity for NCACH, and their recommendations to create and embed a culture of health equity within the organization
- Schedule further equity training / learnings for Board to help increase their knowledge and help them feel more prepared to make informed decisions
  - Bring examples of local disparities and gaps using local data

Improving Information Sharing For Board

Background

In January 2020, we discussed ways to share information with the Board that would increase engagement in our work while minimizing the size of Board packets. The idea was that digging deeper into the goals and impact of our efforts (rather than the activities) would help the Board make better decisions and inform their strategic planning efforts. While COVID-19 and Board member changes derailed our plans to do this in 2020, we have a chance to start 2021 off right!

Information Sharing Framework

INFO IN BOARD PACKETS	INFO AT BOARD MEETINGS	INFO OUTSIDE OF MEETINGS

Sent out in advance, monthly
• Consent agenda
• Board Decision Forms and supporting materials
   • Vet these in advance with Executive Committee for clarity
	Live verbal presentations, monthly
	• Board business (address packet information)
	• Executive Director update
	   • How all the pieces are connecting – why it matters
	   • Share FYI (work products & contractor reports)
	• Deep Dives
	   • Strategy or policy issues of interest to Board
	   • Highlight specific NCACH work, invite partners as co-presenters
	      • Focus on impact, successes, challenges and next steps
	• Tribal updates *quarterly*
		Ad hoc via email (no more than once per week)
		• Key highlights and successes
		• Important developments
		• Links to blog posts, videos, etc that feature specific efforts and partners in more depth
		• Links to detailed reports
		
		Sunset Monthly Meeting Round Ups and replace with a quarterly Connecting the Dots update (focused on what's going on, why it matters and where we're heading)

Deep Dive Concept

Deep dives offer an opportunity to invite partners to co-present about overarching topics that highlight different facets of our collective work and inform NCACH's continued planning efforts. The idea is to use storytelling to highlight partnerships, big picture objectives, and impact in a way that connects our various workgroups and project objectives. Designated staff would help organize and prepare each deep dive with the goal of highlighting MTP work and partners, while also touching on health equity and social determinants of health. Staff would assist invited partners with structuring their story using a suggested format and/or question prompts, ensuring that we focus on results (successes and impacts) and increased understanding of barriers.

Ideally, we would preview upcoming deep dive topics at Board meetings and ask Board members to share specific questions they would like answered (so we can be responsive to what they want and need to know.) Deep dives could be scheduled at quarterly Board retreats, or be built into monthly meetings.

Potential Topics for Board Input

1. **Behavioral Health Integration Adventures:** Goal is to highlight different ways our outpatient partners are addressing integration, including coordination, co-location, and true integration, while helping Board members understand opportunities and challenges unique to rural healthcare. A panel of WPCC partners would co-present, representing large and small providers, as well as primary care and behavioral health providers. *Mariah & Wendy (WPCC)*

2. **Our Region's Needs and Performance**: Goal is to help the Board understand our region's 2019 performance and share health equity data that might inform our future work. Partners from Public Health Seattle King County could be great co-presenters. *Caroline (Data)*

3. **Making Recovery the Epidemic:** Goal is to elevate the stories of recovery coaches and recovery community, while sharing anecdotes about how NCACH funds for Narcan and Recovery Coach training resulted in real-life impacts. This is also a great opportunity to highlight the value of community-based workforce with lived experience. Featured co-presenters might include partners involved in the Opioid Treatment Network, someone from Central WA Recovery Coalition, and/or one of the Recovery Coaches we trained. *Joey & Tanya (Opioid/Recovery Coach Network/CBCC)*

4. **Health System Improvements of the Colville Confederated Tribes:** Goal is to help Board members learn about changes in the Colville Tribes health system, including updates on the Treatment Center, as well as challenges ahead. We will help them understand how the EHR migration our funds are supporting will advance their broader health improvement goals. Dr. Dan Barbara would be a co-presenter, and we could also invite Council members from the Health & Human Service Committee and/or representatives from IHS. *Linda and Caroline with input from Tribal Engagement Team (Tribal Engagement)*

5. **Clinical and Community Collaborations:** Goal is to highlight some of the work that is being incentivized and funded to build bridges between traditional healthcare and social sectors in order to address SDOH and health equity. Featured co-presenters would include both inpatient and outpatient clinical partners and a community partner. Might need to schedule towards end of the year so we can draw from the efforts in 2021. *Wendy & John (TCDI/WPCC)*

6. **Community Paramedicine Innovations in Rural Washington:** Goal is to help Board members understand different ways that emergency medical service partners are helping address both medical and social needs with community partners, highlighting partnerships with community organizations, clinical organizations, and public health. Lake Chelan Community Hospital could speak to more traditional clinical system model, Upper Valley MEND/Lake Wenatchee Fire and Rescue could speak to partnership with a social service agency, and Okanogan Public Health could speak to the partnership with EMS in the COVID response. *John & Caroline (TCDI/CBCC/COVID/CHI)*

7. **Engaging Schools to Advance Whole Person Health:** Goal is to help Board understand how schools have engaged in our work by highlighting some of the efforts supported through NCACH funds. Co-presenters could include Okanogan Community Coalition, CIS of Central WA, and North Central ESD (all partners who applied for CHI Community Initiatives funding). *Sahara & Caroline (CHIs/CBCC)*

8. **Realizing the Promise of Telehealth:** Goal is share the proposed plan developed by the successful bidder and help the Board understand how broadband access initiatives and gaps in our North

Central region fit into these plans. Could invite the successful bidder and Department of Commerce staff working on broadband access as co-presenters. *Wendy (WPCC/Telehealth)*

9. **Engaging Communities in Health Improvement:** Goal is to highlight the role of local communities as partners to the NCACH in driving health improvement priorities and innovations. Invite co-presenters from local CHIs to share discussions, initiatives, and policy advocacy efforts of the CHIs, especially those reinforcing health equity and SDOH linkages. *Sahara (CHIs)*

10. **The Complicated Web of Care Coordination:** Goal is help Board understand the different types of care coordination across inpatient, outpatient and social service sectors, including the distinction between clinical care coordination and community-based care coordination. Presenters would highlight bright spots and client stories, as well as the difficulties of coordinating across partners and barriers to making coordination person-centered. Featured co-presenters could include a CBCC partner who can highlight the work of CBOs, a TCDI partner who can highlight transitional care efforts, and a WPCC partner who can highlight follow-up care and SDOH screening efforts. *Caroline, John & Wendy (CBCC, WPCC, TCDI, Opioid, Recovery Network)*

Governance Committee Update

Goals for Today

Review Committee objectives & brief update of work done at Committee level

Review Committee recommendations to Board

BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Objectives of Committee

Objective	Progress as of 02.01.2021
Evaluate current board documents provide recommendations for changes, if applicable	Done, Recommendations provided to Board in Feb
Determine if there are any missing resolutions or policies that need to be established	Bylaws & Conflict of Interest Policy Edits Missing resolutions: Nomination Policy, Resolution on Meetings, Code of Conduct
Talk about NCACH Board Governance: Policy vs. Operational Board	Develop Board training through 2021
Evaluate the current Board composition and provide recommendations on alignment with the current and future strategic goals of the organization	Tabled to review again after Strategy Workgroup recommendations complete
Provide a written report to the Board that includes evaluation of Board Governance and recommendations for improvement	Developed into Power point
Assist in the implementation of approved recommendations of the Governing Board	Removed at August Meeting. Did not feel committee was necessary in 2021.

Committee Recommendations

Recommendation #1: Document Updates

Recommendation #2: Committee Formation

Recommendation #3: Board Education

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Recommendation #1

- **Adopt edits to the following Governance Documents:**
  - Bylaws
  - Conflict of Interest Policy

  Documents to be posted through February 2021 for Board review. Adopt edits at March Board meeting. Location will be sent out after Board meeting.

- **Spend additional time in 2021 Reviewing following documents:**
  - Tribal Communication and Collaboration Policy
  - Financial Policies

Bylaw Key Changes

- Reorganization of Bylaw to ensure language in appropriate section

- Added new Mission Statement, as applicable

- Removed CHI's within Section III. Governance

- Changed Board and Executive Committee Terms & identified what counts as a term

- Removed reference to initial terms under Sector representation

Bylaw Key Changes

- Board meetings: Changed notice requirements & added details for virtual meeting

- Removed Executive Committee as lead for Board Nominations and elections process and replaced with Nominating Committee

- Removed reference to financial maximums that can be expended

- Significantly reduced language in indemnification section

Conflict of Interest Changes

- **Primary edits was to Article 3: Procedures**

- **Open Publics Meeting Act:** Changes made to comply with rules (e.g. cannot go into Executive session for Conflicts of Interest)

- **Updated language across Conflict of Interest Policy**

Conflict of Interest Changes – Article 3:Procedures

- **Article 3 Procedures :** Flow of procedures section was confusing, changes include the following:

  - **Disclosure of Conflict** – Outlined disclosure for interested director and if another director disclosures a potential or perceived conflict
  - **Procedure to determine existence of Conflict –** If a potential conflict exists that is in debate, outlines process to come to determination
  - **Personal and Financial conflict sections –** Removed, procedure is the same in new version
  - **Violation of Conflict –** Outlines steps after violation confirmed by Board

Recommendation #2

Develop committees to support the work of NCACH:

- **Nominating Committee**
  - Timeline to develop: Q1 2021

- **Finance Committee**
  - Timeline to develop: Q2 - Q3, 2021

Recommendation #3

Provide focused Board training on the following:

1. **Open Public Meetings Act – Q1 and Q2, 2021**
   - Continue to train board to meet compliance

2. **Policy Governance – Q2 – Q4, 2021**
   - Ensure shifting to a policy governance model.
   - Contract with expertise to provide training and assist in writing policies and developing appropriate method of policy governance.

Above training will be supported by Executive Committee until it is deemed necessary to form another committee for review of Policy Governance

Discussion/Questions

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"