



North Central Accountable Community of Health

Governing Board Executive Session & Board Meeting 1:00 PM–3:30 PM, July 13th, 2020

| | |
|---|---|
| <u>Location</u> <i>Virtual Meeting Only</i> | <u>Call-in Details</u> Conference Dial-in Number: (253) 215-8782 Meeting ID: 864 9013 4912 One tap mobile: +12532158782,,86490134912# Join Zoom Meeting: https://us02web.zoom.us/j/86490134912 |
|---|---|

| TIME | AGENDA ITEM | PROPOSED ACTIONS | ATTACHMENTS | PAGE |
|---------|--|---|---|---------------------------------|
| 1:00 PM | Introductions – Blake Edwards <ul style="list-style-type: none"> Board Roll Call Declaration of Conflicts | | <ul style="list-style-type: none"> Agenda, Acronyms & Decision Funds Flow Chart | 1-4 |
| 1:10 PM | Executive Session <ul style="list-style-type: none"> To discuss nominations to the Board | | | |
| 2:00 PM | Public meeting resumes <ul style="list-style-type: none"> Zoom Etiquette Approve Consent Agenda Public Comment | <ul style="list-style-type: none"> Approval of Consent Agenda | <ul style="list-style-type: none"> Consent Agenda <ul style="list-style-type: none"> Minutes Monthly Financial Report | 5-14 |
| 2:15 PM | Executive Director Update – Linda Parlette | | <ul style="list-style-type: none"> Executive Director Report | 15-16 |
| 2:25 PM | Board Nominations – Blake Edwards <ul style="list-style-type: none"> FQHC Seat – Nominee form attached Public Health Seat – Nomination form – separate attachment Okanogan CHI seat - Seat open, will discuss at meeting | <ul style="list-style-type: none"> Approval of FQHC sector seat Approval of Public Health sector seat | <ul style="list-style-type: none"> Board decision form – FQHC seat Board decision form – Public Health seat | 17-18 <i>Sep Attach.</i> |
| 2:45 PM | Strategic Planning Update – Blake Edwards & John Schapman | <ul style="list-style-type: none"> Approval of the Guiding Principles and Value Proposition document | <ul style="list-style-type: none"> Guiding Principles and Value Proposition documents | 19-26 |
| 3:15 PM | Governance Committee – Linda Parlette & John Schapman | <ul style="list-style-type: none"> Approval to form Governance committee as proposed in charter | <ul style="list-style-type: none"> Board decision form Governance Committee Charter | 27-28 29 |
| 3:30 PM | Adjourn | | | |

A Handy Guide to Acronyms within the Medicaid Transformation Project

| | |
|--|---|
| ACA: Affordable Care Act | FIMC: Fully Integrated Managed Care |
| ACH: Accountable Community of Health | FCS: Foundational Community Supports |
| ACO: Accountable Care Organization | HCA: Health Care Authority |
| AI/AN: American Indian/Alaska Native | HIT/HIE: Health Information Technology / Health Information Exchange |
| BAA: Business Associate Agreement | MAT: Medication Assisted Treatment |
| BH: Behavioral Health | MCO: Managed Care Organization |
| BH-ASO: Behavioral Health - Administrative Service Organization | MH: Mental Health |
| BLS: <i>Basic Life Skills</i> | MOU: Memorandum of Understanding |
| CBO: Community-Based Organization | MTP: Medicaid Transformation Project(s) |
| CCHE: Center for Community Health and Evaluation | NCACH: North Central Accountable Community of Health |
| CCMI: Centre for Collaboration Motivation and Innovation | NCECC: North Central Emergency Care Council |
| CCS: Care Coordination Systems | OHSU: Oregon Health & Science University |
| CHI: Coalition for Health Improvement | OHWC: Okanogan Healthcare Workforce Collaborative |
| CHW: Community Health Worker | OTN: Opioid Treatment Network |
| CMS: Centers for Medicare and Medicaid Services | ODU: Opioid Use Disorder |
| CMT: Collective Medical Technologies | P4P: Pay for Performance |
| COT: Chronic Opioid Therapy | P4R: Pay for Reporting |
| CP: Change Plans | PCS: Pathways Community Specialist |
| CPTS: Community Partnership for Transition Solutions | PDSA: <i>Plan Do Study Act</i> |
| CSSA: Community Specialist Services Agency | PHSKC: Public Health Seattle King County |
| DOH: Department of Health | RFP: Request for Proposals |
| DSRIP: Delivery System Reform Incentive Program | SDOH: Social Determinants of Health |
| EDie: <i>Emergency Dept. Information Exchange</i> | SSP/SEP: <i>Syringe Services Program / Syringe Exchange Program</i> |
| EMS: Emergency Medical Services | SMI: Serious Mental Illness |



North Central Accountable Community of Health

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

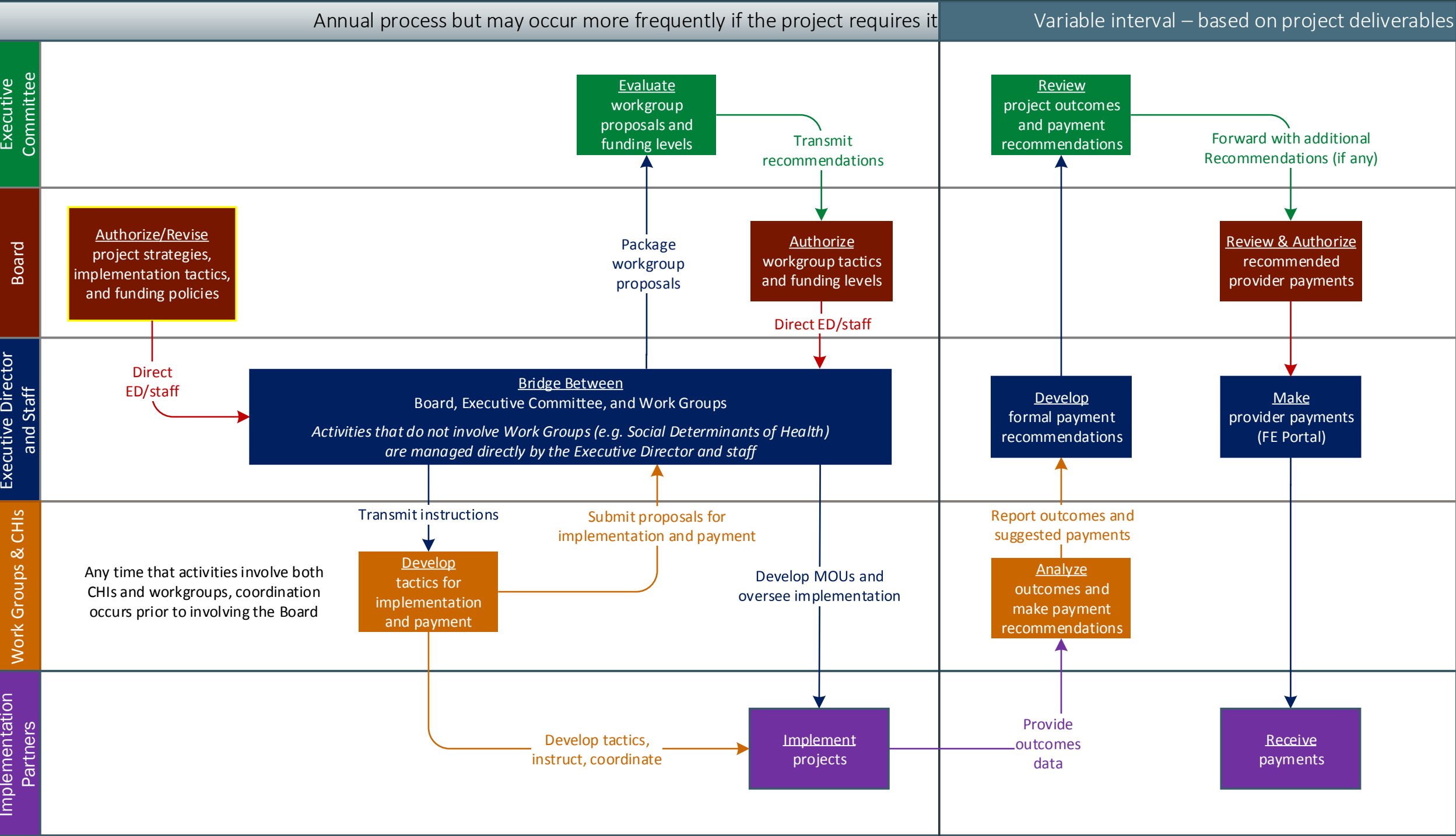
VBP: Value-Based Payment

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]



| Location | Attendees |
|--|--|
| Virtual Meeting | <p>Governing Board Members Present: Rick Hourigan, Doug Wilson, Cathy Meuret, Ken Sterner, Molly Morris, Jorge Rivera, Brooklyn Holton, Blake Edwards, Ray Eickmeyer, David Olson, Senator Warnick, Carlene Anders, Rosalinda Kibby, Nancy Nash Mendez</p> <p>Governing Board Members Absent: Daniel Angell, Barry Kling, Ramona Hicks</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p> |
| Agenda Item | Minutes |
| <ul style="list-style-type: none"> Approval of Consent Agenda Declaration of Conflicts Public Comment | <p>Meeting called to order at 1:00 PM by Blake Edwards</p> <p>❖ Brooklyn Holton moved, Rosalinda Kibby seconded the motion to approve the consent agenda, motion passed. Brooklyn noted that with the approvals from last month we did not include values of the 15% hosting fee from the CDHD (if the expense is paid out of the CDHD account). That expense will be included in future requests.</p> <ul style="list-style-type: none"> Conflicts of Interest: None Public Comment: None |
| <ul style="list-style-type: none"> Executive Director Report | <ul style="list-style-type: none"> Linda referred to document that was sent out the Board showing the work that has been done by NCACH staff around COVID-19 work with the Incident Command System through Public Health. Will be adding the work that we are doing outside of the Local Public Health Jurisdictions Incident Command Systems in the future to give everyone the full picture of the hard work staff has put in. We are waiting until we see what our requirements are with the next SAR (Semi Annual Report) that is due in July. There will be some relaxation in the requirements and quality improvements. Still working with Parkside to get a viable model that works. Talked to Barry Kling (CDHD) yesterday about a glide path forward. We are slowly adding the MTP work back into our schedules. |
| <ul style="list-style-type: none"> Board Governance | <p>Executive committee is nominating of Deb Murphy for at Large Board Seat:</p> <p>* Ken Sterner moved, Nancy Nash Mendez seconded the motion to accept the Nomination of Deb Murphy to fill the NCACH Open At Large Board Seat on the NCACH Governing Board effective 05/04/2020, no further discussion, motion passed. (Term expiration will be 12/31/2023)</p> |
| <ul style="list-style-type: none"> NCACH Staff Updates | <p>John reviewed the NCACH Response to COVID-19</p> <p>NCACH Objectives since COVID-19:</p> |

- Work with community networks across the region to provide support, connection, and resources to help our communities Stay Home and Stay Healthy (Social Distancing).
- Support our partners and community partners so that they are able to focus their efforts on the emergent needs of the community.

ICS Involvement/Funding

Caroline and Sahara went over the NCACH ICS Involvement which includes:

- Outreach
- Farmworker Community outreach (Grant County)
- Mobilize and collection of homemade PPE
- Regional messaging efforts focused on Spanish-speaking communities.
- Poster distribution regarding masking (Okanogan)

*There are about 40 people on a regional group to help guide the COVID-19 Spanish messaging. This work has strengthened relationships with CBO's. Tanya has helped organizations in Grant County apply for grants. Shared some of the print materials: Postcards, PUD Newsletters that NCACH has had a hand in producing.

Additional Funding Request

John reviewed the funding approved so far; \$50,000 allocated to Local Health Jurisdictions, \$150K Community Support Funding mini grants, \$55,187 NCACH Staff Initiated Projects. Of the total budgeted for all three of these items, there is still \$98,139 unallocated (ICS funds are almost gone, the funds remaining are split between the grants and staff initiated projects).

The ask for today is to decide one of the following two options with regards to the COVID-19 Incident Command System funding...

1. Increase Community Mitigation Incident Command System funding from \$50,000 to \$100,000 (allocate an additional \$50K)
2. Do not increase allocation, and let funding expire

IMPACT/OPPORTUNITY (fiscal and programmatic):

- If no additional funding is approved, NCACH Incident Command funding will be exhausted and we will continue to support each ICS with staff time only.
- If approved, NCACH will continue provide both staff and funding for ICS work.
- If approved it will increase the following budget line items
 - CDHD Other Expenditures: ↑ \$50,000
 - CDHD Hosting Fee: ↑ \$7,500

NCACH will pay any expenses out of the Financial Executor portal to minimize any accrual of the hosting fee on expenditures. NCACH will reflect those payments and adjustments to the monthly budget when presenting monthly financials at the Board meeting.

Discussion:

What will this money be used for? Education around masking in public, give the LHJ the ability to respond proactively.

- Dr. Wilson – How much more money could we draw down for this work if we needed to and where would it come from? We still have uncommitted funds and we are going to come in under budget this year because of COVID-19 pause plan. Brooklyn responded these emergent needs are probably not going to go away, we need to have a conversation around if we need to allocate a larger amount?
 - Carlene – Would like to be strategic about setting aside some money, but not necessarily spending it right away. We do not know what is coming in the fall. Long Term recovery is going to be long term.
 - Rosalinda – Has there been expectation from the State that the ACH's respond to this pandemic? Linda responded that the state has not given any expectations and all ACH's are spending the money differently. Transformation efforts are on hold – would like to know how we are going to be measured success in the future and what kind of funding will be needed to achieve that success.
 - Ray – Would like to know how much contact tracing could this money go to and how big of a difference could our funding make in that? John said we can dig into this and get back to the Board.
 - Brooklyn – Is there anything in the hopper or is expected that if this funding is not approved, would not happen? Should we create a smaller sub-committee?
 - Cathy – What is out there that this funding could go to and we need to pay attention to make sure that there is not another source of funding.
 - Carlene is comfortable with approving the \$50,000 but wants to make sure that we are strategic and making sure that we are leveraging funds to get a greater result. We can build capacity by leveraging funds.
 - Rick – Make sure that we are not funding things that are not our responsibility, feels that we need to fill in gaps.
- * **Doug Wilson moved, Cathy Meuret seconded the motion to Increase Community Mitigation Incident Command System funding from \$50,000 to \$100,000 (allocate an additional \$50K), with the amendment to create a plan to provide greater structure moving forward, discussion ensued around including the amendment to the motion to have a future discussion to create a plan to provide more structure in the future, Board decided to include the amendment, motion passed.**

NCACH COVID-19 Work

Tanya reviewed NCACH's work on the following projects:

- Community Support Funding – as of 4/30/2020 we have had 32 submissions, working closely with the Community Foundation of NCW to avoid duplication of efforts/funding. Has an excel sheet with a brief description of the projects that we have funding. We can send this out to Board Members. There may be a discussion on a future allocation at the Board retreat.
- Essential Worker Campaign – This is underway, Digital Media Northwest has created a great video that has been well received by the community.

| | |
|---|---|
| | <ul style="list-style-type: none"> • COVDeo Contest – The response has not been as good as we had hoped. Asked Digital Media Northwest to boost the sharing to get some more submissions. Discussed the option of extending the deadline – will discuss to decide if it would be beneficial. Cathy will request that the NCESD share again. Carlene noted that 50% of kids in Okanogan County are not in contact with the schools. |
| <ul style="list-style-type: none"> • Support of Regional Food Bank System Distribution | <p>John and Brooklyn – Shared that 1/5 of the Community Funding Applications are food related, there is a larger need than what is requested in the Community Support Funding.</p> <p><u>Options:</u></p> <ol style="list-style-type: none"> 1. Work with Chelan-Douglas Community Action Council and Okanogan County Community Action Council funding to utilize the funding already receive funds through the CHI Community Initiative process for COVID-19 support efforts. 2. Continuing to support Food System partners through the COVID-19 Community Initiative Funding. Food System partners will likely make up 1/3 of application funds expended. (estimated \$33,000) 3. Create a separate budget line item to support food system partner response to COVID-19. This could include either: <ol style="list-style-type: none"> A. A one time commitment to major food distribution agencies (2 Community Action Councils and Community Services of Moses Lake) B. An additional budget line item to support all agencies across NCW that allows them to apply for funding. <p><u>Discussion</u></p> <ul style="list-style-type: none"> • David noted that before COVID – the Board spent quite a bit of time discussing that SDOH – did we ever decide that food insecurity was what we wanted to focus on. Wants to make sure that the Board is ok with choosing something that could be reactive. • Rick – We need to be strategic, we need to remember that we are a Medicaid Transformation Project. • Jorge – we need to look at the magnitude of the funds that we are planning to direct to this? It will help us make the decision. • Ken – A number of resources are being pushed to food banks right now. Right now the food banks are doing well, but they are worried about the future. Feels that there may be a need to step in the future. • Molly – She is in 4 counties and she has people that are going hungry. Their food bank is only open once every two weeks and is volunteer only. Highly dependent on schools. • Cathy - Is it our intent just to provide money or can we help them come up with new processes to help them. |

| | <table><tr><th>Agency</th><th>Area Served</th><th>Services</th><th># of Food Pantries Served</th><th>Primary Needs during COVID-19</th></tr><tr><td>Chelan Douglas Community Action Council</td><td>Chelan-Douglas</td><td>Food Distribution Rent Assistance</td><td>13</td><td><ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance</td></tr><tr><td>Community Services of Moses Lake</td><td>Grant, Adams, Lincoln, Yakima, and Benton</td><td>Food Distribution</td><td>6 Grant County (33 across 5 counties)</td><td><ul style="list-style-type: none">Food – Fresh produce and meat products</td></tr><tr><td>Okanogan Community Action Council</td><td>Okanogan</td><td>Food Distribution Rent Assistance</td><td>9</td><td><ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance</td></tr></table> <p>*Board decided to support food insecurity as the applications come in for the Community Support Fund. Can revisit later if it becomes apparent that the system is struggling with no other funding options.</p> | Agency | Area Served | Services | # of Food Pantries Served | Primary Needs during COVID-19 | Chelan Douglas Community Action Council | Chelan-Douglas | Food Distribution Rent Assistance | 13 | <ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance | Community Services of Moses Lake | Grant, Adams, Lincoln, Yakima, and Benton | Food Distribution | 6 Grant County (33 across 5 counties) | <ul style="list-style-type: none">Food – Fresh produce and meat products | Okanogan Community Action Council | Okanogan | Food Distribution Rent Assistance | 9 | <ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance |
|--|---|--------------------------------------|---------------------------------------|--|---------------------------|-------------------------------|---|----------------|--------------------------------------|----|--|----------------------------------|---|-------------------|---------------------------------------|--|-----------------------------------|----------|--------------------------------------|---|--|
| Agency | Area Served | Services | # of Food Pantries Served | Primary Needs during COVID-19 | | | | | | | | | | | | | | | | | |
| Chelan Douglas Community Action Council | Chelan-Douglas | Food Distribution Rent Assistance | 13 | <ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance | | | | | | | | | | | | | | | | | |
| Community Services of Moses Lake | Grant, Adams, Lincoln, Yakima, and Benton | Food Distribution | 6 Grant County (33 across 5 counties) | <ul style="list-style-type: none">Food – Fresh produce and meat products | | | | | | | | | | | | | | | | | |
| Okanogan Community Action Council | Okanogan | Food Distribution Rent Assistance | 9 | <ul style="list-style-type: none">Food – Fresh produce and meat productsRental Assistance | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Board Strategic Planning | Before this crisis we were working with Chris Kelleher and had started with the strategic planning interviews. Blake is recommending that we all reengage with Chris and complete those interviews, Board is in agreement. We will discuss at the June 12 th Board Retreat. | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Roundtable | <p>Round Table Discussion - COVID-19 successes, challenges, potential opportunities and next steps</p> <ul style="list-style-type: none">Dr. Hourigan: Telehealth/virtual health; where NCACH can act as a change agent, will be an important role that we can play after immediate COVID responseCathy Meuret: School system needs - Telehealth for the K-12 system; benefit from having interactions with care team on regular basis through virtual visits (physical, BH and dental). Getting back into school routines – how to manage school districts this fall when school is back in session; school nurses are already thinking about this. Do not have areas to isolate kids, low PPE and poor thermometers. Concerned about exposure and isolation for staff and studentsSenator Warnick: Many are lacking WiFi/broadband connections; expansion is crucial for telehealth and virtual learning as we continue to move forward. Letters of support would be helpful – would like to ask board members to help promoteCarlene Anders: FEMA national call – need for people to have affairs in order; many people do not have their wishes on record (DNR advanced directives, wills)Dr. Hourigan: Testing shortages; we are needing more testing as we start to open up more of the counties, but we do not have the supplies needed. Testing is currently done on critically ill and hotspots. Antibody testing is only 30-40% accurate; even if it was 96% accurate, our number of cases have been so low, it is more likely to be a false positive result. Also pointed out that we have “done well” as far as keeping our number of cases and deaths low. | | | | | | | | | | | | | | | | | | | | |

- **Ray Eickmeyer:** EMS and hospital numbers are lower; test kits and PPE shortages. Looking ahead to reopening elective procedures and seeing what kind of PPE needs there will be. Understands need to support area food banks, but wondering what else needs to happen. NCACH needs to be a connector – building a health information exchange. There are things that really need to be done. Agrees with Dr. Hourigan on telehealth approach.
- **Ken Sterner:** Agrees that we need to make sure we are not just putting a “band-aid” on things. How do we support our food banks and food pantries? Not just with food but with the infrastructure to maintain. Aging and Adult Care services (90 to 1 ratio of clients to case manager) have been serving seniors in isolated areas for a while; contractors have been in place to ensure food is delivered to isolated seniors.
- **Molly Morris:** Food distribution is a pressing issue in the Coulee Dam area – 4 county region with food insecurity. Would benefit from support to area food banks and food programs, in support of the proposal presented
- **Nancy Nash-Mendez** – Received funding to build additional units; has been difficult during COVID response; section 8 vouchers and rental assistance programs must pay rent to remain in program and there are concerns about some of the messaging about paying rent. Housing Authority has acquired 16 units – thank you to elected officials that helped with that.
- **David Olson:** Even after the COVID-19 response, patients will continue to want to use telehealth. Need to figure out how to best take advantage of this technology in our region. Discussions with Confluence Health underway
- **Deb Murphy:** Behavioral Health needs and especially suicide risk due to COVID. Shared that she will be meeting with other stakeholders throughout Grant County to discuss and planning to share what she heard today. Communication and contact with board members; happy to connect with anyone to help wherever possible

- 3:30 PM Meeting Adjourned by Blake Edwards

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 | \$ 236,353 | | | | | |
| Transformation Total | \$ 6,463,315 | \$ 3,219,006 | \$ 3,244,308 | | | |
| Workshop Registration Fees/Misc. Revenue* | \$ 22,387 | \$ 13,720 | \$ 8,667 | | | |
| | | | \$ - | | | |
| Financial Executor Funding | | | | | | |
| Project Incentive Funds | | | | \$ 15,909,770 | \$ 7,993,150 | \$ 7,916,620 |
| 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 | | | | \$ 61,490 | | \$ 61,490 |
| DY1 Shared Domain 1 Funds** | | | | \$ 5,811,865 | \$ 5,811,865 | \$ - |
| Totals | \$ 6,601,030 | \$ 3,348,055 | \$ 3,252,975 | \$ 29,670,947 | \$ 13,863,437 | \$ 15,807,510 |

*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

Note from NCACH Treasurer: "The 2020 budget and lack of "% Expended YTD to Budget" is a direct result of the NCACH responding to COVID by adjusting where capacity is allocated and reducing performance expectations on partners by pausing our MTP activities. At the August meeting, we will be looking at the first half of the 2020 budget with the implications attached to reduced expenditures to better understand how to begin preparing for the 2021 budget."

2020 NCACH Budget: Monthly Summary

CDHD Account Expenses

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

| Budget Line Item | Total Budgeted | Apr-20 | May-20 | Totals YTD | % Expended YTD to Budget |
|------------------------------------|---------------------|------------------|-------------------|-------------------|--------------------------|
| ^ Salary & Benefits | \$ 967,407 | \$ 76,109 | \$ 70,711 | \$ 366,189 | 38% |
| Supplies | | | | | |
| ^Office | \$ 9,420 | \$ 30 | | \$ 80 | 1% |
| Drugs and Medicines | \$ 20,000 | | | \$ - | 0% |
| Furniture < \$500 | \$ 2,400 | | | \$ 538 | 22% |
| Books, References, & Videos | \$ - | | | \$ - | |
| ^Software | \$ 2,500 | | | \$ - | 0% |
| Computer Hardware | \$ 6,000 | | | \$ - | 0% |
| Services | | | | | |
| Legal Services | \$ 8,400 | | | \$ - | 0% |
| Computer | \$ 9,600 | | | \$ - | 0% |
| Misc. & Contracts | \$ 8,000 | | | \$ - | 0% |
| Mileage | \$ 57,000 | \$ 513 | \$ 248 | \$ 2,361 | 4% |
| Professional Travel and Training | \$ 9,000 | \$ 30 | \$ 295 | \$ 1,279 | 14% |
| Conference - Program Meals/Lodging | \$ 26,250 | | | \$ 497 | 2% |
| Other (Train/Plane/Boat/Parking) | \$ 10,200 | | | \$ 630 | 6% |
| Advertising - Newspapers | \$ 3,800 | | \$ 914 | \$ 914 | 24% |
| Advertising - Other | \$ 5,400 | | \$ 7,698 | \$ 8,098 | 150% |
| Insurance | \$ 6,000 | | \$ 6,324 | \$ 6,324 | 105% |
| Printing - Office | \$ 6,250 | \$ 773 | | \$ 792 | 13% |
| Printing - Copier | \$ 11,000 | \$ 272 | \$ 258 | \$ 2,354 | 21% |
| Dues and Memberships | \$ 3,400 | | | \$ 11 | 0% |
| Subscriptions | \$ 1,280 | \$ 887 | \$ 162 | \$ 3,715 | 290% |
| ^Other Expenditures | \$ 266,194 | \$ 5,348 | \$ 6,887 | \$ 31,046 | 12% |
| ^CDHD Hosting Fee 15% | \$ 212,647 | \$ 12,594 | \$ 14,024 | \$ 63,724 | 30% |
| Grand total | \$ 1,652,148 | \$ 96,557 | \$ 107,520 | \$ 488,551 | 30% |

% of Fiscal Year

42%

FE Portal Account Expenses

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

| Budget Line Item | Total Budgeted | Apr-19 | May-19 | Totals YTD | % Expended YTD to Budget |
|---|---------------------|------------------|------------------|--------------------|--------------------------|
| Operations | | | | | |
| Project Management and Organizational Development | \$ 70,000 | \$2,588 | | \$9,844 | 14% |
| 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 | | \$450.0 | \$2,531 | 7% |
| Workforce Development (2020) | \$ 30,000 | | | \$0 | 0% |
| ^ COVID-19 ICS & NCACH Funds (FE Portal) | \$ 15,692 | | \$15,692.3 | \$15,692 | 100% |
| ^ COVID Community Support Funding | \$ 150,000 | \$5,000 | \$94,015.3 | \$99,015 | 66% |
| Community Engagement and SDOH Capacity Development | | | | | |
| Lead Agencies (CHIs) | \$ 150,000 | \$19,703 | \$16,168.1 | \$69,067 | 46% |
| CHI Partner Payments (Carry over of \$450,000, Approved in 2019) | \$ 350,000 | | | \$87,525 | 25% |
| * CHI Partner Payments (2020) | \$ 450,000 | | | \$0 | 0% |
| * Community Information Exchange Workgroup | \$ 50,000 | | | \$0 | 0% |
| ^ Tribal Investment (Colville Confederated Tribes) | \$ 669,000 | | | \$0 | 0% |
| Whole Person Care Collaborative | | | | | |
| Comagine Health | \$ 50,000 | \$100 | | \$100 | 0% |
| CCMI - Advising | \$ 78,000 | | \$17,875.0 | \$37,375 | 48% |
| Learning Activities | \$ 280,000 | | \$48,769.0 | \$133,227 | 48% |
| CSI - portal & TA | \$ 36,000 | \$2,917 | \$2,916.7 | \$21,250 | 59% |
| Learning Community - fixed | \$ 1,080,000 | \$277,500 | | \$527,500 | 49% |
| Learning Community - variable | \$ 800,000 | | \$120,000.0 | \$240,000 | 30% |
| Pathways Hub | | | | | |
| Action Health Partners - Hub Lead Agency(January - June 2020) | \$ 476,250 | \$29,780 | \$33,587.0 | \$167,650 | 35% |
| * Community Based Care Coordination | \$ 575,544 | | | \$0 | 0% |
| Transitional Care and Diversion Intervention | | | | | |
| TCDI Hospital Partner Work | \$ 520,000 | \$20,000 | \$26,000.0 | \$150,000 | 29% |
| EMS Partner Work | \$ 230,000 | \$57,500 | | \$108,500 | 47% |
| 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 | | | \$5,750 | 6% |
| 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 | 33% |
| Opioid Prescriber Coaching Pilot | \$ 28,000 | | | \$0 | 0% |
| Grand total | \$ 6,673,186 | \$415,087 | \$375,473 | \$1,744,962 | 26% |

% of Fiscal Year 42%

| | | | | | |
|--------------|--------------|------------|------------|--------------|-----|
| Total Budget | \$ 8,325,334 | \$ 511,644 | \$ 482,994 | \$ 2,233,513 | 27% |
|--------------|--------------|------------|------------|--------------|-----|

"*" 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 | <p>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:</p> <table> <tr> <th>Proposal Budget Item Amount</th><th>CDHD Budget Line Item</th></tr> <tr> <td>Salary and benefits \$62,400 (For remainder of 2020)</td><td>Salary & Benefits</td></tr> <tr> <td>Recovery Coach Stipends \$9,200</td><td>Other Expenditures</td></tr> <tr> <td>Training Expenses \$20,000</td><td>Other Expenditures</td></tr> <tr> <td>Equipment \$3,500</td><td>Software (\$1000), Office Supplies (\$1,000), Telephone (\$1500)</td></tr> <tr> <td>Supports for clients \$4,854</td><td>Other Expenditures</td></tr> <tr> <td>CDHD Hosting Fee \$14,993</td><td>CDHD Hosting Fee</td></tr> <tr> <td colspan="2">Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</td></tr> </table> | 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 | |
| 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 | <p>Approval of the "NCACH COVID-19 Community Mitigation Funds: Community Support" Processes as attached up to \$200,000.</p> <p>\$150,000 to support community partner's work on COVID-19</p> <p>\$50,000 to support NCACH's direct operational work on COVID-19</p> | | | | | | | | | | | | | | | | |
| 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 | Genera 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. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Executive Director's Report – July 2020

This year continues to prove challenging for all of us in a myriad of ways. COVID-19 continues to surge across the country, threatening lives and livelihoods worldwide. In the 244 years since the Declaration of Independence was signed, our country has overcome many adversities and challenges, but recent turmoil, including the COVID-19 pandemic, proves that we have much more work to do.



In the midst of these challenging times, North Central Washington has lost a monumental voice for public health. Barry Kling, the longtime administrator of Chelan-Douglas Health District and former chair of NCACH's Governing Board, has decided to retire after nearly 40 years of public service. While Barry's retirement is well deserved, his departure raises questions about the future of public health in the region. It also is that much more important that community leaders come together across aisles, beliefs, parties, and sectors, to stand united for public safety and the health of our communities.

In the spirit of this, I wanted to take some time to reflect on the contributions that Barry made during his tenure as the head of CDHD, and as my friend and colleague. Originally from Missouri, Barry began a career in public health nearly 40 years ago. Before becoming the administrator for CDHD in 2003, Barry's service included establishing a health department for the Shoshone and Arapahoe Tribes in Wyoming and developing rural health education programs in Idaho and the University of Missouri. As the administrator of public health in Chelan and Douglas Counties, Barry led a small-but-mighty department who has tackled everything from [arsenic in our soil](#), a [Legionnaire's outbreak in 2015](#), countless wildfires, and now the largest pandemic crisis in modern history. Having spent most of his career in public health, Barry was a passionate advocate for interventions and programs that not only addressed health symptoms, but also their root causes. As the Board's "public health guy," Barry challenged our organization to push beyond clinical transformation and look at addressing the social determinants of health, particularly housing and transportation.

Barry's leadership style was uniquely his own. His steadfast commitment to the health of the region was most apparent, especially in the times he was asked to make tough decisions in the name of public safety, which he did so even knowing that his personal reputation could be tarnished. That takes courage! While I served as the 12th District State

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"



North Central Accountable Community of Health

Senator, Barry was a trusted resource for public health policy and financing. During the formation of NCACH in 2014, Barry was instrumental in convening critical partners and establishing our organization's governance structure. As our Board Chair, Barry asked us to examine our programs through the lens of public impact – are we making sure that our decisions positively affect as many people as possible? My hope is that we continue to hold ourselves to this standard as NCACH continues moving forward in our work.

Congratulations on a truly impressive career in public health, Barry.

Thank you for your service.

Charge on!

Charge on!

Linda Evans Parlette

Executive Director



Board Decision Form

TOPIC: Nomination of FQHC Sector Seat

PURPOSE: Vote on the nomination to fulfill the FQHC sector seat on the board.

BOARD ACTION:

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

BACKGROUND:

On Friday May 8th, the NCACH Board representative David Olson provided via email his notice to resign from the board due to his time commitment on other work obligations. At that point, he notified Blake Edwards that the sector had nominated Jesus Hernandez to the Governing Board to fulfill the remainder of the term as the FQHC representative.

The NCACH Executive Committee, acting as the nominating committee, discussed the nomination in detail during regularly scheduled Executive calls

The nomination committee is nominating Jesus Hernandez to fill the FQHC sector representation seat on the NCACH governing Board. Below is a bio for Jesus:

Jesus Hernandez, MPA bio



- CEO at Family Health Centers since March of 2016.
- Grew up in Wenatchee...BA in Business from WSU...Masters in Public Administration from UW
- Served 20 years on Wenatchee School Board - passion for youth and education
- 2 governor appointments leading to serving 9 years on state's Higher Education Coordinating Board
- Extensive experience and insights in the Health and Education sectors
- Two sons...one at WSU the other at UW
- Dedicated to building & strengthening communities

PROPOSAL:

Approve the nomination of Jesus Hernandez to the Federally Qualified Health Clinic Sector Seat on the NCACH Governing Board for the term that goes till December 31st, 2022



North Central Accountable Community of Health

IMPACT/TIMELINE:

- If approved, Jesus Hernandez would fulfill the remaining term of the FQHC Board seat set to end December 31st, 2022

Submitted By:

Submitted Date:

Staff Sponsor:

Nominating Committee

7.13.20

Linda Evans Parlette

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

North Central Accountable Community of Health • 200 Valley Mall Parkway, East Wenatchee, WA 98802 • 509-886-6400



Board Decision Form

TOPIC: Approval of NCACH Guiding Principles and Value Propositions

PURPOSE: Approval of NCACH Guiding Principles and Value Propositions

BOARD ACTION:

☐ Information Only

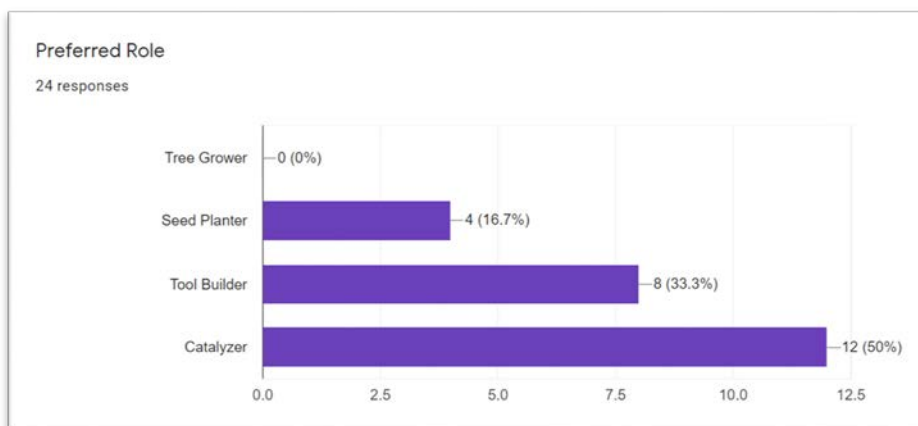
☒ Board Motion to approve/disapprove

BACKGROUND:

In the months of March – May 2020, NCACH Staff and Board were interviewed independently in preparation for the June 12th Board retreat. During those interviews, individuals were asked to provide feedback on the draft mission statement, criteria for evaluating strategies, NCACH Value propositions, and candidate strategies recommended at the October 2019 Board retreat.

Board and staff members were asked for their opinion on the mission statement that was drafted after the October retreat. Opinions were evenly split; about 1/3 felt it was good as written, 1/3 thought it could be improved with better wording, and another 1/3 felt it should be completely replaced. Board and staff members reviewed the five criteria that were established in October for evaluating candidate strategies, and there was nearly unanimous support for the criteria as-written.

Board and staff members also were asked to select a preferred role for the ACH in its future state. Below outlines the key roles individuals felt that the NCACH was poised to fill.



Although several candidate strategies developed in October were essentially tree-grower strategies (investing heavily in a single big initiative), Board members and staff did not choose that as a preferred role during interviews. Because this suggested that the strategies nominated in October



North Central Accountable Community of Health

are somewhat out of sync with the Board's current thinking, the June 12th Retreat focused on a set of Guiding Principles and Value propositions that came out of the individual Board interviews.

At the Retreat, Board members and staff had an opportunity to provide input on the guiding principles and value propositions. That input was incorporated into the final set of recommendations attached to this document.

PROPOSAL:

Approval of the attached NCACH Guiding Principles and Value Proposition (Attachment A).

IMPACT/TIMELINE:

- Approval will allow NCACH to move forward in their strategic planning process and develop strategies for the Board to review.
- See attached timeline for review of process.

| | |
|-----------------|---------------------------|
| Submitted By: | NCACH Executive Committee |
| Submitted Date: | 7.13.2020 |
| Staff Sponsor: | John Schapman |

Attachments:

- **Attachment A:** Final Document of NCACH Guiding Principles and Value Proposition.
- **Attachment B:** Notes from June 12th Board Retreat
- **Attachment C:** Timeline for Strategic Planning process

Guiding Principles

Why does NCACH exist and how does it serve the region?

1. NCACH addresses health equity and improves the wellbeing of all people in the North Central Region.
2. NCACH advances social, emotional, physical, and behavioral health as embodied in the principles of whole-person care.
3. NCACH catalyzes the success of other entities by making complementary efforts and maintaining an environment of collaboration and community benefit.
4. NCACH unifies regional efforts by coordinating and promoting collaboration across sectors.
5. NCACH helps groups focus on cross-cutting priorities, pursues durable solutions, and prioritizes efforts that deliver systemic improvement.

Value Streams

What is NCACH's role in the region and how are its actions organized?

Initiatives > When a shared priority is established . . .

- NCACH helps to advance that priority by building engagement, coordinating efforts, advocating for productive action, and acquiring resources for support.
- NCACH provides the expertise and administrative supports that help collaborative groups operate efficiently and effectively.
- NCACH ensures efforts to improve SDOH, health equity, and wellbeing are understood and coherently organized across the region's multiple priorities.

Information > NCACH serves as a hub for . . .

- Information and diverse, accurate data related to the improvement of SDOH, health equity, and wellbeing in the region.
- Information and diverse, accurate data critical to evaluating regional needs and measuring the improvement of SDOH, health equity and wellbeing in the region.

Policy > NCACH catalyzes improvement by . . .

- Serving as a trusted partner, impartial convener, honest broker, and effective advocate at the state and local level.
- Bridging interests and sectors to establish shared priorities that will improve the SDOH, health equity, and wellbeing at the system level.
- Advancing constructive policy solutions through analysis of data and information, assessment of improvement opportunities, and the navigation of a dynamic political environment.

Definitions

Wellbeing: A state of complete physical, mental, social, and behavioral health; not merely the absence of disease or infirmity.

Region: Okanogan, Grant, Douglas, and Chelan counties, with the understanding that individual activities and initiatives may involve only a subset of the counties.

Major Changes from The Retreat Version

1. Dropped the second guiding principle: “NCACH believes that improvements in health equity and the social determinants of health can improve health outcomes while helping to control system-wide costs.”
2. Combined the last two guiding principles.

Retreat Notes

Principles

General Comments

- Do all core principles carry equal weight?
- Focus on programs that can be replicated
- Are "wellbeing" and "thrive" the right words? In the COVID context, some are struggling just to survive
- Need to link the principles to capacity building
- Need to guard against redundancy (e.g. farmworker efforts)
- Advocacy should be articulated in values

Revision Ideas

Could potentially combine 1+3 and 4+5

- Equity isn't reflected -- maybe it should be the bedrock
- Health equity and social justice could be called out more strongly
- Make each statement more actionable
- 1st three are too broad
- Maintain proactive verbiage
- Needs to be shorter and more succinct
- Create a principle to address the needs of more disparate populations

#1

- Spirit of health equity is implied but could be more explicit
- Borrow from concepts of targeted universalism

#2

- "Reducing system-wide costs" is a good aspiration -- but some increased cost may be worthwhile

#3

- Too vague
- How are we actionable about "thriving" communities?
- Individual vs community level?
- Empower people to act in their communities
- What does "thriving" mean to the community?

#6

- Could be more concrete: what are the groups?
- Needs to be refamed -- the idea is good but the wording is confusing -- change the word "helps"

#7

- Not just "pursue" -- "support"

Value Streams

General

- Board
 - Board doesn't have extensive expertise around policy and SDoH but is more process oriented -- what are the limitations?
 - Makeup of the Board may need to shift based on these value streams
- Where are the CHIs reflected in this work? Does the work of CHI create a regional initiative?
- Need more clarity around definitions so that we don't set unrealistic expectations for the community/region
- Need to avoid over-administering
- What impact would post-2022 changes to the ACH program have?
- Presentation
 - Bolded topic sentences
 - Need a glossary
 - Community input
 - Stewardship of funds (accountability)

Definitions Needed

- Information and data
- Data: definition needs to include the community voice
- Acquire and manage
- Tools
- Portfolio
- Maybe use "resources" instead of "tools"
- Wellbeing: too big, needs to be defined -- is it specific to initiatives
- How many counties does it take to be "regional"?
- How is advocating different from promoting?

Initiatives

- #3 bullet is separated out into 2
- Initiatives and resources: say 'how to manage' -- not actually manage
- Would NCACH serve as a hub for funding because it's a 501(c)3

Information

- Need to set realistic expectations for the community around data
- Should information come first

Policy

- Include navigating the political landscape
- The ACH is not necessarily set up to change policy but to influence it
- Is the ACH poised to propose policy change or convene around solutions?
- Shifting policy as health equity: work in tandem with information value streams (e.g. translation of existing policies and sharing through community-facing channels)
- Policies should be clearer -- to provide more direction for staff and identifying priorities to

help the ACH filter requests

- Should the link to Olympia be more explicit?
- Add something about "representing" the regional voice

Retreat – June 12

- Review interview results (15 minutes?)
- Discuss guiding principles and foundational strengths (1 hour?)
- Discuss value proposition (1 hour?)

June/July

- Staff use the Board's retreat feedback to revise the guiding principles and value proposition
- The Board votes on revisions
- Staff develop a set of (3?) proposed mission statements that incorporate the adopted principles and value proposition

July, August, September

- The Board selects a mission statement
- Board-appointed task force (with staff) develops a set of proposed strategies that would put the guiding principles and value proposition into action

October/November

- Board reviews the proposed strategic plan and provides feedback
- Board-appointed task force (with staff) revises the strategic plan based on feedback

November/December

- Board votes on the proposed strategic plan, which will be subjected to pressure-testing and financial modeling in 2021

2021

Pressure-test the proposed strategies and develop a business plan

- Assessing Viability – Sample Questions
 - Is there a market for proposed services? If so, how strong and broad is that market?
 - What additional expertise, tools, connections, etc. would be necessary for success?
 - Who are the most engaged partners? What “sweat equity” are they willing to invest?
- Developing a Financial Modeling – Sample Work
 - Expenses/costs associated with different business models
 - Needed revenue for different business models
 - Potential sources of revenue, with assessments of their viability and sustainability

Late 2021 / 2022

- Implement the business plan – initiate full transition to the future state



Board Decision Form

TOPIC: Formation of NCACH Governance Committee

PURPOSE: Approval of NCACH Governance Committee charter and composition

BOARD ACTION:

- ☐ Information Only
- ☒ Board Motion to approve/disapprove

BACKGROUND:

During COVID-19, NCACH felt that staff needed to interact and receive direction from the Board on a more frequent basis than monthly. Therefore, the NCACH Executive Committee decided to move to weekly meetings to address any urgent issues that may occur due to the pandemic.

As part of that process, the NCACH Executive Committee also took the opportunity to engage and evaluate additional standing issues of the Board on a more frequent basis including strategic planning and Board governance.

As the Executive Committee has evaluated Board governance, questions the group felt the board should evaluate and answer included:

1. Do we need to change the composition of our Board to align with our future organizational goals?
2. Should NCACH refine its Bylaws and committee charters to provide more clarity on board decision-making processes should issues arise?
3. Does the board operate more as an operational Board and should we be taking the steps to become more closely structured to operate as a policy Board.

NCACH staff engaged Davis Arneil Attorneys at Law to evaluate how our Bylaws determine the decision making structure of our Board and to provide recommendations on where we could strengthen both the language within our Bylaws and committee charters/resolutions.

Based on the above conversations and information received from Davis Arneil, the Executive Committee believes it is important to develop a Board governance committee whose primary function will be to provide recommendations back to the Board to address the above 3 issues and any additional governance questions that may occur as part of the review process.

PROPOSAL:

— “BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON” —



North Central Accountable Community of Health

Approval of the NCACH Governance Committee and guidelines for the committee as outlined in the attached charter.

IMPACT/TIMELINE:

- Approval will allow NCACH to develop a Governance Committee to review the current Bylaws, decision-making processes, and board composition.

RECOMMENDATION:

It is recommended that the Board Governance Committee consists of the following:

- 2 NCACH Staff Members (Including Executive Director)
- 4 NCACH Board Members (Including at least 1 non-Executive Committee member)

Submitted By:

NCACH Executive Committee

Submitted Date:

7.13.2020

Staff Sponsor:

John Schapman

Governance Committee Charter

Charge

The charge of the Governance Committee is to evaluate the current status of the NCACH Board governance, including bylaws, policies, and Board composition as well as provide recommendations to update documents, policies, and procedures to both reflect the current state of the organization and set the organization up to achieve its future strategic goals.

Membership Roles and Responsibilities

The Governance Committee responsibilities will include the following:

- Evaluate current board documents including the Bylaws & Conflict of Interest policy to determine if revisions are needed and provide recommendations for changes
- Evaluate board governance to determine if there are any missing resolutions or policies that need to be established
- Evaluate the current Board composition and provide recommendations on alignment with the current and future strategic goals of the organization
- Provide a written report to the Board that includes evaluation of Board Governance and recommendations for improvement
- Assist in the implementation of approved recommendations of the Governing Board

Time Commitment/Meetings

- The Governance Committee will hold regular monthly meetings at a minimum one time per month.
- The committee is expected to achieve its objectives and sunset by the end of 2020.

Membership Composition:

Composition will include members from the following:

- 2 NCACH Staff Members (Including Executive Director)
- 4 NCACH Board Members (Including at least 1 non-Executive Committee member)

Expectations of Membership

- Keep best interest of NCACH and community at the forefront of discussion
- Attend 75% of meetings

Reporting

- The Governance Committee will keep regular minutes of its meetings and will provide such minutes to the other committees or sub-committees from time-to-time or as requested by the Board of Directors.