
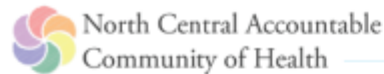


Location	Attendees																																																		
Virtual Meeting	<p>Governing Board Members Present: Blake Edwards, Rick Hourigan, Rosalinda Kibby, Doug Wilson. Christal Eshelman, Ken Sterner, Jesus Hernandez, Cathy Meuret, Carlene Anders, Brooklyn Holton, Molly Morris, Deb Murphy, Jorge Rivera, Ray Eickmeyer, Lisa Apple, Nancy Nash Mendez, Ramona Hicks</p> <p>Governing Board Members Absent: Senator Warnick</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes</p>																																																		
Agenda Item	Minutes																																																		
<ul style="list-style-type: none">Declaration of ConflictsApproval of Consent AgendaPublic Comment	<ul style="list-style-type: none">Meeting called to order at 1:00 PM by Blake EdwardsDeclarations of conflicts: NonePublic Comment: None❖ Carlene Anders moved, Nancy Nash Mendez seconded the motion to approve the consent agenda, motion passed.																																																		
<ul style="list-style-type: none">Executive Director Report	<ul style="list-style-type: none">North Sound delivered a large amount of masks to Okanogan County for fire reliefHCA Learning Symposium registration is open, registration link: Register today. Veronica Farias from the Chelan Douglas Health District will be a panelist for our area.Email was sent to all Public Health Districts on Saturday to try to do some community Care coordination for COVID using the CCS platform. Linda has a call scheduled today with DOH to get info.																																																		
<ul style="list-style-type: none">NCACH Finance Update	<p>John Schapman gave an MTP Funds Flow Refresher</p> <div>North Central Accountable Community of Health</div> <div><h3>NCACH Revenue</h3><table><thead><tr><th>Funding Source</th><th>Up to Revenue Estimates</th><th>Board Approved Projections (1/2018)</th><th>Revenue as of August 2020</th><th>Updated Projections</th></tr></thead><tbody><tr><td>Design Funds</td><td>\$6M</td><td>\$6M</td><td>\$6M</td><td>\$6M</td></tr><tr><td>FIMC Incentive</td><td>\$5.8M</td><td>\$5.8M</td><td>\$5.8M</td><td>\$5.8M</td></tr><tr><td>Project Plan Award</td><td>\$5.2M</td><td>\$5.2M</td><td>\$5.2M</td><td>\$5.2M</td></tr><tr><td>Pay for Reporting</td><td>\$15.9M</td><td>\$13.6M</td><td>12.8M</td><td>\$15.6M</td></tr><tr><td>Pay for Performance</td><td>\$5.8M</td><td>\$0M</td><td>\$0.0M</td><td>\$0.0M</td></tr><tr><td>High Performance DY1</td><td>\$1.4M</td><td>\$1.4M</td><td>\$1.4M</td><td>\$1.4M</td></tr><tr><td>VBP Incentives</td><td>\$2.2M</td><td>\$0M</td><td>\$0.7M</td><td>\$0.7M</td></tr><tr><td>Additional Revenue</td><td>\$0.7M</td><td>\$0M</td><td>\$0.4M</td><td>\$0.7M</td></tr><tr><td>Total Funds</td><td>\$43.0M</td><td>\$32.0M</td><td>\$32.3M</td><td>\$35.4M</td></tr></tbody></table></div> <div>"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"</div>	Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)	Revenue as of August 2020	Updated Projections	Design Funds	\$6M	\$6M	\$6M	\$6M	FIMC Incentive	\$5.8M	\$5.8M	\$5.8M	\$5.8M	Project Plan Award	\$5.2M	\$5.2M	\$5.2M	\$5.2M	Pay for Reporting	\$15.9M	\$13.6M	12.8M	\$15.6M	Pay for Performance	\$5.8M	\$0M	\$0.0M	\$0.0M	High Performance DY1	\$1.4M	\$1.4M	\$1.4M	\$1.4M	VBP Incentives	\$2.2M	\$0M	\$0.7M	\$0.7M	Additional Revenue	\$0.7M	\$0M	\$0.4M	\$0.7M	Total Funds	\$43.0M	\$32.0M	\$32.3M	\$35.4M
Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)	Revenue as of August 2020	Updated Projections																																															
Design Funds	\$6M	\$6M	\$6M	\$6M																																															
FIMC Incentive	\$5.8M	\$5.8M	\$5.8M	\$5.8M																																															
Project Plan Award	\$5.2M	\$5.2M	\$5.2M	\$5.2M																																															
Pay for Reporting	\$15.9M	\$13.6M	12.8M	\$15.6M																																															
Pay for Performance	\$5.8M	\$0M	\$0.0M	\$0.0M																																															
High Performance DY1	\$1.4M	\$1.4M	\$1.4M	\$1.4M																																															
VBP Incentives	\$2.2M	\$0M	\$0.7M	\$0.7M																																															
Additional Revenue	\$0.7M	\$0M	\$0.4M	\$0.7M																																															
Total Funds	\$43.0M	\$32.0M	\$32.3M	\$35.4M																																															

- This was what the Board approved 1.19.2018 as part of our projected revenue
- Yellow signifies dollars that we have received and have currently maximized
- Orange signifies dollars that we are still able to earn additional dollars as part of NCACH
- Red is additional revenue outside of the MTP that we have and will earn
- Overall we are on current track
- If things stay consistent, the likelihood NCACH will earn > 35.4M is pretty high.
- Entering into the 5th year of the project, but will not receive pay for performance money for a few years.
- We budgeted earned funds conservatively which puts us as earning up to \$42.3M



NCACH Expenses

Funding Source	Board Approved Projections (6/2018)	Expenditures as of August 2020
Whole Person Care Collaborative*	11.8M	\$5.5M
CBCC (Pathways Hub)*	\$5.2M	\$1.3M
TCDI*	\$2.6M	\$1.1M
Opioid Use Crisis Response*	\$1.2M	\$0.5M
Community Engagement (includes CHI funding & Tribal Funds)	\$0.0M	\$1.1M
Operations*	\$3.3M	\$2.8M
Total Funds	\$24.1M	\$12.3M

*Originally project management costs were excluded in estimates in separate budget item. They are folded into these updated numbers for better comparisons.

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

Expenses are divided into three buckets: MTP Projects, Community Engagement, and Operations

- In June of 2018 Board approved projections totaling \$24.1M, expenditures as of August 2020 we have expended about \$12.3M
- NCACH did not consider tribal projects or non-project specific work when we approved original projections
- Original projections for ACH operations and project management expenses did not adequately support the need
- An updated expense projection through 2021 will be available at the December Board meeting

<ul style="list-style-type: none"> • Telehealth Presentation 	<p>Board members were broke out into small groups to discuss the folowing:</p> <ol style="list-style-type: none"> 1. The original proposal was designed to fund clinical partners. The Board wanted to expand it to include non-clinical partners. What was the vision board members had when advocating for this expansion? 2. Is funding focused on enhancing telehealth infrastructure for providers or developing the systems to expand access to patients? Are either of the above focuses mutually exclusive or can they be done together? If focused on patient access, how do we account for agencies that do not have the infrastructure established to deliver telehealth themselves? 3. Who is eligible to access funds, and how would they be able to obtain those funds? <ol style="list-style-type: none"> a. <u>Who can access:</u> WPCC clinical partners, non-WPCC clinical partners, schools, non-profit community-based organizations that address SDOH, businesses (e.g. agricultural organizations) b. <u>Scale:</u> Does the Board want to fund (1) organization-level investments, (2) collaborative regional investments, or (3) both? <p>Report out:</p> <ul style="list-style-type: none"> • Most clinical partners were forced to figure it out, we should expand to others. Make sure that providers can connect to what is happening, not necessarily build their infrastructure. • Infrastructure – promote connectivity in places that we can help. We bring the community into this through schools, libraries, churches, senior centers, employment services. Economic services is looking into installing SkyFi in rural areas. • We may want to bring in a consultant that can help us figure this out • Partner with similar systems that currently exist – build relationships • Cross sector - funding should be more broad and not narrow • Need a gap analysis - there is money flowing for K-12 and other sectors from many sources. This is why we have a multi sector Board. There is the ability to optimize our investment and fill in the gaps with our funding? • Be equitable – some organizations are under resourced, some have what they need • Health equity – how are we making sure that the all are being addressed? <p>➤ Wendy suggested Board members look into their sectors for funding that is out there.</p>
<ul style="list-style-type: none"> • Strategic Planning 	<p>At the September 14th Board meeting, NCACH Board members discussed the potential mission statement and set of polling questions that was created by the NCACH Executive Committee in partnership with staff input and contractor Better Focus LLC (Chris Kelleher). The intent of the mission statement was discussed as well as the rationale behind each polling question. Board members provided feedback on both the mission statement and questions during the meeting. After the meeting, the poll was sent out to board and staff members to complete.</p> <p>Based on the results of the polling questions, we used the majority vote and are presenting the mission statement below for approval today.</p> <p>❖ <i>Brooklyn Holton moved, Deb Murphy seconded the motion to approve the following Mission Statement for North Central Accountable Community of Health, motion passed.</i></p>

	<p>NCACH Mission Statement: <i>Advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.</i></p> <p>Strategy workgroup update:</p> <ul style="list-style-type: none"> • Membership: Blake Edwards, Christal Eshelman, Doug Wilson, Rosalinda Kibby, Caroline Tiller and John Schapman. There is still one open Board seat that we can fill later. • Next step is a kick off meeting to set ground rules about how the group is going to operate. • Will the policy discussion from a year ago be incorporated? We will refer back to it, but some of that work was rendered moot. <p>Governance Committee update:</p> <ul style="list-style-type: none"> • Chair is Carlene Anders • They have had a kick off meeting • Working towards moving to a policy governance board • Will be looking at what policies that we need to create or improve upon
<ul style="list-style-type: none"> • Community Based Care Coordination Update 	<p>Caroline Tillier – In March the Board voted to end the Pathways Community HUB. We had a timeline of four months to come up with new plan. The due date for the new plan has been bumped to December due to COVID.</p> <p>Since March:</p> <ul style="list-style-type: none"> • Had 4 mini strategy sessions with other ACH's • Ongoing ACH Executive discussions on CBCC and CIE • Regular check ins with Action Health Partners • Health Home Demystified event – link to the recoding https://www.youtube.com/watch?v=IPViThVQ-3c&feature=youtu.be <p>Proposed approaches:</p> <ol style="list-style-type: none"> 1. Strengthen the Health Home program in our region <ul style="list-style-type: none"> ➤ Medicaid only ➤ Discrete ➤ Near-term 2. Invest in infrastructure that can support all care coordination <ul style="list-style-type: none"> ➤ All target populations, models & payers ➤ Complex ➤ Long-haul <p>Discussion:</p>

	<ul style="list-style-type: none"> • All care coordination would be covered in approach 2. • Having discussions with 211 to figure out why 211 is not working in our area
<ul style="list-style-type: none"> • Other Business 	<p>Dr. Hourigan announced that he is leaving Confluence Health and moving to the Seattle area. This will be his last meeting. Recommended Doug Wilson to replace him as Vice Chair on the Executive Committee.</p> <p>❖ Executive Committee appointed Dr. Doug Wilson as the Vice Chair to the NCACH Executive Committee. Lisa Apple moved, Ramona Hicks seconded the motion to approve the appointment of Dr. Doug Wilson as the Vice Chair of the NCACH Executive Committee with the term ending 12/31/2021, motion passed.</p>
<ul style="list-style-type: none"> • Roundtable 	<ul style="list-style-type: none"> • Dr. Wilson thinks that the Care Coordination plan sounds great • Many said that the Mission Statement was a big milestone.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • Meeting adjourned at 3:34 PM by Blake Edwards