

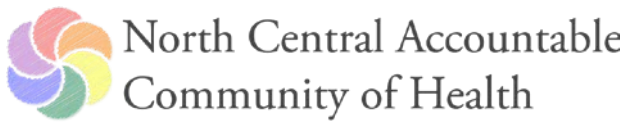
Governing Board Meeting
1:00 PM–3:30 PM, October 5, 2020

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| Location <i>Virtual Meeting Only</i> | Call-in Details 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 |
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| 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 Public Comment Approval of Consent Agenda | <ul style="list-style-type: none"> Approval of Consent Agenda | <ul style="list-style-type: none"> Agenda, Acronyms & Decision Funds Flow Chart Consent Agenda - Minutes & Monthly Financial Statement | 1-4 5-14 |
| 1:10 PM | Executive Director Update – Linda Parlette | | <ul style="list-style-type: none"> Executive Director Letter | 15 |
| 1:20 PM | NCACH Finance Update – John Schapman <ul style="list-style-type: none"> MTP Funds Flow Refresher | | <ul style="list-style-type: none"> Documents will be sent prior to meeting | |
| 1:40 PM | Telehealth – Wendy Brzezny & John Schapman | | <ul style="list-style-type: none"> Documents will be sent prior to meeting | |
| 2:25 PM | Strategic Planning – Chris Kelleher | <ul style="list-style-type: none"> Approval of Mission Statement | <ul style="list-style-type: none"> Board Decision Form | 16-17 |
| 2:50 PM | Community Based Care Coordination update – Caroline Tillier | | | |
| 3:10 PM | Board Roundtable | | | |
| 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 |



SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

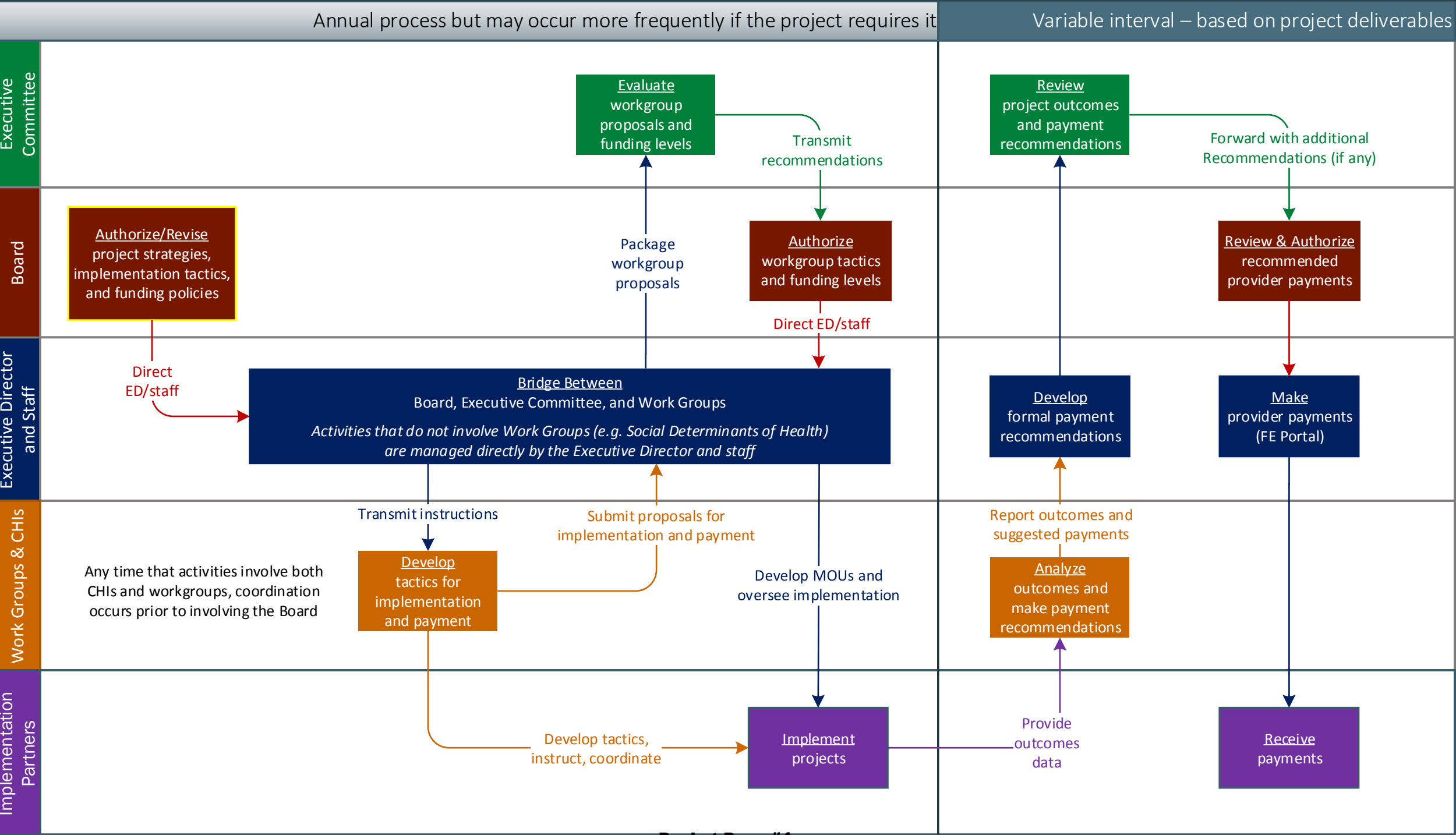
VBP: Value-Based Payment

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: Blake Edwards, Rick Hourigan, Doug Wilson, Cathy Meuret, Molly Morris, Brooklyn Holton, Ray Eickmeyer, Senator Warnick (until 2:09 PM), Carlene Anders, Rosalinda Kibby, Nancy Nash Mendez, Ramona Hicks, Ken Sterner, Deb Murphy, Christal Eshelman, Lisa Apple</p> <p>Governing Board Members Absent: Jorge Rivera</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 Conflicts Approval of Consent Agenda Public Comment | <ul style="list-style-type: none"> Meeting called to order at 1:00 PM by Blake Edwards Declaration of Conflicts: Christal Eshelman will abstain from the FQHC Board seat vote <ul style="list-style-type: none"> ❖ Rosalinda Kibby moved, Brooklyn Holton seconded the motion to approve the consent agenda, motion passed. Public Comment: None |
| <ul style="list-style-type: none"> Executive Director Report | <ul style="list-style-type: none"> Acknowledged all of the work that first responders and fire fighters have been doing in the area. Newsletter provided a summary of where NCACH is with all of the projects Introduced Joey Hunter a new employee that NCACH hired as the Recovery Coach Network Coordinator. |
| <ul style="list-style-type: none"> NCACH Finance Update | <p>2020 YTD Financial Summary: Brooklyn presented a summary of where the NCACH 2020 budget sits for both accounts (see page 12 of the packet). In the Financial Executor Portal account we are 20% under budget because of the project pause due to COVID-19. As workgroups and meetings start back up, we will start to see some spending catch up. We will bring another update when we bring the 2021 draft budget in November. John Schapman noted that we also had a significant amount budgeted to the Pathways HUB and we discontinued that project.</p> <p>Monthly Financial Report: Page 13-16 Brooklyn shared where we are at right now in the CDHD and FE account. Currently, we have just over \$17 million in FE Portal and just about \$3 Million in the CDHD account. We should have more than \$10 million left at the end of next year if we stay on budget.</p> <p>Linda noted that HCA has been talking to the Executive Director's because they are asking the legislature and CMS to extend the project for another year due to COVID. We will not know the answer on extending or if there will be additional funding for the extra year until after the legislative session ends.</p> <p>2021 Budget Planning Timeline: Page 17, John went through our expected timeline for the 2021 budget. Initial draft budget will be presented to the Board in November and final budget for approval at the December meeting.</p> |

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| | <p>Questions to the Board:</p> <ol style="list-style-type: none"> 1. Should we create a committee of about 4 Board members to help with budgeting? Committee may have a retreat to help develop at budget. Rick noted that we need to be paying attention to the pay for performance measures – especially this year. We may not want to count on any pay for value money coming in. Brooklyn noted that we did not budget with the intention of receiving any of those funds. John noted that HCA can't take back any money that is currently in our account. <ul style="list-style-type: none"> ➤ Consensus was to create this committee. John or Brooklyn will send a follow up email to get volunteers for this committee. 2. Is a refresher needed on the different projects? Refresher is needed. Will present this in October or November. A one page summary with results for each project would be helpful, include how COVID effected the project. 3. Should we be budgeting any money toward COVID-19? Ken suggested looking into supporting vaccinations. Doug agreed that many organizations are trying to plan. Some vaccines are going to require a -80 degree freezer and there are very few in our area, this may be something that NCACH can help support. |
| <ul style="list-style-type: none"> • Board Nomination | <p>Dr. Hourigan facilitated the discussion. The FQHC sector is nominating Jesus Hernandez for the FQHC Seat. The nominating committee is bringing the nomination forward without recommendation. The vote is being held via Survey Monkey with John Schapman being the only person that will see the results.</p> <p>❖ <i>Nancy Nash moved, Ramona Hicks seconded the motion to approve the nomination of Jesus Hernandez to the FQHC sector seat on the NCACH Governing Board for the term that goes till December 31st, 2022, survey results showed a majority vote for Jesus to be on the NCACH Governing Board, motion passed (Christal Eshelman and Blake Edwards abstained).</i></p> |
| <ul style="list-style-type: none"> • Strategic Planning | <p>Proposed Mission Statement: <i>Advance whole-person care and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and catalyzing systemic change, with particular attention to the social determinants of health.</i></p> <p>Poll will be sent out with the following questions for Board and Staff with the following questions and space for additional input:</p> <ol style="list-style-type: none"> 1. Should the initial phrase be replaced with the more layman-friendly phrase, "Help the residents of North Central Washington achieve their full health potential by . . ." 2. Should we omit the social determinants of health from the end of the mission statement? 3. Should we replace "collaboration" with "collaborative efforts"? 4. Should we replace "catalyzing" with "driving"? 5. Should we delete "in North Central Washington"? |

Discussion:

- Many in favor of using a layman friendly phrase.
- Rick suggested facilitate instead of help.
- Brooklyn is more in favor of keeping the language that is in the original statement.
- Molly noted that those are key phrases that are searched for. Also strongly supports SDOH staying in the statement as that is where we are heading.
- Ramona agrees with the statement as written, many organizations have bought into WPC.
- Jesus - Health Equity and WPC are very with the times. The health care sector alone can't achieve this goal we need to engage other sectors.
- Christal - Whole Person Care should be changed to Whole Person Health, SDOH is included in Health Equity and WPC.
- Brooklyn said as we are trying to bring in other sectors that may not connect with Health Equity, in a non-clinical world they need to see SDOH.

Strategy Workgroup

Chris Kelleher presented the charter to create a workgroup that will focus on the development of NCACH strategies and business models of the NCACH.

Charge of Workgroup:

- The Strategy Workgroup is charged with developing NCACH's post-MTP strategies and producing a well-integrated business plan. The Workgroup will identify new activities that will be necessary for fulfilling the organization's post-MTP goals and will also identify current activities that might be carried forward. This will lead to the development of clearly articulated strategies that are subjected to rigorous testing for business viability. The Workgroup will obtain input from community stakeholders, staff, partners, and prospective customers.
- This workgroup will meet outside of board meetings to ensure strategic planning and strategy development moves forward in a timely manner, and will provide regular updates and gather input from the full board throughout its process. The workgroup will be made up of the following:
 - Board Chair
 - 2 NCACH Staff Members
 - 4 NCACH Board Members (apart from the chair) that do not sit on the Executive Committee

Difference between governance committee and this committee: Governance is focused on current policies and this committee will focus on post Medicaid Transformation Project. There will be some level of crossover in the future.

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| | <p>❖ Carlene Anders moved, Brooklyn Holton seconded the motion for approval of the NCACH Strategy Workgroup and guidelines for the committee as outlined in the charter.</p> <p>*Discussion: Will there be an additional approval for the consultant time to move this group forward. It is already in the budget for 2020, we will need to budget for a consultant next year. Motion passed.</p> <ul style="list-style-type: none"> • <i>Link for poll questions will be sent out from Chris Kelleher, Board Members and staff are asked to answer within 3 days.</i> |
| <ul style="list-style-type: none"> • Tribal Engagement Updates | <p>Molly Morris gave an update on Tribal Engagement</p> <p>She shared the Tribal Tribune which is the news outlet for the Colville Confederated Tribe.</p> <ul style="list-style-type: none"> • Reservation is closed to outside visitors through December. • 8 tribe members with COVID currently • Received over \$28M in Cares Funding. They are offering \$700 relief per tribe member and a one time \$1000 grant for housing assistance. • Currently 5 fires on the reservation. Paper Mill burned down. • Process for donating – Reach out to Billie Nicholson CFO at the Colville Tribe, not through an employee. • There are Facebook sites that are accepting donations of items as well. • Indian Health Services has granted moving forward with the Omak Clinic. • Internet is a huge issue on the reservation. <p>How do they communicate in an emergency? The fastest way is through Facebook. There is also the Tribal Broadcast that is done through email. Carlene noted that the communication between the tribe and the county has been really good since 2015.</p> |
| <ul style="list-style-type: none"> • NCACH Staff Updates | <p><u>Social Media Proposal – Sahara Suval</u></p> <p>Sahara shared the reasons why NCACH should consider adopting a social media presence which include:</p> <ul style="list-style-type: none"> ➤ Increased regional community engagement ➤ Data collection and impact sharing ➤ Increased health literacy ➤ Advances health equity ➤ In addition: During COVID 19 – NCACH developed many public facing strategies that relied on third-party support for sharing on partner social media channels. <p>NCACH Is planning to contract with Digital Media Northwest (DMNW) with a contract of up to \$9,000 per year.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Brooklyn suggested bringing DMNW into the reporting section. • Jesus thinks communication is essential and supports this. • Many strongly support it – keep the Hispanic community informed. • Be looking at how to continue the work past a year whether it be contracting or bringing the work in house. • Price tag is very reasonable and we can re-evaluate after the year. |

- Need to make sure that DMNW are capable of reaching the Spanish speaking population
- ❖ ***Nancy Nash Mendez moved, Deb Murphy seconded the motion to adopt a social media presence and approve \$9,000 to contract with an outside organization for content development and platform support for one year. *Motion is contingent on DMNW being able to provide the content in Spanish. No further discussion, motion passed.***

Telehealth Discussion – Wendy Brzezny

In previous meetings, the Board identified 4 buckets to focus on:

- Education
- Broadband
- Patient access
- Providers infrastructure

What do we know about Telehealth?

- Increases access
- Decreases no show
- National Movement
- Addresses SDoH
- Access the way the patient wants
- Minimizes time a patient takes out of their day

Proposal is to approve one of three telehealth investment options, that would be made available to clinical providers in the North Central Region:

Option 1: Motion to approve a telehealth capital investment fund up to: \$500,000 (up to \$25,000/organization).

Option 2: Motion to approve a telehealth capital investment fund up to: \$1,000,000 (up to \$50,000/organization)

Option 3: Motion to approve a telehealth capital investment fund up to: \$1,500,000 (up to 75,000/organization)

The small capital investment fund would not require additional policy and procedures to be adopted whereas the medium and large capital investment would necessitate adoption of policy and procedures demonstrating processes and workflow designed to improve access to care outlined in the RFP.

Discussion:

- Rick – loves the idea and we need to do something. Would also like to do something around education, we can encourage and make patients feel safe using it. Would like to unlink the total amount from the per organization allocation.
- Doug – Would like to see an organization that could coordinate this throughout the entire area. Would like to encourage organizations to work together.
- Jesus - This is a great opportunity to partner with K-12 and link to online learning. Schools can become WiFi community centers. Transportation may be an issue.

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| | <ul style="list-style-type: none"> • Brooklyn – Where would it fall in the budget? John responded A good part of it will be covered under the original WPCC unspent funds. • Cathy – concerned that it could become fragmented, we need to really look long-term and broadly about what could be done and support other things that could benefit the community. <p>Rick moved Ray seconded the motion to approve Option 3: Motion to approve a telehealth capital investment fund up to: \$1,500,000 in the region. *without an allocated amount per organization.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Jesus – remove the requirement of a healthcare provider – make available to any partner clinical or not. • Entire Board agreed to wait to make a decision at next meeting after more discussion, Rick withdrew his motion. We want to support Telehealth, we just want more of a discussion. *Clarification that we are looking to support telehealth not tele education. <p>Additional information needed for next meeting:</p> <ul style="list-style-type: none"> • K12 partner input • Put it at the top of the agenda with more time |
| <ul style="list-style-type: none"> • Adjournment | <ul style="list-style-type: none"> • Linda announced that Liz Baxter from North Sound ACH is delivering up to 400,000 masks to emergency management in Okanogan County tomorrow for fire victims. • Meeting adjourned at 3:34 PM 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 | \$ 243,463 | | | | | |
| Transformation Total | \$ 6,470,425 | \$ 3,486,950 | \$ 2,983,475 | | | |
| Workshop Registration Fees/Misc. Revenue* | \$ 24,445 | \$ 13,720 | \$ 10,725 | | | |
| | \$ 50,000 | | \$ 50,000 | | | |
| Financial Executor Funding | | | | | | |
| Project Incentive Funds | | | | \$ 17,956,477 | \$ 8,805,047 | \$ 9,151,430 |
| 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 | \$ 6,660,198 | \$ 3,615,998 | \$ 3,044,200 | \$ 31,717,654 | \$ 14,675,334 | \$ 17,042,321 |

*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 | Aug-20 | Totals YTD | % Expended YTD to Budget |
|------------------------------------|---------------------|------------------|-------------------|--------------------------|
| ^ Salary & Benefits | \$ 967,407 | \$ 69,794 | \$ 575,081 | 59% |
| Supplies | | | | |
| ^Office | \$ 9,420 | | \$ 91 | 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 | \$ 3,200 | \$ 5,138 | 61% |
| Computer | \$ 9,600 | | \$ - | 0% |
| Misc. & Contracts | \$ 8,000 | | \$ - | 0% |
| Mileage | \$ 57,000 | \$ 615 | \$ 2,975 | 5% |
| Professional Travel and Training | \$ 9,000 | \$ 10 | \$ 1,289 | 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 | \$ 3,152 | \$ 15,564 | 288% |
| Insurance | \$ 6,000 | | \$ 6,324 | 105% |
| Printing - Office | \$ 6,250 | | \$ 792 | 13% |
| Printing - Copier | \$ 11,000 | \$ 204 | \$ 3,250 | 30% |
| Dues and Memberships | \$ 3,400 | \$ 150 | \$ 161 | 5% |
| Subscriptions | \$ 1,280 | \$ 174 | \$ 3,997 | 312% |
| ^Other Expenditures | \$ 221,131 | \$ 2,885 | \$ 40,086 | 18% |
| ^CDHD Hosting Fee 15% | \$ 212,647 | \$ 12,027 | \$ 98,673 | 46% |
| Grand total | \$ 1,607,086 | \$ 92,210 | \$ 756,495 | 47% |

% of Fiscal Year

67%

FE Portal Account Expenses

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

| Budget Line Item | Aug-19 | Totals YTD | % Expended YTD to Budget |
|--|-----------------|--------------------|--------------------------|
| Operations | | | |
| <i>Project Management and Organizational Development</i> | \$1,750.0 | \$28,356 | 41% |
| <i>Program Evaluation</i> | | \$0 | 0% |
| <i>Data Analytics</i> | | \$2,787 | 9% |
| <i>Feldsman Tucker Leifer Fidell LLP</i> | | \$0 | 0% |
| <i>Workforce Development (Carry over of \$48,500, Approved in 2019)</i> | | \$2,775 | 8% |
| <i>Workforce Development (2020)</i> | | \$0 | 0% |
| <i>^ COVID-19 ICS & NCACH Funds (FE Portal)</i> | \$4,133.5 | \$64,888 | 107% |
| <i>^ COVID Community Support Funding</i> | \$3,500.0 | \$146,394 | 98% |
| Community Engagement and SDOH Capacity Development | | | |
| <i>Lead Agencies (CHIs)</i> | \$12,500.0 | \$107,357 | 72% |
| <i>CHI Partner Payments (Carry over of \$450,000, Approved in 2019)</i> | | \$195,050 | 56% |
| <i>CHI Partner Payments (2020)</i> | | \$0 | 0% |
| <i>* Community Information Exchange Workgroup</i> | | \$0 | 0% |
| <i>^ Tribal Investment (Colville Confederated Tribes)</i> | | \$150,000 | 22% |
| Whole Person Care Collaborative | | | |
| <i>Comagine Health</i> | | \$100 | 0% |
| <i>CCMI - Advising</i> | | \$37,375 | 48% |
| <i>Learning Activities</i> | | \$133,227 | 48% |
| <i>CSI - portal & TA</i> | \$2,916.7 | \$30,000 | 83% |
| <i>Learning Community - fixed</i> | | \$765,000 | 71% |
| <i>Learning Community - variable</i> | | \$240,000 | 30% |
| Pathways Hub | | | |
| <i>Action Health Partners - Hub Lead Agency(January - June 2020)</i> | \$29,000.0 | \$225,650 | 47% |
| <i>* Community Based Care Coordination</i> | | \$0 | 0% |
| Transitional Care and Diversion Intervention | | | |
| <i>TCDI Hospital Partner Work</i> | \$39,000.0 | \$189,000 | 36% |
| <i>EMS Partner Work</i> | | \$166,000 | 72% |
| <i>Technical Assistance/Training</i> | | \$0 | 0% |
| <i>^ Community Partnership for Transition Solutions (Recovery Coach Network)</i> | | \$0 | 0% |
| Opioid Project | | | |
| <i>Rapid Cycle Applications</i> | | \$5,750 | 6% |
| <i>Support Opioid Conference Site Teams</i> | | \$0 | 0% |
| <i>Training Opportunities (General public, organizations, sector)</i> | | \$5,750 | 38% |
| <i>Public Awareness Contract</i> | | \$21,400 | 71% |
| <i>School Based Prevention Contracts</i> | | \$40,000 | 33% |
| <i>Opioid Prescriber Coaching Pilot</i> | | \$0 | 0% |
| Grand total | \$92,800 | \$2,556,858 | 38% |

% of Fiscal Year 67%

| | | | |
|---------------------|-------------------|---------------------|------------|
| Total Budget | \$ 185,010 | \$ 3,313,353 | 40% |
|---------------------|-------------------|---------------------|------------|

"*" 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

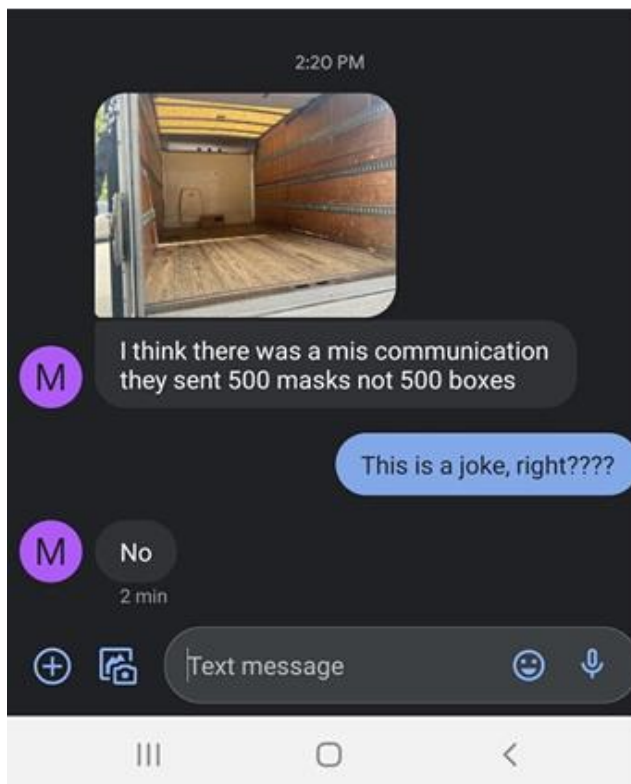
Budget Amendments - 2020

| 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 | 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. | | | | | | | | | | | | | | | | |
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Executive Director's Report – October 2020

Hello Partners,

We have officially been in a pandemic for over six months. For many, it has been some of the strangest months we have ever experienced, and the uncertainty around the future of the pandemic and the nation doesn't make it any easier. As we navigate times like this, it is important that we remember to keep our sense of humor, which is exactly what happened when we helped coordinate a donation of masks from our friends at North Sound Accountable Community of Health to some partners in Okanogan County last month....



(IMAGE DESCRIPTION: A screenshot of a text message exchange showing a photo of a large box-truck with just one medium-size box in the very front. The rest of the truck is empty. A text underneath says "I think there was a miscommunication they sent 500 masks not 500 boxes" followed by another that says "This is a joke, right???")

After clearing things up, and finding out that it was indeed a joke, we learned that NSACH had actually donated a full truckload of 179,000 masks. Moments like this remind me how important it is to hold onto our sense of humor, and to one another, during challenging times.

The North Central region is no stranger to challenge. September marked some of the most devastating forest fires our region has ever seen, and many communities have a hard road ahead of them as they rebuild. It is my hope that we can all remember to hold onto our senses of humor, and

to each other, as we navigate the unprecedented. We will always be stronger together.

In other news, the Health Care Authority is hosting its third annual Learning Symposium. This virtual event is an opportunity for all ACH partners to come together and learn about ACH progress to date. This year's event will be hosted October 26th – 28th and is open to all. Learn more and register here: <https://washingtonach.org/learning-symposium>.

Charge on! Linda Evans Parlette, Executive Director



Board Decision Form

TOPIC: NCACH Mission Statement

PURPOSE: Approval of NCACH Mission Statement

BOARD ACTION:

☐ Information Only

☒ Board Motion to approve/disapprove

BACKGROUND:

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 by Thursday September 17th. The NCACH polling questions yielded the follow results:

| NCACH Polling Questions | Yes | No |
|--|-----------|-----------|
| Q1: Should the initial phrase be replaced with the more layman-friendly phrase, "Help the residents of North Central Washington achieve their full health potential by . . ." | 2 | 19 |
| Q2: Should we omit the social determinants of health from the end of the mission statement? | 9 | 12 |
| Q3: Should we replace "collaboration" with "collaborative efforts"? | 10 | 11 |
| Q4: Should we replace "catalyzing" with "driving"? | 11 | 10 |
| Q5: Should we delete "in North Central Washington"? | 0 | 21 |

Though some polling questions where very close, NCACH chose to stick with the majority consensus since the specific wording would not alter the overall intent of the mission statement. Based on the polling questions, the only change made to the original statement presented at the September Board meeting was to replace "catalyzing" with "driving" and change "whole-person care" to "whole-person health".

**PROPOSAL:**

Approve the following Mission Statement for North Central Accountable Community of Health:

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.

IMPACT/TIMELINE:

The approved mission statement will be utilized with the guiding principles and value proposition to help guide the work of the NCACH Strategy Workgroup.

Submitted By:

NCACH Executive Committee

Submitted Date:

10.05.2020

Staff Sponsor:

John Schapman