

# North Central Accountable Community of Health

## NCACH Governing Board

### DRAFT MEETING AGENDA

12:30 – 2:30PM November 2, 2015

Confluence Technology Center

285 Technology Center Way, Wenatchee

#### Attendance:

Board Members onsite: Gail Goodwin, Jeff Davis, Theresa Sullivan, Kevin Abel, Patrick Bucknum, Senator Parlette, Winnie Adams, Barry Kling, Bruce Buckles, Kat Latet, Jesus Hernandez, Peter Morgan.

Board Members via phone: None

Public Attendees onsite: Theresa Adkinson, Lena Nachand, Bethany Osgood, Shannon Mack, Caitlin Safford, Jorge Rivera, Nancy Warner, Suzy Beck, Ray Eickmeyer, Amina Suchoski, Michelle Jorgensen, Lauren Warrick, Glenn ? (DSHS)

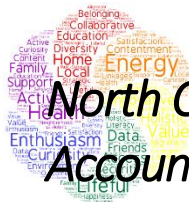
Public Attendees via phone: Skip Rosenthal, Alejandra Gonzalez, Mike Hassing, Mary Murphy, Diane Blake, Debbie Bigelow

#### Brief Updates:

1. Update on Open Board Seats
2. Readiness Proposal
3. Backbone Options
  - a. Creation of new nonprofit entity
  - b. CDHD as interim backbone
4. Report from Bylaws Development Workgroup
5. Report from Leadership Council representatives
6. Request for voting EMS representative on Governing Board

1. Nancy Nash-Mendez has accepted the the Hispanic Community seat. Business seat is still pending, Jon Wyss (Gebbers Farms) will be contacting Barry with suggestions soon. Nancy Nash-Mendez will be meeting with Mel Tonasket in the near future to discuss a representative for the Tribal Community seat.
2. Deb reviewed current list of pending documents with board and reminded everyone the deadline is in 28 calendar days. Barry has requested a draft of all sections to be sent out to group in 2 weeks.
3. Barry has requested legal TA/funds to pursue a support for creating new nonprofit entity for the NCACH backbone organization. CD Board of Health has agreed/approved CDHD to continue as interim backbone organization until the new entity has been formed. Barry brought up the need to discuss staffing for this work in 2016.
4. Bylaws committee presented the current draft of the document and will present as near a final draft at the December board meeting.
5. Jesus and Peter presented a high level draft of plans for Leadership Council development and purpose (charter). They emphasized the importance of defining the relationship between LC and the county CHI's. They feel importance in being more

1. Barry to follow up with Jon
2. Deb to follow up with board members, submit draft by COB 11-13-15 for review. A current draft of the document will be posted and updated for all to review.
3. Barry to continue to pursue legal support for process.
4. Theresa, Jeff, Laurel will meet again to edit the document to as near complete as possible.
5. Peter/Jesus to query board members for input and continue to develop the plan.
6. Deb will send Ray information/links to docvault.

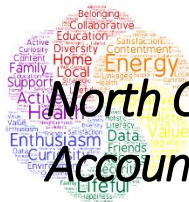


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	<p>formally organized to do effective and meaningful work.</p> <p>6. Board reviewed request from NCECC to be appointed a voting seat on NCACH board. NCECC members were present and presented their viewpoints for this request. After board discussion, Patrick Bucknum made a motion, seconded by Bruce Buckles, to appoint Ray Eickmeyer to the available At Large seat on the GB. The board voted unanimously in favor of the motion.</p>	
Purposes of the North Central Accountable Community of Health	See discussion notes below.*	
Creation of Initiatives Workgroup	<p>There was discussion to move forward with some meaningful initiatives that can be scaled to the region. As a region we need to move forward and begin the work regardless of state level progress. The board agreed that a workgroup should be formed to bring forward suggestions of larger scale, evidence based projects that can be rolled out in 2016.</p>	Barry will pull together this workgroup.
Agenda Items for Next Meeting	<ul style="list-style-type: none"> <li>• Review By-Laws draft</li> <li>• Staffing for 2016</li> <li>• Report out of initiative workgroup</li> </ul>	

## \*Discussion Notes: Purposes of the North Central Accountable Community of Health

- The Medicaid Waiver has added to confusion on the purposes of ACH. Let's identify a couple of things (interim purpose) that we can do/change while waiting for clarity at the state level.
- What do the words "accountable", "Community", "health" mean? It seems to exist to do the things that can't be done because of our fractured systems. Our job is to step back and propose ways (funding, legislation, etc.), for community building finding non-profits/organizations to help fund the work. Our handicap is no staff funding, etc. We need to be grant writers, intermediary, funds distributor, measure/monitor and demonstrate efficiency.



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- After review of the HCA waiver update, still pessimistic about the overall statewide effort. Although excited about integration of physical/behavioral health, i.e.: CVCH model which is an example of moving forward regardless of reimbursement as an option/place to start.
- Support the “keep it simple” approach. Hope comes from things we have accomplished and there are several (i.e.: opiates OD reduction, suicide prevention; Grant County childhood obesity, etc.). Can we expedite by inventorying what everyone is doing? Pick something that will galvanize us, the state is looking at us (ACH’s/HC systems) for leadership.
- Coalition for Children and Families is an example of cross sector engagement, which can be difficult. ACH’s are the vehicle that need to be engaged as soon as possible. There is funding available that aligns with the regional ACH work (i.e.: Marijuana \$\$, etc.)
- Not sure any ACH is having less struggle than us. Let’s pick something and move forward, measure and show progress. We can be a voice to get things moving, this is a good opportunity.
- This is not a new idea. There is opportunity with shared populations and shared accountability around a common goal. MCO’s sees this as an asset, how can they tap in?
- MCO’s are actively meeting monthly.
- The public/private partnership was thrown off by the waiver. We still tend to think local with our projects and we need to begin to focus more regionally.
- Choosing something we’re all going to focus on is important and we should spend time each month discussion them. We need to find the early wins, can we build on something that is already here?
- Agree that we should choose something focused and structured.
- By laws article 2 has our mission, 1115 has potential for supporting long term care. What we are about is on a good course.
- As a non-profit that builds community through sharing stories of success, this is an exciting time when success in healthcare can be identified, shared and celebrated. There is opportunity to expand on existing success. There is a level of ambiguity.
- Need to continue initiatives, it’s time to look for projects that can be scaled up to become regionally significant. There is still a place for being in the discussion at the state level, positioning ourselves to have a voice.