

**Governing Board Meeting**  
**1:00 PM–3:30 PM, January 7, 2019**

<p><b>Location</b> <b>Confluence Technology Center</b> 285 Technology Center Way #102 Wenatchee, WA 98801</p>	<p><b>Call-in Details</b> Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: <a href="https://zoom.us/j/429968472">https://zoom.us/j/429968472</a></p>
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	<b>Introductions – Barry Kling</b> <ul style="list-style-type: none"> <li>Board Roll Call</li> <li>Review of Agenda &amp; Declaration of Conflicts</li> <li>Public Comment</li> </ul>		<ul style="list-style-type: none"> <li>Agenda</li> </ul>	1
1:10 PM	<b>Approval of December Minutes – Barry Kling</b>	Motion: <ul style="list-style-type: none"> <li>Approval of December Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Minutes</li> </ul>	2-5
1:15 PM	<b>Executive Director’s Update – Senator Parlette</b>	Information		
1:20 PM	<b>Treasurer’s Report – Brooklyn Holton</b>	Motion: <ul style="list-style-type: none"> <li>Approval of monthly financial report</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Financial Report</li> </ul>	6-9
1:30 PM	<b>WPCC Update – Wendy Brzezny</b> <ul style="list-style-type: none"> <li>Qualis Contract</li> </ul>	Motion: <ul style="list-style-type: none"> <li>Approval of Qualis Contract</li> </ul>	<ul style="list-style-type: none"> <li>Motion form</li> <li>WPCC Update</li> </ul>	10-14 15
1:50 PM	<b>CHI Update – Sahara Suval</b> <ul style="list-style-type: none"> <li>CHI Advisory Group Charter</li> <li>Updated CHI Charter</li> </ul>	Motion: <ul style="list-style-type: none"> <li>Approve CHI Advisory Group &amp; Charter</li> <li>Approve updated CHI Charter</li> </ul>	<ul style="list-style-type: none"> <li>Motion forms</li> </ul>	16-33
2:15 PM	<b>Pathways HUB Update – Deb Miller</b>	Information	<ul style="list-style-type: none"> <li>Update</li> </ul>	34-36
2:30 PM	<b>Other Staff Updates – NCACH Staff</b> <ul style="list-style-type: none"> <li>Opioid Workgroup (Christal)</li> <li>FIMC Update (Christal)</li> <li>TCDI Workgroup (John)</li> <li>Data Update (Caroline)</li> <li>Capacity Building (Tanya)</li> </ul>	Information	<ul style="list-style-type: none"> <li>Workgroup Updates</li> </ul>	37-45
3:00 PM	<b>Round Table – Adjourn - All</b>			

Location	Attendees
<p><b>Confluence Technology Center</b>  <b>285 Technology Center Way #102</b>  <b>Wenatchee, WA 98801</b></p>	<p><b>Board Members in Person:</b> Blake Edwards, Rick Hourigan, Doug Wilson, Senator Warnick, David Olson, Barry Kling, Brooklyn Holton  <b>Board Members Via Phone:</b> Carlene Anders, Michelle Price, Nancy Nash Mendez, Molly Morris, Mike Beaver  <b>Board Members Absent:</b> Bruce Buckles, Andrea Davis, Ray Eickmeyer, Kyle Kellum, Rosalinda Kibby, Scott Graham  <b>Public Attendance:</b> Deb Miller, Kris Davis, Shirley Wilbur, Ken Sterner, Paul Hadley, Deb Miller, Kate Haugen, Courtney Ward, Commission Sutton, Sheriff Burnett, Mike Lopez, Gail Goodwin  <b>NCACH Staff:</b> Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Christal Eshelman, Sahara Suval, Tanya Gleason, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> <li>Review of Agenda &amp; Declaration of Conflicts</li> <li>Public Comment</li> <li>Approval of November Minutes</li> </ul>	<ul style="list-style-type: none"> <li><b>Conflicts of Interest:</b> Barry Kling disclosed that he has a conflict with regards to the budget. The CDHD receives an administrative hosting fee.</li> <li>Barry noted that all Board members need to sign the conflict of interest form each year. Return to Teresa Davis at earliest convenience.</li> <li>❖ <b>Blake Edwards moved Rick Hourigan seconded the motion to approve November minutes as presented, motion passed.</b></li> </ul>
<p>Executive Director's Update</p>	<ul style="list-style-type: none"> <li>Tomorrow Senator Parlette will be speaking in front of the House Health Care Committee in Olympia. Subject is how the integration process worked and how the ACH was involved.</li> <li>All ACH Executive Directors will be meeting in Olympia in next week to discuss sustainability with the new HCA Director. Will be asking what the vision is for ACH's.</li> <li>Went to the Health and Human Services meeting for the Colville Tribes. Followed up with them with detailed descriptions of our projects and how to get involved.</li> <li>Connected with John Powell's company about possibly being the key note speaker and building the 2019 Summit agenda around health equity.</li> </ul>
<p>Treasurer's Report</p>	<p>Brooklyn Holton and John Schapman reviewed the monthly financial report.</p> <ul style="list-style-type: none"> <li>CCMI original budget is projected to be about \$57K less than originally planned. Wendy and team worked to reconcile the original contract to actual work completed.</li> <li>SIM funding ends January 2019.</li> <li>John has copies of the 990 form if anyone is interested in having one.</li> <li>501c3 documents have been submitted.</li> <li>❖ <b>Doug Wilson moved, David Olson seconded the motion to approve the monthly financial report, motion passed.</b></li> </ul>

<p>CHI Update</p>	<p>Sahara Suval went over the CHI Project funding proposal. We are asking for the set amount of \$160,000 for administrative and training expenses plus the framework and up to \$450,000 of project funding to be approved. The final project funding would need to come back to the Board for approval.</p> <p>The CHI Leadership Council will be developing an application process. This is an opportunity for local county projects.</p> <ul style="list-style-type: none"> <li>❖ <b>David Olson moved, Senator Warnick seconded the motion to approve the funding of \$50,000 each to the 3 CHI coordination agencies and the additional \$10,000 for training along with the framework presented (Project funding of up to \$450,000 needs to come back to Board for approval), motion passed.</b></li> </ul> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• David we need to figure out how to make sure that the CHI's are engaged. He would hate to see each CHI do their own thing. We need to make sure that these projects will align with our metrics and projects. We need to stay focused.</li> <li>• Carlene asked about the amounts be equally distributed between the three CHI's. We are still having discussions with the leadership council around this subject. Ultimately, the Board can control this as each project will have to come back for approval before funding.</li> <li>• Rick noted that we want them to be unique in their thinking but still align with our goals and metrics</li> </ul>
<p>Board Election – Barry Kling</p> <ul style="list-style-type: none"> <li>• Seats up for election</li> <li>• Conflict of Interest Forms</li> </ul>	<p>Board was created with staggering terms. Board members elected today will serve another 3 year term. David asked the question: Are we taking power away from the groups who are nominating the representative for their sector. In the future a month or two before elections we need to go back to the groups and make sure that they want the same person representing their sector.</p> <p>➤ <i>Future bylaws change: Work on getting some language around the sector representation and bring it back to the Board for discussion.</i></p> <ul style="list-style-type: none"> <li>❖ <b>Doug Wilson moved, Rick Hourigan seconded the motion to accept the slate of re-elections as presented, motion passed. Blake Edwards abstained.</b> <b><u>BOARD MEMBERS (3-year terms) New expiration 12/2021</u></b> Bruce Buckles (AAA rep) Blake Edwards (BH Rep) Molly Morris (Tribal Rep)</li> </ul> <p><b><u>OFFICERS (2 year terms) New expiration 12/2020</u></b> Barry Kling – Chair Blake Edwards - Secretary</p> <ul style="list-style-type: none"> <li>• Molly noted that Carmella Alexis and Shoshannah Palmanteer would be both be excellent tribal representatives if their schedules ever allow.</li> </ul>

<p>2019 Budget Approval of 2019 Budget</p>	<p>John Schapman reviewed the proposed 2019 Annual Budget. This budget has been presented at previous meetings. Anything marked with an “*” needs to come back to the Board for approval.</p> <p>❖ <b>Brooklyn Holton moved, Blake Edwards seconded the motion to approve the 2019 Annual budget for fiscal year January 1st to December 31<sup>st</sup>, 2019 as outlined in Attachment 1 totaling \$9,050,579.92, motion approved.</b></p>
<p>HUB Update – <b>Deb Miller</b></p>	<p>Deb Miller – gave an update on the Pathway’s Community HUB. Referrals are rolling in, engagement is lower than hoped for. Will be a month behind in reporting billed services. 190 clients are assigned / 17 active clients / 87 are listed as can’t find. Will be doing some more investigation on other modes of contact like text or email.</p> <ul style="list-style-type: none"> <li>• Next HUB Advisory meeting – will discuss if this is the correct target population.</li> <li>• Software is easy to use, challenge is finding the right report for the NCACH Board Meeting.</li> <li>• Is there ability to take referrals from Primary Care? Confluence has a huge list that they could use help with Care Coordination. Eventually, that may be an option. Right now we need to be very careful due to the geographic nature of our area and the location of the Care Coordinators.</li> </ul>
<p>Staff Updates</p>	<p><u>P4P Baseline Data Dashboards – <b>Caroline Tillier</b></u></p> <p>➤ Baseline is CY 2017. In 2019 we will be compared to the 2017 baseline. Caroline presented how we compare statewide and countywide. Laurel from Molina said that each MCO has 6 measures that they are held accountable for by the state. They have a 1.5% withhold from the state that they can earn back. MCO’s can write them into their value based agreements with providers. We will schedule a future session with the Board to get more into detail on the P4P measures and potential earnings.</p> <p><u>Opioid – <b>Christal Eshelman</b></u></p> <ul style="list-style-type: none"> <li>• The NCW treatment and addiction stakeholders group is merging with the regional Opioid stakeholder’s workgroup. There are some changes highlighted in the charter that would need to be made. Brooklyn suggested a 50% attendance rate and change it to an organizational instead of individual.</li> <li>❖ <b>Brooklyn Holton moved, David Olson seconded the motion to approve updated NCACH Regional Opioid Stakeholders Workgroup Charter that allows the groups to combine with the additional recommendation that a 50% attendance rate organizationally be added, motion passed.</b></li> <li>• Rapid Cycle Application – Funding 5 projects at the amount of \$48,000. We received 9 applications and all were good projects.</li> <li>• Issued an RFP for the Opioid Marketing Campaign will close on 12/31/185</li> <li>• NCW Opioid Conference – March 15<sup>th</sup>. Planning committee will meet next week, theme is prevention.</li> <li>• Dental Conference: First planning committee call was Nov 27th. Aiming for April-June workshop for Dentists on opioid prescribing and new rules.</li> </ul> <p>Discussion: Brooklyn asked about the rapid cycle applications that were not picked. They were good projects but due to the scoring process and the budget that was allotted for this round, we were only able to choose five. Board consensus is that we need to look into funding good projects in the future. We need to make sure that we are keeping the momentum when something is working. The Board asked Christal to go back to the workgroup to let them know that in the future, if we get multiple good proposals above the</p>

	<p>budgeted amount, we should bring it back to the Board to ask for more funding.</p> <p><b><u>WPCC – Wendy Brzezny</u></b></p> <ul style="list-style-type: none"> <li>• Currently accepting applications for Practice Facilitators – job description is in the packet. Currently have multiple qualified applicants, will start interviewing soon.</li> <li>• WSU Mobile Needs assessment was released. There were 30 respondents in our region. Board asked that Wendy invite WSU to our January or February to discuss. Teresa will send the BAVI report to the Board.</li> </ul> <p><b><u>TCDI – John Schapman</u></b></p> <ul style="list-style-type: none"> <li>• Next meeting is December 20<sup>th</sup>.</li> <li>• Looking into how to use the budgeted money in the future.</li> <li>• Training is being scheduled for January through March. Also working with Collective Medical Tech on the EDie platform training and working it into the organization workflow.</li> <li>• EMS – MOU out to the NCECC, John will be attending their meeting next week to go over the MOU.</li> </ul>
Round Table & Adjourn	<ul style="list-style-type: none"> <li>• Peter Morgan’s future – is interested in helping with the nurse call line and wants to remain engaged.</li> <li>• Send conflict of interest policy to Teresa.</li> </ul> <p>What would you like to see in the coming year?</p> <ul style="list-style-type: none"> <li>• We have our infrastructure and now we need to figure out the best way to approach all of the projects.</li> <li>• Look more into specific metrics.</li> <li>• Brooklyn would like to see the local community involvement.</li> <li>• Senator Parlette asked that as Board members report back to the sectors, ask them if there is anything they want from us.</li> </ul>

## NCACH Funding & Expense Summary Sheet

	SIM/DESIGN FUNDS (CDHD Account)			FINANCIAL EXECUTOR FUNDS		
	SIM/Design Funds Received	SIM/Design Funds Expended	SIM/Design Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
<b>Original Grant Contract K1437</b>	\$ 99,831.63	\$ 99,831.63	\$ -			
Amendment #1	\$ 150,000.00	\$ 150,000.00	\$ -			
Amendment #2	\$ 330,000.00	\$ 330,000.00	\$ -			
Amendment #3 (\$50k Special Allocation)	\$ 15,243.25	\$ 15,243.25	\$ -			
<b>Workshop Registration Fees/Misc Revenue</b>	\$ 19,155.00	\$ 19,155.00	\$ -			
Amendment #4 (FIMC Advisory Comm. Spcl Allocation 2016)	\$ 15,040.00	\$ 15,040.00	\$ -			
Amendment #5*	\$ -	\$ -	\$ -			
Amendment #6** (FIMC Adv Comm Spcl Alloc 2017)	\$ 30,300.45	\$ 30,300.45	\$ -			
<b>Interest Earned on SIM Funds***</b>	\$ 3,223.39	\$ 3,223.39	\$ -			
<b>Original Grant Contract K2562</b>	\$ 24,699.55	\$ 24,699.55	\$ -			
Amendment #1	\$ 70,629.00	\$ 70,629.00	\$ -			
Amendment #2	\$ 20,000.00	\$ 20,000.00	\$ -			
<b>Original Contract K2296 - Demonstration Phase 1</b>	\$ 1,000,000.00	\$ 1,000,000.00	\$ -			
<b>Original Contract K2296 - Demonstration Phase 2</b>	\$ 5,226,961.23	\$ 331,455.53	\$ 4,895,505.70			
<b>Interest Earned on Demo Funds</b>	\$ 102,126.61	\$ -	\$ 102,126.61			
<b>Workshop Registration Fees/Misc Revenue</b>	\$ 12,135.83	\$ 12,135.83	\$ -			
<b>Financial Executor Funding - (As of Sept 2018)</b>						
DY1 Project Incentive Funds (March 18)				\$ 3,922,723.01	\$ 2,385,503.23	\$ 1,537,219.78
DY1 Integration Funds (March 18)				\$ 2,312,792.00	\$ 37,796.66	\$ 2,274,995.34
DY1 Bonus Funds (March 18)				\$ 1,455,842.00		\$ 1,455,842.00
DY1 Project Incentive Funds (June 18)				\$ 1,228,827.00		\$ 1,228,827.00
DY1 Shared Domain 1 Funds (June 18)****				\$ 2,048,045.00	\$ 2,048,045.00	\$ -
DY2 Project Incentive Funds (October 18)				\$ 3,284,600.00		\$ 3,284,600.00
DY2 Integration Funds (October 18)				\$ 3,146,074.00		\$ 3,146,074.00
<b>Totals</b>	<b>\$ 7,119,345.94</b>	<b>\$ 2,121,713.63</b>	<b>\$ 4,997,632.31</b>	<b>\$ 17,398,903.01</b>	<b>\$ 4,471,344.89</b>	<b>\$ 12,927,558.12</b>

\* Funds allocated to NCACH but not yet in FE account

\*\* Revenue outstanding. Funding is monthly cost reimbursement.

\*\*\* Only \$500 interest on SIM Grant per calendar year can be retained. The rest will be paid back to HCA when directed.

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

2015-16 Report	99,831.63	\$ 99,832.00
2016-17 Report	480,000.00	\$ 76,736.40
SIM Report	\$ 198,290.64	\$ 601,553.87
DEMO Report	\$ 6,341,223.67	\$ 1,343,591.36
	<u>\$ 7,119,345.94</u>	<u>\$ 2,121,713.63</u>

Variance \$ - \$ 0.00

## SIM Funds Report on NCACH Expenditures to Date

Fiscal Year: Feb 1, 2018 - Jan 31, 2019

Budget Line Item	Budgeted Allocation	Nov-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	\$ 80,313.00	4,688.66	\$ 97,461.80	121.4%
Office Supplies			\$ -	
Computer Hardware			\$ -	
Legal Services			\$ -	
Travel/Lodging/Meals		104.64	\$ 833.31	
Website Redesign			\$ -	
Advertising			\$ -	
Meeting Expense			\$ -	
Other Expenditures			\$ -	
Misc. Contracts (CORE)			\$ -	
Misc. Contracts (CHIs)			\$ -	
<b>Subtotal</b>	<b>\$ 80,313.00</b>	<b>\$ 4,793.30</b>	<b>\$ 98,295.11</b>	<b>122.4%</b>
15% Hosting fee to CDHD	\$ 12,046.95	719.00	\$ 14,744.27	122.4%
			\$ -	
<b>Grand total</b>	<b>\$ 92,359.95</b>	<b>\$ 5,512.30</b>	<b>\$ 113,039.38</b>	<b>122.4%</b>

Contract K2562 (FIMC Funding)	\$ 21,731
Amendment #1 (SIM AY4 Funds)	\$ 70,629
Retained Interest Earned to date	
<b>Total SIM Funds</b>	<b>\$ 92,360</b>
Budgeted Amount	\$ 92,359.95
<b>Total Uncommitted Funds</b>	<b>\$ 0.21</b>

% of Fiscal Year

83%

**Demonstration Funds Report on NCACH Expenditures to Date**  
**Fiscal Year: Jan 1, 2018 - Dec 31, 2018**

Budget Line Item	Original Budgeted Allocation	Budgeted Allocation	Nov-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	\$610,857.72	\$ 636,358.00	57,061.36	501,291.49	78.8%
Office Supplies	\$ 18,000.00	\$ 18,000.00	1,083.62	23,108.83	128.4%
Legal Services	\$ 8,000.00	\$ 8,000.00		1,156.50	14.5%
Travel/Lodging/Meals	\$ 7,000.00	\$ 7,000.00	4,474.77	28,588.98	408.4%
Website	\$ -	\$ -		737.77	
Admin (HR/Recruiting)	\$ 7,500.00	\$ 7,500.00	959.34	1,290.20	17.2%
Advertising/Community Outreach		\$ -	165.00	4,683.54	
Insurance	\$ 5,000.00	\$ 5,000.00		5,530.37	110.6%
Meeting Expense	\$ 7,000.00	\$ 7,000.00	12.73	2,211.62	31.6%
Events		\$ 52,000.00		25,165.13	48.4%
Other Expenditures	\$ 3,000.00	\$ 3,000.00	618.62	20,218.00	673.9%
B&O Tax Payment		\$ 90,000.00		90,000.00	100.0%
Integration Funds		\$ 21,731.16		10,456.34	48.1%
Misc. Contracts (CHIs)	\$ 120,000.00	\$ 120,000.00	17,999.00	97,388.15	81.2%
Healthy Generations		\$ 75,000.00		75,000.00	100.0%
OHSU		\$ 150,000.00		78,929.65	52.6%
CCMI, CSI*		\$ 151,961.23		151,961.23	100.0%
Providence CORE		\$ 4,128.00		17,888.00	433.3%
<b>Subtotal</b>		\$ 1,356,678.39	\$ 82,374.44	1,135,605.80	83.7%
15% Hosting fee to CDHD	\$117,953.66	\$ 146,338.37	\$ 12,356.17	131,452.86	89.8%
<b>Grand total</b>	<b>\$904,311.38</b>	<b>\$ 1,503,016.76</b>	<b>\$ 94,730.61</b>	<b>\$ 1,267,058.66</b>	<b>84.3%</b>

% of Fiscal Year Complete 92%

Funds remaining 8/31/2018	\$ 5,197,546.96
Interest Earned to date	\$ 65,783.77
Budgeted Amount (2018)	\$ 1,503,016.76
<b>Total Uncommitted Dollars</b>	<b>\$ 3,760,313.97</b>

\* Switched from \$443,461 to \$151,961.23 (YTD Total). Expenses to be paid through FE portal moving forward.



# Financial Executor Report on NCACH Expenditures to Date

## Fiscal Year: Jan 1, 2018 - Dec 31, 2018

Budget Line Item	Budgeted Allocation	Nov-18	Totals YTD	% Expended YTD to Budget
WPCC Stage 1	\$ 1,665,000.00		1,665,000.00	100.0%
WPCC Stage 2 Funding *	\$ 580,000.00		-	0.0%
Opioid Project	\$ 100,000.00		97,390.00	97.4%
TCDI - NCECC Project Funding	\$ 70,000.00		70,000.00	100.0%
TCDI Hospital Application Funding	\$ 312,500.00		-	0.0%
Integration - IT Assistance	\$ 42,700.00		22,796.66	53.4%
Integration - Provider Contracting	\$ 55,000.00	\$ 12,755.00	27,755.00	50.5%
Pathways Hub Project	\$ 380,000.00	\$ 118,000.00	340,000.00	89.5%
Asset Mapping (Board Approved 6.4.18)	\$ 7,500.00		-	0.0%
Program Evaluation	\$ 7,000.00		-	0.0%
CCMI, CSI	\$ 291,499.77	\$ 4,666.00	92,386.00	31.7%
UW AIMS Center	\$ 48,000.00		13,782.00	28.7%
WPCC Coaching Funds	\$ 45,000.00	\$ 8,591.11	11,241.11	25.0%
Emerging Initiatives - CCOW	\$ 20,000.00		-	0.0%
Payment to NCACH Demo Budget	\$ 226,961.23		226,961.23	100.0%
Grant Total	\$ 3,851,161.00	\$ 144,012.11	2,567,312.00	66.7%

Funds Earned (Excludes Shared Domain 1 Funds)	\$ 15,350,858.01	% of Fiscal Year Complete	83%
Budgeted Amount (2018)	\$ 3,851,161.00		
Total Uncommitted Dollars	\$ 11,499,697.01		



## Board Decision Form

**TOPIC:** *Qualis Health Contract*

**PURPOSE:** *Approval to expand the scope of work and funding for the Qualis Contract to include HIT - Subject Matter Expertise. This will give our current coaches and new Practice Facilitators expertise to call upon when our WPCC funded partners need additional assistance.*

**BOARD ACTION:**

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

**BACKGROUND:**

Based on survey data collected from WPCC partners in July of 2018, NCACH staff found a need for additional Health Information Technology Expertise to be brought into our region.

Survey results showed that a majority of our WPCC funded partners are unable to leverage their current systems for certain Population Health Management purposes (e.g. risk grouping or stratification, social needs screening, registries, and evaluating program impact (core measures)).

At least 9 organizations stated they are struggling to leverage their EHR to capture and report clinical quality information. Examples of partner struggles included:

1. Partners currently on new EHRs or in the process of changing EHR systems
2. lack of clinical reports
3. lack of ability to send and receive data with regional providers
4. difficult to gather 'custom' data and to integrate separate programs for registries and access to other EHRs
5. Poor reporting / data aggregation engines within the EHR and not great technical assistance capabilities when it comes to being able to build out what we need
6. Required to manually extract data from EHR

Tracking clinical quality information is critical to Quality Improvement which in turn is critical for thriving under value-based payment arrangements in the future. Therefore, WPCC funded partners will be asked to report quality measures on a quarterly basis. Those struggling to extract this information from their systems will benefit from additional technical assistance to teach them the most efficient way to generate reports for their organization.

The expansion of the Qualis contract to include HIT subject matter experts will enable NCACH Practice Facilitators to leverage additional technical assistance for those organizations that are struggling to generate measure reporting required through the Whole Person Care Collaborative.



# North Central Accountable Community of Health

This approved amount will increase the current 2019 budget line item from \$99,285 to \$215,710. This includes increasing the budgeted amount in 2019 for practice coaching to \$111,105 and allocating an additional \$104,605 for 12 months of HIT technical assistance.

The Qualis Contract is based on time and materials spent, therefore NCACH will only be billed for the services used. See attached Statement of Work proposal for more details.

## **PROPOSAL:**

*Motion to approve an increase of \$116,425 to the current 2019 budget amount allocated to the Qualis Health Contract to include contracting for HIT technical assistance. This will bring the total budgeted amount for the Qualis Health contract to a maximum (up to) amount of \$215,710 in 2019.*

## **IMPACT/OPPORTUNITY (fiscal and programmatic):**

*The above approval will allow NCACH to assist WPCC funded partners to build internal capacity to implement the MTP change plans, improve QI efforts in their respective organizations and succeed under value-based payment arrangements.*

*Qualis Health will be contracted to complete the following scope of work with NCACH:*

- *Provide in-person and remote coaching to six participating primary care and behavioral health organizations for up to 5 months to facilitate the implementation of the Medicaid Transformation Project Change Plans (February 2019- June 2019.)*
- *Provide HIT Subject Matter Experts and HIT technical assistance for up to 12 organizations and intensive technical assistance to up to 6 organizations for 12 months (February 2019 – January 2020.)*

## **TIMELINE:**

*February 2019 – June 2019: Practice Coaching*

*February 2019 – January 2020: HIT Subject Matter Experts*

## **RECOMMENDATION:**

*Approve Above Motion*

Submitted By:  
Submitted Date:  
Staff Sponsor:

Whole Person Care Collaborative  
01/07/2019  
Wendy Brzezny

— **"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"** —

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

## **In-Person and Remote Training and Instruction**

Qualis Health will provide both in-person and remote (webinar, phone, etc.) coaching to 6 participating primary care, behavioral health, and community based organizations, to facilitate the implementation of Medicaid Transformation Project Change Plans, for 5 months, February 2019 - June 2019. This coaching will focus on process improvement, workflow workshops, provider and staff training, and project management support to drive Change Plan implementation. Participating practices will receive monthly coaching contact to support Change Plan implementation. When NCACH hires internal practice coaches, the Qualis Health coaching time can be re-directed toward training those practice coaches, and co-coaching practice sites to ensure a warm handoff, at the discretion of the ACH, until the practice coaches are ready to fully assume coaching responsibilities.

## **ACH Coordination**

During the course of these 5 months, the Qualis Health coach will meet regularly with ACH staff to keep them apprised of participating provider progress, trends, and risks to project success. The Qualis Health coach will attend relevant ACH Board and Workgroup meetings, and will participate in bi-weekly coordination meetings with other regional coaches supporting NCACH sites. Additionally the Qualis Health coach will participate in ongoing Whole Person Care Collaborative Change Plans to ensure alignment of implementation efforts.

## **HIT Coaching and Technical Assistance**

Qualis Health will provide HIT-focused practice coaching and HIT technical assistance as needed, for up to 12 identified organizations for 12 months. The practice coaching will consist of quarterly site visits and monthly support of up to 2 hours/month to focus on data reporting, utilization of data to drive improvement, optimization of EHR reports to support quality improvement, and data specification questions. Additionally, intensive technical assistance will be provided to a subset of the participants (up to 6) from an HIT subject matter expert, to focus on back end EHR support to write reports, extract data, and navigate EHR vendor conversations to support data reporting to drive quality improvement.

## **Project Management and Program Support**

Time has been included for project support from Bre Holt, Director Practice Transformation.

## Proposed Budget and Project Assumptions

**Figure 1—Proposed Budget Including Associated Travel Costs**

Activity	Budget Estimate
Practice coaching and technical assistance, including travel expenses for 6 participating providers.	\$92,483
ACH coordination, meeting attendance, and WPCC LAN participation	\$18,622
HIT practice coaching and TA for up to 12 organizations	\$104,605
<b>Total Project Fee</b>	<b>\$215,710</b>

We made the following assumptions in the development of our proposed project budget:

- The timeline for the engagement is February 1, 2019 through January 31, 2020.
- The timeline for the coaching portion of the engagement is Feb 1, 2019 through June 30, 2019. At that point it is expected that full coaching responsibility will have transitioned to an ACH coach employee.
- The budget for this project includes all estimated travel costs.
- Travel assumptions made are based on:
  - 1 monthly in-person visit for each of the 6 selected organizations.
  - 1 quarterly site visit for each of the 4 selected organizations receiving intensive HIT technical assistance.
- The level of coaching support was based on an assumption of 1 monthly site visit and 3 additional hours of remote assistance/month for the 6 selected sites.
- The HIT coaching and technical assistance assumed 4 quarterly site visits for HIT practice coaching for up to 12 organizations, and bi-annual site visits for intensive HIT technical assistance for up to 6 organizations. 4 hours/month of additional support (a combination of coaching and TA) will be provided for all 12 organizations.

- The client will be billed for the professional fees on a time and materials basis on a monthly basis, at the end of the month in which the activities took place. Travel expenses may include airfare, lodging, meals, mileage (at then-current rates posted by the Internal Revenue Service), and ground transportation (e.g. shuttle fare, rental car).
- Should the client desire an alternative scope of work than proposed above, pricing may vary.

## Conclusion

Qualis Health is excited about the possibility of our continued engagement and relationship with North Central Accountable Community of Health. We look forward to the opportunity to continue to build on the existing practice transformation progress begun under the Practice Transformation Support Hub, by providing intensive technical assistance to a subset of participating providers to assist in progress toward the transformation goals for the region and success in the Medicaid Transformation Project implementation.

## NCACH Project Workgroup Update

### Whole Person Care Collaborative December 2018

#### Key Meeting Outcomes

##### Broader WPCC Stakeholder Group (11/5/2018)

- We have had several individuals submit applications. We conducted pre-screen calls on 4 of the applicants and offered 2 individuals an interview for the Practice Facilitator Position.
- The Bidirectional Learning and Action Networks concluded in December and the Empanelment Sprint began. There continues to be conversation on where we will offer a more advanced learning activity. It is dependent upon commitment from partners. We are also continuing with monthly QI calls.
- The WSU Mobile Needs Assessment was reviewed and we will be inviting Dr. Manriquez to the WPCC meeting.
- Regional and county-level data HCA measure data was reviewed with the WPCC. We will have more in-depth data to share with the WPCC soon.
- Roger Chaufourrier continued the leadership discussion. We have asked for asthma data and as we wait on partners to get us the data, Roger moved the conversation to the TCDI work, focusing on hospital follow up measures.

##### WPCC Workgroup (11/8/2018)

- I have sunset this workgroup since we have moved from a planning stage to the implementation phase.

##### WPCC - General

- Change plans were due December 21<sup>st</sup>. We have 2 outside reviewers and 3 internal reviewers looking at the change plans. The goal is to release the initial scores on January 15<sup>th</sup>, provide 2 weeks for WPCC members to update their change plan if they want a better score. Final scores will be released on February 15<sup>th</sup>. This is the 1<sup>st</sup> cycle when funding is tied to the change plan score.

Points on Change Plan	Funding Amounts
90-100	Maximum funding
60-89	60-89% of funding (each point = 1%)
<60	No funding*

- 4<sup>th</sup> Quarter Reports are due January 10<sup>th</sup>.

#### Upcoming Meetings

January 7, 2018	WPCC Meeting
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# Board Decision Form

**TOPIC:** *Coalitions for Health Improvement (CHI) 2019 Community Initiatives – Advisory Group Charter*

**PURPOSE:** *To adopt an Advisory Group with diverse representation from each Coalition for Health Improvement (Chelan-Douglas, Grant, Okanogan) to design a community investment process with funding allocated by the NCACH Governing Board, called “Community Initiatives.”*

**BOARD ACTION:**

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

**BACKGROUND:**

*The Coalitions for Health Improvement were formed in 2014 to engage a wide variety of provider partners and stakeholders in the work of NCACH. In 2018, NCACH formally contracted with 3 hosting organizations and provided them with operational funding to organize and facilitate each Coalition. In December 2018, the NCACH Governing Board moved to allocate funding (“Community Initiatives”) for the three Coalitions for Health Improvement to direct towards regional and local-level health and wellness initiatives across the North Central region with oversight by the NCACH Governing Board.*

*In program design calls with Oregon Health Sciences University’s Center for Evidence-Based Policy, it was suggested that the three Coalitions form one advisory group (“Advisory Group”) with diverse representation from each Coalition (Chelan-Douglas, Grant, Okanogan) to design a community investment process in 2019, including – the development of eligibility requirements, funding applications, project selection criteria, and evaluation process for regional projects.*

*The Advisory Group is conceptualized as a distinct advisory body in order to guide the planning and implementation of a funding distribution model that meets the needs and goals of the three unique Coalitions for Health Improvement, as well as the North Central Accountable Community of Health.*

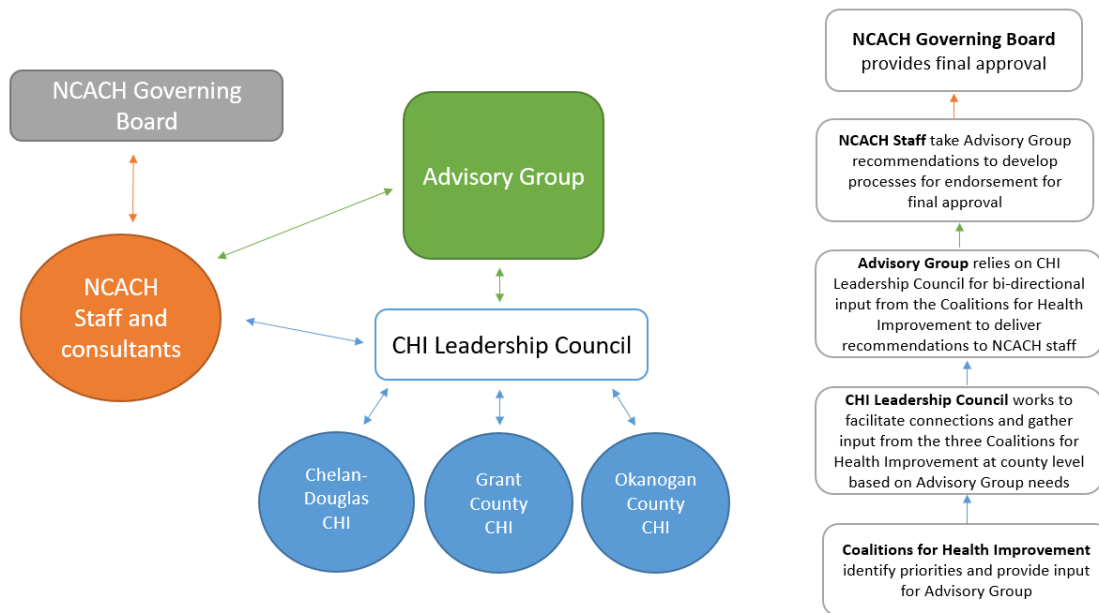
*NCACH staff, contracted Coalition facilitators, and the CHI Leadership Council feel the proposed structure of the Advisory Group will be the best way to design a community investment process while avoiding any conflicts of interest that may occur for members of the Advisory Group who may also wish to apply for Community Initiatives funding.*

**PROPOSAL:** **Motion to approve the formation of the 2019 Community Initiatives Advisory Group and the Advisory Group Charter.**

**IMPACT/OPPORTUNITY (fiscal and programmatic):**



*The approval of the Advisory Group and charter will allow for a distinct advisory body to focus exclusively on the development of a community investment process with the allocated Community Initiatives funding.*



*The Advisory Group would work directly with NCACH staff and consultants on the development of a community investment process and funding distribution model. This group would work to ensure bi-directional communication between the three Coalitions for Health Improvement and NCACH staff to ensure that the process designed meets the needs and goals of the CHIs.*

**TIMELINE:** Updated charter will take effect immediately upon approval by the Governing Board.

**RECOMMENDATION:**

Submitted By:  
Submitted Date:  
Staff Sponsor:

Coalitions for Health Improvement  
01/02/2019  
Sahara Suval

**North Central Accountable Community of Health  
Coalitions for Health Improvement  
2019 Community Initiatives  
Advisory Group Charter  
2019 - 2020**

**Background**

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Project. The goal of the Transformation is to improve care, increase efficiency, reduce costs and integrate physical and behavioral health into Medicaid contracting. To align clinical aspects of behavioral and physical health with payment integration, HCA developed the [Medicaid Transformation Project Toolkit](#) to provide tools, resources and guidance for these efforts.

As the North Central Accountable Community of Health (NCACH) began planning for regional health improvement projects under this 5-year contract initiative, they relied on input from local stakeholder groups, the Coalitions for Health Improvement.

The Coalitions for Health Improvement (CHI) were formed in 2014 in each of the public health jurisdictions (Chelan-Douglas, Okanogan, and Grant) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. CHIs originally provided input regarding the formation of an ACH in this region, and the development of the NCACH Leadership Group. They were utilized to distribute information about design grants and upcoming State Innovation Model Transformation efforts. In 2016, the NCACH was officially formed as a standalone organization, and entered the Design Phase of the Medicaid Transformation, including the formation of a Governing Board. In April 2017, the NCACH Governing Board determined that the CHIs should be NCACH's primary means for community-level input and representation in NCACH's work. In July 2017, a voting seat for each CHI was established by the Governing Board which ensures that each Coalition is represented on the Board. In 2018, NCACH formally contracted with three hosting organizations and provided them with operational funding to organize and facilitate each Coalition.

In December 2018, the NCACH Governing Board passed a motion allocating \$450,000 to be invested in regional and local-level health and wellness initiatives across the North Central region. This funding, and its disbursement criteria, are to be managed and developed by the 2019 Community Initiatives Advisory Group.

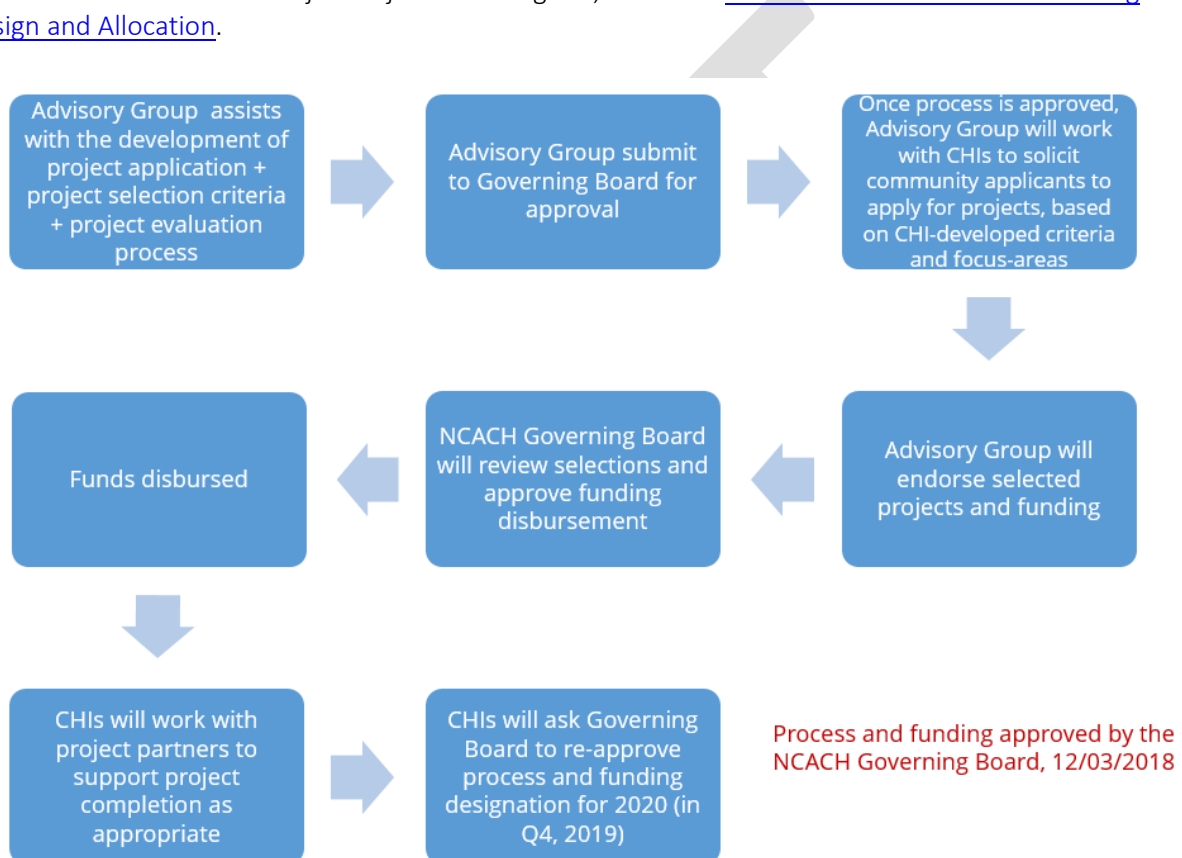
The three Coalitions are tasked with forming one advisory group ("Advisory Group") with diverse representation from each Coalition (Chelan-Douglas, Grant, Okanogan) to design a community investment process in 2019, including – the development of eligibility requirements, funding applications, project selection criteria, and evaluation process for regional projects. Once the developed process is approved by the NCACH Governing Board, community partners will be invited to apply for funding to support regional projects.

The Advisory Group was conceptualized as a distinct advisory body in late 2018, in order to guide the planning and implementation of a funding distribution model that meets the needs and goals of the three

unique Coalitions for Health Improvement, as well as the North Central Accountable Community of Health. The Advisory Group may also provide input into mechanisms that assist the Coalitions in contributing to NCACH's other Projects and goals.

## Charge

The Advisory Group will advise on the development of an equitable and community-oriented distribution model for the investment of funding allocated to the CHIs and their partners in 2019, with input from the majority of each Coalition (Chelan-Douglas, Grant, and Okanogan). This model should align with NCACH's Medicaid Transformation Project objectives and goals, as well as [NCACH's Decision Flow for Funding Design and Allocation](#).



Specifically the Advisory Group will complete the following:

- A primary function of the Advisory Group will be to support the work currently occurring through Coalition members and community partners already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing health improvement efforts in the region, leverage current capacity, and address identified gaps.
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take to invest Community Initiatives funding through a developed distribution model
- Collect, synthesize, and use Coalition and community input to shape the project planning and implementation of Community Initiatives.
- As much as possible, ensure health and wellness projects and approaches align with NCACH priorities and project areas.



- As much as possible, endorse approaches that foster innovation and actively work to reduce barriers to health across the North Central region.

## Composition

The Coalition for Health Improvement **Advisory Group** will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Advisory Group membership is not a prerequisite to receiving funding through the Medicaid Transformation Project. As of January 2019, the Advisory Group membership is open to any current voting Coalition for Health Improvement member\* who signs the Membership Agreement and agrees to Member Responsibilities listed below. The CHI Leadership Council and NCACH staff will seek member representation from:

- Apple Health (Medicaid) Clients
- Community Based Organizations
- Community partners such as transportation, housing, employment services, education, nutrition, financial assistance, and wellness
- Medical Provider Organizations (Behavioral Healthcare Providers, Medical Clinics, Hospitals, Emergency Medical Services, and other health providers)
- Law enforcement and regional justice centers (including Juvenile Court)
- Local Health Jurisdictions and Public Health
- Managed Care Organizations
- Tribal members and providers serving tribal populations

Please note, any final decisions regarding the Advisory Group's composition is at the discretion of NCACH staff and Governing Board members.

\*A voting member of the Coalition is defined as an individual who has signed the CHI membership form and attended at least 50% of Coalition meetings in a rolling calendar year. Not meeting the minimum requirements for membership could result in the loss of membership status for the Coalition Member.

## Meetings

The Advisory Group will meet once per month, with additional meetings as needed. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local Health Jurisdictions throughout the year. Whenever possible, members will have an option to participate via teleconference or audioconference, although in-person participation is encouraged. NCACH staff and contracted support staff shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Advisory Group by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website ([www.ncach.org](http://www.ncach.org)).

## Member Responsibilities

1. Sign a Membership Agreement (attachment A).
2. Members are expected to report and gather input on the Advisory Group progress at their county CHI meeting to ensure bi-directional communication and provide direction to the Advisory Group.
3. Work with NCACH staff while advising on selected approaches to fund Community Initiatives.



4. Assess current state capacity of regional partners to deliver effective approaches and interventions to improve population health.
5. Advise on the development of a funding distribution model that prioritizes promising practices and/or evidence-supported approaches informed by the regional health needs assessments.
6. Review prepared data to recommend target population(s), guide project planning and implementation, and promote continuous quality improvement.
7. Assist in identifying and recruiting project implementation partners.
8. Provide recommendations to NCACH staff to develop a funding distribution model and project implementation plan for community partners involved in improving population health to receive Medicaid Transformation funds.
9. Use strategies that are supported by regional data, to advance equity and reduce disparities in the development and implementation of Community Initiatives.

## **Authority**

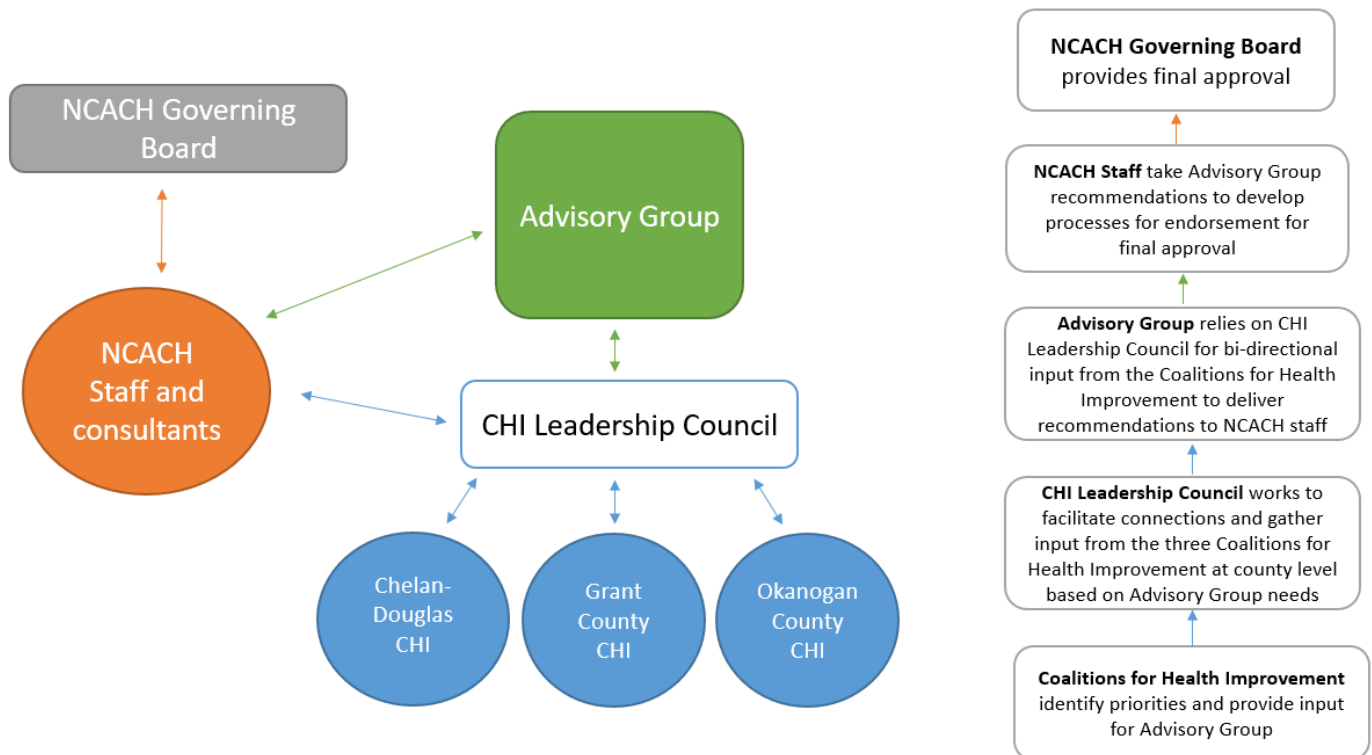
The Coalitions for Health Improvement Community Initiatives Advisory Group is an advisory body that will inform decision-making by NCACH staff and the NCACH Governing Board, and ensure regional Coalition for Health Improvement priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Advisory Group will be shared in regular monthly progress reports to the NCACH Governing Board.

## **Group Size**

The Coalitions for Health Improvement Community Initiatives Advisory Group will have no more than 18 members at any given time, and must have equal representation from all three Coalitions from Health Improvement. Coalition members who are members for more than one Coalition will be allowed to serve on the Advisory Group and considerations will be taken to ensure that there is equal representation for all three Coalitions by NCACH staff.

## **Membership Terms**

Advisory Group membership term is for one calendar year (January 1, 2019 – December 31, 2019) and members will be invited to renew their member agreements as needed. Membership is at the discretion of NCACH staff.



### Procedural Policies

#### Conflicts

No one may profit financially from membership in the Coalition or Advisory Group by sales or solicitation at meetings or workshops. Participants will disclose any actual or potential conflicts of interest to the membership or other designee.

#### Decision Making

Advisory Group business shall be conducted based on the philosophy of mutual respect. The Advisory Group will not be formally voting or approving motions, NCACH staff will seek endorsements from the Advisory Group to submit as a recommendation to the NCACH Governing Board for any final approval. Advisory Group endorsements and key decisions will be voted on by voting members of the Advisory Group by majority of at least 2/3 of the total group. Advisory Group members attending the meeting either in person or by teleconference will be entitled to one vote.

#### Quorum

While the Advisory Group does not formally vote or approve motions, any key decisions or endorsements must have representation from all three Coalitions for Health Improvement.

## North Central Accountable Community of Health Coalition for Health Improvement



2019 Community Initiatives  
Advisory Group Charter Member Agreement  
(Attachment A)

**Membership Agreement Page**

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Coalition for Health Improvement Community Initiatives Advisory Group Charter Member Agreement.

I understand that continued membership in the Advisory Group is contingent on following the minimum requirements of membership that are outlined in the Charter. Not meeting the minimum requirements for membership could result in the loss of my membership status in the Advisory Group.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

# Board Decision Form

**TOPIC:** *Coalitions for Health Improvement (CHI) – updated membership charter with Leadership Council membership agreement*

**PURPOSE:** *To update the language on the CHI membership charter to reflect 2019 funding allocations approved by the NCACH Governing Board, as well as to formalize the role of the CHI Leadership Council.*

**BOARD ACTION:**

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

**BACKGROUND:**

*The Coalitions for Health Improvement were formed in 2014 to engage a wide variety of provider partners and stakeholders in the work of NCACH. In 2018, NCACH formally contracted with 3 hosting organizations and provided them with operational funding to organize and facilitate each Coalition. In February 2018, the first CHI Leadership Council meeting was convened by NCACH staff, consisting of each Coalition's local leadership committee. This group has met on a monthly basis over the course of 2018, and has become key to continued bi-directional communication between NCACH and each of the three CHIs.*

*In December 2018, the NCACH Governing Board moved to allocate funding for the three Coalitions for Health Improvement to direct towards regional and local-level health and wellness initiatives across the North Central region with oversight by the NCACH Governing Board.*

*NCACH staff, contracted Coalition facilitators, and the CHI Leadership Council feel the proposed updates to the CHI Membership Agreement will be beneficial to the function, governance, and role of both CHI members and CHI Leadership Council members as the CHIs work to design a community investment process in 2019 with the allocated funding.*

**PROPOSAL:** **Motion to approve the proposed updates to the CHI Charter Member Agreement, with the added CHI Leadership Council Member Agreement (Attachment B).**

**IMPACT/OPPORTUNITY (fiscal and programmatic):**

*The approval of the updated charter will formalize the role of the CHI Leadership Council with a membership agreement, as well as to update the language on the role, vision, and functions of the Coalitions for Health Improvement for the remainder of the Medicaid Transformation Project.*



**TIMELINE:** *Updated charter will take effect immediately upon approval by the Governing Board.*

**RECOMMENDATION:**

Submitted By:  
Submitted Date:  
Staff Sponsor:

Coalitions for Health Improvement  
01/02/2019  
Sahara Suval

## North Central Accountable Community of Health Coalition for Health Improvement Charter 2019 - 2020

### Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Project. The goal of the Transformation is to improve care, increase efficiency, reduce costs and integrate physical and behavioral health into Medicaid contracting. To align clinical aspects of behavioral and physical health with payment integration, HCA developed the Medicaid Transformation Project Toolkit to provide tools, resources and guidance for these efforts.

As the North Central Accountable Community of Health (NCACH) began planning for regional health improvement projects under this 5-year contract initiative, they relied on input from local stakeholder groups, the Coalitions for Health Improvement.

The Coalitions for Health Improvement (CHI) were formed in 2014 in each of the public health jurisdictions (Chelan-Douglas, Okanogan, and Grant) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. CHIs originally provided input regarding the formation of an ACH in this region, and the development of the NCACH Leadership Group. They were utilized to distribute information about design grants and upcoming State Innovation Model Transformation efforts. In 2016, the NCACH was officially formed as a standalone organization, and entered the Design Phase of the Medicaid Transformation, including the formation of a Governing Board. In April 2017, the NCACH Governing Board determined that the CHIs should be NCACH's primary means for community-level input and representation in NCACH's work. In July 2017, a voting seat for each CHI was established by the Governing Board which ensures that each Coalition is represented on the Board. In 2018, NCACH formally contracted with three hosting organizations and provided them with operational funding to organize and facilitate each Coalition.

In December 2018, the NCACH Governing Board moved to allocate funding for the three Coalitions for Health Improvement to direct towards regional and local-level health and wellness initiatives across the North Central region with oversight by the NCACH Governing Board.

Coalitions for Health Improvement (CHI) were formed in 2014 in each public health jurisdiction (Okanogan, Grant and Chelan-Douglas) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. Coalitions for Health Improvement originally provided input regarding the formation an ACH in this region, and development of the NCACH Leadership Council. They were utilized to distribute information about Design Grants and upcoming State Innovation Model Transformation efforts. In April 2017, the NCACH Governing Board determined that the CHIs should be NCACH's primary means for community level input and representation in NCACH's work. This was made an explicit part of the recently adopted NCACH By-Laws. Charters and membership standards should be established for the Coalitions, as well as formalized processes for the Coalitions to provide input on NCACH activities to the Governing Board. The NCACH Board approved at the June 2017 board meeting a Board Member position for each NCACH CHI.

Page 1 of 8

Approved by NCACH Governing Board: July 10<sup>th</sup>, 2017

Last updated, January 2, 2019

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### Charge

The mission of the [County Name(s)] Coalition for Health Improvement ("Coalition") is to foster authentic community engagement, ~~and~~ create an ongoing pathway for gathering input from diverse groups of community members, ~~and identify local projects that could support the overall goals of the Medicaid Transformation Project for the work of the North Central Accountable Community of Health (NCACH).~~ Coalition members will advise the Governing Board on issues directly related to NCACH's mission and activities, including needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation. Input from each Coalition, from the voting member on the NCACH Governing Board and through other means, will be utilized in the decision making process of the Governing Board, and any decision and direction approved by the Governing Board will be shared with the Coalition from the Coalition Governing Board Member.

### Composition

The [County Name] Coalition for Health Improvement is open to ~~all residents~~ anyone living or working in [County Name] and is interested in building a healthier North Central Washington. All members of the community are welcome to attend Coalition meetings, however, voting privileges are limited to Coalition membership. Membership from the following sectors is encouraged but not limited to:

- Medical Provider Organizations (Behavioral Healthcare Providers, Medical Clinics, Hospitals, and other health providers)
- Local Health Jurisdictions
- Medicaid Beneficiaries
- Community Based Organizations
- Community members
- Community partners such as transportation, housing, employment services, education, criminal justice, and financial assistance
- Tribal members and providers serving tribal populations

~~Community members who are~~ Anyone interested in attending or becoming a member of the Coalition should contact [Coalition Contact]. Members will need to meet the minimum qualifications outlined below and sign the membership agreement form. There is no term limit for membership in the coalition. A voting member of the Coalition is defined as an individual who has signed the CHI membership form and attended at least 50% of Coalition meetings in a rolling calendar year. ***Not meeting the minimum requirements for membership could result in the loss of membership status for the Coalition Member.***

Each Coalition has a representative seat as a voting member of the NCACH Governing Board for a term of three years. To support the efforts of each Coalition and its Governing Board member, each Coalition is led by a leadership committee, who comprise the Coalitions for Health Improvement Leadership Council.

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The Coalitions for Health Improvement Leadership Council consists of locally selected CHI members who have signed both a CHI membership agreement and a “CHI Leadership Council Membership Agreement.” Leadership Council members are committed to facilitating and coordinating their local Coalition’s efforts and goals, and ensure that county-level priorities are not lost in regionalization efforts. The CHI Leadership Council meets on a bi-monthly basis.

The CHI’s voting member of the NCACH Governing Board will be elected to a two year term by majority vote of CHI voting members at a regular CHI meeting. Any vacancies that may occur in the CHI positions will be filled in the same way.

Coalition Leadership will be composed of the Coalition Board Member, contracted staff support, and any additional members who have received approval from the Coalition membership at a public meeting of the Coalition.

### Meetings

The Coalition for Health Improvement will meet no less than on a quarterly bi-monthly basis (6 times annually), but may meet more frequently as needed. All meetings will have an option to participate via teleconference for those unable to attend in person. The Coalition Chair and contracted support staff will develop the agenda. Notes for all meetings will be sent to NCACH staff within 2 weeks of each meeting. All meeting materials (agendas, notes, presentations, etc.) will be posted by contracted support staff on the NCACH website ([www.ncach.org](http://www.ncach.org)) under the [County Name] Coalition for Health Improvement page

### Key Responsibilities

1. Form a local leadership group who is responsible for planning meetings, agendas, and relevant material for Coalition meetings.
2. Actively educate community partners about the work of the NCACH and let them know how members can engage in NCACH projects.
3. Convene a broad base of on-the-ground stakeholders and community partners to gather data and input on needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation that the Governing Board can incorporate in their decision making process.
4. As directed by the Governing Board, create workgroups to assist in the implementation of Demonstration project initiatives.
5. Conduct open public meetings and upload all documents to the NCACH website within two weeks of each meeting.

### Authority

The Coalition for Health Improvement will serve in an advisory capacity to the Governing Board by providing local input on the direction of Medicaid ~~Transformation Demonstration~~ activities and regional projects, as well as for any local or regional initiatives that the Coalition wishes to endorse for Medicaid Transformation Funding under the 2019 CHI Community Initiatives funding- See "Funding for Work" section to learn more.

The Coalition will have one voting Board Member on the NCACH Governing Board that is proposed by the Coalition and approved by the NCACH Governing Board. The leadership group of the Coalition will take nominations for Coalition Board Member from its members. At a regularly scheduled meeting of the Coalition, members will elect a Board Member by simple majority ~~of voting members present at the meeting vote.~~

~~If the Coalition does not meet the key responsibilities as outlined in this charter, the Coalition Leadership commits to meet with Governing Board members on a regular basis to address identified issues. The Coalition recognizes that oversight of the Coalition's work is the responsibility of the Governing Board.~~

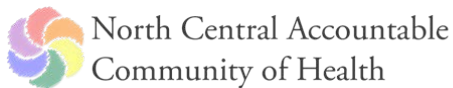
### Funding for Work

The North Central Accountable Community of Health will provide funding for the work of the Coalition through a contract held by an organization residing within the Local Health Jurisdiction of the Coalition. This funding and the deliverables that are required will be set forth in the contract between the Governing Board and the contracted organization.

In December 2018, the NCACH Governing Board moved to allocate funding for the three Coalitions for Health Improvement to direct towards regional and local-level health and wellness initiatives across the North Central region with oversight by the NCACH Governing Board.

The three Coalitions are tasked with forming one advisory group ("Advisory Group") with diverse representation from each Coalition (Chelan-Douglas, Grant, Okanogan) to design a community investment process in 2019, including – the development of eligibility requirements, funding applications, project selection criteria, and evaluation process for regional projects. Once the developed process is approved by the NCACH Governing Board, community partners will be invited to apply for funding to support regional projects. To learn more about the role of the Advisory Group, please see "2019 CHI Community Initiatives Funding Advisory Group Charter."

~~The Coalition will be able to request additional funding for work pertaining to the Demonstration that is above the key responsibilities of this charter and deliverables of the contracted organization. To request additional dollars, the Coalition will vote on the funding request at a Coalition meeting~~



and the Coalition Board member will present the requested amount at the following meeting of the Governing Board.

## Procedural Policies

### Conflicts

No one may profit financially from membership in the Coalition by sales or solicitation at meetings or workshops. Participants will disclose any actual or potential conflicts of interest to the membership or other designee.

### Decision Making

Coalition business shall be conducted based on the philosophy of mutual respect. Coalition recommendations to the ~~Governing Board~~ will be voted on by voting members of the Coalition by simple majority rules. Coalition members attending the meeting either in person or by teleconference will be entitled to one vote.

### Coalition Membership

1. Coalition Members agree to regularly attend scheduled meetings and actively participate in the work of the Coalition. Minimum requirement is defined as attending at least 50% of rolling calendar year meetings.
2. Coalition Members will sign a Membership Agreement (attachment A)

2-

## North Central Accountable Community of Health Coalition for Health Improvement Charter (Attachment A)

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## Membership Agreement Page

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Coalition for Health Improvement Charter.

I understand that continued membership in the Coalition is contingent on following the minimum requirements of membership that are outlined in the Charter. Not meeting the minimum requirements for membership could result in the loss of my membership status in the Coalition.

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Page 5 of 8

Approved by NCACH Governing Board: July 10<sup>th</sup>, 2017

Last updated, January 2, 2019



North Central Accountable  
Community of Health

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**North Central Accountable Community of Health**  
**Coalition for Health Improvement Charter**  
**Leadership Council Member Agreement 2019 - 2020**  
**(Attachment B)**

**Purpose**

To support the efforts of each Coalition and its Governing Board member, each Coalition is led by a local leadership group. The three Coalition's respective committees are called the Coalitions for Health Improvement Leadership Council.

The Coalitions for Health Improvement Leadership Council consists of locally selected CHI members who have signed a membership agreement and are committed to facilitating and coordinating their local Coalition's efforts and goals through the Charge as outlined below.

**Charge**

The Coalition for Health Improvement Leadership Council will serve in an advisory capacity to the NCACH Governing Board by providing local input on the direction of Medicaid Transformation activities and regional projects on behalf of the three Coalitions.

Locally, the [County Name] leadership group is tasked with:

- Developing meeting agendas and strategic direction for the [County Name] Coalition
- Design and facilitate meeting activities as needed

Page 6 of 8

Approved by NCACH Governing Board: July 10<sup>th</sup>, 2017  
Last updated, January 2, 2019

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- Help develop and recommend processes associated with Coalition meeting objectives and Coalition/regional goals
- Assist in identifying, recruiting, and educating community partners about the Coalition and encouraging membership
- Provide input on NCACH activities as they relate to the [County Name] Coalition goals and objectives
- Work collaboratively with the other Coalition's leadership groups to identify shared goals, priorities, and community resources
- Oversee the election process to appoint the [County Name] Coalition voting Board Member as needed
- Representing [County Name] Coalition's county-level priorities and needs to ensure they are not lost in regionalization

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Each Coalition will have one voting Board Member on the NCACH Governing Board that is proposed by their respective Coalition and accepted by the NCACH Governing Board. The leadership committee of each respective Coalition will take nominations for the Coalition Board Member from its members. At a regularly scheduled meeting of the Coalition, members will elect a Board Member by simple majority vote.

If the Coalition does not meet the key responsibilities as outlined in this charter, the Coalition Leadership commits to meet with Governing Board members on a regular basis to address identified issues. The Coalition recognizes that oversight of the Coalition's work is the responsibility of the Governing Board.

#### **Membership Roles and Responsibilities**

- Attend at least 75% of regular meetings of the [County Name] Coalition and actively participate in the work of the Coalition
- Attend at least 50% of regular meetings of the [County Name] Coalition leadership group and bi-monthly CHI Leadership Council calls convened by NCACH
- Sign a Coalition Membership Agreement (Attachment A)
- Sign a Coalition Leadership Council Agreement (Attachment B)

#### **Membership Agreement Page**

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Coalition for Health Improvement Leadership Council Agreement.

I understand that continued membership in the Coalition is contingent on following the minimum requirements of membership that are outlined in the Charter. Not meeting the minimum requirements for membership could result in the loss of my membership status in the Coalition.

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North Central Accountable  
Community of Health

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

DRAFT

Page 8 of 8

~~Approved by NCACH Governing Board: July 10<sup>th</sup>, 2017~~

~~Last updated, January 2, 2019~~

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## NCACH Project Workgroup Update

### Pathways Community HUB

*December 2018*

#### Key Meeting Outcomes

- December Pathways Community HUB Advisory Board Meeting Highlights (Detailed agenda and notes available [here](#)):
  - Early Wins:
    - The clients who are enrolled are utilizing the program
    - Referrals and Enrolled clients are building each month
    - Pathways Community Specialists have completed their full training
  - Ongoing Challenges:
    - Making initial contact with clients is our biggest challenge. Many factors including but not limited to:
      - Inaccurate Information in EDIE Reports from Samaritan including incorrect phone numbers
      - Having to use EDIE for missed referrals
    - One-off situations that require extensive staff attention
  - Future Action Steps:
    - Ongoing adjustments to referral process including:
      - PCP Outreach
      - Implementing electronic referrals
      - Refinement of Due Diligence and other policy/procedures
      - Ongoing Blue Orange HIPAA Security Assessment process
- December HUB Admin Update:
  - Preliminary conversations with potential Chelan Douglas CSSAs
    - Columbia Valley Community Health
    - Catholic Charities
    - Chelan Douglas Community Action Council
  - Healthy Gen Re-Discovery Conversation re: PCS Training
  - Presentation to Community Partnership for Transition Solutions group
  - Participated in the Opioid Workgroup meeting.

## Project Metrics

Clients in the Pathways HUB CCS System	Oct-18	Nov-18	Totals
Could Not Locate	9	62	71
Declined Services	22	20	42
Enrolled (Active Clients)	12	9	21
Ineligible (Health Homes Eligible)	47	37	84
Referral (Waiting to have something done)	73	100	173
<b>Total</b>	<b>163</b>	<b>228</b>	<b>391</b>

Pathway Initiated:	Oct-18	Nov-18	Dec 2018 (to date)	Pathway-Completed	Oct-18	Nov-18	(to date) Dec 2018
Social Service Referral	16	15	22	Social Service Referral	0	2	0
Medical Referral	4	10	3	Medical Referral	0	1	0
Education	3	4	6	Education	0	0	2
Tobacco Cessation	3	4	3	Tobacco Cessation	0	0	0
Housing	2	5	1	Housing	0	1	0
Medical Home	2	3	2	Medical Home	0	1	0
Adult Learning	1	4	1	Adult Learning	0	0	0
Immunization Screening	1	1	0	Immunization Screening	0	0	0
Health Insurance	0	1	2	Health Insurance	0	0	0
Medication Assessment	0	1	0	Medication Assessment	0	0	0
Employment	0	1	1	Employment	0	0	0
Behavioral Health	0	0	1	Behavioral Health	0	0	0
<b>Total</b>	<b>32</b>	<b>49</b>	<b>42</b>	<b>Total</b>	<b>0</b>	<b>5</b>	<b>2</b>

Medical Referral Initiated	Oct-18	Nov-18	Dec 2018 (to date)	Medical Referral Completed	Oct-18	Nov-18	Dec 2018 (to date)
-	2	1	1	-	0	0	0
Specialty medical care	1	3	1	Specialty medical care	0	0	0
Mental Health	0	2	0	Mental Health	0	0	0
Vision	0	1	0	Vision	0	0	0
Dental	0	2	0	Dental	0	1	0
Well baby visit	0	1	0	Well baby visit	0	0	0
Primary care	0	0	1	Primary care	0	0	0
<b>Total</b>	<b>3</b>	<b>10</b>	<b>3</b>	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>



# North Central Accountable Community of Health

Social Service Initiated	Oct-18	Nov-18	(to date) Dec 2018	Total		Social Service Completed	Oct-18	Nov-18	(to date) Dec 2018	Total
Child Assistance	1	0	0	1		Child Assistance	0	0	0	0
Clothing Assistance	0	1	0	1		Clothing Assistance	0	0	0	0
Clothing/Baby Items	1	1	0	2		Clothing/Baby Items	0	0	0	0
Education Assistance	1	3	0	4		Education Assistance	0	0	0	0
Food Assistance	1	2	5	8		Food Assistance	0	0	0	0
Housing	2	0	1	3		Housing	0	0	0	0
Housing Assistance	0	2	0	2		Housing Assistance	0	1	0	1
Insurance Assistance	0	0	1	1		Insurance Assistance	0	0	0	0
Job/Employment Assistance	0	0	1	1		Job/Employment Assistance	0	0	0	0
Legal Assistance	0	4	0	4		Legal Assistance	0	0	0	0
Other	4	1	6	11		Other	0	0	0	0
Transportation Assistance	3	0	3	6		Transportation Assistance	0	0	0	0
Utilities Assistance	3	1	5	9		Utilities Assistance	0	1	0	1
<b>Total</b>	<b>16</b>	<b>15</b>	<b>22</b>			<b>Total</b>	<b>0</b>	<b>2</b>	<b>0</b>	

## Upcoming Meetings

January 9, 2019 9:00-11:00 a.m. Location TBD	Pathways Community HUB Advisory Board
January TBD	PCS/Supervisor Monthly meeting
February 13, 2019 9:00-11:00 a.m.	Pathways Community HUB Advisory Board
February TBD	PCS/Supervisor Monthly meeting



## NCACH Project Workgroup Update

### Regional Opioid Stakeholders Workgroup

*January, 2019*

#### Key Meeting Outcomes

- Five applicants were awarded funding through the 2019 Round 1 Opioid Rapid Cycle Application. NCACH staff is executing MOUs with awardees and funding is being distributed.
- In December, the Workgroup received presentations from the following 2018 Opioid Rapid Cycle Awardees: The Center for Alcohol and Drug Treatment, Chelan-Douglas Community Action, Samaritan Healthcare, and Catholic Charities. All 2018 Opioid Rapid Cycle Awardees must submit their Final Report by January 5<sup>th</sup>.
- The Request for Proposals for Opioid Awareness and Education Marketing Campaign closes on December 31<sup>st</sup>. Questions were received from five people/organizations and responses were posted online. An RFP Evaluation Committee will evaluate submissions and selected an applicant. Applicants will be notified by January 25<sup>th</sup> with work expected to begin on or as close as possible to February 1<sup>st</sup>.
- Continued planning for the Opioid Response Conference scheduled for March 15<sup>th</sup>. The selected theme is prevention.
- A planning committee has formed and begun meeting for the Dental Opioid Prescribing Workshop. We have decided to follow the format of the Dental Pain Conference that was done in April 2018 (organized by the BREE Collaborative and L&I) plus including a session on the new rules being issued. It will be a ½ day workshop on a Friday in April or early May. NCACH staff is working with L&I to ensure continuing education credits will be available for the conference. We hope to have representation from the Prescription Monitoring Program on-site for registration to access the program. The WA



State Dental Association, BREE Collaborative, and L&I have joined the planning committee along with local champions and dental directors.

- Procedures for the Targeted Narcan Training and Distribution have been reviewed by the Opioid Workgroup. The procedures allocate \$5000 to each of Grant County, Chelan/Douglas Counties, Okanogan County, and the Colville Confederated Tribes. Non-profits and Government agencies will be able to apply for up to 10 boxes of Narcan per application at the non-profit discounted rate provided by Adapt Pharma of \$75/box per application (additional applications may be submitted after reimbursement has been requested for previous applications has been submitted). Funding will be distributed on a reimbursement basis once proper documentation is received (ie. documentation of training and distribution and proof of purchase of Narcan).

## Upcoming Meetings

February 15, 2019	Opioid Workgroup - Wenatchee
March 15, 2019	Opioid Response Conference
April 19, 2019	Opioid Workgroup - Omak
May 17, 2019	Opioid Workgroup – Moses Lake

## Attachments

1. DRAFT Targeted Narcan Training and Distribution Procedures (Process, Application, Reimbursement Request)

## Targeted Narcan Training and Distribution

The North Central Accountable Community of Health (NCACH) is implementing six Medicaid Transformation Projects, one of which is the Opioid Project. The project objective is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Targeted Naloxone Distribution is an evidence-based intervention strategy to reduce opioid overdose deaths. Naloxone is an opioid antagonist that can quickly and safely reverse the potentially fatal effects of an opioid overdose. Targeted distribution programs seek to train and equip individuals who are most likely to encounter or witness an overdose – especially people who use drugs and first responders – with naloxone kits, which they can use in an emergency to save a life. By equipping these individuals with naloxone and training them to identify and respond to an overdose, the potential delay between the onset of an opioid overdose and the delivery of life-saving care can be reduced from hours to seconds. This is especially true in rural areas, where residents may experience longer EMS response times. Ready access of naloxone among members of the lay community is key for saving lives.

The North Central Accountable Community of Health Governing Board has allocated \$20,000 for Targeted Narcan Training and Distribution in 2019. At the guidance of the Regional Opioid Stakeholders workgroup, NCACH will distribute funding to allow local partners to buy and distribute Narcan to foster trust, collaboration, and partnerships. NCACH has developed the following procedures for selection and distribution of funding to partners.

### Allocation and Uses of Funding:

- In order to ensure equitable distribution of Narcan within the NCACH region, each of the following geographical areas will be allocated \$5000; Grant County, Chelan and Douglas Counties, and Okanogan County. Narcan purchased with funding allocated for a given geographical area needs to be distributed in that area.
- Additionally, the Colville Confederated Tribes will be allocated \$5000 of the available funding. This funding will be distributed at the discretion of the Colville Confederated Tribes Health and Human Services to tribal entities or to non-tribal entities serving Tribal communities/populations at.
- Any non-profit or government agency located in and serving North Central Washington (Chelan, Douglas, Grant, and Okanogan Counties) is eligible to apply for this funding.
- Funding will be available only for the purchase of Narcan, at the non-profit rate offered by Adapt Pharma (\$75 per 2 dose box). Funding is not available to pay for staff time for providing the necessary training or registration/table fees at events.
- Funding will be awarded when the application is reviewed and approved, however, funding will only be distributed on a cost-reimbursable basis after training and



# North Central Accountable Community of Health

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distribution has occurred and NCACH program staff has received a Reimbursement Request accompanied by proper documentation.

## Procedure:

1. NCACH issues an application for funding for Narcan Training and Distribution by February 11<sup>th</sup>.
2. First review of applications on March 4<sup>th</sup> with applications being reviewed as received after the first review.
3. Applicants are able to apply for funding for up to 10 boxes of Narcan (each with 2 doses) with a maximum per box cost of \$75 per application. Note: additional applications may only be submitted after prior application obligations have been fulfilled.
4. NCACH staff will review applications. If there are more applicants than funding for a given allocation, NCACH will encourage applicants to collaborate and consolidate applications.
5. Applicants will be notified if their request is awarded (applicants will also be notified if their request is not awarded).
6. If it is awarded, the applicant will need to do the following to receive payment
  - a. Register in the Financial Executor Portal
  - b. Sign an MOU with NCACH
  - c. Purchase Narcan
  - d. Provide training and distribute Narcan to qualified participants. Qualified participants include:
    - i. An organization that serves at risk populations (limited to one box of Narcan per location or building and a minimum of 50% of staff must be trained).
    - ii. An individual who answers yes to the following question: *Do you, or does someone close to you, use opioid regularly?*
    - iii. An individual who demonstrates why they are at an increased risk of witnessing an overdose (this must be documented and submitted to the NCACH with the reimbursement request; note identifying information does not necessarily need to be included).

## Additional Information:

- NCACH can provide handouts, gloves, CPR masks, and a zippered “Narcan Kit” bag to make up to 220 “Narcan Kits”.
- Applicants are encouraged to request matching donations from insurance agencies, healthcare partners, local businesses, and other non-profits. Applicants who have received matching donations will receive priority in funding if there are more applicants than allocated funding.





## Targeted Narcan Training and Distribution APPLICATION

Organization: Click or tap here to enter text.

Primary Contact: Click or tap here to enter text.

Trainer(s): Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter text.

**Important:** A maximum of \$75 per box of Narcan disbursed is allowable. In order to receive funding, you must submit a reimbursement request after Narcan has been distributed and NCACH program staff must receive documentation of purchased Narcan (e.g. paid invoice) and adequate documentation of trainings (see Reimbursement Request Form).

Please describe how this funding will be used including expected trainings and Narcan distributions (e.g. businesses to be trained, events to attend, location of trainings, who will be the trainers, etc.):

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

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## Targeted Narcan Training and Distribution REIMBURSEMENT REQUEST

Organization: Click or tap here to enter text.

Primary Contact: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**Important:** In order for your reimbursement request to be processed, NCACH program staff must receive:

1. Documentation of purchased Narcan (e.g. paid invoice).
2. Documentation of organizational trainings, organizations that received Narcan, and individuals trained, using tables on page 5.

**Total Requested Reimbursement:** Click or tap here to enter text.

**Note:** A maximum of \$75 per box of Narcan disbursed is allowable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

**For organizational trainings, submit the following information (please fill out one row per participant):**

Date of Training	Name of Participant Trained	Organization	Trainer

**Submit the following information for organizations that received Narcan for each box given out:**

Organization	Percent of Staff trained	Date(s) of Trainings	Address where Narcan is held	Lot #

**For individuals trained:**

Date of Training	Gender	Age	Ethnicity	Education	Employment Status	Annual Household Income	City of Residence	Reason for getting trained	Response to Trigger Question	Received Narcan	Trainer

Trigger Question: *Do you, or does someone close to you, use opioid regularly?* If they answer yes to the trigger question, they are eligible for free Narcan.

Note: Please explain any individuals that did not answer yes to the Trigger Question and did receive Narcan.

See Page 6 for Survey Template

## Narcan Training and Distribution Survey

### Age:

- ☐ <18  
☐ 18-24  
☐ 25-34  
☐ 35-44  
☐ 45-55  
☐ 55-64  
☐ 65+

### Ethnicity:

- ☐ White  
☐ Hispanic or Latino/a  
☐ Black  
☐ Asian/Pacific Islander  
☐ Native American/Alaska Native  
☐ \_\_\_\_\_

### Gender:

- ☐ Male  
☐ Female

☐ \_\_\_\_\_

### Highest Level of Education:

- ☐ High School  
☐ Associates  
☐ Bachelors  
☐ Masters+

### Employment Status:

- ☐ Employed for wages  
☐ Self-employed  
☐ Homemaker  
☐ Student  
☐ Military  
☐ Retired  
☐ Unemployed, looking  
☐ Unemployed, not looking  
☐ Unable to work

### Insurance Status:

- ☐ Private Insurance (employer sponsored, Health Benefit Exchange)  
☐ Apple Health Medicaid  
☐ Medicare  
☐ Uninsured  
☐ \_\_\_\_\_

City of Residence: \_\_\_\_\_

Do you, or does someone close to you, use opioid regularly? ☐ YES ☐ NO

*Opioids include pain medications like OxyContin, Percocet, and Vicodin, and illicit drugs like heroin.*

For Office Use Only

Trainer: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Narcan Distributed: ☐ YES ☐ NO Lot #: \_\_\_\_\_

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## NCACH Project Workgroup Update

### Transitional Care and Diversion Interventions Workgroup

*December, 2018*

#### Key Updates:

##### TCDI Workgroup Updates (Meeting held December 20<sup>th</sup>):

- TCDI meetings moving to every other month in 2019
  - 50% focused on work occurring with current Implementation Partners
  - 50% focused on workgroup business (e.g. Review of additional projects/funding in 2019; Funds distribution plan in 2020)
- Workgroup members expressed interest in exploring the below projects in 2019
  - Medical Respite Programs
  - Advanced Directives within Behavioral Health (Crisis Providers):
    - Evaluating how this can be partners with current Palliative Care Initiatives in the region.
  - Mapping Care Coordination intersections across region (e.g. TCM, Case Management, etc.)
- Additional funding in 2019 will be utilized for either additional projects or to support needs identified by current partners or identified projects above throughout course of 2019.

##### Project/Partner Updates:

- EMS Project Update:
  - MOU signed between NCECC and NCACH.
    - NCECC will be responsible for collecting all EMS partner reports
    - MOUs/Contracts between NCECC and partners to be finalized in January 2019
  - Removed Q4 2018 updates to EMS project proposal to reflect MOU being signed in December (This does not delay completion of project work)
- Hospital Partner Work:
  - Hospital partners scheduled staff for TCM training at Confluence Health. Trainings start January 7<sup>th</sup>, 2019
  - NCACH staff partnered with CCMI to develop a reporting template for TCDI hospital partners (Released January 3<sup>rd</sup>, 2019)

#### Upcoming Meetings/Key Dates

January – March 2019 (Starting January 7 <sup>th</sup> )	Onsite training at Confluence Health on TCM model for hospital partner staff
January – June 2019	Training partners on Collective Medical Technology Platform
January 24 <sup>th</sup>	TCDI Workgroup meeting
January 31 <sup>st</sup>	TCDI hospital partner reports due
February	Feedback provided to TCDI hospital partners on reports