

**Governing Board Meeting**  
**1:00 PM–3:30 PM, February 3, 2020**

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| <p><b>Location</b><br/><b>Confluence Technology Center</b><br/>285 Technology Center Way #102<br/>Wenatchee, WA 98801</p> | <p><b>Call-in Details</b><br/>Conference Dial-in Number:<br/>(408) 638-0968 or (646) 876-9923<br/>Meeting ID: 429 968 472#<br/>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>Declaration of Conflicts</li> <li>Approve Consent Agenda</li> <li>Public Comment</li> </ul> | <ul style="list-style-type: none"> <li>Approval of Consent Agenda</li> </ul>    | <ul style="list-style-type: none"> <li>Agenda, Acronyms</li> <li>Consent Agenda <ul style="list-style-type: none"> <li>Minutes</li> <li>Monthly Financial Report</li> </ul> </li> </ul> | 1-2<br>3-8             |
| 1:05 PM | <b>Presentation – North Central IMC Data HCA – David Mancuso &amp; Alice Lind</b>  |   | <ul style="list-style-type: none"> <li>Presentation</li> </ul>  | <i>Separate Attach</i> |
| 1:50PM  | <b>Executive Director Update – Linda Parlette</b>  |   | <ul style="list-style-type: none"> <li>Exec Director Report</li> </ul>  | 9-10                   |
| 2:00 PM | <b>Board Nominations – Barry Kling</b> <ul style="list-style-type: none"> <li>Hospital Seat – Ramona Hicks</li> <li>Okanogan CHI Seat – Traci Miller</li> </ul>                                | <ul style="list-style-type: none"> <li>Approval of Nominations</li> </ul>       | <ul style="list-style-type: none"> <li>Board Motion Forms</li> </ul>  | 11-14                  |
| 2:10 PM | <b>2019 CHI Community Initiatives Award Scenarios – Medium – Very Large Projects - Sahara Suval</b>  | <ul style="list-style-type: none"> <li>Approval of Board Motion Form</li> </ul> | <ul style="list-style-type: none"> <li>Board Motion Form</li> </ul>   | 15-16                  |
| 2:25 PM | <b>CPTS Recovery Coach Network Funding Proposal – Christal Eshelman</b>  | <ul style="list-style-type: none"> <li>Approval of Board Motion Form</li> </ul> | <ul style="list-style-type: none"> <li>Board Motion Form</li> </ul>   | 17-26                  |
| 2:40 PM | <b>Community Based Care Coordination – Barry Kling &amp; Christal Eshelman</b>   |   |   |                        |
| 2:55 PM | <b>Board Retreat Follow-up – Barry Kling &amp; John Schapman</b>   |   | <ul style="list-style-type: none"> <li>List of each NCACH Workgroup</li> </ul>  | 27                     |

## A Handy Guide to Acronyms within the Medicaid Transformation Project

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

| Location   | Attendees   |
|--|---|
| <p><b>Confluence Technology Center</b><br/>285 Technology Center Way #102<br/>Wenatchee, WA 98801</p>  | <p><b>Governing Board Members Present:</b> Rick Hourigan, Doug Wilson, Rosalinda Kibby, Scott Graham, David Olson, Carlene Anders, Senator Warnick, Cathy Meuret, Barry Kling, Ken Sterner, Courtney Ward, Molly Morris, Ray Eickmeyer, Brooklyn Holton, Nancy Nash Mendez, Mike Beaver</p> <p><b>Governing Board Members Absent:</b> Blake Edwards, Kyle Kellum, Daniel Angell</p> <p><b>Public Attendance:</b> Amelia Davis, Sheila Berschauer, Theresa Adkinson, Chenia Flint, Jerry Perez, Allen Cheadle, Dan Sutton, Rachael Petro, Deb Miller, Kelsey Gust, Peter Morgan, Karen Schimpf, Dwayne Dobbs</p> <p><b>NCACH Staff:</b> Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>                           |
| Agenda Item  | Minutes   |
| <ul style="list-style-type: none"> <li>Approval of Consent Agenda</li> <li>Declaration of Conflicts</li> <li>January Retreat Date</li> <li>Public Comment</li> </ul> | <ul style="list-style-type: none"> <li>❖ Approval of Consent Agenda: Brooklyn Holton moved, Ray Eickmeyer seconded the motion to approve the consent agenda, motion passed</li> <li>• Conflicts of Interest: All Board members need to sign Conflict of Interest Policy annually – return to Teresa. Barry noted his conflict of interest due to the annual budget and CDHD receiving a 15% hosting fee.</li> <li>• January Retreat Date: Members decided on January 24<sup>th</sup>, Teresa will send out invite and secure a location.</li> <li>• Public Comment – None</li> </ul>  |
| <ul style="list-style-type: none"> <li>Executive Directors Report</li> </ul>   | <ul style="list-style-type: none"> <li>• NCACH is now a 501c3.</li> <li>• NCACH scored 100% on our most recent Semi Annual Report, we think that we are the only ACH that did not have to do any write backs.</li> <li>• Thanked Courtney Ward for her service on our Board.</li> <li>• Next meeting with County Commissioners will be held in Grant County and Courtney will be giving an overview to help bring the Grant County Commissioners along. After that, Beacon will be leading the meetings.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Board Elections</li> </ul>  | <ul style="list-style-type: none"> <li>❖ Ken Sterner moved, Scott Graham seconded the motion to approve the Board Member slate of nominees, motion passed</li> <li>❖ Scott Graham moved, Cathy Meuret seconded the motion to approve the officer slate of nominees, motion passed</li> </ul>  |
| <ul style="list-style-type: none"> <li>CCHE</li> </ul>   | <ul style="list-style-type: none"> <li>• Pathways HUB CCHE Evaluation – Allen Cheadle presented on his evaluation of the Pathways HUB. Is it too soon to look at data to know if this has been successful? He does think it is too early. Copy of the presentation is available through our website.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Community Base Care Coordination</li> </ul>   | <p>When we selected Community Based Care Coordination, the Pathways HUB was the only evidence-based approach available. Recently HCA formed a workgroup and clarified where they are at in regards to Health Homes, and also released a position statement to all ACHs to provide guidance on where they stand with respect to payment and sustainability planning for the Pathways Community HUB model. Given the clarification that “HCA is reinforcing Health Homes as HCA’s community-based care coordination program for high-risk Medicaid beneficiaries”, they provided 3 distinct potential directions ACHs could take:</p> <ul style="list-style-type: none"> <li>A. Continue Pathways to serve a unique target population</li> <li>B. Discontinue Pathways but maintain certain functions/components</li> </ul> |

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|  | <p>C. Discontinue Pathways and identify other support/investment opportunities</p> <p>All of these models require close collaboration with the MCOs. HCA clarified that they are not asking ACHs to discontinue the work, and as long as we have some other Community Based Care Coordination Project, we can still earn funds for that project. We are at the end of year 3 of the MTP and end of year 1 of the Pathways HUB. The budget shows funding for Pathways is for the first 6 months, then anything after that “*”.</p> <p><b>Action:</b> Christal and Deb will move forward with setting up a meeting with a committee of Board Members and Staff to present options on the future of the HUB and prepare for the January Board Retreat.</p> <p><b>Volunteers for Committee:</b> Brooklyn, Ray, Jorge, Barry, (Chris D from Catholic Charities would like to participate if others outside of staff and Board are able to be on this committee). Deb will be meeting with Kathy from Molina to discuss the no wrong door approach.</p>   |
| <ul style="list-style-type: none"> <li>Okanogan CHI</li> </ul> | <ul style="list-style-type: none"> <li>Peter Morgan &amp; Karen Schimpf – Okanogan County CHI recently polled their members using a live polling feature. They presented a revised mission statement.</li> <li>What needs to be different? Committed leadership – Karen &amp; Peter have committed to do that. They asked if they could have two people serve on the Board as they each can’t attend meetings all of the time. Response was that we do not think our bylaws would allow for that, but one could be the named Board member and the other could attend in their place and not be able to vote.</li> <li>Brooklyn – this was all created on a regional level and we need to really think about having the CHIs keep the regional connectivity. Would be interested to see how this conversation can happen regionally.</li> <li>Theresa Adkinson – Grant County CHI is struggling to find identity, not just ACH related. Too many things to report on and hoops to jump through.</li> <li>Board agrees that we need to do what we can do to get out of the way of the CHIs.</li> </ul> <p>➤ Next Step: John will work with all three CHIs to change the charters.</p> |
| <ul style="list-style-type: none"> <li>2020 Budget</li> </ul>  | <ul style="list-style-type: none"> <li>HUB 1<sup>st</sup> six months is higher than the 2019 budget. We really need to look at the budget line by line in the future.</li> <li>TCDI Partner Work: Does the data presented include patients coming out of Central WA Hospital? No. Did we learn what the barriers are that we are putting the funding towards? We got the program up and running, now we are focusing on connecting the different organizations.</li> <li>❖ Ray Eickmeyer moved, Rick Hourigan seconded the motion to approve the CDHD Account Portion of the 2020 NCACH Budget, Motion Passed.</li> <li>❖ Doug Wilson moved, Ken Sterner seconded the motion to approve the Financial Executor Portion of the 2020 NCACH Budget, Motion Passed.</li> </ul> <p>Anything marked with an asterisk “*” needs to come back to the Board for final approval before committing to or using funds.</p>  |

## NCACH Funding & Expense Summary Sheet

| Funding Source                                   | CDHD ACCOUNT                      |                                   |                                    | FINANCIAL EXECUTOR FUNDS |                      |                      |
|--|-----------------------------------|-----------------------------------|------------------------------------|--------------------------|----------------------|----------------------|
|  | SIM/Design/Misc<br>Funds Received | SIM/Design/Misc<br>Funds Expended | SIM/Design/Misc<br>Funds Remaining | NCACH Funds @ FE         | FE Funds<br>Expended | FE Funds Remaining   |
| <b>SIM Funding*</b>                              | \$ 115,329                        | \$ 115,329                        | \$ -                               |                          |                      |                      |
| <b>Transformation Project Funding</b>            |                                   |                                   |                                    |                          |                      |                      |
| Original Contract K2296 - Demonstration Phase 1  | \$ 1,000,000                      |                                   |                                    |                          |                      |                      |
| Original Contract K2296 - Demonstration Phase 2  | \$ 5,000,000                      |                                   |                                    |                          |                      |                      |
| Transfer from FE Portal                          | \$ 226,961                        |                                   |                                    |                          |                      |                      |
| Interest Earned on Demo Funds                    | \$ 217,666                        |                                   |                                    |                          |                      |                      |
| <b>Transformation Total</b>                      | <b>\$ 6,444,627</b>               | <b>\$ 2,731,056</b>               | <b>\$ 3,713,570</b>                |                          |                      |                      |
| <b>Workshop Registration Fees/Misc. Revenue*</b> | <b>\$ 15,370</b>                  | <b>\$ 13,720</b>                  | <b>\$ 1,650</b>                    |                          |                      |                      |
|  |                                   |                                   | \$ -                               |                          |                      |                      |
| <b>Financial Executor Funding</b>                |                                   |                                   |                                    |                          |                      |                      |
| Project Incentive Funds                          |                                   |                                   |                                    | \$ 13,571,231            | \$ 6,248,188         | \$ 7,323,043         |
| Integration Funds                                |                                   |                                   |                                    | \$ 5,781,980             | \$ 58,422            | \$ 5,723,558         |
| Bonus Funds                                      |                                   |                                   |                                    | \$ 1,455,842             |                      | \$ 1,455,842         |
| Value Based Payment (VBP) Incentives             |                                   |                                   |                                    | \$ 300,000               |                      | \$ 300,000           |
| DY1 Shared Domain 1 Funds**                      |                                   |                                   |                                    | \$ 5,811,865             | \$ 5,811,865         | \$ -                 |
| <b>Totals</b>                                    | <b>\$ 6,575,326</b>               | <b>\$ 2,860,105</b>               | <b>\$ 3,715,221</b>                | <b>\$ 26,920,918</b>     | <b>\$ 12,118,475</b> | <b>\$ 14,802,443</b> |

\*A portion of funds in this category were collected when CDHD held the SIM Contract

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

## 2019 NCACH Budget: Monthly Summary

### CDHD Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

| Budget Line Item                    | Total Budgeted      | Dec-19           | Totals YTD          | % Expended YTD to Budget |
|-------------------------------------|---------------------|------------------|---------------------|--------------------------|
| <b>Salary &amp; Benefits</b>        | \$ 983,205          | \$ 76,009        | \$ 920,973          | 94%                      |
| <b>Supplies</b>                     |                     |                  |                     |                          |
| Office                              | \$ 9,420            |                  | \$ 3,216            | 34%                      |
| Drugs and Medicines                 | \$ 15,100           |                  | \$ 14,319           | 95%                      |
| Furniture < \$500                   | \$ 2,400            |                  | \$ 1,554            | 65%                      |
| Books, References, & Videos         | \$ -                |                  | \$ 551              |                          |
| Software                            | \$ 3,000            | \$ 120           | \$ 801              | 27%                      |
| Computer Hardware                   | \$ 6,000            |                  | \$ 3,487            | 58%                      |
| <b>Services</b>                     |                     |                  |                     |                          |
| Legal Services                      | \$ 8,400            |                  | \$ 877              | 10%                      |
| Computer                            | \$ 16,140           |                  | \$ 4                | 0%                       |
| ^Misc. & Contracts                  | \$ 27,500           |                  | \$ 5,000            | 18%                      |
| Mileage                             | \$ 81,760           | \$ 486           | \$ 21,413           | 26%                      |
| Professional Travel and Training    | \$ 16,800           | \$ 1,335         | \$ 7,463            | 44%                      |
| ^Conference - Program Meals/Lodging | \$ 38,250           |                  | \$ 11,572           | 30%                      |
| Other (Train/Plane/Boat/Parking)    | \$ 10,200           | \$ 13            | \$ 5,779            | 57%                      |
| Advertising - Newspapers            | \$ 3,800            |                  | \$ -                | 0%                       |
| Advertising - Other                 | \$ 7,900            |                  | \$ 11,489           | 145%                     |
| Insurance                           | \$ 5,700            |                  | \$ 5,702            | 100%                     |
| Printing - Office                   | \$ 7,900            |                  | \$ 3,050            | 39%                      |
| ^Printing - Copier                  | \$ 12,200           | \$ 639           | \$ 9,224            | 76%                      |
| Dues and Memberships                | \$ 3,300            |                  | \$ 3,028            | 92%                      |
| Subscriptions                       | \$ 658              | \$ 54            | \$ 1,722            | 262%                     |
| ^Other Expenditures                 | \$ 139,349          | \$ 825           | \$ 110,359          | 79%                      |
| <b>CDHD Hosting Fee 15%</b>         | \$ 212,322          | \$ 11,922        | \$ 171,238          | 81%                      |
| <b>Grand total</b>                  | <b>\$ 1,611,305</b> | <b>\$ 91,403</b> | <b>\$ 1,312,822</b> | <b>81%</b>               |

% of Fiscal Year

100%

# FE Portal Account Expenses

Fiscal Year: Jan 1, 2019 - Dec 31, 2019

| Budget Line Item                                    | Total Budgeted      | Dec-19           | Totals YTD         | % Expended YTD to Budget |
|---|---------------------|------------------|--------------------|--------------------------|
| <b>Operations</b>                                   |                     |                  |                    |                          |
| ^ OHSU  | \$ 100,000          |                  | \$87,173           | 87%                      |
| Program Evaluation (TBD)                            | \$ 60,000           | \$29,924.2       | \$29,924           | 50%                      |
| Program Evaluation (Pathways Hub)                   | \$ 60,000           |                  | \$0                | 0%                       |
| ^ Public Health Seattle King County(Data)           | \$ 40,000           |                  | \$39,680           | 99%                      |
| Xpio  | \$ 20,000           |                  | \$350              | 2%                       |
| Feldsman Tucker Leifer Fidell LLP                   | \$ 40,000           |                  | \$7,500            | 19%                      |
| * Asset Mapping (TBD)                               | \$ 52,800           |                  | \$0                | 0%                       |
| ^ Workforce Development                             | \$ 48,125           | \$637.5          | \$10,364           | 22%                      |
| <b>Communications and Outreach</b>                  |                     |                  |                    |                          |
| Training (TBD)                                      | \$ 10,000           |                  | \$0                | 0%                       |
| Lead Agencies (CHIs)                                | \$ 150,000          | \$3,757.5        | \$143,828          | 96%                      |
| * CHI Partner Payments                              | \$ 450,000          | \$99,900.0       | \$99,900           | 22%                      |
| <b>Whole Person Care Collaborative</b>              |                     |                  |                    |                          |
| ^ Comagine Health (Qualis Health)                   | \$ 215,710          |                  | \$53,933           | 25%                      |
| Shift Results                                       | \$ 53,820           |                  | \$37,246           | 69%                      |
| CCMI - Advising                                     | \$ 186,000          |                  | \$56,000           | 30%                      |
| Learning Activities                                 | \$ 246,640          |                  | \$151,174          | 61%                      |
| CSI - portal & TA                                   | \$ 75,992           | \$9,583.4        | \$29,405           | 39%                      |
| Learning Community - fixed                          | \$ 1,080,000        |                  | \$1,080,000        | 100%                     |
| Learning Community - variable                       | \$ 2,080,000        |                  | \$250,000          | 12%                      |
| <b>Pathways Hub</b>                                 |                     |                  |                    |                          |
| Community Choice - Hub Lead Agency                  | \$ 1,426,612        | \$59,051.0       | \$555,848          | 39%                      |
| <b>Transitional Care and Diversion Intervention</b> |                     |                  |                    |                          |
| Confluence Health (TCM Trainer)                     | \$ 55,000           |                  | \$0                | 0%                       |
| Add Hospital Contractor Payment (TBD)               | \$ 20,000           |                  | \$0                | 0%                       |
| EMS Contractor Payments(NCECC)                      | \$ 60,000           |                  | \$22,042           | 37%                      |
| TCDI Hospital Partner Funds                         | \$ 234,626          |                  | \$233,763          | 100%                     |
| EMS Partners Payments                               | \$ 240,000          |                  | \$174,500          | 73%                      |
| Emerging Initiatives Approval (CCOW)                | \$ 20,000           |                  | \$0                | 0%                       |
| * Other TCDI Initiatives                            | \$ 370,000          |                  | \$0                | 0%                       |
| <b>Opioid Project</b>                               |                     |                  |                    |                          |
| Rapid Cycle Applications                            | \$ 100,000          | \$48,450.0       | \$108,049          | 108%                     |
| Public Awareness Contract                           | \$ 30,000           |                  | \$3,600            | 12%                      |
| ^ School Based Prevention Contracts                 | \$ 60,000           |                  | \$60,000           | 100%                     |
| ^ * Other Opioid Initiatives (TBD)                  | \$ 35,000           |                  | \$0                | 0%                       |
| <b>Grand total</b>                                  | <b>\$ 7,620,325</b> | <b>\$251,304</b> | <b>\$3,234,279</b> | <b>42%</b>               |

% of Fiscal Year

100%

|                     |                     |                   |                     |            |
|---------------------|---------------------|-------------------|---------------------|------------|
| <b>Total Budget</b> | <b>\$ 9,231,630</b> | <b>\$ 342,706</b> | <b>\$ 4,547,101</b> | <b>49%</b> |
|---------------------|---------------------|-------------------|---------------------|------------|

"\*" asterisks - This means a line item will need to go back to the Board in 2019 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2019

**Budget Amendments - 2019**

| Date       | Amendment  |
|------------|--|
| 01.07.19   | 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. |
| 03.04.19   | Motion to approve \$13,500 to allocate for a contracted vendor to support Executive Director coordination and support between the nine ACHs in 2019.   |
| 05.06.19   | Approval of the adjusted Opioid Project Budget as presented at the Board meeting.  |
| 7.3.2019   | Motion to increase the 2019 budgeted amount for the OHSU contract by \$28,000 (from \$72,000 to \$100,000) to support current initiatives through the end of 2019.   |
| 7.3.2019   | Motion to increase the 2019 budgeted amount for workforce development by \$7,125 (from \$41,000 to \$48,125) to support current initiatives through the end of 2019.   |
| 11.04.2019 | Motion to increase the 2019 budgeted amount for the PHSKC contract by \$16,000 (from \$24,000 to \$40,000) to cover data analytic services through the end of 2019 and comply with the Board's budget deviation policy.  |
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## Executive Director's Report – February 2020

2020 is officially off to a strong start here at NCACH! We are continuing to “Charge on!” as we enter Year 4 of the Medicaid Transformation Project, with my staff and I focused on creating pathways to sustainability for our partners, healthcare system, and the region.



In January, I had the chance to participate on a panel at *State of Reform*, an annual healthcare policy conference held in Seattle and Spokane, where I was joined by Elevate Health (Pierce County's Accountable Community of Health) and Michael Arnis from the Washington State Health Care Authority. We spoke to the current progress of the ACHs, as well as challenges, and the outlook for the remainder of the Transformation period. Following the conference, I attended a meeting with all nine directors of the ACHs, which are convened monthly. Discussions are still centering on the future of the ACHs statewide. I will continue to share updates as these conversations develop.

More locally, I am pleased to be able to connect with two new leaders in our four-county region this month, including George Rohrich, the new CEO of Lake Chelan Community Hospital, and Bill Snyder, the new Executive Director of Okanogan Behavioral Health. George comes to Chelan by way of Minnesota, where his spouse is still living to care for their Minnesota home in harsh mid-Western winters. Bill comes to Okanogan County by way of Denver, where he served as the CEO of a behavioral health center. Both bring significant experience to our region, and I look forward to seeing our partner organizations thrive under their new leadership.

I will also be hosting a Regional Health Care Advisory Committee meeting on January 31, which includes county commissioners, managed care organizations, behavioral health providers, law enforcement, and other social service provider organizations. These meetings provide a venue to look at our “continuum of care” across the region, so that everyone is able to remain connected to ensure that our healthcare system is able to respond to the needs of our community. The census at Parkside will also be discussed.

Our Governing Board met for a day-long retreat on January 24, where we continued to develop a plan for the future of NCACH after the Medicaid Transformation period, in 2021.



Under the original model, the State provided a path for ACHs during the five years of the Transformation, but it is at the discretion of each ACH to determine their own path forward after 2021. The Governing Board and I agree that NCACH has the opportunity to still provide value to the region, but we still need to figure out exactly what that looks like. Across the state, our partner ACHs are each developing their own approach for the future: some are partnering under other organizations or foundations; some are developing their own service lines; and some are committing to remaining centers of excellence to provide in-house technical assistance and support for their partners. While we are still summarizing the results from the retreat, and have much ahead of us in 2020; I remain confident in our ability to continue adapting and being responsive to the needs of our community.

Charge on!

Linda Evans Parlette

Executive Director

# Board Decision Form

|  |
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| <b>TOPIC:</b> Public Hospital Seat   |
| <b>PURPOSE:</b> <i>Nomination of Ramona Hicks to Public Hospital Seat</i>  |
| <b>BOARD ACTION:</b><br><input type="checkbox"/> Information Only<br><input checked="" type="checkbox"/> Board Motion to approve/disapprove  |
| <b>BACKGROUND:</b><br>Scott Graham has decided to step down from the NCACH Governing Board due to time constraints. The Public Hospital Group and the Executive Committee are nominating Ramona Hicks to fulfill this open position. |
| <b>PROPOSAL:</b><br>Nomination of Ramona Hicks to fill the Public Hospital Board Seat on the NCACH Board effective 02/03/2020.   |
| <b>IMPACT/OPPORTUNITY (fiscal and programmatic):</b><br>Ramona will fulfill the Public Hospital Board Seat for the remainder of term that is set to expire December 31 <sup>st</sup> , 2020.   |
| <b>TIMELINE:</b><br><i>As soon as possible</i>   |
| <b>RECOMMENDATION:</b>   |

Submitted By: NCACH Executive Committee  
Submitted Date: 02/03/2020

## **Ramona Hicks**

Ramona joined CMC in 1993 as a surgical technician. After completing her LPN training at Boise State University, she worked at a clinic in southern Idaho and was an active EMT for 10 years. She earned her nursing degree while working full-time. She has served in a variety of roles at CMC, including, OR supervisor, infection control nurse, employee health nurse, quality director, risk manager and hospital chaplain.

## Board Decision Form

|   |
|---|
| <b>TOPIC:</b> Okanogan CHI Seat   |
| <b>PURPOSE:</b> <i>Nomination of Traci Miller to Okanogan CHI Seat</i>  |
| <b>BOARD ACTION:</b><br><input type="checkbox"/> Information Only<br><input checked="" type="checkbox"/> Board Motion to approve/disapprove   |
| <b>BACKGROUND:</b><br>Mike Beaver decided not to renew his term when it expired 12/31/2019. The Okanogan CHI and the Executive Committee are nominating Traci Miller to fulfill this open position. |
| <b>PROPOSAL:</b><br>Nomination of Traci Miller to fill the Okanogan CHI Board Seat on the NCACH Board effective 02/03/2020.   |
| <b>IMPACT/OPPORTUNITY (fiscal and programmatic):</b><br>Traci will fulfill the Okanogan CHI Board Seat for the remainder of term that is set to expire December 31 <sup>st</sup> , 2022.            |
| <b>TIMELINE:</b><br><i>As soon as possible</i>  |
| <b>RECOMMENDATION:</b>  |

Submitted By: NCACH Executive Committee  
Submitted Date: 02/03/2020

## **Traci Miller**

I am a wife to Gary, a City of Omak police officer, and mother to Elizabeth, an Instructional Data and Intervention Specialist with Hollinger School in Tucson, Arizona, and Jake, a senior at Central Washington University, majoring in anthropology and minoring in museum studies. For those who appreciate a little off-hand information, we have two bulldogs, Winston and Clementine, and a blue heeler/Chihuahua mix (can you picture her?), Holly. We are also caretakers of two goats, William and Sandy; three sheep, Aurora, Layla, and Carleen; two ducks, Fia and George; two chickens, Mister and Henrietta; and one very angry goose, Adair.

I have been involved in health care for over 30 years, starting as a CNA, working through the medical spectrum from there to an HCA, EMT, LPN, and finally an RN in 2004. I also received my BSN in 2017 and my MBA – HCM in 2020. I have worked in many different settings throughout my career, giving me a unique perspective on patients, healthcare delivery models, and what we, as healthcare providers, can improve upon.

The last six years, I have slowly transitioned from direct patient care to “behind the scenes”, into my current position of Project Manager and Population Health Nurse at Mid-Valley Clinic. I wear many hats, as most of us do in rural healthcare, thereby affording me the opportunity to be involved in many different aspects of ambulatory healthcare. I have been incredibly fortunate to be able to work with many fantastic people, not only from the clinic and hospital, but those from our community, region, and state that share my passion for improved healthcare.



## Board Decision Form

**TOPIC:** 2019 CHI Community Initiatives Funding

**PURPOSE:**

*Motion to allocate awards for top-scoring Medium – Large – Very Large project applications based on the recommendation developed by the Award Committee for 2019 CHI Community Initiatives funding.*

**BOARD ACTION:**

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

**BACKGROUND:**

In December 2018, NCACH allocated \$450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health. The funding was to be allocated in 2019, through a community investment process developed by the CHI Community Initiatives Advisory Group. In November 2019, the NCACH Governing Board approved the recommendation developed by the CHI Community Initiatives Award Committee (appointed by the NCACH Executive Director and comprised of members from all three Coalitions, NCACH staff, and NCACH Board members) to allocate \$99,900.00 of the total \$450,000.00 to Small project finalists. The remaining \$350,100.00 was reserved for allocation in 2020, following the review and award process.

Funding is intended to promote collaboration, address the social determinants of health, and advance whole person health across the North Central Region.

The Award Committee was responsible for selecting a funding scenario and methodology, as well as developing recommendations regarding projects with scalable budgets. The Award Committee has selected to award three finalist projects, using a distribution strategy that fully funded as many proposals as possible, and then awarding the remaining difference to the next eligible project.

**PROPOSAL:** Motion to allocate the remaining \$350,100.00 from the 2019 CHI Community Initiatives funding to award top-scoring project applications based on the recommendation developed by the Award Committee.



# North Central Accountable Community of Health

## IMPACT/OPPORTUNITY (fiscal and programmatic):

| Applicant Organization                   | Project Name   | Amount awarded | Counties Served by Project | Project description  |
|--|--|----------------|----------------------------|--|
| Chelan-Douglas Community Action Council  | Mobile Food Pantry   | \$125,000      | Chelan, Douglas            | Development of a mobile food pantry (vehicle) to expand clients served through counties' current food distribution center                        |
| Okanogan County Community Action Council | Support Services for Homeless and Unaccompanied Youth            | \$100,000      | Douglas, Okanogan          | To provide wrap-around services and coordination for homeless and unaccompanied youth and families through care coordination and case management |
| Grant Integrated Services                | Suicide Prevention and Community Coalition Building and Training | \$125,100      | Grant                      | To expand and enhance work of Grant County Suicide Prevention Taskforce with a dedicated paid position and training                              |

**\$350,100.00 total**

### **TIMELINE:** *Medium – Very Large Projects – 2019 CHI Community Initiatives*

- **February 3, 2019: Board motion to approve the awards recommended by the Award Committee**
- February 6, 2019: (If approved) Award recipients notified
- March 2020: Contracts initiated between NCACH and award recipients, funds disbursed from Financial Executor Portal
- March – April 2020: Project implementation begins
- July 2020 – March 2021: Reporting milestones and progress reports to NCACH quarterly

Submitted By:

CHI Community Initiatives – Award Committee

Submitted Date:

01/27/2020

Staff Sponsor:

Sahara Suval

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## Board Decision Form

**TOPIC:** *Recovery Coach Network*

**PURPOSE:** *Release funding for the Recovery Coach Network proposed by the Community Partnership for Transition Solutions*

**BOARD ACTION:**

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

**BACKGROUND:**

On July 22<sup>nd</sup> and August 26<sup>th</sup> 2019, a subset of participants from the Chelan Douglas Community Partnerships for Transition Solutions (CPTS) met to identify existing resources and gaps for people reintegrating into their communities after a period of incarceration. A key need identified was support for individuals immediately upon release which is typically at 5am. This was stressed repeatedly by formerly incarcerated individuals as the biggest barrier and point in time with the most opportunity for intervention.

In accordance with NCACH Emerging Initiatives Guidelines, this proposal was brought to and endorsed by the Transitional Care and Diversion Interventions Workgroup on January 16<sup>th</sup>, 2020.

**PROPOSAL:**

To intervene at an opportune time and improve peer support at release and post release to promote a successful transition for individuals transitioning from incarceration, CPTS proposes to develop a Recovery Coach Network to serve North Central Washington. The Recovery Coach Network is an innovative model that will consist of trained Recovery Coaches<sup>1</sup> to be available to meet individuals at release (physically at the jail) to support them through the first couple hours post release and a Network Coordinator who will be responsible for development, implementation, and expansion of the program.

The program is intended to serve Chelan, Douglas, Grant, and Okanogan County. This service area includes three county jails and one tribal jail. It will be necessary to pilot this program initially with

<sup>1</sup> Recovery Coaches guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Recovery coaches typically have personal and/or professional experience with mental health, addiction, and recovery and service work is huge for recovery coaches. North Central Accountable Community of Health recently partnered with the Central Washington Recovery Coalition to sponsor 17 individuals to attend the Recovery Coach Academy and Training-of-Trainers.



# North Central Accountable Community of Health

one jail and then systematically expand to the other jails. Expansion will require buy-in from jail leadership, the recovery community and recovery coaches, and community service providers.

This program is designed as a three-year pilot in order to give the program adequate time to build the network and prove the model. The program cost for 2020 is expected to be \$127,972, for 2021 is \$229,770, and for 2022 is \$244,030. The total program pilot cost is expected to be \$601,722. Aetna has officially committed \$70,000 to this pilot in 2020 to offset a portion of project expenses in the 1<sup>st</sup> year. These funds will be transferred to NCACH to manage. Aetna expects to contribute additional funds in 2021 and 2022, though the specifics amounts are unknown but currently estimated at \$100,000. While this Board Motion Form is only requesting funding for 2020, the Board should only approve these funds if they anticipate funding the whole pilot.

*See attached proposal for additional background and details about the project.*

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

### Recovery Coach Network 2020-2022 Budget

| <b>Expenses</b>                           | <b>2020</b>            | <b>2021</b>                    | <b>2022</b>                    | <b>Pilot Total</b>             |
|---|------------------------|--------------------------------|--------------------------------|--------------------------------|
| Network Coordinator (salary and benefits) | \$62,400               | \$83,200                       | \$83,200                       | <b>\$228,800</b>               |
| Recovery Coach Stipends                   | \$9,200                | \$64,000                       | \$73,000                       | <b>\$146,200</b>               |
| Training Expenses                         | \$20,000               | \$10,000                       | \$10,000                       | <b>\$40,000</b>                |
| Equipment                                 | \$7,000                | \$5,000                        | \$5,000                        | <b>\$17,000</b>                |
| Supports for clients                      | \$3,680                | \$25,600                       | \$29,000                       | <b>\$58,280</b>                |
| Evaluation Consultation and Support       | \$9,000                | \$12,000                       | \$12,000                       | <b>\$36,000</b>                |
| Total excluding indirect costs            | \$111,280              | \$199,800                      | \$212,200                      | <b>\$523,280</b>               |
| Indirect Costs (15%)                      | \$16,692               | \$29,970                       | \$31,830                       | <b>\$78,492</b>                |
| <b>Total Program Cost</b>                 | <b>\$127,972</b>       | <b>\$229,770</b>               | <b>\$244,030</b>               | <b>\$601,722</b>               |
| Aetna Funding                             | <u>(\$70,000)</u>      | <u>(\$100,000)<sup>€</sup></u> | <u>(\$100,000)<sup>€</sup></u> | <u>(\$270,000)<sup>€</sup></u> |
| <b>Total NCACH Funding</b>                | <b><u>\$57,972</u></b> | <b><u>\$129,770</u></b>        | <b><u>\$144,030</u></b>        | <b><u>\$331,772</u></b>        |

<sup>€</sup>Estimated funding

Approval will remove the “\*” from the Community Partnership for Transition Solutions Recovery Coach Network line.

*Note: The Transitional Care and Diversion Intervention Workgroup noted a concern that the budgeted Recovery Coach stipend amount may not be enough to attract Recovery Coaches to be part of the network. The Workgroup recommends that the budget remain as presented, but that the stipend amount should be closely monitored and if it is a barrier to program implementation, to increase the stipend amount.*

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## TIMELINE:

| Tasks  | 2020 |    |    |    | 2021 |    |    |    | 2022 |    |    |    |
|--|------|----|----|----|------|----|----|----|------|----|----|----|
|  | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| Develop and Issue RFP  |      |    |    |    |      |    |    |    |      |    |    |    |
| Select and negotiate contract with lead agency                 |      |    |    |    |      |    |    |    |      |    |    |    |
| Initial contract with lead agency begins                       |      |    |    |    |      |    |    |    |      |    |    |    |
| Program planning for initial jail site                         |      |    |    |    |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with initial jail site           |      |    |    |    |      |    |    |    |      |    |    |    |
| Program planning for expansion to second jail site             |      |    |    |    |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with second jail site            |      |    |    |    |      |    |    |    |      |    |    |    |
| Program planning for expansion to third and fourth jail sites  |      |    |    |    |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with third and fourth jail sites |      |    |    |    |      |    |    |    |      |    |    |    |
| 1 <sup>st</sup> year Report of initial jail site               |      |    |    |    |      |    |    |    |      |    |    |    |
| 1 <sup>st</sup> year Regional Report (all jail sites)          |      |    |    |    |      |    |    |    |      |    |    |    |
| Final Pilot Report   |      |    |    |    |      |    |    |    |      |    |    |    |

## RECOMMENDATION:

The following organizations and coalitions have expressed support of the Recovery Coach Network:

- Chelan County Jail
- The Alano Club
- Central Washington Recovery Coalition
- Chelan-Douglas Community Partnership for Transition Solutions
- NCACH Transitional Care and Diversion Interventions Workgroup

Submitted By:

Transitional Care and Diversion Interventions Workgroup

Submitted Date:

02/03/2020

Staff Sponsor:

Christal Eshelman

## North Central Community Partnership for Transition Solutions Proposed Project

Project Name: Central Washington Recovery Coach Network (RCN)

Project Period: April 1, 2020 through December 31, 2022

Project Budget: \$601,722

NCACH Project Staff: Christal Eshelman, p. 509-886-6434, e. [christal.eshelman@cdhd.wa.gov](mailto:christal.eshelman@cdhd.wa.gov)

### Background

#### Community Partnership for Transition Solutions Model

In May 2018, the North Central Accountable Community of Health and WorkSource partnered to bring stakeholders together to explore the Community Partnership for Transition Solutions (CPTS) model. There are currently 10 CPTS groups around Washington State using a comprehensive approach that addresses all needs of an individual in order to promote successful reentry into the community and reduce recidivism. This model draws on evidence-based assessments and strategic collaborations with vested partners to target criminogenic needs. This program helps participants progress towards self-sufficiency, promotes intergenerational change in their families, reduces the social and financial costs of recidivism in our region, and creates safer and healthier communities.

After several preliminary meetings, the North Central CPTS formed on August 30<sup>th</sup> 2018, making North Central the 11th formation. The purpose of the North Central CPTS is to bring together various stakeholders who are committed to working together to support successful transitions and better coordinate services for people reentering communities after incarceration.

NCACH and WorkSource have partnered to provide staff support to coordinate and facilitate this group. We have engaged many essential partners including K-12, Community Colleges, Criminal Justice, Law Enforcement, Local Elected Officials, Healthcare, Behavioral Health, Drug Court, Workforce Development, DSHS, Division of Child Support, and others. We are continuing to work to expand the network to engage critical partners.

#### Washington State Medicaid Transformation Project

In the Medicaid Transformation, ACHs are being held accountable to a number of pay-for-performance measures. While most are healthcare metrics, two reflect the Health Care Authority's expectations that we address social determinants of health specific to homelessness and arrests. Based on workgroup feedback, NCACH selected evidence based approaches linked to transitions from the hospital and diversion from the Emergency Department. NCACH did not select any of the evidence-based approaches linked to transitions from jail or jail diversion. However, regional data indicate underlying needs for individuals experiencing incarceration.

### Demonstrated Need

While current data is difficult to find, in 2012, the adult recidivism rate for Okanogan and Douglas Counties according to the Department of Corrections (DOC) was 46% and 53%, respectively, vs 32.4% for the State of Washington. In 2016, the NCACH region had the second highest arrest rates of Medicaid individuals at 7.0% (range: 5.5-7.3%). Additionally, Native American youth (Okanogan County) and Latino youth (Chelan and Grant Counties) are significantly overrepresented in youth detention in North Central Washington as compared to Caucasian youth.

### Strategic Planning

On July 22<sup>nd</sup> and August 26<sup>th</sup> 2019, a subset of participants from the Chelan Douglas Community Partnerships for Transition Solutions (CPTS) met to identify existing resources and gaps for people reintegrating into their communities after a period of incarceration. An overarching principle for this group is to advance solutions that work for *anyone* being released from incarceration. The group identified the gaps in programs/resources during incarceration, at release, and post-release. With this information, the group developed a Strategic Action Plan to address the most pressing gaps. The full Strategic Planning Summary and Strategic Action Plan is available at: <http://www.mydocvault.us/north-central-cpts.html>.

A key need identified was support for individuals immediately upon release which is typically at 5am. This was stressed repeatedly by formerly incarcerated individuals as the biggest barrier and point in time with the most opportunity for intervention.

### Project Description

To intervene at an opportune time and improve peer support at release and post release to promote a successful transition for individuals transitioning from incarceration, CPTS proposes to develop a Recovery Coach Network to serve North Central Washington. The Recovery Coach Network is an innovative model that will consist of trained Recovery Coaches<sup>1</sup> and a Network Coordinator, which will mutually reinforce other strategies in the CPTS action plan.

**Recovery Coaches:** The network of trained Recovery Coaches will be available to meet individuals at release (physically at the jail) to support them through the first couple hours post release. Since a majority of people experiencing incarceration struggle with mental health and/or substance use issues, recovery coaches are ideally suited to assist individuals at release and post release. The support provided by a Recovery Coach would include one or more of the following, dependent on needs of the individual:

- General peer support
- Breakfast (individuals are typically released prior to breakfast)

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<sup>1</sup> Recovery Coaches guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Recovery coaches typically have personal and/or professional experience with mental health, addiction, and recovery and service work is huge for recovery coaches. North Central Accountable Community of Health recently partnered with the Central Washington Recovery Coalition to sponsor 17 individuals to attend the Recovery Coach Academy and Training-of-Trainers.



- Warm place to be for several hours
- Walk through the *Reintegration Roadmap*<sup>2</sup> (this is important since there is no one-stop-shop in our region to help people upon release)
- Make plans for the first day/week post release
- Make needed referrals and/or share resources for housing, clothing, food, employment, and case management

**Network Coordinator:** The Recovery Coach Network Coordinator who will be responsible for development, implementation, and expansion of the program, including the following:

- Establishing community partnerships including developing MOUs and procedures between organizations (e.g. an MOU will need to be executed between the lead agency and the corrections facility along with procedures on how to communicate date and time of release and specific needs of potential clients)
- Coordinating the network to ensure a Recovery Coach is available every day (ideally 365 days/year)
- Monitoring and processing Recovery Coach stipends
- Recovery Coach supervision and management
- Program evaluation

The program is intended to serve Chelan, Douglas, Grant, and Okanogan County. This service area includes three county jails and one tribal jail. It will be necessary to pilot this program initially with one jail and then systematically expand to the other jails. Expansion will require buy-in from jail leadership, the recovery community and recovery coaches, and community service providers. Given the support described in the *Collaboration* section below, it is likely that this project will initially serve individuals releasing from Chelan County Jail. Tentative start and expansion dates are listed in the *Timeline* section below.

## Collaboration

Community partnerships will be critical to the success of this project. Those partners include:

- Corrections facilities
- Recovery Community and Recovery Coaches
- Physical location for Recovery Coaches to meet with recently released individuals

Community service provider partnerships will also be important for providing successful referrals and case management services for those that are eligible. The following organizations and coalitions, representing the above listed critical partners, have expressed strong support of the Recovery Coach Network:

- Chelan County Jail

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<sup>2</sup> A concise resource outlining steps to take (and the suggested order to take them in) post release to help individuals navigate their *immediate* transition and get back on their feet in the community.



# North Central Accountable Community of Health

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- Alano Club
- Central Washington Recovery Coalition
- Chelan-Douglas Community Partnership for Transition Solutions
- NCACH Transitional Care and Diversion Interventions Workgroup



## Timeline

The Recovery Coach Network pilot phase is proposed to start April 1, 2020 and continue through December 31, 2022. The following is a tentative timeline for program development, launch, and evaluation:

| Tasks  | 2020 |   |   |   |   |   |   |   |   |   |   |   | 2021 |    |    |    | 2022 |    |    |    |
|--|------|---|---|---|---|---|---|---|---|---|---|---|------|----|----|----|------|----|----|----|
|  | J    | F | M | A | M | J | J | A | S | O | N | D | Q1   | Q2 | Q3 | Q4 | Q1   | Q2 | Q3 | Q4 |
| Develop and Issue RFP  |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Select and negotiate contract with lead agency                 |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Initial contract with lead agency begins                       |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Program planning for initial jail site                         |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with initial jail site           |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Program planning for expansion to second jail site             |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with second jail site            |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Program planning for expansion to third and fourth jail sites  |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Launch Recovery Coach Network with third and fourth jail sites |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| 1 <sup>st</sup> year Report of initial jail site               |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| 1 <sup>st</sup> year Regional Report (all jail sites)          |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |
| Final Pilot Report   |      |   |   |   |   |   |   |   |   |   |   |   |      |    |    |    |      |    |    |    |



## Budget

| Expenses   | 2020                    | 2021                    | 2022                    | Pilot Total             |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| <b>Network Coordinator (salary and benefits)</b> | \$62,400                | \$83,200                | \$83,200                | <b>\$228,800</b>        |
| <b>Recovery Coach Stipends</b>                   | \$9,200                 | \$64,000                | \$73,000                | <b>\$146,200</b>        |
| <b>Training Expenses</b>                         | \$20,000                | \$10,000                | \$10,000                | <b>\$40,000</b>         |
| <b>Equipment</b>                                 | \$7,000                 | \$5,000                 | \$5,000                 | <b>\$17,000</b>         |
| <b>Supports for clients</b>                      | \$3,680                 | \$25,600                | \$29,000                | <b>\$58,280</b>         |
| <b>Evaluation Consultation and Support</b>       | \$9,000                 | \$12,000                | \$12,000                | <b>\$36,000</b>         |
| <b>Total excluding indirect costs</b>            | \$111,280               | \$199,800               | \$212,200               | <b>\$523,280</b>        |
| <b>Indirect Costs (15%)</b>                      | \$16,692                | \$29,970                | \$31,830                | <b>\$78,492</b>         |
| <b>Total</b>                                     | <b><u>\$127,972</u></b> | <b><u>\$229,770</u></b> | <b><u>\$244,030</u></b> | <b><u>\$601,722</u></b> |

**Network Coordinator** – 1 FTE with \$65,000 annual salary plus benefits calculated at 28% for 9 months in 2020 and 12 months in 2021 and 2022.

**Recovery Coach Stipends** – Estimated at \$50 per shift. It is expected there would be one shift per day for each of the jails that is part of the program. Calculations are as follows:

- 2020 first Jail site = 153 days \* \$50/day = 7650  
2020 second jail site = 31 days \* \$50/day = 1550
- 2021 first and second jail site = 365 days \* \$50/day \* 2 jail sites = \$36,500  
2021 third and fourth jail site = 275 days \* \$50/day \* 2 jail sites = \$27,500
- 2022 all four jail sites = 365 days \* \$50/day \* 4 jail sites = \$73,000

**Training Expenses** – this category is meant to cover the cost of Recovery Coach Trainings to train additional workforce for this program. Calculated based on costs of providing Recovery Coach Training by NCACH in 2019.

**Equipment** – including computer and associated software, cell phone and monthly fees, printing, and office supplies

**Supports for individuals** – this funding will be utilized to cover costs of immediate needs of clients. This could include items such as a meal, bus pass, clothing, etc. This is calculated at \$20 per day for each jail that is part of the program.

**Evaluation Consultation and Support** – Support contracting with Public Health Seattle-King County for 10 hours per month to support evaluation design and analytics.

## Evaluation and Sustainability

As this is a pilot program, it will be imperative to show cost savings early on in order to secure sustainable funding starting in 2023. NCACH and contracted evaluation partners will work closely with the selected lead agency and corrections facilities to design an evaluation that determines the return on

investment as early as possible (e.g looking at recidivism rates, days between incarceration episodes, length of subsequent incarcerations, etc.)

It is our understanding that this data is not currently easily available, though it is possible to collect this data through close collaboration with the corrections facilities. The Network Coordinator will be responsible for working with the each of the corrections facilities during the program planning phase to develop a process to collect this data.

Because reduced recidivism and increased reintegration into the community has broader benefits to individuals and the community, our evaluation also will endeavor to evaluate the impact this program has on the following process and outcome measures:

- Healthcare costs
- Services that clients are connected to
- Services received

We will conduct 1, 3, and 6-month follow surveys or interviews with clients to understand longer term impacts of the projects. These interviews will focus on current status of housing, employment, healthcare, incarceration, and motivations.

In addition, this program is designed to provide benefit to the Recovery Coaches through work experience as a Recovery Coach and engaging in a meaningful program. The evaluation will include qualitative interviews of participating Recovery Coaches to understand their satisfaction and any benefits this program has provided in their lives.

## **NCACH Workgroup/Functional Work Board Assignee:**

(1-2 Board members per Workgroup/Functional Project)

| <b>Workgroup/Functional Topic</b>           | <b>Board Assignee</b>                           |
|---|---|
| <b>WPCC</b>                                 | OPEN  |
| <b>TCDI</b>                                 | Ray Eickmeyer<br>Traci Miller                   |
| <b>Opioid</b>                               | Cathy Meuret                                    |
| <b>Data (strategy and analysis)</b>         | Rick Hourigan                                   |
| <b>Tribal Partnership</b>                   | Molly Morris<br>Ramona Hicks                    |
| <b>CPTS (?)</b>                             | Brooklyn Holton                                 |
| <b>CHI</b>                                  | Brooklyn Holton<br>Kyle Kellum<br>Traci Miller  |
| <b>Community-based Care Coordination</b>    | Barry Kling                                     |
| <b>Finance</b>                              | Brooklyn Holton (Executive team)<br>Barry Kling |
| <b>Strategic Planning</b>                   | Barry Kling                                     |
| <b>Community Information Exchange (CIE)</b> | OPEN  |

### **Roles and Responsibilities of Board Member:**

- Input and planning for workgroup meetings when asked by staff member (If no chair is assigned)
- Strategize with staff members on how to prep for Board meeting presentations/decisions.
- Actively engage within workgroup to ensure Board stays informed with the work.