North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, February 4, 2019

Location	**Call-in Details**
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/429968472

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment		• Agenda	*1-2*
1:10 PM	Approval of January Minutes – **Barry Kling**	Motion: • Approval of January meeting minutes	• Minutes	*3-6*
1:15 PM	Executive Director's Update – **Senator Parlette**	Information	• Executive Director's Report	*7-8*
1:20 PM	Treasurer's Report – **Brooklyn Holton** • Monthly Report • 2018 Full Budget Review	Motion: • Approval of monthly financial report	• Monthly financial report • 2018 Expenditure Review	*9-12* *13-16*
1:40 PM	CCHE 2018 NCACH Participant Survey Presentation – **Allen Cheadle & Carly Levitz**	Information	• NCACH participant survey report	*Separate Packet*
2:25 PM	CHI Update – **CHI Board Members**	Information	• CHI Minutes	*Separate Packets*
2:40 PM	Pathways HUB Update – **Deb Miller**	Information	• HUB Update	*17-19*
2:50 PM	Other Staff Updates – **NCACH Staff** • TCDI – **John** • CCHE & PHSKC Update – **Caroline** • WPCC – **Wendy** • Opioid – **Christal** • Community Initiatives & Health Equity Workplan - **Sahara**	Motion: • Approval of updated TCDI Charter Information	• Board Decision Form TCDI Charter • Workgroup Updates	*20-24* *25-44*
3:20 PM	Board Roundtable			

North Central Accountable Community of Health

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

ASO: Administrative Service Organization

BAA: Business Associate Agreement

BH: Behavioral Health

BLS: Basic Life Skills

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and Innovation

CCS: Care Coordination Systems

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: Emergency Dept. Information Exchange

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: Syringe Services Program / Syringe Exchange Program

SMI: Serious Mental Illness

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

VBP: Value-Based Payments

WPCC: Whole Person Care Collaborative

Location	Attendees
CTC, Wenatchee	**Board Members in person:** Barry Kling, Rick Hourigan, Blake Edwards, Rosalinda Kibby, Doug Wilson, Scott Graham, David Olson, Courtney Ward, Brooklyn Holton, Bruce Buckles **Board Members via phone:** Senator Warnick, Nancy Nash Mendez, Molly Morris, Ray Eickmeyer, Mike Beaver, Carlene Anders, Kyle Kellum **Board Members Absent:** Michelle Price **Public Attendance in person:** Kris Davis, Shirley Wilbur, Rachael Petro, Tessa Timmons, Jill Thompson, Renee Hunter, Kathleen O'Connor, Amelia Davis, Kelsey Gust, Teresa Mata, Deb Miller, Paige Bartholomew, Loretta Stover, Carrie Gavin **Public Attendance via phone:** Joel Hobson, Mike Warren, Gwen Cox, Laurel Lee, Tracy Miller, Becky Corson, Natalie Christopherson, Laina Mitchell, Jerry Perez **NCACH Staff:** Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Christal Eshelman, Sahara Suval, Tanya Gleason, Teresa Davis – Minutes
Agenda Item	**Minutes**
Welcome & Roll Call	• No Conflicts of Interest Disclosed • Agenda Accepted • Public Comment: None
Approval of December Minutes	❖ **Rick Hourigan moved, Brooklyn Holton seconded the motion to approve the minutes from the December meeting. Correction: Deb Miller listed as attending twice, Teresa will correct, minutes approved with the correction.**
Executive Director's Update	• Spoke in front of the House Healthcare Committee, discussion still happening around the future of the ACH's. • HCA made a mistake and over paid some of the rural health care clinics – Lead contact will be Mike Steele • Met with the Colville Confederated Tribes. Gave a detailed document about how to be involved with the NCACH, we have not heard back from them. We continue to develop the relationship. • john powell has been secured as the keynote speaker for our April 12th Summit. We have budgeted $22,645 for the Summit. We also have $20,000 from the SIM grant to use toward health equity, some of which we can also use toward this. • Board Retreat January 25th at Columbia Valley Community Health – will review pay for performance measures. ➢ Teresa will send a save the date to the Board for the Summit on April 12th. Barry brought up that we need to start having discussion about the ACH continuing beyond 2021. Courtney noted that if sustainability is not discussed at this retreat, it should be discussed soon. In December, Senator Parlette had tasked the MCO's to go back and discuss what they would like to see from the ACH in 2019. The MCO's have put that on their radar. Linda also noted that the MCO's did a presentation on Value Based Purchasing in King County. The three MCO's in our region have offered to do a similar presentation. The Board agreed that they would like that presentation in the future.
Treasurer's Report	Brooklyn went through the monthly financial report, she does not see any concerns. SIM funds will be done at the end of January (which Barry noted is the end of the fiscal year for the SIM Grant).

WPCC Update • Approval of Qualis Contract	• Change plans are coming in, after scoring they will be able to look at shared measures within organizations and be able to arrange some shared collaboration. • Practice Facilitators – Have been interviewing candidates, hoping to share more information in February. • During the WPCC meeting today, the partners expressed the need for more data and how they are going to pull data. There is a need for more HIT IT support. We would like for Qualis to provide this TA to our coaches as needed. This is an up to an amount that will be closely monitored by Wendy. ❖ ***Bruce Buckles moved, Scott Graham seconded the 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. Motion passed, Opposed – David Olson & Rick Hourigan*** Discussion: Rick asked if this is the correct way to get the data, what about MCO's? We will also have some peer for peer learning as well, Wendy will always look for that option before reaching out to use the Qualis hours. There are 11 different EHR'S being used in the region, it would be impossible to find one practice facilitator that would know all of the systems and be able to coach as well. Linda noted that the contract for Qualis with the state ends and we felt that we should get in line, in case we need it. Scott suggested creating a manual to have a history of the training, due to turnover in facilities. Wendy, said that we can task our facilitators with making this manual. Organizations don't use the same language as the vendors, so this TA will be able to help them. Bruce noted that Qualis has been a privilege to work with and strongly supports the effort to work with them. David wonders if partners that are taking advantage of this help, can use some of their money to help offset the cost of this so that they have skin in the game. Barry replied by saying they already have skin in the game and the organizations that need the help are generally the ones that do not have the resources as well. Barry noted that access to the TA will be filtered by Wendy and she will be making sure that there is not already somebody in the region that can help. This TA will be on the back end of the IT and will help the organizations build reports.
CHI Update • CHI Advisory Group Charter • Updated CHI Charter	In December the Board approved the framework for the funding for the CHI's in 2019. Sahara has been working with OHSU to develop a process. They have recommended that the CHI's create an Advisory Group. The ACH staff along with OHSU would be creating the product and the advisory group would be advising on the work. Sahara presented a track changes document changing the language on the current CHI Charter. Brooklyn noted that we need to call out what the leadership council is doing that is different from CHI Membership. ❖ ***Brooklyn Holton moved, Rick Hourigan seconded the motion to approve the formation of the 2019 Community Initiatives Advisory Group and the Advisory Group Charter, discussion below, motion passed.*** ❖ ***Brooklyn Holton moved, Rosalinda Kibby seconded the motion to approve the proposed updates to the CHI Charter Member Agreement, with the added CHI Leadership Council Member Agreement (Attachment B). *Addition of MCO's to the composition section of the CHI membership, motion passed.*** CHI Advisory Group Discussion: • Is this a finite group, will it sunset? That is how Sahara sees it, but may need to reconvene at a later date if needed. Charter shows the membership term as 1 year, but the bulk of the work will be at the beginning of the year. • Example of a conflict that we are trying to avoid: We want them to be able to apply for the funding. • Barry noted that the biggest challenge for CHI's is participation. Skeptical that adding another set of meetings will create more engagement? Brooklyn noted that they already have people interested in participating on this group. • Ray agreed that the CHI Advisory Group is the way to go based on his history with the EMS groups. • Renee Hunter is on the CHI Leadership Council, attendance is iffy and tends to be heavy Chelan Douglas. If decisions are made by the leadership council it would have more of a Chelan Douglas influence.

	• Who appoints the membership to the advisory group? It has been voluntary. MCO's are a good candidate for the advisory group since they would not be applying for funding. CHI Charter Discussion: • Why were MCO's omitted from the CHI Charter – they are not excluded, just not listed, we can add them. • Added language around the funding that was allocated in 2018 • Added attachment B – Leadership Council ➢ ***Teresa will add minutes for the last 3 CHI meetings to Board Packet in February.***
Pathways HUB Update	• Deb Miller gave an update on the Pathways Community HUB, there is a written report in the meeting packet. • Challenge continues to be locating these people. • Samaritan is doing manual referrals until they get their new EHR. • Working on a grid to increase outreach and engagement. Also working on getting a promo out into the community for the HUB. • Deb will get some more clarification on the numbers around housing • Next step is to go to the Primary Care. • Looking into a text to refer system. • Working with other ACH's that are launching to standardize the processes. • Working with EDie to get a report of ED utilization by Zip Code to see if we are planning the roll out strategically. • Next training for Pathways Community Specialist starts Feb 18th, will be trained and ready to receive referrals by April 15th. Deb is still negotiating the price.
Other Staff Updates	**Opioid Workgroup (Christal)** – • Rapid Cycle Applications - MOU's have been executed and funding distributed. Last rapid cycle application period has ended and she is gathering reports. • Opioid Awareness Campaign RFP – 8 applications, in the process of selecting 1, will be announced later this month. • NC Opioid Response Conference – March 15th, theme: Pathways to Prevention, have one Keynote Speaker confirmed. Targeting High School students and community leadership to come up with action plans. • Dental Prescribing Workshop – Working with L & I and the Bree Collaborative - planning this in late April or early May depending on speaker availability. There is a new rule around prescription monitoring that starts this year and all providers will have a CE requirement. Rick suggested opening this portion up to all providers as they all have the requirement for the CE credits. • Narcan distribution $20,000 allocation. Workgroup has developed procedures for distributing Narcan out to non-profit organizations to train and distribute. Board agreed that these procedures do not need to be approved by the Board, but they do want to see a report back of how the funding was disbursed. • Suggested to supply the ED's with a coupon system for patients to take the coupon to pharmacies and get a free box. **FIMC Update (Christal)** – • OK County transitioned on January 1st, weekly rapid response calls – no issues. Crisis line transition went very well. Early Warning System monitoring calls will start in February to identify any payment or crisis issues. **CPTS Update (Christal)** – • Moving to quarterly meetings. Looking into coordinating with the CHI's. Next meeting is March 20th in Omak. **TCDI Workgroup (John)** – • TCDI workgroup met on 12/20 – Meetings will be every other month. 50% of meetings will focus on hospital partners, other 50% will be

	focusing on goals of the next year. • Will be exploring: Medical Respite Programs, Advanced Care Planning, and Care Coordination Intersections across the region. • EMS signed agreement with NCECC and are moving forward. Will be submitting quarterly reports. • Transitional care management training started today at Confluence Health. Mid Valley staff is there today training. Will develop an educational series based on what we learn from this training. • 3 hospitals looking at integrating the Collective Medical Platform (EDie) into their ED electronic health records system. Also have 5 orgs signed up for training with Collective Medical Technology on integrating EDie into the workflow in their ED. • **Data Update (Caroline)** – Last meeting shared the P4P dashboard. Will be the focus on the January 25th retreat. She is working to make sure that she is addressing any questions that we have. Doug suggested patient attribution. • **Capacity Building (Tanya)** – Tanya gave an overview of what she has been working on. She has been exploring current resources and work going on in the communities. She has been having a lot of conversations to build trust. Has been working with the CHI's. She has taken over the Asset Inventory project. Also is the point person for the Foundational Community Supports (Initiative 3) and is currently connecting the dots around the program. Continues to encourage organizations to come to her with grant and funding needs.
	What would you like to see changed with the Board in the next year? • Barry – Wants more time to hear about actual projects to gain more of an understanding • Rick – Focus on sustainability • Doug – Continue to meet the needs of all organizations. • Rosalinda – Sustainability • Scott – Reduce the acronyms – create a glossary • David - Staff evaluation of the Board. Come up with a way to benchmark ourselves so that we know how we compare to counterparts. • Senator Warnick – Acronyms list, starts session next week, please let her know if there is anything she can do to help from Olympia. • Bruce - Handed a copy of the constitution • Nancy – Store acronym list to Board agenda (add to template for Board Agenda) • Courtney – Expanding the HUB into other populations. There are other opportunities that this Board may have to better help direct how integrated care occurs in this region. Linda said that there is an RCW that says an inter-local government agency lead by the counties needs to be created – Linda will be working on this. Courtney requested that Linda send RCW to her. • Molly - Hopes that 2019 brings the tribes to the table or we go to their table. Rural Resources is opening an office in Inchelium. The best way we can work with the tribe at the moment is through the Okanogan CHI. Molly will assist any way she can. • Ray – Sustainability • Brooklyn – Would like to hear from the Board members how the work that the ACH is working in their sector/organization.

Executive Director's Report – February 2019

The New Year is off to a fast start! On January 1, Okanogan County joined Chelan, Douglas, and Grant under the new integrated managed care system for Medicaid clients. The region's complete transition to integrated managed care marks an important milestone for our Medicaid Transformation efforts, and I am proud of NCACH staff and partners for working to ensure that clients did not experience any interruptions in their coverage during the switch. Moving forward, monitoring processes will continue to support integrated managed care efforts across the region.

Many of you know that my late husband, Bob, was a pilot during Vietnam. When I was a Senator, he used to help me travel through our region in a small Citabria plane, so that I could attend multiple events without losing time on the road in the 12th District. As such, it was probably no surprise when I started describing the Medicaid Transformation Project efforts as "building an airplane in the air." I'm pleased to share that all of our 'airplane' parts are here, the plane is assembled, and we have reached cruising altitude. ☺

All of NCACH's Medicaid Transformation Projects are currently in implementation phase. We've launched several other initiatives such as the Community Initiatives funding that will be disbursed through a community investment process developed by the region's three Coalitions for Health Improvement and a community paramedicine model in partnership with the North Central Emergency Care Council. We are also exploring options for a regional asset mapping and inventory platforms that can provide closed-loop referrals.

John and I had the chance to provide an update on NCACH's activities to the Columbia Valley Community Health Board of Directors in January, and one of the board members remarked that they "finally get it." That is to say, that these projects and all these efforts by partners and staff, are starting to coalesce and make an impact in our community.

Providers are working to make quality improvement changes in their clinics, including integrating behavioral health and primary care practices in the same setting. Hospitals are adopting a regional transitional care model to help patients leaving acute emergency department settings; the HUB has already has 23 active clients with several hundred others who are eligible for the HUB's services; and the Opioid Project has merged with a regional opioid stakeholder workgroup and will be offering a series of events and education over this year.

Finally, the NCACH Governing Board has begun having conversations regarding the future of NCACH. What will happen after the Medicaid Transformation Project period is over? These "brainstorming discussions" will continue with the next step being a more in-depth discussion with NCACH staff. NCACH's goal has always been, and will continue to be, to support partners and

provide the tools to create a connected system that promotes whole person health. We are off to a good start.

Charge on!

Linda Evans Parlette, Executive Director

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
Original Grant Contract K1437	$ 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	$ -			
Workshop Registration Fees/Misc Revenue	$ 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	$ -			
Interest Earned on SIM Funds* **	$ 3,223.39	$ 3,223.39	$ -			
Original Grant Contract K2562	$ 24,699.55	$ 24,699.55	$ -			
Amendment #1	$ 70,629.00	$ 70,629.00	$ -			
Amendment #2	$ 20,000.00	$ 20,000.00	$ -			
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000.00	$ 1,000,000.00	$ 0.00			
Original Contract K2296 - Demonstration Phase 2	$ 5,226,961.23	$ 419,816.15	$ 4,807,145.08			
Interest Earned on Demo Funds	$ 111,425.71	$ -	$ 111,425.71			
Workshop Registration Fees/Misc Revenue	$ 12,135.83	$ 12,135.83	$ -			
Finacial Executor Funding - (As of Sept 2018)						
DY1 Project Incentive Funds (March 18)				$ 3,922,723.01	$ 3,026,259.28	$ 896,463.73
DY1 Integration Funds (March 18)				$ 2,312,792.00	$ 50,571.66	$ 2,262,220.34
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
DY2 Shared Domain 1 Funds (December 18)****				$ 1,388,906.00	$ 1,388,906.00	$ -
DY2 Project Incentive Funds (December 18)				$ 833,344.00		$ 833,344.00
Totals	**$ 7,128,645.04**	**$ 2,210,074.25**	**$ 4,918,570.79**	**$ 19,621,153.01**	**$ 6,513,781.94**	**$ 13,107,371.07**

** 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	$ 6,350,522.77	$ 1,431,951.98
	$ 7,128,645.04	$ 2,210,074.24
Variance	$ -	$ 0.00

SIM Funds Report on NCACH Expenditures to Date

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

Budget Line Item	Budgeted Allocation	Dec-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	$ 80,313.00		$ 97,461.80	121.4%
Office Supplies			$ -	
Computer Hardware			$ -	
Legal Services			$ -	
Travel/Lodging/Meals			$ 833.31	
Website Redesign			$ -	
Advertising			$ -	
Meeting Expense			$ -	
Other Expenditures			$ -	
Misc. Contracts (CORE)			$ -	
Misc. Contracts (CHIs)			$ -	
Subtotal	$ 80,313.00	$ -	$ 98,295.11	122.4%
15% Hosting fee to CDHD	$ 12,046.95	0.00	$ 14,744.27	122.4%
Grand total	$ 92,359.95	$ -	$ 113,039.38	122.4%

% of Fiscal Year 100%

Contract K2562 (FIMC Funding)	$	21,731
Amendment #1 (SIM AY4 Funds)	$	70,629
Amendment #1 (SIM AY4 Funds)	$	20,000
Retained Interest Earned to date		
Total SIM Funds	**$**	**112,360**
Budgeted Amount	$	92,359.95
Total Uncommitted Funds	**$**	**0.21**

Demonstration Funds Report on NCACH Expenditures to Date

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

Budget Line Item	Budgeted Allocation	Dec-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	$ 636,358.00	62,689.78	563,981.27	88.6%
Office Supplies	$ 18,000.00	3,159.57	26,268.40	145.9%
Legal Services	$ 8,000.00	3,720.00	4,876.50	61.0%
Travel/Lodging/Meals	$ 7,000.00	2,029.58	30,618.56	437.4%
Website	$ -		737.77	
Admin (HR/Recruiting)	$ 7,500.00	700.00	1,990.20	26.5%
Advertising/Community Outreach	$ -	557.00	5,240.54	
Insurance	$ 5,000.00		5,530.37	110.6%
Meeting Expense	$ 7,000.00	391.83	2,603.45	37.2%
Events	$ 52,000.00		25,165.13	48.4%
Other Expenditures	$ 3,000.00		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	3,587.56	100,975.71	84.1%
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%
Subtotal	$ 1,356,678.39	$ 76,835.32	1,212,441.12	89.4%
			-	
15% Hosting fee to CDHD	$ 146,338.37	$ 11,525.30	142,978.16	97.7%
Grand total	$ 1,503,016.76	$ 88,360.62	$ 1,355,419.28	90.2%

% of Fiscal Year Complete 100%

Funds remaining 8/31/2018	$	5,197,546.96
Interest Earned to date	$	111,425.71
Budgeted Amount (2018)	$	1,503,016.76
Total Uncommitted Dollars	**$**	**3,805,955.91**

Financial Executor Report on NCACH Expenditures to Date

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

Budget Line Item	Budgeted Allocation	Dec-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**	$ 170,000.00	**170,000.00**	**29.3%**
Opioid Project	**$ 100,000.00**	$ 38,159.00	**135,549.00**	**135.5%**
TCDI - NCECC Project Funding	**$ 70,000.00**		**70,000.00**	**100.0%**
TCDI Hospital Application Funding	**$ 312,500.00**	$ 155,842.52	**155,842.52**	**49.9%**
Integration - IT Assistance	**$ 42,700.00**		**22,796.66**	**53.4%**
Integration - Provider Contracting	**$ 55,000.00**	$ 20.00	**27,775.00**	**50.5%**
Pathways Hub Project	**$ 380,000.00**		**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**	$ 126,361.00	**218,747.00**	**75.0%**
UW AIMS Center	**$ 48,000.00**	$ 13,782.00	**27,564.00**	**57.4%**
WPCC Coaching Funds	**$ 45,000.00**	$ 2,450.00	**13,691.11**	**30.4%**
Emerging Initiatives - CCOW	**$ 20,000.00**		**-**	**0.0%**
OHSU Payment	**$ -**	$ 2,904.42		
Grant Total	**$ 3,851,161.00**	**$ 509,518.94**	**2,849,869.71**	**74.0%**

Funds Earned (Excludes Shared Domain 1 Funds)	$ 16,184,202.01
Budgeted Amount (2018)	$ 3,851,161.00
Total Uncommitted Dollars	**$ 12,333,041.01**

% of Fiscal Year Complete 100%

2018 NCACH Financial Summary

Revenue

Revenue	Revenue Earned	Notes
Project Incentives (Project Plan)	$6,607,400	Achieved for completion of Project Plan (1.4M of revenue was based on selecting 6 projects)
Semi-Annual Report (1.0)	$4,117,936	P4R revenue for completing Semi-Annual Report
IMC Incentives	$5,458,866	Revenue based on Mid-Adoptor in Chelan, Douglas, and Grant County. Will receive Ok County Funding in 2019
TOTAL	**$16,184,202**	

Expendature

Expenditure by funding source

Payment Source	Expended	Budgeted	Difference	Notes
SIM Funds	$113,039	$92,360	-$20,679	Ammendment #2 ($20,000) never added to formal budget
Transformation (CDHD Account)	$1,355,419	$1,503,017	$147,597	Staffing and OHSU Contract under budget (Major expenses)
Financial Executor	$2,849,870	$3,851,161	$1,001,291	Subtracted $226,961 Transfer from Budget Summary. Funding was transferred into CDHD Account to reimburse contractor fees prior to FE portal opening. 2018 funds distribution was variable, Most of the funding not spent will transfer into 2019 budget
TOTAL	**$4,318,328**	**$5,446,538**	**$1,128,209**	

Expenditure by partner type

Distribution Type	Budgeted	Percentage	Notes
Partner Payments	**$2,521,391**	58%	
Contractor Payments	**$891,667**	21%	Contractors supported both NCACH and partners
Staffing & Other Expenditures	**$905,270**	21%	Supports both project staff, administrative staff, and other expenditures of the organization (Staffing accounted for $661,443 and B&O Tax accounted for $90,000)
TOTAL	**$4,318,328**		

NCACH Partner Payments

January 2018 - December 2018

Sorted by highest paid partner

Partner	Doing Business As (d.b.a.)	Total	WPCC Stage 1	WPCC Stage 2 Base	WPCC Stage 2 LAN	Pathways Hub	TCDI Application (40%)	EMS Stage 1 (2018)	Rapid Cycle 2018	Rapid Cycle 2019
Community Choice*	Action Health Partners	$340,000				$340,000				
Douglas Grant Lincoln and Okanogan Counties Public Hospital Dist 6	Coulee Medical Center	$143,400	$95,000		$10,000		$28,400			$10,000
Chelan County Public Hospital District 2	Lake Chelan Community Hospital	$141,559	$95,000		$10,000		$28,400			$8,159
Samaritan Healthcare		$138,200	$100,000		$10,000		$23,200		$5,000	
Grant County Public Hospital District	Columbia Basin Hospital	$128,400	$90,000		$10,000		$28,400			
Okanogan County Public Hospital District No 3	Mid Valley Hospital	$125,990	$90,000		$10,000		$15,990		$10,000	
Catholic Charities of the Diocese of Yakima		$125,000	$105,000		$10,000				$10,000	
Columbia Valley Community Health		$125,000	$105,000		$20,000					
Family Health Centers		$118,000	$100,000		$10,000				$8,000	
Confluence Health		$115,000	$105,000		$10,000					
Grant County	Grant Integrated Services	$115,000	$105,000		$10,000					
Moses Lake Community Health Center		$115,000	$105,000		$10,000					
Okanogan Behavioral HealthCare		$110,000	$100,000		$10,000					
The Center for Alcohol and Drug Treatment		$110,000	$100,000		$10,000					
Children's Home Society of Washington		$105,000	$95,000		$10,000					
Columbia Basin Health Association		$100,000	$90,000		$10,000					
Parkview Medical Group Inc.		$100,000	$90,000		$10,000					
Chelan County Public Hospital District No. 1	Cascade Medical Center	$90,000	$90,000							
North Central Region EMS and Trauma Care Council*		$70,000						$70,000		
Okanogan Public Hospital District 4	North Valley Hospital	$30,752					$21,052		$9,700	
Three Rivers Hospital		$20,400					$10,400			$10,000
Grant County	Grant County Health District	$15,000							$15,000	
Methow Valley School District		$10,000							$10,000	
Chelan-Douglas Community Action Council		$9,690								$9,690
Washington Information Network 211		$20,000							$10,000	$10,000
TOTAL		**$2,521,391**	**$1,660,000**	**$0**	**$170,000**	**$340,000**	**$155,842**	**$70,000**	**$77,700**	**$47,849**

Total Partners Paid: 25

* Partner dispersed funds to other providers as part of agreement (e.g. EMS Transport agencies; Care Specialist Service Agencies)

NCACH Contractors

Contractor	Total Spent	Board Approved Contract Amount	Remaining Balance	Distributed from	Contract/Billing Notes	Contract Purpose
CCMI, CSI	$ 370,708.23	$ 443,461.00	$ 72,752.77	CDHD Account FE Portal	Origionally combined contracts when board approved funding in 2018. Contracts be separated out in 2019.	Provide TA support for the following • Planning and preparation for the Summit • Monthly Whole Person Collaborative conference calls. • Weekly conference calls with the NCACH team. • Learning and Action Network activities. • Stakeholder mapping in the four county catchment area. • Provider engagement and communication planning. • CSi-Connect and Lucid web collaboration tools and services (online WPCC Web Portal) • Monthly Knowledge Manager Support of the WPCC WebPortal
CDHD	$ 142,978.16	$ 146,338.37	$ 3,360.21	CDHD Account	This is only for hosting fee support. Staffing cost is not included in amount.	• Managed CDHD Financial accounts including support from CDHD accountants, payments to contractors, and already participating in an established audit • Space, some office supplies, meeting room access, misc. • IT support, HR Support (including L&I and staff benefits),
Coalitions for Health Improvement Contractors - Grant County Health District - Okanogan County Public Health - Community Choice	$ 100,975.71	$ 120,000.00	$ 19,024.29	CDHD Account	Some remaining to bill in 2019. switched over to FE portal near end of year	• Convene local Coalitions for Health Improvement in Chelan-Douglas, Grant, or Okanogan County at least 4 times a year • Provide direct Medicaid consumer engagement/outreach 2 times per year • Communicate local priorities back to the ACH • Contract roles will adjust in 2019 to assist with process of additional funding being distributed to partners.
Center for Evidence Based Policy (OHSU)	$ 81,834.07	$ 150,000.00	$ 68,165.93	CDHD Account FE Portal	Small amount left to bill in 2019. Switched over to FE portal near end of year.	Provide North Central Accountable Community of Health (NCACH) with support in work areas including but not limited to: • Organizational structuring and process improvement, • Application development and application review • Implementation strategies and written project plans • Funds flow and financial consultation • Facilitation, including stakeholder and community engagement.
Healthy Generations, PCHI, CCS	$ 75,000.00	$ 75,000.00	$ -	CDHD Account	• Remaining balance was billed in July • Contract was extended from original end date to ensure support through launch of Pathways Hub (October 1st, 3028)	• Provide technical assistance to NCACH to assist in the launch of a successful Pathways Hub (including assistance in the RFP process) • Help coordinate communication between ACHs developing Pathways Hubs across the state
Feldesman Tucker Leifer Fidell LLP	$ 38,231.00	$ 65,456.00	$ 27,225.00	CDHD Account FE Portal	• Some funding transferred into 2019 budget	• Provide technical assistance to behavioral healthcare providers who are currently developing contracts with Managed Care Organizations (MCOs) • Contract is specific to those providers who are or have been part of the regional behavioral health organization (BHO)

UW AIMS Center	$ 27,564.00	$ 48,099.00	$ 20,535.00	FE Portal	• Final invoice paid in January 2019	• Provide a variety of oversight, coordination, clinical consultation, training and technical assistance services to healthcare organizations selected to partner with the North Central Accountable Community of Health (NC ACH) as directed by the NCACH staff.
Xpio	$ 22,796.66	$ 42,700.00	$ 19,903.34		• Some funding transferred into 2019 budget	• Provide start up and project governance and technical assistance to current or previous Behavioral Healthcare Organization (BHO) providers in NCACH • The primary focus of this contract is to assist providers who are transitioning to Integrated Managed Care to assist providers in making the changes necessary to effectively bill and track quality metrics in their IT systems.
Providence CORE	$ 17,888.00	$ 4,128.00	$ (13,760.00)	CDHD Account	Large percentage of services completed in 2017 but not billed until 2018	• Origional contract provided support writing the regional health improvement plan (RHIP) in the November project plan application. • Coordination, Consultation, and Technical Assistance on data products utilized by NCACH (specifically producted provided by HCA) • Development of data tables and other products from available data resources.
Shift Consulting	$ 13,691.11	$ 45,000.00	$ 31,308.89	FE Portal	• Final invoice paid in January 2019	• Provide technical assistance for NCACH to develop a regional coaching network • Act as a coach for regional partners as needed
CCHE	$ -	$ 5,000.00	$ 5,000.00	CDHD Account	• Paid for services January 2019	• Complete an Initial exploratory phase - learning more about the Transformation projects, evaluation goals, and available resources and creating a strategy document for moving forward
King County Public Health	$ -	$ 5,000.00	$ 5,000.00	FE Portal	• Have not been billed for services to date	• Coordination, Consultation, and Technical Assistance on data products utilized by NCACH (specifically producted provided by HCA) • Development of data tables and other products from available data resources. • In 2018 Switched from Providence CORE to King County Public Health as our data consultant
Total	**$ 891,666.94**	**$ 1,150,182.37**	**$ 258,515.43**			

North Central Accountable Community of Health

NCACH Project Workgroup Update

Pathways Community HUB

January 2019

Key Updates

- January Pathways Community HUB Advisory Board Meeting Highlights (Detailed agenda and notes available here)
- January PCS/Supervisor Meeting was held January 22nd.
  - Trainings will be set up to better assist the PCS's in tracking caseload, open pathways and client data
  - Outreach/Engagement/Retention are still the biggest challenge. Brainstorming is taking place to be creative with the approach. Dr. Sara Redding will be providing an educational event on the topic with what works.
  - AHP Marketing group is updating Pathways HUB materials including the brochure, script, door hangers, and outreach letters.
- The Action Health Partners HUB Admin team attended the All ACH HUB monthly meeting in person in Spokane. The onsite meeting provided great opportunity to discuss strategies in a variety of areas now that more HUBs are launched. The ongoing collaboration and monthly calls with ACH partners will provide peer support and be invaluable moving forward.
- Participated in an All ACH HUB workgroup to begin framing a statewide CHW/PCS training system
- Increased activity working with WPCC partners and other community programs that are recognizing the benefit of partnership.
- Grant Integrated Services has a Supervisor in place and PCS hired and ready to start training in February.

Project Metrics

Clients in the Pathways HUB CCS System	Oct-18	Nov-18	Dec-18	**Totals**
Could Not Locate	9	62	7	**78**
Declined Services	22	20	20	**62**
Enrolled (Active Clients)	12	9	2	**23**
Ineligible (Health Homes Eligible)	47	37	4	**88**
Referral (Waiting to have something done)	73	100	92	**265**
Total	163	228	125	**516**

Pathway Intiated:	Oct-18	Nov-18	Dec-18
Social Service Referral	16	15	24
Medical Referral	4	10	5
Education	3	4	7
Tobacco Cessation	3	4	4
Housing	2	5	2
Medical Home	2	3	3
Adult Learning	1	4	1
Immunization Screening	1	1	1
Health Insurance	0	1	2
Medication Assessment	0	1	0
Employment	0	1	1
Behavioral Health	0	0	1
Total	**32**	**49**	**51**

Pathway-Completed	Oct-18	Nov-18	Dec 2018
Social Service Referral	0	2	0
Medical Referral	0	1	0
Education	0	0	2
Tobacco Cessation	0	0	0
Housing	0	1	0
Medical Home	0	1	0
Adult Learning	0	0	0
Immunization Screening	0	0	0
Health Insurance	0	0	0
Medication Assessment	0	0	0
Employment	0	0	0
Behavioral Health	0	0	0
Total	**0**	**5**	**2**

Medical Referral Initiated	Oct-18	Nov-18	Dec-18
-	2	1	1
Specialty medical care	1	3	0
Mental Health	0	2	1
Vision	0	1	1
Dental	0	2	1
Well baby visit	0	1	0
Primary care	0	0	1
Total	**3**	**10**	**5**

Medical Referral Completed	Oct-18	Nov-18	Dec-18
-	0	0	0
Specialty medical care	0	0	0
Mental Health	0	0	0
Vision	0	0	0
Dental	0	1	0
Well baby visit	0	0	0
Primary care	0	0	0
Total	**0**	**1**	**0**

Social Service Referral-Initiated	Oct-18	Nov-18	Dec-18
Child Assistance	1	0	0
Clothing Assistance	0	1	0
Clothing/Baby Items	1	1	0
Education Assistance	1	3	0
Food Assistance	1	2	5
Housing	2	0	1
Housing Assistance	0	2	0
Insurance Assistance	0	0	1
Job/Employment Assistance	0	0	1
Legal Assistance	0	4	0
Other	4	1	6
Transportation Assistance	3	0	4
Utilities Assistance	3	1	6
Total	16	15	24

Social Service Referral-Complete	Oct-18	Nov-18	Dec-18
Child Assistance	0	0	0
Clothing Assistance	0	0	0
Clothing/Baby Items	0	0	0
Education Assistance	0	0	0
Food Assistance	0	0	0
Housing	0	0	0
Housing Assistance	0	1	0
Insurance Assistance	0	0	0
Job/Employment Assistance	0	0	0
Legal Assistance	0	0	0
Other	0	0	0
Transportation Assistance	0	0	0
Utilities Assistance	0	1	0
Total	0	2	0

Upcoming Meetings

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

North Central Accountable Community of Health

Board Decision Form

TOPIC: *Transitional Care and Diversion Intervention Charter*
PURPOSE: Revise the Transitional Care and Diversion Intervention Charter to reflect changes to workgroup scope of work in 2019
BOARD ACTION: ☐ Information Only ☑ Board Motion to approve/disapprove
BACKGROUND: The Transitional Care and Diversion Intervention Workgroup was formed in October 2017 to develop a regional project plan for projects 2C Transitional Care and 2D Diversion Intervention. During 2018 the workgroup met monthly to develop the project plans and create a process to engage implementation partners. As the workgroup moves into 2019, it has decided to change the scope of the workgroup to align with it new function of monitoring project plans, and evaluating future funding mechanisms (2020)
PROPOSAL: Motion to approve updated NCACH Transitional Care and Diversion Intervention Workgroup Charter (attached).
IMPACT/OPPORTUNITY (fiscal and programmatic): The approval of the updated charter will allow the following changes to occur: • Workgroup membership is open to any stakeholder/partner who signs theMembership Agreement and agrees to Member Responsibilities • Changed 75% attendance requirement to 50% • Adjusted meeting requirements so meetings are held a minimum of quarterly (Currently set to meet every other month)
TIMELINE: Updated charter will take effect immediately upon approval by the Governing Board
RECOMMENDATION: *NA*

Submitted By:	Transitional Care and Diversion Intervention Committee
Submitted Date:	02/04/2019
Staff Sponsor:	John Schapman

North Central Accountable Community of Health

Transitional Care and Diversion Interventions Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation ~~Demonstration~~ Project. The goal of the ~~Demonstration~~ Transformation Project is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the Transformation~~Demonstration~~ Project, HCA developed the Medicaid Transformation Project Toolkit. ~~Medicaid Demonstration Project Toolkit.~~ Two of the projects that were selected are Transitional Care and Diversion Intervention. The project objects, as described in the toolkit, are:

- Transitional Care – improve transitional care services to reduce avoidable hospital utilization and ensure beneficiaries are getting the right care in the right place
- Diversion Interventions – Implement diversion strategies to promote more appropriate use of emergency care services and person-centered care through increased access to primary care and social services, especially for medically underserved populations.

Charge

The Transitional Care and Diversion Interventions Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit. Specifically the Workgroup will complete the following:

- Provide recommendations to the NCACH Governing Board and staff on approaches to take for Transitional Care and Diversion Interventions projects.
- As much as possible, ensure Diversion Interventions and Transitional Care projects align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on project planning and implementation.
- Work with NCACH partners to implement sustainable changes in the regional health care system (broadly conceived) that improve effective transitions for patients re-entering the community from intensive care settings or incarceration, and provide more effective alternatives to incarceration, inpatient treatment or emergency department care for patients whose needs can be better addressed in other ways (as applicable).
- Determine how work completed through Transitional Care and Diversion Interventions are able to be financially sustainable past the ~~Demonstration~~ Transformation Project period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

Composition

The Transitional Care and Diversion Interventions Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the ~~Demonstration~~Transformation Project. ~~The NCACH Executive Committee will recommend to the Governing Board workgroup members from a list of interested parties which may include representation from~~ The Executive Director and NCACH staff will work to identify and ensure member representation from:

- Emergency Medical Services (EMS)
- Law Enforcement

- Legal Services
- Regional Justice Centers (Jails)
- Hospitals
- Skilled Nursing Facilities/Assisted living/Long-term Care Facility/Hospice
- Aging and Adult Care
- Managed Care Organizations (*Operating in all 4 NCACH counties after January 1st, 2018*)
- ~~Behavioral Health Administrative Service Organization~~
- Behavioral Health Providers including Crisis providers
- Primary Care Providers
- Care Coordination agency/Case Managers
- Education
- Tribal

~~Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary.~~ A Workgroup Chair will be appointed by the Executive Director. The Transitional Care and Diversion Interventions Workgroup is a sub-committee of the NCACH board and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

Meetings

Transitional Care and Diversion Interventions Workgroup meetings will be held at least quarterly~~once per month~~, with additional meetings scheduled as necessary. 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, meetings will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

Membership Roles and Responsibilities

1. Attend at least ~~75~~50% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A)
3. Communicate with other members of your sector and/or community to ensure broader input into the design, planning, and implementation process.
4. Assess current state capacity to effectively deliver Transitional Care and Diversion Interventions.
5. Select initial target population and evidence-supported approaches informed by the regional health needs assessment and community data.
6. Review prepared data to recommend target population(s), to guide project planning and implementation, and to promote continuous quality improvement
7. Recommend to the Board a project implementation plan for transitional care and diversion intervention projects in the region (updated annually). ~~, including a financial sustainability~~

~~model and how projects will be scaled to full region in advance of HCAs project implementation deadline.~~

8. Monitor project implementation plan reports provided by NCACH staff, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
9. ~~Develop and~~Review and approve a recommended ~~a~~ funding process to the NCACH Governing Board for non-primary care and outpatient behavioral health members involved in Transitional Care and Diversion Interventions projects
10. Collaborate with NCACH staff on data and reporting needs related to Transformation Project~~Demonstration~~ metrics, and on the application of continuous quality improvement methods in this project.
11. Use strategies that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Transitional Care and Diversion Intervention Projects.

Authority

The Transitional Care and Diversion Interventions Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

North Central Accountable Community of Health

North Central Accountable Community of Health
Transitional Care and Diversion Interventions Workgroup
(Attachment A)

Membership Agreement

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 Transitional Care and Diversion Interventions Workgroup Charter.

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

Dated: _____ Signed: _____

Print Name: _____

Title: _____

North Central Accountable Community of Health

NCACH Project Workgroup Update

Transitional Care and Diversion Interventions Workgroup

January 2019

Key Updates:

TCDI Workgroup Updates (Meeting held January 24th, 2019):

- Approved update to the TCDI Charter (See attached)
- Gave a presentation on Medical Respite Programs (Tanya Gleason). Next steps include:
  - Will follow up with more information on Medical Respite programs and share information with TCDI partners to determine next steps. Information includes details such as licensing requirements and connecting with programs that are developed in Washington.
- Next meeting is scheduled for March 28th, 2019 (Moses Lake)

Project/Partner Updates:

- Hospital Partner Work:
  - Hospital Reports submitted February 1st, 2019
  - TCM training started
  - EDie training underway(See attached training outline)
  - Initial hospital meeting held January 24th, key outcomes include:
    - Discussed TCM model design between organizations – Will review expanding TCM model to behavioral health in 2019/2020
    - Reviewed initial TCDI Hospital report requirements.
    - Plan to utilize the healthcarecommunities.org TCDI webpage share resources for implementation partners (Same portal as WPCC)
- EMS Project Update:
  - Developed a draft plan with DOH to work on regional data collection and reporting (See attached)
  - Outlined key goals for EMS partners (NCECC)

Upcoming Meetings/Key Dates

February 1	TCDI hospital partner reports due
February 15	Feedback provided to TCDI hospital partners on reports
March 28	TCDI Meeting

Attachments:

1. Updated Charter
2. Collective Medical Technology – EDie training schedule
3. DOH – WEMSIS Process Improvement Project Timeline

Prepared by: John Schapman January 24, 2019

OUTLINE OF CMT EDie TRAINING 2019

Phase I General Training:
Dates: January – February 2019
Description: Webinar (s) training that is focused on an EDie Demo of the tool itself and Care Guidelines/Care History Best practices. Allows for general questions across the region to be answered.

a. Organizational staff will attend the 'EDie for Beginners' webinars that occur monthly.

EDIE for Beginners - Every First Thursday of the Month at 10 am Pacific time:
JOIN WEBEX MEETING
https://collectivemedicaltech.webex.com/collectivemedicaltech/j.php?MTID=mbb6eb940139b77c23a34d5c63337e82c
Meeting number: 800 754 411
Meeting password: fGjsFMsQ

Phase II: Clinical Training I:
Dates: March 2019
Description: Regional webinar (s) training that is focused on how EDie aligns with staff's current workflow; brief EDie demo; review the basics of the tool (EDie) with a clinical lens, using example patients, care guidelines, and workflows. Will review how staff will utilize this on a day to day basis in an efficient manner.

a. 1.5 hour webinar
b. Training allows time for staff to ask specific questions about EDie, workflows and how partners will start utilizing the system.
c. Review what workflows exist for high ED utilizers and complex patients with partners (Could those workflows that are best practices be adopted across the region).
d. This would be the section that would provide more individual hospital site visit training between CMT and partners. If hospital partners would like this individual training please contact Ian Bruce at Collective Medical to arrange and to discuss goals, areas of focus.

Phase II: Second stage
Dates: April
Description: A brief 1/2 hour training, with simple, straight forward training materials provided. "Train the trainer", with the focus of getting managers/leaders on board and get fundamentals on hand for basic questions: roles could include but not limited to: ED Managers, Care Management managers/leads, Clinical Informatics, etc.

Prepared by: John Schapman January 24, 2019

Phase III Clinical Training II:
Dates: 1/2 day in person meeting in the first or 2nd week of May.
Description: A deeper dive into best practices for shared care plans, using the EDie Care Guidelines, Care Histories, and Security & Safety events, with a focus on regionally based cross system care coordination and collaboration.

a. This will occur after partners have had a chance to work with EDie in a more integrated way with their clinical workflows. These conversations should include all staff that interact with EDie. Each hospital should come prepared to share at least one workflow that they have tried; success stories and barrier encountered are welcome.
b. This would be an opportunity to learn and share best practices and experiences with all partners involved in the work.

Phase IV: Special Topics Section:
Dates: August/September
Description: This section is to be determined. CMT and NCACH will identify any specific topics that may come up over the course of year to see if additional collaboration in utilizing the CMT platform could benefit specific initiatives occurring in the region.

North Central Accountable Community of Health

DOH – WEMSIS Process Improvement Project Timeline:

Task	Responsible Party	Estimated Timeline
Identify vendors that EMS providers are currently utilizing for ePCRs (See attached)	**NCACH, NCECC**	**Completed**
Determine if EMS Partners are currently reporting data up to WEMSIS	**DOH**	**Completed**
Determine steps needed for agencies to report to the statewide system (WEMSIS) including: 1. Talk with agencies about how they can link their reporting systems to WEMSIS 2. Evaluate how we work with the 2 EMS agencies that do not reporting into an electronic reporting system	**DOH, NCECC, NCACH, and EMS Agencies**	**February – March 2019**
Have the state pull a report for each agency based on the information that is reported into WEMSIS	**DOH**	**April 2019**
Validate that reported information with EMS agency partners Rinita - Could this be tied into the Certified Documentation Training partners will be doing in May?	**NCECC, EMS Agencies**	**May 2019**
Have EMS Agency partners choose 1-2 workflows to improve based on evaluation	**NCECC, EMS Agencies**	**July 2019 –** Choose changes **August 2019** – Make changes in documentation
EMS agencies implement changes to reporting structures in workflows	**NCECC, EMS Agencies**	**September 2019**
Evaluate changes to EMS workflow/reporting systems.	**DOH, NCECC**	**October – December 2019** – data collected (Evaluatation Report in January 2020)

Prepared by: John Schapman January 24, 2019

North Central Accountable Community of Health

NCACH Project Workgroup Update

Whole Person Care Collaborative
January 2019

Key Updates

Change Plans & Quarterly Reporting

- Change Plans Scoring Summary was emailed to each organization on January 14th. There were a few organizations who did not score 90 or above. They had until January 31st to resubmit their Change Plan for a rescore. NCACH staff and coaches worked with each organization to help them achieve intended score. Scores will be finalized on February 15th.

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

- 4th Quarter Reports were received. We are working with our Improvement Advisor to synthesize the information and report out to our partners

Learning Activities

We are supporting our WPCC funded partners with learning activities that will support their practice transformation. The current schedule was initially created based on the feedback from the WPCC partners at the 2018 kick-off. It has since been adapted based on the needs of the WPCC

- Behavioral Health Integration LANS were a success. There are opportunities for improvement that we will incorporate into future learning activities. Overall, participants in both LANS had a positive experience and appreciate the opportunity to share challenges and successes with peers. Participants felts the experts were great. The tools, worksheets, and homework assignments were mentioned a few times as really helpful to the process. Some mentioned new insights and understanding about their systems and the need for changes.
- Empanelment Sprint continues to be active every Friday and monthly QI Affinity Group calls.
- Foundations of Motivational Interviewing will be offered in Moses Lake (February) and Okanogan (April) and a virtual Introduction to Quality Improvement.
- In consultation with CCMI/CSI we are in the beginning stages of planning a population health management LAN and access LAN.

General Updates

- We have hired one individual for the Practice Facilitator position.
- Dr. Manriquez presented on the WSU Mobile Needs Assessment and conducted a Q&A with our WPCC partners.

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

February, 2019

Key Project Updates

- Of eight proposals submitted, Grant County Health District was selected for the Opioid Awareness and Education Marketing Campaign. Funding for this campaign is $30,000 for the project period of mid-February through December 2019.
- The Planning Committee for the NCW Opioid Response Conference: Pathways to Prevention, has been working hard to confirm site locations. Recognized the critical need to have youth and the educational system involved in opioid prevention efforts, we have approached schools districts to be host sites for the conference. There has been a lot of enthusiasm by the schools – some have committed to being the host site and others have opted to partner with other community organizations to be a host site. We currently have seven sites through NCW confirmed. A save the date was sent to the NCACH distribution list and the flyer is attached.
- The Evidence-based Dental Pain Care Conference will be held on May 3rd, 9am-1:30pm at the Confluence Technology Center. We have confirmed all six speakers for the event. NCACH staff is continuing to work with L&I to ensure continuing education credits are available and that it will satisfy the one-time credits required with the new rules for opioid prescribing. The Operations Manager for the Prescription Monitoring Program will be on-site for participants to register to access the program. The WA State Dental Association, BREE Collaborative, FQHC Dental Directors, and NCACH staff are working to market the conference through various channels. The marketing flyer is attached – share this opportunity with your dentist!

- Applications for the Targeted Narcan Training and Distribution program will open by mid-February for Grant County, Chelan/Douglas Counties, and Okanogan County. NCACH staff have coordinated with the Colville Confederated Tribes to adjust the process for the funding allocated to the Colville Confederated Tribes to support the current Narcan Training and Distribution program. In March, Samaritan Healthcare will present to the Transitional Care and Diversion Interventions Workgroup on the Narcan distribution in the ED program they piloted as part of the Rapid Cycle Opioid Application in 2018. NCACH staff and the Workgroup explore opportunities for the two workgroups to partner on this initiative to expand the program throughout the region.
- A Recovery Committee and a School-based Prevention Committee are newly formed and will be meeting the first week of February to start developing recommendations for a process to utilize funding allocated to those initiatives.

Upcoming Meetings and Events

February 15, 2019	Opioid Workgroup - Wenatchee
March 15, 2019	NCW Opioid Response Conference: Pathways to Prevention
April 19, 2019	Opioid Workgroup - Omak
May 3, 2019	Evidence-based Dental Pain Care Conference
May 17, 2019	Opioid Workgroup – Moses Lake

Attachments

1. NCW Opioid Response Conference: Pathways to Prevention Flyer
2. Evidence-based Dental Pain Care Conference Flyer

PRESENTED BY THE
NORTH CENTRAL ACCOUNTABLE
COMMUNITY OF HEALTH

North Central Washington Opioid Response Conference

Pathways to Prevention

Drug overdoses are now the leading cause of death for Americans under 50.

It's time we change that!

A unique opportunity for your community to come together to address the opioid epidemic by taking action to increase awareness and prevention.

Join educators, students, and community leaders for a facilitated discussion to develop innovative, out-of-the box strategies for opioid prevention in our whole community. Share your ideas. Be part of the solution.

SAVE THE DATE!
MARCH 15, 2019
9 AM - 12 PM
AT A LOCATION NEAR YOU

Registration opening soon!

Featured speakers:

Caleb Banta-Green, Professor and Health Services Interim Director for University of Washington's Alcohol and Drug Abuse Institute

Dr. Charissa Fontinos, Deputy Chief Medical Officer, Washington State Healthcare Authority

The North Central Washington Opioid Response Conference is a **free conference** that takes place at the same time, at over 12 sites across the region!

Learn more, contact Christal Eshelman
christal.eshelman@cdhd.wa.gov
or 509-886-6434

In Partnership With:

North Central Accountable Community of Health

CVCH

WorkSource

North Central Educational Service District

GRANT INTEGRATED SERVICES

Thank you to Washington State University Extension for developing the Rural Pathways to Prosperity conference delivery model and for providing training and support for this conference.

WASHINGTON STATE UNIVERSITY EXTENSION

Evidence-based Dental Pain Care:

New Opioid Prescribing Guideline and Rules from Washington State

Registration for this training session is FREE but REQUIRED.

Date: May 3, 2019

Time: Registration: 8:30am to 9:00am
Conference: 9:00am to 1:30pm

Location: Confluence Technology Center
285 Technology Center Way
Wenatchee, WA 98801

REGISTER AT:

https://evidence-based-dental-pain-care.eventbrite.com

At the Evidence-based Dental Pain Care Training Session you will learn about the latest recommendations for acute dental pain care, best practices for managing acute dental pain in patients with substance use disorder, emerging federal and state policies on opioids, newly adopted dental rules, clinical pearls in opioid prescribing from your peers and much more!

All participants will receive up to 4 hours of free dental CE, a copy of the 2017 Bree/AMDG Dental Guidelines on Prescribing Opioids for Acute Pain Management, and a one-page summary of the guidelines!

This training is open to anyone, however, priority will be given to attendees from the North Central Accountable Community Health region (Chelan, Douglas, Grant, and Okanogan Counties).

For more information, please visit: https://ncach.org/opioid-project/

In Partnership With:

North Central Accountable Community of Health

AMDG agency medical directors' group
"A collaboration of state agencies, working together to improve health care quality for Washington State citizens"

DR. ROBERT BREE COLLABORATIVE

Washington State Department of Labor & Industries

FAMILY HEALTH CENTERS
YOUR FAMILY. YOUR HEALTH. YOUR CHOICE

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North Central Accountable Community of Health

Health Equity Strategic Work Plan

This document has been produced as a part of the Washington State Healthcare Authority's SIM Innovation Model Grant- AY4 reporting requirements.

Submitted January 31, 2019
North Central Accountable Community of Health

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Background

The Healthier Washington State Innovation Models (SIM) grant laid the foundation for much of the work that is now being coordinated by nine Accountable Communities of Health under a five-year Medicaid waiver supporting continued practice transformation and healthcare system redesign in our state. Through the Medicaid Transformation Project, North Central Accountable Community of Health is now implementing 6 projects to address regional health priorities and improve care by promoting high-quality, cost-effective care that treats the whole person and improves the well-being of the communities in our region. These projects are as follows:

1. Bi-Directional Integration of Primary and Behavioral Health Care
2. Community-Based Care Coordination (Pathways Community HUB)
3. Transitional Care
4. Diversion Interventions
5. Addressing the Opioid Use Public Health Crisis
6. Chronic Disease Prevention and Management

The six projects were selected based on community feedback compiled from several sources including community forums and surveys conducted by NCACH in 2017. Our goal is to continue activating Medicaid beneficiaries, health and social service providers, payers, and other community members to join in building a healthier region together and advancing whole person health. Building a healthier region requires us to be aware of and address health disparities in our region. This regional health equity work plan focuses on sustaining the health equity vision that started with the support of the SIM grant.

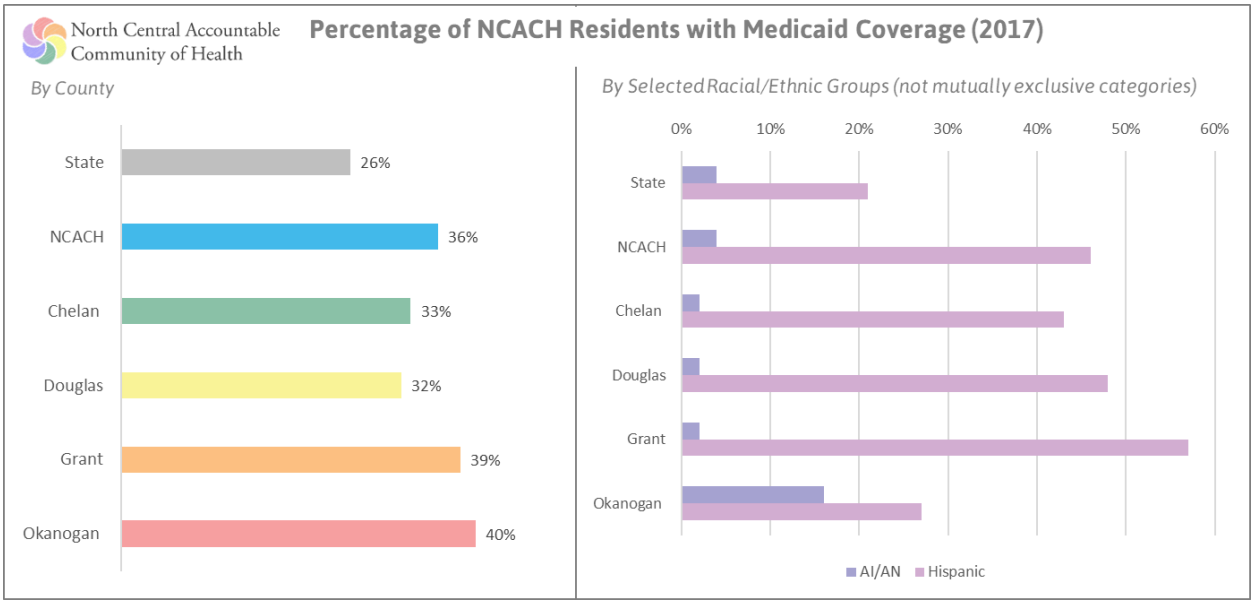
Understanding the barriers to health in North Central Washington

Throughout our project planning, we have drawn on local and regional data to identify social, environmental, and health disparities in our region. NCACH spans four counties (Chelan, Douglas, Grant, and Okanogan) and encompasses 12,684 square miles, or roughly 1/5 of Washington State. With 255,378 people, the population density for NCACH is an estimated 20.1 people per square mile (compared to the State average of 88.6 people per square mile) making us one of the most rural Accountable Communities of Health in the State. Because our region is geographically large and sparsely populated, residents often have to travel long distances to receive social services and health care.

Based on total population estimates for Washington State, Grant County has a higher proportion of children (32% compared to 25% statewide average) while Okanogan and

Chelan counties have a higher proportion of adults aged 65 and older (23% and 20% compared to 15% statewide average)[1]. About a third of our region's population identifies as Hispanic (compared to 13% statewide), though this trend varies by county. In addition, our region overlaps with part of the Confederated Tribes of the Colville Reservation, and Okanogan County has the second largest proportion of American Indians in the state (10.6%, compared to 1.3% statewide average).

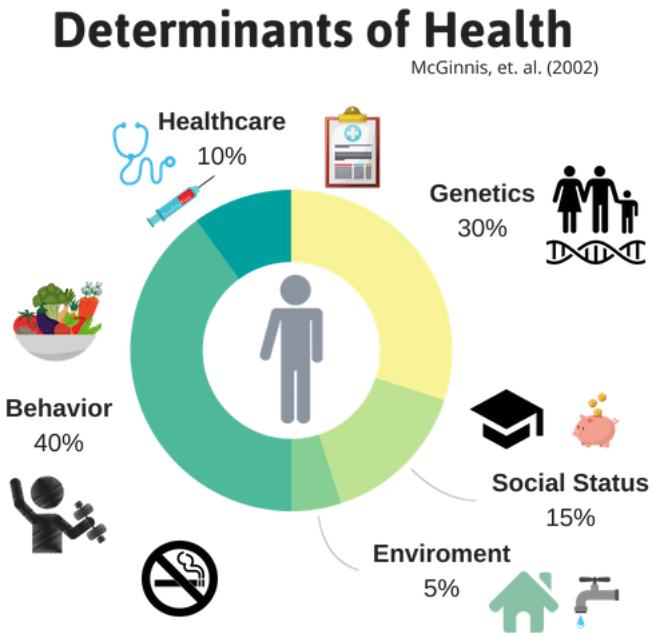
Not surprisingly, some of these trends are even more pronounced when we look at our region's Medicaid population. Overall, a larger proportion of our community is enrolled in Medicaid even though NCACH only accounts for about 5% of statewide Medicaid enrollment.



***Source**: Healthier Washington Dashboard, Medicaid Population Explorer tab. Measurement period Jan-Dec 2017.*

[1] WA State Office of Financial Management 2017 population estimates: http://www.ofm.wa.gov/pop/asr/default.asp

At the core of the NCACH guiding vision for whole person health – that everyone has an opportunity to reach a state of complete physical, mental, and social well-being – is the understanding that NCACH work will address health equity as it addresses social determinants of health (SDOH).



According to the Determinants of Health model proposed by McGinnis, et. al. (2002)[2], a person's state of health is influenced by much more than the health care they receive. NCACH has been working closely with state and community-level partners to get a full picture of the current healthcare delivery system for Medicaid beneficiaries and to better understand barriers to health that our communities face.

As we move from planning to implementation, NCACH has been working to embed health equity components into its whole Medicaid Transformation Project portfolio. In fact, many of the interventions we are exploring or supporting through our project portfolio have underlying access goals designed to remove barriers for NCACH residents to receiving support services, which will close opportunity gaps that lead to health differences.

The following are specific health equity strategies to address disparities as we work with our community partners.

[2] "The case for more active policy attention to health promotion" McGinnis, Williams-Russo, Knickman (2002) https://www.ncbi.nlm.nih.gov/pubmed/11900188

Strategy: Continue leveraging data to raise awareness about barriers to health in North Central Washington

NCACH has used data to assess regional health needs, select projects and preliminary target populations, and to identify key questions or gaps that need to be addressed in project planning and implementation.

We have worked closely with data analysts, local health jurisdictions, and HCA's Analytics, Research and Measurement (ARM) team to identify, procure, analyze, and interpret data from a variety of data sources. Key data sources have included HCA ARM data products (such as the Regional Health Needs Inventory (RHNI) Starter Kit, the Healthier Washington dashboard, Provider Reports, and Historical Data) and Department of Social and Health Services (DSHS) Research and Data Analysis division data products (including ACH Profile and Measure Decompositions). Another foundational data source for NCACH was the 2016 Chelan-Douglas Health District Community Health Needs Assessment (CHNA), which was conducted for the entire NCACH region. We have also drawn from other data sources, including regional survey results focused on housing, transportation and youth, the Washington Tracking Network's opioid and social determinants of health dashboards, and Office of Financial Management population estimates.

Going forward, we will collect and use data to address health equity in order to:

- Continually assess regional health needs and assets
- Highlight health disparities at the regional, county, and clinic-level
- Monitor our progress and impact

As a means of regional capacity development and equity work, NCACH is planning on sharing data on its website and with partnering providers that highlights health disparities in the region. Some of this may involve drawing from publicly available data sources and filtering/packaging information specific to NCACH's region. NCACH may also draw on relationships with contracted data analysts to highlight health disparities using HCA data products or data from the All Payer Claims Database (APCD). For example, we can use zip-code level mapping to highlight disparities and encourage targeted responses. Monitoring health disparity data will help prioritize equity issues in NCACH's work, while allowing community partners to use this information in their work and funding proposals. An underlying goal of increasing awareness of disparities in our region is to promote action. Our belief is that by making these resources available to community partners, we can continue to co-create solutions to local health disparities together.

Strategy: Incentivize and embed work focused on social determinants of health across our Medicaid Transformation Project portfolio

NCACH is focusing on identifying and increasing touchpoints for cross-project collaboration through a broader goal-oriented strategic planning process. This involves detailing our overall goals for MTP, drilling down into individual projects, and finding current and future opportunities to bring SDOH to the forefront with our current and future formal and informal partnerships. For example, we know that the Whole Person Care Collaborative (WPCC) is at the forefront of healthcare change through a provider lens. In the last year, we have identified places within that project to educate and bring awareness to those providers on the SDOH and their innate importance to clinical work. If a patient cannot access care due to barriers such as transportation or housing issues, Whole Person Health is not possible.

Our 17 partners in the WPCC Learning Community are being encouraged to use social determinants of health screening tools and to strengthen their relationships with community-based organizations and other social service providers (e.g. transportation, employment, and housing) as a tangible way to facilitate health equity. Over the next year, providers will be working on adopting new screening tools or adapting existing ones within their clinical settings. NCACH expects to learn from the data gathered through social determinants of health screenings to identify and address specific health equity barriers. Some WPCC partnering providers identified the lack of internal resources to address social determinants of health as a barrier to health equity, and many are eager to make referrals to the Pathways Community HUB to meet this need for their patients.

The change plan template for NCACH's WPCC includes specific strategies that are designed to help its providers take action to promote health equity. Although health equity is not a distinct topic or section, multiple tactics are embedded in the template. For example, (1) ensuring that patient education materials are culturally and literacy appropriate, (2) training staff on the cultures represented in provider practices, and (3) supporting linguistic and cultural competency while screening for social determinants of health. NCACH has an entire section of the change plan template dedicated to social determinants of health outlining suggested actions and goals providers can take. It also explored specific social determinants of health screening tools (e.g. PRAPARE, EveryONE Project, Health Leads). Based on input from partnering providers, NCACH decided not to recommend a specific tool, but rather a core set of questions that it would want all of its outpatient providers to screen for, regardless of the tool. NCACH is still working on compiling this core list of questions and hopes to dovetail social determinants of health screening with referrals to

the Pathways HUB. As NCACH works on this, it plans to monitor the use of screening tools among providers and work with them to compile a regional picture of social determinants of health needs based on this data. More broadly, NCACH is actively encouraging our funded providers to employ SDOH screening tools and address SDOH within their internal protocols.

NCACH staff are working closely with the Pathways Community HUB Lead Agency and providers to investigate implementing a closed loop referral system to allow healthcare providers to seamlessly and efficiently refer clients to needed social services. The Pathways Community HUB will result in more community health workers across the region, which is shown to be an effective measure to address health disparities in targeted populations. As the model stipulates, the intention is for community health workers to be part of the community they serve. Additionally, since the model is based on home visiting, clients with few transportation options will receive services and if necessary, assistance obtaining transportation to other needed services.

Many of NCACH's implementation activities use peer learning models and collaborative work, which provides capacity to some of its smaller, more rural partners who may not have the means to develop their own quality improvement models otherwise. This also creates a strengthened regional network that fosters critical learning as well as reduces silo effects for healthcare clients whose needs may extend outside of the clinic walls. By reducing barriers to participation, NCACH is ensuring that smaller partners are able to participate as well as larger groups, which means more equitable access to care for all. In the same ethos, NCACH has worked hard to bring shared learning opportunities to the region to expand awareness and provide tools to address health inequities across the region. In March 2019, NCACH will be hosting a 'distributed conference model' opioid prevention conference that takes place in multiple sites across the region simultaneously. By using more approaches and models like this, NCACH is able to extend our reach and provide even more tools to address health inequities to partnering organizations who may not be able to attend otherwise.

Moving forward, we plan to continue to task partner organizations to evaluate how they are addressing equity in their own work, and then develop actionable steps that partner organizations can take, such as deploying equity assessment tools. We also hope to include required learning, such as cultural humility trainings, in future contracts with partner organizations as a contingency to receive MTP funding.

Strategy: Empower Coalitions for Health Improvement to support health and wellness projects that address health disparities in their local counties.

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.

The three Coalitions for Health Improvement (CHI) have deployed several community voice surveys of their own to identify assets, barriers, and opportunities to address health inequities at the county level. In a survey issued in June 2018, community members were asked to identify where people can go to learn about services and resources in their local community (e.g., a physical location or specific organization) and to identify which systemic barriers keep people from achieving their best health locally.

Top barriers to health identified by county

Ranking	Chelan-Douglas	Grant	Okanogan
1	Poverty and income barriers	Transportation	Transportation
2	Transportation	Silos within the Care Team (specific references to coordination efforts between providers and specialties, incl. follow-up care)	Access to Behavioral Health (including SUD) services
3	Language and cultural barriers	Access to Behavioral Health (including SUD) services	Cost of care
4	Housing	Access to clinical care	Housing
5	Lack of awareness of available programs and resources	Access to food	Poverty or income barriers

Findings from a community voice survey issued by NCACH's Coalitions for Health Improvement in 2018. Data shows highest ranking perceived barriers to health, as identified by community members. Over 200 respondents from the four-county region responded to this survey. (Source: "Coalitions for Health Improvement Community Stakeholder Survey" https://ncach.org/wp-content/uploads/2018-Stakeholder-Survey-Data-Report-Final-Nov2018.pdf)

In response to the feedback shared with NCACH, and the CHIs' unique positioning to directly address health needs at the county level, the NCACH Governing Board has allocated $450,000 to be invested in local and regional health initiatives in 2019. The project criteria and funding allocations will be managed through a community investment process developed collaboratively between the three Coalitions. Funding is intended to strengthen community-clinical linkages, address the social determinants of health, reduce barriers to health, and promote wellness. As a means of embedding health equity requirements into new investments made with Medicaid Transformation Project funding, NCACH is requiring that any applicant for this funding must be able to demonstrate how their project or initiative will reduce barriers to health, thus addressing disparities and inequities.

Looking ahead, NCACH hopes that this investment funding can be leverage to catalyze new and innovative approaches to address barriers to health across the region.

Strategy: Dedicate staff position to provide technical assistance and build capacity around social determinants of health, with a focus on housing and transportation.
Based on feedback collected by NCACH community members, transportation and housing were identified as significant barriers to health in the region. Like most of Washington, the North Central region is experiencing a rise in the cost of housing and a lack of affordable housing units. Most of the region's supported housing programs are full and have waitlists. Additionally, most of the region's specialized services are located in Wenatchee or Moses Lake, requiring some community members in the vast region to travel several hours each way to receive services. Travel distances are compounded by limited public transit.

In response to this need, NCACH developed a position to build capacity for local community-based organizations and focus on regional needs as expressed by the community in Spring 2018. Through a series of facilitated discussions in each County as well as participant feedback from our first annual summit in 2017, community feedback was solicited and collected to help the NCACH identify areas for improvement in its MTP outcomes plan around the SDOH. Feedback highlighted transportation and housing as two major areas of concern that have proven detrimental for community health, thus our Capacity Development and Grant Manager (CDGM) position was formed and hired in September 2018.

Once hired, the CDGM began exploring community mindsets on specific funding needs in order to better understand short-term and long-term needs around all SDOH with a heavy focus on transportation and housing. These exploratory conversations have been fuel for the important conversation on resource awareness (asset mapping) and current attitudes or processes for referral to SDOH as they relate to successful and quality community-clinical linkages. The end goal of this project would be to contract with a platform specializing in closed-loop referrals that also works to update and enhance current regional partner and service provider directories that increases connectivity to resources and services *(currently ongoing at the time of this report).*

While the CDGM position is currently focused on activities by which our region can attain a more comprehensive plan around community-clinical linkages, this work will strongly support future objectives of assisting community partners fund programs to address barriers to health (e.g., grant-seeking, application, and administration of grant awards). These activities will revolve around assisting organizations in assessment of their current capacity and future funding goals; grant writing and management trainings; helping to

facilitate coordination and collaboration between community entities; and convening a cohort of grant staff to provide capacity-building support within the region.

Strategy: Increase awareness and understanding of health equity in a way that resonates across our region

Another means of operationalizing health equity in the North Central Accountable Community of Health has been to provide active learning opportunities for partners to engage with the concept of health equity and the social determinants of health. While approaches vary between Project Workgroups, all of NCACH's partners are invited to attend annual summits which focus on health equity and the social determinants of health. The 2019 Annual Summit has a special focus on health equity: NCACH has arranged for nationally recognized speaker john powell [sic] and his consulting team to attend and provide an in-depth workshop for community partners to assess and create their own organizational health equity action plans. It is our hope that activities like this will create a deeper capacity to understand and address health inequities across the region.

Future efforts or goals

NCACH has outlined several areas of improvement and continued opportunity to engage with, and address, health inequities during the remainder of the Medicaid Transformation Project (MTP) period. Many of these goals center on developing stronger partnerships with entities like the Confederated Tribes of the Colville Reservation, who provide significant guidance on how to best offer and integrate services for the region's tribal population. NCACH is currently working with a group to address the healthcare workforce shortage in the region, which will lead to a more equitable future that provides local residents more employment opportunities and care providers who uniquely understand navigating a rural healthcare system. We also plan to hold a series of visioning and strategic planning workshops with our Governing Board, with the hope of better understanding how we can continue to embed equity into the core of our work in a way that will sustain beyond the MTP. Lastly, NCACH plans to learn from, and lean on, partners and groups who are already doing incredible work to address inequities in our region. Many grassroots groups and organizations already exist to combat disparities and provide a voice for those who may be unrepresented or underrepresented in the region – and we believe that by engaging with them, we can not only learn from them, but help amplify and empower the work that is already occurring.