# Governing Board Meeting
**1:00 PM–3:30 PM, March 2, 2020**

<table>
<thead>
<tr>
<th>TIME</th>
<th>AGENDA ITEM</th>
<th>PROPOSED ACTIONS</th>
<th>ATTACHMENTS</th>
<th>PAGE</th>
</tr>
</thead>
</table>
| 1:00 PM | Introductions – Barry Kling  
• Board Roll Call  
• Declaration of Conflicts  
• Approve Consent Agenda  
• Public Comment | Approval of Consent Agenda | Agenda, Acronyms & Decision Funds Flow Chart  
• Consent Agenda  
  ○ Minutes  
  ○ Monthly Financial Report | 1-3  
4-10 |
| 1:05 PM | Executive Director Update – Linda Parlette | | Exec Director Report | Separate Attachment |
| 1:15 PM | Community Based Care Coordination – Barry Kling, John Schapman, and Caroline Tillier | Decision on contract with Action Health Partners and Pathways HUB  
Proposal to form Community Based Care Coordination Workgroup | Board Decision Form | 11-13  
14-17 |
| 1:45 PM | Tribal Investment Proposal – Caroline Tillier and Molly Morris | Proposal to approve and commit funding for Colville Confederated Tribes health improvement efforts | Board Decision Form | 18-24 |
| 2:15PM | Recovery Coach Network Budget Amendment – John Schapman | Approval of budget amendment | Board Decision Form | 25-26 |
| 2:30 PM | Deep Dive Data Session – Caroline Tillier and Rick Hourigan | | | |
| 3:00PM | Strategic Plan Update – Barry Kling and John Schapman | | | |
A Handy Guide to Acronyms within the Medicaid Transformation Project

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

Annual process but may occur more frequently if the project requires it

Variable interval – based on project deliverables

**Executive Committee**
- Authorize/Revise project strategies, implementation tactics, and funding policies

**Board**
- Package workgroup proposals
- Authorize workgroup tactics and funding levels
- Transmit recommendations

**Executive Director and Staff**
- Bridge Between Board, Executive Committee, and Work Groups
  Activities that do not involve Work Groups (e.g., Social Determinants of Health) are managed directly by the Executive Director and staff
- Direct ED/staff
- Evaluate workgroup proposals and funding levels

**Work Groups & CHIs**
- Submit proposals for implementation and payment
- Develop MOUs and oversee implementation
- Analyze outcomes and make payment recommendations
- Review project outcomes and payment recommendations
- Forward with additional recommendations (if any)

**Implementation Partners**
- Transmit instructions
- Develop tactics for implementation and payment
- Implement projects
- Provide outcomes data
- Receive payments

*Packet Page #3*
## Location

### Confluence Technology Center

285 Technology Center Way #102
Wenatchee, WA 98801

### Attendees

**Governing Board Members Present:** Rick Hourigan, Doug Wilson, Rosalinda Kibby, David Olson, Carlene Anders, Cathy Meuret, Barry Kling, Ken Sterner, Molly Morris, Jorge Rivera, Brooklyn Holton, Blake Edwards, Nancy Nash Mendez

**Governing Board Members Absent:** Kyle Kellum, Daniel Angell, Ray Eickmeyer, Senator Warnick

**Public Attendance:** Gillian Batchelder, Inna Liu, Traci Miller, David Mancuso, Alice Lind, Chris DeVillanueva, Becky Corson, Dawn Bross, Jamie Hilliard, Stephanie Dowland, Vicki Evans, Lisa Apple, Theresa Adkinson, Mike Lopez, Courtney Ward, Deb Miller, Rachael Petro, Bill Snyder, Paul Hadley, Kelsey Gust, Jerry Perez, Leah Becknell, Ashley Olson, Pamela Pasquel

**NCACH Staff:** Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Chrystal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes

## Agenda Item

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval of Consent Agenda</td>
<td>Ken Sterner moved, Doug Wilson seconded the motion to approve the consent agenda, motion passed</td>
</tr>
<tr>
<td>Declaration of Conflicts</td>
<td>• Conflicts of Interest: Barry Kling disclosed a conflict of interest regarding the revenue that the CDHD receives from the 15% hosting fee.</td>
</tr>
<tr>
<td>Public Comment</td>
<td>• Public Comment – Ashley Olson from WorkSource, introduced herself and said she is here to support the Recovery Coach Network Proposal.</td>
</tr>
<tr>
<td>North Central IMC Data Presentation – David Mancuso &amp; Alice Lind</td>
<td>David Mancuso, Director, DSHS Research and Data Analysis Division; Facilities, Finance, and Analytics Administration gave a presentation on the North Central IMC Data. (presentation can be found on the NCACH website)</td>
</tr>
<tr>
<td>Discussion</td>
<td>• Lowest behavioral health reimbursements in the state, but we are showing an increase in encounters, does that mean our rates will go up? It will be up to the actuaries. Linda emphasized that at the meeting she had on Friday (1/31/2020 at Parkside) with huge attendance it came up more than once that the rates are so low here. It is imperative that the reimbursement rates go up here to keep the behavioral health providers in business.</td>
</tr>
<tr>
<td></td>
<td>• Linda asked that Alice Lind reach out to her every six months to keep her up to date.</td>
</tr>
<tr>
<td></td>
<td>• Caroline is going to give a Pay for Performance update next month at the NCACH Governing Board Meeting.</td>
</tr>
<tr>
<td>Executive Directors Report</td>
<td>• Introduced Bill Snyder from Okanogan Behavioral Health Care</td>
</tr>
<tr>
<td></td>
<td>• Had Regional Health Care Advisory Meeting on Friday 1/31/2020 - talked about the Parkside census and continuum of care. County Commissioners are going educate themselves on the process for appointing DCRS (designated crisis responders). Next meeting will be on April 24th.</td>
</tr>
<tr>
<td>Board Elections</td>
<td>• Doug Wilson moved, Brooklyn Holton seconded the motion to accept the nomination of Ramona Hicks to the NCACH Governing Board effective 2/3/2020, motion passed. (Term expires 12/31/2020)</td>
</tr>
<tr>
<td></td>
<td>• Doug Wilson moved, Rick Hourigan seconded the motion to accept the nomination of Traci Miller to the NCACH Governing Board effective 2/3/2020, motion passed. (Term expires 12/31/2022)</td>
</tr>
</tbody>
</table>
Sahara Suval presented the 3 top scoring projects for the medium to large 2019 CHI Community Initiatives Funding. The top three scoring projects are...

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

$350,100.00 total

Brooklyn Holton moved, Nancy Nash Mendez seconded the 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, motion passed.

Christal Eshelman presented the Recovery Coach Network Project for final approval to remove the asterisk from the budget item from the 2020 NCACH budget. Aetna has committed $70,000 of funding for 2020 which has reduced the amount that we originally budgeted. The intent is to contract this work out via an RFP.

Discussion:
• What about the existing jail transition program? Christal has been in contact with Karen at the Jail and she is planning to coordinate with her.
• Number of recovery coaches? Stipend basis $50 per day / 15 recovery coaches. Start with one jail this summer, then ramping up after that.
• Do we know if inmates want to participate? From what we can tell they do. Worksource has been piloting a Reintegration Program in the jail and the response/interest has been great. We believe the same will happen with this program, but with any pilot, there is always a chance that it will not work.
• What measurements will you be sharing back with the group? We are hoping to share reduction of recidivism, length of time between incarcerations, health care cost.
Rick Hourigan moved, Blake Edwards seconded the motion to remove the “**” from the Community Partnership for Transition Solutions Recovery Coach Network line in the TCDI section of the 2020 NCACH Financial Executor Budget, motion passed.

| Community Based Care Coordination | NCACH Board and Staff along with Action Health Partners discussed Community Based Care Coordination at our Board Retreat on 1/24/20. We will be bringing a decision on the HUB at the March NCACH Board meeting. Action Health Partners has been a great partner and should continue to be a part of the conversation going forward as we decide what the next step is regarding Care Coordination.  

Barry also announced that Christal will be leaving the NCACH and going back to work for the CDHD working as the Regional Assessment Epidemiologist based out of Okanogan County. |
|----------------------------------|---------------------------------------------------------------------------------|
| Board Retreat Follow Up         | During the retreat we realized that we are not all on the same page with how to spend these uncommitted funds and what social determinates should be addressed. Barry suggested that we will get back in touch with all Board and staff to make sure that all ideas and heard and understood. We can then look more systematically at each strategy by possibly creating sub-committees and using consultants as needed. After all of the information is collected, it can be shared back to the Board. Board agreed with this approach.  

Board Members on workgroups: John will send the list out via email and ask for volunteers |
<table>
<thead>
<tr>
<th>Funding Source</th>
<th>CDHD ACCOUNT</th>
<th>FINANCIAL EXECUTOR FUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SIM/Design/Misc</td>
<td>SIM/Design/Misc</td>
</tr>
<tr>
<td></td>
<td>Funds Received</td>
<td>Funds Expended</td>
</tr>
<tr>
<td>SIM Funding*</td>
<td>$ 115,329</td>
<td>$ 115,329</td>
</tr>
<tr>
<td>Transformation Project Funding</td>
<td>$ 1,000,000</td>
<td>$ 5,000,000</td>
</tr>
<tr>
<td>Original Contract K2296 - Demonstration Phase 1</td>
<td>$ 6,450,212</td>
<td>$ 2,830,349</td>
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<tr>
<td>Original Contract K2296 - Demonstration Phase 2</td>
<td>$ 15,370</td>
<td>$ 13,720</td>
</tr>
<tr>
<td>Workshop Registration Fees/Misc. Revenue*</td>
<td>$ 15,909,770</td>
<td>$ 6,248,188</td>
</tr>
<tr>
<td>Integration Funds</td>
<td>$ 5,781,980</td>
<td>$ 58,422</td>
</tr>
<tr>
<td>Bonus Funds</td>
<td>$ 1,455,842</td>
<td>$ 1,455,842</td>
</tr>
<tr>
<td>Value Based Payment (VBP) Incentives</td>
<td>$ 300,000</td>
<td>$ 300,000</td>
</tr>
<tr>
<td>DY1 Shared Domain 1 Funds**</td>
<td>$ 5,811,865</td>
<td>$ 5,811,865</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$ 6,580,911</td>
<td>$ 2,959,398</td>
</tr>
</tbody>
</table>

* A portion of funds in this category were collected when CDHD held the SIM Contract
** Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet
## 2020 NCACH Budget: Monthly Summary

### CDHD Account Expenses

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

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Total Budgeted</th>
<th>Jan-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary &amp; Benefits</td>
<td>$905,007</td>
<td>$75,850</td>
<td>$75,850</td>
<td>8%</td>
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<tr>
<td><strong>Supplies</strong></td>
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<tr>
<td>Office</td>
<td>$6,920</td>
<td>$28</td>
<td>$28</td>
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<tr>
<td>Drugs and Medicines</td>
<td>$20,000</td>
<td>$-</td>
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<tr>
<td>Furniture &lt; $500</td>
<td>$2,400</td>
<td>$-</td>
<td>$-</td>
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<tr>
<td>Books, References, &amp; Videos</td>
<td>$1,500</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
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<tr>
<td>Software</td>
<td>$6,000</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td>$8,400</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
</tr>
<tr>
<td>Computer</td>
<td>$9,600</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
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<tr>
<td>^Misc. &amp; Contracts</td>
<td>$8,000</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
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<tr>
<td>Mileage</td>
<td>$57,000</td>
<td>$503</td>
<td>$503</td>
<td>1%</td>
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<tr>
<td>Professional Travel and Training</td>
<td>$9,000</td>
<td>$954</td>
<td>$954</td>
<td>11%</td>
</tr>
<tr>
<td>^Conference - Program Meals/Lodging</td>
<td>$26,250</td>
<td>$497</td>
<td>$497</td>
<td>2%</td>
</tr>
<tr>
<td>Other (Train/Plane/Boat/Parking)</td>
<td>$10,200</td>
<td>$22</td>
<td>$22</td>
<td>0%</td>
</tr>
<tr>
<td>Advertising - Newspapers</td>
<td>$3,800</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
</tr>
<tr>
<td>Advertising - Other</td>
<td>$5,400</td>
<td>$379</td>
<td>$379</td>
<td>7%</td>
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<tr>
<td>Insurance</td>
<td>$6,000</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
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<td>Printing - Office</td>
<td>$6,250</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
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<tr>
<td>^Printing - Copier</td>
<td>$11,000</td>
<td>$386</td>
<td>$386</td>
<td>4%</td>
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<tr>
<td>Dues and Memberships</td>
<td>$3,400</td>
<td>$11</td>
<td>$11</td>
<td>0%</td>
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<tr>
<td>Subscriptions</td>
<td>$1,280</td>
<td>$54</td>
<td>$54</td>
<td>4%</td>
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<tr>
<td>^Other Expenditures</td>
<td>$142,645</td>
<td>$7,657</td>
<td>$7,657</td>
<td>5%</td>
</tr>
<tr>
<td>CDHD Hosting Fee 15%</td>
<td>$187,508</td>
<td>$12,951</td>
<td>$12,951</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>$1,437,560</td>
<td>$99,293</td>
<td>$99,293</td>
<td>7%</td>
</tr>
</tbody>
</table>

% of Fiscal Year  8%

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Packet Page #8
### FE Portal Account Expenses

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

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Total Budgeted</th>
<th>Jan-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Management and Organizational Development</td>
<td>$70,000</td>
<td>$0</td>
<td>0%</td>
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<tr>
<td>Program Evaluation</td>
<td>$59,700</td>
<td>$0</td>
<td>0%</td>
<td></td>
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<tr>
<td>Data Analytics</td>
<td>$30,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Feldsman Tucker Leifer Fidell LLP</td>
<td>$40,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Workforce Development (Carry over of $48,500, Approved in 2019)</td>
<td>$36,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Workforce Development (2020)</td>
<td>$30,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Community Engagement and SDOH Capacity Development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Agencies (CHIs)</td>
<td>$150,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>CHI Partner Payments (Carry over of $450,000, Approved in 2019)</td>
<td>$350,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>* CHI Partner Payments (2020)</td>
<td>$450,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>* Community Information Exchange Workgroup</td>
<td>$50,000</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>* Tribal Investment (Colville Confederated Tribes)</td>
<td>$500,000</td>
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<tr>
<td><strong>Whole Person Care Collaborative</strong></td>
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<td>Comagine Health</td>
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<td>Learning Community - fixed</td>
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<td><strong>Pathways Hub</strong></td>
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<td>Action Health Partners - Hub Lead Agency(January - June 2020)</td>
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<td><strong>Transitional Care and Diversion Intervention</strong></td>
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<td>Community Partnership for Transition Solutions (Recovery Coach Network)</td>
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| Total Budget | $7,897,054 | $99,293 | $99,293 | 1% |

**"** 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
<table>
<thead>
<tr>
<th>Date</th>
<th>Amendment</th>
</tr>
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<tbody>
<tr>
<td>2.3.20</td>
<td>Board moved to remove the &quot;*&quot; for the Community Partnership for Transition Solutions program which program cost for 2020 is expected to be $127,972. Motion Passed</td>
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# Board Decision Form

<table>
<thead>
<tr>
<th>TOPIC:</th>
<th>Community-based Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE:</td>
<td>Discontinue financial support to Action Health Partners for implementation of the Pathways Community HUB</td>
</tr>
<tr>
<td>BOARD ACTION:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Information Only</td>
</tr>
<tr>
<td></td>
<td>✔ Board Motion to approve/disapprove</td>
</tr>
</tbody>
</table>

## BACKGROUND:
NCACH selected Community-based Care Coordination as part of its Medicaid Transformation Project (MTP) portfolio, and the Health Care Authority (HCA) designated the Pathways Community HUB as the only evidence-based model to select from. NCACH has been implementing this model through a contracted lead agency (Action Health Partners.)

**Health Care Authority Position Statement**
Recently, the HCA 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 (the position statement is attached). 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:

A. Continue Pathways to serve a unique target population  
B. Discontinue Pathways but maintain certain functions/components  
C. Discontinue Pathways and identify other support/investment opportunities  

All three of these options would require close collaboration and consultation with Managed Care Organizations (MCOs).

The HCA also clarified the following:
- HCA is not requiring or asking ACHs to discontinue Pathways  
- MCOs are ultimately responsible for needs identification, care coordination and management of managed care beneficiaries  
- HCA is not restricting MCOs from paying for or engaging in innovative care coordination partnerships or models, including Pathways  
- HCA recognizes Pathways evaluation and return on investment will take time, and the position HCA is taking is not based on preliminary evaluation results
Earnable funds associated with project 2b should not be impacted if an ACH discontinues Pathways, as long as rationale is clear and an appropriate alternative strategy and focus is defined.

ACHs who pivot away from their current 2b Pathways work plans should complete a modification request seeking HCA approval.

ACH Executive Directors, MCO representatives, and HCA leaders have been meeting monthly since August to clarify HCA’s direction and vision for care coordination, and to understand its impact on Pathways Community HUB implementation.

NCACH Pathways Community HUB Progress and Challenges to Date

The Pathways Community HUB has experienced many successes and challenges during implementation. Below is a brief (not exhaustive) list of both.

**Successes**
- Pathways HUB launched on time on October 1, 2018 in Moses Lake
- Contracted CSSA organizations with staffing
- Use of the CCS IT platform and monthly reports
- Buy-in from necessary partners (referral partners, CSSAs, social service agencies)

**Challenges**
- Lower than expected enrollment and caseloads
- Lead agency turnover and understaffing
- Communication barriers between different elements of HUB
- Referral process slow to include primary care referrals
- Limited Pathways Community Specialists and expansion due to lack of training opportunities
- Challenges with IT infrastructure

A Subcommittee of the Board was convened in December and January to identify the barriers to successful Pathways Community HUB implementation and determine whether they are or are not in AHP and/or NCACH’s control. This document was shared with the Governing Board at their January 2020 Board Retreat to help them make informed decisions about the future of the Pathways Community HUB.

Based on this discussion, a proposal is being brought forward to Action Health Partners for implementation of the Pathways Community HUB, with the understanding that NCACH remains committed to enhancing community-based care coordination across the region during the remainder of the MTP.
**PROPOSAL:**
To discontinue funding support of the Pathways Community HUB through Action Health Partners as of June 30, 2020.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**
The current approved NCACH budget provides funding through June 30, 2020 for $476,250. A budget amendment is not anticipated to be necessary. NCACH staff will work with Action Health Partners to understand any additional costs associated with discontinuing the Pathways Community HUB and amend their MOU as necessary. If a budget amendment is required, NCACH staff will bring this to the Governing Board as soon as it is known.

NCACH will be required to submit an approved Project Plan Amendment to HCA in order to be eligible to receive all Project 2B funding in the future.

**TIMELINE:**
Pathways Community HUB financial support will be discontinued by June 30, 2020.

**RECOMMENDATION:**

Submitted By: Governing Board  
Submitted Date: 03/02/2020  
Staff Sponsor: John Schapman
**Board Decision Form**

<table>
<thead>
<tr>
<th>TOPIC:</th>
<th>Community-based Care Coordination</th>
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</thead>
<tbody>
<tr>
<td>PURPOSE:</td>
<td>Form a Community-Based Care Coordination Workgroup</td>
</tr>
</tbody>
</table>
| BOARD ACTION: | □ Information Only  
☑ Board Motion to approve/disapprove |
| BACKGROUND: | Discontinuation of funding support of the Pathways Community HUB through Action Health Partners represents a significant Project 2B modification. NCACH reached out to the Health Care Authority (HCA) to understand potential implications and expectations. The HCA is supportive of NCACH pursuing an alternative community-based care coordination strategy that aligns with Project 2B objectives and performance metrics, with the understanding that NCACH will be required to submit a Project Plan Amendment for HCA approval by the end of June 2020, in order to be eligible to earn future Project 2B funding. In order to develop a comprehensive and realistic direction for community-based care coordination during the remainder of the MTP that reflects community needs, NCACH staff propose forming a Community-Based Care Coordination (CBCC) Workgroup of committed individuals who have direct experience and knowledge of various care coordination efforts across our region. *Proposed charter with details is attached.* |
| PROPOSAL: | To form a Community Based Care Coordination workgroup charged with providing insights and recommendations to guide the direction of community-based care coordination during the remainder of the MTP. |
| IMPACT/OPPORTUNITY (fiscal and programmatic): | Given NCACH’s selection of Project 2B (Community-based Care Coordination), NCACH’s ability to meet reporting deliverables and earn full funding for this project is contingent on having a plan for the future of community-based care coordination. |
| TIMELINE: | As funding support of the Pathways Community HUB through Action Health Partners winds down, NCACH needs to have an aggressive parallel timeline in order to submit a Project 2B Modification Plan to the Health Care Authority by the end of June 2020. *Proposed timeline with details is attached.* |
| RECOMMENDATION: | |

Submitted By:   Caroline Tillier  
Submitted Date:   03/02/2020  
Staff Sponsor:  Caroline Tillier
Community-Based Care Coordination Workgroup Charter

Background
NCACH selected Community-Based Care Coordination as part of its Medicaid Transformation Project (MTP) portfolio, and the Pathways Community HUB was the only evidence-based model designated by the Health Care Authority (HCA). NCACH contracted with a community partner, Action Health Partners, to implement and scale this model in our region, starting with a pilot in Moses Lake in late 2018. In late 2019, HCA clarified that they were 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:

1. Continue Pathways Community HUB to serve a unique target population
2. Discontinue Pathways Community HUB but maintain certain functions/components
3. Discontinue Pathways Community HUB and identify other support/investment opportunities

Given HCA’s position, and the significant Pathways Community HUB implementation challenges encountered in our region, the NCACH Board of Directors chose to discontinue financial support to Action Health Partners for implementation of the Pathways Community HUB as of mid-2020.

Charge
NCACH remains committed to enhancing community-based care coordination across the North Central region. The Community-Based Care Coordination (CBCC) Workgroup is charged by the NCACH Governing Board to provide insights and recommendations to guide the direction of community-based care coordination during the remainder of the MTP.

- Identify key functions/components or other support/investment opportunities to strengthen community-based care coordination across our region
- Make recommendations regarding workforce needs (including training needs)
- Consider information technology solutions that can strengthen data sharing and linkages among clinical service providers, community service providers, and people in need of care coordination
- Consider financial sustainability of recommended investments

Composition
The CBCC Workgroup will be limited to approximately 15 committed individuals who have direct experience and knowledge of various care coordination efforts across our region. In order to ensure comprehensive perspectives and alignment with NCACH Board Strategic Planning efforts, representation from the following sectors is desired:

- Partners involved in Pathways Community HUB pilot
- Clinical and non-clinical care coordinators, including:
  - Promotores/Community Health Workers
Health Homes providers
- Community-Based Organizations
- Community Paramedicine
- Nurse Family Partnership
- Behavioral Health
- Recovery Coaches

- Managed Care Organizations
- NCACH Governing Board

The Executive Director and NCACH staff will work to identify and ensure that membership of the above representatives is filled by organizations located in and/or serving Chelan, Douglas, Grant, or Okanogan Counties.

Meetings
In the near-term, the Workgroup will meet more frequently for half or full-day retreats, to allow for in-depth discussions, planning and recommendations that meet MTP timelines. 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 counties. Meetings, with the exception of retreats, will have an option to participate via teleconference, although in-person participation is encouraged.

NCACH program staff will be responsible for setting agendas, facilitating meetings, and ensuring overall coordination with NCACH leadership and key partners including CHIs, TCDI Workgroup, and WPCC. Meeting minutes and materials will be shared with the CBCC Workgroup and posted on the NCACH website within two weeks of each meeting.

Member Responsibilities
Because intense workgroup activity will be required in the near-term, members who sign on for this challenge should be willing to:

- Participate in intensive strategy sessions
- Lean in to messy and challenging problems with openness and curiosity
- Listen with the same passion with which they want to be heard
- Put the region’s needs over their agency needs
- Comply with NCACH’s conflicts of interest policy

Authority
The CBCC 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 planning and investment decisions. Activities, analysis, and recommendations developed by the Workgroup will be shared with the NCACH Governing Board on a regular basis and are subject to review and approval by the Board.
Community-Based Care Coordination
Proposed Near-Term Timeline (2020)

Mar
• Submit official notice re: Pathways HUB modification to HCA
• Form CBCC Workgroup
• Planning meetings with key partners
• Listen for care coordination needs at WPCC SDOH conversations

Apr
• CBCC Workgroup Strategy Session #1
• CBCC Workgroup Strategy Session #2
• Draft options for Project 2B modification plan
• Input from other community partners (e.g. TCDI, CHI, CPTS)

May
• NCACH Board input regarding community priorities and recommendations, and project modification options
• WPCC input
• Tribal input
• CBCC Workgroup Strategy Session #3

Jun
• Board Retreat - approval of final recommendations for Project 2B modification
• Submit form to HCA regarding Project 2B modification plan
• CBCC Workgroup Meeting focused on next steps

Note: Strategy sessions are intensive (half or full day) sessions allowing for in-depth discussions, planning and recommendations that meet MTP timelines. CBCC workgroup representatives will represent various segments of our care coordination network, including partners involved in the Pathways Community HUB pilot.
**TOPIC:** Tribal Investment for Colville Confederated Tribes

**PURPOSE:** To formally commit and allow the release of funds allocated in the 2020 Budget to advance health system improvements prioritized by the Colville Confederated Tribes Health & Human Services Department.

**BOARD ACTION:**
- □ Information Only
- ✔ Board Motion to approve/disapprove

**BACKGROUND:**
The Board included an up-to $500,000 allocation for a tribal investment in its 2020 Budget, with the understanding that further Board discussion and final approval was needed prior to funds being expended. Investment priorities were still being discussed with Colville Confederated Tribes Health & Human Services Department (CCT-HHS) leadership at the end of 2019, and the Board was eager to hear more specific funding recommendations and plans.

**PROPOSAL:**

See attached funding proposal for details regarding CCT-HHS’s infrastructure and capacity building plans, as well as budget projections, over the course of 2020 and 2021.

Proposed MOU and Funding Disbursement Framework

Rather than coming back to the Board for approval of discrete proposals and MOUs in order to release funds for specific portions of the planned work, staff propose an overarching MOU through December 31, 2021 that specifies mutually dependent progress reporting and payment mechanisms.

An initial investment of $150,000 is proposed to jump start capacity building plans. CCT-HHS plans on prioritizing the following personnel needs: hiring a data manager, increasing staff capacity for partner coordination, and relocation bonus for the Health Business Strategist position which is still being advertised. This initial payment would be disbursed once reporting expectations and templates are finalized and once the MOU is fully executed.

Ensuing progress reports will allow CCT-HHS to provide a narrative and financial report outlining use of funds. This status update will encourage reporting of both successes and challenges relative to CCT-HHS’s Operational Plan and capacity building efforts. The progress report will also include a section regarding next steps, including specific work, milestones, and required funding for the following quarter. NCACH and CCT-HHS will partner to identify quantitative metrics that might capture the impact of capacity building efforts and milestones.
Developing a mechanism that speaks to both retrospective and prospective work will balance the flexibility needs of CCT-HHS and the accountability expectations of the NCACH Board. For example, if progress is delayed resulting in underspending of already disbursed funds, the subsequent funding disbursement would be decreased accordingly. If upcoming plans require swifter timelines and more resources, the reporting template would allow CCT-HHS to request and justify a greater amount of funds to draw down.

Release of quarterly payments would be contingent on meeting progress expectations. Building this kind of framework recognizes that all complex health transformation plans are bound to encounter unanticipated challenges. It also requires trust, which is needed for a true partnership between CCT-HHS and NCACH, and to that end, staff will share progress updates with the Board on a regular basis.

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

This targeted investment represents an opportunity to reduce health disparities in the NCACH region and support CCT-HHS’s roadmap for tribal health system improvements designed to improve the health and wellbeing of tribal members and their descendants. The priorities outlined in the attached proposal are aligned with NCACH funding principles approved by the Governing Board in May 2018, and will contribute to multiple Medicaid Transformation Project objectives.

While the total cost for the proposed infrastructure and capacity building investments is estimated at $669,000, CCT-HHS is prepared to seek additional sources of funding to leverage NCACH’s investment over the next 2 years.

**TIMELINE:**

- March 2020: Board commits $500,000 for release during the 2020-2021 period. Staff translate the above proposal into Memorandum of Understanding, and draft reporting templates and expectations with feedback from CCT-HHS.
- April 2020: MOU between NCACH and CCT-HHS approved by Colville Tribes HHS Committee and Tribal Council. MOU finalized and fully executed. Staff finalize reporting templates.
- July 2020: First quarterly progress report due.

**RECOMMENDATION:**

NCACH staff recommends that the Board approve and commit up to $500,000 to support the Colville Confederated Tribes’ health improvement efforts starting in 2020 through December 31, 2021. This approval would remove the “*” from the Tribal Investment (Colville Confederated Tribes) line item in the 2020 Budget, and entrust NCACH staff with developing the proposed reporting and funds distribution framework.

Submitted By: Tribal Engagement Team (Linda Evans Parlette; Molly Morris; Caroline Tillier; Christal Eshelman; Sahara Suval; Tanya Gleason)

Submitted Date: 03/02/2020

Staff Sponsor: Caroline Tillier
Colville Confederated Tribes - Health and Human Services
NCACH Funding Proposal

This proposal is the result of ongoing conversations between Colville Confederated Tribes Health and Human Services (CCT-HHS) Director, Dr. Alison Ball, and NCACH staff since August 2019. The proposal describes investment priorities that will support CCT-HHS’s continued implementation of a 5-year Colville Public Health and Wellness System Operational Plan (a 30-page plan outlining comprehensive strategies designed to improve the overall tribal healthcare system). A high-level summary of the Operational Plan is included in Attachment A, as well as progress milestones achieved in 2019. NCACH funds disbursed through December 2021 would ensure continued progress on Operational Plan milestones.

Infrastructure and Capacity Building Needs
NCACH funds would prioritize infrastructure and capacity building needs associated with the following CCT-HHS operational plan strategies:

- Developing a public health data system, which may involve the hiring of data analyst staff, as well as health information technology resources. Having a robust data system in place is a prerequisite for quality improvement and data-driven improvement, not to mention assessment, research, policy advocacy, and grant writing.
- Building critical infrastructure, including the development of logic models, workflows, global budgets, financial management tools, and data dashboards in order to promote a culture of evaluation and improvement that is critical for learning organizations.
- Developing the public health and health care workforce, which may include staff training and orientation in evidence-based practices, team-based care, quality improvement, as well as recruitment and retention efforts.
- Increasing inter-departmental collaboration and external collaboration with regional partners that are part of the health and wellness system for residents of the CCT region.

Budget Projections and Narrative
The following capacity building expense projections and budget narrative explain specific tactics that will advance the above strategies. Budget projections are shared to give the NCACH Board a sense of how NCACH funds would be expended, with the understanding that these estimates should not be interpreted as specific line-item funding restrictions. CCT-HHS will seek additional sources of funding to leverage NCACH’s investment.

**Colville Tribes HHS Department**

*Capacity Building Budget Projections through 12/31/2021*

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<th>PERSONNEL</th>
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<tbody>
<tr>
<td>Public Health Data Team (data manager, data entry specialist, statistician)</td>
<td>$250,000</td>
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</table>

[Data system] Dedicated staff is needed to develop a public health data system that streamlines data collection and analysis across the tribal public health system. The aim is to support health
system improvements, while also advancing the field of tribal public health practice for future growth. Planned data systems include the development of an integrated healthcare dashboard using an enterprise data warehouse (EDW) to assess service quality, as well as leveraging existing and developing new surveillance data systems for purposes of assessment and longer-term research goals. The plan is to start by recruiting a data manager who can help secure needed data infrastructure, add a data entry specialist once systems are more developed, and finally recruit a statistician (this is anticipated to be the most costly and hardest to recruit of these positions.)

| **Dedicated Partner Coordination** (0.5 FTE staff capacity increase) | $ 30,000 |
| **Collaboration** | |
| Staff capacity is needed to assist with planned health transformation efforts requiring complex coordination with health clinics, including Indian Health Services and Lake Roosevelt Community Health Centers, as well as non-tribal health care providers in the region. The aim is to develop a unified collaborative team by building alliances, maximizing resources and troubleshooting gaps in the delivery system. Coordination efforts will include encouraging and improving inter-departmental collaboration, organizing and facilitating partner meetings, and mobilizing community partnerships and action to identify and solve health problems. |

| **Relocation/sign-on Bonus** (Health Business Strategist) | $ 10,000 |
| **Workforce** | |
| The CCT-HHS is in the process of hiring a Health Business Strategist to manage business operations of facilities and high revenue producing service lines. The national search is being conducted by Empire Health Foundation. Being able to offer a relocation and sign-on bonus will mitigate some of the significant recruitment challenges for the tribe. |

**CONSULTING SERVICES**

| **Healthcare Dashboards** (performance metrics) | $ 60,000 |
| **Data system** | |
| Outside expertise will be needed to assist the data manager with developing data dashboards that promote a culture of evaluation and improvement critical for learning organizations. This work will involve development of logic models, process maps, workflow maps, and global budgets, in order to develop standardized key performance metrics (KPM). |

| **Human Resources** (development of recruitment/retention strategies) | $ 20,000 |
| **Workforce** | |
| CCT-HHS would benefit from outside HR expertise to target critical health professional shortages and increase Specialized Care Providers, given significant recruitment and retention challenges. This expense would also include costs associated with regional and national advertising for recruitment. |

| **Financial Analysis** (strategic planning) | $ 40,000 |
| **Infrastructure** | |
| Part of assessing service quality and planning for health system improvements requires more robust financial management systems, including maintaining both system-level and program-level budgets and forecasts. This work also involves developing billing procedures and oversights. CCT-HHS would like to engage financial analysis expertise to understand trends in spending, find gaps in funding, identify redundancies, and plan for the future. |

| **638 Application for Omak Clinic** | $ 40,000 |
| **Infrastructure** | |
| CCT received a Tribal Management Grant from IHS to support a successful transition of programs and services to tribal management, an important milestone towards self-governance of tribal health systems. Following a pre-application submitted to Indian Health Services (IHS) to take over management of the Omak health clinic, CCT-HHS will need to submit a full 638 Application proposal. These are extremely intensive applications, and CCT-HHS leadership would benefit from outside assistance to package a successful proposal. |

| **Emerging Project Development Needs** | $ 75,000 |
| |
Given the many health transformation efforts in progress (e.g. construction of treatment center, construction of future Omak health facility, convalescent center), CCT-HHS leadership anticipates needing additional capacity. For example, to design scopes of work and implementation plans, feasibility studies, business plans, and budgets. Having the flexibility and funding to respond to unplanned and specialty issues that are bound to arise will greatly assist CCT-HHS leadership in ensuring continued progress of Operational Plan milestones.

**INFORMATION TECHNOLOGY**

| Server (for data systems) | $ 30,000 |

This expense represents the need for hardware and health IT staff capacity to host and build data systems that are owned and managed by the tribe. While many data collection activities are associated with mandatory federal grant reporting, existing surveillance data systems at the national and state level rarely allow for analysis at the tribal population level. Data ownership is a critical aspect of data sovereignty, “the right and ability of tribes to develop their own systems for gathering and using data and to influence the collection of data by external actors.” [Desi Rodriguez-Lonebear, 2016]

| Statistical Analysis Software | $ 24,000 |

Given plans to hire a statistician and Dr. Ball’s expertise in Tribal research, CCT-HHS plans on purchasing software to support robust analytics and research functions. This estimate is based on a quote obtained from SPSS (3 licenses for one year) and the need for additional licenses for IT staff.

| Compliance, Management & Telehealth Tools | $ 60,000 |

CCT-HHS is in need of information technology tools to support compliance and management functions, as well as to create telehealth capabilities. Part of this funding would go towards training for current IT staff, or building dedicated IT capacity to bring the technology setup in line with CCT-HHS’s health system needs.

**STAFF DEVELOPMENT**

| Trainings | $ 15,000 |

CCT-HHS would like to offer staff development and training opportunities for 4 direct service managers with the goal of developing a quality improvement culture across the department that will optimize service quality and performance. Training topics include Quality Assurance, Risk Management, Compliance and Quality Improvement.

| Travel | $ 10,000 |

Given the remoteness of the Colville Reservation, staff trainings often involve significant travel and lodging costs. Some of these travel expenses may be used to bring trainers to the CCT region.

**OTHER**

| Meetings | $ 5,000 |

Providing food and refreshments during working lunches or meetings with partners is a hosting function that is critical for the tribes, as they develop relationships and trust with partners. Given the various health transformation efforts in play, various meetings will be hosted on a monthly basis. Hosting is a huge piece of developing partner relationships and trust.

**TOTAL** $ 669,000
Colville Public Health and Wellness System Operational Plan

Overview and Progress

Background
The Confederated Tribes of the Colville Reservation provide health services to Tribal members, their families, and other eligible individuals on the Colville Indian Reservation and in neighboring communities. The Tribes provide public health services to members in Inchelium, Nespelem, Omak, and Keller in the Okanogan and Ferry counties. The Tribes also provide services within a 50-mile radius of the Reservation border to members in Steven, Lincoln, Grant, and Douglas counties.

The Tribes have three systems of healthcare services:

1. the Tribal Public Health and Social Services provides a range of services (as outlined below)
2. the Indian Health Service (IHS) operates two direct service health clinics in Nespelem and Omak, which provide medical services, dental services, and purchase referred care
3. the Lake Roosevelt Community Health Centers (LRCHC), a Tribally-chartered non-profit organization, operates two HRSA Section 330 community health centers in Keller and Inchelium

In 2017, the Colville Tribal Public Health Department developed and initiated a Public Health and Wellness System Operational Plan. This plan represents an initial phase toward improving community health and well-being for tribal members. It is being implemented in the context of broader health transformation and self-determination efforts, calling for complex coordination with health clinics, including Indian Health Services and Lake Roosevelt Community Health Centers, as well as non-tribal health care providers in the region.

Operational Plan Overview
The purpose of the five-year Operational Plan is to strengthen the Tribes’ sovereignty and self-governance by systematically integrating healthcare strategies across health sectors to ensure that their members’ healthcare needs are met.

The Colville Public Health and Wellness System’s mission is to build healthier lifestyles, cause no unnecessary harm, and inspire and build health solutions that are built on our traditional values and teachings. To fulfill this mission, the public health system manages the following health and social service programs:

- Alcohol and Drug Program
- Area Agency on Aging
- Centralized Medical Billing
- Children and Family Services
- Convalescent Center
- Food Distribution/LIHEAP/Senior Heating Program
- Health Education
- Mental Health
- Public Health Nursing and Community Health Representatives
- Social Services
- Diabetes Program
- Native Connections
Infrastructure and Capacity Building Needs

The Colville Public Health and Wellness System Operational Plan outlines improvement protocols to build a system of care that will be data-driven, integrated and holistic, and culturally safe. This system is envisioned as being culturally relevant; community-responsive; and socially, environmentally, and financially sustainable. Building blocks to support this vision include:

- Offering direct services through health and social service programs
- Incorporating traditional knowledge and healing practices
- Ensuring quality and patient safety via monitoring and evaluation
- Organizing assessment, policy development and assurance functions
- Pursuing financial strategies that promote stability, sustainability and autonomy
- Prioritizing organizational development and workforce enhancements
- Improving Equity of Access and Service Quality

Grants and earned income are major sources of revenue to support program services, but implementation of the operational plan also depends on securing funds to address infrastructure and capacity building needs. Excellent patient care cannot be achieved without a robust foundation. General operating and capacity building funds -- while harder to come by -- represent strategic financing opportunities that will be prioritized during implementation of the operational plan.

Operational Plan Progress - 2019 Milestones

- Secured financing for construction of a Colville Tribal Substance Use Treatment Center to be located in Keller, which will address significant access gaps for members struggling with addiction.
- Received SAMHSA Center for Mental Health Services Cooperative Agreement for Tribal Behavioral Health Grant to prevent and reduce suicidal behavioral, substance abuse, mental illness, and trauma through a public health approach.
- Invested in the development of a culturally relevant treatment model.
- Secured funding from Better Health Together to support care coordination agreements between the Tribes’ three systems of healthcare services.
- Received a Tribal Management Grant from IHS to support a successful transition of programs and services to tribal management. This is an important milestone towards sovereignty and self-governance, as the Tribe takes over management of the Omak health clinic.
- Submitted a Pre-Application to IHS’s FY 2020 Joint Venture Program, for purposes of constructing a new Omak Health Facility in Omak.
- Requested Tribal FQHC status from the Health Care Authority for the Colville Tribe’s Drug and Alcohol and Mental Health programs and Lake Roosevelt Community Health Centers. Washington State’s Tribal FQHC program began in July 2019 and offers an important financial sustainability strategy for tribally-managed clinics, which have historically been underfunded.
- Advocated for Senate Bill 1564 allowing the Tribe to negotiate an enhanced encounter rate for the Colville Tribal Convalescent Center. This will result in additional federal revenue, another important step towards financial sustainability.
**Board Decision Form**

**TOPIC:** Recovery Coach Network

**PURPOSE:** 2020 Budget Amendment for Recovery Coach Network

**BOARD ACTION:**
- ☑ Information Only
- ☑ Board Motion to approve/disapprove

**BACKGROUND:**
In February, the Governing Board Approved the allocation of funding for the Recovery Coach Network in 2020 (see proposal in February Board Packet). In this proposal, the intent was for NCACH to contract out this program through an RFP process. After discussions with NCACH partners, NCACH staff believe it is unlikely the RFP process will illicit a suitable lead agency, and that NCACH itself would be well positioned to managed this work for the next three years.

**PROPOSAL:**
Amend the 2020 budget to include the Recovery Coach Network (excluding Evaluation Coordination and Support) in the CDHD budget rather than the Financial Executor Budget.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**
- NCACH would be the lead agency for the Recovery Coach Network and thus would directly hire the coordinator position for the Recovery Coach Network.
- Decrease the Financial Executor Portal CPTS budget line item by $118,972
- Increase the CDHD budget by $114,947, specifically the following line items:

<table>
<thead>
<tr>
<th>Proposal Budget Item</th>
<th>Amount</th>
<th>CDHD Budget Line Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and benefits</td>
<td>$62,400 (For remainder of 2020)</td>
<td>Salary &amp; Benefits</td>
</tr>
<tr>
<td>Recovery Coach Stipends</td>
<td>$9,200</td>
<td>Other Expenditures</td>
</tr>
<tr>
<td>Training Expenses</td>
<td>$20,000</td>
<td>Other Expenditures</td>
</tr>
<tr>
<td>Equipment</td>
<td>$3,500</td>
<td>Software ($1000), Office Supplies ($1,000), Telephone ($1500)</td>
</tr>
<tr>
<td>Supports for clients</td>
<td>$4,854</td>
<td>Other Expenditures</td>
</tr>
<tr>
<td>CDHD Hosting Fee</td>
<td>$14,993</td>
<td>CDHD Hosting Fee</td>
</tr>
<tr>
<td>Total</td>
<td>$114,947</td>
<td></td>
</tr>
</tbody>
</table>
Note: Evaluation Consultation and Support, budgeted at $9,000, will remain in the Financial Executor Budget. Total budget will decrease by $4,025 (since computer equipment will not need to be purchased) to $123,947.

**TIMELINE:**
Upon approval, NCACH will develop the description for the Recovery Coach Network job and begin recruitment.

**RECOMMENDATION:**

| Submitted Date: | 03/02/2020 |
| Staff Sponsor:  | John Schapman |