

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

<b>Location</b> <b>Family Health Centers</b> 1003 Koala Dr Omak WA 98841	<b>Call-in Details</b> +1 929 205 6099 US Meeting ID: 551 833 4075 Join Zoom Meeting <a href="https://zoom.us/j/5518334075">https://zoom.us/j/5518334075</a>
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	<b>Introductions – Barry Kling</b> <ul style="list-style-type: none"> <li>Board Roll Call</li> <li>Review of Agenda &amp; Declaration of Conflicts</li> <li>Public Comment</li> </ul>		<ul style="list-style-type: none"> <li>Agenda</li> </ul>	1-2
1:10 PM	<b>Approval of February Minutes – Barry Kling</b>	Motion: Approval of February Minutes	<ul style="list-style-type: none"> <li>Minutes</li> </ul>	3-5
1:15 PM	<b>Executive Director’s Update – Senator Parlette</b> <ul style="list-style-type: none"> <li><b>Cross ACH Contract</b></li> <li><b>New Staff Introductions</b> <ul style="list-style-type: none"> <li>Mariah Brown</li> <li>Heather Smith</li> </ul> </li> </ul>	Motion: Approval of funding for Cross ACH Strategic Alignment Contract	<ul style="list-style-type: none"> <li>Board motion form and request for proposals</li> <li>Executive Director’s Report</li> <li>New Staff Bios</li> <li>2019 Summit Flyer</li> </ul>	6-15  16-17 18 19
1:25 PM	<b>Parkside Update – Dr. Julie Rickard</b> <b>Beacon/Crisis Update – Leah Becknell</b>	Information		
1:35 PM	<b>Staff Updates – NCACH Staff</b> <ul style="list-style-type: none"> <li>Opioid</li> <li>Okanogan Healthcare Workforce Collaborative</li> <li>WPCC</li> <li>TCDI</li> </ul>	Information	<ul style="list-style-type: none"> <li>Staff updates</li> </ul>	20-26
2:15 PM	<b>Pathways HUB Update – Deb Miller</b>	Information	<ul style="list-style-type: none"> <li>HUB Update</li> </ul>	<i>Separate Attach</i>
2:30 PM	<b>Treasurer’s Report – Brooklyn Holton</b>	Motion: Approval of monthly financial report	<ul style="list-style-type: none"> <li>Monthly Financials</li> </ul>	27-30
2:40 PM	<b>Board Election:</b> <b>AAA Board Seat – Ken Sterner</b>	Motion: Approval of Ken Sterner to assume the remainder of Bruce Buckle’s term	<ul style="list-style-type: none"> <li>Board Motion Form</li> </ul>	31
2:50 PM	<b>Medical Respite Program – Tanya Gleason</b>	Information	<ul style="list-style-type: none"> <li>Presentation</li> </ul>	32-41
3:10 PM	<b>CHI Update – CHI Board Seats</b>	Information		
3:20 PM	Round Table			

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

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

Location	Attendees
CTC, Wenatchee	<p><b>Board Members In Person:</b> Barry Kling, Blake Edwards, Rick Hourigan, Doug Wilson, David Olson, Courtney Ward, Brooklyn Holton</p> <p><b>Board Members via Phone:</b> Rosalinda Kibby, Carlene Anders, Nancy Nash Mendez, Kyle Kellum, Mike Beaver</p> <p><b>Board Members Absent:</b> Scott Graham, Senator Warnick, Michelle Price, Bruce Buckles, Molly Morris, Ray Eickmeyer</p> <p><b>Public attendance:</b> Paul Hadley, Kris Davis, Jorge Rivera, Jill Thompson, Amelia Davis, Kelsey Gust, Deb Miller, Kate Haugen, Todd Shanze, Laurel Lee, Carly Levits, Allen Cheadle, Ramona Hicks, Laina Mitchell, Laurel Turner, Ken Sterner,</p> <p><b>Staff:</b> Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Christal Eshelman, Sahara Suval, Tanya Gleason, Teresa Davis-Minutes</p>
Agenda Item	Minutes
Introductions – <b>Barry Kling</b>	<ul style="list-style-type: none"> <li>Review of Agenda &amp; Declaration of Conflicts – Barry reviewed the declaration of conflicts of interest protocol. Reminding everyone to keep that in mind that when an item on the agenda directly applies to funding to the organization that a Board member represents, they should declare their conflict. Declaring a conflict does not mean that you can't participate in the discussion.</li> <li>Public Comment – No public comment</li> </ul>
Approval of January Minutes – <b>Barry Kling</b>	<ul style="list-style-type: none"> <li>Blake Edwards moved to approve the January minutes as presented, Doug Wilson seconded the motion, motion approved.</li> </ul>
Executive Director's Report – <b>Linda Parlette</b>	<ul style="list-style-type: none"> <li>Bruce Buckles – would like to resign from the NCACH Board and would like to have Ken Sterner replace him on the Board – The nominating committee will discuss and the Board will formally address that at the next meeting.</li> <li>Board retreat last month – covered P4P, then had a brainstorming session on the future of the ACH. We have not come to any conclusions, but we are having these conversations.</li> <li>MCO's are still working on the task of what they would like to see from the ACH</li> <li>\$20 Million from Premera – Linda received a phone call that we are not going to get the money. They are going to focus on recruitment in the rural areas and work on integration. Premera is sending a letter, Linda will share the letter when she receives it.</li> <li>Helping to organize a local group with the County Commissioners. First meeting tentatively planned for March 20<sup>th</sup>. Still working on the purpose of that group. Waiting for more direction from the Governor's office.</li> <li>Staff is planning the April 12<sup>th</sup> Summit, more details to come.</li> </ul> <p><b>Parkside Update -</b></p> <ul style="list-style-type: none"> <li>Finished our 3<sup>rd</sup> month. Averaging 11 patients a day in January.</li> <li>Demographics are 50% female/50% male. Highest age group is 18-28 with 27.85%, followed by age 29-38 at 32.91%.</li> <li>Ended month with 46 patients served</li> <li>Still working on improving our discharge planning process as the turn-around is so quick it is difficult to do</li> <li>Working on marketing the program to assist with referrals.</li> </ul> <p><b>Parkside Discussion:</b></p> <ul style="list-style-type: none"> <li>Barry brought up that there is concern as to whether all of the bed types planned by the facility operator are allowed by the legislation which allocated the capital funds used to create the facility. Although bed types with higher reimbursement would be attractive to the</li> </ul>

	<p>operator, Parkside (as a publicly funded facility) should also consider community needs and there should be some mechanism for community input or governance regarding such changes. There are also concerns from law enforcement (which Barry has heard via a discussion with county commissioners) as to whether they will be able to take a detained person having mental health issues to Parkside for admission when the person does need help but will not be accepted by a med/surg hospital like CWH and is not appropriate for jail. Since many of us had hoped Parkside would be able to help such patients, this is something we want to clarify. Finally, he noted that ownership of Parkside still rests with the City of Wenatchee, which may not make sense for the long run. Senator Parlette said she would be tracking these issues as they develop noting that last year providers created a matrix to find the gaps in care. Teresa will send out the continuum care matrix that was done to the Board.</p> <ul style="list-style-type: none"> <li>• Blake asked that we get clarity on Parkside's current licensure.</li> <li>• Linda will send an email to Mayor Kuntz and Julie Rickard explaining that we have discussed the need for local oversight.</li> </ul>
Treasurer's Report – <b>Brooklyn Holton</b>	<p>Brooklyn went over the monthly financial report. Public Consulting Group and CDHD sent 1099s out for the funds distributed in 2018. They have asked Public Consulting Group to craft a description on how to classify this money that we can send out to partners. Rick Hourigan suggested that the ACH send a letter out to partners sooner than later to explain these 1099s to avoid confusion. John will draft a letter if he does not receive verbiage from Public Consulting Group by next week. Brooklyn went over the Financial Summary for 2018, she has no concerns. John presented a list of all partners that have received payments in 2018. In 2019 we will see a higher percentage of partner payments.</p> <ul style="list-style-type: none"> <li>• Doug Wilson moved, Nancy Nash Mendez seconded the motion to approve the monthly financial report, motion approved.</li> </ul>
CCHE 2018 NCACH Participant Survey Presentation – <b>Allen Cheadle &amp; Carly Levitz</b>	<p>Carly Levitz and Allen Cheadle gave presentation – see attachment to meeting packet</p> <ul style="list-style-type: none"> <li>• Linda noted that the top performers were King County and Olympic and she is going to dig deeper with them for some peer learning.</li> <li>• Rick noted that it all depends on the sample groups. North Central had one of the larger sample groups. All ACH's sent them to the same types of groups.</li> <li>• David wondered if there is a correlation analysis for how far along in the process that they are compared to us.</li> <li>• Subgroup analysis – Carly will look into that data and see what she can come up with re: comments and suggestions by the different groups.</li> <li>• Communication – Doug finds it difficult to maintain the big picture. Would be nice to be able to click to see where we have been and what we have become.</li> </ul>
CHI Update – <b>CHI Board Members</b>	<ul style="list-style-type: none"> <li>• Grant County – Laina Mitchell – Leadership Meeting, a lot of momentum on developing a plan so that members have goals that line up with the funding that is coming up. Grant had a different vision for the funding than the other CHI's had in mind. Working to identify some key priorities in Grant County.</li> <li>• Okanogan County – Mike Beaver – Last meeting went very well, went over the funding opportunities coming up. Hoping to get some people assigned to the leadership council.</li> <li>• Chelan Douglas County - Brooklyn Holton – Leadership council elections will be finalized in February. Advisory group met for the CHI funding. At the last meeting we started working on CHI priorities – listed in CHI minutes. Next meeting is next week, will be rotating meetings quarterly outside of Wenatchee, and looking to meet on a bus line and somewhere more cost effective. Looking into social media accounts for the CHI's. <ul style="list-style-type: none"> <li>➤ Sense of timeframe for pursuing some funding? The Advisory Group had its first meeting last week. Next meeting is Feb 21<sup>st</sup>, Chris from OHSU will be here to help identify some project priority focus areas. Hopefully, we will have some applications brought forward by April.</li> </ul> </li> </ul> <p>Brooklyn noted that it would be helpful for the Board to give CHI Board Members anything that they could bring back to the CHIs in their Board reports to their county CHI's.</p>
Pathways HUB Update – <b>Deb Miller</b>	<ul style="list-style-type: none"> <li>• Going through the Blue Orange HIPAA security assessment, expecting final report in March.</li> <li>• Still waiting for a report from Edie on ED utilization by Zip Code to decide if our plan for expansion to Chelan Douglas is the correct next move. We need to look into Primary Care for referral network.</li> </ul>

Other Staff Updates – <b>NCACH Staff</b>	<ul style="list-style-type: none"> <li>• TCDI – <b>John</b> - Update to Charter - Changing meeting format to align with implementation phase. Changing attendance to 50%, and reducing to at least quarterly meetings.</li> <li>❖ <b>Brooklyn Holton moved, Blake Edwards seconded the motion to approve updated NCACH Transitional Care and Diversion Intervention Workgroup Charter, motion passed.</b></li> </ul> <p>At the last meeting, Tanya presented on Medical Respite Program. Looking at possibly piloting and/or funding in 2019 or 2020. Teresa will send out her slides and Tanya will present at next Board meeting. Hospital partners just submitted their first report. Confluence continues to do the transitional care management training with partners. Also working with Collective Medical Technology to work on EDie workflow training. Have a call scheduled in Feb to develop some webinar trainings in the next few months with the hopes for an in person training in May.</p> <p>EMS - Partnering with DOH to get all partners reporting into their records system so that we can look into regional data.</p> <ul style="list-style-type: none"> <li>• CCHE &amp; PHSKC (Public Health Seattle King County) Update – <b>Caroline</b> – We have engaged CCHE for program evaluation on the projects. Allen Cheadle came out and did a site visit. We are trying to figure out how to weave CCHE into our other contractor’s work. Hoping to have a more detailed outline of the next phase of program evaluation at next meeting.</li> <li>• WPCC – <b>Wendy</b> – Change plans were submitted and the few that did not score 90% have resubmitted and we are hopeful that they will score a 90% and receive full funding. Working with our portal advisors to produce a quarterly report that is digestible. Hired two practice facilitator’s that will start in February. WSU Mobile Health Needs Assessment gave a presentation in the WPCC meeting. FQHC’s expressed interest in partnering with them as they have plans of deploying mobile units within the next few months.</li> <li>• <b>Christal</b> - Okanogan County IMC – No reported issues. Opioid: Awarded Grant County Health District the Opioid Awareness and Marketing Campaign. NCW Opioid Response Conference - March 15<sup>th</sup>. Save the date flyer is in packet, registration will be open soon. Dental Pain Care Conference – May 3<sup>rd</sup>. Dentist will get 4 continuing ed credits that will satisfy the new requirements for dentists. There is a similar training for physicians is being offered on April 15<sup>th</sup>– Christal will send that flyer out via email. Last month Christal presented the procedures for Narcan training and distribution – Colville Tribes are excited to partner, but will need some changes made to our procedures as they only have one agency to provide Narcan kits and they would like to be able to use the funding to train a canine. Created a recovery committee and a school based prevention committee and those start meeting next week.</li> <li>• Community Initiatives &amp; Health Equity Work Plan – <b>Sahara</b> - Presented the Health Equity Work Plan. Brooklyn noted that there is about \$100K that is filtered into our community through the Gates Foundation through Our Valley our Future and Community Foundation. Send electronic copy of Health Equity Plan to Brooklyn.</li> </ul>
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## Board Decision Form

**TOPIC:** Cross ACH Strategic Alignment Contract

**PURPOSE:** *Approve funding for NCACH portion of the Cross ACH Strategic Alignment Contract*

**BOARD ACTION:**

☐ Information Only

☒ Board Motion to approve/disapprove

**BACKGROUND:**

In 2018, The nine ACH Executive Directors across the state held monthly meetings in Sea Tac Washington. The goal of these meetings have been to improve collaboration across the ACH regions, find areas of alignment between projects , and to identify issues that ACHs need to advocate state partners as a collective voice. In 2018 ACHs utilized Applied Insight to coordinate meeting logistics, develop agendas for meetings, and connect with appropriate partners across the state. The contract in 2018 was supported by Health Care Authority State Innovation Model (SIM) funds, but SIM funding expired on January 31<sup>st</sup>, 2019 and will not be renewed.

To support continued collaboration of ACHs, and support development of sustainability models and coordinated Health Information Exchange/Health Information Technology (HIE/HIT) strategies across the regions, ACHs have released a request for proposal (RFP) for another contracted entity to replace Applied Insight. Below outlines the total contract amount and the breakdown of each ACH's responsibilities:

	ACH	High Fair Share per month	Total	Low Fair Share per month	Total
Large	HH	\$ 3,500	\$ 31,500	\$ 1,500	\$ 13,500
Large	North Sound	\$ 3,500	\$ 31,500	\$ 1,500	\$ 13,500
Med	GC	\$ 2,500	\$ 22,500	\$ 1,000	\$ 9,000
Med	Pierce	\$ -	\$ -	\$ -	\$ -
Med	BHT	\$ 2,500	\$ 22,500	\$ 1,000	\$ 9,000
Med	SW	\$ 2,500	\$ 22,500	\$ 1,000	\$ 9,000
Med	CPAA	\$ 2,500	\$ 22,500	\$ 1,000	\$ 9,000
Small	North Central	\$ 1,500	\$ 13,500	\$ 500	\$ 4,500
Small	OCH	\$ 1,500	\$ 13,500	\$ 500	\$ 4,500
Total			\$ 180,000		\$ 72,000



# North Central Accountable Community of Health

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ACH Executive Directors have come into agreement with the amount each ACH owes based on funding that each ACH is receiving as part of the Medicaid Transformation Project. The total contract amount is up to \$180,000 for the remainder of 2019. NCACH would be responsible for covering up to \$13,500 of that contracted amount.

## **PROPOSAL:**

**Approve \$13,500 to allocate for a contracted vendor to support Executive Director coordination and support between the nine ACHs in 2019.**

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

This contract will allow ACH Executive Directors to continue meeting and addressing areas they can come into alignment on projects and identify issues that ACHs need to advocate up to Statewide partners (e.g. Health Care Authority).

Approval of this proposal will increase the Misc. and Contracts Budget line item in the CDHD Account from \$14,000 to \$27,500 for 2019

## **TIMELINE:**

- March 4<sup>th</sup> – NCACH Governing Board approves funds
- March 20<sup>th</sup> – Expected start date of contract
- Contract will run through December 31<sup>st</sup>, 2019

## **RECOMMENDATION:**

*Approve the above recommendation*

Submitted By:  
Submitted Date:

Linda Parlette, Executive Director  
03/04/2019

**Attached:** Cross ACH Strategic Alignment Request for Proposals

**Better Health Together on behalf of  
Washington State Accountable Communities of Health\***

**REQUEST FOR PROPOSALS (RFP)**

**PROJECT TITLE:** Cross ACH Strategic Alignment

**PROPOSAL LAUNCH DATE:** February 19, 2019

**PROPOSAL DUE DATE:** March 1, 2019 by 3:00 p.m. Pacific Time\*\*

**EXPECTED DECISION DATE:** March 15, 2019

E-mailed bids will be accepted at [admin@betterhealthtogether.org](mailto:admin@betterhealthtogether.org). Faxed bids will not be accepted.

**ESTIMATED TIME PERIOD FOR CONTRACT:** March 20, 2019 through December 31, 2019.

Better Health Together (BHT) reserves the right to extend the contract for up to two (2) additional one (1) year periods at the sole discretion of the Washington State Accountable Communities of Health.

**BIDDER ELIGIBILITY:** This procurement is open to those Bidders that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

Please direct any questions to [alison@betterhealthtogether.org](mailto:alison@betterhealthtogether.org). Alison Poulsen, Executive Director, Better Health Together.

\*This RFP is released on behalf of the following ACHs: Olympic Community of Health, SWACH, Cascade Pacific Action Alliance, Healthier Here, North Sound Accountable Community of Health, North Central Accountable Community of Health, Greater Columbia Accountable Community of Health and Better

\*\*BHT requests that all interested bidders be available to meet with ACH Executive Directors on March 12, 2019. A decision is expected to occur by close of business on March 12, 2019.



## **PURPOSE AND BACKGROUND**

The Washington State Accountable Communities of Health, hereafter called “ACHs”, is initiating this Request for Proposal (RFP) to solicit proposals to enter into an agreement to provide strategic planning, collaboration, and alignment across all nine ACHs. On behalf of the nine ACHs, BHT will serve as the lead for the RFP process and expected contracting.

For more information on ACHs, visit <https://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach#what-is-an-ach>

For the past year, ACH Executive Directors from around the state have worked collectively and collaboratively to share important information and find alignment. Over the past few months, the complexity of the work and the environment in which we are trying to create change, requires an intentional approach with subject matter expertise. To this end, the ACHs intend to award one contract for services described in this RFP.

## **OBJECTIVES AND SCOPE OF WORK**

The awarded Contractor(s) will work with the nine ACHs to refine a formal scope of work and work group charter. The Scope will include at least two streams of work: ACH wide HIE/HIT strategy development, and identification of sustainable Medicaid Waiver strategies.

### **HIE/HIT STRATEGY**

1. Create a framework to share each ACH’s HIE/HIT strategies as it relates to the coordination of information sharing between agencies and organizations that are involved in a person’s care which would include:
  - Shared Care Planning for health care and social determinant of health providers, defined as community-based social service organizations or coalitions that do not provide direct health care services
  - Community Health Records for patients and providers
  - Alignment of Community Resources
  - Referrals
  - HIT/HIE products

\*This framework may include a state and national inventory of relevant initiatives (Blueprint for Complex Care, HCA’s Health IT Strategic Roadmap, Emergency Department Information Exchange (EDIE), PreManage, Onehealthport, Digital Health Commons, 2-1-1, Care Coordination Systems (CCS), Pathways, HMIS, Inter-governmental Transfers (IGT) investment in Shared Domain 1 Health Systems Capacity Building Activities.

2. Facilitate a process for seeking agreement and/or agreeing to not move forward with an all-ACH strategy on:

- Bi-Directional information sharing and/or referrals between hospitals, emergency departments, primary care, providers, emergency responders and Tribes
  - The sharing of care plans between health care and social determinant of health providers, defined as community-based social service organizations or coalitions that do not provide direct health care services
  - Community Health Records for patients, clients and providers
  - Alignment of Community Resources
  - Health information exchange strategies
3. Develop an Implementation Action Plan involving bullet number 1 and 2 based on group agreement, and facilitate ongoing achievement of Implementation Action Plan.

### **SUSTAINABLE MEDICAID WAIVER STRATEGIES**

Work with ACHs to develop and implement an action plan focused on the ACH's interventions and sustainability strategies as it relates to Medicaid Transformation Projects (Bi-Directional Integration, Opioids, Chronic Disease Coordination, Community Based Care Coordination, Transitional Care, Diversion, Oral Health, and Maternal Health). This includes:

- Creating a framework to share each ACHs individual interventions and sustainability strategies
- Facilitating a process for ACHS to seek agreement and/or agree not to move forward on the development of ACH wide suitability strategies on intervention strategies.
- Convening and collaborating with needed stakeholders across the State that are important in ensuring strategies can be implemented.

The contractor will be responsible for facilitation and tracking the ongoing achievement of Implementation Action Plan.

<b>MINIMUM QUALIFICATIONS</b>
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The following are the minimum qualifications for Bidders:

- Licensed to do business in the State of Washington.
- No less than two (2) years' experience providing support related to Washington Medicaid 1115 Waiver.
- Experience working with Accountable Communities of Health and actively participating in Medicaid Transformation activities.

**FUNDING**

The ACHs have budgeted an up to \$72,000 but not to exceed \$180,000 for Year 1 Contract (March 20, 2019-December 31, 2019).

**ESTIMATED SCHEDULE OF PROCUREMENT ACTIVITIES**

Proposals Due	March 1, 2019	3:00 p.m., PT
Evaluate Proposals for Final Candidates	March 8, 2019	
Final Candidate Person Meeting with ACH Executive Directors in SeaTac	March 12, 2019	
Announce "Apparently Successful Bidder" and send notification via e-mail to unsuccessful Bidders	March 15, 2018	
Begin Contract Work (approx.)	March 20, 2018	

**SUBMISSION OF PROPOSALS**

The proposal must be received no later than the Proposal Due deadline in Section 2.1, *Estimated Schedule of Procurement*.

Proposals must be submitted electronically as an attachment to an e-mail to [toadmin@betterhealthtogether.org](mailto:toadmin@betterhealthtogether.org). Attachments to e-mail should be in Microsoft Word format or PDF. Zipped files cannot be received nor used for submission of proposals. The cover submittal letter and the Certifications and Assurances form must have a scanned signature of the individual within the organization authorized to bind the Bidder to the offer. BHT does not assume responsibility for problems with Bidder's e-mail. If BHT's e-mail is not working, appropriate allowances will be made. Proposals may not be transmitted using facsimile transmission.

**PROPRIETARY INFORMATION / PUBLIC USE**

Proposals submitted in response to this competitive procurement will become the property of the ACHs. All proposals received will remain confidential until the Apparently Successful Bidder is announced; thereafter, the proposals will be used publicly as the ACHs deem appropriate.

### **MOST FAVORABLE TERMS**

ACHs reserve the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Bidder can propose. ACHs do reserve the right to contact a Bidder for clarification of its proposal.

ACHs also reserve the right to use a Best and Final Offer (BAFO) before awarding any contract to further assist in determining the ASB(s).

The Apparently Successful Bidder should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. The contract resulting from this RFP will incorporate some, or all, of the Bidder's proposal. The proposal will become a part of the official procurement file on this matter without obligation to the ACHs.

### **CONTRACT AND GENERAL TERMS & CONDITIONS**

The Apparently Successful Bidder (ASB) will be expected to enter into a contract with BHT prior to March 20, 2019. In no event is a Bidder to submit its own standard contract terms and conditions in response to this solicitation. BHT reserves the right to discuss any Bidder proposed change to terms or conditions and to clarify and supplement such proposal.

If, after the announcement of the ASB, and after a reasonable period of time, the ASB and ACHs cannot reach agreement on acceptable terms for the Contract, BHT may cancel the selection and Award the Contract to the next most qualified Bidder.

### **COSTS TO PROPOSE**

BHT will not be liable for any costs incurred by the Bidder in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

### **RECEIPT OF INSUFFICIENT NUMBER OF PROPOSALS**

If BHT receives only one responsive proposal as a result of this PROCUREMENT, ACHs reserve the right to either: 1) directly negotiate and contract with the Bidder; or 2) not award any contract at all. BHT may continue to have the bidder complete the entire PROCUREMENT. BHT is under no obligation to tell the Bidder if it is the only Bidder.

### **COMMITMENT OF FUNDS**

The Executive Director of BHT is the only individual who may legally commit BHT to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

### **ELECTRONIC PAYMENT**

BHT may utilize electronic payment in its transactions. The ASB may be required to provide a form to complete with the contract to authorize such payment method.

## **INSURANCE COVERAGE**

As a requirement of the resultant contract, the ASB is to furnish BHT with a certificate(s) of insurance executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth below.

The ASB must, at its own expense, obtain and keep in force insurance coverage which will be maintained in full force and effect during the term of the contract. The ASB must furnish evidence in the form of a Certificate of Insurance that insurance will be provided, and a copy must be forwarded to BHT within 15 days of the contract effective date.

### **Liability Insurance:**

**Commercial General Liability Insurance:** ASB shall maintain commercial general liability (CGL) insurance and, if necessary, commercial umbrella insurance, with a limit of not less than \$1,000,000 per each occurrence. If CGL insurance contains aggregate limits, the General Aggregate limit must be at least twice the “each occurrence” limit. CGL insurance must have products-completed operations aggregate limit of at least two times the “each occurrence” limit. CGL insurance must be written on ISO occurrence from CG 00 01 (or a substitute form providing equivalent coverage). All insurance must cover liability assumed under an insured contract (including the tort liability of another assumed in a business contract) and contain separation of insureds (cross liability) condition.

**Workers’ Compensation Coverage:** The ASB will at all times comply with all applicable workers’ compensation, occupational disease, and occupational health and safety laws, statutes, and regulations to the full extent applicable. BHT will not be held responsive in any way for claims filed by the ASB or their employees for services performed under the terms of this contract.

## **PROPOSAL CONTENTS**

Proposals must be written in English and submitted electronically to BHT in the order noted below:

- A. Letter of Submittal
- B. Proposal
- C. Budget

Proposals must provide information in the same order as presented in this document with the same headings. Items marked “mandatory” must be included as part of the proposal for the proposal to be considered responsive.

## **LETTER OF SUBMITTAL (MANDATORY)**

Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Bidder:

- Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
- Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now substantially exists.
- Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue.
- Location of the facility from which the Bidder would operate.
- If the Bidder has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Bidder, or (b) litigated and such litigation determined that the Bidder was in default.
- Describe how your organization meets the eligibility requirements, including services provided, mission, vision, values, or a charter.
- Explain your organization's history of working Medicaid 1115 Waivers, ACHs in Washington State.

#### **TEAM AND APPROACH (MANDATORY)**

Experience of the Bidder: Describe the experience of the Bidder in the following areas:

- Washington Medicaid 1115 Waiver/other state Medicaid 1115 Waivers
- Sustainability strategies
- HIE/HIT strategies

Describe approach and indicate relevant experience that pertains to achievement of described scope. Approach may include:

- Developing and advancing shared agendas
- Experience and approach for facilitating multiple organizations
- Development and exchanging of common materials, models and tools
- Subject Matter expertise related to Medicaid 1115 Waiver, sustainability and HIE/HIT

Include a list of contracts/project the Bidder has had during the last five years that relate to the Bidder's ability to perform the services needed under this RFP. List contract reference numbers, contract period of performance, contact persons, telephone numbers, and fax numbers/e-mail addresses.

References: List names, addresses, telephone numbers, and e-mail addresses of two business references for the Bidder briefly describe the type of service provided. Do not include current ACH staff as references. By submitting a proposal in response to this RFP, the vendor and team members grant permission to BHT to contact these references and others, who from BHT's perspective, may have pertinent information. BHT may or may not, at BHT's discretion, contact references. BHT may evaluate references at BHT's discretion.

**BUDGET PROPOSAL (MANDATORY)**

Please provide a comprehensive budget for above named activities. Please note the ACHs have budgeted an up to \$72,000 but not to exceed \$180,000 for Year 1 Contract (March 20, 2019-December 31, 2019). Please include all travel expenses in the budget.

## Executive Director's Report – March 2019

Our team has grown since my last update! NCACH is proud to introduce our newest team members, Mariah Brown and Heather Smith, our Practice Facilitators. Both Heather and Mariah will be undergoing rigorous training over the next few weeks to prepare them to work with the Whole Person Care Collaborative Learning Community's 17 outpatient provider organizations as they progress with their clinical change plans. We are excited to build regional capacity by hiring local 'in-house' coaching supports for our partnering providers. Welcome, Heather and Mariah!



Following the Board's brainstorming discussions from the January board retreat, staff and I have continued to work with Oregon Health Science University (OHSU) consultants to develop a strategic plan for NCACH. I look forward to continued conversations on the future of North Central Accountable Community of Health with the Board.

The regularly scheduled monthly ACH Executive Director's meeting was cancelled due to the snow.



I received over 40" of new snow at my house in Wenatchee and was effectively snowed-in until our ranch manager, Jose, had the chance to plow! *(See photo – Jose braving the snow to plow us out!)*

In spite of the weather challenges, the ACH executive directors did have the chance to connect via a conference call. One of the main things we discussed was the possibility of hiring a consultant team to continue facilitating the monthly executive directors' meetings as the previous meetings were funded under the recently expired SIM grant. I will share more information regarding this during the March Governing Board meeting.

NCACH is busy planning a series of upcoming events! We hope that you will be able to join us for:

- [North Central Washington Opioid Response Conference: Pathways to Prevention](#), hosted March 15 at multiple





# North Central Accountable Community of Health

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locations across the region

- [NCACH 2019 Annual Summit](#), hosted April 12 at Big Bend Community College in Moses Lake
- [Evidence-based Dental Pain Training Session](#), hosted May 3 at Confluence Technology Center in Wenatchee.

As always, we continue to....

**Charge on!**

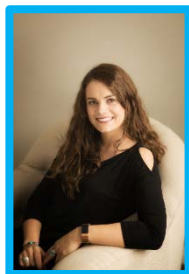
Linda Evans Parlette, Executive Director

## Heather Smith

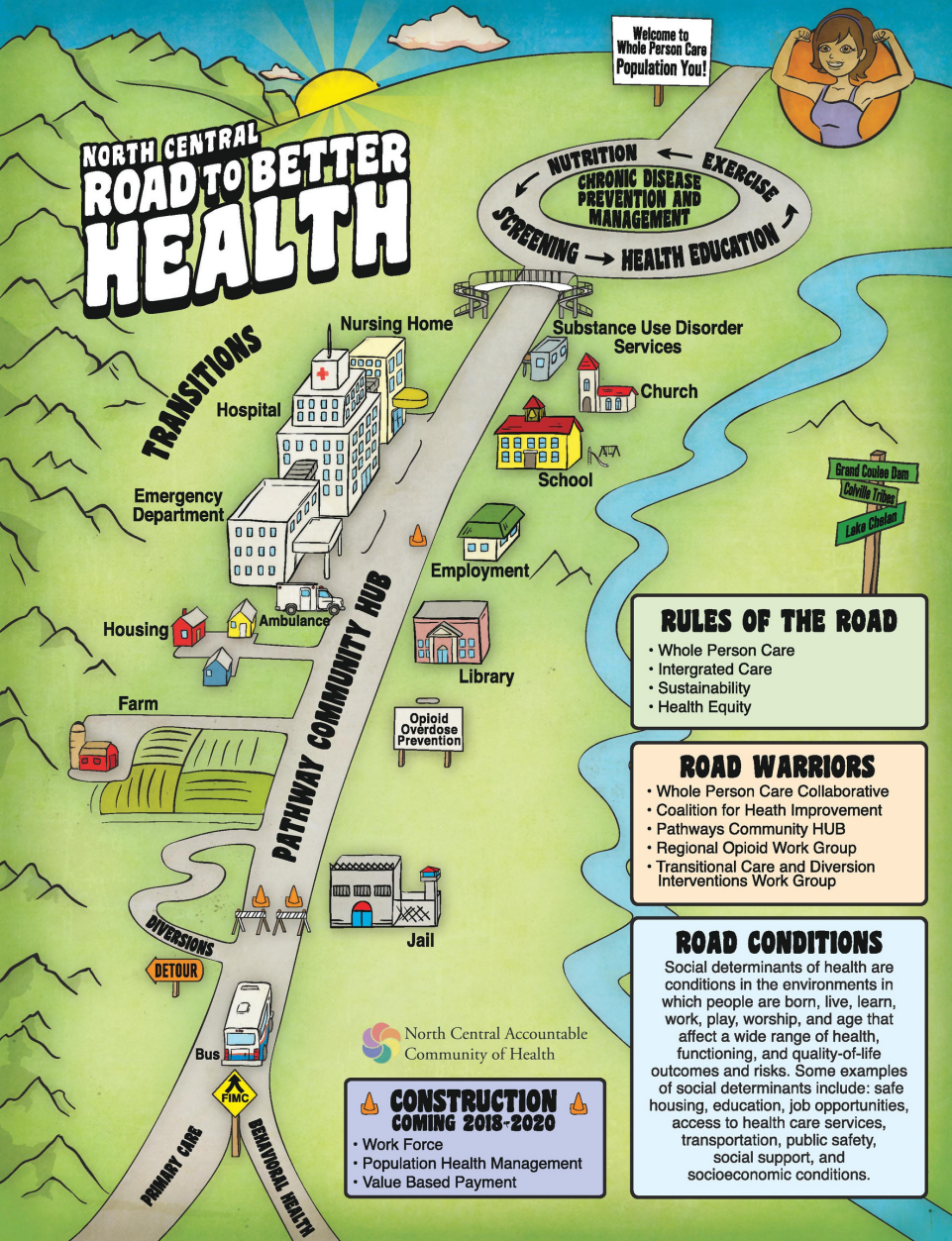


Heather comes to us from Pasco where she lives with her husband, daughter, two cats and dog. She's worked in healthcare revenue cycle since graduating from Washington State University in 2008. With a background in billing and coding, she's recently focused on developing the Clinical Documentation Improvement program for Lourdes Health Network. Last May, she spoke at the national conference for documentation improvement specialist (ACDIS) about data collection methods and analysis in the outpatient CDI model. This year she was certified as a CDIP (clinical documentation improvement professional) and contributed to *"The Outpatient CDI Specialist's Complete Training Guide"* published by HCPRO in 2019.

## Mariah Brown



Mariah has spent her life in North Central Washington. She grew up in Oroville and currently resides in Cashmere. Her public health journey started at the University of Washington, where she graduated with a BS in Public Health in 2014. Prior to her role at NCACH, she was employed at Confluence Health as the Education Coordinator for the Accountable Care department. Her role focused on providing training and resources to Confluence Health providers and staff regarding the health plans and programs administered through Accountable Care.



# ADDRESSING THE ROAD BLOCKS TO WHOLE PERSON HEALTH

## 2019 ANNUAL SUMMIT

A CONFERENCE FOR HEALTH CARE PROVIDERS AND COMMUNITY PARTNERS WORKING TO BUILD A HEALTHIER NORTH CENTRAL WASHINGTON

OPEN TO EVERYONE



Featuring keynote speaker,  
john a. powell,  
Director of  
Haas Institute for a Fair and Inclusive Society

APRIL 12 | 9 AM | MOSES LAKE  
BIG BEND COMMUNITY COLLEGE



North Central Accountable  
Community of Health

[NCACH.ORG/ANNUAL-SUMMIT](http://NCACH.ORG/ANNUAL-SUMMIT)





## NCACH Project Workgroup Update

### Regional Opioid Stakeholders Workgroup

March, 2019

#### Key Project Updates

- The Planning Committee for the NCW Opioid Response Conference: Pathways to Prevention, will take place on March 15<sup>th</sup>. This conference is happening at 10 sites throughout the region simultaneously. Following the conference, there will be an optional Narcan training sponsored by Amerigroup, Beacon, Coordinated Care, and Molina. Register online at: [https://ncw\\_opioid\\_response\\_conference.eventbrite.com](https://ncw_opioid_response_conference.eventbrite.com)
- The Evidence-based Dental Pain Care Conference will be held on May 3<sup>rd</sup>, 9am-1:30pm at the Confluence Technology Center. 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 along with mailing a postcard invitation to all dentists in the region. Register online at: <https://evidence-based-dental-pain-care.eventbrite.com>
- Applications for the Targeted Narcan Training and Distribution program is open. The first review of applications will be on March 4<sup>th</sup>. We will continue to accept applications and review them as received after March 4<sup>th</sup>, until the funding has been exhausted. The application is available at: <https://ncach.org/opioid-project/>. 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.
- The Recovery Committee met in February and developed recommendations for the Recovery Initiatives funding:
  - Local training opportunities for the Recovery Coach Training and Elevate Recovery Training - \$10,000
  - Create a video series of short, professionally made videos of stories of recovery - \$5000
  - Support local recovery coalitions/events - \$5000The recommendations above were presented to and supported by the Opioid Workgroup on February 15<sup>th</sup>.



- The School-based Prevention Committee met in February and discussed potential ideas. The next meeting is scheduled for March 22<sup>nd</sup> where we will continue the conversation started in February and also review the action plans developed at the Opioid Response Conference to look for synergies.
- The next round of the Opioid Rapid Cycle Award will open on March 4<sup>th</sup> and close on April 12<sup>th</sup>. The only major change to the application is that it will be a one year award period rather than a six month award period. This was at the recommendation of past awardees that found the six month award period too short to complete the intended projects. The application will be available at: <https://ncach.org/opioid-project/>

## Upcoming Meetings and Events

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

## NCACH Project Workgroup Update

### Whole Person Care Collaborative February 2019

#### Key Updates

##### Change Plans

- All 17 organizations have scored at least a 90, qualifying for 100% base funding

##### Learning Activities Update

- Empanelment Sprint continues to be active every Friday, last session is on March 1<sup>st</sup>.
- Monthly QI Affinity Group calls well attended
- Foundations of Motivational Interviewing scheduled February 14-15 was rescheduled to April due to weather
- The Introduction to Quality Improvement – Virtual workshops starts 2.26.19 at Noon
- Continuing to work with CCMI/CSI on learning activities based on the foundational tenets of the Patient-Centered Medical Home (PCMH): team-based care, population-health management and access.
- Preparing for a more coordinated learning activity that ties the PCMH to disease process. This 18<sup>th</sup> month plan will be bookended by in-person learning sessions, filled with different learning activities around specific disease process such as depression, CVD and diabetes (topics to be chosen) and virtual learning sessions.

##### General Updates

- We have hired two Practice Facilitators who went through a week long intensive training with Nicole the consultant we hired to build our coaching network. We have continued the training with virtual sessions with Nicole as well as our interim coaches.
- Dr. Manriquez presented on the WSU Mobile Needs Assessment and conducted a Q&A with our WPCC partners. Several WPCC members voiced concern over duplicative services and will contact Dr. Manriquez individually to continue the discussion.
- We have engaged the 3 MCOs on sharing regional data with the ACH and potentially sharing the same data with our WPCC partners

## NCACH Staff Update

### Okanogan Healthcare Workforce Collaborative

March, 2019

#### Key Updates

The Okanogan Healthcare Workforce Collaborative is continuing to move forward. Notable achievements or items in process are:

- Eastern Washington Area Health Education Center hosted its first Scrubs Camp in Okanogan County on February 8<sup>th</sup>. Scrubs camp is an opportunity to expose youth to a variety of health careers and programs that available in their immediate area. There are 5 sessions and each session includes 30 minutes of hands-on education. Mid-Valley Clinic, North Valley Hospital, Family Health Centers, and Wenatchee Valley College all participated.
- Several members of the Collaborative are working towards developing a Public Safety Apprenticeship.
- Washington Association for Community Health and Wenatchee Valley College are the in final stages of contracting for co-enrollment with the Washington Association for Community Health Medical Assistant Apprenticeship Program. Hopeful this will be completed in time for the April cohort.
- Eastern Washington Area Health Education Center has been asked to develop a High School Home Care Aide Program. The Collaborative will be discussing the development of this program and exploring the possibility of bringing this program to Okanogan County at our next meeting. The Home Care Aide can be a stepping stone option for students to work through college and there are bridge programs at various community colleges from Home Care Aide to Medical Assistant or RN.
- Funding was allocated by the Governing Board in the 2019 budget for the development of a Chemical Dependency Professional Apprenticeship. Washington Association for Community Health was the intended partner for this project but they have had some staffing turnover and will not be developing a new apprenticeship until 2020. The Collaborative has had several presentations on apprenticeship development to determine if this is something that could move forward this year through partnerships in North Central Washington. This idea is still be vetted to determine cost, capacity, and feasibility.



#### Upcoming Meetings and Events

March 6, 2019	Okanogan Healthcare Workforce Collaborative
April 10, 2019	Okanogan Healthcare Workforce Collaborative
May 8, 2019	Okanogan Healthcare Workforce Collaborative

## NCACH Project Workgroup Update

### Transitional Care and Diversion Interventions Workgroup

February 2019

#### Key Updates:

#### **Project/Partner Updates:**

##### Hospital Partner Work:

- Hospital Partners submitted reports, NCACH team and consultants reviewed, provided summary reports, and NCACH has reached out to partners for further follow up conversations to review key findings from the report and identify next steps (See attached highlights and next steps)
- TCM training will be complete in March. Total TCM staff trained will be ~ 14. Details on training outcomes will be shared with the Board at the May Board meeting.
- Collective Medical Technology met with Hospital project leads (via conference call) to determine clinical training needs and next steps as we move into Phase II of the training plan (outlined below).

#### **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.



### EMS Project Update:

- DOH WEMSIS Plan (Shared at February Board meeting): NCECC is currently working with DOH and partners to verify what organizations report into the WEMSIS system, ensure all partners are linked to the system, and identifying measure that DOH choose to pull for regional comparisons. Next Steps for February and March are outlined below:

<b>Determine steps needed for agencies to report to the statewide system (WEMSIS) including:</b>	<b>DOH, NCECC, NCACH, and EMS Agencies</b>	<b>February – March 2019</b>
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		

- EMS partners have signed Memorandum of Understanding, identified treat and referral projects, and will initiate programs in the next month. An initial report from NCECC is due April 15<sup>th</sup>, 2019

### Upcoming Meetings/Key Dates

TCDI Workgroup Meeting	March 28 <sup>th</sup> , 2019 10AM
TCM Trainings	Ongoing through March
EDie Clinical Training with CMT	March/April – Exact date TBD

### Attachments:

1. Highlights and Areas of Improvement from Hospital TCDI reports

## **Highlights and Areas of Improvement from Hospital TCDI Reports Submitted 2/1/2019:**

NCACH is excited in 2019 to highlight the work of various partners and encourage partners to share best practices across the region. Some examples of those highlights include:

- Partnerships between Hospitals and outpatient clinics (FQHCs)
- Working with outpatient clinics to identify roles of acute care providers and outpatient providers (who does referrals and who makes the TCM calls)
- Identifying data measures that work for acute care only providers

Though NCACH found organizational highlights, we did see partners identify very similar barriers and concerns as part of implementation. Examples of those barriers included:

1. Difficulty partnering with outpatient clinics for follow up care that are not part of your hospital organization.
2. Confusion and burden on reporting when engaged in other process improvement efforts (e.g. WPCC Members, WHRAP Hospitals completing care coordination)
3. Collecting data that relies on another organization to provide that information.
4. Understanding how to integrate EDie in current workflows without overburdening staff.
5. Better understanding of how TCM billing works and how an organization can implement it into their workflow

One specific barrier that was evident in all partner reports was the need to better understand the data reporting requirements of the TCDI project and how it can complement the other process improvement efforts in the organization. NCACH recognizes that it will need to work with partners to adapt reporting templates that align with the goals and measures outlined in partner's quality improvement charters. Though measurements may change for future reports, changes will only be made if it makes sense to the QI goals of the organization.

Based on the reports, NCACH sees a number of opportunities for collaboration between partners this next year. These include:

1. Providing TA to partners who want assistance (e.g. Billing and Quality improvement measurement)
2. Working with partners to highlight their best practices across the region
3. Identifying additional sources of data (HCA, MCOs, etc.) that NCACH can collect to reduce the burden of partner reporting and enhance their QI efforts.
4. Identifying ways organizations can continue to collaborate in 2020.

NCACH has been reaching out to partners to schedule time to dig into their reports, review their Excel data workbooks, and identify areas of training that partners would like to participate in.

## NCACH Funding & Expense Summary Sheet

	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
Funding Source	SIM/Design Funds Received	SIM/Design Funds Expended	SIM/Design Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
<b>SIM Funding*</b>	\$ 778,122	\$ 778,122	\$ -			
<b>Transformation Project Funding</b>						
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	\$ 5,000,000					
Transfer from FE Portal	\$ 226,961					
Interest Earned on Demo Funds	\$ 121,484					
<b>Transformation Total</b>	<b>\$ 6,348,445</b>	<b>\$ 1,507,115</b>	<b>\$ 4,841,330</b>			
<b>Workshop Registration Fees/Misc. Revenue*</b>	<b>\$ 12,136</b>	<b>\$ 12,136</b>	<b>\$ -</b>			
<b>Financial Executor Funding</b>						
Project Incentive Funds				\$ 9,269,494	\$ 3,076,667	\$ 6,192,827
Integration Funds				\$ 5,458,866	\$ 50,922	\$ 5,407,944
Bonus Funds				\$ 1,455,842		\$ 1,455,842
DY1 Shared Domain 1 Funds**				\$ 3,436,951	\$ 3,436,951	\$ -
<b>Totals</b>	<b>\$ 7,138,703</b>	<b>\$ 2,297,373</b>	<b>\$ 4,841,330</b>	<b>\$ 19,621,153</b>	<b>\$ 6,564,540</b>	<b>\$ 13,056,613</b>

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

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

## 2019 NCACH Budget: Monthly Summary

### CDHD Account Expenses

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

Budget Line Item	Total Budgeted	Jan-19	Totals YTD	% Expended YTD to Budget
<b>Salary &amp; Benefits</b>	<b>\$ 983,205</b>	\$ 64,605	\$ 64,605	7%
<b>Supplies</b>				
Office	\$ 9,420	\$ 467	\$ 467	5%
Drugs and Medicines	\$ 15,100		\$ -	0%
Furniture < \$500	\$ 2,400	\$ 1,097	\$ 1,097	46%
Books, References, & Videos	\$ -		\$ -	
Software	\$ 3,000	\$ 284	\$ 284	9%
Computer Hardware	\$ 6,000	\$ 2,709	\$ 2,709	45%
<b>Services</b>				
Legal Services	\$ 8,400		\$ -	0%
Computer	\$ 16,140	\$ 4	\$ 4	0%
Misc. & Contracts	\$ 14,000	\$ 5,000	\$ 5,000	36%
Telephone				
Mileage	\$ 81,760		\$ -	0%
Professional Travel and Training	\$ 16,800	\$ 143	\$ 143	1%
Conference - Program Meals/Lodging	\$ 40,750		\$ -	0%
Other (Train/Plane/Boat/Parking)	\$ 10,200		\$ -	0%
Advertising - Newspapers	\$ 3,800		\$ -	0%
Advertising - Other	\$ 7,900	\$ 661	\$ 661	8%
Insurance	\$ 5,700		\$ -	0%
Printing - Office	\$ 7,900		\$ -	0%
Printing - Copier	\$ 13,700	\$ 646	\$ 646	5%
Dues and Memberships	\$ 3,300		\$ -	0%
Subscriptions	\$ 658		\$ -	0%
Other Expenditures	\$ 165,349	\$ 297	\$ 297	0%
<b>CDHD Hosting Fee 15%</b>	<b>\$ 212,322</b>	\$ 11,387	\$ 11,387	5%
<b>Grand total</b>	<b>\$ 1,627,805</b>	<b>\$ 87,298.90</b>	<b>\$ 87,298.90</b>	<b>5%</b>

% of Fiscal Year 8%

# FE Portal Account Expenses

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

Budget Line Item	Total Budgeted	Jan-19	Totals YTD	% Expended YTD to Budget
<b>Operations</b>				
<i>OHSU</i>	\$ 72,000	\$5,903	\$5,903	8%
<i>Program Evaluation (TBD)</i>	\$ 60,000		\$0	0%
<i>Program Evaluation (Pathways Hub)</i>	\$ 60,000		\$0	0%
<i>Public Health Seattle King County(Data)</i>	\$ 24,000		\$0	0%
<i>Xpio</i>	\$ 20,000		\$0	0%
<i>Feldsman Tucker Leifer Fidell LLP</i>	\$ 40,000	\$350	\$350	1%
<i>* Asset Mapping (TBD)</i>	\$ 52,800		\$0	0%
<i>Workforce Development</i>	\$ 41,000		\$0	0%
<b>Communications and Outreach</b>				
<i>Training (TBD)</i>	\$ 10,000		\$0	0%
<i>Lead Agencies (CHIs)</i>	\$ 150,000	\$17,023	\$17,023	11%
<i>* CHI Partner Payments</i>	\$ 450,000		\$0	0%
<b>Whole Person Care Collaborative</b>				
<i>^ Qualis Health</i>	\$ 215,710		\$0	0%
<i>Shift Results</i>	\$ 53,820	\$3,700	\$3,700	7%
<i>CCMI - Advising</i>	\$ 186,000		\$0	0%
<i>Learning Activities</i>	\$ 246,640	\$13,782	\$13,782	6%
<i>CSI - portal &amp; TA</i>	\$ 75,992		\$0	0%
<i>Learning Community - fixed</i>	\$ 1,080,000		\$0	0%
<i>Learning Community - variable</i>	\$ 2,080,000		\$0	0%
<b>Pathways Hub</b>				
<i>Community Choice - Hub Lead Agency</i>	\$ 1,426,612		\$0	0%
<b>Transitional Care and Diversion Intervention</b>				
<i>Confluence Health (TCM Trainer)</i>	\$ 55,000		\$0	0%
<i>Add Hospital Contractor Payment (TBD)</i>	\$ 20,000		\$0	0%
<i>EMS Contractor Payments(TBD)</i>	\$ 60,000		\$0	0%
<i>TCDI Hospital Partner Funds</i>	\$ 234,626		\$0	0%
<i>EMS Partners Payments</i>	\$ 240,000		\$0	0%
<i>Emerging Initiatives Approval (CCOW)</i>	\$ 20,000		\$0	0%
<i>* Other TCDI Initiatives</i>	\$ 370,000		\$0	0%
<b>Opioid Project</b>				
<i>Rapid Cycle Applications</i>	\$ 100,000	\$10,000	\$10,000	10%
<i>Public Awareness Contract</i>	\$ 30,000		\$0	0%
<i>School Based Prevention Contracts</i>	\$ 50,000		\$0	0%
<i>* Other Opioid Initiatives (TBD)</i>	\$ 15,000		\$0	0%
<b>Grand total</b>	<b>\$ 7,539,200</b>	<b>\$50,758</b>	<b>\$50,758</b>	<b>1%</b>

% of Fiscal Year 8%

<b>Total Budget</b>	<b>\$ 9,167,005</b>	<b>\$ 138,056</b>	<b>\$ 138,056</b>	<b>2%</b>
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"\*" 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 Ammendment Occurred in 2019

**Budget Ammendments**

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

## Board Decision Form

<b>TOPIC:</b> Area Agency on Aging Board Seat
<b>PURPOSE:</b> <i>Nomination of Ken Sterner to fill Area Agency on Aging Board position</i>
<b>BOARD ACTION:</b> <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove
<b>BACKGROUND:</b> Bruce Buckles has decided to step down from the NCACH Governing Board. Bruce has been the representative for the Area Agency on Aging NCACH Board Seat. As a representative of that sector, he has nominated Ken Stern to replace him on the Governing Board.
<b>PROPOSAL:</b> Nomination of Ken Sterner to fill the Area Agency on Aging Seat on the NCACH Board effective 3/4/2019.
<b>IMPACT/OPPORTUNITY (fiscal and programmatic):</b> Ken will fulfill the Area Agency on Aging Board Seat for the remainder of term that is set to expire December 31 <sup>st</sup> , 2020.
<b>TIMELINE:</b> <i>As soon as possible</i>
<b>RECOMMENDATION:</b> <i>To approve the nomination of Ken Sterner for the Area Agency on Aging Board Seat on the NCACH Governing Board.</i>

Submitted By: NCACH Executive Committee  
Submitted Date: 03/04/2019



# Medical Respite Program Review



## Definition

*Acute and post-acute medical care for homeless persons too ill or frail to recover from sickness or injury on the streets but not sick enough to continue hospital-level care.*

Source: <http://www.nhchc.org/wp-content/uploads/2011/09/RespiteDefiningFinal1.pdf>

### Defining Characteristics

- Low cost/high quality
- Lower-level/Short-term care
- Focus on harm reduction
- Created with co-occurring patients in mind
- Length of stay often depends on need
- Improves clinical-community linkages
- Diverse models for implementation
- Not supporting housing, skilled nursing, or assisted living,

## Research

- Hospital Recidivism: In a 26 month period, 225 adults with similar pairings of medical and co-occurring diagnoses were split into two groups (those referred and accepted into medical respite; those referred and denied due to bed availability). Over the following 12 month period post-discharge, patients discharged from the medical respite group were readmitted for fewer hospital days than the standard care group (3.7 versus 8.3).
- Patient Health Outcomes and Linkages: An evaluation of ten medical respite programs showed improvements in symptoms and increased access to housing and income streams (e.g., SSI). At the time of admission, 500 individuals (one-third of the study participants) reported the hospital as their place of residence. After exiting respite facilities, only 8% of study participants listed the hospital as their place of residence.
- Healthcare costs: In 2017, the Yakima Neighborhood Health's respite program saw 60 patients (included conditions such as addiction, cellulitis, mental health) which provided a public cost savings of \$135,200 for mental-health related admits, and roughly \$400,000 for rehabilitation admits.

*Sources:*

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1483848/>

<http://www.nhchc.org/wp-content/uploads/2011/09/RespiteResearch.pdf>

<http://www.nhchc.org/wp-content/uploads/2011/09/Medical-Respite-2012.pdf>

<https://rewire.news/article/2018/12/20/medical-respite-homeless-patients/>

## Mutually Beneficial Approach

- Patients
- Community
- Healthcare providers

## Medical Respite Models

### Model 1: Freestanding Units

#### Advantages

- More services available to patients (medical and non-medical)
- Control of all policies and procedures
- Controlled environment
- Responsive to hospital need

#### Challenges

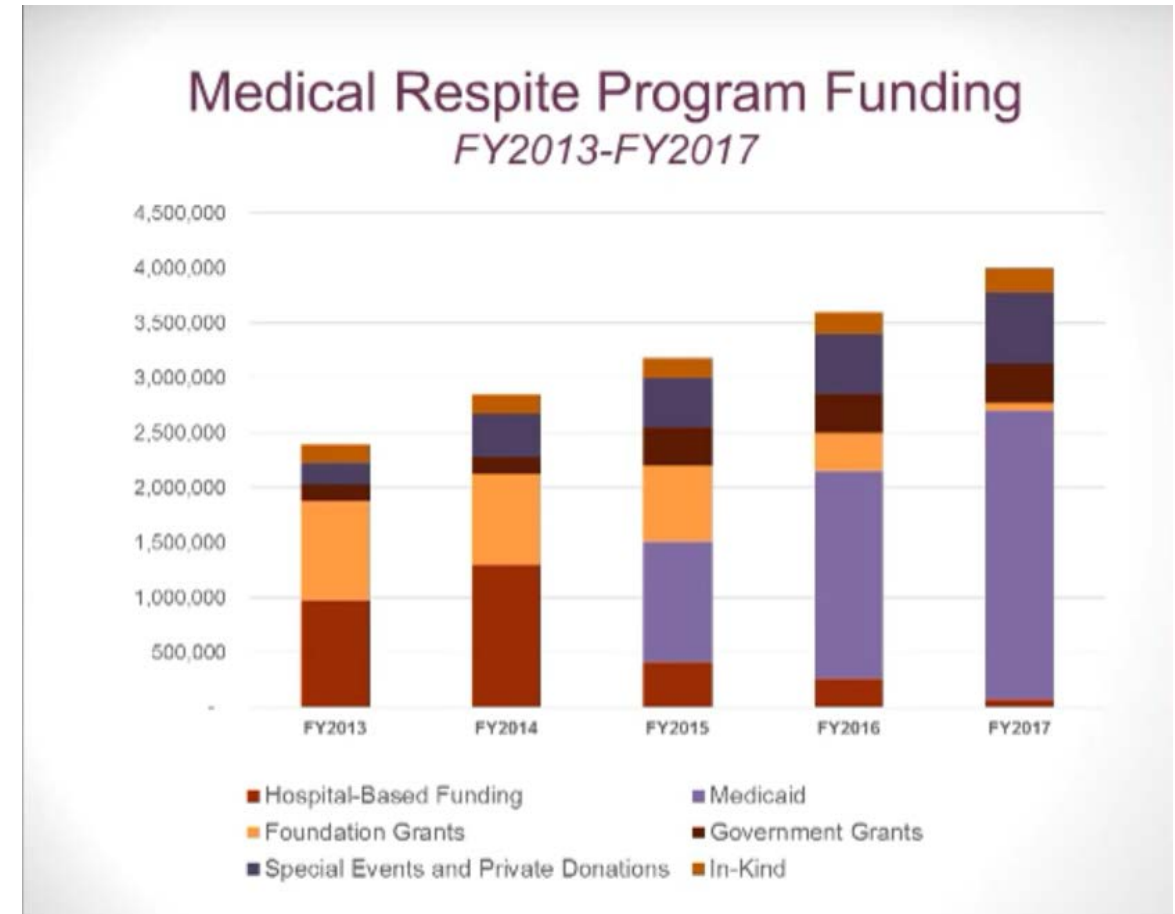
- Costly
- Must find/purchase/lease facility or land
- Licensing/zoning issues
- Neighborhood conflict

## Circle the City

### Phoenix, Arizona

- 50 bed facility
- Integrated medical/social service model
- Large volunteer base (200+)
- Staffed 24/7 by RNs/LPNs; providers on site 7 days/wk.
- Serves 500 patients/yr.
- Blended and evolving funding structure

Source: <https://www.circlethecity.org/medical-respite-center-2/>



## Medical Respite Models

### Model 2: Shelter-based units

#### Advantages

- Time to develop outcomes, credibility and collect data on efficacy (Begins to demonstrate need)
- Cheaper to operate by using existing infrastructure
- Logistically simpler to operate

#### Challenges

- Admin and practice are separate: facility often monitors patients, while another social service agency provides management of admissions and clinical services
- Tension between coordinating agencies (low-barrier, wet versus dry facilities)
- More patient health stability often necessary to operate

## Benedict House

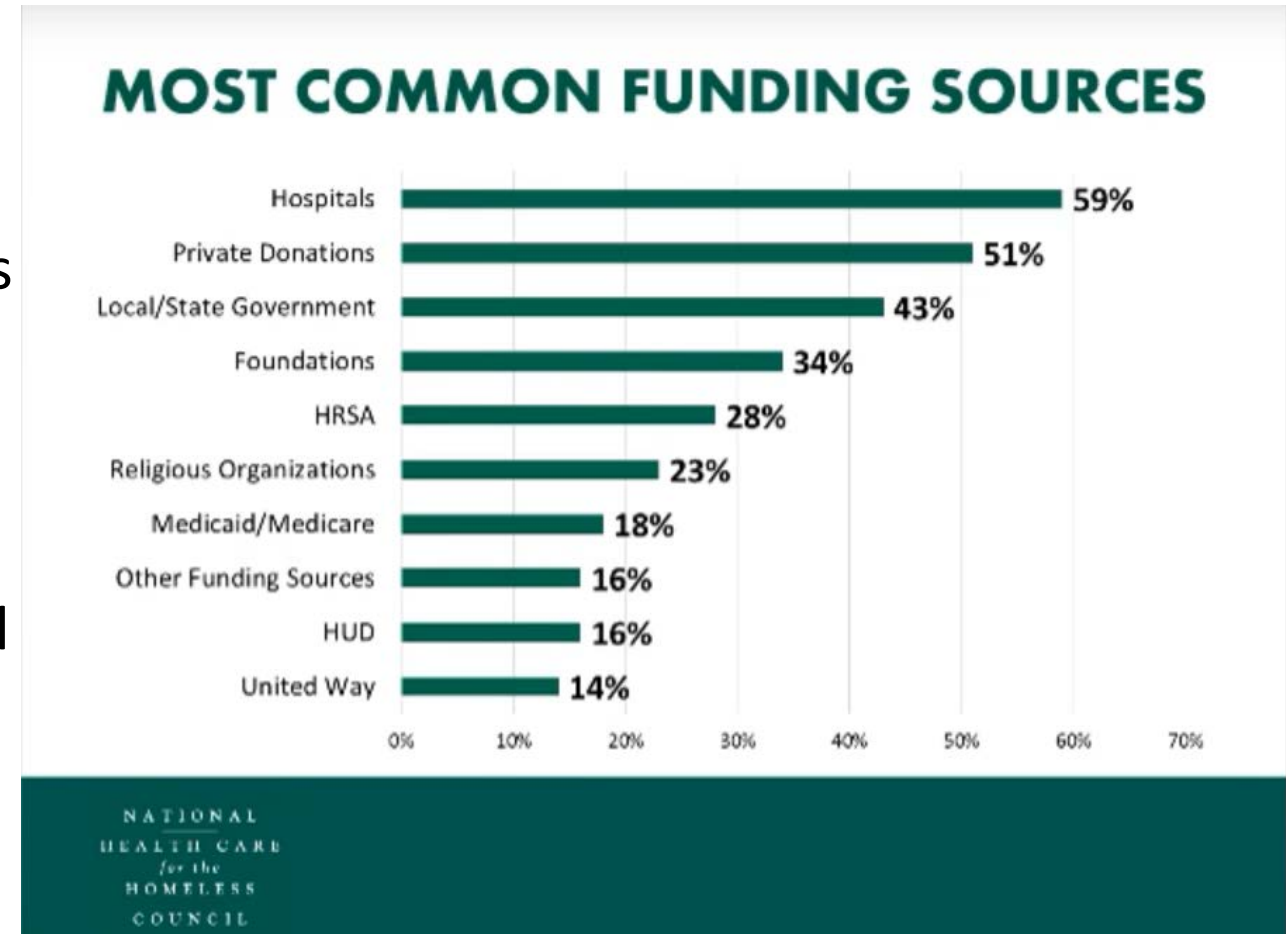
### Bremerton, Washington

- Catholic Community Services owns and operates
- 3 respite beds/24 emergency shelter beds
- Clean and sober house
- Volunteers from churches prepare meals



## Potential Next Steps

1. Conduct site visit and start conversations
2. Identify essential partnerships
3. Choose scale and implementation model
4. Pilot





## Challenges to Consider

- Workforce limitations
- Recurring housing placement issues for chronically mentally ill
- Sustainability