Governing Board Meeting
1:00 PM–2:30 PM, April 6, 2020

Location
Virtual Meeting Only

Call-in Details
Conference Dial-in Number: (669) 900 6833
Meeting ID: 568 190 9332
One tap mobile: +16699006833,,5681909332#
Join Zoom Meeting: https://zoom.us/j/5681909332

<table>
<thead>
<tr>
<th>TIME</th>
<th>AGENDA ITEM</th>
<th>PROPOSED ACTIONS</th>
<th>ATTACHMENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 PM</td>
<td>Introductions – Blake Edwards • Board Roll Call • Declaration of Conflicts • Zoom Etiquette • Approve Consent Agenda • Public Comment</td>
<td>Approval of Consent Agenda</td>
<td>Agenda, Acronyms &amp; Decision Funds Flow Chart • Consent Agenda o Minutes o Monthly Financial Report</td>
<td>1-4</td>
</tr>
<tr>
<td>1:05PM</td>
<td>Board Governance – Rick Hourigan • Board Chair Vote • Nominations - Secretary</td>
<td>Approval of Blake Edwards as Board Chair</td>
<td>Board motion form</td>
<td>12</td>
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<tr>
<td>1:15PM</td>
<td>Executive Director Update – Linda Parlette</td>
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<tr>
<td>1:25PM</td>
<td>MTP Project Pause Plan – John Schapman</td>
<td>Approval of NCACH Pause Plan Board Motion Form</td>
<td>Board motion form • Executive Summary</td>
<td>13-14</td>
</tr>
<tr>
<td>1:35PM</td>
<td>NCACH engagement with LHJs Incident Command Systems – Caroline Tillier and Sahara Suval</td>
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<tr>
<td>1:45PM</td>
<td>NCACH COVID-19 Community Mitigation Funds – John Schapman</td>
<td>Approval of NCACH Community Mitigation Funding documents</td>
<td>Community Mitigation Funds Flow chart • Board motion form &amp; Proposal: LHJ Incident Command System • Board motion form &amp; Proposal: Community Supports</td>
<td>18</td>
</tr>
<tr>
<td>2:00PM</td>
<td>NCACH COVID-EO Project – Mariah Brown, Teresa Davis, and John Schapman</td>
<td>Approval of NCACH COVID-EO project</td>
<td>Board motion form &amp; Proposal: COVID-EO Project</td>
<td>28-31</td>
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<tr>
<td>2:10PM</td>
<td>Round Table from Board on COVID-19 experience – Board Members</td>
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A Handy Guide to Acronyms within the Medicaid Transformation Project

**ACA:** Affordable Care Act
**ACH:** Accountable Community of Health
**ACO:** Accountable Care Organization
**AI/AN:** American Indian/Alaska Native
**BAA:** Business Associate Agreement
**BH:** Behavioral Health
**BH-ASO:** Behavioral Health - Administrative Service Organization
**BLS:** Basic Life Skills
**CBO:** Community-Based Organization
**CCHE:** Center for Community Health and Evaluation
**CCMI:** Centre for Collaboration Motivation and Innovation
**CCS:** Care Coordination Systems
**CHI:** Coalition for Health Improvement
**CHW:** Community Health Worker
**CMS:** Centers for Medicare and Medicaid Services
**CMT:** Collective Medical Technologies
**COT:** Chronic Opioid Therapy
**CP:** Change Plans
**CPTS:** Community Partnership for Transition Solutions
**CSSA:** Community Specialist Services Agency
**DOH:** Department of Health
**DSRIP:** Delivery System Reform Incentive Program
**EDie:** Emergency Dept. Information Exchange
**EMS:** Emergency Medical Services

**FIMC:** Fully Integrated Managed Care
**FCS:** Foundational Community Supports
**HCA:** Health Care Authority
**HIT/HIE:** Health Information Technology / Health Information Exchange
**MAT:** Medication Assisted Treatment
**MCO:** Managed Care Organization
**MH:** Mental Health
**MOU:** Memorandum of Understanding
**MTP:** Medicaid Transformation Project(s)
**NCACH:** North Central Accountable Community of Health
**NCECC:** North Central Emergency Care Council
**OHSU:** Oregon Health & Science University
**OHWC:** Okanogan Healthcare Workforce Collaborative
**OTN:** Opioid Treatment Network
**OUD:** Opioid Use Disorder
**P4P:** Pay for Performance
**P4R:** Pay for Reporting
**PCS:** Pathways Community Specialist
**PDSA:** Plan Do Study Act
**PHSKC:** Public Health Seattle King County
**RFP:** Request for Proposals
**SDOH:** Social Determinants of Health
**SSP/SEP:** Syringe Services Program / Syringe Exchange Program
**SMI:** Serious Mental Illness
SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction
**Decision Flow for Funding Design and Allocation**

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Variable interval – based on project deliverables</td>
<td></td>
</tr>
</tbody>
</table>

**Actions:**
- Evaluate workgroup proposals and funding levels
- Submit proposals for implementation and payment
- Package workgroup proposals
- Develop tactics for implementation and payment
- Analyze outcomes and make payment recommendations
- Receive payments
- Provide outcomes data
- Review & Authorize recommended provider payments
- Forward with additional Recommendations (if any)
- Make provider payments (FE Portal)
- Review project outcomes and payment recommendations
- Authorize workgroup tactics and funding levels
- Authorize/Revise project strategies, implementation tactics, and funding policies
- Direct ED/staff
- Transmit recommendations
- Develop formal payment recommendations
- Direct ED/staff
- Transmit instructions
- Develop MOUs and oversee implementation
- Review project outcomes and payment recommendations
- Forward with additional Recommendations (if any)
- Make provider payments (FE Portal)
- Submit proposals for implementation and payment
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- Authorize workgroup tactics and funding levels
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<tr>
<th>Location</th>
<th>Attendees</th>
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<tbody>
<tr>
<td><strong>Big Bend Community College</strong>&lt;br&gt;7662 Chanute Street NE&lt;br&gt;Moses Lake WA 98837</td>
<td><strong>Governing Board Members Present:</strong> Rick Hourigan, Doug Wilson, Cathy Meuret, Ken Sterner, Molly Morris, Jorge Rivera, Brooklyn Holton, Blake Edwards, Ray Eickmeyer (<em>Quorum Met - 9 present / 8 absent</em>)&lt;br&gt;<strong>Governing Board Members Absent:</strong> Daniel Angell, Senator Warnick, Rosalinda Kibby, David Olson, Carlene Anders, Barry Kling, Nancy Nash Mendez, Ramona Hicks&lt;br&gt;<strong>Public Attendance:</strong> Kelsey Gust, Kayelee Miller, Loretta Stover, Kaylin Bettinger, Amelia Davis, Chenia Flint, Rachael Petro, Jamie Hilliard, Jerry Perez, Melodie White, Deb Miller, Mike Lopez, Allison Ball, Meleah Butruille&lt;br&gt;<strong>NCACH Staff:</strong> Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Approval of Consent Agenda&lt;br&gt;• Declaration of Conflicts&lt;br&gt;• Public Comment</td>
<td><strong>Rick Hourigan</strong>&lt;br&gt;❖ Ken Sterner moved, Molly Morris seconded the motion to approve the consent agenda, motion passed.&lt;br&gt;❖ Conflicts of Interest: Molly Morris disclosed her affiliation with the Colville Tribes.&lt;br&gt;❖ Public Comment – Meleah Butruille from WVC Nursing Program Care Coordination Program – spoke on behalf of Upper Valley Mend, a human services organization in Leavenworth. They provide a free clinic, food bank and emergency services. She spoke about the Care Coordination model of Mend. They were excited to partner with Action Health Partners in the Pathways HUB then found out that the funding is being pulled for that program. She is asking that we reconsider the decision that NCACH is making on Pathways. They had applied for the Molina and Group Health grants and were unsuccessful due to their size. They welcome any help obtaining grant funding to keep this program going.</td>
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<td>• Executive Directors Report</td>
<td><strong>Linda Parlette</strong>&lt;br&gt;❖ Executive Directors met at SeaTac: discussed what all of the MCOs are interested in, learned that we need to work on a shared communication plan.&lt;br&gt;❖ Topics that the Executive Directors are working on with Artemis Team: sustainability, cross ACH Collaboration, CIE exchange efforts, vision for Community Based Care Coordination, HIE &amp; HIT. Linda referenced the sustainability report attached to her letter, and noted that the report will help guide us as we try to decide our future.&lt;br&gt;❖ Kyle Kellum resigned effective March 1st, 2020; took a new position in Nebraska&lt;br&gt;❖ Traci Miller resigned effective March 1st, 2020; took a new position in Anacortes&lt;br&gt;❖ We still have an at Large Board seat still open</td>
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<td>• Community Based Care Coordination –</td>
<td><strong>John Schapman and Caroline Tillier</strong>&lt;br&gt;John explained that, over the last few months, NCACH staff and Board has been evaluating what we want to do with Project 2B Care Coordination. In the beginning, HCA gave us only one option; the Pathways HUB model. We have been working with Action Health Partners (AHP) to build out the model and have hit many barriers including HCA shifting support to Health Homes, lower than expected enrollment, IT challenges, and struggles with training and expanding the model. We are presenting a decision form to discontinue the contract with AHP. We have been working with AHP to create a wind down plan to ensure a warm handoff for the clients, and to discontinue current contracts that AHP has already entered</td>
</tr>
</tbody>
</table>
John said that we do not anticipate any budget amendments over the current budgeted amount of $476,250. Brooklyn noted that we are still working with AHP to close out all of their contracts and there may be some financial obligations to get them out of some of the contracts that they entered into. John replied that if that happens, we will bring decision forms back to the Board if a budget amendment is needed.

Discussion:
- Absorbing lessons learned – what will the path forward be? We need to make decisions by June to preserve funding from HCA. Caroline plans to work closely with Deb. While the model may have failed, there are key components that may need to be preserved.
- Linda noted the Elya at Olympic ACH did not adopt this model due to being too rural. MCOs were not excited about Pathways HUB model from the beginning.

Doug Wilson moved, Ken Sterner seconded the motion to discontinue funding support of the Pathways Community HUB through Action Health Partners as of June 30, 2020, motion passed.

**CBCC Workgroup Creation**
Intention to create a Community Based Care Coordination workgroup to chart out the future of Project 2B and submit a project modification to the Health Care Authority by the end of June. Caroline Tillier plans to have intense half day strategy sessions in April. Goal is to bring input back to Board in May, will also get input from other partners and groups, hopefully will have some solid recommendations back for a decision at the June Board meeting or retreat.

Molly Morris moved, Blake Edwards seconded the motion 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, motion passed.

**Tribal Investment Proposal**
Caroline Tillier and Molly Morris
Through many months of work between the Colville Tribes and the NCACH, we have come up with the proposal that is in the decision packet. The proposal primarily focuses on infrastructure and capacity building investments. Caroline proposes a reporting framework that is both retrospective and prospective, every quarter. The Colville Tribes would report on what they are working on, including challenges / successes. Then they would have an opportunity to talk about what they plan on working on in the next quarter (including milestones and measures) and how much funding that would take. Caroline advocates as staff that the Board entrusts us to come up with a reporting mechanism, so that we do not have to come back every time with a new MOU and scope of work when there are changes to the original plan.

Discussion:
- Brooklyn – Budget is over $500K / why are you not asking for the full amount of the budget? Caroline did not feel as staff she could ask for that, but would support that if the Board feels that they would like to. Brooklyn feels that we should just approve the full $669,000
- Ray asked about BHT support? They are supporting Care Coordination similar to WPCC (noted on Page 23 of the packet). Brooklyn noted that the decision that we make to fund a partner shouldn’t be based on what another ACHs funded.
If we allocate the entire $669,000 – Where would that come from? Our annual 2020 budget would go up. There is some extra money from not funding the HUB, as well. John noted that the ask on this decision form is actually through 2021. We are removing the asterisk from the budget line item, and we can have a carryover in 2021 – will come back to the board with a timeline for the expected project spending and how it may look in the current and future 2021 budget.

- Brooklyn Holton moved, Cathy Meuret seconded the motion to approve and commit up to $669,000 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.

- Recovery Coach Network Budget Amendment
  
  John Schapman
  In February 2020, the Board approved the Recovery Coach Network program. The original intent was to issue an RFP for an agency to hire a coordinator to manage the recovery coach network. After discussions with numerous agencies affiliated with the CPTS group and the Recovery Coalition - and internal NCACH staff absorbing Christal's workload - we have decided that we would like to hire this position internally. We are asking to move money allocated to this project from the FE Portal into the CDHD Budget to allow for this position. Linda noted that she would like some flexibility with this position if it turns out that the workload does not end up being an FTE position, as she is concerned with her entire staff being overloaded; the Board was in agreement.

  - Doug Wilson moved, Molly Morris seconded the motion to 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, motion approved.

- Deep Dive Data Session
  
  Caroline Tillier & Rick Hourigan
  Caroline and Rick partnered on a presentation, with the goal of drawing on data to inform and engage NCACH Board members. This presentation can be found on our website.

- Strategic Plan Update
  
  John Schapman
  John gave a quick review of the last retreat. Reminded the Board that we did a roundtable to find the key priorities to find alignment. When we did that exercise, we found that we did not have alignment amongst our candidate strategies.

  Next Steps - draft timeline
  Chris will reach out to each Board & Staff Member to set up one on one interviews in March in that interview he will...
  
  - Review the mission of the organization to get input
  - Consider potential roles
  - Review potential candidate strategies
  - Ask for additional ideas
  - April Board meeting, we will share results
  - More discussion at the June Board retreat scheduled June 12th (will have a June 1st Board meeting, no Board meeting in July)

  Linda noted that we have had a lot of internal discussions that we need to clarify the mission statement. Once we decide what we want to do in the future, it should be easier to get the mission statement solidified.
## NCACH Funding & Expense Summary Sheet

<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></td>
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<tr>
<td><strong>SIM Funding</strong></td>
<td>Funds Received</td>
<td>Funds Expended</td>
</tr>
<tr>
<td>Original Contract K2296 - Demonstration Phase 1</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Original Contract K2296 - Demonstration Phase 2</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>Transfer from FE Portal</td>
<td>$226,961</td>
<td>$226,961</td>
</tr>
<tr>
<td>Interest Earned on Demo Funds</td>
<td>$228,157</td>
<td>$228,157</td>
</tr>
<tr>
<td><strong>Transformation Total</strong></td>
<td>$6,455,118</td>
<td>$2,933,759</td>
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<tr>
<td><strong>Workshop Registration Fees/Misc. Revenue</strong></td>
<td>$19,370</td>
<td>$13,720</td>
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<tr>
<td><strong>Financial Executor Funding</strong></td>
<td></td>
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<tr>
<td>Project Incentive Funds</td>
<td>$15,909,770</td>
<td>$6,507,509</td>
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<tr>
<td>Integration Funds</td>
<td>$5,781,980</td>
<td>$58,422</td>
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<tr>
<td>Bonus Funds</td>
<td>$1,455,842</td>
<td>$1,455,842</td>
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<tr>
<td>Value Based Payment (VBP) Incentives</td>
<td>$300,000</td>
<td>$300,000</td>
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<tr>
<td>Interest Earned in FE Portal</td>
<td>$52,957</td>
<td>$52,957</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>$6,589,817</td>
<td>$3,062,808</td>
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*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>Feb-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>^Salary &amp; Benefits</strong></td>
<td>$ 967,407</td>
<td>$ 75,850</td>
<td>$ 76,075</td>
<td>$ 151,925</td>
<td>16%</td>
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<tr>
<td><strong>Supplies</strong></td>
<td></td>
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<tr>
<td>^Office</td>
<td>$ 9,420</td>
<td>$ 28</td>
<td>$ 11</td>
<td>$ 39</td>
<td>0%</td>
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<td>Drugs and Medicines</td>
<td>$ 20,000</td>
<td>$ -</td>
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<td>0%</td>
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<tr>
<td>Furniture &lt; $500</td>
<td>$ 2,400</td>
<td>$ 538</td>
<td>$ 538</td>
<td>$ 538</td>
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<tr>
<td>Books, References, &amp; Videos</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
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<tr>
<td>^Software</td>
<td>$ 2,500</td>
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<tr>
<td>Computer Hardware</td>
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<tr>
<td><strong>Services</strong></td>
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<tr>
<td>Legal Services</td>
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<td>Conference - Program Meals/Lodging</td>
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<td>Other (Train/Plane/Boat/Parking)</td>
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<td>Advertising - Newspapers</td>
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<td>Insurance</td>
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<tr>
<td>Printing - Office</td>
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<td>$ -</td>
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<td>$ -</td>
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<td>Printing - Copier</td>
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<td>$ 386</td>
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<td>Dues and Memberships</td>
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<td>$ 11</td>
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<tr>
<td>Subscriptions</td>
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<td>$ 54</td>
<td>$ 2,558</td>
<td>$ 2,612</td>
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<tr>
<td>^Other Expenditures</td>
<td>$ 176,699</td>
<td>$ 7,657</td>
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<td>^CDHD Hosting Fee 15%</td>
<td>$ 202,501</td>
<td>$ 12,951</td>
<td>$ 13,488</td>
<td>$ 26,440</td>
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<td><strong>Grand total</strong></td>
<td>$ 1,552,507</td>
<td>$ 99,293</td>
<td>$ 103,410</td>
<td>$ 202,704</td>
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</tbody>
</table>

% of Fiscal Year 17%
## 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>Feb-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
<td></td>
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<tr>
<td>Project Management and Organizational Development</td>
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<td>Data Analytics</td>
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<tr>
<td>Feldsman Tucker Leifer Fidell LLP</td>
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<td>Workforce Development (Carry over of $48,500, Approved in 2019)</td>
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<td>Workforce Development (2020)</td>
<td>$30,000</td>
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<td>0%</td>
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<tr>
<td><strong>Community Engagement and SDOH Capacity Development</strong></td>
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<tr>
<td>Lead Agencies (CHIs)</td>
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<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>0%</td>
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</tr>
<tr>
<td>* CHI Partner Payments (2020)</td>
<td>$450,000</td>
<td>$0</td>
<td>$0</td>
<td>0%</td>
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<tr>
<td>* Community Information Exchange Workgroup</td>
<td>$50,000</td>
<td>$0</td>
<td>$0</td>
<td>0%</td>
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</tr>
<tr>
<td>^ Tribal Investment (Colville Confederated Tribes)</td>
<td>$669,000</td>
<td>$0</td>
<td>$0</td>
<td>0%</td>
<td></td>
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<tr>
<td><strong>Whole Person Care Collaborative</strong></td>
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<tr>
<td>Comagine Health</td>
<td>$50,000</td>
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<td>CCM - Advising</td>
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<td>Learning Activities</td>
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<tr>
<td>CSI - portal &amp; TA</td>
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<td>$9,583.4</td>
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<tr>
<td>Learning Community - fixed</td>
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<tr>
<td>Learning Community - variable</td>
<td>$800,000</td>
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</tr>
<tr>
<td><strong>Pathways Hub</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Action Health Partners - Hub Lead Agency(January - June 2020)</td>
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<tr>
<td>* Community Based Care Coordination</td>
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<td>0%</td>
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</tr>
<tr>
<td><strong>Transitional Care and Diversion Intervention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TCDI Hospital Partner Work</td>
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<tr>
<td>Technical Assistance/Training</td>
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<td>$0</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>^ Community Partnership for Transition Solutions (Recovery Coach Network)</td>
<td>$9,000</td>
<td>$0</td>
<td>$0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>Opioid Project</strong></td>
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<td></td>
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<tr>
<td>Rapid Cycle Applications</td>
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<td>Support Opioid Conference Site Teams</td>
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<td>0%</td>
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</tr>
<tr>
<td>Training Opportunities (General public, organizations, sector)</td>
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<td>0%</td>
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<td>Public Awareness Contract</td>
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<tr>
<td><strong>Grand total</strong></td>
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<td>$0</td>
<td>$259,321</td>
<td>$259,321</td>
<td>4%</td>
</tr>
<tr>
<td>% of Fiscal Year</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Budget | $8,060,001 | $99,293 | $362,731 | $462,024 | 6% |

**^** Budget Amendment Occurred in 2019

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

**^** Budget Amendment Occurred in 2019
### Budget Amendments - 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Amendment</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
| 3.2.20 | 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:  
  
  **Proposal Budget Item Amount** | **CDHD Budget Line Item**  
  Salary and benefits $62,400 (For remainder of 2020) | Salary & Benefits  
  Recovery Coach Stipends $9,200 | Other Expenditures  
  Training Expenses $20,000 | Other Expenditures  
  Equipment $3,500 | Software ($1000), Office Supplies ($1,000), Telephone ($1500)  
  Supports for clients $4,854 | Other Expenditures  
  CDHD Hosting Fee $14,993 | CDHD Hosting Fee  
  **Total $114,947 into CDHD Account. $9,000 left in FE line item for evaluation activities**                                                                 |
| 3.2.20 | Thee Board approve and commit up to $669,000 to support the Colville Confederated Tribes' health improvement efforts starting in 2020 through December 31, 2021.                                                                 |
# Board Decision Form

**TOPIC:** Board Chair Election  
**PURPOSE:** Nomination of Blake Edwards to Board Chair  
**BOARD ACTION:**  
- Information Only  
- **✓** Board Motion to approve/disapprove  
**BACKGROUND:**  
Due to the recent COVID-19 Pandemic and the vital role that Public Health is playing in our region, Barry Kling has notified the Executive Committee that he will be stepping down from the Board Chair position, effective immediately, though he will continue to fill the Public Health seat as a member of the NCACH Board. As the Chelan Douglas Health District Administrator, Barry’s expertise and leadership is invaluable to our community during this time.  

This leaves a vacant Chair position open and one that should be filled in a timely manner.  

**PROPOSAL:**  
Nomination of Blake Edwards to fill the NCACH Board Chair role on the NCACH Governing Board effective 04/06/2020  

**IMPACT/OPPORTUNITY (fiscal and programmatic):**  
Blake will fulfill the NCACH Board Chair Seat for the remainder of the current term that is set to expire December 31st, 2020.  

**TIMELINE:**  
*As soon as possible*  

**RECOMMENDATION:**

<table>
<thead>
<tr>
<th>Submitted By:</th>
<th>Executive/Nominating Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted Date:</td>
<td>04/06/2020</td>
</tr>
<tr>
<td>Staff Sponsor:</td>
<td>John Schapman</td>
</tr>
</tbody>
</table>
Board Decision Form

TOPIC: MTP Partner payments during COVID-19 pandemic

PURPOSE: Continue to provide financial support to NCACH partners as they respond to the COVID-19 pandemic in their local communities while removing MTP reporting obligations.

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

BACKGROUND:
Due to the current COVID-19 pandemic, North Central Accountable Community of Health (NCACH) has reassessed its priorities to support our partners responding to the current pandemic. In partnership with our Local Health Jurisdictions, NCACH staff have been redirected to focus on COVID-19 activities, thus minimizing all Medicaid Transformation Project work.

NCACH is pausing ALL Medicaid Transformation Project partner requirements until further notice. NCACH staff will re-evaluate the emergency response efforts on an on-going basis. Any meetings or reporting that would normally occur during this time will no longer occur (e.g. Quarter 1 reports due in April will not be required by partners).

NCACH staff recognize that operational changes that have a fiscal implication will need to be reviewed by the Governing Board. NCACH is encouraging Board members to consider the current situation our partners are responding to and allow flexibility in our contracted work during this time. NCACH knows that partners will need additional financial support and flexible timelines for deliverables to be met and believes NCACH should allow partners to receive scheduled payments outlined in partner Memorandums of Understanding while we pause MTP partner reporting activities.

PROPOSAL:
Approve the continued distribution of partner payments as scheduled even though partner deliverables may be removed until June 2020 due to the COVID-19 pandemic

IMPACT/OPPORTUNITY (fiscal and programmatic):
This is budget neutral for NCACH. For our partnering providers, this will provide additional revenue to aid in their community response to the COVID-19 pandemic and ensure they will be in a better fiscal situation to restart MTP activities after the COVID-19 pandemic is under control.
TIMELINE:

- Monthly - NCACH Staff will evaluate COVID-19 pandemic response to determine when partners will have capacity to reengage in MTP project work.
- Once partners reengage in MTP work reporting requirements will also be required moving forward.
- If COVID-19 pandemic continues past the June and organizations need to prioritize their response to the pandemic, NCACH staff will bring a request to the Board to extend the pause to partner reporting obligations.

Submitted By: Executive Committee
Submitted Date: 04/06/2020
Staff Sponsor: John Schapman
NCACH Plan for COVID-19 Organizational Plan
Executive Summary

Summary

Due to the current COVID-19 pandemic, North Central Accountable Community of Health (NCACH) has reassessed its priorities to support our partners responding to the current pandemic. NCACH staff have been redirected to focus on COVID-19 activities, thus minimizing all Medicaid Transformation Project work. However, NCACH recognizes that we still have a role as an organization to support our partner’s COVID-19 efforts either fiscally or making connections with partners regionally and/or statewide. As well, the Washington State Health Care Authority (HCA) acknowledges the current situation and has appealed to CMS for modifications to the 1115 waiver to allow for MTP project modifications. HCA has also articulated their support and encouraged ACHs to work with partners in their communities to address this pandemic.

Below outlines the high level summary of NCACH operational changes and recommendations the Governing Board can enact to support our partners.

NCACH Operational Changes:

NCACH Operations

The Washington State Health Care Authority (HCA) acknowledges the current situation and has appealed to CMS for modifications to the 1115 waiver to allow for MTP project modifications. HCA has also articulated their support and encouraged ACHs to work with partners in their communities to address this pandemic. NCACH has minimized ALL Medicaid Transformation Project activities. The staff have been redirected towards two main efforts:

1. Provide support to Local Health Jurisdictions in regards to their Community Mitigation Strategies effort (Exact details TBD).
   a. Currently we are mobilizing support for the Chelan-Douglas Health District and Grant County Health District and reaching out to Okanogan County Public Health to determine where we can be of assistance.

2. NCACH will leverage our regional and statewide connections to support NCACH partners around their COVID-19 response.

Partner Projects:

NCACH is pausing ALL Medicaid Transformation Project partner requirements until further notice. NCACH staff will re-evaluate the emergency response efforts on an on-going basis. Any meetings or
reporting that would normally occur during this time will no longer occur (e.g. Quarter 1 reports due in April will not be required by partners)

Current contracts will be evaluated and amended appropriately to ensure we can support our partners while remaining in compliance.

If a partner still has capacity to complete project work, NCACH will not impede that effort, but they will also not be required to work.

**Recommendations that require Action by Board:**

NCACH staff recognize that operational changes that have a fiscal implication will need to be reviewed by the Governing Board. NCACH is encouraging Board members to consider the current situation our partners are responding to and allow flexibility in our contracted work during this time.

NCACH staff recommend the following actions for the Board to review and approve:

**Recommendation #1:** Continue partner payments even though deliverables may be removed until June 2020.

- For example: WPCC, CHI Initiative Small project, and Rapid Cycle Opioid application, and all other partners who have reporting due during this time will continue to receive payments but will not be required to complete any reporting in the future

**Recommendation #2:** Transition all Governing Board meetings to virtual-only for April and May with a focus on NCACH staff COVID-19 response efforts and required NCACH business.

- This will mean that some project deep dives will be rescheduled to later in the year closer to when funding decisions will be made.
- Questions for Executive Committee: Do we suspend Strategic Planning interviews with Board members?

**Recommendation #3:** With the understanding that this pandemic is testing the viability of NCACH clinical partners, the NCACH staff and Executive Committee will work to identify the areas NCACH can support our regional our partners and when appropriate develop a funding allocation process for NCACH to financially support partner with their ongoing Covid-19 response.

- Executive Committee members will meet weekly (Fridays at 7AM) to get updates on NCACH COVID work and discuss how NCACH can continue to support partners.
A Detailed report outlining how NCACH is pausing MTP project plans can be found at the following link: http://www.mydocvault.us/uploads/7/5/8/6/7586208/ncach_plan_for_covid_-detailed_plan.pdf
**NCACH COVID-19 Community Mitigation Funds**

**Total Funding: $250,000**

---

**Community Mitigation Need Identified**

- **Determine if falls under LHJ ICS or Community Support Process**
  - **ICS (overseen and authorized by LHJs)**
  - **Community Support (overseen and authorized by NCACH)**

**Determine if County ICS has funding available**

- **Yes**
  - Utilize County ICS funds approval process
  - Connect with appropriate ICS Fiscal lead to ensure clearance provided

- **No**
  - NCACH funding kicks in
  - Connect with NCACH fiscal lead and follow funding protocol

**If funding insufficient**

**Staff review funding application for alignment with criteria**

- **Community-initiated Request**
  - $150,000 available

- **Staff-initiated Request**
  - $50,000 available

**Connect with fiscal lead and follow funding protocol and criteria**

---

Packet Page #18
**Board Decision Form**

<table>
<thead>
<tr>
<th>TOPIC: NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE: Approve a process that allows NCACH staff to identify areas in our COVID-19 response work that requires additional NCACH financial support and provide that support in a quick and timely manner.</td>
</tr>
</tbody>
</table>

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

**BACKGROUND:**
NCACH is directly participating with all County/LHJ Incident Command Systems. Each one of those Incident Command Centers have their own financial processes and funding available to support the work in their community. However, there will be times where that fund is inadequate to meet the response needs of the community.

Therefore, NCACH has developed a funding mechanism to support basic operational costs in situations where there is additional funding needed to support the Community Mitigation efforts of partners in the NCACH region where Incident Command funding falls short.

This funding process is only for NCACH involvement in the Incident Command System process. NCACH has a separate funding process to support our partners to support their Community Mitigation efforts.

**PROPOSAL:**
Approval of the “NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)” process up to $50,000.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**
- The work and support needed to manage the spread of COVID-19 is moving at a faster pace than normal NCACH Operations. Approval of this process will allow NCACH staff and Executive Committee to respond to needs of our partners and community in the rapid timeframe needed for approval.
- NCACH staff will increase the CDHD other expenditure budget line item by $50,000 to reflect expenditures related to COVID-19 LHJ Incident Command System work.
<table>
<thead>
<tr>
<th><strong>TIMELINE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>We anticipate this response will go through June 2020. As more information is known about the COVID-19 pandemic, NCACH staff will bring updates to the Governing Board, including additional funding requests when applicable.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RECOMMENDATION:</strong></th>
</tr>
</thead>
</table>

Submitted By: NCACH Staff/Executive Committee  
Submitted Date: 04/06/2020  
Staff Sponsor: John Schapman
NCACH COVID-19 Community Mitigation Funds:
LHJ Incident Command System (ICS)

**Charge:** NCACH is directly participating with all County/LHJ Incident Command Systems. Each one of those Incident Command Centers have their own financial processes and funding available to support the work in their community. However, there will be times where that fund is inadequate to meet the response needs of the community.

Therefore, NCACH has developed a funding mechanism to support basic operational costs in situations where there is additional funding needed to support the Community Mitigation efforts of NCACH where Incident Command funding falls short.

This funding process is only for NCACH involvement in the Incident Command System process. NCACH will develop a separate funding process to support our partners through NCACH as part of the COVID-19 pandemic.

**Local Health Jurisdiction(s):** NCACH is supporting the following LHJs: Chelan-Douglas Health District, Grant County Health District, Okanogan County Public Health, and Tribal Public Health

**Funding Amount:**

1. Allocate up to $50,000 total for NCACH to respond to the COVID-19 Pandemic
   - NCACH Executive Director will authorize any expenditures across the four Local Health Jurisdiction in support of their Incident Command efforts.
   - The NCACH Executive Director would bring any updates to the NCACH Executive Team to review on a weekly basis to review and provide feedback on expenditures.

**Funding Criteria**

NCACH will support funding needs based on the following criteria.

- NCACH staff needs to go through the Local Health Jurisdiction ICS to ensure the appropriate approval processes have been completed and utilize the funding available as part of the ICS response, prior to requesting funds from NCACH.
- NCACH Staff need to determine if partners are willing to donate as an option for supplies needed to help control purchasing cost (e.g. PPE Facemasks are currently getting donated by stores)
- Funds need to be directly associated with NCACH’s support of Incident Command Tasks (e.g. we will not give an agency money to pay for gas to transport food/items to socially isolated individuals)
- Funding is for physical or technological supply purchases
Internal NCACH Funding Process

All NCACH funding requests will be evaluated against the above criteria. If the above criteria are met, staff will follow the following process:

1. NCACH staff outline the supplies needed, purpose, cost estimates, supply source and/or purchase locations.
2. Email information to Fiscal lead (John Schapman) with request for funding.
3. NCACH fiscal lead will share updates with the NCACH staff team weekly on funds available.
4. NCACH fiscal lead will approve funding.
5. Each week, NCACH Executive Committee will be updated on expenses of NCACH in support of region’s Incident Command efforts.

Note: The details of the funding process may be adjusted based on charging needs/responses. Intent of funding will not change.
Board Decision Form

<table>
<thead>
<tr>
<th>TOPIC: NCACH COVID-19 Community Mitigation Funds: Community Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE: Approve a process that allows NCACH staff to identify areas in our COVID-19 response work in the community that requires additional NCACH financial support and provide that support in a quick and timely manner.</td>
</tr>
<tr>
<td>BOARD ACTION:</td>
</tr>
<tr>
<td>- Information Only</td>
</tr>
<tr>
<td>- Board Motion to approve/disapprove</td>
</tr>
<tr>
<td>BACKGROUND:</td>
</tr>
<tr>
<td>NCACH is directly participating with all County/LHJ Incident Command Systems. Through this process, NCACH is hearing from partners who are stretching their existing resources to respond to their community’s COVID-19 pandemic needs.</td>
</tr>
<tr>
<td>In an effort to support regional partners responding to the COVID-19 pandemic, NCACH has developed the “COVID-19 Community Support Fund” which provides basic operational costs to support the success of Community Mitigation efforts undertaken by NCACH and community organizations in the NCACH region.</td>
</tr>
<tr>
<td>Community Mitigation is defined as how this work is providing support for those individuals in community isolation or practicing social distancing, including the support of essential employees.</td>
</tr>
<tr>
<td>This funding process is broken down into two main categories: NCACH projects that support Community Mitigation across the North Central Region and funding for community partners to support their organization’s community mitigation efforts.</td>
</tr>
<tr>
<td>PROPOSAL:</td>
</tr>
<tr>
<td>Approval of the “NCACH COVID-19 Community Mitigation Funds: Community Support” Processes as attached up to $200,000.</td>
</tr>
<tr>
<td>IMPACT/OPPORTUNITY (fiscal and programmatic):</td>
</tr>
<tr>
<td>Funding Amount: $200,000</td>
</tr>
<tr>
<td>- Up to $150,000 to support community organizations across North Central Washington to respond to the COVID-19 Pandemic</td>
</tr>
<tr>
<td>- $50,000 ($150,000 total) to each public health region (Chelan-Douglas, Grant, and Okanogan Counties), open to community based organizations to submit requests</td>
</tr>
<tr>
<td>- UP to $50,000 total for NCACH to respond to the COVID-19 Pandemic community needs(outside of NCACH’s role in the regions Incident Command Systems)</td>
</tr>
</tbody>
</table>

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

North Central Accountable Community of Health • 200 Valley Mall Parkway, East Wenatchee, WA 98802 • 509-886-6400
The work and support needed to manage the spread of COVID-19 is moving at a faster pace than normal NCACH Operations. Approval of this process will allow NCACH staff and Executive Committee to respond to needs of our partners and community in the rapid timeframe needed for approval.

NCACH staff will increase the CDHD other expenditure budget line item by $50,000 to reflect expenditures related to COVID-19 work and create a COVID-19 Budget line item in the Financial Executor Portal of $150,000.

**TIMELINE:**
We anticipate this response will go through June 2020. As more information is known about the COVID-19 pandemic, NCACH staff will bring updates to the Governing Board, including additional funding requests when applicable.

**RECOMMENDATION:**

<table>
<thead>
<tr>
<th>Submitted By:</th>
<th>NCACH Staff/Executive Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted Date:</td>
<td>04/06/2020</td>
</tr>
<tr>
<td>Staff Sponsor:</td>
<td>Sahara Suval &amp; John Schapman</td>
</tr>
</tbody>
</table>
NCACH COVID-19 Community Mitigation Funds: 
*Community Supports*

**Summary of Need:** NCACH is directly participating with all Local Health Jurisdiction Incident Command Systems (Chelan-Douglas Health District; Grant County Health District; Okanogan Public Health; Tribal Public Health) in response to the pandemic COVID-19 (novel coronavirus). Through this process, NCACH is hearing from partners who are stretching their existing resources to respond to their community’s COVID-19 pandemic needs.

In an effort to support regional partners responding to the COVID-19 pandemic, NCACH has developed the “Draft Covid-19 Community Support Funds” which provides basic operational costs to support the success of Community Mitigation efforts undertaken by community organizations in the NCACH region.

**Funding Amount:** $200,000

1. Allocate up to **$150,000** to support community organizations across North Central Washington to respond to the COVID-19 Pandemic
   - $50,000 ($150,000 total) to each public health region (Chelan-Douglas, Grant, and Okanogan Counties), open to community based organizations to submit requests
   - All requests are a maximum of $5,000, for discrete needs to support COVID-19 response, specifically efforts that support individuals who are required/encouraged to shelter in place

2. Allocate up to **$50,000** total for NCACH to respond to the COVID-19 Pandemic community needs (outside of NCACH’s role in the regions Incident Command Systems)
   - NCACH Executive Director will authorize any expenditures in support of NCACH’s efforts to support Community Mitigation efforts.
   - The NCACH Executive Director would bring any updates to the NCACH Executive Team to review on a weekly basis to review and provide feedback on expenditures.

**Funding Criteria**

NCACH will support needs based on the following criteria.

- This opportunity is open to
  - Community based organizations
  - Community groups who have mobilized in response to COVID-19 (with the support of a fiscal sponsor)
  - Education institutions and providers
  - This funding opportunity is not open to organizations that receive funding through North Central Accountable Community of Health’s Whole Person Care Collaborative or Transitional Care and Diversion Intervention projects
• Provides critical equipment or resources that support communities practicing social isolation, providing connection, access to resources, and supports necessary for distancing measures as created by COVID-19. This fund would cover discrete costs associated with:
  o The delivery of vital information (e.g. design and printing costs; video production costs)
  o Essential or basic needs supplies to support vulnerable and low income populations (e.g. food, diapers, and toilet paper)
  o Associated costs or technology to continue providing or receiving education while practicing social isolation (e.g. Zoom account; Chromebook)
  o Associated costs or technology for grassroots community mitigation response efforts (e.g. website development; gas vouchers for volunteers)
  o Associated costs or technology to improve and adapt vital program delivery in response to COVID-19 (e.g. mental health support; legal services)

• Must demonstrate how it is providing support for those individuals in community isolation or practicing social distancing, including the support of essential employees.

• Must articulate why other funding channels that are offering COVID-19 relief funding (e.g. the Community Foundation of NCW; WA State Healthcare Authority; CMS) are not a good fit for their proposed need (e.g. donated PPE) before submitting an application.

COVID-19 Community Support Funds are not intended to:

• Reimburse indirect costs (e.g. staff time) for cancelled events or services, or the projected loss of income from those cancelled events or services
• Pay down deficits
• Reimburse previously incurred expenses due to COVID-19

Funding Request Process

All funding requests will be evaluated against the above criteria. If the above criteria are met, staff will follow the following process:

1. Funding request will be accepted on a rolling basis until May 29, 2020, or until all funds are expended.
2. Funding request outline the supplies or services needed, purpose, cost estimates, and alternative funding research.
3. Email information to program lead (TBD) with request for funding.
4. Program lead will confirm there is appropriate funding left in the budget for the specific public health region (up to $50,000 each). Program lead will bring to NCACH fiscal lead for approval.
5. NCACH fiscal lead will approve funding request and handle disbursement of funds.
6. Funds expended through FE Portal on rolling basis.
7. Each week, NCACH Executive Committee will be updated on expenses of NCACH
NCACH COVID-19 Community Support Funds

Please email completed applications to [Insert name here]

Organization: UBI Number:

Primary Contact: Fiscal Sponsor (If applicable):

Which public health region are you located in (Chelan-Douglas, Grant, or Okanogan):

Target Population Describe the population that you expect to support with this project.

Description: Provide a description of how you plan to utilize these funds to provide support for individuals currently in community isolation or practicing social distancing, (Can include support for essential employees).

Other Funding Sources: Tell us a bit about your research into other funding opportunities to meet this need. Why are other funding channels that are offering COVID-19 relief funding (e.g. the Community Foundation of NCW) not a good fit for your proposed need?

Budget: Please outline basic budget expenses

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td></td>
</tr>
<tr>
<td>Other Expenses (itemize)</td>
<td></td>
</tr>
<tr>
<td>Total Requested</td>
<td></td>
</tr>
</tbody>
</table>
Board Decision Form

**TOPIC:** COVID-EO Contest

**PURPOSE:** This video contest is designed to engage K-12 students throughout Chelan, Douglas, Grant and Okanogan Counties around proper social distancing and hygiene practices amid the COVID-19 pandemic.

**BOARD ACTION:**

- [ ] Information Only
- [x] Board Motion to approve/disapprove

**BACKGROUND:**

The North Central Washington COVID-EO Contest originated with the intent of engaging youth in demonstrating the importance of CDC and local public health guidelines in order to reduce the spread of Coronavirus and to “flatten the curve.” These preventative measures include: social distancing, hand washing, cleaning and disinfecting frequently touched surfaces, and staying home when you are sick. This video contest is designed to engage K-12 students throughout Chelan, Douglas, Grant and Okanogan Counties.

*Digital Media Northwest, LLC* has offered to partner in the campaign, providing the following: creation of the contest platform, promotion and sharing of the campaign via email and social media, communication with local school districts and NCESD, reviewing and approving video submissions, and coordinating with NCACH to notify winners.

The Executive Committee reviewed the original proposal from the NCACH team and approved up to $5,000 to spend on the project. The Executive Committee recommended that the remaining balance should be brought to the Governing Board for approval.

**PROPOSAL:**

Approve an additional $187 of NCACH expenditures above the $5,000 approved by the Executive Committee for the North Central COVID-EO Contest to increase the total NCACH expenditures to $5,187.00.
IMPACT/OPPORTUNITY (fiscal and programmatic):

- $5,000 was approved by the Executive Committee towards this project per their authority. If the Board approves the remaining funds, the total amount will be increased to $6,187.
- This will be an increase in the other expenditures category of the CDHD budget of $6,187.
- Confluence Health and CVCH have each committed to contribute $500 to the project, therefore the total cost to NCACH will be $5,187.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prize Allocation</td>
<td>$5,150.00</td>
</tr>
<tr>
<td>Digital Media Northwest Contract</td>
<td>$1,037.00</td>
</tr>
<tr>
<td>Total Budget</td>
<td>$6,187.00</td>
</tr>
<tr>
<td>Sponsorship from Confluence Health &amp; CVCH</td>
<td>$(1,000.00)</td>
</tr>
<tr>
<td>Total cost to NCACH</td>
<td>$5,187.00</td>
</tr>
</tbody>
</table>

TIMELINE:

- COVID-EO Contact Start date is Monday April 6th
- COVID-EO Contest end date is Friday May 1st
- Prizes awarded May 15th

RECOMMENDATION:

Submitted By: Executive Committee
Submitted Date: 04.06.20
Staff Sponsor: Teresa Davis, Mariah Brown, John Schapman
North Central Washington COVID-EO Contest

Background

The North Central Washington COVID-EO Contest originated with the intent of engaging youth in demonstrating the importance of CDC and local public health guidelines in order to reduce the spread of Coronavirus and to “flatten the curve.” These preventative measures include: social distancing, hand washing, cleaning and disinfecting frequently touched surfaces, and staying home when you are sick.

This video contest is designed to engage K-12 students throughout Chelan, Douglas, Grant and Okanogan Counties.

The contest will be conducted through a social media campaign utilizing an online platform called Woobox - https://woobox.com/. Digital Media Northwest, LLC has offered to partner in the campaign, providing the following: creation of the contest platform, promotion and sharing of the campaign via email and social media, communication with local school districts and NCESD, reviewing and approving video submissions, and coordinating with NCACH to notify winners.

Contest Guidelines

Participants will submit videos to the contest platform and undergo a screening process based on key criteria outline below, prior to being posted and shared via social media. In order for submissions to be put in the running, contest entries must include the following information: contestant name, contact information, age, grade, and name of school. Contestants will be required to provide a consent and release form, and those under the age of 18 will be required to submit a parental consent and release form in order to participate.

Video submissions must meet the following criteria to be approved:

- Must be an original video created exclusively by the individual or group (If a group video is submitted, social distancing requirements—at least 6 ft. between individuals—must be modeled in the video.)
- Must be filmed with a smart phone or tablet
- Must be created by the student not an adult
- Duration of two minutes and under
- Must include an emphasis on at least one of the CDC and local public health recommended measures to prevent the spread of Coronavirus including: social distancing, hand washing, cleaning and disinfecting frequently touched surfaces, and staying home when you are sick
- Does not include foul language, violence, nudity, or display hazardous, inappropriate, or unlawful behavior
Contest Period

The video contest opens for submissions on Monday, April 6, 2020 and closes on Friday, May 1, 2020.

After the contest period has concluded, videos will be scored based on the following:

- The number of votes originated on the contest platform
- A panel of judges utilizing a selection criteria (in development)

Contest winners will be notified by May 15, 2020. Prizes will be awarded to first, second and third place winners in each age group, in each of the four counties.

Age Categories:

- K-2nd
- 3rd-5th
- 6th-8th
- 9th-12th

COVID-EO Contest Budget:

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Description</th>
<th>Price Per Unit</th>
<th># of Units</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Prize 1 Each of the 4 Counties K-2</td>
<td>Choice - Chrome Book / Smart Watch / Wireless Earbuds</td>
<td>$200.00</td>
<td>4</td>
<td>$800.00</td>
</tr>
<tr>
<td>1st Prize 1 Each of the 4 Counties 3-5</td>
<td>Choice - Chrome Book / Smart Watch / Wireless Earbuds</td>
<td>$200.00</td>
<td>4</td>
<td>$800.00</td>
</tr>
<tr>
<td>1st Prize 1 Each of the 4 Counties 6-8</td>
<td>Choice - Chrome Book / Smart Watch / Wireless Earbuds</td>
<td>$200.00</td>
<td>4</td>
<td>$800.00</td>
</tr>
<tr>
<td>1st Prize 1 Each of the 4 Counties 9-12</td>
<td>Choice - Chrome Book / Smart Watch / Wireless Earbuds</td>
<td>$200.00</td>
<td>4</td>
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</tr>
<tr>
<td>2nd Prize 1 Each of the 4 Counties K-2</td>
<td>$50.00 Gift Card (Retail)</td>
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<td>4</td>
<td>$200.00</td>
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<tr>
<td>3rd Prize 1 Each of the 4 Counties K-2</td>
<td>$25.00 Gift Card (Retail)</td>
<td>$25.00</td>
<td>4</td>
<td>$100.00</td>
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<tr>
<td>3rd Prize 1 Each of the 4 Counties 3-5</td>
<td>$25.00 Gift Card (Retail)</td>
<td>$25.00</td>
<td>4</td>
<td>$100.00</td>
</tr>
<tr>
<td>3rd Prize 1 Each of the 4 Counties 6-8</td>
<td>$25.00 Gift Card (Retail)</td>
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<td>4</td>
<td>$100.00</td>
</tr>
<tr>
<td>3rd Prize 1 Each of the 4 Counties 9-12</td>
<td>$25.00 Gift Card (Retail)</td>
<td>$25.00</td>
<td>4</td>
<td>$100.00</td>
</tr>
<tr>
<td>Random entry drawings 50 prizes</td>
<td>$10.00 Gift Card ($5 visa gift card charge)</td>
<td>$15.00</td>
<td>50</td>
<td>$750.00</td>
</tr>
<tr>
<td><strong>Total Prize Allocation</strong></td>
<td></td>
<td></td>
<td></td>
<td>$5,150.00</td>
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<tr>
<td>Sponsorship Received from Confluence Health &amp; CVCH</td>
<td>($1,000.00)</td>
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<td><strong>Total cost to NCACH</strong></td>
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“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

North Central Accountable Community of Health • 200 Valley Mall Parkway, East Wenatchee, WA 98802 • 509-886-6400
COVID-19 WPCC/TCDI Check-ins

Summary of Partner Conversations:
NCACH staff reached out to Whole Person Care Collaborative (WPCC) and Transitional Care and Diversion Intervention (TCDI) partners to understand how they are responding local to the COVID-19 pandemic, what was their organizations main concerns, and if they have any recommendations on how NCACH can support the region during this pandemic. Below is a summary of those conversations. Individual notes are attached on separate pages.

Needs/Barriers Identified by Partners (Not in order of priority):
Below are bullet points summarizing the key themes that emerged from conversations

- Technology and telehealth support
  - Zoom for providers
- Supporting clients in community that will fall through the cracks (those without phones, technology)
- Funding, several smaller agencies are struggling or concerned about cash flow due inability to provide services (e.g. general surgery).
- Testing for COVID-19
- Personal Protective Equipment (PPE)
- Continuing Education credits affected

Role of NCACH:
Below are a few roles NCACH could play to support partners COVID-19 response

- Connecting BH organizations
  - Offered to connect BH orgs; only 3 responded possible due to staff overwhelmed. Can try again next week
- Serving as a liaison with HCA
  - Advocating for telehealth reimbursement for RHC and FQHCs (currently not eligible)
    - Senator Parlette has been working with RHC and HCA on this issue.
- Connecting organizations as needed
- Advocacy as needed
- Improved regional communication
  - Everyone is overwhelmed for actual meeting.
  - Forwarding training opportunities around telehealth.
- Potential funding package to keep smaller EMS agencies viable through this pandemic