



Board Decision Form

TOPIC: Nomination of Public Health Sector Representative
PURPOSE: Vote on the nomination to fulfill the Public Health Sector Representative on the board.
BOARD ACTION: <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove
BACKGROUND: Christal Eshelman resigned from her position in public health and in turn on April 5 th , she announced her resignation as the NCACH Public Health representative on the Board. The Public Health departments came together and all 3 administrators agreed to recommend Luke Davies for the Public Health representative seat on the NCACH Governing Board. The executive committee acting as the nominating committee reviewed the recommendation and is nominating Luke Davies to fill the Public Health Sector seat on the NCACH Governing Board. Luke Davies Bio:  <p>Luke D. Davies, MPH is the Health District Administrator for Chelan-Douglas Health District. He earned a Master's in Public Health in Leadership, Policy, and Management from the Department of Global Health at the University of Washington. He has over 10 years' experience providing coordination, program management, and monitoring and evaluation to build the capacity of indigenous and international partner organizations to reduce health disparities. His experience includes a wide variety of international programs including community development, disaster management, epidemic response, medical education, health systems strengthening, implementation science, HIV prevention, HIV care and treatment, violence against children, gender-based violence, maternal and child health, and national health surveys. He has experience supporting work across countries in the Caribbean, South-East Asia, and sub-Saharan Africa.</p>
PROPOSAL: Approve the nomination of Luke Davies to the Public Health sector seat on the NCACH Governing Board for the term that expires on December 31 st , 2022.
IMPACT/TIMELINE: If approved, Luke Davies will fulfill the remaining term of the Public Health Sector Board seat set to end December 31 st , 2022.

Submitted By:
Submitted Date:
Staff Sponsor:

Nominating Committee
5/3/2021
Linda Evans Parlette



North Central Accountable
Community of Health

NCACH Financial Update

John Schapman

Key Topics for Today



MTP Revenue



Expenditures &
Remaining Funds

Current Revenue Projections 2017 – 2023

Current Projections

Funding Type	Amount
SIM Funding	\$115,329
Design Funds (100%)	\$6,000,000
Project Plan Award (100%)	\$5,151,558
P4R Project Incentives (100%)	\$15,925,092
P4P Project Incentives	\$460,427
IMC Early Adopter Incentives (100%)	\$5,781,980
VBP Incentives	\$1,050,000
High Performance Pool	\$2,595,575
Other Grants	\$519,000
Program Income	\$18,387
Interest Earnings (In CDHD Account)	\$253,591
Interest Earnings (In FE Portal)	\$62,284
Total Income*	\$37,933,223

Bolded = ↑ from original revenue projections

Potential Revenue (Not in current Projections)

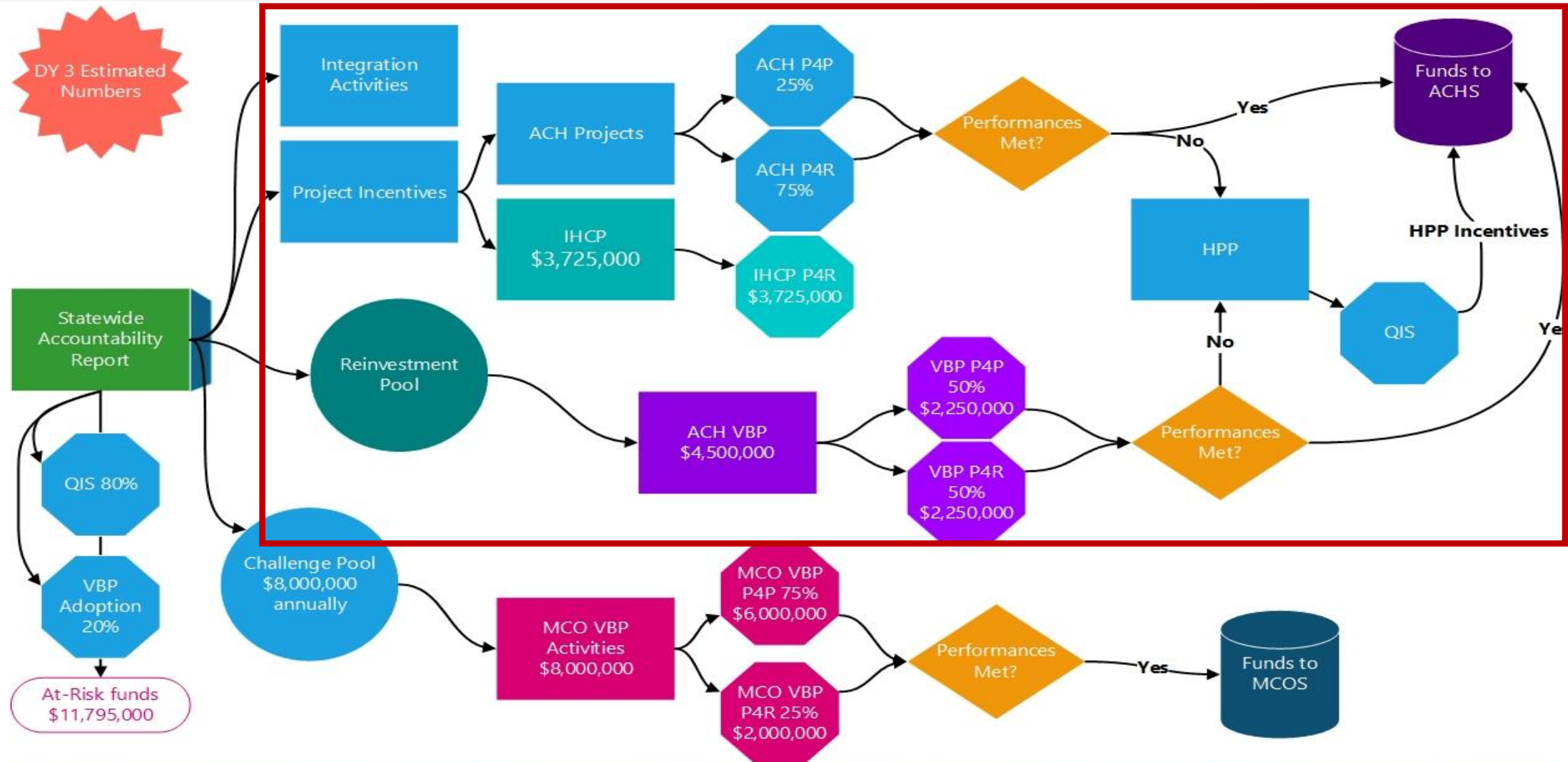
Funding Type	Amount
P4P (DY4 & DY5)	\$4,496,948
VBP (DY4 P4P & DY5)	\$1,150,000
DY6 Extension*	5,000,000
Total	\$10,646,948

*Estimate

Original NCACH Projection Considerations:

- Did not take into account other revenue sources
- Assumed 90% P4R revenue
- Assumed 0% P4P and VBP revenue
- Didn't include High Performance Pool
- Estimated \$32M in overall revenue

MTP Funds Flow



Total statewide DSRIP dollars

Additional Docs Page #5

DY3 Pay for Performance

Table 1 – P4P Payment by Project

Project	Potential	Earned	Unearned
2A: Bi-directional Integration of Physical and Behavioral Health through Care Transformation	\$474,599	\$263,666	\$210,933
2B: Community-based Care Coordination	\$326,287	\$97,886	\$228,401
2C: Transitional Care	\$192,806	\$0	\$192,806
2D: Diversion Interventions	\$192,806	\$0	\$192,806
3A: Addressing the Opioid Use Crisis	\$59,325	\$39,550	\$19,775
3D: Chronic Disease Prevention and Control	\$118,650	\$59,325	\$59,325
Total	\$1,364,473	\$460,427	\$904,046

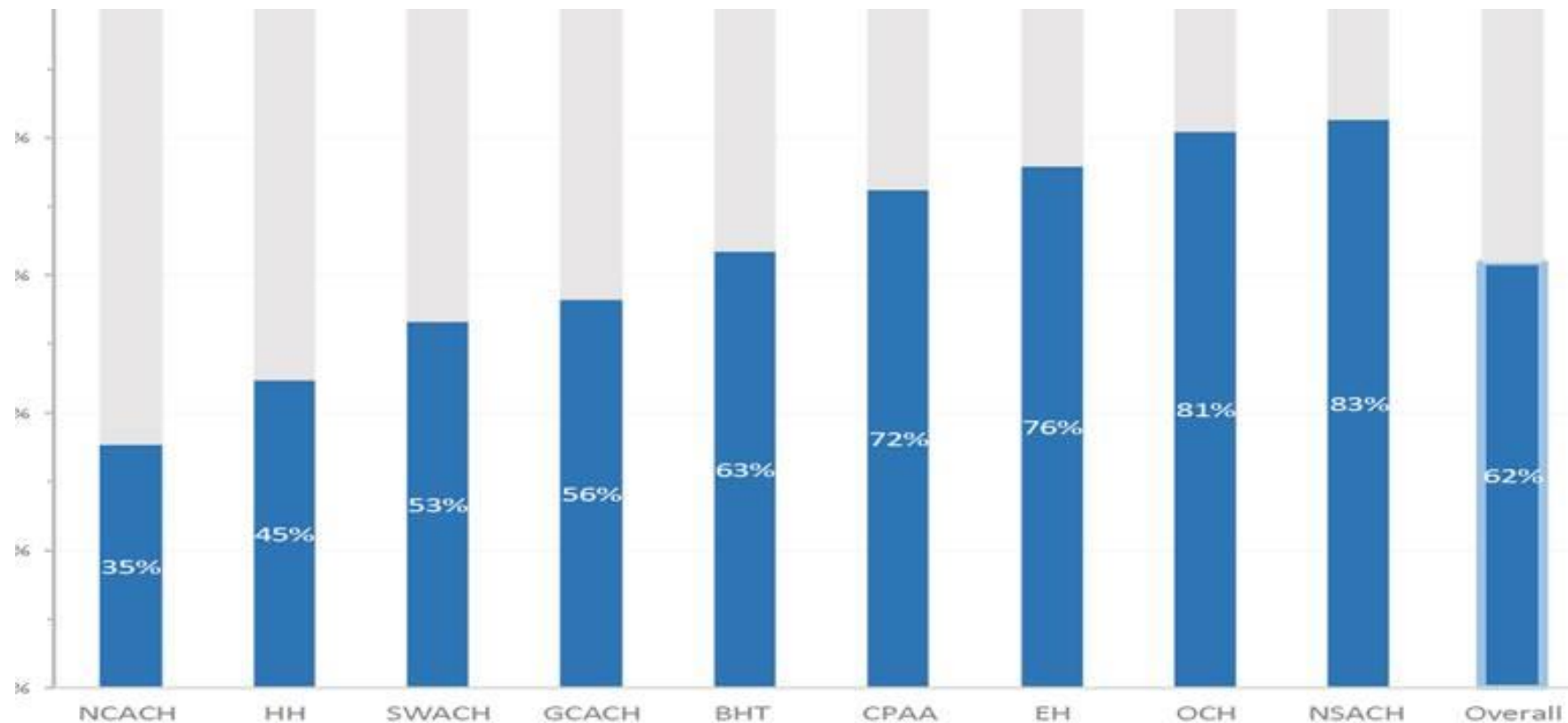
DY3 High Performance Pool

Table 2 – HPP Payment Total

High Performance Pool	Total
Quality Improvement Score (QIS)	0.28
QIS as Percent of Sum	15%
Population	82,531
Population Index	0.45
QIS as Percent of Sum × Population Index	6.81%
Percent of Pool	7.13%
Total HPP Funds Available	\$15,992,180
Total Funds Earned	\$1,139,733

Comparison of Expense to other ACHs

Percent Dollars Expended of Earned Revenue by ACH *(Recorded in Financial Executor Portal from inception till December 31st, 2020)*



Potential Funding – 2022 & Beyond

Remaining Funds after 2021

Category	Amount
Revenue Projections	\$37,933,223
Estimated Expenditures (through 2021)*	(\$22,984,683)
Total	\$14,948,540
Add Potential Revenue	\$10,646,948

*Assumes expending 100% of 2021 Budget



North Central Accountable Community of Health



2021 Quarterly Report

Q1: January 2021 – March 2021

Activities and Updates

Welcome to your new Board Report!

What's new?

With the discontinuation of the [Monthly Meeting Round-Ups](#) (MMRU) (published 2018 – 2020), we are trying a visual quarterly report template in an effort to transition our communication and reporting strategies to focus on our partners and their stories moving forward – as they are the ones actively transforming healthcare through their involvement in ACH activities and Medicaid Transformation Projects. The decision was also made to move away from project-specific reporting, opting to intentionally de-silo how we communicate and think about NCACH's work.

Why did we change up the reporting format?

We found that MMRUs were no longer helpful tools once the Medicaid Transformation Projects left the design phase and entered implementation phase. As only a report of meetings, MMRUs did not reflect the work happening across the region. We hope that changing our focus to include more partner accomplishments and stories will help better capture our impact. We are optimistic that this new format will aid our organization in conceptualizing our work as an interconnected portfolio (as opposed to a more siloed project lens) as it moves toward its future state.

How to use this report

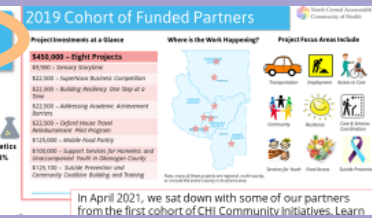
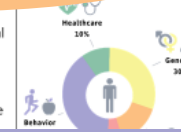
We are focusing on what matters: building healthier communities across North Central Washington.

Slides are organized by NCACH's [guiding principles](#) and values.

Social Determinants of Health

14 new CHI Community Initiatives projects were launched in Q1 - 2021. Selected and scored by local Coalition for Health Improvement (CHI) members, all funded projects must address or positively impact the social determinants of health.

These projects are funded outside the scope of the Medicaid Transformation Project but viewed as



You'll find a financial overview, key updates, selected activities, a few project metrics, and a "Things We're Focusing On" section that highlights things that will guide our work in Q2. In addition, we will continue with Deep Dives, mid-month emails, and special carve out sessions to talk about specific project metrics and data from the HCA.

Each slide has links, stories, and more to explore. We encourage you to spend some time poking around, and to reach out with any questions or ideas to make these reports more valuable in the future.

Some handy information

REPORT CONTENTS

Slide 4 – Q1 Financials

Slide 5 – Key Highlights

Slide 6 – Advancing access to care and services

Slide 7 – Collaboration and Regional Coordination

Slide 8 – Improving our system of whole person care

Slide 9 – Improving quality of care

Slide 10 – Social Determinants of Health

ACRONYMS USED IN THIS REPORT

ACH: Accountable Community of Health

CBO: Community-based Organization

CBCC: Community-based Care Coordination

CHI: Coalition for Health Improvement

HCA: Health Care Authority

MTP: Medicaid Transformation Project

NCACH: North Central Accountable Community of Health

P4R: Pay for Reporting

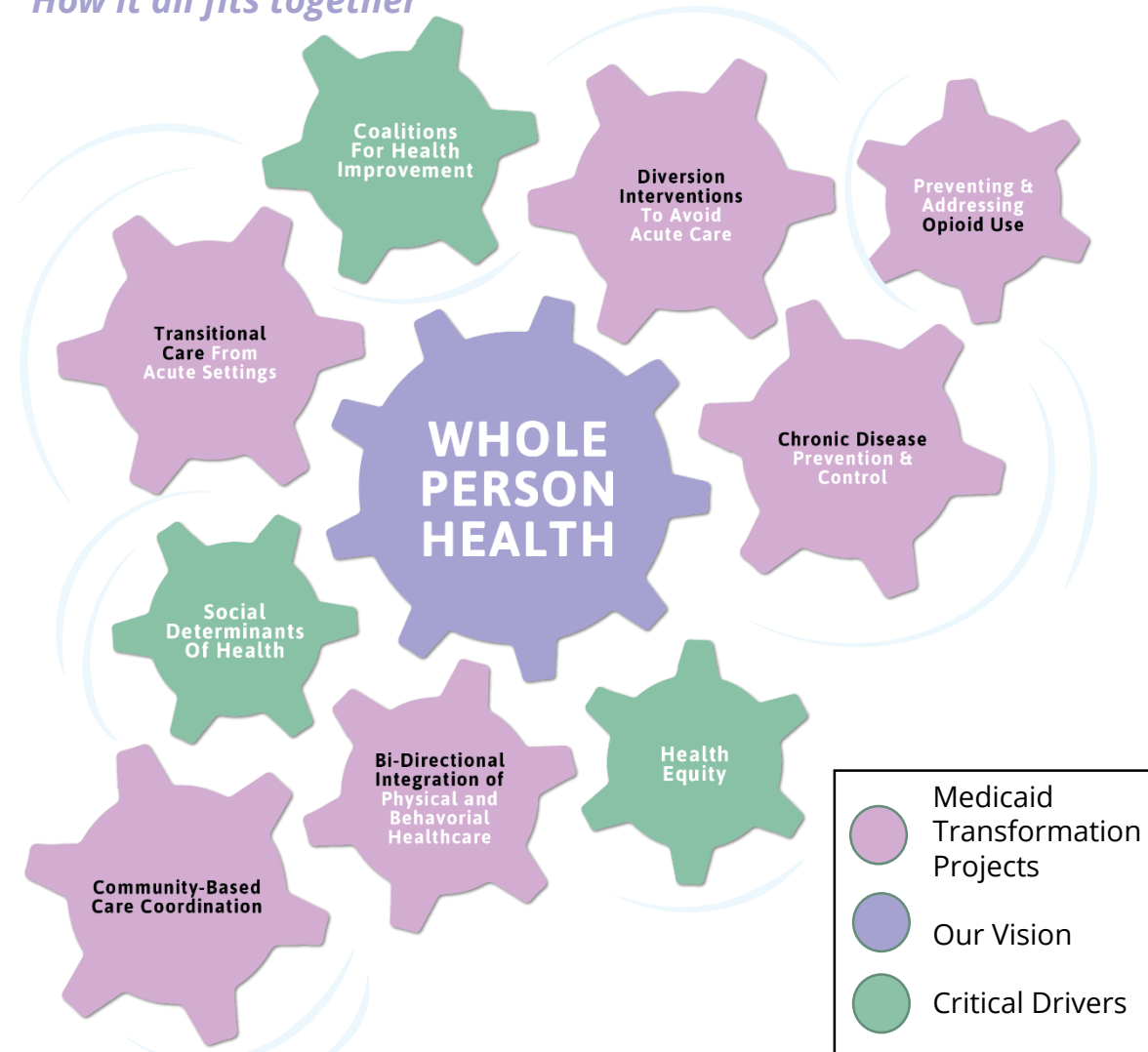
SDOH: Social Determinants of Health

TCDI: Transitional Care and Diversion Interventions

VBP: Value-Based Payments

WPCC: Whole Person Care Collaborative

How it all fits together



OUR MISSION

The mission of the North Central Accountable Community of Health is to Advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.

Quarter 1 Funds Distributed

Key Budget Highlights:

Revenues Earned

- VBP: \$250,000

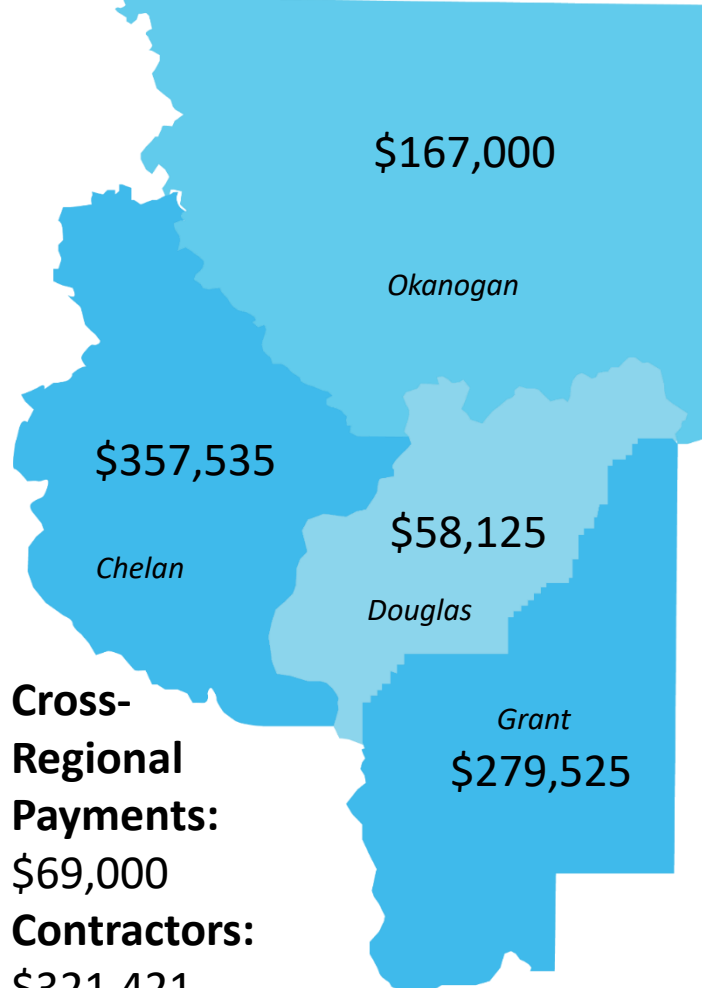
Budget Amendments

(approved by the Board as an addition to the 2021 Operating Budget)

- Telehealth Assessments: \$283,991

Payments made by County

\$1,252,606 paid out of FE Portal

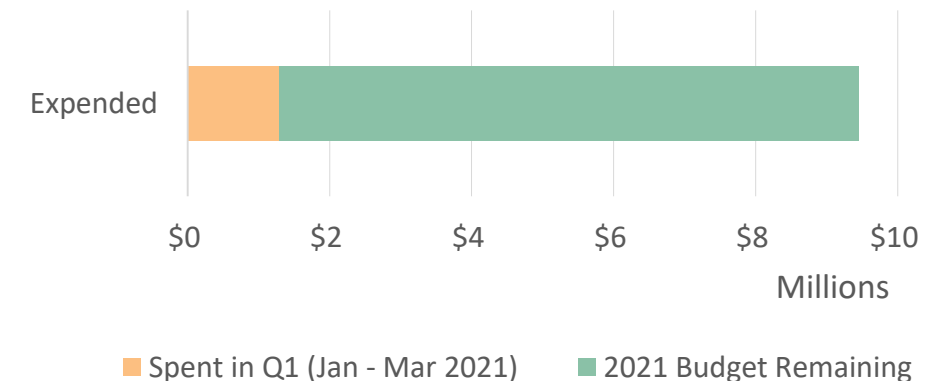


Cross-Regional Payments:
\$69,000
Contractors:
\$321,421

Payments Made in FE Portal by Provider Type

Provider Type	# of Providers	Dollars
CBO	20	\$427,910
Clinical Partner	18	\$503,275
Contractors	9	\$321,421

2021 Expended vs. Budgeted (\$1.5M Expended of \$9.5M Budgeted)



New Partners Added to FE Portal By Provider Type

Provider Type	# of Providers
CBO	10
Clinical Partner	1
Contractors	3

Key Highlights This Quarter

Expanding Regional Telehealth Access and Capacity



NCACH selected two finalists in March 2021 to move forward after releasing a request for proposals for telehealth infrastructure and access planning in early 2021. The two groups will help the region assess its telehealth needs and increase their telehealth capacity, including identifying solutions to expand service accessibility throughout the community. Read more [here](#).

Investing in Youth Mental Health, Resiliency, and Suicide Prevention



NCACH's approval of \$456,736 to address youth mental health, resiliency, and suicide prevention through the regional adoption of the Hope Squad model is the largest effort of its kind in the United States. Read more [here](#).

Medicaid Transformation Updates

Key updates from the State this quarter

- 1) WA State HCA has submitted [6th Year Waiver Extension](#) to CMS
- 2) The HCA reports that [ACHs are continuing to transform care](#) statewide
- 3) NCACH earned 100% of its reporting dollars this quarter, including P4R and VBP funds
- 4) [WA State Legislature passed the 2021 -2023 operating budget*](#), which includes a fully funded MTP 6th year. **as of April 2021*

Things we're focusing on:

- 1) Ongoing state-level discussions around health equity and racial justice with the HCA and the 9 ACHs. Currently focusing on building educational awareness across agencies.
- 2) Continued discussions between ACHs & HCA regarding Year 6 of MTP.
- 3) Strategic planning and governance discussions with NCACH Board and staff about NCACH's future beyond MTP in 2023.

Advancing access to care and services

“Our partners embody the creativity, out-of-the-box thinking, and can-do spirit that is so critical in our rural region.”

Three partners [Okanogan FYRE](#), [Upper Valley MEND](#) in partnership with [Lake Wenatchee Fire and Rescue](#), and [Communities in Schools of North Central Washington](#) are piloting innovative models of community-based care coordination in outlying areas of our rural region. Find out more in this [partner spotlight](#), and we look forward to spotlighting the rest of our partners!

[Action Health Partners](#) also hired a bilingual Community Resource Specialist who is working closely with Greater Columbia 211 (GC211) to ensure that resources in our region are accurately reflected in the 211 directory. Because GC211 covers such a vast region (16 counties!), we appreciate their willingness to try out a different model of developing dedicated local 211 capacity by training and onboarding staff from a community organization in our North Central region.

To increase awareness about regional care coordination efforts, we highlighted the work and stories of 5 Employment & Housing coordinators from the Foundational Community Supports program this quarter.

30 partners joined us to learn about this resource. Find the event recording and resources [here](#).

Things we're focusing on:

Working with a network of community partners, NCACH is launching a jail re-entry program starting next quarter. The program places a Recovery Coach in the jail setting, who works to help people transition back to the community. This model and work is being developed throughout the region. NCACH is also conceptualizing how we can continue strengthening our network's capacity to provide care and the community's ability to access services.

One of the ways we advance access to care is through the expansion of community-centered and peer-based services, like our [Recovery Coach Network](#).



Meet the region's newest Recovery Coaches!
(Photo: Jim Leingang)

- 18** new Recovery Coaches trained this quarter
- 20** new partners engaged about expanding Recovery Coach network
- 1** Recovery Coach placed in jail re-entry program

Since 2018, over **60** recovery coaches have been trained through NCACH's Recovery efforts and **6** coaches from the program have been hired by regional Recovery Coach network partners.

Collaboration and Regional Coordination

Our region is better able to meet the needs of our communities when we work together. That's why NCACH is incentivizing and investing in partnerships and projects that promote collaboration and rural health innovations, like community paramedicine.

Lake Chelan Health's community paramedicine model uses evidence-based tactics to provide preventative services and public health support that keeps people healthy and safe at home, or allows them to access an appropriate care setting. Through this model, Lake Chelan Health is able to provide things like transportation, medication management, home safety visits, at-home care, and chronic disease management; all while improving access to care and avoiding duplication of services. LCH's model uses a connected network of partners including Chelan Valley Community Nurse, Tender Love and Care, Columbia Valley Community Health, and Chelan Valley Hope. Learn more [here](#).

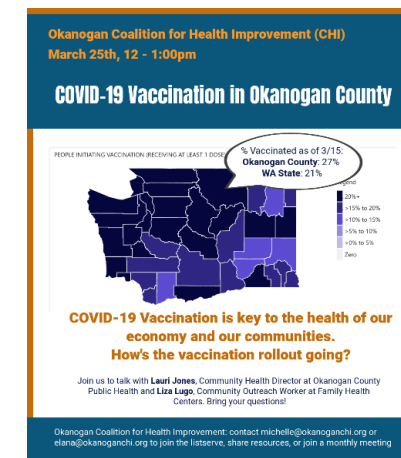
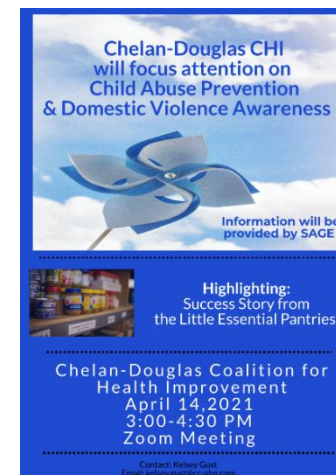


(Photo: Lake Chelan Health)

Things we're focusing on:

With collaboration and regional coordination at the core of what we do, NCACH is constantly seeking ways to build more connections, convene partners, and strengthen the region's system of whole person health. This quarter, we hosted a series of partner roundtables on crisis services, care coordination, and recovery coach network expansion efforts.

The [Coalitions for Health Improvement](#) (CHI) remain an important venue for local collaboration and coordination efforts, especially in regards to COVID-19 information sharing and community problem-solving.



The three CHIs are also continuing to focus on strategic planning efforts. Working with NCACH staff and consultants, the Regional CHI Leadership Council has also been participating in a 3-part "Systems Change Boot camp" learning series.

Improving our system of whole person health

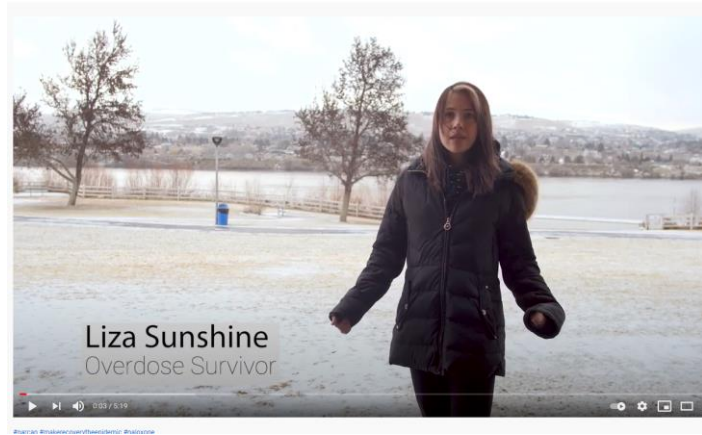
Investing in infrastructure and building capacity is an important part of the work we're doing to improve our system of whole person health



Our partners at the [Colville Tribes Health and Human Services](#) are making progress on their tribal health system improvements. NCACH funds have supported infrastructure and capacity building investments, including the hiring of a Data Scientist who will establish and implement an epidemiology and data evidence collection program within the tribal public health system in collaboration with all HHS programs as well as the Indian Health Service and the State. They also procured a new Electronic Health Record system for their outpatient Behavioral Health and Chemical Dependency Programs and inpatient services at the [San Poil Treatment Center](#).

This EHR is a foundational building block since -- in addition to facilitating patient care and paving the way for the integration of primary care medicine, behavioral health care, home health, public health, and preventive services -- it will be the source of important information for their tribal health data system and analytics.

Building a system of whole person health includes supporting those recovering from alcohol and substance use disorders, including those who may be in relapse or at risk of overdose. This quarter, NCACH staff developed a [special educational video](#) and training program on how to administer naloxone, a lifesaving medication.



Q1 - Naloxone Emergency Use Training & Distribution Efforts:

- **200** naloxone kits given to organizations working with individuals at risk for overdose throughout region;
- **9** individuals and **1** local organization received training on how to safely administer naloxone in the event of an overdose

Things we're focusing on:

- Continuing to identify infrastructure gaps and solutions to support partners and strengthen our regional network and system of whole person health
- Supporting workforce development and peer-to-peer services through our work with the [Recovery Coach Network](#), including launching a transition program for people coming out of incarceration with the Chelan County Regional Justice Center.

Improving quality of care

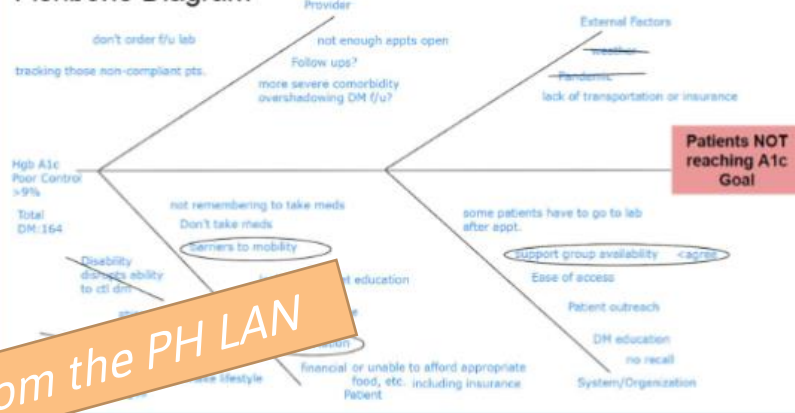
12 Whole Person Care Collaborative (WPCC) partners (9 Primary Care & 3 Behavioral Health Organizations) are participating in a Population Health Learning & Action Network (PH LAN) focusing on improving chronic disease care for patients with diabetes and depression. Providers also participate in monthly Quality Improvement (QI) calls and work as a regional cohort to support one another's QI work and collaborate to improve chronic disease management and quality of care throughout region.

Several organizations report seeing beginning signs of improvement in the data.

Patients NOT reaching A1c Goal

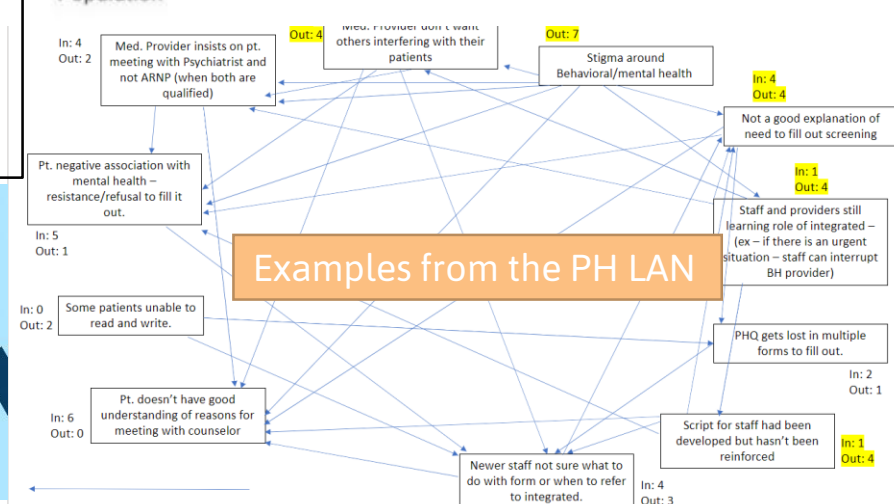
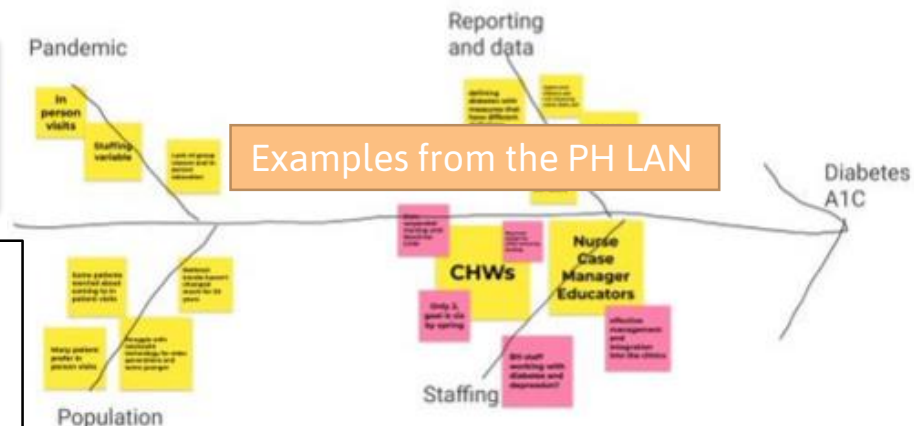
- A. Not enough appts., Ease of access -
- B. Doesn't order f/u lab
- C. provider/staff doesn't f/u with patient. Doesn't track "non-compliant" pts
- D. Comorbidities overshadow DM
- E. Don't remember to take meds
- F. Unable to afford health food
- G. Don't take meds
- H. Non-compliance - don't want to follow tx plan
- I. No diabetes education, Availability of support group
- J. No pt recall system, Don't outreach

Fishbone Diagram



Examples from the PH LAN

	1	2	3	4	5	6	7	8	
A	2			1		1	3	6	21
B	9		7	3		8	8	8	47
C	8	10	8	4		7	9	9	55
D	3	2	9	6		4	2	7	33
E	1	7	4	7		2	1	2	24
F	5	6	3	5		5	5	5	34
G	7	8	6	8		3	6	3	41
H	6	9	1	9		6	7	4	42
I	4	5	2	10		9	4	1	35
J	10	1	10	2		10	10	10	53



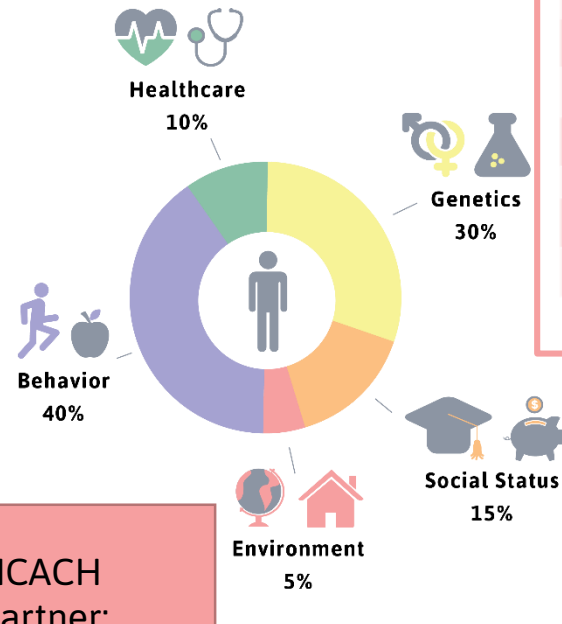
Things we're focusing on:

- Working with partners to use their QI skills to identify and address root causes when it comes to managing chronic diseases, building pathways for patients to access care, and deliver integrated whole person care.
- Providing support and assistance to support our partners' QI journey while continuing to meet partners where they are at as they continue to provide acute and COVID-related services

Social Determinants of Health

14 new CHI Community Initiatives projects were launched in Q1 - 2021. Selected and scored by local Coalition for Health Improvement (CHI) members, all funded projects must address or positively impact the social determinants of health.

These projects are funded outside the scope of the Medicaid Transformation Project but viewed as system strengthening overall.



2019 Cohort of Funded Partners

Project Investments at a Glance

\$450,000 – Eight Projects

\$9,900 – Sensory Storytime
\$22,500 – SuperNova Business Competition
\$22,500 – Building Resiliency One Step at a Time
\$22,500 – Addressing Academic Achievement Barriers
\$22,500 – Oxford House Travel Reimbursement Pilot Program
\$125,000 – Mobile Food Pantry
\$100,000 – Support Services for Homeless and Unaccompanied Youth in Okanogan County
\$125,100 – Suicide Prevention and Community Coalition Building and Training

Where is the Work Happening?



Note, many of these projects are regional, multi-county, or include the entire County in its service area.

Project Focus Areas Include



In April 2021, we sat down with some of our partners from the first cohort of CHI Community Initiatives to hear about their projects. Learn more [here](#).

DN*



NCACH Partner:
Cashmere Community Market

Photo –
Brooklyn Holton

Cashmere Community Market's team is all smiles at their future Learning Garden site. The group is [launching a farmer's market](#) and suite of community programs to bring nutritious foods, local business opportunities, and community connection in Cashmere, WA.



Communities in Schools of North Central Washington works to address the social determinants of health through their site mentor program every day. Learn more [here](#).

Things we're focusing on:

- How continued telehealth expansion can include SDOH partners and service referrals
- Building more relationships and incentivizing collaboration between clinical and community providers
- Supporting our partners in their work to address SDOH and identify future opportunities to connect and leverage resources and capacity