

Governing Board Meeting 05/07/2018

Monday, May 7, 2018

1:00 PM – 3:30 PM

<u>Agenda Item:</u>	<u>Notes</u>
<p>Introductions - Barry Kling</p> <ul style="list-style-type: none"> • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment 	<p>Board Attendance In Person: Blake Edwards, Andrea Davis, Doug Wilson, Rosalinda Kibby, Brooklyn Holton, Barry Kling, Scott Graham</p> <p>Board Attendance via Zoom: Carlene Anders, Senator Warnick, Bruce Buckles, Sheila Chilson, Nancy Nash-Mendez, Molly Morris, Ray Eickmeyer, Rosalinda Kibby, Mike Beaver</p> <p>Absent: Rick Hourigan, Theresa Sullivan, Michelle Price,</p> <p>Public Attendance in Person: Tessa Timmons, Shirley Wilbur, Kris Davis, Deb Miller, Jeff Davis, Gail Goodwin, Julie Rickard, Ryan Stillman, Laurel Lee, Kate Haugen, Winnie Adams, Laurel Turner, David Olson, Ken Sterner, Courtney Ward, Tamara Burns, Nancy Spurgeon, Charity Bergman, Laurel Turner</p> <p>Public Attendance via Zoom: Rick Escobedo, Renita Cook, Laina Mitchell, Gwen Cox, Rachael Petro, Geraldo Perez</p> <p>Staff: Linda Parlette, John Schapman, Christal Eshelman, Peter Morgan, Caroline Tillier, Sahara Suval, Teresa Davis - Minutes</p> <ul style="list-style-type: none"> • Barry Kling disclosed conflict of interest regarding the staffing discussion due to CDHD receiving an administrative fee. • No public comment
<p>Approval of April Minutes - Barry Kling</p>	<p><i>Motion to Approve:</i></p> <p>❖ Doug Wilson move to approve the April minutes as presented, Blake Edwards seconded the motion, no further discussion, motion passed.</p>
<p>Pathways Community HUB – Opening of submitted RFP’s – Christal Eshelman</p>	<p>Christal opened the submissions for the Pathway's Community HUB RFP.</p> <p>Applicants are...</p> <ul style="list-style-type: none"> • Community Choice
<p>Treasurer’s Report - Sheila Chilson</p> <ul style="list-style-type: none"> • Monthly Financial Report 	<p><i>Motion to Approve:</i></p> <p>Financial Report - Sheila went over the financial report for March. Regarding the SIM Budget we are running a little high on salaries but is not concerned at this point.</p> <p>❖ Scott Graham moved to accept the financial report as presented, Nancy Nash-Mendez seconded the motion, no further discussion, motioned passed.</p> <p>Sheila Chilson announced her resignation from the Board. She has some projects in Grant County that are going to require a large amount of her time. Senator Parlette and Brooklyn Holton both noted that Sheila has been such an asset to the Board in</p>

	<p>making this budget understandable. Sheila also suggested the Board decision forms that have made our meetings run so much smoother, we welcome her to give us any input in the future. The FQHC's are recommending David Olson for the seat, this will be voted on and effective at the June meeting.</p>
<p>Parkside Update – Tamara Burns & Julie Rickard</p>	<ul style="list-style-type: none"> • Transferred the lease to ABHS at the end of April • Final bill will be just under \$8M • Julie is in the middle of hiring. Currently hired about 12 people. Just starting to get furniture. • July 2nd is estimated open date but that may change • There have been some unexpected issues with the construction but the contractor has been very responsive. • They are meeting with the City of Wenatchee and should have better understanding of any concerns and the timeline for open. • There is a meeting at the end of the month with Law Enforcement to establish a process for transporting to and from Parkside. • Ray requested that the procedures be sent to him once they are established,
<p>Executive Director's Update - Senator Parlette</p>	<ul style="list-style-type: none"> • Gave a summary of the Sue Birch visit • Summit – Lessons learned...less is more in terms of presenters. Need more breaks and need bigger venue. Still be 1 day. • ED meeting tomorrow in SeaTac, Christal will be attending with Linda to be a part of the MCO & Pathways discussion on the next day.
<p>CHI Update – Brooklyn Holton, Rosalinda Kibby & Mike Beaver</p>	<ul style="list-style-type: none"> • Chelan Douglas - Brooklyn. The CHI leadership Council has been discussing a convening for all three CHI's to get together. Looking to the fall for a date to give the CHI's some time for stakeholder interviews and more prep to the agenda. They have been gathering information from members to find out "Why members attend the CHI", "How to members hope to benefit from the CHI" and how to bring other non-clinical and consumer voices to the meeting. • Grant – Rosalinda. Planning to have interviews with stakeholders. We are very clinically strong and we want to involve the community. Leadership for Grant County meets tomorrow. • Okanogan – Been preparing for the stakeholder interviews and look forward to the fall meeting. <p>Barry is hopeful that there will be more things come out of the projects for the CHI's to contribute to. Hoping that they will help involve consumers in the NCACH work. It is valuable to hear from consumer on what is on their minds. Nancy would like to also remind everyone to keep ethnic minority population involved and to report out on the efforts.</p>
<p>Budget Amendment & Funding Principles – John Schapman</p>	<p>John Schapman At the Board retreat on April 27th, we went over the budget through 2021 but today we are only asking for approval of the workgroup funding for 2018. These numbers are estimations. The design budget amount is for contractor payments. We will still be bringing funding requests to the Board but we need to have some sort of planning framework to give the workgroups a scale to know what they have to work with. We will bring the estimates for the rest of the years at a future meeting.</p>

- ❖ **Sheila Chilson moved, Bruce Buckles seconded the motion to authorize the following NCACH workgroup funds allocations for the 2018 calendar year as outlined in the table below.**

2018 Transformation Project Budget

Budget Item	Total Expenses	Financial Executor Budget	Design Budget
WPCC	\$ 3,163,461.00	\$ 2,685,000.00	\$ 478,461.00
TCDI Work	\$ 320,000.00	\$ 320,000.00	
Pathways Hub	\$ 213,000.00	\$ 213,000.00	
Opioid Project	\$ 100,000.00	\$ 100,000.00	
Total	\$ 3,796,461.00	\$ 3,318,000.00	\$ 478,461.00

Discussion:

- There is not a downside to leaving the money in the Financial Executor account.
- WPCC Design Budget money - Design Budget includes CCMI and the AIMS Center / OHSU is operational and not in the project budget.
- Andrea - When money is sitting with the Financial Executor, we can't earn interest on the funds. Clarification we can earn interest on the design funds that are being managed by CDHD, but not through the Financial Executor. Any money run through the County account will be subject to the 15% hosting administrative fee.

Motion Passed

- ❖ **Sheila Chilson moved Doug Wilson Seconded to approve the following principles that will be utilized to guide how dollars are distributed through our region as part of the Medicaid Transformation Project:**
 1. Projects that receive funding will outline a path toward sustainability or sustained change.
 2. Funding will be distributed to partners for innovative approaches that create new or expand existing capacity and infrastructure, it will not be used to pay for work currently happening.
 3. Funding supports linkages between medical providers and social service providers.
 4. Partners need to demonstrate a clear way to evaluate impact including data for measurement of success.
 5. Projects should show how they address one or more of the six NCACH Project areas



	<p>Rosalinda Kibby asked if there be any more definitions of the projects? There could be projects that don't require funding, yet could help us move the metrics with their data. This is something that we need to discuss and connect other sources of funding to our work. Staff is trying to stay informed of other funding sources and working to connect the data to our projects.</p> <p>Motion Passed</p>
<p>Staff / Project Updates</p> <ul style="list-style-type: none"> • John Schapman • Caroline Tillier • Peter Morgan • Christal Eshelman • Sahara Suval 	<p>John Schapman gave an update on TCDI workgroup.</p> <p>Transitions and Diversion workgroup has been broken into 4 sub workgroups that report back up to the main workgroup. For transitional care, we are looking at 2 models - one that has been developed locally and is currently being used by Confluence and the C-Trac Model. The group is going to recommend to look at orgs that discharge over 200 patients in a year then look at the smaller hospitals in future years. For Diversion, the workgroup is looking at the ED Diversion model. Starting discussions on ED principles. Also having discussions with law enforcement on how they can support the work.</p> <p>Community Para Medicine Model: Workgroup has stepped away from this model but still wants to support this effort through the North Central Emergency Care Council (NCECC). We have three goals.</p> <ol style="list-style-type: none"> 1. Reducing non acute ER Visits *Change to: Reduce Non-Acute EMS transports to Emergency Rooms 2. Reduce 30 day hospital re-admissions of chronic disease and high risk patients. 3. Enhance collection of EMS data and standardize how date is reported across the region <p>This will be done in 3 phases. We are asking for approval of the first phase today.</p> <ol style="list-style-type: none"> 1. Phase 1 (June – August 2018): Evaluation and planning of how EMS agencies will achieve the above goals (working with North Central Emergency Care Council). 2. Phase 2 (September – December 2018): Pre-hospital Provider Training and Process Education for all stakeholders of the work plan between the Emergency Care Council and EMS agencies. 3. Phase 3: Go live with implementation Jan 1st 2019. <p>Barry: How will this address the barriers of EMS providers not getting paid for doing the work in the home delivering to somewhere other than ER? The tactics are looking at reducing the calls which will reduce the burden on the EMS agencies by redirecting patients to the care needed, it may reduce future calls to EMS. There is another mobile integrated health program, Confluence is looking at sending individuals to sites to do the work and they will get reimbursed through Medicaid. There is funding for EMS by partnering with organizations to do work in the home. It is costing more to EMS to transport than to take care of the patient on site. Barry: How are the protocols being developed for the in home visits? Would like specifics on how the money will be spent. Senator Warnick is working on some bills that will help overcome some of these obstacles. The funding request is for planning efforts. Regulatory Rules? Senator Warnick is going to work with them on legislation issues that they have found. Senator Warnick - Legislative changes won't be made for at least year. WAC changes can go through DOH. MCO Perspective - Phase 1 we are ok...the other phases would like to call out Specific tactics - once you connect people</p>



to CBO's, the number of calls to EMS reduces and in turn reduces number of ER visits. We need to make sure that we are capturing the data on these savings.

Sheila - is in support in planning. In Grant County this is going to be challenging. It will require the money just to pull people together to discuss this. We have very few resources (ambulances) to take people to ER. Ambulance service is very scarce in Grant County.

Barry: WPCC has put a lot of staff time in planning, but it has taken a lot of time to get the group focused, funding came after criteria had been defined. He thought that the way we did things was that people from a field got together to figure out what was needed and then asked for funding and spent the money on making the changes.

Ray is confident that he can answer any questions and concerns, he will have to put some more work into it but his time is limited. Renita said that when they were approached to take this on, there were 3 goals presented to them. There is a lot of data that needs to be gathered and agencies can't just provide this information. The money is not there to entice them to participate it is there to get the data needed. If this is a project that the ACH wants them to participate in, they need funding to put people out there to get the information back to NCACH. Phase 1 funds will help get one person from each agency dedicated to gathering this information.

Bruce would like to bring attention to the elderly needs to be kept on the radar. If he can be of help in getting some of this data, he is willing to help.

Sheila: She supports this as it is similar to the base funding that was allocated to the WPCC. This is a lot of work to get the 10 agencies to work together and will take staff time to do the assessment and develop a work plan.

Brooklyn said that she is part of this workgroup. There are tangible things that we will be getting. We will be able to evaluate on an annual basis. \$70,000 is not a lot of money to get 10 agencies to work together. The fact that they are able to do this in 3 months she feels comfortable in approving this. We have put risk in giving money in other projects and we just approved a budget for this project, she is comfortable approving this.

Motion to Approve:

- ❖ **Doug Wilson moved, Rosalinda Kibby seconded the motion to allocate up to \$70,000 to support Phase I of NCECC's Plan for Community Para Medicine - *Change goal #1 to: Reduce Non-Acute EMS transports to Emergency Rooms**

Requirement: NCECC will provide a timeline for phase 1 (planning phase) outlining the work that will be completed in the first three months. Deliverables include NCECC completing an assessment of other Mobile Integrate Health Service opportunities and incorporating that in the plan that is due in August. The deliverables will be outlined in an MOU.

Blake noted that there is real opportunity to move the needle and thanked Ray for all of his efforts.

Motion Passed, Ray abstained

Peter Morgan & Caroline Tillier gave an overview of the need for staffing changes to the WPCC. The management of this project is only increasing. We need a fulltime person on site to do this work. Peter is planning to phase himself out of the position and serve in a volunteer advisory position. Timeline: Hoping to have someone hired by August or September.

- Will there be a budget amendment to account for this? If the Board accepts this, it would be a budget amendment to reflect the change.
- Are there people in similar roles at other ACH's? There are not similar positions, no other ACH has a collaborative like ours.
- Doug is concerned that we won't find someone with the skills that Peter brings to the table.
 - Change the Job description: Management of the WPCC:
 - Provide credible leadership to the clinicians and provider organizations involved in WPCC.
 - Classification requires Bachelor's Degree and 6 yrs related experience or a Master's Degree in a related field.
 - ❖ **Doug Wilson moved Brooklyn Holton seconded the motion to approve a new 1.0FTE position to adequately support the Whole Person Care Collaborative, no further discussion, motion passed.**

Christal Eshelman:

- SDOH facilitated discussion, three meetings to discuss challenges that our areas face. Chris from OHSU presented the results at the summit. Currently reviewing feedback from Summit and will bring a recommendation to the next Board meeting.
- Opioid- Rapid cycle applications are open, closes May 11th
- Pathways Community HUB - 3 community members and 3 people from TA team will score the submission. Will be brought to the Board for approval in June. There is a minimum score requirement with the caveat that the Executive Director can ask for more information if needed.
- FIMC Okanogan County - Proposed structure was brought to the Okanogan Commissioners and providers. Looking to utilize that CHI for the broad stakeholder and consumer engagement and to serve advisory committee. The CHI Leadership team is onboard with this process. Will be engaging providers for the Early Warning indicators and Early Warning System. There is a draft plan being developed.

Meeting adjourned to Executive Session at 3:06 PM