North Central Accountable Community of Health

Governing Board Meeting

1:30 PM – 3:30 PM June 4, 2018

Okanogan Behavioral HealthCare **1007 Koala Dr** **Omak WA 98841**	**Please join my meeting from your computer, tablet or smartphone.** https://global.gotomeeting.com/join/508747653 **You can also dial in using your phone.** United States: +1 (872) 240-3311 **Access Code: 508-747-653** First GoToMeeting? Let's do a quick system check: https://link.gotomeeting.com/system-check

Time:	Agenda Item:	Proposed Action:	Attachments:	Page
1:30 PM	Introductions - **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment	Discussion	• Agenda	1-2
1:40 PM	Approval of May Minutes - **Barry Kling**	***Motion:*** • Minutes	• Minutes	3-8
1:45 PM	Open Board Seats/Officers • FQHC Seat • Treasurer	***Motion:*** • To approve nominations		
1:55 PM	Treasurer's Report – **John Schapman** • Monthly Financial Report • NCACH Budget Updates:	***Motion:*** • Financial Report • 3 Financial Board Decision forms	• Financial Report • Board Motion Forms • Transformation Project Budget Projections • Emerging Projects Recommendations *(time permitting)* • Board Funding Process Flow Map *(time permitting)*	9-12 13-14 15-17 18-19
2:10 PM	Executive Director's Update - **Senator Parlette**	Information	• Executive Director's Report	20-24
2: 20 PM	CHI Update – **Brooklyn Holton, Rosalinda Kibby & Mike Beaver**	Information		
2:30 PM	FIMC Technical Assistance– **Christal Eshelman**	***Motion:*** • FIMC Technical Assistance Funding	• Board Motion Form	25-29
2:45 PM	Recommendation of Funding for Rapid Cycle Opioid Applicants – **Christal Eshelman**	***Motion:*** • Rapid Cycle Opioid Application Funding	• Board Motion Form • Summary of proposed applications to fund	30-31
2:55 PM	Pathways Community HUB - **Christal Eshelman**	***Motion:*** • Recommendation of Pathways Community HUB Lead Agency • Pathways Community HUB Technical Group	• Board Motion Forms • NCACH & HUB Lead Agency Role Matrix • Pathways Community HUB Technical Group Charter	32-33 34 35-38

		Charter		
3:05 PM	WPCC Update – **Caroline Tillier and Peter Morgan** • Staff Position		• LAN Report Hand-Out	39-40
3:10 PM	Social Determinants of Health Recommendations – **Chris Kelleher and Christal Eshelman**	***Motion:*** *(time permitting)* • Social Determinants of Health Facilitated Discussion Recommendations	• Board Motion Form • Social Determinants of Health Transportation and Housing Report • Capacity Development and Grant Specialist Job Description	41-42 43-64 65-66
Pages 67 and on are additional documents for informational purposes				
3:30 PM	Adjourn			

Governing Board Meeting 05/07/2018

Monday, May 7, 2018
1:00 PM – 3:30 PM

Agenda Item:	**Notes**
Introductions - **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment	**Board Attendance In Person**: Blake Edwards, Andrea Davis, Doug Wilson, Rosalinda Kibby, Brooklyn Holton, Barry Kling, Scott Graham **Board Attendance via Zoom**: Carlene Anders, Senator Warnick, Bruce Buckles, Sheila Chilson, Nancy Nash-Mendez, Molly Morris, Ray Eickmeyer, Rosalinda Kibby, Mike Beaver **Absent**: Rick Hourigan, Theresa Sullivan, Michelle Price, **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 **Public Attendance via Zoom**: Rick Escobedo, Renita Cook, Laina Mitchell, Gwen Cox, Rachael Petro, Geraldo Perez **Staff:** Linda Parlette, John Schapman, Christal Eshelman, Peter Morgan, Caroline Tillier, Sahara Suval, Teresa Davis - Minutes • Barry Kling disclosed conflict of interest regarding the staffing discussion due to CDHD receiving an administrative fee. • No public comment
Approval of April Minutes - **Barry Kling**	***Motion to Approve:*** ❖ **Doug Wilson move to approve the April minutes as presented, Blake Edwards seconded the motion, no further discussion, motion passed.**
Pathways Community HUB – Opening of submitted RFP's – **Christal Eshelman**	Christal opened the submissions for the Pathway's Community HUB RFP. Applicants are… • Community Choice
Treasurer's Report - **Sheila Chilson** • Monthly Financial Report	***Motion to Approve:*** 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. ❖ **Scott Graham moved to accept the financial report as presented, Nancy Nash-Mendez seconded the motion, no further discussion, motioned passed.** 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

	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.
Parkside Update – **Tamara Burns & Julie Rickard**	• 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,
Executive Director's Update - **Senator Parlette**	• 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.
CHI Update – **Brooklyn Holton, Rosalinda Kibby & Mike Beaver**	• 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. 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.
Budget Amendment & Funding Principles – **John Schapman**	**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.

❖ **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

	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. **Motion Passed**
Staff / Project Updates • **John Schapman** • **Caroline Tillier** • **Peter Morgan** • **Christal Eshelman** • **Sahara Suval**	**John Schapman** gave an update on TCDI workgroup. 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. 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. 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 This will be done in 3 phases. **We are asking for approval of the first phase today.** 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. 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

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** **<u>Peter Morgan & Caroline Tillier</u>** 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: o Provide credible leadership to the clinicians and provider organizations involved in WPCC. o 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.** **<u>Christal Eshelman:</u>** • 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

NC ACH Funding & Expense Summary Sheet

	SIM/DESIGN FUNDS			FINANCIAL EXECUTOR FUNDS		
	SIM/Design Funds Received	SIM/Design Funds Expended	SIM/Design Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
Original Grant Contract K1437	$ 99,831.63	$ 99,831.63	$ -			
Amendment #1	$ 150,000.00	$ 150,000.00	$ -			
Amendment #2	$ 330,000.00	$ 330,000.00	$ -			
Amendment #3 ($50k Special Allocation)	$ 15,243.25	$ 15,243.25	$ -			
Workshop Registration Fees/Misc Revenue	$ 19,155.00	$ 19,155.00	$ -			
Amendment #4 (FIMC Advisory Comm. Spcl Allocation 2016)	$ 15,040.00	$ 15,040.00	$ -			
Amendment #5*	$ -	$ -	$ -			
Amendment #6** (FIMC Adv Comm Spcl Alloc 2017)	$ 30,300.45	$ 30,300.45	$ -			
Interest Earned on SIM Funds* **	$ 3,223.39	$ 3,223.39	$ -			
Original Grant Contract K2562	$ 24,699.55	$ 4,902.19	$ 19,797.36			
Amendment #1						
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000.00	$ 521,265.10	$ 478,734.90			
Original Contract K2296 - Demonstration	$ 5,000,000.00	$ -	$ 5,000,000.00			
Interest Earned on Demo Funds	$ 41,783.08	$ -	$ 41,783.08			
Finacial Executor Funding -						
*DY1 Project Incentive Funds:				$ 5,151,550.00	$ 1,460,000.00	$ 3,691,550.00
*DY1 Integration Funds				$ 2,312,792.00		$ 2,312,792.00
*DY1 Bonus Funds				$ 1,455,842.00		$ 1,455,842.00
Totals	**$ 6,729,276.35**	**$ 1,188,961.01**	**$ 5,540,315.34**	**$ 8,920,184.00**	**$ 1,460,000.00**	**$ 7,460,184.00**

** Funds allocated to NCACH but not yet in FE account*

*** Revenue outstanding. Funding is monthly cost reimbursement.*

**** Only $500 interest on SIM Grant per calendar year can be retained. The rest will be paid back to HCA when directed.*

2015-16 Report	99,831.63	$ 99,832.00
2016-17 Report	480,000.00	$ 76,736.40
SIM Report	$ 107,661.64	$ 491,127.51
DEMO Report	$ 6,041,783.08	$ 521,265.10
	$ 6,729,276.35	$ 1,188,961.01
Variance	$ -	$ 0.00

Demonstration Funds Report on NCACH Expenditures to Date

Fiscal Year: Jan 1, 2018 - Dec 31, 2018

	Budgeted Allocation	Jan-18	Feb-18	Mar-18	April-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	**$ 577,262.00**	$ 48,078.06	$ 48,249.47	$ 46,854.42	$48,585.10	**191,767.05**	**33.2%**
Summer Intern Program	**$ 10,000.00**					**-**	**0.0%**
Office Supplies	**$ 18,000.00**	$ 2,462.22	$ 3,804.21	$ 1,081.02	$1,636.69	**8,984.14**	**49.9%**
Legal Services	**$ 8,000.00**		$ 1,156.50			**1,156.50**	**14.5%**
Travel/Lodging/Meals	**$ 7,000.00**	$ 1,244.15	$ 1,014.97	$ 929.35	$2,934.33	**6,122.80**	**87.5%**
Website	**$ -**	$ 60.86			$215.32	**276.18**	
Admin (HR/Recruiting)	**$ 7,500.00**					**-**	**0.0%**
Advertising/Community Outreach	**$ -**	$ 456.61	$ 225.00	$ 354.70	$1,704.55	**2,740.86**	
Insurance	**$ 5,000.00**					**-**	**0.0%**
Meeting Expense	**$ 7,000.00**	$ 11.30	$ 1,121.05	$ 8,976.45	$12,630.99	**22,739.79**	**324.9%**
Other Expenditures	**$ 3,000.00**	$ 1,334.61	$ 700.00		$1,182.84	**3,217.45**	**107.2%**
Integration Funds	**$ 21,731.16**				$4,750.00	**4,750.00**	**21.9%**
Misc. Contracts (CHIs)	**$ 120,000.00**				$6,545.40	**6,545.40**	**5.5%**
Healthy Generations	**$ 75,000.00**		$ 12,500.00	$ 12,500.00	$12,500.00	**37,500.00**	**50.0%**
OHSU	**$ 150,000.00**			$ 12,754.48	$6,017.50	**18,771.98**	**12.5%**
CCMI, CSI	**$ 443,461.00**		$ 44,415.23		$58,500.00	**102,915.23**	**23.2%**
Providence CORE	**$ 4,128.00**					**-**	**0.0%**
Subtotal	**$ 1,457,082.16**	**$ 53,647.81**	**$ 113,186.43**	**$ 83,450.42**	**$157,202.72**	**407,487.38**	**28.0%**
						-	
15% Hosting fee to CDHD	**$ 117,673.97**	**$ 8,047.17**	**$ 8,440.68**	**$ 8,729.39**	**$12,027.78**	**37,245.03**	**31.7%**
Grand total	**$ 1,574,756.13**	**$ 61,694.98**	**$ 121,627.11**	**$ 92,179.81**	**$169,230.50**	**$ 444,732.41**	**28.2%**

Funds remaining 2/28/2018	$	5,731,607.93
Interest Earned to date	$	41,783.08
Budgeted Amount (2018)	$	1,574,756.13
Total Uncommitted Dollars	**$**	**4,198,634.88**

% of Fiscal Year Complete 33%

SIM Funds Report on NCACH Expenditures to Date
Fiscal Year: Feb 1, 2018 - Jan 31, 2019

	Budgeted Allocation	Feb-18	Mar-18	Apr-18	Totals YTD	% Expended YTD to Budget	Comments
Salary & Benefits	**$ 80,313.00**	590.62	369.82	1210.92	**$ 2,171.36**	**2.7%**	
Office Supplies					$ -	**#DIV/0!**	
Computer Hardware					$ -	**#DIV/0!**	
Legal Services					$ -	**#DIV/0!**	
Travel/Lodging/Meals				100.83	**$ 100.83**	**#DIV/0!**	
Website Redesign					$ -	**#DIV/0!**	
Advertising					$ -		Job ads.
Meeting Expense					$ -	**#DIV/0!**	Mainly meeting room rental costs.
Other Expenditures					$ -		WPC speaker expense, stationary printing, office furniture
Misc. Contracts (CORE)					$ -	**#DIV/0!**	
Misc. Contracts (CHIs)					$ -	**#DIV/0!**	
Subtotal	**$ 80,313.00**	**$ 590.62**	**$ 369.82**	**$ 1,311.75**	**$ 2,272.19**	**2.8%**	
15% Hosting fee to CDHD	**$ 12,046.95**	88.59	55.47	196.76	**$ 340.83**	**2.8%**	Includes space, computer network & support, fiscal, etc.
Meal Expenses - not charged a hosting fee					$ -		
Grand total	**$ 92,359.95**	**$ 679.21**	**$ 425.29**	**$ 1,508.51**	**$ 2,613.02**	**2.8%**	

Contract K2562 (FIMC Funding)	$ 21,731		% of Fiscal Year	25%
Amendment #1 (SIM AY4 Funds)	$ 70,629			
Retained Interest Earned to date				
Total SIM Funds	**$ 92,360**			
Budgeted Amount	$ 92,359.95	8031		
Total Uncommitted Funds	**$ 0.21**			

RED = Not yet approved allocations

Demonstration Funds Report on NCACH Expenditures to Date

Fiscal Year: Jan 1, 2018 - Dec 31, 2018

	Budgeted Allocation	Jan-18	Feb-18	Mar-18	April-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Totals YTD	% Expended YTD to Budget
WPCC Stage 1	**$ 1,665,000.00**				$1,460,000.00									**1,460,000.00**	**87.7%**
Opioid Project	**$ 100,000.00**													**-**	
TCDI - NCECC Project Funding	**$ 70,000.00**													**-**	**0.0%**
														-	**#DIV/0!**
														-	
														-	**#DIV/0!**
														-	
														-	**#DIV/0!**
														-	**#DIV/0!**
														-	**#DIV/0!**
														-	**#DIV/0!**
															#DIV/0!
															#DIV/0!
															#DIV/0!
															#DIV/0!
Grant Total	**$ 1,835,000.00**	$ -	$ -	$ -	**$1,460,000.00**	$ -	-	$ -	$ -	$ -	$ -	$ -	$ -	**1,460,000.00**	**79.6%**

Funds Earned (Date TBD)	$ 8,920,184.00
Budgeted Amount (2018)	$ 1,835,000.00
Total Uncommitted Dollars	**$ 7,085,184.00**

% of Fiscal Year Complete 17%

Board Decision Form

TOPIC: *NCACH Medicaid Transformation Budget Project Allocations*

PURPOSE: Approve Medicaid Transformation Project Budget projections
(Projected amount as of June 4th, 2018*)*

BOARD ACTION:

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

BACKGROUND:
The NCACH Governing Board met on 4/27/18 for a full day retreat to review projected funding allocations for the Medicaid Transformation Project. NCACH staff presented organizational level funding principles, funds allocation decision flow charts, and project-specific funding projections to the Governing Board. At the April Governing Board retreat it was confirmed that the Board was comfortable budgeting a projected earnings of $32M dollars (Out of $41.2M) that could be earned for achieving milestones and reporting measures in the Medicaid Transformation Project.

Budget projections through December 31st 2021 (2022 for Pathways Hub), broken down by year and workgroup were outlined. Overall projections through 2021 were based on very rough estimates and workgroups plan to provide more detailed annual budget projections to the Governing Board for approval on a yearly basis. All funding that is note currently allocated by projects and staff have been placed in a uncommitted funds category to be allocated as NCACH gets a clearer understanding of exact funding needs of regional projects.

NCACH will utilize budget projections to outline the scope of work that will be completed by each projects implementation partners. Budget projections will be evaluated on an annual basis to determine how NCACH funding projections will be adjusted to reflect the actual expense of each project and provide a detailed budget for upcoming years.

PROPOSAL:
Motion to approve the Medicaid Transformation Budget Projected Allocations
(As outlined in attachment 1)

IMPACT/OPPORTUNITY (fiscal and programmatic):
The approval of the total NCACH Medicaid Transformation Budget will allow NCACH staff and workgroups to understand the potential funding limitations they have as they develop the scope of each transformation project's work plan. NCACH staff and workgroups understand that these are only projected allocations that will be refined as additional details become available

This projected budget will also serve as a guiding document for the Governing Board to ensure funds are reserved to address the needs of each project's implementation partners.

TIMELINE:
June 4th, 2018 – Governing Board Approves Project Implementation Budget Estimate
October 2018 – Review annual budget projects details for 2019 Calendar year (Completed annually in October)
As needed – Review specific project requests (i.e. approval of NCECC work plan, Opioid Applications, etc.)

Submitted Date: 06/04/2018
Staff Sponsor: John Schapman

Project Implementation Budget Projections
(Budget based on $32M)

BUDGET CATERGORY	TOTALs	%
Project Funding WPCC, Pathways Hub, Transitions/Diversion & Opioid Workgroup	**$19,300,000**	**60%**
Project Staffing Staff cost for project management	**$1,500,000**	**5%**
Unallocated Funds SDOH, Workforce Development, HIT/HIE, Data, VBP	**$7,900,000**	**25%**
ACH Operations ACH Staffing, etc.	**$3,300,000**	**10%**
TOTAL	**$32,000,000**	**100%**

Project Funding Budget Detailed

Workgroup	2018	2019	2020	2021	2022	Total
WPCC Workgroup	$3,165,479	$2,651,929	$2,588,810	$2,493,782	$0	**$10,900,000**
Pathways Hub	$213,000	$965,000	$1,321,000	$1,404,000	$1,097,000	**$5,000,000**
TCDI Workgroup	$320,000	$1,050,000	$500,000	$530,000	$0	**$2,400,000**
Opioid Workgroup	$100,000	$300,000	$300,000	$300,000	$0	**$1,000,000**
Total	**$3,798,479**	**$4,966,929**	**$4,709,810**	**$4,727,782**	**$1,097,000**	**$19,300,000**

Board Decision Form

TOPIC: *Emerging Initiatives Recommendations*

PURPOSE: *Have an approved process to work with projects that are currently not part of NCACH selected Evidence Based Approaches.*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

NCACH recognizes that Healthcare Transformation is an evolving process. Our region will have a good understanding of the work we need to complete through 2021 when our Implementation plans are due. However we also believe we will continue to identify additional processes we need to improve upon throughout the Transformation Project.

There have been many new ideas that have been created during the initial year of the Transformation Project (i.e. 24/7 nurse call line, mapping protocols between law enforcement and medical). However, there is no clear process to determine what new initiatives should be part of NCACH's portfolio. Therefore, NCACH has drafted guidelines on how emerging initiatives will be vetted and the process they need to go through to be considered part of the NCACH Medicaid Transformation Project.

This process will include initiatives being vetted through either workgroups or the Coalitions for Health Improvement prior to being presented to the Governing Board for consideration for funding. To ensure innovative ideas align with the work we are completing in the region, the final approval of any funds allocations and ultimately project plans is at the Governing Board level. Details of the requirements and steps for developing new projects are below:

PROPOSAL:

Motion to approve the Emerging Initiatives Guidelines Document *(attached)*

IMPACT/OPPORTUNITY (fiscal and programmatic):

This process will help both workgroups and Coalitions for Health Improvement explain the process that NCACH goes through to evaluate new projects that are outside of the Medicaid Transformation Project Evidence Based Approaches. This will also allow staff to direct stakeholders to the appropriate venues to discuss new projects that would help support the current work occurring in the Transformation project.

TIMELINE:

June 4th – Governing Board approves Emerging Initiatives Guidelines document
June/July – NCACH staff share with workgroup members and Coalitions for Health Improvement Leadership Team

Submitted Date: 06/04/2018
Staff Sponsor: John Schapman

Emerging Initiatives that is outside of the North Central Accountable Community of Health (NCACH) Selected Evidence Based Approaches/Strategies

Summary

NCACH recognizes that Healthcare Transformation is an evolving process. Our region will have a good understanding of the work we need to complete through 2021 when our Implementation plans are due. However we also believe we will continue to identify additional processes we need to improve upon throughout the Transformation Project.

New projects/ideas will first be vetted through either workgroups or the Coalitions for Health Improvement prior to being presented to the Governing Board for consideration for funding.

To ensure innovative ideas align with the work we are completing in the region, the final approval of any funds allocations and ultimately project plans is at the Governing Board level. Details of the requirements and steps for developing new projects are below:

Projects should meet the Funding Principles approved by the Governing Board. They are:

1. Funding supports links between medical providers with social service providers.
2. Projects that receive funding will outline a path toward sustainability or sustained change.
3. Funding will be distributed to partners to create innovative new or expand existing capacity and infrastructure, it will not be used to pay for work currently happening.
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 6 NCACH Project areas

New projects could be developed and recommended for funding by:

1. Coalitions for Health Improvement (Chelan-Douglas, Grant, and Okanogan)
2. Project Workgroups
3. Brought to the Executive Director to determine the best venue to introduce the initiative

Considerations when recommending new projects:

1. Does proposal effort address a needed improvement in the region's Medicaid services, including those related to the Social Determinants of Health
2. Has any relevant workgroup or Coalition reviewed the project scope and determined that it helps enhance the work occurring in the six NCACH selected Medicaid Transformation Projects, the overall goals and metrics of the NCACH, and that it is feasible to implement across the region?
3. Have Workgroup or Coalition members taken into consideration the limited funding our region has for Transformation work and ensured this project supports a need that the Whole Coalition feels is a priority to address?
4. Is the new project collaborative in nature and does it have at least one formalized agreement (or letter of intent to partner) with a non-clinical partner?

Details to include in a new project request:

1. Scope of the Project
2. Partners involved in the work
3. Estimated Budget/Costs
4. Sustainability plan
5. Evaluation plan
6. How it will accomplish the goals of NCACH in the Transformation Project

Coalitions and Workgroups should work with NCACH Staff leads to outline the necessary information needed to present to the Governing Board.

Board Decision Form

TOPIC: *Decision Flow for Funding Design and Allocation*

PURPOSE: *Approve the process structure for how Funding Design and Allocation decisions are achieved.*

BOARD ACTION:

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

BACKGROUND:

Throughout 2018, NCACH has been working to refine the process on how programmatic and funding decisions are made between staff, workgroups, and Governing Board members. Defining how decisions are made will ensure that each member involved in the process understands their role in supporting the transformation project, and will allow stakeholders to more clearly understand how decisions are made by NCACH.

To facilitate this process, NCACH created a process map that outlines the steps that need to be taken to achieve programmatic and funding decisions. This process map outlines where workgroups make recommendations for process to the Governing Board, how the Governing Board approves those recommendations, and the responsibility of the implementation partners in carrying out and reporting back on those recommendations.

The Executive committee reviewed the initial draft at their March meeting. At the April Governing Board meeting, Board members and staff reviewed the process map and made additional edits including adding Implementation partners and the Coalitions for Health Improvement. The edited map was again reviewed by the Executive Committee on May 25th to be brought to the Governing Board for final approval

PROPOSAL:

Motion to approve the Decision Flow for Funding Design and Allocation process map.

IMPACT/OPPORTUNITY (fiscal and programmatic):

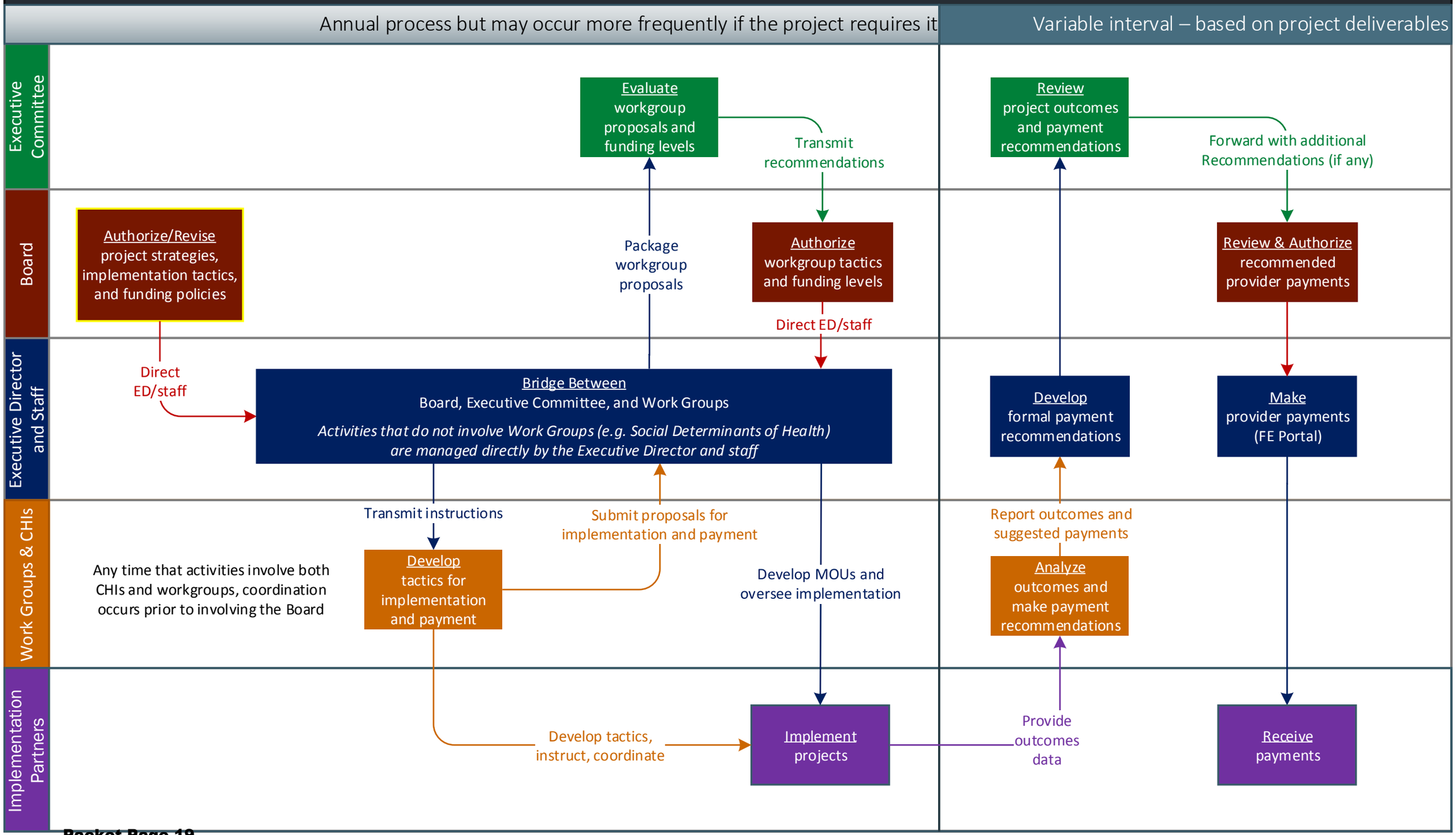
The process map will help stakeholders, workgroup members, Board, and staff understand the process that NCACH goes through to make programmatic and funding decisions as it related the NCACH projects. Staff will be able to utilize this process map to explain to workgroups the decision making authority they have and how they interact with the Board. Staff will also utilize this map to share with community stakeholders how they can get involved with this process.

TIMELINE:

June 4th – Governing Board approves Board Decision Flow for Funding Design and Allocation Process Map
June/July – NCACH staff share with workgroup members
Annual – Revisited with NCACH Governing Board to determine if processes outlined need any additional modifications.

Submitted Date:	06/04/2018
Staff Sponsor:	John Schapman
Attached:	Process Map

Decision Flow for Funding Design and Allocation



EXECUTIVE DIRECTOR'S REPORT – JUNE 2018

North Central Accountable Community of Health

We talk a lot about the social determinants of health (SDOH) at NCACH. The social determinants of health as defined by the CDC are the "conditions in places where people live, learn, work, and play [that can] affect a wide range of health risks and outcomes." We know that things like genetics and personal behaviors (e.g. diet, smoking, exercise, substance use) can affect our health, but what about things like our neighborhood, childhood experiences, financial stability, available transportation, or sense of belonging to and being supported by a community? What about race, religion, culture, or language? How do they affect our health?

"Equity" and "health equity" are popular terms right now. We hear them in the news, workplaces, community, and within Healthier Washington's Medicaid Transformation Projects. In fact, NCACH is required to report on the steps we've taken to address health equity in our transformation work in the upcoming Semi-Annual Report (due July 2018.) When we talk about health equity, what we really mean is this: ***We are working to give everyone a fair opportunity to be as healthy as possible***. Our goal is to examine the barriers that prevent people from achieving their full health potential. Those barriers, more often than not, can be addressed by addressing the social determinants of health.

The data is clear – different populations experience different health outcomes based on a variety of factors. Social determinants of health can be viewed as the things that affect your health – some are personal choices, some are built into our environment, and some are a result of our health care and societal systems. The ability of a person to attain their full health potential within the system, without being disadvantaged from achieving this potential because of their social position or other socially determined circumstance, is what we call *health equity*.

Earlier this year, NCACH identified transportation and housing as two of the greatest barriers impacting person's ability to achieve their full health potential, putting unnecessary stress and cost on our health and social systems. In April, we convened focus groups comprised of regional housing and transportation agency representatives to learn about the region's strengths, challenges, barriers, conceptions, and misconceptions. We have heard of instances where homeless youth in Okanogan County *are intentionally getting arrested as a means of temporary shelter because they have nowhere else to go*. We shared the findings from the focus groups at our Annual Summit and asked attendees to give us feedback on recommended actions that NCACH can take to support transportation and housing across the region. We received over 150 responses highlighting three major themes:

1. Capacity building and grant support -- mentor organizations and agencies by identifying funding opportunities and providing technical assistance on grants and development
2. Asset mapping – develop an asset map that continues to break down organizational silos and allows service providers to easily and quickly connect clients to critical support services and each other
3. Convening and Advocacy – Use NCACH's network to strengthen the region and help organizations come together to leverage similar funding and policy opportunities and provide advocacy at the local and state level.

In May, we worked with OHSU's Center for Evidence-Based Policy to develop a shared definition and plan to operationalize health equity in the North Central Accountable Community of Health. We spent most of an eight-hour staff retreat working to develop goals and action steps to meaningfully include our community's feedback and health equity into our work in a way that resonates with the identity of the region. As such, NCACH plans to first start by developing a shared awareness of the barriers to health in our region.

Who is experiencing health disparities? What can we learn from our local provider data?

Once we have a clearer picture of the 'who' and the 'what', we can start investigating the root causes of these barriers – the 'why.' That information will then be integrated into decision-making processes at the NCACH Project Workgroup level. We will ask our partnering providers to examine health barriers and to actively address them within their own work and within our project efforts. Our Coalitions for Health Improvement will be conducting stakeholder interviews to collect anecdotal and qualitative information on the local barriers to health. That information will also be shared with NCACH as we develop and refine our implementation plans.

The road to addressing health equity will not start, nor will it end, within the Medicaid Transformation Projects. We know this.

In the coming months, NCACH staff is going to bring recommendations to the Governing Board aimed specifically at developing capacity among our non-clinical partners in transportation and housing. We will also assess current asset-mapping solutions and recommend next steps to achieving a highly useful and sustainable asset-mapping system so that our partners know all of the resources that can support their clients' health and well-being. Addressing health disparities is no easy task, but the NCACH staff is ready to roll up our sleeves and work with you.

Charge On!

STAFF UPDATES

John Schapman

Work continues to progress forward as the Transitional Care and Diversion Intervention Workgroup continues with its three subgroups focused on inpatient transitional care services, ED Diversion, and EMS Diversion strategies. I want to give a shout out to Confluence Health who hosted workgroup members for site visits of their Transitional Care Management department to help workgroup members gain a better understanding of how they deliver that service. Thank you also to those workgroup members (Vicki, Alicia, Richard, Sherrill, and Teri) who took time out of their days to complete the site visit. After those visits, the small group met and selected the Confluence Health model as a starting point for the regional Transitional Care efforts. Second, Emergency Department leads from the various hospital organizations have been meeting for the last 2 months and have outlined a number of key strategies they need to focus on that support the "ER is for Emergencies Seven Best Practices". Finally staff have met with the North Central Emergency Care Council to develop the work plan over the next few months to develop a more detailed plan on the EMS Diversion strategies that will be used over the course of the Transformation Project.

On the Program management side of the NCACH, Staff have been working to developing the processes needed to outline how Workgroups, Staff, and the Governing Board make funding recommendations. This will help all stakeholders have a better understanding of how programmatic and funding decisions are made within our

region. Lastly, we have started the process of completing our Semi-Annual Report due to the Health Care Authority in July. This will be the first of our annual reports due to the Health Care Authority that will help us earn the funds through the Medicaid Transformation Project work.

Christal Eshelman

Fully-Integrated Medicaid Contracting: We have established regular meetings with Okanogan Behavioral Health providers, HCA, and other stakeholders for FIMC related matters. We intend to hold monthly meetings with providers, MCOs, HCA, and the NCACH on the second Tuesdays of the month and have established more frequent check-ins with Okanogan Behavioral HealthCare. In addition, we will be utilizing the Okanogan Coalition for Health Improvement for broader stakeholder and consumer engagement activities around FIMC. On May 9th, NCACH coordinated an MCO Symposium with our Behavioral Health Providers. This gave providers a chance to meet with all the MCOs and ASO post-integration and clarify questions and concerns. We received positive feedback that the session was useful and appreciated by our providers. NCACH also sponsored a Managed Care Contracting Training by Adam Falcone on May 14th. We had about 25 participants at the training. We received glowing feedback from Adam's training and follow-up requests for additional individualized technical assistance from Adam.

Pathways HUB: We received one proposal to the Request for Proposals for a Pathways Community HUB lead agency that was issued by NCACH. That proposal has been evaluated a recommendation is being brought to the Governing Board for approval. We are also busy preparing for our 2-day intensive workshop with consultants (Pathways Community HUB Institute, Foundation for Healthy Generations, and Care Coordination Systems). At the Workgroup level, we have been exploring how other HUBs have started and lessons learned as well as working to narrow down our target population. While it still needs to be refined further, the Workgroup is leaning towards a rising risk population with behavioral health conditions. Additional criteria will be explored further in June. We are also taking part in statewide conversations around coordination and collaboration across ACHs, potential IT shared services, and evaluation solutions that should produce some economies of scale and reduce total costs.

Opioid Project: The Rapid Cycle Opioid Applications were open for a little over a month and due on May 11th. We received 12 applications requesting just under $105,000. The Application Evaluation Committee, NCACH Staff, and OHSU reviewed and scored applications based on the scoring criteria and process. The Regional Opioid Workgroup has recommended funding all applications by reducing the requested amount by a small sliding percentage based on application rank. If approved, the goal is to be able to distribute funding to partners as early as June 29th! Check out our website for a summary of the proposed projects: NCACH Opioid Project Webpage

Social Determinants of Health: Our consultants at OHSU have synthesized the results of our Social Determinants of Health facilitated discussions focused on transportation and housing and will be bringing recommendations to the Governing Board on June 4th. Recommendations include hiring a full-time Capacity Development and Grant Specialist and evaluating current asset-mapping solutions and recommending next steps for achieving a highly useful and sustainable asset-mapping system.

Caroline Tillier

My monthly work cadence continues to respond to the monthly meetings of the broader WPCC and its workgroup (early in the month), and the Opioid, HUB and TCDI workgroup meetings (later in the month). The WPCC Change Plan LAN and all work associated with planning for it and responding to member feedback are a constant churn of activity throughout the month. We continue to work with our consultants on helping WPCC Learning Community providers sign up for our portal. This is important because the portal serves as the primary mode of communication for resources, calendar invitations, and listserv related to our learning activities. We also had 2 more Change Plan LAN sessions in May, focused on the Bi-Directional Integration and Chronic Disease sections of our change plan template. We've been responding to provider feedback as we go, by developing additional resources that can help them navigate the template and make sense of the many change ideas that are suggested. Meanwhile, we're also having to incorporate the recent changes to reporting metrics from the Health Care Authority... it's never a dull moment! While some things are shifting under our feet, we continue to plug along. It was exciting to hear about the applications that came out of the Opioid Workgroup funding process this month – kudos to Christal for shepherding that through on a quick timeline. We explored additional data with the HUB and TCDI workgroups and made progress on triangulating the populations we want to serve through the evidence-based approaches we selected. As we move away from planning and dive into implementation, we'll be using data to track our progress. I look forward to a continued partnership with CORE (we contract for their data support and expertise) and the data leads working for other ACHs as we figure out how to leverage the data we have access to in new ways.

Peter Morgan

During the past month I have been working with a team of staff and consultants to develop and deliver a series of Webinars for our Change Plan Learning and Action Network (LAN). We've now completed of the 8 sessions devoted to the Change Plan and are responding to feedback to continually improve them. I have also been working to create and schedule future learning activities to support the improvement work. This involves clarifying the learning goals and associated curricula, identifying faculty to teach the sessions, and also coaching resources to assist in the implementation work.

Caroline Tillier and I will also be working with the WPCC Workgroup in the coming month to clarify & finalize:

- the specific requirements for developing and submitting the Change Plans
- the criteria by which Change Plans will be evaluated and how feedback will be provided
- the payment process for stage 2 funding going forward.

As we move toward the Change Plan submission deadline, this is an important time to check in with our Learning Community members to ensure they're on track to complete their change plans, to provide assistance, or to make any course corrections necessary. I, along with the other staff, will be reaching out to each organization to make sure we understand how they are doing and what we might do to make the change plan as meaningful and useful as possible.

Sahara Suval

If I were to tease out a main theme in May, I would say "collaboration." In early May, we explored how to operationalize health equity within NCACH, with the help from Chris at OHSU. Many of our conversations centered on including as many people in the conversation as possible and continuing to break down organizational silos so that people get the services that they need and we can continue developing strategies to address barriers to health. I also had the opportunity to attend a meeting organized by the Health Care Authority to learn more about Medicaid Transformation efforts happening with Washington's 29 tribes and 2 urban Indian Health Service Providers. This meeting is the first of several that the HCA has organized to assist ACHs as they forge partnerships and identify opportunities for collaboration with the Tribes.

Locally, Chelan-Douglas CHI's May meeting was focused on identifying partnerships and opportunities for non-clinical and non-Implementation partners to come together around the NCACH project metrics. Members identified action strategies, which they will continue developing during June's meeting (June 13 at Confluence Technology Center, 3:00 pm -4:30 pm.) Regionally, the CHI Leadership Council has been developing stakeholder interviews to conduct and collect community feedback over the next month. The feedback gathered will be used to identify local opportunities for collaboration, improvement, and ways for the CHIs to continue addressing barriers to health at the county level.

I finished the month with another collaboration opportunity: the Wenatchee-based Workforce Collaboration Summit. An event aimed at partnership development and process improvement, many of NCACH's current Implementation partners were in the room as we took a deep dive learning more about the programs in Chelan and Douglas Counties that contribute to improving the lives of social service clients through a strengthened network. As we transition to June, I look forward to continuing cultivating relationships and learning more about the programs and services that strengthen our network of Whole Person Care across NCACH.

North Central Accountable Community of Health

200 Valley Mall Pkwy

East Wenatchee, WA 98802

www.ncach.org

Contact for Questions:
Executive Assistant
Teresa Davis
509.886.6432
Teresa.davis@cdhd.wa.gov

Board Decision Form

TOPIC: *Billing/IT and Managed Care Contracting Technical Assistance for Behavioral Providers*

PURPOSE: *Provide Technical Assistance for NCACH Behavioral Health Providers in Billing/IT and Managed Care Contracting.*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

Billing and IT Technical Assistance:

In September 2017, during NCACH's preparation for Fully-Integrated Medicaid Contracting (FIMC), the Health Care Authority contracted with Xpio Health to provide Billing and IT technical assistance to each or the BHO providers in Chelan, Douglas, and Grant Counties (five providers in total). Many providers found this extremely helpful. This contract with HCA and Xpio Health ended on January 31, 2018, though I understand Xpio continued to provide minimal assistance for a short while even after the contract ended. NCACH staff surveyed Behavioral Health Providers to understand if there were remaining Technical Assistance needs. The Center for Alcohol and Drug Treatment and Grant Integrated Services expressed a need for additional IT technical assistance in areas such as data conversion, Managed Care Organization (MCO) billing processes, and inpatient claims. Data from the NCACH Early Warning System supports this need. Of note, as of May 16, 2018, The Center for Alcohol and Drug Treatment has not been able to get reimbursed for any Intensive Inpatient Bed Day claims in 2018. A proposal was submitted by Xpio for this assistance to The Center for Alcohol and Drug Treatment as a fixed fee of $9,000 plus $1,600 in travel expenses (see attachment for activities specified in the proposal). As NCACH was not in a position at the time to provide the technical assistance, Grant Integrated Services independently contracted with Xpio Health in March for data conversion work up to $15,000.

On January 1, 2019, Okanogan County will transition to FIMC and will also need IT technical assistance to prepare for the integration. Due to the timing of the Medicaid Transformation funding (NCACH did not receive Medicaid Transformation project funds until after Jan. 1,2018), HCA paid for IT technical assistance for the Chelan, Douglas, and Grant providers, but will not be paying for the technical assistance going forward (Okanogan County providers and other mid-adopter regions). Okanogan County has one BHO contracted Behavioral Health provider, Okanogan Behavioral HealthCare (OBHC). Based on conversations with OBHC and providers who utilized the offered IT technical assistance last year, NCACH staff feel it is important to offer OBHC similar IT technical assistance. Though more detailed conversations will need to be had to determine exact technical assistance needs of OBHC, in general we expect Xpio to provide support similar to what was provided to Chelan, Douglas, and Grant providers in 2018 (described in attachment). In conversations with Xpio Health, they expect this to take approximately 100 hours during 2018 and early 2019 plus travel expenses totaling approximately $21,500.

Managed Care Contracting Technical Assistance:

On May 14th, NCACH sponsored a Managed Care Contracting Training for North Central region providers by Adam Falcone who is a partner at Feldesman Tucker Leifer Fidell LLP. The participants felt this training was extremely helpful and found Adam to be not only exceptionally knowledgeable on Managed Care Contracting but highly informed on the specifics of Washington Managed Care and Washington laws. In addition to group trainings, Adam also provides individual Managed Care Contracting Technical Assistance. This service includes

- *Review and redline of the Participating Provider Agreement (containing comments on clauses found to be one-sided, disandvantageous, or inconsistent with applicable state requirements as well proposed alternative language); and*
- *Conference calls (or email exchanges) prior to review and after review to discuss problematic provisions and negotiating strategies.*

The cost is $2,500 per contract reviewed. Three Behavioral Health Providers have specifically expressed a strong desire to utilize Adam for contract review and negotiation coaching. The other three Behavioral Health Providers have not yet been approached about utilizing this service – if offered by NCACH, they may or may not take advantage of the opportunity. This assistance will especially help our smaller Behavioral Health providers to negotiate more favorable contracts. Of note, Adam provides assistance and suggested language, but refrains from actual contract negotiations. This particular process will allow providers the benefit of Adam's expertise, but also learn how to negotiate more favorable contracts for future years as well.

Combined, North Central Behavioral Health providers hold 22 Managed Care Contracts with MCOs and the Behavioral Health - Administrative Service Organization (BH-ASO):

- *4 BH providers * 4 Contracts [3 MCOs + BH-ASO] = 16 Contracts*
- *2 BH providers * 3 Contracts [3 MCOs] = 6 Contracts*

The total cost of offering this service to all Behavioral Health Providers for each of their Managed Care contracts would be $55,000.

PROPOSAL:

Motion to approve $97,700 of Medicaid Transformation Project funds to Billing/IT and Managed Care Contracting technical assistance for NCACH Behavioral Health Providers. Specific allocations are:

- *IT Assistance for The Center for Drug and Alcohol Treatment - $10,600*
- *IT Assistance for Grant Integrated Services - $10,600 (applied retroactively)*
- *IT Assistance for Okanogan Behavioral HealthCare - $21,500*
- *Managed Care Contracting Assistance for Behavioral Health Providers for each of their MCO and BH-ASO contracts - $55,000*

IMPACT/OPPORTUNITY (fiscal and programmatic): *Providing Billing/IT and Managed Care Contracting technical assistance to NCACH Behavioral Health Providers will support providers in long-term financial sustainability under Integrated Managed Care.*

TIMELINE:

- *IT Technical Assistance for The Center for Alcohol and Drug Treatment and Grant Integrated Services to begin immediately (or retroactively if necessary)*

- *IT Technical Assistance for the Okanogan Behavioral HealthCare to begin in July 2018 and go through March 2019.*
- *Contracting Technical Assistance to be made available to Behavioral Health Organizations immediately with ability to use the allocated funding through 2019 based on timing of new or renewal contract negotiations. Funding not used by December 31, 2019 will no longer be available for contracting technical assistance unless special arrangements are made by specific Behavioral Health Providers.*

RECOMMENDATION:
NCACH staff recommend supporting the provision of these Technical Assistance services to Behavioral Health Providers in the NCACH region.

Submitted By:	NCACH Staff
Submitted Date:	06/04/2018
Staff Sponsor:	Christal Eshelman

Board Decision Form Billing/IT and Managed Care Contracting Technical Assistance Attachment

Xpio Technical Assistance Services proposed for The Center for Alcohol and Drug Treatment

- Define and document billing workflows and procedures necessary to effectively submit accurate claims and post payments
    - Review industry best practices, and recommend opportunities for process improvement and efficiencies
    - Work with management as appropriate to implement any necessary revisions to current workflow or procedure
- Review current EHR configuration as it relates to billing and make recommendations for processes, streamlining, 'error proofing':
    - Employee configuration
    - Programs and Teams set up
    - Service codes and fees
    - Billing Matrix set up
    - Guarantor configurations
    - Billing defaults
    - 837 / 835 configuration
    - Reports utilization
    - Month end closing processes
- Evaluate the following functions and make recommendations for improvement:
    - Electronic claims submission
    - Error resolution
    - Denial resolution
    - Claims resubmission
    - Remittance advice and adjustment group and reason code to ensure 835 posting works correctly
    - Payment posting
    - Client statements
- Identify and implement metrics for measuring billing performance to drive ongoing management and improvement
- Identify EHR reports to find services that:
    - Can be batched and claimed
    - Contain errors preventing claim batching
    - Can be written off to bring system current and have accurate system totals
    - Can be transferred to another guarantor for possible reimbursement
    - Are the oldest services to be claimed first to meet timely filing
- Provide training and resource materials based on identified needs.

Xpio Technical Assistance Services provided to Grant Integrated Services

- Review the Anasazi data against the data required in the EHR import spreadsheets
- Write SQL queries to extract the identified Anasazi data from the Cerner-provided hard drive
- Create any necessary Anasazi to EHR import spreadsheets
- Work with GIS staff to validate that the data is complete and accurate

Xpio Technical Assistance Services available to Okanogan Behavioral HealthCare

Xpio Health will establish a detailed plan with Okanogan Behavioral HealthCare that accounts for their specific needs for support. In general, we expect Xpio Health to provide Okanogan Behavioral HealthCare with the following support:

- Project management support for implementing new billing processes and new practice management systems within their electronic health records;
- Coding assistance to set up new practice management systems including templates and billing rules;
- Technical assistance to implement new claims, encounter adjudication, and remittance processes, in accordance with managed care plan companion guides;
- Technical assistance to test claims generation and remittance posting;
- Technical assistance to review managed care plan claims and remittance specifications and configure IT systems;
- Technical assistance to generate reports from new systems;
- Training for administrative staff to submit HIPAA-compliant claims and encounters, and to perform billing and reconciliation processes in new practice management systems, and in compliance with MCO requirements;
- Technical assistance to modify encounter generation processes to eliminate systemic reoccurring encounter errors and to include results received from TPL processing; and
- Assistance with establishing/modifying procedures for service authorization, monitoring batch file creation and submission, reviewing error files, correcting and resubmitting rejected encounters, TPL billing, and eligibility verification, as needed.

Xpio Health may also provide support in the following areas:

- Workflow Analysis / Definition
- State Reporting Definition / Mapping (for any reporting that won't be directed through the MCO; for example, CCDA reporting to Link4Health)
- Avatar/Legacy system data conversion strategy, including mapping of data that will reside in each BHAs new EHR environment
- Development of data collection forms
- Review of existing policy and procedure documentation (including back-up and recovery plans), and facilitation of updates to existing set
- Training (Curriculum) Development, including 'Day in the life' materials to support end user training.

Board Decision Form

TOPIC: *Recommended Funding of Rapid Cycle Opioid Applicants*

PURPOSE: *Distribute partner funding for the Opioid Project for 2018*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

The NCACH approved allocation of up to $100,000 for 2018 for the Rapid Cycle Opioid Application (up $10,000 per organizations for funding period July-December 2018). The Rapid Cycle Opioid Application was released on April 9th and closed on May 11th. NCACH received 12 applications requesting a total of $104,974. There were five applications from each of Chelan/Douglas and Okanogan Counties and three applications from Grant County. On May 25th, the Regional Opioid Workgroup voted to recommend funding all 12 applications by reducing the requested amount by a small sliding percentage (2-9% based on application rank). The funding recommendations are below:

Applicant	Project	Amount
Catholic Charities	Opioid Intervention Service	$9,250
Chelan Douglas Community Action Council	Medication Lock Boxes and Education	$9,496
Columbia Valley Community Health	Facilitated Notification of Opioid Overdose	$7,243
Family Health Centers	Creating Resilience Against Opioids	$7,255
Grant County Health District	Syringe Service Program	$4,775
Grant County Health District	North Central Washington Opioid Communication Plan	$9,800
Methow School District	Methow Valley School District Substance Abuse Prevention Program Pilot	$9,250
Mid Valley Clinic	Mid-Valley Community Opioid Treatment Plan	$9,550
North Valley Hospital	Drug Disposal Kiosk	$9,506
Samaritan Healthcare	Narcan Take Home and Opioid Overdose Education	$4,775
The Center for Alcohol and Drug Treatment	Establish Drug Court in Chelan County	$9,550
WIN 2-1-1	Rapid Response To Resources (Text "OPIOID" to 898211)	$9,550
TOTAL FUNDING RECOMMENDED		$100,000

PROPOSAL:

Motion to approve distribution of $100,000 of Medicaid Transformation funding to Rapid Cycle Opioid applicants listed above to implement proposed projects.

IMPACT/OPPORTUNITY (fiscal and programmatic): *This distribution of funding will support partners in the implementation of the Opioid Project in 2018 and provides funding that is incentivizing non-traditional partnerships and innovative projects.*
TIMELINE: *Funding will be distributed on June 29th (contingent on the lead organizations signing a Memorandum of Understanding with NCACH, signing the Master Service Agreement with the Financial Executor, and registering in the Financial Executor Portal).*
RECOMMENDATION:

Submitted By:	Regional Opioid Workgroup
Submitted Date:	06/04/2018
Staff Sponsor:	Christal Eshelman

Board Decision Form

TOPIC: *Pathways Community HUB Lead Agency*

PURPOSE: *To select an agency to serve as the North Central Accountable Community of Health's Pathways Community HUB Lead Agency*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

The NCACH Governing Board has give NCACH staff guidance to select a Pathways Community HUB Lead Agency rather than the NCACH elect to be the HUB agency itself. The Pathways Community HUB Workgroup opted to issue a Request for Proposals (RFP) to identify and a select a Pathways Community HUB Lead agency. A HUB RFP Subgroup was formed, which consisted exclusively of members of the HUB workgroup, to develop the RFP. The RFP was issued on March 28th and due on April 27th. A scoring process was developed by NCACH staff and OHSU consultants. The scoring criteria and process was shared with the Governing Board on May 8th. In accordance with Chelan-Douglas Health District policies, submitted proposals were officially opened at a public meeting – the NCACH Governing Board Meeting on May 8th, 2018. There was one RFP submission which was by Community Choice. Six reviewers were identified; three technical assistance reviewers who are considered experts in the Pathways Community HUB model and three community partners who were on the HUB RFP Subgroup that did not have identified conflicts of interest. The review process was completed on May 24th.

According to the criteria and process developed, the highest ranked applicant is to be selected as the Pathways Community HUB Lead Agency provided the proposal had an average score of 64 or higher (128 total points available) and had no more than six unsatisfactory responses total and no more than two unsatisfactory responses within a given section (23 questions and 3 sections total). A response is considered unsatisfactory if 50% or more of the reviewers scored the response as unsatisfactory.

<u>Scoring Results:</u>
Community Choice's application received an average score of 79.3 (out of 128 total points). No responses were considered unsatisfactory. As there was only proposal submitted, Community Choice was the highest ranked applicant.

PROPOSAL:

Motion to select Community Choice as the Pathways Community HUB Lead Agency for the North Central Accountable Community Health and authorize the Executive Director to execute an initial contract with Community Choice for up to $138,000 for June-December 2018 for planning and implementation of the Pathways Community HUB.

IMPACT/OPPORTUNITY (fiscal and programmatic):
A milestone outlined in the Medicaid Transformation Project Toolkit is to select a Lead Agency by June 30th. If a selection is not made by June 30th, a portion of the allocated pay-for-reporting funding will be at risk.

Selecting a HUB Lead Agency other than the NCACH will result in splitting strategic and programmatic decision-making authority. See attached "NCACH and HUB Agency Roles" for expectations on how this would be operationalized.

The proposed deliverables-based contract will provide funding to support up to one full-time HUB Director for planning of the Pathways Community HUB (up to $50,000), required equipment (up to $24,000), and training (up to $54,000), plus $10,000 for unanticipated expenses for Jun 11th to Dec. 31st, 2018. Depending on the implementation timeline, additional funding may be needed in 2018 for the IT Platform and care coordination services.

The selected Lead Agency will be eligible for non-competitive funding to support planning, implementation, and evaluation of the Pathways Community HUB throughout the duration of the Medicaid Transformation Project. An unknown portion of this money will be earned by the Pathways Community HUB through the pay-for-outcomes methodology that is central to the Pathways Community HUB model. The amount and distribution of funding will be contingent on Governing Board approval, but is expected to be up to approximately $5 million.

TIMELINE:
Execution of initial contract to begin on June 11th, 2018, which, due to contract development and negotiations may be retroactive.

RECOMMENDATION:
The Governing Board to select Community Choice as the Pathways Community HUB Lead Agency for the North Central Accountable Community of Health. Additionally, based on reviewers comments and NCACH staff assessment of the proposal, NCACH will work with Community Choice to strengthen identified areas where needed to help ensure a successful and sustainable Pathways Community HUB.

Submitted By:	Pathways Community HUB Workgroup via HUB RFP Subgroup
Submitted Date:	06/04/2018
Staff Sponsor:	Christal Eshelman

NCACH and HUB Agency Roles

Pathways Community HUB Project

Task	NCACH	HUB Agency
Select Target Population	X	
Select Target Outcomes	X	
Selecting IT Platform to be used	X	
Contract with IT Platform		X
Create and maintain Advisory Board, including selecting members	*NCACH will have a seat on the Advisory Board	X
Convening HUB Workgroup	Jointly	Jointly
Convening Technical Workgroup		X
Day-to-day and operational decision making authority		X
Execute payer contracts		X
Data ownership		X
Applying for HUB Certification		X
Develop and adopt policies and procedures		X
Care Coordination Agency Contracting		X
Current State Capacity Assessment		X
Develop project implementation plan	Jointly	Jointly – HUB agency takes the lead
Quality Improvement		X
Point person for Technical Assistance Contract		X
Reporting	NCACH will report P4R metrics to HCA based on information gather from the HUB agency	The HUB will have a contractual obligation for reporting to NCACH

As a contractor of NCACH, the HUB agency will have broad decision-making authority in operationalizing the Pathways Community HUB, so long as the contractual requirements are being met. In general, these requirements will be guided by the need to ensure NCACH is able to meet reporting and performance requirements from HCA.

NCACH will have two contractual relationships with the HUB:

1. Startup funding for the HUB including funding for planning and initial implementation. In this capacity, NCACH will have significant (and some cases sole) influence over the strategic decisions of the HUB.
2. Payer contracts, on a pay for outcomes methodology, where the NCACH will act as a payer for agreed upon pathways and populations. In this capacity, NCACH will have the strategic influence as any other typical payer.

Initially, the majority of funding provided to the HUB will be as startup funding (1), over time this will switch so that the majority or all of the funding provided to the HUB by NCACH will be through payer contracts.

Pathways Community HUB Technical Subgroup Charter

Background

The Pathways Community HUB model uses a comprehensive risk identification and reduction mechanism in combination with a centralized infrastructure to coordinate care across a network of agencies serving at-risk clients. This allows communities to use resources more efficiently and effectively to address risk and improve health outcomes. The Pathways Community HUB does not replace, but rather supplements and supports, existing case managers, nurses, social workers, community health workers, care coordinators, etc. partnering with multi-sector community stakeholders.

At the foundation of the model the primary components of the Pathways Community HUB are:

1. Core Pathways: measurement tools to define the problem to be addressed (health or social issue), the desired measureable outcome, and the key intervention steps to achieve the outcome.
2. Community HUB: a regional point of registry and outcome tracking that networks together health care providers, social service agencies, and health care payers that implement these Pathways.
3. Pathway Payments: care coordination payments based on outcomes instead of activities.

In keeping with the mission of the NCACH to push resources into the community and catalyze long-term, sustainable transformation, the Governing Board has elected to contract with an existing community based organization to serve as the HUB lead agency. This will lead to long-term sustainability of the HUB that will last beyond the Transformation and the NCACH.

In February 2018, the Governing Board formed a Pathways Community HUB Workgroup to select an organization to serve as the Pathways Community HUB lead agency, select target population and outcomes, and identify scaling and mitigation of risk opportunities. The Pathways Community HUB Workgroup has more than 20 members. Given the size, it is necessary to create a smaller Pathways Community HUB Technical Subgroup (Technical Subgroup). This group will commit to becoming technical experts in the Pathways Community HUB model and providing recommendations to the Governing Board based on input and general direction provided by the Pathways Community HUB Workgroup.

Charge

The Technical Subgroup is tasked with providing oversight of the Pathways Community HUB to engage partners, plan, implement, and evaluate the Pathways Community HUB. The Technical Subgroup will work with the Pathways Community HUB and NCACH staff to ensure that the NCACH region implements an effective Pathways Community HUB that aligns with milestones described in the HCA Toolkit.

Composition

In order to be an efficient and effective Technical Subgroup, membership will be limited to approximately 10 members. Membership will selected by the Executive Director based on participation in the Pathways Community HUB Workgroup and Pathways Community HUB RFP Subgroup and will represent the following:

DRAFT

- Physical Health
- Behavioral Health
- Care Coordination
- Community Based Organization
- Social Determinants of Health (ie. Transportation or Housing sector)
- NCACH Governing Board
- Pathways Community HUB

Membership of the above representatives must be filled by organizations located in and/or serving Chelan, Douglas, Grant, or Okanogan Counties. Members are expected to represent their sector on the Technical Subgroup as well as the patient population that they serve. A Technical Subgroup lead will be appointed by the Executive Director, based on recommendation from the Technical Subgroup. The Technical Subgroup will have regular members, with ad hoc members joining as needed to provide input for specific discussion or issues.

Meetings

Technical Subgroup meetings will be held no less than monthly for several hours with additional meetings scheduled as necessary. The Technical Subgroup may meet more frequently (as frequently as weekly) or for half- or full-day retreats to allow for training, in-depth discussion, planning and decision making to meet timelines and produce deliverables in the short-term.
Members may be asked to participate in ad hoc sessions related to specific initiatives or issues, which will meet at varying frequencies. Members may be asked to work outside of meetings within their organizations to provide data and/or feedback to support the Pathways Community HUB.

Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the counties throughout the year. All meetings will have an option to participate via teleconference, although in-person participation is encouraged. Pathways Community HUB staff and the Technical Subgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Technical Subgroup by Pathways Community HUB staff within two weeks of each meeting.

Member Responsibilities

- Commit to becoming a technical expert on the Pathways Community HUB model of Care Coordination through readings, webinars, trainings, and site visits (may include out of state travel) requiring a substantial time commitment of approximately 10% of member's time during 2017.
- Participate in Technical Subgroup meetings.
- Assure that work performed in Pathways Community HUB planning and implementation is in alignment with attaining national HUB certification through the Rockville Institute.
- Provide specific recommendations to the Governing Board, with Pathways Community HUB input, regarding the following:
    - An organization to serve as the Pathways Community HUB lead agency
    - Selected target population(s) informed by community needs assessments and other regional data sources
    - Initial focus outcomes and related pathways

DRAFT

- Oversight of development and implementation of the Pathways Community HUB Work Plan including, but not limited to:
    - Community assessment of care coordination
    - Identification and recruitment of care coordination agencies and referral agencies
    - Funds flow for pathway payment, cost savings models, and re-investment pools
    - Development of guidelines, policies, procedures, and protocols.
    - Identify and customize measures and reporting requirements
    - Monitor and evaluate HUB organizational performance and stimulate quality improvement using HUB performance data.
    - Track and assess improvements of Medicaid Transformation Demonstration project metrics associated with Pay for Performance incentive payments (Project Toolkit).
- Communicate with other members of your sector and the community to ensure broader input into the design, planning, and implementation process.
- Ensure sufficient opportunities are available for training and education on the Pathways Community HUB model in communities implementing the HUB.
- Actively promote the Pathways Community HUB in the North Central region for Community-Based Care Coordination.
- Use strategies, that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Pathways Community HUB.

Required Pathways Community HUB Guidelines

- AHRQ's Pathways Community HUB Manual: A Guide to Identify and Address Risk Factors, Reduce Costs and Improve Outcomes
- AHRQ's Connecting Those at Risk to Care: The Quick Start Guide to Developing Community Care Coordination Pathways
- The Rockville Institute's Pathways Community HUB Certification Pre-requisites and Standards (Revised February 2017)

Duration

The Technical Subgroup will form in June 2018 and is intended to continue until a Pathways Community HUB Advisory Board is formed. At that time, the current organizational structure (Pathways Community HUB Workgroup and Technical Subgroup) will be reevaluated for functionality and efficiency.

Authority

The Technical Subgroup will provide specific proposals and recommendations for HUB development, funding, and implementation to the NCACH Governing Board for approval. The Technical Subgroup recommendations will be informed by input from the Pathways Community HUB Workgroup. Proposals and recommendations developed by the Technical Subgroup will be shared with the Pathways Community HUB Workgroup and in regular monthly progress reports to the NCACH Governing Board.

DRAFT

Pathways Community HUB
Technical Subgroup

Membership Agreement

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Pathways Community HUB Technical Subgroup Charter.

I understand that continued membership in the Subgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Subgroup.

Dated: _____ Signed: _____

Print Name: _____

Title: _____

DRAFT

WPCC Update

Board Meeting 6/4/2018

Change Plan LAN Update

The Change Plan Learning and Action Network (LAN) was designed to support the primary care and behavioral health organizations eligible for the WPCC Learning Community to develop a Change Plan that captures their vision for transformation. A LAN consists of webinars facilitated by subject matter expert faculty who provide content and enable peer sharing. Participant members commit to actions they intend to execute in-between webcasts.

Status to Date

Four out of 7 session LAN webinars have been offered to date, covering the following topics:

- Webinar #1: Overview of template, approaches, measures. Teams share early thinking. Q&A.
- Webinar #2: Sharing assignments, Behavioral Health Integration (BHI) section.
- Webinar #3: Sharing BHI. Review Chronic Disease Prevention and Management (CDPM) section.
- Webinar #4: Sharing CDPM. Review Access and Opioid sections.

All 17 member organizations signed up for the Change Plan LAN.

Successes

- The majority of evaluation comments we received have been positive, indicating the content was relevant, easy to understand, helpful for change plan creation etc.
- We had great turnout and participation during Webinar #3 (lots of sharing and engagement, especially through the chat room.)
- We have heard several members say that the change plan template is easier to use than they anticipated.

Challenges

Challenge	**Staff Response**
Webinars #2 and #4 were not as well attended, and 2 organizations have not attended any of the webinars to date.	Webinar recordings and notes can be accessed on the portal allowing people to catch-up if they were unable to attend. NCACH staff are planning one-on-one visits with member organizations in June in order to check-in on their participation to date, and better understand how we can support their success.
A couple webinar feedback responses indicated that one respondent did not find the information easy to understand, and another had some issues with the length/level of detail.	Staff shared and addressed this directly during the subsequent webinar. We aim to make this information practical, simple and accessible. If it's not, we're available to respond to any questions you have – don't hesitate to email or call us.

Some feel that they are still working in parallel vs. cooperatively (as they work on their change plan)	We are encouraging peer sharing during webinars, but it is true that some of the more collaborative work will happen during the more substantive LANs that will be offered.
Some are confused about the 8 topics built into the Change Plan. Some thought they were just working on bi-directional integration and chronic disease management.	We have included information about all 8 topics in handouts, report-outs, and the FAQs. This will require continued messaging, especially for those representatives who have joined this process only recently.
Some feel that the change plan is putting the cart before the horse meaning that learning activities conducted ahead of time would greatly benefit completion of the Change Plan	The change plan is designed to capture an organization's strategic vision for practice transformation with the recognition that many of the operational details will need to be developed in the course of doing the work.
Members need clearer expectations around change plan (e.g. how it will be evaluated, how many aims and measures must be selected)	Staff is working on evaluation frameworks that will be shared with the WPCC workgroup in mid-June. Expectations around aims and measures will be clarified in FAQs specific to the change plan (which will be released early June.)

Future LAN activities

Additional LAN activities have been proposed. Topics and duration of learning activities were based on feedback from participants who attended the Kick-Off at the end of March, as well as subsequent feedback from WPCC workgroup members. The latest iteration of LAN offerings will be shared with the broader stakeholders of the WPCC at the June 4th meeting.

An ongoing challenge will be to balance our members' desire for collaboration and peer learning (which happens best through in-person meetings) with our members' time constraints and spread across a large 4-county region (which is mitigated by offering virtual/webinar-based meetings).

Board Decision Form

TOPIC: *Social Determinants of Health*

PURPOSE: *Investments in advancing the Social Determinants of Health*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

In April, NCACH staff teamed with our OHSU contractor to hold a series of facilitated discussions focused on the social determinants of health, specifically transportation and housing. We began with a joint Chelan-Douglas session, followed by sessions in Grant and Okanogan Counties. Each discussion generated suggestions for ACH actions to address the social determinants of health. We consolidated those suggestions and presented them at the April 20th NCACH Annual Summit, asking for written feedback. Approximately half of all attendees submitted feedback forms (n = 115). At a staff retreat on May 11, we reviewed that feedback and developed the recommendations presented here.

See attached for a report on these activities including the attendance of each session, a summary of the proposals generated by participants, and a roundup of feedback submitted by Summit attendees.

<u>Recommendations:</u>

1. *Hire a full-time Capacity Development and Grant Specialist. The person in this position would be responsible for engaging community organizations that are focused on transportation and housing and helping these organizations obtain and capitalize on external funding. The individual may also engage with organizations outside of transportation and housing as necessary.*

   The responsibilities of the Capacity Development and Grant Specialist will include (a) tracking potential funding opportunities and proactively matching organizations to valuable grant opportunities, (b) supporting organizations in applying for grants (i.e. mentoring partners in proposal writing, helping to synthesize relevant data, providing edits to proposals), (c) helping organizations prepare for effective implementation, (d) serving as a conduit for cross-organizational coordination and partnership, (e) mentoring organizations to build their in-house fundraising capabilities, and (f) identify advocacy opportunities for the NCACH. The individual in this position will also be a resource for improving coordination and engagement across the region. See attached job description for further details.

2. *Hire a contractor to evaluate current asset-mapping solutions such as WIN211 and recommend next steps for achieving a highly useful and sustainable asset-mapping*

system. Next steps recommended by the contractor would be evaluated and may lead to additional strategic investments.

PROPOSAL:

Motion to formally adopt recommendations developed from the Social Determinants of Health Facilitated Discussions including:

1. *To hire a full-time Capacity Development and Grant Specialist*
2. *To hire a contractor to evaluate current asset-mapping solutions*

IMPACT/OPPORTUNITY (fiscal and programmatic):

1. *Ability to leverage Medicaid Transformation Project funding to bring additional funding into our region focused on the transportation and housing sectors (two of our region's biggest identified barriers to health) in a sustainable way.*

   The Capacity Development and Grant Specialist position would be on par with our current professional positions, representing an increase in staff salary expenses ranging between $57,323 to $73,161 annually, plus benefits. The maximum annual cost for the new position including salary ($73,161) + benefits ($25,032) is $98,193. The impact to the 2018 budget would be dependent on the start date and negotiated starting salary within the salary range.

2. *Having a highly useful and sustainable asset-mapping system will enable agencies in our region to successfully and more efficiently connect patients to care and social services. Additionally, this will be highly beneficial to the Pathways Community HUB and Transitional Care Projects as well as the Whole Person Care Collaborative in addressing social determinants of health during implementation of the Medicaid Transformation Project. The estimated cost of the evaluation is $7,500.*

TIMELINE:

The activities can occur in parallel and we would initiate both immediately.

RECOMMENDATION:

Submitted By:	OHSU Consultants and NCACH Staff
Submitted Date:	06/04/2018
Staff Sponsor:	Christal Eshelman

North Central Accountable Community of Health

Social Determinants of Health

Summary of Recommendations Development Process

North Central Accountable Community of Health

Social Determinants of Health

- ☑ Facilitated discussions in all four counties →
- ☑ Synthesize results and ideas →
- ☑ Review the results and ideas at Summit →
- ☑ Incorporate feedback from Summit →
- ☑ Formulate recommendations
- ☐ Present recommendations to the Board

North Central Accountable Community of Health

Facilitated Discussions

Transportation & Housing Experts

April 3

- Chelan & Douglas Counties (Wenatchee)
- Grant County (Moses Lake)

April 4

- Okanogan County (Omak)

North Central Accountable Community of Health

Facilitated Discussions

What We Talked About

- Strengths – across the region and in counties
- Misconceptions that our interviewees encounter
- Challenges faced by people
- Challenges faced by organizations
- How the ACH can help – ideas and suggestions

North Central Accountable Community of Health

Strengths Across the Region

- Strong sprit of collaboration and pulling together
- Resourcefulness and creative problem solving
- Cooperation among non-traditional partners
- Being small has its advantages
- Recent wins in all four counties – expanding services despite headwinds
- Growing community-wide recognition of the impact that social determinants have on health

North Central Accountable Community of Health

Strengths

Chelan-Douglas

- Coordinated entry system for housing ("no wrong door"), housing-first model
- LINK and LINK-Plus, DART shuttle service, DOT's Apple line and Grape line
- Landlord Liaison program (Women's Resource Center)
- Mobility Council, Homeless Taskforce, Homeless Steering Committee, Community Housing Network

Grant

- Public transit system is limited but has been stable and increasing increased routes and hours
- Reasonable amount of affordable housing compared to other areas
- Strength in special-needs housing
- Mobile therapy unit

Okanogan

- Fires in 2014 brought people together
- Growing recognition and increasing support of elected officials of needs related to housing and the connection with health
- County transportation levy passed and implemented (TranGO)
- Methow Housing Trust building affordable homes

Misconceptions that People Encounter (1 of 2)

- The homeless "are not from here"
- Poverty is not a big problem – or not "our" problem
  - The poor are unemployed – ignoring the working poor
  - The poor are drunk, on drugs, etc.
- Stereotyping of Hispanics
  - The poor and homeless are Hispanic
  - Hispanics are poor and homeless
  - Hispanics are stealing all the resources

Misconceptions that People Encounter (2 of 2)

- Homelessness is a crime / the homeless are criminals
- Chronic stereotyping of certain areas and communities
- Mistaking vacancy rates as evidence of affordability
- Medicaid-brokered transportation is meeting all needs
- Services are more accessible than they actually are
- “Not in my back yard” resistance

North Central Accountable Community of Health

Challenges for People (1 of 2)

- Depression and social isolation
- Unavailability of clinicians
- Difficulty of traveling to services and appointments
- Inability to use housing vouchers because no housing is available
- Mentally ill run around in circles
- Rising rents

North Central Accountable Community of Health

Challenges for People (2 of 2)

- Unawareness of free/affordable resources
- Difficulty of understanding and navigating complicated requirements, paperwork, etc.
- Lack of access to email/internet and culturally appropriate communications
- Anti-immigrant climate – intimidation and isolation
- Aging population – not enough caregivers
- Insufficient services for youth

North Central Accountable Community of Health

Challenges for Organizations

- Decreased funding even as demand increases
- State funding models reflect urban concerns and priorities
- Geographic spread of clients
- Hard to recruit/pay/house workforce and avoid burnout
- Bridging culture gaps can be very difficult
- Reimbursement rates don’t reflect true costs
- Discrepancies between data sources

North Central Accountable Community of Health

How Can the ACH Help?

- Help organizations acquire external funding, including finding grant opportunities, supporting grant writing, and mentoring organizations
- Provide technical assistance for business practices, data and information management, workforce, communications, community outreach
- Convene, coordinate, and advocate – including spearheading and coordinating outreach, demonstrating how social determinants affect health, and catalyzing problem-solving

North Central Accountable Community of Health

How Can the ACH Help?

- Coordinate and align information, including investigating the strengths and weaknesses of current efforts and developing strategies for sustained improvement
- Provide direct access to funds, potentially encompassing rapid-response awards for critical investments and/or large awards for significant initiatives that bring partners together

North Central Accountable Community of Health

Feedback from Summit Participants

Possible Action	Average Score
Identify external funding	4.5
External funding support	4.1
Mentoring on External Funding	3.9
TA for business practices	3.2
TA for data	3.7
TA for workforce	4
TA for communications	3.9
Advocacy with business leaders, elected officials, and other leaders	4.2
Advocacy to demonstrate how social determinants affect health	4.1
Advocacy through the Pathways HUB	4.2
Coordinate and align information	4.3
Direct Funding – small awards	4
Direct Funding – large awards	4.1
Direct Funding – matching awards	4.1

1 = Not at all important

2 = slightly important

3 = moderately important

4 = very important

5 = extremely important

North Central Accountable Community of Health

Recommendations

Hire a full-time Capacity Development and Grant Specialist

- Engage community organizations that are focused on transportation and housing
- Help these organizations obtain and capitalize on external funding
- As appropriate, engage with organizations outside of transportation and housing

North Central Accountable Community of Health

Recommendations

Hire a contractor to evaluate current-asset mapping solutions

- Evaluate WIN211 and other resources
- Recommend steps for achieving a highly useful and sustainable asset-mapping system
- Next steps recommended by the contractor may lead to additional strategic investments

North Central Accountable Community of Health

SOCIAL DETERMINANTS OF HEALTH: SUMMARY OF RECOMMENDATIONS DEVELOPMENT PROCESS

Background

The North Central Accountable Community of Health recognizes that Whole Person Health cannot be achieved strictly within the clinic. As a central tenant of all six select Medicaid Transformation Projects, NCACH is incentivizing clinical-community linkages and strengthening the ability of providers and community organizations to support the population through social determinants of health that are causing barriers to achieving one's full health potential. Through various meetings and reports, transportation and housing have consistently been identified as two of the biggest barriers to health within the North Central Accountable Community of Health Region. In order to understand the needs of the community and providers further and identify concrete steps the NCACH can take to mitigate these barriers, In April 2018, NCACH staff teamed with our Oregon Health and Science University contractor to hold a series of facilitated discussions focused on the social determinants of health, specifically transportation and housing.

Five Step Process: From Outreach to Recommendations

We utilized a five step process to collect and analyze information that resulted in formal recommendations for the North Central Accountable Community of Health Governing Board to adopt.

Step 1 Facilitated discussions with representatives from four counties (April 3-4)

Step 2 Synthesize results and ideas

Step 3 Review the results and ideas at the Summit – request feedback (April 20)

Step 4 Process feedback from Summit participants

Step 5 Formulate recommendations and submit for consideration (May 25)

Facilitated Discussions: Participants

On April 3rd and 4th we held three facilitated discussions on in Wenatchee, one in Moses Lake, and one in Omak. We wanted to ensure that local variation and unique challenges were captured in the results an ideas. Community partners with knowledge of the barriers faced by providers and clients were invited to participate. The participants for each session are listed below.

April 3: Chelan & Douglas (Wenatchee)

Alejandra Gonzalez	Children's Home Society of Washington
Alicia McRae	Housing Authority of Chelan County and the City of Wenatchee
Brooklyn Holton	City of Wenatchee (individual interview)
Deb Miller	Community Choice
Jennifer Latimer	Chelan County
Ken Sterner	Aging and Adult Care of Central Washington
Laurel Turner	Women's Resource Center
Maggie Kaminoff	Link Transit
Shawn Delancy	Catholic Charites
Steve Maher	Our Valley, Our Future

April 3: Grant (Moses Lake)

Courtney Armstrong	Grant Integrated Services
Gail Goodwin	Grant Integrated Services
Mary Jo Ybarra-Vega	Quincy Community Health Center
Rosenda Henley	People for People
Sheila Chilson	Moses Lake Community Health Center
Steffanie Bonwell	Housing Authority of Grant County
Theresa Adkinson	Grant County Health District

April 4: Okanogan (Omak)

Adrianne Moore	Room One
Cynthia Button	Aero Methow Rescue
Deanne Konsack	Okanogan County Transportation and Nutrition
Elana Mainer	Room One
Jennifer Fitzthum	Okanogan County Transportation and Nutrition
Molly Morris	Coulee Medical Center
Nancy Nash-Mendez	Okanogan County Housing Authority
Shane Barton	Okanogan County Community Action Council

Each facilitated discussion began by asking participants to identify the strengths in their area and in the region. After spending some time discussing strengths, we moved on to discussing some misconceptions that they frequently encounter. Often misconceptions include needs that are assumed to be met, built in actuality are not. This naturally led us, as planned, to identifying the biggest challenges the people they serve face including the biggest unmet needs and most important obstacles that people encounter. We followed that up by examining what challenges organizations face in terms of unmet needs and obstacles. Lastly, and most importantly, we finished the session by asking participants what opportunities they saw for the NCACH to help with these misconceptions and challenges that both people and organizations are facing. Below is summary of the results from each of the sessions.

Strengths across the Region

- Strong sprit of collaboration and pulling together
- Resourcefulness and creative problem solving
- Cooperation among non-traditional partners
- Being small has its advantages
- Recent wins in all four counties – expanding services despite headwinds
- Growing community-wide recognition of the impact that social determinants have on health

Strengths in Chelan & Douglas Counties

- Coordinated entry system for housing ("no wrong door"), housing-first model
- LINK and LINK-Plus, DART shuttle service, DOT's Apple line and Grape line
- Landlord Liaison program (Women's Resource Center)
- Success in helping high utilizers of the health system
- Mobility Council, Homeless Taskforce, Homeless Steering Committee, Community Housing Network
- Support among elected leaders

Strengths in Grant County

- Public transit system is limited but has been stable and increasing routes and hours
- Reliable paratransit system
- Good connector functions
- Reasonable amount of affordable housing compared to other areas
- Strength in special-needs housing
- Mobile therapy unit

Strengths in Okanogan County

- Increasing support from elected officials
- Fires in 2014 brought people together
- Growing recognition of needs related to housing and the connection with health
- County transportation levy passed and implemented (TranGO)
- Youth homelessness is serious, but traction is increasing
- Methow Housing Trust building affordable homes
- Housing authority is progressive and resourceful

Misconceptions and Challenges

Misconceptions that People Encounter

- The homeless “are not from here”
- Poverty is not a big problem – or not “our” problem
    - The poor are unemployed – ignoring the working poor
    - The poor are drunk, on drugs, etc.
- Stereotyping of Hispanics
    - The poor and homeless are Hispanic
    - Hispanics are poor and homeless
    - Hispanics are stealing all the resources
- Homelessness is a crime / the homeless are criminals
- Chronic stereotyping of certain areas and communities
- Mistaking vacancy rates as evidence of affordability
- Medicaid-brokered transportation is meeting all needs
- Services are more accessible than they actually are
- “Not in my back yard” resistance

Challenges for People

- Depression and social isolation
- Unavailability of clinicians
- Difficulty of traveling to services and appointments
- Inability to use housing vouchers because no housing is available
- Mentally ill run around in circles
- Rising rents
- Unawareness of free/affordable resources
- Difficulty of understanding and navigating complicated requirements, paperwork, etc.
- Lack of access to email/internet and culturally appropriate communications
- Anti-immigrant climate – intimidation and isolation
- Aging population – not enough caregivers
- Insufficient services for youth

Challenges for Organizations

- Decreased funding even as demand increases
- State funding models reflect urban concerns and priorities
- Geographic spread of clients
- Hard to recruit/pay/house workforce and avoid burnout
- Bridging culture gaps can be very difficult
- Reimbursement rates don’t reflect true costs
- Discrepancies between data sources

Possible ACH Strategies

Actions Considered/Proposed During Facilitated Discussions

The information that was gathered during the focus groups was synthesized and several themes developed on how the NCACH could work address transportation and housing in the region. The following ideas were developed and presented at the NCACH Annual Summit on April 20th.

- Help organizations acquire external funding, including finding grant opportunities, supporting grant writing, and mentoring organizations
- Provide technical assistance for business practices, data and information management, workforce, communications, community outreach
- Convene, coordinate, and advocate – including spearheading and coordinating outreach, demonstrating how social determinants affect health, and catalyzing problem-solving
- Coordinate and align information, including investigating the strengths and weaknesses of current efforts and developing strategies for sustained improvement
- Providing direct access to funds, potentially encompassing rapid-response awards for critical investments and/or large awards for significant initiatives that bring partners together

Feedback from Summit Participants

After presenting the content above at the Annual Summit, we distributed feedback forms, asking attendees to rank the possible NCACH Strategies. There were 115 responses. Below is the average score received for each item.

Possible Action	Average Score
Identify high-impact funding opportunities	**4.5**
Provide support for planning applications, lining up partners, acquiring data, etc.	4.1
Mentor organizations on effective techniques for getting and managing grants	3.9
Provide technical assistance for business practices	3.2
Provide technical assistance for data and information management	3.7
Provide technical assistance for workforce (recruitment, retention, professional development)	4
Provide technical assistance for communications and community outreach	3.9
Spearhead and coordinate outreach to business leaders (manufacturers, growers, etc.) and state government and local leaders	4.2
Demonstrate how social determinants affect health	4.1
Catalyze problem-solving by coordinating with existing groups and use the Pathways Community Hub as an engine for outreach	4.2
Coordinate and align information: • **Investigate the strengths and weaknesses of current efforts**	**4.3**

• **Develop and implement strategies for sustained improvement** • **Ensure appropriate modes of delivery**	
Provide small rapid-response awards for critical investments (Aimed at building vital capacity not just replacing other funding)	4
Provide Large awards for significant initiatives that bring partners together (Require sustainability plans	4.1
Leverage other funding sources through funds-matching and joint planning	4.1

Scale | 1 = Not at all Important, 2 = Slightly Important, 3 = Moderately Important, 4 = Very Important, 5 = Extremely Important

The two highest ranked strategies are to identify high-impact funding opportunities and to coordinate and align information.

Recommendations

Based on the results of the survey done at the Annual Summit, NCACH staff and OHSU developed the following recommendations for the NCAHC Governing Board to consider.

1. **Hire a full-time Capacity Development and Grant Specialist.** The person in this position would be responsible for engaging community organizations that are focused on transportation and housing and for helping these organizations obtain and capitalize on external funding. The individual may also engage with organizations outside of transportation and housing as necessary.

   The responsibilities of the Capacity Development and Grant Specialist will include (a) proactively matching organizations to valuable grant opportunities, (b) supporting organizations in applying for grants, (c) helping organizations prepare for effective implementation, (d) serving as a conduit for cross-organizational coordination and partnership, (e) mentoring organizations to build their in-house fundraising capabilities, and (f) identify advocacy opportunities for the ACH. The individual in this position will also be a resource for improving coordination and engagement across the region.

2. **Hire a contractor to evaluate current-asset mapping solutions** such as WIN211 and recommend next steps for achieving a highly useful and sustainable asset-mapping system. Next steps recommended by the contractor would be evaluated and may lead to additional strategic investments.

Capacity Development and Grant Specialist

POSITION OVERVIEW

Salary: $4,776 to $6,096 monthly ($57,323 to $73,161 annually) plus benefits
(Chelan Douglas Health District Salary Matrix Line PP)
Hours: 40 hours/week (100% FTE), may include evening or weekend hours
Status: Regular, full-time, with benefits, union membership required
Starting Date: ASAP Closing Date: Open until Filled Work Location: In North Central Region

BACKGROUND

Through a five-year State Medicaid Transformation Project, The North Central Accountable Health Community (NCACH) is implementing 6 projects to address regional health priorities and improve care by providing high-quality, cost-effective care that treats the whole person and improves the well-being of the communities in Okanogan, Chelan, Douglas and Grant Counties. The work of the NCACH is funded by the Washington State Health Care Authority, the Medicaid payer in Washington State.

To this end, the NCACH activities include:

- Convening a broad array of stakeholders to share expertise and experience in improving health including public policy, financing and delivery system redesign across settings and communities.
- Fostering collaboration among stakeholders to improve health.
- Promoting the development and sharing of high quality data and applying data to improve the appropriate utilization of health services.
- Working with local communities to promote high-quality, systemic and sustained services.
- Promoting community engagement as a key component of health improvement.

As a central tenant of all six select Medicaid Transformation Projects, NCACH is incentivizing clinical-community linkages and strengthening the ability of providers and community organizations to support the population by addressing currently existing barriers to achieving one's full health potential. NCACH has identified transportation and housing as two of the biggest barriers to health within the North Central Accountable Community of Health. The Capacity Development and Grant Specialist position will focus on building capacity to help support ongoing initiatives and work in the community that contributes to whole person health.

Job Responsibilities

This job will be responsible for engaging and helping community organizations focused on transportation and housing in Chelan, Douglas, Grant, and Okanogan Counties obtain and capitalize on external funding. This individual may also engage with organizations outside of transportation and housing as necessary. Job duties include:

- Fostering engagement among community organizations, including providing resources, encouraging participation, facilitating connections, and maintaining regular communication.
- Tracking potential funding opportunities and proactively matching organizations to valuable grant opportunities

DRAFT

- Supporting organizations in applying for grants (i.e. mentoring partners in proposal writing, helping to synthesize relevant data, providing edits to proposals)
- Helping organizations prepare for effective implementation of projects
- Serving as a conduit for cross-organizational coordination and partnership (Including coordinating events and meetings)
- Mentoring organizations to build their in-house fundraising capabilities
- Identify advocacy opportunities for the NCACH by working to mobilize community members to respond to relevant policy or advocacy issues as they arise.
- Work with the Executive Director and other staff to strategize and implement outreach activities, including development and distribution of materials, handling media inquiries, and engaging others in dialogue and policy development.
- Independently monitor and oversee on-the-ground work of partners for the purposes of reporting how NCACH engagement has benefited the community.
- Prepare and manage budgets, and monitor funded activities, contracts and reporting.

REQUIREMENTS OF THE POSITION

The Capacity Development and Grant Specialist should have the following knowledge, skills, abilities, and qualifications:

- Successful experience with grants and/or contracts, including budgeting, monitoring and reporting (Preferably with Social Service Organizations).
- Strong analytic, research, critical thinking, writing, and presentation skills.
- Comfortable and articulate when speaking in public.
- Solid record of accomplishing challenging goals in highly professional work environment(s).
- Proven ability to work effectively with people from diverse backgrounds and at different professional levels to accomplish mutual goals.
- Ability to facilitate collaborative efforts of diverse organizations.
- Strong organizational skills and attention to detail and ability to promptly follow through on variety of tasks and logistics in a fast-paced environment.
- Master's degree in public policy, Public health, nonprofit management, or related field and three years of experience or Bachelor's degree in public policy, health, nonprofit management, or related field and six years of related experience.

TO APPLY OR FOR MORE INFORMATION

Submit a cover letter, writing samples, resume and CDHD Application for Employment (available at https://cdhd.wa.gov/careers/)
via email or hard copy to:

John Schapman, NCACH Program Manager
Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, Washington 98802
John.Schapman@cdhd.wa.gov
Office: 509-886-6435

DRAFT

Transitional Care and Diversion Intervention (TCDI) Workgroup

Report for the North Central Accountable Community of Health Governing Board

June 4th, 2018

5.24.18 Workgroup Meeting Takeaways

- Reviewed subgroup progress (EMS, Emergency Department (ED), and Transitional Care Model)
- Discussed work currently occurring with Law Enforcement and Behavioral Health
- Discussed target populations and how they link to both Emergency Department and TCM patients
    - Greater discussion was held around how we identify a target population for ED patients.
    - TCM model has a predefined target population due to smaller # of discharges. This will include all patients discharged from inpatient care.
- Below is a list of updates from each of the subgroup meetings

Transitional Care Subgroup

Meeting Dates	Workgroup/Meeting
May 14th	Confluence TCM Site Visit
May 17th	Confluence TCM Site Visit
May 21st	TCM subgroup Meeting
May 24th	TCM Billing Meeting

Takeaways:

- Completed Site Visits at Confluence Health the week of May 14th
- Thank you to Confluence Health Transitional Care Management Staff & Workgroup members who participated in Site Visits!!!
- The workgroup is planning on adopting the Transitional Care Model Developed by Confluence as the approach for the region.

ED Diversion Group

Meeting Dates	Workgroup/Meeting
May 21st	ED Workgroup

Takeaways:

- Met 5/21 and review tactics to support ER is for Emergencies Seven Best Practices. Those tactics that were discussed include:
    1. Integrate the use of EDIE into the Emergency Department Workflow to better track high utilizers
    2. Implement patient education efforts at each point of contact for the Medicaid patient to re-direct care to the most appropriate setting
    3. Reduce inappropriate ED visits by collaborative use of prompt (72 hour) visits to primary care physicians and improving access to care
        - (including scheduling follow up appointments with PCP)
    4. Develop protocols to Distribute Naloxone in the Emergency Department
    5. Participate in the Statewide Prescription Drug Monitoring Program

EMS Diversion Group

Meeting Date	Workgroup/Meeting
May 23rd	NCECC Community Paramedicine Mtg
May 31st	NCECC Proposal Meeting

Takeaways:

- Developed a scope of work for the initial Phase I planning process of the NCECC EMS Work and identified who will be completing deliverables as part of the council
- Reviewed NCECC Tactics and better defined what those tactics mean to present at the next Governing Board meeting.
- Developed the below draft timeline of major milestones to complete Phase I for NCECC.

	2018								2019			
	Q2		Q3			Q4			Q1	Q2	Q3	Q4
	May	June	July	August	September	October	November	December				
EMS Implementation General Timelines												
Phase I Planning												
Phase II Training												
Phase III Implementation												
Phase I Planning												
Follow up discussion on Governing Board Recommendations												
Develop MOU with deliverables for NCECC Phase I Plan												
Write detailed plan for NCACH Governing Board		4-Jun										
Engage Transport Agnecies in Planning Process												
Develop a current state Assessment for Transport agency		11-Jun										
Complete a draft outline to complete a project plan												
Complete a Current State Assessment of Each Agency												
Identify which tactics EMS agencies want to complete												
Present Phase II Draft Plan and Budget			9-Jul									
Present Phase II Final Plan and Budget				6-Aug								
Present Phase III Draft Plan and Budget				6-Aug								
Present Phase II Final Plan and Budget					10-Sep							

Upcoming Workgroup and Subgroup Meetings

Date	Location	Workgroup
June 18th 3:00 – 4:00 PM	Conference Call	ED Workgroup
June 28th 10:00 – 11:30 AM	Confluence Technology Center Wenatchee, WA	TCDI Workgroup
June 11th 9:30 AM	Pybus Market	Ambulance Association Meeting