North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM, June 7, 2021

Location	Call-in Details
Virtual Meeting Only	Conference Dial-in Number: (253) 215-8782 US Meeting ID: 831 8445 6718 Passcode: 123456 One tap mobile: +12532158782,,83184456718# Join Zoom Meeting: https://tinyurl.com/NCACHWPCC

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – **Molly Morris** • Zoom Etiquette • Board Roll Call • Declaration of Conflicts • Public Comment • Approval of Consent Agenda	• Approval of Consent Agenda	• Agenda, Acronyms & Decision Funds Flow Chart • Consent Agenda – Minutes, Monthly Financial Statement	*1-4* *5-12*
1:10 PM	Executive Director Update – **Linda Parlette**			
1:20 PM	Colville Tribes Health System Improvements – **Dr. Daniel Barbara**			
2:00 PM	Strategic Planning Workgroup - Update – **Strategy Workgroup Board Members**		• Three Pillars of NCACH Future State	*13-14*
2:45 PM	NCACH Executive Director Transition Planning – **Mike Bonetto**			
3:15 PM	Low-Barrier Narcan Distribution Partnership with Beacon Health Options – **Joseph Hunter**	• Approval of partnership to support low-barrier Narcan distribution in the region	• Board Decision Form (*Separate Attachment*)	*Separate Attachment*
3:30 PM	Adjournment – **Molly Morris**			

North Central Accountable Community of Health

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

BAA: Business Associate Agreement

BH: Behavioral Health

BH-ASO: Behavioral Health - Administrative Service Organization

BLS: *Basic Life Skills*

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and Innovation

CCS: Care Coordination Systems

CHART: Community Health Access and Rural Transformation

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

COT: Chronic Opioid Therapy

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: *Emergency Dept. Information Exchange*

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

OUD: Opioid Use Disorder

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PDSA: *Plan Do Study Act*

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: *Syringe Services Program / Syringe Exchange Program*

North Central Accountable Community of Health

SMI: Serious Mental Illness

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions
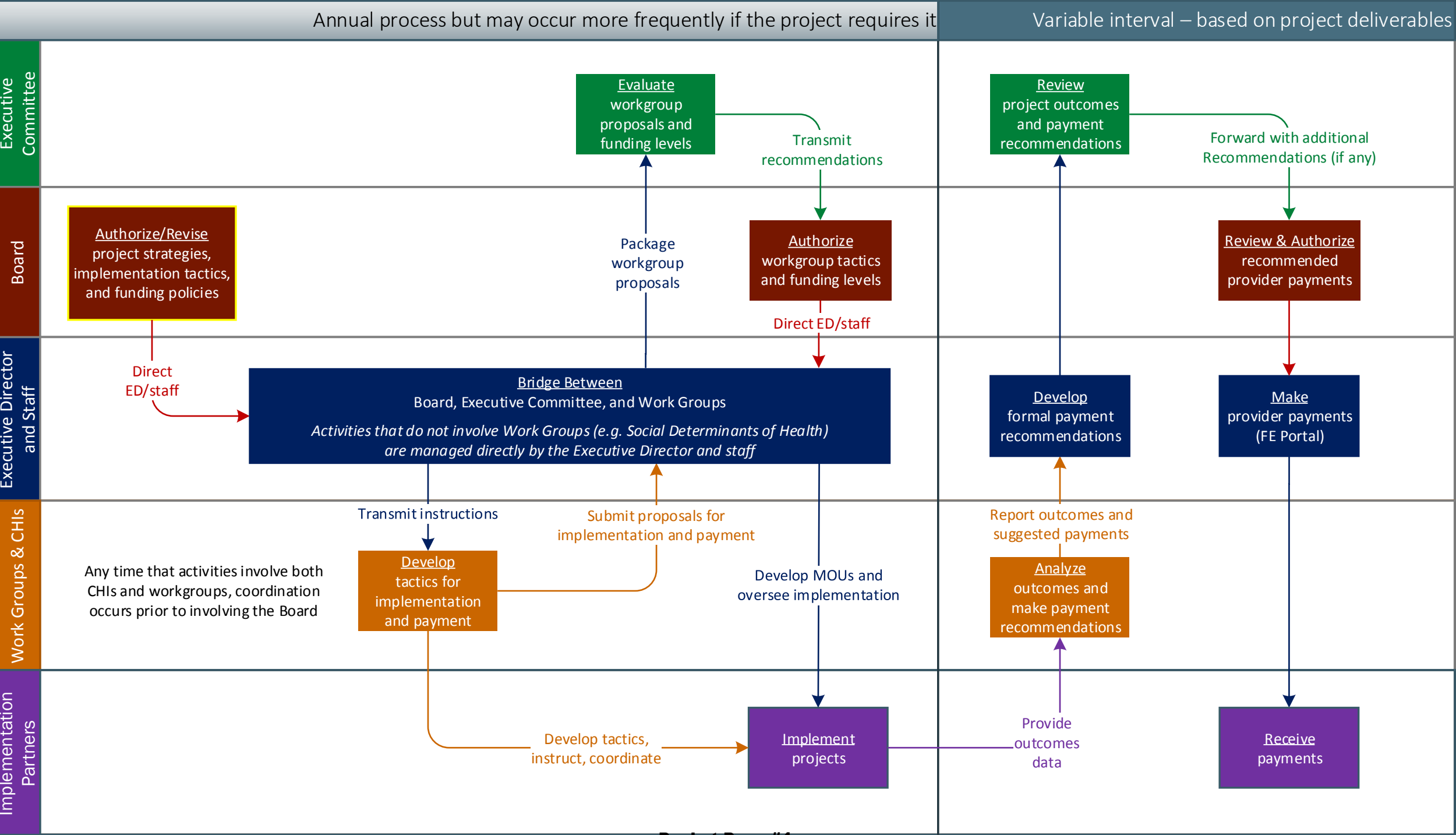
TCM: Transitional Care Management

VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]

	Annual process but may occur more frequently if the project requires it	Variable interval – based on project deliverables

Executive Committee

- **Evaluate** workgroup proposals and funding levels
- **Review** project outcomes and payment recommendations
- Transmit recommendations
- Forward with additional Recommendations (if any)

Board

- **Authorize/Revise** project strategies, implementation tactics, and funding policies
- Package workgroup proposals
- **Authorize** workgroup tactics and funding levels
- **Review & Authorize** recommended provider payments
- Direct ED/staff

Executive Director and Staff

- Direct ED/staff
- **Bridge Between** Board, Executive Committee, and Work Groups
- *Activities that do not involve Work Groups (e.g. Social Determinants of Health) are managed directly by the Executive Director and staff*
- **Develop** formal payment recommendations
- **Make** provider payments (FE Portal)

Work Groups & CHIs

- Any time that activities involve both CHIs and workgroups, coordination occurs prior to involving the Board
- Transmit instructions
- Submit proposals for implementation and payment
- **Develop** tactics for implementation and payment
- Develop MOUs and oversee implementation
- Report outcomes and suggested payments
- **Analyze** outcomes and make payment recommendations

Implementation Partners

- Develop tactics, instruct, coordinate
- **Implement** projects
- Provide outcomes data
- **Receive** payments

Location	Attendees
Virtual	**Governing Board Members Present:** Molly Morris, Carlene Anders, Cathy Meuret, Deb Murphy, Dell Anderson, Doug Wilson, Jesus Hernandez, Kaitlin Quirk, Ken Sterner, Lisa Apple, Luke Davies, Nancy Nash Mendez, Senator Warnick, Rebecca Davenport, Rosalinda Kibby, Tory Gildred (late) **Governing Board Members Absent:** Ramona Hicks, Patti Paris, Ray Eickmeyer, **NCACH Staff**: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Sahara Suval, Mariah Brown, Joey Hunter, Teresa Davis – Minutes

Agenda Item	Minutes
• Review of Agenda & Declaration of Conflicts • Public Comment	• Meeting called to order at 1:00 PM by Molly Morris. Molly started the meeting with a land acknowledgment. Honoring the open meetings act, all conversations need to be public. You can chat with staff member that is monitoring the chat and they can relay your message if you are having trouble speaking. • Declarations of conflicts: None • Public Comment: None ❖ ***Carlene Anders moved, Deb Murphy seconded the motion to approve the consent agenda, motion passed***.

Executive Directors Report	• **Legislative Session Ended – Budget fully funds MTP (including 6ᵗʰ Year)**
	➢ Minimum funding amount for each ACH will be $5 Million – if CMS accepts. We will know later this summer
	➢ The 2021-2023 biennial budget includes the following funding for MTP:
	    o Funds MTP through extension year (CY2022).
	    o This includes for Initiative 1 – (ACHs), Initiative 2 (MAC/TSOA) and Initiative 3 (FCS)
	HCA cell phone distribution with Foundational Community Support (FCS) Providers
	• HCA is working with ACHs to distribute cell phones to Foundational Community Support Providers that FCS providers can give to their eligible enrollees.
	• NCACH is getting 64 cell phones. This was a plan by HCA to help build relationships with FCS providers and ACHs, we are only acting as a pass through entity for distribution. Caroline and Teresa will be taking the lead on this.
	Recovery Coach Jail Pilot Program start at Chelan County Jail
	• The Recovery Coach Jail pilot is underway with Chelan County Regional Justice Center. NCACH has contracted with the Women's Resource Center to provide ¼ FTE to support Recovery Coach Work at the County Jail.
	• Victor Estrada, the Women's Resource Center Recovery Coach has officially started working with the 1ˢᵗ client of the pilot.

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- NCACH, the Women's Resource Center, Chelan County Regional Justice Center, and the Center for Alcohol, and Drug treatment are now meeting weekly to coordinate services and programs with individuals within the jail.
- NCACH is still searching for a female recovery coach to support the jail. As well, Joseph Hunter is working on a plan to expand the program into both the Okanogan and Grant Counties.

April 7th Demystify Foundational Community Support (FCS) Event
- The Foundational Community Supports Demystified event on April 7th went great.
  - We highlighted the work and stories of **5** Employment & Housing coordinators from the Foundational Community Supports program.
  - **30** partners joined us (out of **50** registered) to learn about this resource.
- As a reminder, this program is part of the Medicaid Transformation and was also extended a 6th year.
- In a nutshell, it is designed to help the most vulnerable Medicaid members get and keep stable housing and employment, in support of their broader health needs.
  - As of March, about 165 people across our 4-county region have received services through this program.
- Takeaways that I wanted to call the Board's attention to:
  - Housing has been a bigger need and challenge than employment for program participants.
  - There was lots of conversation at the event about the need to increase availability of housing stock, including recovery homes, and the fact that housing costs are far outpacing people's incomes.
  - FCS coordinators also shared that flexible dollars from funders are game-changing.

Regional Healthcare meeting April 16th
- Updates were given on Parkside, OBHC, GRIS, Beacon, Catholic Charities. Discussing the value of keeping the meeting in the future.

Hope Squad: Together for Youth has already posted the Coordinator Position for Region
- Together for Youth has posted for the Coordinator position for our regional implementation of the Hope Squad model. They have received over 100 applications already. Mariah Brown will be sitting on the interview committee helping select our final applicant.
- Dr. Rickard continues to meet with school districts across the region to gain support and interest in the model.
- I am excited that this model is moving quickly. We tragically continue to see the need to get this work underway in our region. Our hope is to start training schools this summer on the program so they can have it implemented this next school year.

Executive Director Transition
- Plan to retire at the end of 2021
- Always had in mind to have John trained to take my spot. In conversation with staff around the future state and the timing of the strategy workgroup outcomes, I have decided that we will hire a consultant that has experience

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in Governance to help us decide if we should assign an interim Executive Director or search for a permanent one now. He will attend the next Executive Committee meeting to discuss next steps.

Staff is working on how we strategically coordinate work in 2022

- After we got a good understanding of our organization's key areas of focus for 2022 from the Board at the April Board meeting, the staff has started looking at all of our projects and are strategically planning how we can coordinate our work to support partners.
- We held our meeting 1st meeting Monday April 19th in person to set the stage for the conversation.
- I want to thank Wendy who is facilitating the meetings utilizing an outlined strategic planning process she has learned from her work with our contractor CCMI.

NCACH is creating a New Quarterly Report for Board

- On Friday, April 30, we sent you a copy of our brand new quarterly report, which is a new mode of reporting that staff and I are trying. As you may recall, we decided to discontinue our Monthly Meeting Round Up activity report at the beginning of 2021 and are opting for a quarterly format instead. A few other things that are new with this report include:
  - Transitioning our communications and reporting strategies to focus on our partners and their stories, instead of using a more siloed project-lens
  - We hope that by doing this, it will help us better capture our impact and aid the organization in conceptualizing our work as an interconnected portfolio
  - Many of the highlights I'll be sharing in this month's ED report can be found in the quarterly report.
- We hope that you spend some time reviewing the report, and to let us know how we can continue to improve communicating with our Board about our work and impact.

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<td>Strategy Workgroup Update</td>
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Chris Kelleher gave an update on the strategy workgroup. Nancy will be taking the place of Christal on the group. Chris quickly went through all of the models that the workgroup is looking at. See presentation for all models and links to their websites here: NCACH Model Frameworks

Questions for the Board:
What are you interested in and what worries you?
- Molly appreciates that we have the sixth year to continue the work and have the extra planning time.
- Were there similarities between the orgs that ran like a business vs those that didn't? If you run like a business you have to serve the interest of your customers, so you can't focus on transformation work.
- Common theme is the need to have stakeholders through the region on board. The vision could be better and how to get there.

Next Steps:
- Strategy Workgroup retreat on May 5th

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	• Move from learning to narrowing the models and principles down. • Plan for the rest of this year, then into 2022
Board Nomination	❖ ***Nancy Nash Mendez moved, Carlene Anders seconded the motion to approve the nomination of Luke Davies to the Public Health sector seat on the NCACH Governing Board for the term that expires on December 31st, 2022, motion passed.***
Financial Update	John Schapman gave an update on the budget as we go into the second quarter. Projected revenue: Current Projected revenue $37,933,223 / Potential additional revenue not in current projections $10,646,948. Considerations for the difference in projections: • Did not take into account other revenue sources • Assumed 90% P4R revenue • Assumed 0% P4P and VBP revenue • Didn't include High Performance Pool • Estimated $32M in overall revenue **Remaining Funds after 2021** <table><tr><td>**Category**</td><td>**Amount**</td></tr><tr><td>**Revenue Projections**</td><td>**$37,933,223**</td></tr><tr><td>**Estimated Expenditures** *(through 2021)**</td><td>*($22,984,683)*</td></tr><tr><td>**Total**</td><td>**$14,948,540**</td></tr><tr><td>*Add Potential Revenue*</td><td>*$10,646,948*</td></tr></table> NCACH is the most fiscally conservative ACH in spending at 35% • Differences John sees are the others have taken money out for Admin costs, community / resiliency funds, or have distributed more directly out to partners for future spending. • Carlene: Are we missing opportunities, was there something that we should have done? • John noted that HCA did ask in our SAR about our unused funds in the FE Portal. We answered and explained how we plan to use the funds and HCA accepted NCACH's response.
Code of Conduct Policy	❖ ***Doug Wilson moved, Rosalinda Kibby seconded the motion to approve the NCACH Governing Board Code of Conduct Policy recommended by the NCACH Governance Committee, motion passed.*** Discussion: Why do we need a code of conduct policy? It was brought to us from North Sound ACH and presented

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	to the Governance Committee. They decided to create one to help with future course correction.

Board Governance	❖ ***Carlene Anders moved, Dell Anderson seconded the motion to approve the NCACH Governing Board Nominating Committee Charter with the amendment to read adhoc meeting requirements instead of quarterly meetings, motion passed.***
	    • ***Sector representation – How is that handled through the nominating committee? The nominating committee still reviews the nomination and gives final approval.***
	    • ***Nancy – Why meet quarterly if there is no vacancy?***

Board Information Sharing	Sahara Suval presented the new quarterly report
	What is useful in the communications that you receive from NCACH?
	    • Data that tells a story
	    • Kaitlin likes the community spotlight / multiple methods / likes the combo of the mid-month email and the newsletter.
	    • Lisa likes anytime that we can break out into smaller group, then come together into a bigger group discussion. Appreciates email communications, but sometimes struggles with the amount of emails that she receives.
	    • What about links to more info? Yes they like that. Give a bite size, let them explore more.
	
	What was not useful?
	    • If an email is longer than a paragraph or two, probably won't read.

Potential Grant Opportunity	School Mental Health Services / Telehealth services in the schools. The ESD is looking to apply for a USDA Grant of up to $1M which would require a 15% match. Wendy is asking if the Board would be willing to commit to the 15% match if they do submit the application. Jesus asked if the grant can be matched with Federal Funds, because he believes that the NCACH funds are federal. John will check into this. Board members were asked to chat in if they support or not the match of 15%: In general Board members in attendance think that they would support, but would like more information before committing.
Adjournment	Meeting adjourned at 3:35 PM by Molly Morris

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Balance Sheet (As of 04.30.2021)

Funding Source	Funds Received	Funds Expended	Funds Remaining
SIM Funding* (CDHD Account)	$ 115,329	$ 115,329	$ -
Transformation Project (CDHD Account)			
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000		
Original Contract K2296 - Demonstration Phase 2	$ 5,000,000		
Transfer from FE Portal	$ 226,961		
Interest Earned on Demo Funds	$ 262,467		
Transformation Total (CDHD Account)	$ 6,489,428	$ 4,137,157	$ 2,352,270
Grants Other (CDHD Account)			
Aetna Grant	$ 70,000	$ 53,041	$ 16,959
Cambia	$ 245,000		$ 245,000
Workshop Registration Fees/Misc. Revenue* (CDHD Account)	$ 23,387	$ 13,720	$ 9,667
Transformation Project (FE Portal Funds)			
Project Incentive Funds	$ 19,172,370	$ 11,354,808	$ 7,817,562
Integration Funds	$ 5,781,980	$ 58,422	$ 5,723,558
Bonus Funds	$ 1,455,842		$ 1,455,842
Value Based Payment (VBP) Incentives	$ 900,000		$ 900,000
Interest Earned in FE Portal	$ 62,283		$ 62,283
DY1 Shared Domain 1 Funds**	$ 5,811,865	$ 5,811,865	$ -
Transformation Total (FE Portal)	$ 33,184,340	$ 17,225,095	$ 15,959,245
Totals	$ 39,882,484	$ 21,544,342	$ 18,338,141

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

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

2021 NCACH Budget: Monthly Financials (January - December 31st, 2021)

EXPENSES	Total Budgeted	April-21	Totals YTD	% Expended YTD to Budget
Operations and Project Management				
Salary & Benefits	$942,981	$70,476	$281,825	30%
Supplies	$37,000	$0	$1,401	4%
Services	$165,439	$1,724	$6,221	4%
Other Expenditure	$190,227	$19,331	$31,695	17%
CDHD Hosting Fee 15%	$200,347	$11,105	$44,296	22%
Operations, and Project Management Contracts				
Governance and Organizational Development	$141,600	$12,226	$40,133	28%
Program Evaluation & Data Analytics	$70,000		$0	0%
Workforce Development	$63,250		$0	0%
CHI Lead Agencies	$225,000	$6,172	$38,576	17%
CBCC Contracted Support for Partners	$64,680	$2,363	$2,363	4%
*Telehealth Assessment Contractors^*	$283,991		$133,000	47%
WPCC Advising and Learning Contracted Support	$366,809	$2,917	$124,443	34%
Harm Reduction Fund	$120,000		$0	0%
Recovery Corps Mentorship Program	$150,000		$0	0%
Recovery Training and Support	$129,000	$10,000	$12,500	10%
Partner Payments:				
*Youth Mental Health Year 1 (Cambia)^*	$140,090		$0	0%
CHI Partner Payments	$1,150,000	$27,000	$340,015	30%
Tribal Investment	$519,000	$350,000	$350,000	67%
*CBCC Partner Payment^*	$1,650,000	$87,960	$213,380	13%
WPCC Learning Community	$1,780,000	$0	$375,000	21%
TCDI Partner Payments	$880,000	$39,440	$132,190	15%
Opioid Partner Payments	$180,000	$0	$20,000	11%
Total Budgted Expenses	**$9,449,415**	**$640,712**	**$2,147,037**	**23%**

"^" Budget Amendment occurred in 2021

Notes:

NCACH has expended 62% of budgeted YTD and 23% of Overall Budget

Added Youth Mental Health Year 1 (Cambia) under partner payments to budget for approval of Hope Squad Model

Budget Amendments - 2021

Date	Amendment
02.01.2021	Doug Wilson moved, Christal Eshelman seconded the motion to fully remove the asterisk on the CBCC partner payment line item with expectation that updates be provided at monthly Board meetings, Ken, Kaitlin, Jesus abstained, Motion passed.
03.01.2021	Kaitlin Quirk moved, Nancy Nash Mendez seconded the Motion #1 - Community Assessment: Approve Washington State University's proposal to produce a practical and achievable plan for a community-based solution to enhance telehealth capacity for the North Central Washington region, Abstain: Ramona Hicks and Jesus Hernandez, motion passed.
03.01.2021	Rosalinda Kibby moved, Dell Anderson seconded the motion #2 - Individual Organizational Assessment: Approve Option #2 of three telehealth investment options, that would be made available to clinical providers in the North Central Region:PTION 2: Motion to approve Ingenium Consulting Group's proposal in the amount up to $230,000 (dependent upon the number/type of organizations who participate) to conduct a telehealth strategy, performance and maturity assessment and produce deliverables as requested in the RFP. With the option of moving into option 3, Carlene noted that we need to be clear on the scope of work, motion passed.
4.5.2021	Kaitlyn Quirk moved, Jesus Hernandez seconded the motion to approve funding for Hope Squad training and curriculum and 4 year coordinator position in the amount of $456,736. Motion passed

Three Pillars of NCACH's Future State

1. Advance Transformation with a Regional Portfolio

We will use distributed leadership to develop a vision for equitable system change and implement it through a far-sighted regional portfolio.

- o We are dedicated to addressing root causes and improving the systems that affect lifelong health and community wellbeing.

- o We will build a core set of committed partners that expands over time, with a commitment to sharing power and changing daily practices.

- o We want to move beyond crisis-oriented services and isolated fixes to concentrate on upstream improvements that help all people thrive.

- o Our portfolio will be implemented via a playbook of mutually reinforcing strategies that are guided by continuous learning about the region's needs.

- o We will adapt our plans to meet changing realities but will also respect the boundaries of our portfolio and not try to fix every urgent issue.

- o Because dealing with chronic adversity and marginalization inevitably harms health, we believe that system change and equity can't be separated from one another.

2. Anchor in Shared Measurement

We will root our decisions in quantitative and qualitative data that depicts the health and wellbeing of residents.

- o The region will benefit from having a well-harmonized, broadly relevant source of information about the health and wellbeing of residents.

- o Our use of data will be defined by an inclusive process that focuses on region-wide priorities and the needs of all residents.

- o The measurement resource that we create will provide decision makers with detailed analytics and also feature a public dashboard that is optimized for non-experts.

- o We will develop meaningful indicators of improvement that tell us whether the lives of residents are actually improving.

- o We will steadily strengthen the quality of source data, our methods of analysis, and the effectiveness of the public-facing dashboard.

- o We will not be limited to numerical data but will also collect stories that bring our portfolio to life and illustrate the region's needs and successes.

3. Build Through an Inclusive Process of Distributed Leadership

Our pursuit of equitable system change will reflect the aspirations of the entire region, not just the concerns of certain groups or sectors.

- o We will ensure that everyone in the community has a chance to participate on an equal footing, including those who are frequently left out of discussions and decisions.

- o We are committed to distributed leadership, recognizing that centralized control is both a bad fit for our region and inconsistent with a dedication to sharing power.

- o We believe that it is more important to achieve lasting impacts and build durable relationships than to produce short-term results.

- o We are committed to finding mutual benefit and engaging in honest negotiation, even when it generates conflict.

- o We will avoid "please everyone" actions that limit tension but don't advance transformation.

- o We know that negotiation does not always lead to agreement – deciding to part ways amicably can be a good outcome that leads to collaboration down the road.

- o Because ground-level interactions matter as much as big initiatives, we need to hold each other accountable to evolve mindsets, power dynamics, and everyday practices.