# Governing Board Meeting

**1:00 PM–3:30 PM, July 1, 2019**

## Location
**Confluence Technology Center**
285 Technology Center Way #102
Wenatchee, WA 98801

## Call-in Details
- Conference Dial-in Number: (408) 638-0968 or (646) 876-9923
- Meeting ID: 429 968 472#
- Join from PC, Mac, Linux, iOS or Android: [https://zoom.us/j/429968472](https://zoom.us/j/429968472)

<table>
<thead>
<tr>
<th>TIME</th>
<th>AGENDA ITEM</th>
<th>PROPOSED ACTIONS</th>
<th>ATTACHMENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 PM</td>
<td>Introductions – <strong>Barry Kling</strong></td>
<td></td>
<td>• Agenda</td>
<td>1</td>
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<td></td>
<td>• Board Roll Call</td>
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<td></td>
<td>• Review of Agenda &amp; Declaration of Conflicts</td>
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<td></td>
<td>• Public Comment</td>
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<tr>
<td>1:10 PM</td>
<td>Approval of May Minutes – <strong>Barry Kling</strong></td>
<td><strong>Motion:</strong></td>
<td>• Minutes</td>
<td>3-6</td>
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<tr>
<td></td>
<td></td>
<td>• Approval of May minutes</td>
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<tr>
<td>1:15 PM</td>
<td>Executive Director’s Update – <strong>Senator Parlette</strong></td>
<td>Information</td>
<td>• Executive Director’s Report</td>
<td>7</td>
</tr>
<tr>
<td>1:25 PM</td>
<td>Board Election – <strong>Barry Kling</strong></td>
<td><strong>Motion:</strong></td>
<td>• Board Motion Form &amp; Cathy Meuret Bio</td>
<td>8-9</td>
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<td></td>
<td></td>
<td>• Approval of nomination of Cathy Meuret to fill the Education Seat</td>
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<td>1:30 PM</td>
<td>Treasurer’s Report – <strong>Brooklyn Holton</strong></td>
<td><strong>Motion:</strong></td>
<td>• Monthly Financial Report</td>
<td>10-13</td>
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<tr>
<td></td>
<td>• Monthly Financial Report</td>
<td>• Approval of monthly financial report</td>
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<tr>
<td>1:40 PM</td>
<td>Pathway’s HUB Update – <strong>Deb Miller</strong></td>
<td>Information</td>
<td>• Pathways HUB Update</td>
<td>14-18</td>
</tr>
<tr>
<td>1:50 PM</td>
<td>Staff Updates – <strong>NCACH Staff</strong></td>
<td><strong>Motion:</strong>  • Approval of Updated Opioid Charter &lt;br&gt; • Approval of CDP Apprenticeship</td>
<td>• HUB Evaluation Update &lt;br&gt; • Opioid WG Update &lt;br&gt; • Board Motion Form &amp; Updated Opioid Workgroup Charter &lt;br&gt; • Board Motion Form CDP Apprenticeship &lt;br&gt; • WPCC Update &lt;br&gt; • TCDI WG Update</td>
<td>19 20-25 26-31 32-33 34 35-36</td>
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<tr>
<td></td>
<td>• HUB Evaluation Update</td>
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<td>• Opioid Workgroup</td>
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<td></td>
<td>• Workforce</td>
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<td>• WPCC</td>
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<td>• TCDI</td>
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<tr>
<td>2:25 PM</td>
<td>Presentation From Link Transit - <strong>Richard DeRock</strong></td>
<td>Information</td>
<td>• Presentation</td>
<td>37-42</td>
</tr>
<tr>
<td>2:50 PM</td>
<td>CHI Update – <strong>CHI Board Seats</strong></td>
<td><strong>Motion:</strong>  • Approval of Applicant Materials &lt;br&gt; • Approval of Conflict of Interest Policy for project application reviewers</td>
<td>• Board Motion Forms &amp; Supporting Documentation</td>
<td>43-87</td>
</tr>
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<td>• CHI Community Initiatives – <strong>Sahara Suval</strong></td>
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<td>3:15 PM</td>
<td>Strategic Planning Update / Next Steps – <strong>John Schapman</strong></td>
<td><strong>Motion:</strong>  • Approval to increase the OHSU Contract</td>
<td>• Strategic Planning Update &lt;br&gt; • Board Motion Form OHSU Contract Increase</td>
<td>88-89 90-92</td>
</tr>
</tbody>
</table>
A Handy Guide to Acronyms within the Medicaid Transformation Project

ACR: Affordable Care Act
ACH: Accountable Community of Health
ACO: Accountable Care Organization
AI/AN: American Indian/Alaska Native
ASO: Administrative Service Organization
BAA: Business Associate Agreement
BH: Behavioral Health
BLS: Basic Life Skills
CBO: Community-Based Organization
CCHE: Center for Community Health and Evaluation
CCMI: Centre for Collaboration Motivation and Innovation
CCS: Care Coordination Systems
CHI: Coalition for Health Improvement
CHW: Community Health Worker
CMS: Centers for Medicare and Medicaid Services
CMT: Collective Medical Technologies
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
P4P: Pay for Performance
P4R: Pay for Reporting
PCS: Pathways Community Specialist
PHSKC: Public Health Seattle King County
RFP: Request for Proposals
SDOH: Social Determinants of Health
SSP/SEP: Syringe Services Program / Syringe Exchange Program
SMI: Serious Mental Illness
SUD: Substance Use Disorder
TCDI: Transitional Care and Diversion Interventions
VBP: Value-Based Payments
WPCC: Whole Person Care Collaborative
### Location

**CTC**  
285 Technology Center Way  
Wenatchee, WA 98801

### Attendees

**Governing Board Members Present:** Blake Edwards, Rick Hourigan, Rosalinda Kibby, Scott Graham, David Olson, Senator Warnick, Barry Kling, Ken Sterner, Courtney Ward, Molly Morris, Ray Eickmeyer, Brooklyn Holton, Mike Beaver  
**Governing Board Members Absent:** Doug Wilson, Carlene Anders, Nancy Nash Mendez, Kyle Kellum, Michelle Price  
**Public Attendance:** Laurel Lee, Denise Wong, Jim Wallace, Loretta Stover, Traci Miller, Amelia Davis, Paul Hadley, Leah Becknell, Lisa Apple, Jill Thompson, Kelsey Gust, Kayelee Miller, Daniel Angell, Rachael Petro  
**NCACH Staff:** Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Chrystal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Heather Smith, Peter Morgan, Teresa Davis  

### Agenda Item

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Minutes</th>
</tr>
</thead>
</table>
| • Review of Agenda & Declaration of Conflicts | • Conflicts of Interest: None  
• Public Comment: None |
| • Approval of Minutes | ❖ Ken Sterner moved, David Olson seconded the motion to approve the April minutes, motion passed |
| • Executive Directors Report | • Summit on April 12th was successful, I enjoyed listening to the calming voice of John Powell.  
• Board members will receive an email with survey – results will go to Chris at OHSU and be compiled for discussion at the Board retreat.  
• Linda read the following Parkside Update from Dr. Julie Rickard – Parkside has been slow to roll out the medical detox unit due to the discovery of mold in all of the wings in the ceiling. We are working to get this managed. The clean-up has resulted in the unexpected evacuation of the building due to the fumigation not being contained. Fortunately, the Women's Resource Center Parkside allowed us to move the patients to their community room for the day. Currently, all of C-wing and the admin hall is closed and all staff have been moved. This was also not expected, so progress in opening up the Detox has been slowed. We are hopeful that once open, we will be near full on both units. We had a waitlist of 6 patients this past weekend. Averaging 14 patients per day. |
| • Treasurers Report | Monthly Financial Report - Brooklyn Holton and John Schapman went over the monthly financial report. Advertising and other is high due to conferences – Swag was bought in bulk for the year, some items were classified as advertising with CDHD and we had them in our budget as other items. FE Portal – Shift results at 57%, but it is not a full year contract  
❖ Rick Hourigan moved, Rosalinda Kibby seconded the motion to approve the monthly financial statement as presented, motion approved.  
Shared Domain 1 Investments – John went over the process that the Board previously approved. Presented the list of recipients for this round of funding.  
❖ Ray Eickmeyer moved, Brooklyn Holton seconded the motion to approve the payment of $913,327 to partnering providers as allocated under the NCACH column of the Shared Domain 1 Investments worksheet to be distributed when the funding is placed in the NCACH account under the Shared Domain 1 Investment Category held by the Financial Executor. Motion Passed. |
• Board Election

Brooklyn Holton moved, Rick Hourigan seconded the motion to accept the nomination from the Executive Committee Serving as the Nominating Committee for Daniel Angell to fill the Consumer Board Seat on the NCACH Board effective 05/06/2019, motion passed.

• Staff Updates

Opioid Update – Christal Eshelman
response conference
- 10 sites, 325 participants, 13 action plans, 24 project ideas, 111 Narcan kits distributed, 97.7 participants said that they would return to this conference
- Project ideas – school based or information & resource sharing, healthcare collaboration (MAT)
- Next steps – each site identified a local champion and the ACH has started convening calls. David requested a list of champions. Hold an annual or semi-annual Distributed Model Conference.

Dental Workshop
- 75 Dentists attended, the comments on the survey were positive.
Rapid Cycle Applications - Have received 5 rapid cycle applications totaling $48,099.23 – committee is currently reviewing.
Other - NCACH along with the MCO's is supporting the Central Washington Recovery Coalition by providing Narcan Kits and training.

Christal presented the below Opioid budget adjustment: This adjustment to the 2019 Opioid Project Budget is budget neutral and will not impact the overall amount of funding for the Opioid Project in 2019. All strategies are currently and projected to stay within budget. This change will allow NCACH to better support our partners in implementation, through funding and/or other opportunities, of the Opioid Project.

Rick Hourigan moved, David Olson seconded the motion to approve of the adjusted Opioid Project Budget as presented below (note proposed changes are in bold type).

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Treatment</th>
<th>OD Prevention</th>
<th>Recovery</th>
<th>Strategy</th>
<th>Budget</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Rapid Cycle Opioid Application</td>
<td>$100,000</td>
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<td>North Central Opioid Response Spring Conference – DCM</td>
<td>$10,000</td>
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<td><strong>North Central Opioid Response Fall Conference – DCM</strong></td>
<td><strong>$12,000</strong></td>
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<td></td>
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<td>Dissemination of Dental Prescribing Guidelines</td>
<td>$15,000</td>
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<td></td>
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<td></td>
<td>Increase Awareness of Opioid Use and Addiction &amp; Reduce Stigma</td>
<td>$30,000</td>
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<td><strong>School-based Prevention</strong></td>
<td><strong>$60,000</strong></td>
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<td></td>
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<td>Naloxone Training and Distribution</td>
<td>$20,000</td>
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<td></td>
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<td></td>
<td>Recovery Initiatives and Events</td>
<td>$20,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>TOTAL</strong></td>
<td><strong>$267,000</strong></td>
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</table>

There is **$33,000** of funding that is currently allocated to the Opioid Project but unaccounted for in the current project plan. This funding will continue to be available for emerging initiatives in 2019.
WPCC Update – Wendy Brzezny
We have been doing site visits. During the site visits, we have been following up on the VBP conversation and gathering feedback, John will send the feedback to HCA.
Learning activities – We have been surveying participants at the end of each learning activity. Results are in packet.
  ➢ Courtney asked if change plans accessible to the public? No, but they will be reported in aggregate soon.

Capacity Development Update – Tanya Gleason
Tanya reported that she has been working with WVC Nursing Program. Doing data collection on asset development. Students are in the process of analyzing data.
Transportation – focusing on volunteer driving programs.
Grant Specific – Done some coaching. Hoping to have a series of trainings, creating an opportunity for grant learning for all levels of expertise.

TCDI Update –
Hospital side – CMT has completed 2 training webinars for hospital partners to help them better utilize the EDie platform, end of May doing a training.
Next Steps:
• QI Training for TCDI hospital partners tentatively scheduled for end of May
• CMT to conduct onsite visits to hospital partners who want EDie training in May
• NCACH is partnering with Confluence to develop TCM billing resources for hospital partners. Anticipated training offered in June/July
• Workgroup to start discussing a process to evaluate how partners can better

EMS Update – submitted quarterly report. AMR out of Grant County chose not to participate. (see packet for list of projects).

• Pathways HUB Update
  • Discussions happening right how to figure out a processed for determining when a patient goes into Health Home.
  • Talking about expansion to other zip codes
  • Due diligence process – outreach 3 different times, days and modes. Then a follow up letter.
  • Started receiving referrals via excel and are bulk uploading into the CCS platform and that is going well.
  • 1 new CSAA from Grant Integrated.
  • Continuing conversations with referral partners

Barry noted that we need to start discussing the expansion plan – target population
Rick is concerned with the numbers – there needs to be a different process for engaging. We need to redirect.
David asked if part of the problem is the Health Home program is a competitor. They should not be a competitor, but we may need to look at the target population.

➢ Allocate extra time to Deb and Kaylee at the next meeting or retreat to discuss this further.

• CHI Update
  • CHI Board Seat Report – CHI Minutes are in meeting packet.
  • CHI Community Initiatives Funding Update – Sahara Suval reported the status of the funding process. Will give more detailed update at Board Retreat.
Holly Anderson from Catholic Charities gave a presentation on the Wenatchee Supportive Housing Community.
- Reduce and alleviate the impacts of homelessness or individuals, families and the community of Wenatchee by creating permanent housing

**Overview**
- 67 units
- Households with income of 30% or 50% area median income
- (25) 1 bedroom (19) 2 bedrooms (22) 3 Bedrooms (1) manager unit
- 50% Homeless, 22% Disabled, Balance general Low Income
- Rents between $214 and $948 per unit

**Timeline**
- 38% complete
- Completion anticipated by 12/2019
- Move in 1/2020
- Application process Fall 2019

**Screening Criteria**
- No minimum income requirement
- Identification Required
- Proof of US residency
- No credit check required
- Criminal screening required

Local priority is given
Cost per unit is based on income.

**Evaluation Activities**
- Caroline Tillier & Allen Cheadle, CCHE gave an update on evaluation activities
  - SDOH – through a non-healthcare lens – Will the evaluation process bring in new partners or will it just involve current partners?
  - Caroline responded that we don’t yet know where the evaluation will lead.

**Roundtable**
- Blake – Excited about the housing project
- Rick – We need to make sure that we are not putting constraints on some of our projects by the way we set them up.
- Rosalinda – Feedback from summit – sustainability is concerning
- Senator Warnick – Just finished session, hoping to have a little better idea about how the budget affects ACH’s.
- Linda asked if sustainability of ACH’s came up – Senator Warnick said the NCACH was listed as a model of success. She will report more at the retreat.
- Courtney – Amerigroup and other MCO’s will provide sponsorship to Premanage to providers.
- Molly – Looking forward to a good discussion on the HUB
- Ray – Launched Community Paramedicine program
- Brooklyn – Methow Park renovation ground breaking party this Saturday, lunch provided / Census 2020 – creating an outreach committee, if you are interested or have a staff member let Brooklyn know. Barry volunteered his outreach employees.
Executive Director’s Report – July 2019

Since we last met, I am pleased to share that I am officially a “city-dweller,” having moved to downtown Wenatchee in May. While I miss my morning walks in the cherry orchard on the ranch, I will not miss being trapped behind five-foot-tall snow blockades on the long driveway in the winter.

The Governing Board and NCACH staff both participated in strategic planning retreats facilitated by Oregon Health Sciences University (OHSU) at the end of May. The discussions were robust and I look forward to continuing these conversations about NCACH’s future after the Medicaid Transformation Project period concludes.

In statewide updates, I have been asked to testify at an upcoming Joint-Select Healthcare Committee for the Washington State legislature on July 23 with the executive directors from Elevate Health (Pierce County ACH) and Better Health Together (Spokane-area ACH). We will be sharing updates on ACH activities and discussing challenges facing ACHs within the Medicaid Transformation. Following that, I am pleased to welcome Representative Eileen Cody and others for a legislative rural healthcare tour in September. She and her team will also be attending the North Central regional hospital meeting on September 24th. We look forward to hosting them.

On a local note, I have the pleasure of attending the Okanogan County Coalition for Health Improvement meeting on June 27. The Okanogan County CHI will be hosting a focus group for the regional 2019 Community Health Needs Assessment, as well as a moderated discussion between the community and hospital partners in the County. I look forward to attending both the CHI meeting on June 27 as well as an upcoming Legislative Day that has been organized by Okanogan County hospitals on July 25. These conversations are critical and I am pleased that NCACH is able to help provide support.

Lastly, it is with great sadness that I share the news of Ben Lindekugel’s unexpected passing. Ben was the Executive Director of the Association of Washington Public Hospital Districts, and a longtime colleague and champion for Washington State healthcare, especially rural healthcare. I worked with Ben on a variety of different issues. His passing June 21 comes as a shock and is a sad loss for Washington State. Ben’s family and loved ones are in my thoughts.

Charge on!

Linda Evans Parlette, Executive Director
## Board Decision Form

**TOPIC:** Education Board Seat

**PURPOSE:** Nomination of Cathy Meuret to fill the Education Board Seat

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

**BACKGROUND:**
Michelle Price has decided to step down from the NCACH Governing Board due to time constraints. Cathy Meuret has been involved with the NCACH through her work at the North Central Educational Service District.

**PROPOSAL:**
Nomination of Cathy Meuret to fill the Education Board Seat on the NCACH Board effective 07/01/2019.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**
Cathy will fulfill the Education Board Seat for the remainder of term that is set to expire December 31st, 2019.

**TIMELINE:**
As soon as possible

**RECOMMENDATION:**
To approve the nomination of Cathy Meuret for the Education Board Seat on the NCACH Governing Board.

Submitted By: NCACH Executive Committee
Submitted Date: 07/01/2019
Cathy Meuret is an administrator of the Washington State School Nurse Corps. The School Nurse Corps program is overseen by Office of Superintendent of Public Instruction and positioned at each of the state’s nine Educational Service Districts. As one of nine state administrators, Cathy serves as a school health services resource, educator and consultant for school districts in the North Central ESD service area. Her professional experience in healthcare includes direct services, education, and administration. She is a member of School Nurse Organization of Washington, National Association of School Nurses, American Public Health Association, and WA State Public Health Association. Cathy is an advocate for children’s health and well-being, particularly underserved populations, and supports evidence-based strategies for children’s health improvement. She values relationship-building and collective impact principles of practice in health improvement efforts. Cathy holds a Bachelor of Science in Nursing from Graceland University, Lamoni, IA, Master of Arts in Education from University of Phoenix, and Washington State Education Staff Associate certification for school nursing.
# NCACH Funding & Expense Summary Sheet

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>CDHD ACCOUNT</th>
<th>FINANCIAL EXECUTOR FUNDS</th>
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<tbody>
<tr>
<td></td>
<td>SIM/Design/Misc Funds Received</td>
<td>SIM/Design/Misc Funds Expended</td>
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<tr>
<td>SIM Funding*</td>
<td>$778,122</td>
<td>$778,122</td>
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<tr>
<td>Transformation Project Funding</td>
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<tr>
<td>Original Contract K2296 - Demonstration Phase 1</td>
<td>$1,000,000</td>
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<tr>
<td>Original Contract K2296 - Demonstration Phase 2</td>
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<td>Transfer from FE Portal</td>
<td>$226,961</td>
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<td>Interest Earned on Demo Funds</td>
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<td>Transformation Total</td>
<td>$6,384,107</td>
<td>$1,985,882</td>
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<tr>
<td>Workshop Registration Fees/Misc. Revenue*</td>
<td>$13,720</td>
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<tr>
<td>Financial Executor Funding</td>
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<tr>
<td>Project Incentive Funds</td>
<td>$13,315,066</td>
<td>$3,927,061</td>
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<td>Integration Funds</td>
<td>$5,781,980</td>
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<td>Bonus Funds</td>
<td>$1,455,842</td>
<td>$1,455,842</td>
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<td>Value Based Payment (VBP) Incentives</td>
<td>$300,000</td>
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<tr>
<td>DY1 Shared Domain 1 Funds**</td>
<td>$3,436,951</td>
<td>$3,436,951</td>
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<td><strong>Totals</strong></td>
<td>$7,175,949</td>
<td>$2,764,004</td>
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*A portion of funds in this category were collected when CDHD held the SIM Contract

**Automatically paid out through FE Portal from Health Care Authority and therefore not reflected on Financial Executor budget spreadsheet
## CDHD Account Expenses

**Fiscal Year:** Jan 1, 2019 - Dec 31, 2019

<table>
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<tr>
<th>Budget Line Item</th>
<th>Total Budgeted</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
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<tr>
<td><strong>Salary &amp; Benefits</strong></td>
<td>$983,205</td>
<td>$81,605</td>
<td>$82,728</td>
<td>$379,335</td>
<td>39%</td>
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<tr>
<td><strong>Supplies</strong></td>
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<tr>
<td><strong>Office</strong></td>
<td>$9,420</td>
<td>$144</td>
<td>$116</td>
<td>$2,683</td>
<td>28%</td>
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<tr>
<td><strong>Drugs and Medicines</strong></td>
<td>$15,100</td>
<td>$1,991</td>
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<td>$9,594</td>
<td>64%</td>
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<td><strong>Furniture &lt; $500</strong></td>
<td>$2,400</td>
<td></td>
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<td>$1,411</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Books, References, &amp; Videos</strong></td>
<td>$3,000</td>
<td></td>
<td></td>
<td>$284</td>
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<tr>
<td><strong>Software</strong></td>
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<td><strong>Services</strong></td>
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<td><strong>Legal Services</strong></td>
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<tr>
<td><strong>Computer</strong></td>
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<td>$4</td>
<td>0%</td>
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<tr>
<td><strong>Misc. &amp; Contracts</strong></td>
<td>$27,500</td>
<td></td>
<td></td>
<td>$5,000</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Mileage</strong></td>
<td>$81,760</td>
<td>$2,843</td>
<td>$3,407</td>
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<td>10%</td>
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<tr>
<td><strong>Professional Travel and Training</strong></td>
<td>$16,800</td>
<td>$606</td>
<td>$1,695</td>
<td>$3,178</td>
<td>19%</td>
</tr>
<tr>
<td><strong>^Conference - Program Meals/Lodging</strong></td>
<td>$38,250</td>
<td>$1,724</td>
<td>$1,141</td>
<td>$5,467</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Other (Train/Plane/Boat/Parking)</strong></td>
<td>$10,200</td>
<td>$1,119</td>
<td>$887</td>
<td>$3,177</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Advertising - Newspapers</strong></td>
<td>$3,800</td>
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<td></td>
<td>$</td>
<td>0%</td>
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<tr>
<td><strong>Advertising - Other</strong></td>
<td>$7,900</td>
<td>$300</td>
<td>$231</td>
<td>$7,115</td>
<td>90%</td>
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<tr>
<td><strong>Insurance</strong></td>
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<td>$5,702</td>
<td>$5,702</td>
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<tr>
<td><strong>Printing - Office</strong></td>
<td>$7,900</td>
<td>$37</td>
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<tr>
<td><strong>^Printing - Copier</strong></td>
<td>$12,200</td>
<td>$1,299</td>
<td>$1,055</td>
<td>$4,601</td>
<td>38%</td>
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<tr>
<td><strong>Dues and Memberships</strong></td>
<td>$3,300</td>
<td></td>
<td></td>
<td>$2,889</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Subscriptions</strong></td>
<td>$658</td>
<td>$416</td>
<td></td>
<td>$574</td>
<td>87%</td>
</tr>
<tr>
<td><strong>^Other Expenditures</strong></td>
<td>$139,349</td>
<td>$14,721</td>
<td>$30,845</td>
<td>$50,124</td>
<td>36%</td>
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<tr>
<td><strong>CDHD Hosting Fee 15%</strong></td>
<td>$212,322</td>
<td>$16,021</td>
<td>$19,104</td>
<td>$74,006</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>$1,611,305</td>
<td>$122,827</td>
<td>$146,461</td>
<td>$567,378</td>
<td>35%</td>
</tr>
</tbody>
</table>

*% of Fiscal Year: 42%*
## FE Portal Account Expenses
### Fiscal Year: Jan 1, 2019 - Dec 31, 2019

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Total Budgeted</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Totals YTD</th>
<th>% Expended YTD to Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
<td></td>
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<tr>
<td>OHSU</td>
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<tr>
<td>Program Evaluation (TBD)</td>
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<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>Program Evaluation (Pathways Hub)</td>
<td>$60,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>Public Health Seattle King County(Data)</td>
<td>$24,000</td>
<td>$4,215</td>
<td></td>
<td>$4,215</td>
<td>18%</td>
</tr>
<tr>
<td>Xpio</td>
<td>$20,000</td>
<td></td>
<td></td>
<td>$350</td>
<td>2%</td>
</tr>
<tr>
<td>Feldman Tucker Leifer Fidell LLP * Asset Mapping (TBD)</td>
<td>$40,000</td>
<td>$7,500</td>
<td></td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Workforce Development</td>
<td>$52,800</td>
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<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Communications and Outreach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training (TBD)</td>
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<td></td>
<td>$12,500</td>
<td>$3,708</td>
<td>$50,477</td>
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<tr>
<td>Lead Agencies (CHIs)</td>
<td>$150,000</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* CHI Partner Payments</td>
<td>$450,000</td>
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<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Whole Person Care Collaborative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualis Health</td>
<td>$215,710</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shift Results</td>
<td>$53,820</td>
<td>$4,988</td>
<td>$754</td>
<td>$36,434</td>
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</tr>
<tr>
<td>CCMI - Advising</td>
<td>$186,000</td>
<td>$10,500</td>
<td>$19,500</td>
<td>$30,000</td>
<td>16%</td>
</tr>
<tr>
<td>Learning Activities</td>
<td>$246,640</td>
<td>$4,500</td>
<td>$67,970</td>
<td>$86,252</td>
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<tr>
<td>CSI - portal &amp; TA</td>
<td>$75,992</td>
<td>$2,500</td>
<td></td>
<td>$8,650</td>
<td>11%</td>
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<tr>
<td>Learning Community - fixed</td>
<td>$1,080,000</td>
<td>$257,500</td>
<td></td>
<td></td>
<td>24%</td>
</tr>
<tr>
<td>Learning Community - variable</td>
<td>$2,080,000</td>
<td>$70,000</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td><strong>Pathways Hub</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Choice - Hub Lead Agency</td>
<td>$1,426,612</td>
<td>$25,500</td>
<td>$51,000</td>
<td>$151,500</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Transitional Care and Diversion Intervention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confluence Health (TCM Trainer)</td>
<td>$55,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>Add Hospital Contractor Payment (TBD)</td>
<td>$20,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>EMS Contractor Payments(NCECC)</td>
<td>$60,000</td>
<td>$10,473</td>
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<td>$10,473</td>
<td>17%</td>
</tr>
<tr>
<td>TCDI Hospital Partner Funds</td>
<td>$234,626</td>
<td>$116,882</td>
<td></td>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>EMS Partners Payments</td>
<td>$240,000</td>
<td>$36,250</td>
<td></td>
<td>$36,250</td>
<td>15%</td>
</tr>
<tr>
<td>Emerging Initiatives Approval (CCOW)</td>
<td>$20,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>* Other TCDI Initiatives</td>
<td>$370,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Opioid Project</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Cycle Applications</td>
<td>$100,000</td>
<td>$0</td>
<td></td>
<td>$10,000</td>
<td>10%</td>
</tr>
<tr>
<td>Public Awareness Contract</td>
<td>$30,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>^ School Based Prevention Contracts</td>
<td>$60,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td>^ * Other Opioid Initiatives (TBD)</td>
<td>$35,000</td>
<td>$0</td>
<td></td>
<td>$0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>$7,569,200</td>
<td>$63,746</td>
<td>$193,870</td>
<td>$913,152</td>
<td>12%</td>
</tr>
</tbody>
</table>

**Total Budget** $9,180,505 $186,572 $340,330 $1,480,530 $16%

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

"^" Budget Amendment Occurred in 2019
<table>
<thead>
<tr>
<th>Date</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.07.19</td>
<td>Motion to approve an increase of $116,425 to the current 2019 budget amount allocated to the Qualis Health Contract to include contracting for HIT technical assistance, This will bring the total budgeted amount for the Qualis Health contract to a maximum (up to) amount of $215,710 in 2019.</td>
</tr>
<tr>
<td>03.04.19</td>
<td>Motion to approve $13,500 to allocate for a contracted vendor to support Executive Director coordination and support between the nine ACHs in 2019.</td>
</tr>
<tr>
<td>05.06.19</td>
<td>Approval of the adjusted Opioid Project Budget as presented at the Board meeting.</td>
</tr>
</tbody>
</table>
NCACH Project Workgroup Update
Pathways Community HUB
May/June 2019
Key Updates-May/June Activities

- May Pathways Community HUB Advisory Board Meeting Highlights (here). No June meeting held. HUB Advisory Board will meet onsite in July to discuss target population expansion.
- PCS/Supervisor meetings occurred May 22 and June 26.
- Referral partner interest and conversations increasing over last two months.
- HUB Executive Director presented on Community Care Coordination/“Care Traffic Control” at WCOMO 2019 Q2 meeting in Wenatchee on May 31st.
- AHP staff attended onsite all ACH HUB Sustainability Planning meeting in SeaTac on June 5th.
- AHP Executive Director participated in “Stroke Prevention Coordination” meeting in Wenatchee on June 12th. This meeting was co-hosted by AHP Health Education Network Staff and Washington Department of Health. Meeting participants included members from the following agencies: University of Washington, Confluence Health, Columbia Valley Community Health, Family Health Centers.

Program Metrics

Current Client Case Load

<table>
<thead>
<tr>
<th>Client Type</th>
<th>Assigned</th>
<th>Enrolled</th>
<th>Total Enrollment Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>292</td>
<td>44</td>
<td>15%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>93</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>Pregnant</td>
<td>6</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Senior</td>
<td>4</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>395</td>
<td>51</td>
<td>13%</td>
</tr>
</tbody>
</table>

* Program to date data as of 6/25/2019
Pathways Report

Pathways Risk Scorecard-All Pathways
March-May 2019

Total Pathways Initiated
Total Pathways Finished Incomplete
Total Pathways Complete

Top Initiated Pathways
Oct 2018-May 2019

Social Service Referral 79
Medical Referral 47
Education 41
Tobacco Cessation 19
Housing 16
Medical Home 11
Immunization Screening 10
Adult Learning 8
Medication Assessment 6
Health Insurance 4
Employment 3
Behavioral Health 2
Developmental Screening

Prepared by: Deb Miller
June 26, 2019
Social Services Pathway-Detail
October 2018-May 2019

- Child Assistance
- Clothing Assistance
- Clothing/Baby Items
- Domestic Violence Assistance
- Education Assistance
- Financial Assistance
- Food Assistance
- Furniture
- Housing
- Housing Assistance
- Insurance Assistance
- Job/Employment Assistance
- Legal Assistance
- Other
- Transportation Assistance
- Utilities Assistance
- WIC

Social Service Referral-Initiated
Social Service Referral-Finished Incomplete
Social Service Referral-Complete
## Upcoming Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Meeting Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 10, 2019</td>
<td>9:00-11:00 a.m.</td>
<td>Pathways Community HUB Advisory Board</td>
</tr>
<tr>
<td>July 24, 2019</td>
<td>1:00-2:30 p.m.</td>
<td>PCS/Supervisor Monthly meeting</td>
</tr>
<tr>
<td>August 14, 2019</td>
<td>9:00-11:00 a.m.</td>
<td>Pathways Community HUB Advisory Board</td>
</tr>
<tr>
<td>August 28, 2019</td>
<td>1:00-2:30 p.m.</td>
<td>PCS/Supervisor Monthly meeting</td>
</tr>
</tbody>
</table>
HUB Evaluation Update

June 2019

Background

- NCACH is working with the Center for Community Health and Evaluation (CCHE) on evaluation activities that were approved in the 2019 budget.
- In addition to exploring broader evaluation work across NCACH’s entire project portfolio, NCACH staff and Action Health Partners identified a more immediate need for a “rapid cycle” formative evaluation of the Pathways Community HUB.

Key Updates

- NCACH is engaging CCHE to conduct interviews with partners involved in the Pathways Community HUB pilot implementation in Moses Lake.
  - These interviews will likely be taking place in August.
- The goal of this formative evaluation is to help identify ways of increasing enrollment and improving the program overall, both in Moses Lake and as it expands to other areas of the NCACH region.
- The primary deliverable will be a written summary of the interview results, including findings, conclusions, and recommendations.
  - This report should be completed by no later than September 30, 2019 and will be shared with Board.
NCACH Project Workgroup Update
Regional Opioid Stakeholders Workgroup

July 2019

Key Meeting Outcomes

- **Evidence-based Dental Pain Care Conference:** On May 3rd, the NCACH Opioid Workgroup hosted 75 dentists and dental staff at the Evidence-based Dental Pain Care Conference. Attendees received 4 hours of continued education hours and heard from experts including Dr. Gary Franklin, Dr. Rolf Christensen, Dr. Theresa Madden, and Dr. Amy Cook. We were also fortunate to hear an impactful personal story of addiction and recovery from Chris Rimbey.
• **NCW Opioid Response Conference:** We have just begun planning the Fall Opioid Response Conference – more information coming soon! A final one-page summary of the Spring conference is attached.

• **Rapid Cycle Opioid Awards:** June 30th marks the end of our 2nd round of Rapid Cycle Opioid Awards. Final Reports will be submitted by each of the awardees in July. Highlights of accomplishments through this funding will be presented at the August NCACH Governing Board Meeting. The 3rd round of the Rapid Cycle Awards will officially begin on July 1, 2019. Five applicants received awards totally $48,099.23. MOUs are being put in place and awardees should be beginning their projects very soon. A list of all Rapid Cycle Opioid Awards to date is attached.

• **Recovery Initiatives:** We are in the process of scheduling the Recovery Coach Training academy for ~15 people and the Recovery Coach Train the Trainer for ~12 people in October. NCACH is supporting Central Washington Recovery Coalitions annual awareness event, *Hands Across the Bridge* on September 28th.

• **School-based Opioid Prevention:** The School-based Opioid Prevention RFP closed on June 17th. We received three applications and are in the process of evaluating those applications. The start date is expected to be August 1, 2019. There are three required components for the $20,000 RFP:
  o Assessment of school-based opioid prevention efforts at all school districts in the area;
  o Financial (and administrative) support for student led prevention projects; and,
  o Development of 2020-2021 Project/Work Plan and budget that includes engagement with new school partners.

• **Workgroup Charter:** Due to limited in-person participation and strong Zoom participation, the Workgroup is recommending moving to regular quarterly meetings via Zoom Video Conference exclusively, with strong encouragement to participate via video conference (not just via phone/audio). With this move to quarterly meetings, the Workgroup recommended creating a small core group that will meet monthly to advise and make recommendations between quarterly meetings. This reflected in the proposed updated Workgroup Charter.

**Upcoming Meetings**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 16, 2019</td>
<td>Regional Opioid Stakeholders Workgroup</td>
</tr>
<tr>
<td>November 15, 2019</td>
<td>Regional Opioid Stakeholders Workgroup</td>
</tr>
</tbody>
</table>

**Attachments**

1. NCW Opioid Response Conference One-page Summary
2. Rapid Cycle Opioid Awards List
Utilizing the Distributed Conference Model developed by Washington State University Extension, the North Central Accountable Community of Health brought together 325 local leaders across 10 sites in North Central Washington (NCW) to address the opioid epidemic in their local communities. All 10 sites were connected via technology to watch two outstanding keynote presentations that kicked off the conference. Following those presentations, participants at each site took part in a facilitated discussion to identify local opioid response assets and gap, and to create a local community action plan. Thirteen Community Action Plans were developed, identifying local champions and project teams to carry the work forward.

Participant Feedback

“This is the first time we came together to talk about this and learn about all the resources that are available.”

“It was the first conversation we had about the trauma we have all been going through. We’re excited about the opportunities to continue to come together to support each other and focus on healing and prevention.”

“It was the most productive meeting we’ve had in a long time.”
**In partnership with:**

- Bridgeport School District
- Cascade School District
- The Confederated Tribes of the Colville Reservation
- Columbia Valley Community Health
- Family Health Centers
- Grand Coulee Dam School District
- Grant County Health District
- Methow Valley School District
- Northeast Tri County Health District
- Okanogan Community Coalition
- Omak School District
- Oroville CARES Coalition
- Oroville School District

### Keynote Speakers

**Dr. Charissa Fotinos**  
*Deputy Chief Medical Officer*  
Washington State Health Care Authority

**Dr. Caleb Banta-Green**  
*Professor and Interim Director*  
University of Washington’s Alcohol and Drug Abuse Institute

### Community Action Plans

- School-based Education and Consistent Messaging for Students & Families
- Support Group for Students with SUD Affected Parents
- Collecting and Sharing Opioid Resources
- Community Education and Awareness
- Opioid Speakers Bureau for Schools
- Community and Student Survey
- Resources for First Responders
- Fostering Student Leadership
- Operation Opioid Prevention
- Drug & Alcohol Education
- MOU to Share Resources
- Expanding Stakeholders
- Changing the Stigma

### Spotlight on a Site!

After the conference, Oroville site hit the ground running. To start, the Oroville Police Department adopted a policy for officers to carry Narcan, the opioid overdose reversal agent. In addition, Oroville Community Action Plan Champion, Oroville CARES Coalition, has applied for and received funding to implement their plan, which includes collaboration with 11 community partners.

97.7% of participants would return to a NCW Opioid Response Conference  
87% of participants prefer the Distributed Conference Model to a Traditional Conference Model

---

Thank you to Washington State University Extension for developing the Rural Pathways to Prosperity conference delivery model and for providing training and support for this conference.

https://ncach.org/opioid-project/

Christal Eshelman, MPH  
(509) 886-6434  
christal.eshelman@cdhd.wa.gov

---

North Central Accountable Community of Health
## Rapid Cycle Opioid Projects

**Award Period: July – December 2018**

<table>
<thead>
<tr>
<th>Lead Organization</th>
<th>Project Title</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Charities – Of the Diocese of Yakima</td>
<td>Opioid Intervention Service</td>
<td>$10,000</td>
</tr>
<tr>
<td>Chelan-Douglas Community Action Council</td>
<td>Medication Lock Boxes and Education</td>
<td>$9,690</td>
</tr>
<tr>
<td>Family Health Centers</td>
<td>Creating Resilience Against Opioids</td>
<td>$8,000</td>
</tr>
<tr>
<td>Grant County Health District</td>
<td>North Central Washington Opioid Communication Plan</td>
<td>$10,000</td>
</tr>
<tr>
<td>Grant County Health District</td>
<td>Syringe Services Program</td>
<td>$5,000</td>
</tr>
<tr>
<td>Methow Valley School District</td>
<td>Methow Valley School District Substance Abuse Prevention Program Pilot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Mid-Valley Clinic</td>
<td>Mid-Valley Community Opioid Treatment Plan</td>
<td>$10,000</td>
</tr>
<tr>
<td>North Valley Hospital</td>
<td>Drug Disposal Kiosk</td>
<td>$9,700</td>
</tr>
<tr>
<td>Samaritan Healthcare</td>
<td>Narcan Take Home and Opioid Overdose Education</td>
<td>$5,000</td>
</tr>
<tr>
<td>The Center for Alcohol and Drug Treatment</td>
<td>Establish Drug Court in Chelan County</td>
<td>$10,000</td>
</tr>
<tr>
<td>Washington 2-1-1</td>
<td>Rapid Response to Resource (Text “OPIOID” to 898211)</td>
<td>$10,000</td>
</tr>
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</table>

**Award Period: January – June 2019**

<table>
<thead>
<tr>
<th>Lead Organization</th>
<th>Project Title</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coulee Medical Center</td>
<td>Coulee Medical Center Opioid Project</td>
<td>$10,000</td>
</tr>
<tr>
<td>Grant County Health District</td>
<td>Syringe Services Program</td>
<td>$10,000</td>
</tr>
<tr>
<td>Lake Chelan Community Hospital</td>
<td>BLS Intranasal Naloxone Administration and Training Program</td>
<td>$8,159.20</td>
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<tr>
<td>Three Rivers Hospital</td>
<td>Opioid Take Back Program</td>
<td>$10,000</td>
</tr>
<tr>
<td>Washington 2-1-1</td>
<td>Rapid Response to Resource Text “OPIOID” to 898211 Expansion</td>
<td>$10,000</td>
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</tbody>
</table>
**Award Period:** July 2019 – June 2020

<table>
<thead>
<tr>
<th>Lead Organization</th>
<th>Project Title</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan-Douglas Community Action Council</td>
<td>Direct Service AmeriCorps Member Focusing on Opioid Outreach and Education</td>
<td>$10,000</td>
</tr>
<tr>
<td>Grant County Health District</td>
<td>Syringe Service Program in Grant County</td>
<td>$10,000</td>
</tr>
<tr>
<td>North Central ESD School Nurse Corps</td>
<td>Floor Stock Narcan Access in NCW School Districts</td>
<td>$8,800</td>
</tr>
<tr>
<td>North Valley Hospital</td>
<td>Education Series</td>
<td>$10,000</td>
</tr>
<tr>
<td>Oroville CARES Coalition</td>
<td>Pathways to Success</td>
<td>$9,219.23</td>
</tr>
</tbody>
</table>
### TOPIC: Regional Opioid Stakeholders Workgroup Charter

#### PURPOSE:
Revise Regional Opioid Stakeholders Workgroup Charter to allow for formation of Steering Committee

#### BOARD ACTION:
- [ ] Information Only
- [✓] Board Motion to approve/disapprove

#### BACKGROUND:
The NCACH Opioid Workgroup was formed in October 2017 in order to form implementation plans, develop funding criteria and proposals, and monitor overall progress of the Opioid Project. Due to inconsistent attendance, limited in-person participation, and strong video conference participation, the Workgroup is recommending moving to regular quarterly meetings via Zoom Video Conference exclusively, with strong encouragement to participate via video conference (not just via phone/audio). With this move to quarterly meetings, the Workgroup recommended creating a smaller Steering Committee that will meet monthly to advise and make recommendations between quarterly meetings. In order to allow for the formation of the Steering Committee, the NCACH Opioid Workgroup Charter needs to be revised. These changes are reflected in the attached proposed updated Workgroup Charter.

#### PROPOSAL:
Motion to approve updated NCACH Regional Opioid Stakeholders Workgroup Charter (attached).

#### IMPACT/OPPORTUNITY (fiscal and programmatic):
The approval of the updated charter will allow the formation of the Steering Committee and to move to using video conference technology exclusively. This change will allow a committed Steering Committee to move work forward between quarterly meetings while continuing to engage a broad range of stakeholders on a quarterly basis. Changes to the charter include:
- General Membership meetings will be held quarterly via video conference exclusively
- Formation of a Steering Committee that will meet monthly and may endorse and/or make recommendations to NCACH Governing Board on behalf of the General Membership of the Regional Opioid Stakeholders Workgroup

#### TIMELINE:
Updated charter will take effect immediately upon approval by the Governing Board. The Steering Committee will form and begin meeting July 2019.

#### RECOMMENDATION:

Submitted By: Regional Opioid Stakeholders Workgroup  
Submitted Date: 07/01/2019  
Staff Sponsor: Christal Eshelman
Regional Opioid Stakeholder Workgroup Charter

Background
On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Project (MTP). The goal of the MTP is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the MTP, HCA developed the Medicaid Transformation Project Toolkit. One of the projects that all ACHs are required to select is to address the opioid use public health crisis. The project objective, as described in the toolkit, is to support the achievement of the state’s goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Charge
The Regional Opioid Stakeholder Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit that will result in reducing opioid-related morbidity and mortality in North Central Washington. Specifically the Workgroup will complete the following:

- A primary aspect of this Workgroup’s approach will be to support and work through the Local Opioid Stakeholder Groups already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps.
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take for opioid prevention, treatment, overdose prevention, and recovery projects.
- As much as possible, ensure opioid projects and approaches align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on opioid project planning and implementation.
- Determine how opioid prevention and treatment work is able to be financially sustainable after the Medicaid Transformation period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

General Membership Composition
The Regional Opioid Stakeholder Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Medicaid Transformation Project. As of January 2019, the Regional Opioid Stakeholders Workgroup membership is open to any stakeholder who signs the Membership Agreement and agrees to Member Responsibilities listed below. The Executive Director and NCACH staff will work to identify and ensure member representation from:

- Emergency Medical Services (EMS) and First Responders
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health
Proposed to NCACH Governing Board:
July 1, 2019

- Emergency Departments (Hospitals)
- Primary Care
- Behavioral Health
- Managed Care Organizations (*Operating in all 4 NCACH counties after Jan. 1, 2018*)
- Behavioral Health Administrative Service Organization
- Dental
- Pharmacy
- Tribal

When the Regional Opioid Stakeholders Workgroup was formed in 2017, there were various local stakeholder groups already established in the NCACH region (see diagram below). As of December 2018, the North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup. In response to this merger, Workgroup membership and meeting agendas have evolved to reflect the new composition and allow increased opportunity for collaboration and sharing during Workgroup meetings.

A Workgroup Chair will be appointed by the Executive Director. The Regional Opioid Stakeholder Workgroup is a sub-committee of the ACH board, and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

**General Membership Meetings**
Regional Opioid Stakeholders Workgroup meetings will be held once per month, quarter, with additional meetings scheduled as necessary. 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 Local Health Jurisdictions throughout the year via video conference. Whenever possible, meetings
will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

**Steering Committee**
With the broadening of the Regional Opioid Stakeholders Workgroup, there is a recognized need to develop a smaller group of individuals who will commit to regular attendance at monthly meetings to monitor and guide the work of the Opioid Project in between quarterly meetings. This group will be the Opioid Steering Committee. Membership will be appointed by the Executive Director and be based on prior consistent participation in the Regional Opioid Stakeholders Workgroup. The Regional Opioid Steering Committee will consist of no more than 10 members. Beginning July 2019, the Committee will be meet monthly via video conference. The Steering Committee may endorse and make recommendations to the NCACH Governing Board on behalf of the General Membership.

**Steering Committee Meetings**
Beginning July 2019, Steering Committee meetings will be held monthly via video conference. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Committee notes will be made publicly available on the NCACH website (www.ncach.org) and will be reported on at Regional Opioid Stakeholders Workgroup meetings.

**Member Responsibilities**

1. Attend at least 50% of regular meetings of the Workgroup and actively participate in the work of the Workgroup (may be at the organizational level). **Steering Committee members attend at least 75% of the Steering Committee meetings.**
2. Sign a Membership Agreement (attachment A).
3. Members who are active in Local Opioid Stakeholder Groups are expected to report Workgroup progress at County Stakeholder meeting to ensure bi-directional communication and provide direction to Regional Opioid Workgroup.
4. Work with Local Opioid Stakeholders Groups on the Opioid Project planning and implementation for the Medicaid Transformation Project.
5. Assess current state capacity to deliver effective opioid use prevention and treatment interventions.
6. Select initial promising practices and/or evidence-supported approaches informed by the regional health needs assessment.
7. Review prepared data to recommend target population(s), guide project planning and implementation, and promote continuous quality improvement.
8. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.
9. Recommend to the Board a project implementation plan, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
10. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.

11. Develop and recommend a process for primary care and outpatient behavioral health partners involved in the implementation of the Opioid Project to receive Medicaid Transformation funds.

12. Collaborate with NCACH staff on data and reporting needs related to Medicaid Transformation Project metrics, and on the application of continuous quality improvement methods in this project.

13. Use strategies, that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Project.

**Authority**

The Regional Opioid Stakeholders Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.
North Central Accountable Community of Health  
Regional Opioid Stakeholder Workgroup  
(Attachment A)

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 Regional Opioid Stakeholder Workgroup Charter.

I understand that continued membership in the Workgroup 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 Workgroup.

Date: ____________________________  Signed: ________________________________

Organization: ______________________  Print Name: ____________________________

Title: ________________________________
**Board Decision Form**

<table>
<thead>
<tr>
<th>TOPIC: Chemical Dependency Professional Apprenticeship</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE: Allocate funding in 2020 to the completion of the CDP Apprenticeship</td>
</tr>
<tr>
<td>BOARD ACTION:</td>
</tr>
<tr>
<td>☑ Information Only</td>
</tr>
<tr>
<td>✔ Board Motion to approve/disapprove</td>
</tr>
<tr>
<td>BACKGROUND:</td>
</tr>
<tr>
<td>The NCACH Governing Board allocated $41,000 in the NCACH 2019 Budget to Workforce Development to:</td>
</tr>
<tr>
<td>• Support planning and coordination to establish articulation agreements for healthcare apprenticeship programs</td>
</tr>
<tr>
<td>• Connect higher education institutions with employers (ie. health systems) to combine on the job training with online learning</td>
</tr>
<tr>
<td>• Facilitate the expansion of healthcare apprenticeship programs</td>
</tr>
<tr>
<td>Chemical Dependency Professionals (CDP) have been identified as one of the largest healthcare workforce gaps in North Central WA. The education and training hours required for CDP licensure lends itself well to the apprenticeship model. NCACH originally intended to work with the Washington Association for Community Health to expand on their Medical Assistant Apprenticeship model and to develop a CDP Apprenticeship. Unfortunately, they are not in a position to develop a new apprenticeship at this time. Instead, NCACH staff identified a consultant, RtR Workforce Solutions, to develop a CDP Apprenticeship, including working with local stakeholders to create buy-in, working with community colleges to identify an online curriculum, and identifying an anchor agency to maintain the apprenticeship. The scope of work includes five phases:</td>
</tr>
<tr>
<td>1. Onboarding, Research, and Feasibility Study</td>
</tr>
<tr>
<td>2. Program Steering Committee Engagement</td>
</tr>
<tr>
<td>3. Program Development and Design</td>
</tr>
<tr>
<td>4. Program Implementation</td>
</tr>
<tr>
<td>5. Program Evaluation</td>
</tr>
<tr>
<td>At the end of each phase, NCACH staff and the consultant will evaluate the feasibility of moving forward and if any point it is deemed unfeasible, the contract will be terminated. The total anticipated cost of the five phases listed above is $41,625 plus $6,500 in travel expenses. These expenses will be incurred in 2019-20. While the total expenses in 2019 will not exceed the budgeted amount, the contract will obligate NCACH to an additional $7,125 in 2020.</td>
</tr>
<tr>
<td>PROPOSAL:</td>
</tr>
<tr>
<td>Motion to approve allocation of $7,125 to Workforce Development (CDP Apprenticeship development) in the 2020 NCACH Budget.</td>
</tr>
</tbody>
</table>
IMPACT/OPPORTUNITY (fiscal and programmatic): Developing a CDP Apprenticeship will allow our rural providers an opportunity to fill their CDP vacancies, meeting their clients currently unmet needs, while providing on-the-job training and wages to entry-level employees.

TIMELINE:
The consultant will begin work on July 15th. Below is the anticipated timeline for each phase of work:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Overview</th>
<th>Expected Hours to Accomplish</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Onboarding, Research, and Feasibility Study</td>
<td>70 hrs.</td>
<td>July-Aug. ‘19</td>
</tr>
<tr>
<td>2</td>
<td>Program Development (Steering) Committee Engagement and Establishment</td>
<td>70 hrs.</td>
<td>Sept.-Dec. ‘19</td>
</tr>
<tr>
<td>3</td>
<td>Program Development and Design</td>
<td>360 hrs.</td>
<td>Jan.-June ‘19</td>
</tr>
<tr>
<td>4</td>
<td>Program Implementation</td>
<td>40 hrs.</td>
<td>July-Dec. ‘20</td>
</tr>
<tr>
<td>5</td>
<td>Program Evaluation</td>
<td>15 hrs.</td>
<td>Jan. ’21 (following Q1)</td>
</tr>
</tbody>
</table>

RECOMMENDATION:

Submitted By:    NCACH Staff
Submitted Date:   07/01/2019
Staff Sponsor:    Christal Eshelman
NCACH Project Workgroup Update

Whole Person Care Collaborative
June 2019

Key Updates

Learning Activities Update
- 14 Participants from 10 organizations Participated in the Foundations of Motivational Interviewing Train the Trainer (3 in Okanogan County, 2 in Grant County, 6 in Chelan/Douglas Counties and 3 NCACH Staff members)
- The Team-Based Care LAN kicked off June 5th. There are currently 122 participants, forming 19 teams from 11 different organizations.
- Upcoming Learning Activities
  - Caroline designed a 4 Part webinar series for the WPCC Learning communiyt to better understand how to use the Collective Platform (formerly known as Premanage/EDie) or make an informed decision on if they want to use it. This platform is currently used in the ED setting. Outpatient settings can use Collective Ambulatory and Collective Behavioral Health to assist with care coordination for the most vulnerable populations.

General Updates
- NCACH staff have met with all 17 organizations to better understand the implementation of the MTP project, their interaction with the NCACH and how the NCACH can help them become more successful.
- The majority of the WPCC Learning community has welcomed the Practice Facilitators and are calling upon them for assistance or inviting them to their QI meetings.
- There has been time set aside during the WPCC meeting for peer sharing. One organization is asked to share on something they are doing well. Catholic Charities shared their Crisis Data in April, Family Health Centers shared how they are spreading the change plan ideas across their multi-site organization in May and Moses Lake Community Helath Center shared on their SBIRT project in June. These have been well received.
- Matt King from the Healthcare Authority gave a presentation on the Substance Use Disorder Guidelines recently published.
- See slide deck for summary of Quarter 1 reports. Quarter 2 reports are due June 30th.
- WPCC Annual Symposium will be October 4th at the Wenatchee Convention Center.
NCACH Project Workgroup Update
Transitional Care and Diversion Interventions Workgroup
May and June 2019

Key Updates:

Both hospital and EMS partners are in full swing of project implementation and quality improvement training. The NCACH workgroup met on May 16th to get current updates on both projects and started the discussion on the workgroup’s focus in 2020. Workgroup partners will spend the 2nd half of the year monitoring current project progress and developing future funding strategies. The July 25th TCDI workgroup meeting will dedicate time to review initial funding strategies. Below is brief report from each project:

Hospital Partner Report:

- Collective Medical Technology visited hospital partners in May to help them better understand how their staff can utilize the EDie (Emergency Department Information Exchange) system.
- Six hospital partners completed quality improvement training sessions hosted in partnership with NCACH and the Centre for Collaboration Motivation and Innovation. Sessions ran from May 28th – June 18th. All material is posted on the TCDI page of the Healthcare Communities portal.
- NCACH’s TCDI project lead presented to Whole Person Care Collaborative Members on developing a process to coordinate transitional care management (TCM) calls across the partners at the June meeting. Partners have expressed interest in coming together to work out a process chart to identify the appropriate agency for making TCM calls.
- Confluence Health and NCACH are partnering to develop a TCM billing webinar (dates and details to be released in June).

Next Steps:

- Workgroup to start discussing a process to evaluate how partners can better coordinate TCM calls across organizations (Work on this will begin in Q3 and Q4 of 2019).
- TCM Billing and training webinar in partnership with Confluence and NCACH scheduled for July 30th.
- Collective Medical Technology will be activating a pharmacy claims data to the EDie reports in quarter 3 of 2019.
EMS Project Update:

- EMS partners completed certified ambulance documentation training May 17th and 18th at the Confluence Technology Center.
- All EMS partners have finalized the quarter 1 reports and have completed all requirements for payment. A summary of those reports were provided at the May Board and TCDI meetings.
- NCACH is working with stakeholders to adjust how we can support EMS partners who want to transport patients to Parkside. Focus will start with those partners transport patients in the Chelan County.

Next Steps:

- Department of Health (DOH) will be coming to the North Central region in July to support partners who want to better utilize Image Trend (WEMSIS) in their organization.

TCDI Upcoming Meetings/Key Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCDI Hospital and EMS Quarterly Reports due</td>
<td>July 15th, 2019</td>
</tr>
<tr>
<td>TCDI Workgroup Meeting</td>
<td>July 25th, 2019</td>
</tr>
<tr>
<td>TCM Billing and Coding Webinar</td>
<td>July 30th, 2019</td>
</tr>
</tbody>
</table>
Improving Public Transit for Chelan and Douglas Counties

Current System

- 3500 square mile service area (largest in Washington State)
- Serves 10 urban areas
- 550 route miles
- 600 bus stops
- 2.2 million miles traveled per year
- 40% of population within ¼ mile of service
- 58% of population within ¾ mile of service
- Buses run Monday through Saturday
System Performance

One of 11 systems (out of 377) nationwide to achieve all six Federal performance measures

Cost per hour of service is 25% lower than the state average

2019 Budget Breakdown

Revenues
- Sales Tax 76%
- Grants 20%
- Fares 3.5%
- Miscellaneous .5%

Expenses
- Wages 42%
- Grants 32%
- Services 6%
- Supplies 11.5%
- Utilities 1.2%
- Insurance 3%
- Other 2.8%
Who Are Our Riders?

- 50% riding for 2+ years, 18% riding for 10+ years
- 55% riding to work, 25% riding to school
- 32% would have driven self if transit was not available
- 17% would not have traveled if transit was not available
- 48% employed full time, 23% are students
- 32% are 45+, 53% are 34 or younger
- 53% are male, 47% are female

Environmental Footprint

- Largest % alternative fueled transit fleet in the Northwest
- 42 Propane powered vehicles
  - 16% reduction in greenhouse gases
  - 99% reduction in other pollutants
  - 65% less cost than gasoline
- 10 Battery electric buses
  - zero emission
  - ½ cost of diesel buses
- Wireless vehicle charger – First in world 200KW
- LED lights, high efficiency cooling, water recycling – reducing utility costs
What Will It Cost?

• Will generate an additional $5.5 million per year

• Equal to 0.2% (2 cents per ten dollar purchase)

• For average household, $24.00 per year

• Per person - $8.88 per year
Questions?

More information available at www.linktransit.com/vision2020
**TOPIC:** CHI Community Initiatives – Applicant Materials  
**PURPOSE:** To review and authorize the use of developed applicant materials for 2019 CHI Community Initiatives funding cycle  
**BOARD ACTION:**  
- [ ] Information Only  
- [x] Board Motion to approve/disapprove

**BACKGROUND:**  
In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.

NCACH has tasked the Coalitions for Health Improvement to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington.

A detailed community investment process has been created under the guidance of the CHI Community Initiatives Advisory Group (“Advisory Group”), which is comprised of equal membership from all three Coalitions. An overview of this process was shared with the NCACH Governing Board during a retreat hosted on May 31.

The Advisory Group respectfully submits all of the applicant materials that have been developed for funds distribution for the Board’s review. Attached materials include:

- Project application  
- Letter of Intent submission guidelines  
- Project application scoring criteria  
- Project application procedures

**PROPOSAL:** Motion to approve the 2019 CHI Community Initiatives funding applicant materials for immediate use and distribution.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**  
If approved, applications would open for the 2019 CHI Community Initiatives funding cycle. The Advisory Group anticipates that the entire application submission and review process would conclude in Q4 2019 for “Small” projects, and in Q1 2020 for any project applications.
requesting more than $25,000. (See attachment “CHI Community Initiatives - Application Procedures” for more information.)

The Advisory Group anticipates that all of the $450,000 allocated in the 2019 NCACH Operating Budget would be expended to partners at the conclusion of the community investment process.

Additionally, NCACH staff expects this funding opportunity to diversify NCACH’s paid partner portfolio and directly fund projects that address the social determinants of health and enhance community-clinical collaborations.

TIMELINE:
- **July 1, 2019**: Review and approve/disapprove the motion to adopt the conflict of interest policy
- **July 5, 2019**: If approved, applicant materials (Letter of Intent, Project Application, etc) become available for public distribution
- **July 11, 2019**: Project Application Informational Webinar hosted by NCACH and the Coalitions for Health Improvement
- **August 16, 2019**: Letters of Intent Deadline (required for all projects)
- **September 6, 2019**: Letters of Intent submitted to Coalitions for Health Improvement for review (Medium – Large – Very Large projects); Small project applications due back to NCACH
- **September – October 2019**: Small Project Application review
- **October 4, 2019**: Electronic feedback shared with Project Applicants to incorporate into project applications as desired (Medium – Large – Very Large projects)
- **October 16, 2019**: Applicant informational Q&A session webinar (Medium – Large – Very Large projects)
- **November 1, 2019**: Medium – Large – Very Large Project Applications Due
- **November 2019**: Small Project award recommendations submitted to NCACH Governing Board for approval
- **November 2019 – January 2020**: Medium – Large- Very Large Application review process
- **February 2020**: Medium – Large- Very Large Project award recommendations submitted to NCACH Governing Board for approval
RECOMMENDATION:

NCACH staff recommend approving the developed applicant materials for immediate use and distribution.

Submitted By: Coalitions for Health Improvement
Submitted Date: 06/26/2019
Staff Sponsor: Sahara Suval
2019 Community Initiatives Funding
Project Application and Submission Procedures

About the Funding
The Coalitions for Health Improvement (CHI) Community Initiatives Funding is made possible by the North Central Accountable Community of Health (NCACH) under the statewide Medicaid Transformation Project. In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.

Community Initiatives Funding is dedicated to:

- Improving health and wellness for underserved communities across Chelan, Douglas, Grant, and Okanogan Counties
- Developing innovative programs, projects, and strategies that connect community and clinical partners to better deliver services and care to our community members
- Promoting creative and collaborative approaches to address health and things that affect health like housing, education, nutrition, transportation, and employment opportunities
- Bringing together cross-sector partners and community voices
- Providing opportunities for shared and regional learning

This funding will be awarded through a community investment process managed through the Coalitions for Health Improvement. This process includes interaction with the local Coalitions for Health Improvement, including but not limited to: Letter of Intent (LOI) feedback, recommendations on submitted applications, application review and scoring, and site visits to funded applicants.

Funding is intended to be used to catalyze new efforts and/or expand current efforts to address the **social determinants of health**, advance **whole person health**, and promote **community – clinical collaborations** in North Central Washington.

NCACH.org/CHI-Funding
The **social determinants of health** are defined as the factors that influence an individual's health outcomes. Things like housing, education, personal relationships, nutrition, and personal behaviors (diet, exercise, smoking, etc) can all affect a person's overall health outcomes.

**Whole person health** is defined as the state of a person's physical, mental, and social wellbeing.

**A community-clinical collaboration** is defined as a working relationship between community and clinical health sectors to improve population health.

**Length of Project Period**

Project lengths will vary based on the amount requested by the applicant. Project applications requesting **$25,000 or less** can start as early as **January 1, 2020** and can request funding for up to one year. Project applications requesting **more than $25,000** can start as early as **March 1, 2020**. Projects and initiatives that are designated to span more than one year must demonstrate a plan for financial sustainability.

*For Large and Very Large Projects:* The most competitive applications will show how these funds will be utilized to create long-term, sustainable change.

**Allowable Expenditures**

Funding can be used for one-time investments (e.g. acquiring a resource or hosting an event) or a sustained initiative.

Funding is intended to be seed money to support the development of sustainable efforts.

Funding should not be used to replace existing funding streams.

Funding is not intended to provide sustained programmatic support but rather to provide monetary support where there are short-term financial barriers to implementing initiatives.
**Award Size**

Anticipated total available funding for the 2019 Community Initiatives project cycle is $450,000. Individual award amounts will vary based on the scope of the proposed project and will be assessed using the following project size tiers below:

<table>
<thead>
<tr>
<th>Project Size</th>
<th>Small ($25,000 or less)</th>
<th>Medium ($25,001 - $75,000)</th>
<th>Large ($75,001 - $150,000)</th>
<th>Very Large ($150,001 - $300,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>Up to 1 year</td>
<td>Up to 1 year, with optional plan for extension and/or self-sustainability</td>
<td>Up to 1 year, with optional plan for extension and/or self-sustainability</td>
<td>Up to 1 year, with optional plan for extension and/or self-sustainability</td>
</tr>
<tr>
<td><strong>Priority Elements</strong></td>
<td>No required priority elements</td>
<td>1 required priority element</td>
<td>2 required priority elements</td>
<td>All priority elements required</td>
</tr>
</tbody>
</table>

**Eligibility Information**

This funding opportunity is open to community partners located in Chelan, Douglas, Grant, and Okanogan Counties who are interested in improving health and addressing the social determinants of health, especially for low-income populations. CHIs are seeking responses from a broad range of partners from throughout the region, including but not limited to community-based organizations, social service agencies, educational institutions, law enforcement agencies, and clinical partners. Grass-roots, community-driven efforts and coalitions are eligible for funding but will be required to identify a lead organization that can enter into contracts on their behalf as a fiscal sponsor.

The following entities are encouraged to apply:

<table>
<thead>
<tr>
<th>Coalitions and community groups</th>
<th>Community-based and nonprofit organizations</th>
<th>Education</th>
<th>Faith Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Healthcare – Hospital</td>
<td>Healthcare – Clinic or independent provider</td>
<td>Neighborhood groups</td>
</tr>
<tr>
<td>Private Sector</td>
<td>Social Service Providers</td>
<td>Support Groups</td>
<td>Tribes</td>
</tr>
</tbody>
</table>

NCACH.org/CHI-Funding
In order to be eligible, Whole Person Care Collaborative (WPCC) partner organizations, Transitional Care and Diversion Interventions (TCDI) partner organizations, and the Pathways Community HUB Lead Agency, must include a minimum of one non-Whole Person Care Collaborative and/or non-TCDI partner organization or tribal entity as a partnering organization in the application. Additionally, this funding should not to be used to support or fund other NCACH Medicaid Transformation Project work (e.g. continued funding for WPCC or TCDI activities.)

Priority Elements
In order to reach more diverse and underserved communities, this funding has a ‘mix and match’ requirement for all project applications over $25,000.

All Medium project applications must be able to demonstrate at least one of the identified Priority Elements listed below.

All Large project applications requesting funding must be able to demonstrate at least two of the Priority Elements listed below.

Any Very Large project applications must be able to demonstrate all three of the Priority Elements listed below.

1. **Counties served:** Project must serve more than one of NCACH’s four counties – Chelan, Douglas, Grant, and Okanogan.
   - Please note that in order to meet the “Counties Served” Priority Element requirement:
     - At least 15% of the target population(s) that will be impacted as outlined in the project application must reside in different counties (e.g. 85% of the people served by the project reside in Okanogan County and 15% of the people served by the project reside in Grant County).
     - A project only operating in Wenatchee – East Wenatchee Urban Growth Area is not considered to be multi-county.

2. **Partnering organizations:** Project must include at least one other committed partner that represents a different sector than the applicant organization (e.g. healthcare and education).

3. **Project focus areas:** Project must include approaches to address at least two of the project focus areas identified below.
**Project Focus Areas**

The Coalitions for Health Improvement have selected the following focus areas as top priority needs for the region. While projects are not limited to only these focus areas, project applications must be able to demonstrate how their project addresses a direct need in the community.

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)</th>
<th>Behavioral Health</th>
<th>Child Care and Services for Youth</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>Housing/Homelessness</td>
<td>Primary Care</td>
<td>Resiliency</td>
</tr>
<tr>
<td>Social Service(s) Coordination</td>
<td>Substance Use Disorder</td>
<td>Suicide Prevention</td>
<td>Trauma-Informed Care</td>
</tr>
</tbody>
</table>

Please note, the above list of focus areas is not exhaustive and additional focus areas will be considered for funding by the Coalitions for Health Improvement. If the selected focus area is not a priority focus area listed above, the application must clearly articulate justification for this focus area (i.e. provide rationale between the approach and intended impact). Additionally, an application may select more than one focus area.

The use of evidence-based practices, research-based practices, and promising practices are highly encouraged wherever possible. (See attachment Evidence-based Practices Executive Summary to learn more.)

NCACH reserves the right to fund all, some, or none of the approaches described in an application.

**Application Review and Selection**

Applications will be evaluated based on application scoring criteria. The final selection process will involve a ranking system based on application score and geographical distribution in conjunction with funding principles to guide the equitable selection of funded applicants. Application scoring criteria are described in attachment CHI Community Initiatives Project Application Scoring Criteria.
Reporting Requirements
NCACH will require periodic written and verbal reports from funded applicants. In the spirit of continuous monitoring, learning, and improvement, this will allow NCACH and CHI members to learn about funded activities, build relationships with community partners, celebrate successes, and understand barriers. While specific deliverables may vary based on outcome measures identified in project applications, the following deliverables are proposed for projects, by award size.

For Small Projects (≤ $25,000)
- Verbal report (≤20 minutes) will be required to the local Coalition for Health Improvement. Please note that additional verbal reports may be required if the project spans more than one CHI-jurisdiction.
- Written report submitted electronically
- End-of-project survey
- A site visit may be scheduled as appropriate

For Medium – Very Large Projects ($25,001 - $300,000)
- Verbal report (≤20 minutes) will be required to the local Coalition for Health Improvement. Please note that additional verbal reports may be required if the project spans more than one CHI-jurisdiction.
  - For Large/Very Large Projects – an additional verbal report delivered to the NCACH Governing Board will be required
- Periodic written reports submitted electronically
- End-of-project survey
- A site visit may be scheduled as appropriate.

Reporting requirements, including due dates, will be detailed in Memorandums of Understanding between the NCACH and each funded applicant.

Participation at the NCACH Annual Summit is encouraged. The Annual Summit generally takes place in April each year. This will allow Community Initiative funded partners to share successes and challenges in implementing these projects and encourage collaboration among partners across our entire NCACH region.
Application Submission and Review Process Overview

Application Review Cycle A
(Small projects < $25K)

- **Required Letter of Intent (LOI)**

  - Application due

  - Application review and scoring

  - Top scoring applications are advanced to Award Committee for final review

  - NCACH Governing Board reviews and approves recommended funding allocations for partners

  - Funding awarded (projected) Q4 2019

Application Review Cycle B
(Medium – Very Large projects ≥ $25K)

- **Required Letter of Intent (LOI)**

  - Application due

  - Application review and scoring

  - Top scoring applications are advanced to Award Committee for final review

  - NCACH Governing Board reviews and approves recommended funding allocations for partners

  - Funding awarded (projected) Q1 2020

Electronic feedback offered on LOIs

Optional webinar feedback session (managed by the CHI Application Team)
CHI Community Initiatives Funding Applications will be subject to specific review and submission requirements based on the amount of project funding requested.

*Please note that funds will be disbursed in installments for all awarded projects that are $25,000 or greater. NCACH will provide a percentage of awarded funds with initial contract, and then require quarterly and/or semi-annual reviews before releasing the remaining installments.*

**Application Submission**

Applicants must submit a required letter of intent to be eligible to submit a project application. Projects requesting more than $25,000 will receive electronic feedback from one of the three Coalitions for Health Improvement. Those applicants will be invited to attend an optional feedback session hosted by the North Central Accountable Community of Health. **All applicants must submit a “Letter of Intent to Submit an Application” by 5:00 pm PST on Friday, August 16, 2019.** Although a letter of intent is required, it is not binding. The information allows for bi-directional feedback between the applicant(s) and the community or communities they wish to serve.

Following the Letter of Intent submission and review process, those requesting more than $25,000 who are invited to apply will receive feedback that they can incorporate into their project applications as desired. Project applicants will not be required to incorporate suggested feedback, but it is encouraged.

**Project application deadlines will be based on project size:**

- **Small projects:** Project applications due **September 6, 2019**
- **Medium – Large – Very Large projects:** Project applications due **November 1, 2019**

All submitted applications will be subject to a series of reviews and receive a score. Top scoring applications will be advanced to an award committee before final recommendations are made to the NCACH Governing Board for final approval and funds allocation.

Applicants will be notified via email if their project is awarded funding.
Timelines

Small Project Application Submission and Review Timeline
- July 5, 2019 – Letter of Intent and Project Applications released
- July 11, 2019 – Project Application Informational Webinar (optional)
- August 16, 2019 – Letters of Intent deadline (required for all projects)
- September 6, 2019 – Small Project Applications Due
- September – October – Application review process
- November 15, 2019 – Project applicants notified of awards

Medium – Large – Very Large Project Application Submission and Review Timeline
- July 5, 2019 – Letter of Intent and Project Applications released
- July 11, 2019 – Project Application Informational Webinar (optional)
- August 16, 2019 – Letters of Intent deadline (required for all projects)
- September 6, 2019 – Letters of Intent submitted to Coalitions for Health Improvement for review
- October 4, 2019 – Feedback shared with Project Applicants to incorporate into project applications as desired
- October 16, 2019 – Applicant informational Q&A session webinar
- November 1, 2019 – Project Applications Due
- November 2019 – January 2020 – Application review process
- February 14, 2020 – Project applicants notified of awards

Questions? For questions regarding CHI Community Initiatives Funding, project application, and more, please contact Sahara Suval, sahara.suval@cdhd.wa.gov

Attachments
- CHI Community Initiatives Project Application Scoring Criteria
- Description of NCACH selected projects
- Evidence-based Practices Executive Summary

NCACH.org/CHI-Funding
2019 Community Initiatives Funding
Letter of Intent (LOI) to Submit an Application Submission Guidelines

Applicants must submit a required letter of intent to be eligible to submit a project application. Projects requesting funding of more than $25,000 will receive electronic feedback from the CHI Application Team and will be invited to attend an optional feedback session hosted by the North Central Accountable Community of Health. Applicants must submit a “Letter of Intent to Submit an Application” by August 16, 2019. Although a letter of intent is required, it is not binding. The information that it contains allows for bi-directional feedback between the applicant(s) and the community or communities they wish to serve.

Please use the following guidelines for LOI submission:

1. The Letter of Intent must adhere to the following formatting guidelines:
   a. Font size must be at least 12 point
   b. Page size must be letter (8.5 inches x 11 inches)
   c. Line spacing must be at least single (1.0) space
   d. The Letter of intent is limited to two (2) pages
   e. Document must be in Word (.doc / .docx) or PDF (.pdf) format

2. Please provide the following information: Please note that all components listed below must be included in the Letter of Intent for it to be eligible to submit a project application. Any Letters of Intent that do not include the following components will be ineligible to submit a project application.
   a. Project title
   b. Needs statement (i.e. why is the project necessary?)
   c. Brief project description, including partner involvement, if any
   d. Brief description of your plan for evaluating and measuring success of your project

All Letters of Intent must be received by 5:00 pm on August 16, 2019.
To submit a Letter of Intent:

1. Go to https://www.surveymonkey.com/r/B9ZQJ7P
2. Complete all questions and upload your Letter of Intent document (in Word or PDF format)
3. Submissions must be received by August 16, 2019 at 5:00 pm.
4. If you cannot access, or are having trouble accessing the submission link, please contact Sahara Suval, sahara.suval@cdhd.wa.gov for assistance.
2019 CHI COMMUNITY INITIATIVES FUNDING
North Central Accountable Community of Health – Coalitions for Health Improvement
JULY 2019

Application Submission Information

All applicants must submit a Letter of Intent by August 16, 2019 in order to be eligible to submit a project application.

All invited applicants must submit a complete project application to be considered eligible for 2019 CHI Community Initiatives Funding, including completion of the following sections: Contact Information, Project Information, Priority Elements, Narrative Responses, and any required attachments.

For Small Projects: Applications must be received by 5:00 pm on September 6, 2019.

For Medium – Large – Very Large Projects: Applications must be received by 5:00 pm on November 1, 2019.

Project applications and required attachments can be submitted in PDF format to:

Sahara Suval, Communications and Engagement Manager, North Central Accountable Community of Health
Email: sahara.suval@cdhd.wa.gov

Or

Mailed (postmarked on or before the required project application due date) to:

NCACH
Attention: Sahara Suval
200 Valley Mall Parkway, East Wenatchee, WA 98802
**CHI COMMUNITY INITIATIVES: PROJECT APPLICATION**

Please provide the following information in the form below.

**Contact Information**

<table>
<thead>
<tr>
<th>Organization(s) or Group Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Organization:</td>
</tr>
<tr>
<td><em>This organization will sign the MOU and will be responsible for managing funds and reporting requirements.</em></td>
</tr>
<tr>
<td>Application Contact Name:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Physical Mailing Address:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
</tbody>
</table>

*If the Lead Organization does not have a UBI/EIN number, then a fiscal sponsor may be designated by the applicant. The primary role of the fiscal sponsor is to take on the responsibility of receiving and administering awarded funds on behalf of the applicant. Please note that if the project application is selected as an award recipient, the applicant will be responsible for meeting all specified reporting requirements.*

Fiscal Sponsor (Organization or Group Name):

☐ Not Applicable

**Contributing Organizations and Tribes:**

*Please list all the organizations in the region that participated in developing the project application and will participate in implementing the described project. **We encourage applicants to collaborate on project applications.** Please attach letters of support from all organizations or tribes that are not the lead organization, but will be playing a significant role in the project implementation. These letters should be brief statements of commitment signed by a person of authority from the partnering organization or tribe.*
Project Information

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Funding Requested: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Size:</td>
<td></td>
</tr>
<tr>
<td>☐ Small ($0 - $25,000)</td>
<td>☐ Medium ($25,001 - $75,000)</td>
</tr>
<tr>
<td>☐ Large ($75,001 - $150,000)</td>
<td>☐ Very Large (≥$150,001)</td>
</tr>
<tr>
<td>Counties Served by Project: (check all that apply):</td>
<td></td>
</tr>
<tr>
<td>Please note, Counties Served is defined as: At least 15% of the target population(s) that will be impacted as outlined in the project application must reside in different counties.</td>
<td></td>
</tr>
<tr>
<td>☐ Chelan</td>
<td>☐ Douglas</td>
</tr>
<tr>
<td>The project is:</td>
<td></td>
</tr>
<tr>
<td>☐ New</td>
<td>☐ Enhancing or expanding an existing project or set of projects</td>
</tr>
</tbody>
</table>

Sectors Engaged by this Project: *In order to qualify for funding, please be sure to address your approach to engage these sectors in the narrative responses below.*

| ☐ Education | ☐ Public Health |
| ☐ Hospitals | ☐ Primary Care |
| ☐ Employment | ☐ Social Services |
| ☐ Private Sector | ☐ Other (please list) |
| ☐ Mental Health | ☐ Emergency Medical Services |
| ☐ Substance Use Disorder |

Project Focus Area(s) addressed:

Please note, the list of focus areas is **not** exhaustive and additional focus areas **will be** considered for funding by the Coalitions for Health Improvement. If the selected focus area is not one of the listed priority focus areas, the application must clearly articulate justification for this focus area. Select as many focus areas that apply. *In order to qualify for funding, please be sure to address your approach in the narrative responses below.*

| ☐ Adverse Childhood Experiences (ACEs) | ☐ Primary Care |
| ☐ Behavioral Health | ☐ Resiliency |
| ☐ Child Care and services for youth | ☐ Social Service(s) Coordination |
| ☐ Employment | ☐ Substance Use Disorder |
| ☐ Food Security | ☐ Suicide Prevention |
| ☐ Housing / Homelessness | ☐ Trauma-Informed Care |
| ☐ Other (please describe) |

---

Packet Page #59

June 26, 2019
Please be sure to address all Project Information elements selected in the checkboxes (e.g. “Sectors Engaged by this Project”, “Project Focus Areas”) in your narrative responses below. Narrative responses will be assessed for explanations of the Project Information checkboxes selected in this section.

Priority Elements
To reach more diverse and underserved communities, this funding has a ‘mix and match’ requirement for all project applications requesting more than $25,000.

All Medium project applications must demonstrate at least one of the identified Priority Elements below.

All Large project applications must demonstrate at least two of the Priority Elements listed below.

All Very Large project applications must demonstrate all three of the Priority Elements listed below.

1. **Counties served**: Project must serve more than one of NCACH’s four counties – Chelan, Douglas, Grant, and Okanogan.
   a. Please note that in order to meet the “Counties Served” Priority Element requirement: At least 15% of the target population(s) that will be impacted as outlined in the project application must reside in different counties (e.g. 85% of the people served by the project reside in Okanogan County and 15% of the people served by the project reside in Grant County).
   b. A project only operating in Wenatchee – East Wenatchee Urban Growth Area is not considered to be multi-county.

2. **Partnering organizations**: Project must include at least one other committed partner that represents a different sector than the lead organization (e.g. healthcare and education).

3. **Project focus areas**: Project must include approaches to address at least two of the project focus areas identified above (e.g. suicide prevention, substance use disorder, employment, etc).

By selecting your project size below, you confirm you understand the Priority Elements requirement above. Applications will be assessed for the inclusion of, and a plan to address, Priority Elements in narrative responses.

-☐** Small ($0 - $25,000) - No required priority elements
-☐** Medium ($25,001 - $75,000) – One required priority element
-☐** Large ($75,001 - $150,000) - Two required priority elements
-☐** Very Large (≥$150,001) - All priority elements required

Select which of the following Priority Elements your project demonstrates (check all that apply.) WARNING: If you do not select the number of Priority Elements required for the identified project size, your application will be ineligible for funding.

☐** Counties Served  ☐ Partnering Organizations  ☐ Project Focus Areas
Narrative Responses

We strongly encourage you to keep your answers as brief as possible. Answers will be assessed for responsiveness to the question, conciseness, and clarity.

Problem Statement:
What is the problem you seek to address with these funds?

Goals and Impact:
How will your project or initiative lead to improved health or wellness? What do you see as the long-term effects of this project in the region?
Project Description:
Provide a description of the project including how you plan to implement your project and what objectives you hope to achieve.

a. If your project uses an evidence-based, research-based, or promising practice, please describe that here.
b. Make sure you describe your project’s relationship to other projects or your project’s expansion:
   a. Are there other projects like this that exist in your region? If so, how is your project complementary to other work occurring?
   b. Is your project an expansion of a currently existing project or initiative? If so, why is this expansion critical?
Priority Elements:
Describe how your project or initiative’s approach demonstrates the selected Priority Elements above? For example, if selecting “Counties Served,” does your organization or program have a history of serving more than one county? If not, what is your plan to expand and serve multiple counties?
Target Population:
Describe the population you are expecting to reach with this project. What is your plan for reaching that target population?

Mission and Values:
What is your mission statement and how does your proposed project align with your overall mission and core organizational values? If you do not have a mission statement, please describe informally how this project aligns with your group’s vision for a healthier community.
Stakeholders:
Are there key stakeholders who could benefit from your project that have not been engaged? Why not? What is your plan to engage those stakeholders? If you have identified and engaged all of the key stakeholders for your project or initiative, please describe your engagement activities here.

Community Input:
What elements of your project plan include community input? How are you ensuring there is community input in your program planning?
Social Determinants of Health / Whole Person Health / Community – Clinical Collaboration:

How does your project address the social determinants of health and/or whole person health? If your project or initiative includes a community-clinical collaboration, please explain it here.

The social determinants of health are defined as the factors that influence an individual’s health outcomes. Things like housing, education, personal relationships, nutrition, and personal behaviors (diet, exercise, smoking, etc) all affect a person’s overall health outcomes.

Whole person health is defined as the state of a person’s physical, mental, and social wellbeing.

A community-clinical collaboration is defined as a working relationship between community and clinical health sectors to improve population health.
Timeline:
*Describe the timeline and major milestones for implementing this project.*

Risks:
*What potential obstacles, if any, do you anticipate as a barrier to successful implementation?*
Stewardship / Sustainability:

For ongoing projects or initiatives  How does this project or initiative lead to lasting and self-sustaining improvement?

For one-time investment costs (e.g. acquiring a resource or hosting an event) – please explain how you plan to leverage the value of that investment.

Optional:

Is there anything important about your project that we should know that hasn’t been addressed in the application?
Project Budget

Provide an estimated project budget using the template provided including information about additional funding applied for or obtained for this and related initiatives.

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>NCACH funded</th>
<th>Other funding (Committed, includes grants, donations, and other committed funding)</th>
<th>Other funding (Anticipated, includes any pending funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, wages, and benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Expenses (itemize):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

Provide a budget narrative. Please be as specific as possible.
Coalitions for Health Improvement Community Initiatives Funding

Financial Infrastructure and Capacity:
*What systems do you have in place for managing the funds if awarded?*

Community Initiatives Funding:
*Why is it critical for this project to be funded with Community Initiatives funding, as opposed to other funding streams?*
Evaluation and Reporting

In order to measure progress, it is important to track process and outcome metrics.

Measurement and Evaluation:
What key indicators will you utilize to measure success of this project? How will you know the project has been impactful?

Reporting:
Attest that you understand and accept the responsibilities and requirements for reporting. These responsibilities and requirements include:

- One verbal report at a Coalition for Health Improvement meeting on project implementation progress. (Please note, additional verbal reports may be required if the project spans more than one Coalition’s jurisdiction.)
- Periodic written reports, submitted electronically.
- End-of-project evaluation
- Periodic follow-up with NCACH as appropriate
- A site visit may be scheduled as appropriate
- Final written report on project implementation and outcomes

☐ Yes
2019 CHI Community Initiatives Funding
Project Application Scoring Criteria

Project Title:
Lead Organization:

Scoring Criteria

<table>
<thead>
<tr>
<th>Section</th>
<th>Questions</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completeness</td>
<td>Are all parts of the application complete?</td>
<td>☐ Pass □ Fail</td>
</tr>
<tr>
<td>Priority Elements</td>
<td>Did the applicant select the appropriate number of required Priority Elements based on project size?</td>
<td>□ Pass □ Fail</td>
</tr>
<tr>
<td></td>
<td>• Small Projects – <em>No required Priority Elements</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medium Projects – <em>One Priority Element required</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Large Projects – <em>Two Priority Elements required</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Very Large Projects – <em>All Priority Elements required</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 bonus point for each Priority Element selected <em>beyond the required amount</em></td>
<td></td>
</tr>
<tr>
<td>Counties Served</td>
<td>1 point for each County selected <em>beyond required amount</em> (Example – if an applicant selects “Chelan” “Douglas” and “Grant” counties, they would receive one bonus point.)</td>
<td></td>
</tr>
<tr>
<td>Sectors Engaged</td>
<td>1 point for each Sector selected <em>beyond required amount</em> (Example – if an applicant selects four sectors, they would receive two bonus points.)</td>
<td></td>
</tr>
<tr>
<td>Project Focus Areas</td>
<td>1 point for each Project Focus Area selected <em>beyond required amount</em> (Example – if an applicant selects four project focus areas, they would receive two bonus points.)</td>
<td></td>
</tr>
</tbody>
</table>
Main Scoring – 90 points available

Use the matrix below to review and score narrative sections of the project application. Different questions will have different available total points. Please use the scoring scale below to assess and assign points based on the strength of the response. Please use whole numbers (e.g. 1, 2, 3) when assigning points, please do not use decimals.

Scores should be selected using the following scale:

1 – Poor: Very few strengths and numerous major weaknesses

2—Fair: Some strengths but with at least one major weakness

3—Good: Strong but also with some moderate weaknesses

4—Strong: Strong with minor weaknesses

5—Exceptional: Exceptionally strong with essentially no weaknesses.

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Points Available</th>
<th>Questions</th>
<th>Score (1-5)</th>
<th>Weight</th>
<th>Total Score (Score x Weight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Statement</td>
<td>5</td>
<td>Does the applicant clearly state the problem they are trying to address?</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Goals and Impact</td>
<td>5</td>
<td>Does the application clearly articulate how the proposed project or initiative will lead to improved health or wellness?</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Does the applicant clearly articulate what the long-term impact of the project will be?</td>
<td></td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Project Description</td>
<td>10</td>
<td><em>Clarity, specificity, and strength</em> - Is the project described clearly? Does the applicant clearly address the implementation of project, and are the proposed project objectives achievable?</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td><em>Relationship to other projects or expansions</em> – Does the applicant explain how their project or expansion would be critical and/or complementary to other efforts occurring in the region?</td>
<td></td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Priority Elements</td>
<td>5</td>
<td>Does the application include a well-defined plan to meet the priority elements they have selected above?</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Coalitions for Health Improvement</strong></td>
<td><strong>Community Initiatives</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Target Population</strong></th>
<th><strong>3</strong></th>
<th>Does the applicant describe the specific population they are expecting to reach with the proposed project?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong></td>
<td>Has the applicant demonstrated a well-defined plan to reach that target population?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mission and Values</strong></th>
<th><strong>3</strong></th>
<th>Does the applicant describe the specific population they are expecting to reach with the proposed project?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Stakeholders</strong></th>
<th><strong>3</strong></th>
<th>Has the applicant identified key stakeholders that may still need to be engaged and identified any barriers to engaging those stakeholders? If they have identified stakeholder who still need to be engaged, is there a clear plan, including identified action steps or resources needed, to engage those stakeholders? If the applicant does not identify any key stakeholders who still need to be engaged, have they addressed the work that has been done, or will be done to engage stakeholders?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Community Input</strong></th>
<th><strong>5</strong></th>
<th>Is there a realistic and sufficient plan for community input given the nature of the project and the application?</th>
</tr>
</thead>
</table>

| **Social Determinants of Health / Whole Person Health / Community – Clinical Collaborations** | **10** | Does the applicant demonstrate an understanding of the Social Determinants of Health and/or Whole Person Health and is there a compelling explanation of how this project will address them? If the application involves a community – clinical collaboration, is the plan well explained? |

*The social determinants of health are defined as the factors that influence an individual’s health outcomes. Things like housing, education, personal relationships, nutrition, and personal behaviors (diet, exercise, smoking, etc.) can all affect a person’s overall health outcomes.*

*Whole person health is defined as the state of a person’s physical, mental, and social wellbeing.*

*A community-clinical collaboration is defined as a working relationship between community and clinical health sectors to improve population health.*

<table>
<thead>
<tr>
<th><strong>Timeline</strong></th>
<th><strong>5</strong></th>
<th>Does the applicant describe major milestones and the implementation plan?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Risks</strong></th>
<th><strong>5</strong></th>
<th>Does the applicant seem to have a good understanding of potential obstacles that could get in the way of successful implementation?</th>
</tr>
</thead>
</table>

```
NCACH.org/CHI-Funding
```
<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stewardship / Sustainability</td>
<td>5</td>
<td>For ongoing projects or initiatives – Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For one-time investment costs – Does the applicant state how they plan to leverage the value of the investment made?</td>
</tr>
<tr>
<td>Project Budget</td>
<td>5</td>
<td>Does the applicant provide a budget that accounts for all of the requested funds?</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Does the applicant identify an appropriate system or infrastructure to administer the funds if awarded?</td>
</tr>
<tr>
<td>Community Initiatives Investment</td>
<td>3</td>
<td>Is the proposed project an appropriate use of the Community Initiative funding? Has the applicant explored other funding streams and identified a compelling reason why their project should be funded with Community Initiatives funding?</td>
</tr>
<tr>
<td>Measurement and Evaluation</td>
<td>5</td>
<td>Does the applicant state key indicators that will be utilized to measure success?</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Does the applicant clearly articulate how they know if the project is impactful?</td>
</tr>
</tbody>
</table>
Overall Reviewer Impression – 10 points available

Reviewers are given up to 10 points to award to the application based on overall impressions of the application. You may assign as many or as few of the total available (10) points at your discretion. Questions to consider when assigning your points:

- What is the application’s overall strength? Do you think this project or initiative will be successful in achieving its goals if selected for funding?
- Are there any qualities (either benefits or flaws) in the project application that stood out to you?
- Are the applicant’s answers concise, clear, and responsive to the questions asked?
- Is there discrepancy between the strength of the project versus the application? (E.g. the proposed project is strong but the application is weak, or vice versa.)

<table>
<thead>
<tr>
<th>Overall Reviewer Impression Score (10 points available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert any comments here:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explanation of Project Information Checkboxes in the Narrative Responses</th>
<th>Does the applicant give an adequate explanation of each of the things that they have checked in the Project Information Checkboxes in the narrative response questions? (E.g. Focus Areas Addressed; Priority Elements; Counties Served.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pass</td>
<td>☐ Fail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional Section in Narrative Responses</th>
<th>Has the applicant provided any additional information that provides more clarity and / or strengthens their application? If so, you may review your scores and revise them as you feel appropriate based on the content provided in this answer.</th>
</tr>
</thead>
</table>
Evidence-based Practices and Grants

Executive Summary

What are they?

Programs or practices that have been evaluated multiple times and consistently show that it is effective for the people it is meant to serve.

EBPs exist at the top of a spectrum:

Research-based Practices—A program or practice that has been evaluated but not as rigorously as EBPs. These are shown to be effective with the potential to become EBPs with more testing.

Promising Practices—A practice that has had basic testing and has the potential to become a research-based practice.

Null Outcomes—No significant effect on desired outcomes

Poor Outcomes—Undesirable outcomes

Why are they important?

It’s no secret that meeting or exceeding performance (based on data gathered and outcomes of your program or project) is something funders want to see. EBPs/RBPs come with a history of success that is very attractive to funders—from private foundations to federal grantors—who want their money to go far.

How to use and cite in grant applications?

1. Find the original source of the information you are using.
2. Use in-text citation when quoting, paraphrasing, or referencing outside sources (ex. “Big Brothers, Big Sisters is an evidence-based mentoring model for risk prevention in youth (wsipp.wa.gov).”
3. Include a footnote on the page in which you referenced the source (APA style unless otherwise specified in the application).

Examples of each category from the EBP continuum

– Evidence-based: Big Brothers Big Sisters; EMDR
– Research-based: Vocational and Employment training for youth
– Promising Practice: Recovery Support Services (peer support, 12-step, recovery high schools)
– Poor Outcomes: Scared Straight; intensive supervision (parole/probation)
Resources

EPB/RBP/PP Inventory

Handy Resource to understand EBP

Research-based Adolescent Substance Use Disorder Treatment

Evidence-based treatment video

Citation Guidelines
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Questions or Comments?

Name: Tanya Gleason
Email: Tanya.gleason@cdhd.wa.gov
Phone Number: (509) 886-6453

Prepared June 5, 2019 by Tanya Gleason, Capacity Development and Grant Manager,
North Central Accountable Community of Health
Board Decision Form

<table>
<thead>
<tr>
<th>TOPIC: CHI Community Initiatives – Review Committee Conflict of Interest Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE: To approve a conflict of interest policy that was developed for CHI members who join CHI Community Initiatives review bodies</td>
</tr>
<tr>
<td>BOARD ACTION:</td>
</tr>
<tr>
<td>☐ Information Only</td>
</tr>
<tr>
<td>☑ Board Motion to approve/disapprove</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BACKGROUND:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.</td>
</tr>
<tr>
<td>NCACH has tasked the Coalitions for Health Improvement to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington.</td>
</tr>
<tr>
<td>This process was created by the CHI Community Initiatives Advisory Group, which is comprised of equal membership from all three Coalitions. It relies heavily on meaningful and consistent CHI involvement in the project application review process, which includes three distinct review bodies who will be responsible for scoring project applications and making recommendations to the NCACH Governing Board on funding allocations.</td>
</tr>
<tr>
<td>Because this process may include upwards of 20 reviewers, NCACH staff have created a conflict of interest policy to help outline expectations, policy, and procedures on how to address any conflicts of interest that may arise during the review process.</td>
</tr>
</tbody>
</table>

| PROPOSAL: Motion to approve the CHI Community Initiatives Conflict of Interest Policy for use during the CHI Community Initiatives project application review process. |

| IMPACT/OPPORTUNITY (fiscal and programmatic): |
| Approving this conflict of interest policy would allow a more diverse group of community and Coalition members to serve as reviewers, while also creating a clear and distinct policy for reviewers and NCACH to manage potential conflicts of interest. |
TIMELINE:

- July 1, 2019: Review and approve/disapprove the motion to adopt the conflict of interest policy
- August 2019: If approved, the document would be distributed to all volunteer reviewers for the CHI Community Initiatives Investment Process – NCACH would retain the “Acknowledgement” page of the document with signatures of all volunteer reviewers
- From then, the document would be used as needed for future review cycles

RECOMMENDATION:

NCACH staff recommend the adoption of the conflict of interest policy specific to the CHI Community Initiatives Funding for the following reasons:

1) This is the first funding distribution model of its kind, and there may be unanticipated conflicts of interest that arise that are not specifically covered under the NCACH’s Governing Board Conflict of Interest policy

2) It would allow project applicants to also serve as reviewers while insulating both the reviewers and NCACH from impropriety or bias

Submitted By: Coalitions for Health Improvement
Submitted Date: 06/26/2019
Staff Sponsor: Sahara Suval
Application Review Process Overview and Conflict of Interest Policy

The Coalitions for Health Improvement (CHI) Community Initiatives Funding is made possible by the North Central Accountable Community of Health (NCACH) under the statewide Medicaid Transformation Project. In December 2018, NCACH allocated $450,000 to be invested into local and regional health initiatives across Chelan, Douglas, Grant, and Okanogan counties with the goal of advancing Whole Person Health.

NCACH has tasked the Coalitions for Health Improvement to develop a community investment process to fund innovative and collaborative efforts to improve health and wellness for underserved communities across North Central Washington.

This process was created by the CHI Community Initiatives Advisory Group, which is comprised of equal membership from all three Coalitions. It relies heavily on meaningful and consistent CHI involvement in the project application review process, including but not limited to: feedback on Letters of Intent (LOIs), recommendations on submitted applications, application review and scoring, and site visits to funded applicants.

Specific Application Evaluation Sub-Groups

There are three distinct Application Evaluation sub-groups in the CHI Community Initiatives project application submission and review process:

1. CHI Application Team
2. Regional Review Group
3. Award Committee

Each sub-group will be comprised of members from all three CHIs (Chelan-Douglas counties, Grant County, and Okanogan County). The sub-groups will be responsible for providing feedback, reviewing and scoring applications, and making award recommendations to the NCACH Governing Board.
**Application Evaluation sub-group descriptions and key responsibilities**

1. **CHI Application Teams**
   Each CHI will have its own Application Team (three total) comprised of 4–5 members from that specific coalition.

   **Responsibilities:**
   - Process feedback from local Coalition members
     - Distribute submitted letters of intent to local Coalition members and request feedback using a standard form
     - Collect and consolidate feedback
     - Deliver feedback to prospective applicants prior to submission
   - Support locally-based Application Technical Assistance sessions hosted by the NCACH
   - Score project applications using a scoring rubric
   - Submit scores to the Award Committee
2. **Regional Review Group**
   The Regional Review Group will be comprised of 6–8 members from all three CHIs as well as independent external evaluators who may be provided by NCACH.

   **Responsibilities:**
   - Score project applications using a scoring rubric
   - Submit scores to the Award Committee

3. **Award Committee**
   The Award Committee will be comprised of 4–6 members from all three CHIs as well as independent external evaluators who may be provided by NCACH.

   **Responsibilities:**
   - Use scores and comments provided by the CHI Application Team and Regional Review Group to assess the range of applications
   - Allocate funding with a portfolio approach
   - Make funding recommendations to the NCACH Governing Board

**Other Considerations**
1. Members of a CHI Application Team or Regional Review Group may not sit on both application reviewing groups.
2. Members of the CHI Application Team or Regional Review Group may elect to sit on the Award Committee.
3. CHI Community Initiatives applicants are allowed to sit on one of the CHI Community Initiatives Application Evaluation Sub-Groups (CHI Application Team, Regional Review Group, or Award Committee) but must declare any conflicts of interest as they arise and recuse themselves from reviewing any application for which they cannot render unbiased judgements.
Conflict of Interest Policy

The CHI Community Initiatives Application Evaluation sub-groups are committed to ensuring their decisions and decision-making processes are transparent, free from personal bias, and do not unfairly favor any individual, group, or organization. The purpose of this policy is to help inform CHI Community Initiatives Application Evaluation sub-group (CHI Application Teams, Regional Review Group, and/or Award Committee) members of any potential conflicts that may arise.

An actual conflict of interest occurs where an interested person's judgment could be affected because he or she has a personal interest in the outcome of a decision and is in a position to influence that decision. The conflict of interest is present when an interested person's stake in a transaction or decision is such that it reduces his/her ability to exercise impartial judgement. Members agree to manage such conflicts in order to protect the integrity of the review and award processes. This includes statements of conflict when they apply and/or recusals from certain reviews.

Examples of a conflict of interest requiring recusal include:

- An application submitted by an individual or group with whom the reviewer has a close personal relationship
  - Definition: An individual's family member or close friend stands to benefit from a decision
- An application submitted by an individual or group with whom the reviewer has a business relationship
- An application that is in direct competition with an application submitted by the reviewer or by any person/entity closely associated with the reviewer
  - Direct competition: proposing similar activities in a similar area
- Any application submitted by an individual or group with whom the reviewer, or any close associate of the reviewer, has a history of unresolved conflict
- The existence of any other sources of clear bias other than those stated above
Policy

It is the responsibility of the North Central Accountable Community of Health, in conjunction with members of the CHI Community Initiatives Application Evaluation sub-groups, to:

- Ensure that every member understands what constitutes a conflict of interest and that they have a responsibility to declare any conflicts that arise.
- Notify the associated sub-group(s) and the CHI Community Initiatives Funding Project Manager of any conflicts, so that appropriate action(s) may be taken to ensure that the conflict does not affect the decision-making process.

Procedure

When a CHI Community Initiatives Application Evaluation sub-group member identifies that they have a potential conflict of interest the member must:

- Declare it as soon as they become aware of it, keeping in mind that the CHI Community Initiatives Application Evaluation sub-groups wish to conduct themselves with integrity.
- Upon disclosure by the interested person, the sub-group may ask members to make a determination whether a real or potential conflict of interest exists. In all instances, such determinant shall be made before the sub-group makes a decision related to the conflict of interest.

In the interests of a non-biased, frank, and open discussion, a CHI Community Initiatives Application Evaluation sub-group member affected by a conflict of interest may be asked to recuse themselves and/or leave the room while related discussion/decision-making is taking place. If a CHI Community Initiatives Application Evaluation sub-group member is unsure if and/or what to declare regarding a conflict or potential conflict, they are advised to discuss the matter with the CHI Community Initiatives Funding Project Manager, who will assess the situation and provide guidance on the matter.
CHI Community Initiatives Application Evaluation Sub-Group Member Conflict of Interest Acknowledgement

Conflict of Interest Policy Acknowledgement

I acknowledge by my signature on this conflict of interest policy acknowledgement that I have read, understood, and agreed to follow the guidelines and policies outlined in the CHI Community Initiatives Conflict of Interest Policy.

I understand that continued membership in the CHI Community Initiatives Application Evaluation sub-groups (including but not limited to: CHI Application Team, Regional Review Group, and the Award Committee) is contingent on following the policies and procedures outlined in the CHI Community Initiatives Conflict of Interest Policy. Not meeting the minimum requirements for membership could result in the loss of my membership status in a CHI Community Initiatives Application Evaluation sub-group and / or the forfeiture of any project applications submitted on behalf of a group or organization I am affiliated with.

Signed

Dated

Printed Name

Organization

Email

Title
Strategic Planning Update

Background

ACH Executive Directors have been discussing long-term sustainability within their cross-ACH collaborative, and with the Health Care Authority. With assistance and facilitation from Oregon Health Sciences University (OHSU), NCACH staff and Governing Board also began discussions about the future of the ACH beyond the Medicaid Transformation Project (MTP).

Staff and Board were asked to complete a brief survey to provide preliminary input into potential functions of the ACH post-MTP. Survey results were used to guide the discussion at the Board retreat at the end of May.

Preliminary Board Recommendations

- Create a forum to address the Social Determinants of Health (SDOH) in the region
  - Determine which SDOH factors can shape the agenda of a “Coalition”
- Evaluate funding strategies to achieve goals of the NCACH post Medicaid Transformation
- Evaluate the Board composition to meet the new goals of the organization and adjust representation accordingly

A draft mission statement was crafted based on this preliminary discussion. NCACH plans to partner with OHSU to further develop a mission statement with set strategies for NCACH post Medicaid Transformation. These strategies will be utilized to develop a business plan to transition NCACH from its current state of supporting the Medicaid Transformation Project to its future state focused on a vision that is developed by the region.

Recommended Next Steps

- Initiate a Financial Modeling process for the Post-MTP period with OHSU
- Form a Visioning Workgroup of 8-10 individuals with representation from current and past Board members, community members, and staff. This workgroup will allow the strategic planning process to move forward efficiently to accomplish the following:
  - Refine future Mission Statement and strategies
- Discuss preliminary Post-MTP Service Model(s)
- Brainstorm value proposition, structure, and rules of the Forum/Coalition idea that came out of preliminary discussion
- Solicit feedback from the Board at regular Board meetings
- Solicit community input into strategic plan and allowing community partners to participate in helping shape our region’s mission and vision.

A timeline for this work will be developed by staff and OHSU with input from this Visioning Workgroup. The goal is to have a roadmap by early 2020 for transitioning from our MTP focused state to our future state.
# Board Decision Form

**TOPIC:** Oregon Health and Science University (OHSU) Contract

**PURPOSE:** To increase the contracted amount for the Oregon Health and Science University (OHSU) contract

**BOARD ACTION:**

- [ ] Information Only
- **[✓]** Board Motion to approve/disapprove

**BACKGROUND:**
NCACH originally entered into a contract with OHSU for $72,000 in 2019 anticipating needing the following services:

- Project report review, copy editing, and document creation
- Cross-ACH facilitation between contracted ACHs
- Funds allocation and strategy development
- Technical Advising on ACH-related business

We had originally intended the bulk of the contract to support documentation review and independent evaluations of funded partner applications.

However, as NCACH has progressed through 2019, we have identified additional opportunities and increased need for OHSU services, including Board visioning and strategic planning and development support for the Coalitions for Health improvement (CHI) Community Initiatives investment process. As a result of this increased need for support, we have expended more funds to date than initially projected in the 2019 budget passed by the Board in December 2018.

In an effort to stay within the approved 2019 budgeted total, NCACH has worked to reallocate funds to meet the increased support needs as outlined above and stay within the original 2019 budget. Based on the increase in usage of OHSU services, however, new 2019 projections estimate an additional $28,000 will need to be allocated to OHSU’s contract to necessarily and effectively support strategic planning (68 additional hours of work) and the CHI Community Initiatives investment development process (50 additional hours of work) through the end of 2019.

NCACH staff recommend increasing the budgeted amount from $72,000 to $100,000 (adding $28,000 to support the current contract) for the remainder of 2019.
**PROPOSAL:**
Motion to increase the 2019 budgeted amount for the OHSU contract by $28,000 (from $72,000 to $100,000) to support current initiatives through the end of 2019.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**
- This will be a budget increase of $28,000 (39% increase to contracted amount)
- This increase will allow us to continue supporting the following services:
  - NCACH strategic planning, including:
    - Assistance with building out a vision and strategic plan
    - Financial modeling for post Medicaid Transformation Project work.
  - Assistance with the Community Initiatives Funding process and provide external independent reviewers for applications
  - Cross-ACH Collaboration
- If contract increase is not approved, we will likely meet contract maximum by the end of July 2019 and proceed forward with no further support for remainder of 2019 for the above priorities.

**TIMELINE:**
- July 1st, 2019: Review and approve/disapprove addition to contract
- July, 2019: Revise contract with OHSU to reflect new amount
- No further actions needed for remainder of 2019.

**RECOMMENDATION:**
Staff recommends increasing the contractual amount.

Submitted By: Operations
Submitted Date: 07/01/2019
Staff Sponsor: John Schapman
## Review of Oregon Health and Science University Contract Expenses

### OHSU Contract Hours & Expense (Year to Date)

<table>
<thead>
<tr>
<th>Line Item</th>
<th>OHSU Staff</th>
<th>Total Cost Estimate</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Plan Review</td>
<td>Mike</td>
<td></td>
<td>29</td>
<td>$7,250</td>
<td>29</td>
<td>$7,250</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Application/Document Review</td>
<td>Anita/Gretchen</td>
<td></td>
<td>12.0</td>
<td>$3,000</td>
<td>7</td>
<td>$1,750</td>
<td>5</td>
<td>$1,250</td>
</tr>
<tr>
<td>CHI Application Advising</td>
<td>Chris</td>
<td>$18,021</td>
<td>18.5</td>
<td>$4,625</td>
<td>17.5</td>
<td>$4,375</td>
<td>10</td>
<td>$2,500</td>
</tr>
<tr>
<td>Strategic Planning Visioning/Next Steps</td>
<td>Chris</td>
<td>$18,561</td>
<td>18.5</td>
<td>$4,625</td>
<td>6.0</td>
<td>$1,500</td>
<td>1.8</td>
<td>$458</td>
</tr>
<tr>
<td>NCACH Team Building</td>
<td>Chris</td>
<td>$4,000</td>
<td>16</td>
<td>$4,000</td>
<td>0</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Cross ACH Travel Cost</td>
<td>Dan/Chris/Mike</td>
<td></td>
<td>NA</td>
<td>$1,164</td>
<td>NA</td>
<td>$300</td>
<td>NA</td>
<td>$436</td>
</tr>
<tr>
<td>Travel Cost</td>
<td></td>
<td>$1,164</td>
<td>NA</td>
<td>$300</td>
<td>NA</td>
<td>$436</td>
<td>NA</td>
<td>$0</td>
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<tr>
<td>Cross ACH Staff Time</td>
<td>Dan/Chris/Mike</td>
<td></td>
<td>9.5</td>
<td>$2,383</td>
<td>2.8</td>
<td>$700</td>
<td>2.8</td>
<td>$693</td>
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<td>Travel Cost</td>
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<td>$2,383</td>
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<td>$811</td>
<td>NA</td>
<td>$0</td>
<td>NA</td>
<td>$811</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>162.33</td>
<td>$55,190</td>
<td>75.8</td>
<td>$19,250</td>
<td>31.27</td>
<td>$8,253</td>
<td>13.03</td>
</tr>
</tbody>
</table>

### OHSU Contract Hours & Expense (Remainder of Year)

<table>
<thead>
<tr>
<th>Line Item</th>
<th>OHSU Staff</th>
<th>Total Cost Estimate</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI Application Advising</td>
<td>Chris</td>
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<td>30</td>
<td>$1,250</td>
<td>30</td>
<td>$1,250</td>
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<td>$2,500</td>
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<tr>
<td>Application Design and Review - CHI</td>
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<td>$0</td>
<td>20</td>
<td>$0</td>
<td>10</td>
<td>$2,500</td>
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<tr>
<td>Strategic Planning - Financial Modeling</td>
<td>Dan</td>
<td>$7,500</td>
<td>30</td>
<td>$0</td>
<td>30</td>
<td>$2,500</td>
<td>10</td>
<td>$2,500</td>
</tr>
<tr>
<td>Strategic Planning Visioning/Next Steps</td>
<td>Chris</td>
<td>$9,500</td>
<td>38</td>
<td>$1,250</td>
<td>38</td>
<td>$1,250</td>
<td>13</td>
<td>$3,250</td>
</tr>
<tr>
<td>NCACH Team Building</td>
<td>Chris</td>
<td>$3,750</td>
<td>15</td>
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<td>15</td>
<td>$0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Travel Cost</td>
<td>Chris</td>
<td>$1,000</td>
<td>NA</td>
<td>$500</td>
<td>NA</td>
<td>$0</td>
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<td>$500</td>
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<tr>
<td>Cross ACH Staff Time</td>
<td>Dan/Chris/Mike</td>
<td></td>
<td>8</td>
<td>$2,000</td>
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<td>$2,000</td>
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<td>Cross ACH Travel Cost</td>
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<td>20</td>
<td>$5,000</td>
<td>30</td>
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</tbody>
</table>

### OHSU Contract Hours & Expense (Updated Projections)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>*Estimated (June 2019)</td>
<td>$4,375</td>
<td>$55,200</td>
<td>$96,725</td>
<td>$72,000</td>
<td>$24,725</td>
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<tr>
<td>Estimated (July - December 2019)</td>
<td>$37,150</td>
<td>$55,200</td>
<td>$96,725</td>
<td>$72,000</td>
<td>$24,725</td>
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<tr>
<td>Recommended Increase to Budget</td>
<td>$28,000</td>
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<tr>
<td>New Budgeted Amount 2019</td>
<td>$100,000</td>
<td></td>
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