

Location	Attendees
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	<p>Governing Board Members Present: Doug Wilson, Rick Hourigan, Rosalinda Kibby, Scott Graham, Davis Olson, Carlene Anders, Senator Warnick, Cathy Meuret, Barry Kling, Ken Sterner, Nancy Nash-Mendez, Courtney Ward, Molly Morris</p> <p>Governing Board Members Absent: Blake Edwards, Kyle Kellum</p> <p>Public Attendance: Kelsey Gust, Jerry Perez, Leah Becknell, Kate Haugen, Loretta Stover, Paul Hadley, Deb Miller, Ramona Hicks, Renee Hunter, Rachael Petro, Laina Mitchell, Jamie Hilliard, Dawn Bross, Jorge Rivera</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Review of Agenda & Declaration of Conflicts Public Comment 	<p>Conflicts of Interest: None Public Comment: None</p>
<ul style="list-style-type: none"> Approval of Minutes 	<p>❖ Ken Sterner moved, Brooklyn Holton seconded the motion to approve the July minutes, motion passed</p>
<ul style="list-style-type: none"> Executive Directors Report 	<ul style="list-style-type: none"> MTP Evaluations – See one pager explaining the two evaluations. Some partners and Board members may be contacted for interviews. As we learn more, we will notify you. Round Table in Okanogan County, Representatives from Senator Patty Murray’s office and Congressman Dan Newhouse’s office attended. They were interested in federal laws that were impacting reimbursements. Congressman Newhouse will be coming back in the next few weeks and Senator Parlette will attend that meeting. Attended the Premera Blue Cross announcement in Spokane – They are releasing approximately five million dollars in grant funding to be administered by Empire Health Foundation. Senator Parlette is not done talking to them yet as this is far from the \$20 million that Premera originally announced would be available. NCACH still has an ask for a regional HIT/HIE system and she has not given up yet. Julie Rickard has left Parkside – prior to her departure, Senator Parlette met with her and ABHS about reimbursement for crisis stabilization beds. Senator Parlette continues to pay attention to the rates as we need to make sure that these behavioral health organizations are able to stay afloat. <ul style="list-style-type: none"> ➤ Rural Health Care Tour in the fall - are MCO’s invited? Linda will check into this and let Courtney know.
<ul style="list-style-type: none"> Treasurers Report 	<ul style="list-style-type: none"> Brooklyn went over the monthly financial report. Does not see any concerns. Courtney asked if Heather’s position is going to be filled, as of right now it is not, but it is still showing as an expense through the end of the year. <p>2019 Spending Projections – John went over the expected projections through the end of 2019.</p> <ul style="list-style-type: none"> FE Portal – Many of the timelines have been pushed out. Some of these items will be pushed into the 2020 budget. Pathways HUB expected to be at 53% primarily because the expansion of the HUB and implementation of the HUB is moving at a slower rate than expected. Will the savings from delays of the HUB be set aside for the HUB or go

	<p>toward other things? John said this will be something that the Board will have to evaluate, he is currently working on financial modeling with OHSU to reevaluate the entire financial picture through the end of the Medicaid Transformation Project.</p> <ul style="list-style-type: none"> • WPCC – Budgeted worst case scenario based on the maximum number of teams and learning activities. Had less of both this year, so we are under budget. • We are expecting the entire FE Portal to end the year at 54% which leaves us 3.5 million under budget for this year. This fall will be a good time to look at if we want to explore other initiatives or bolster other projects. • Rick asked if this is a use it or lose it situation with the initial funding. John said anything in the Financial Portal belongs to the NCACH. There are other ACH's that are drawing down a percentage of funds that they will use for sustainability and the Health Care Authority has not had a problem with it. • Brooklyn brought up that Barry Kling has been working on figuring out if the funding disappears at the end of the demonstration. He has found out that there is the ability to utilize the funds and continue past the end of the MTP. • Regarding the Xpio & Fieldsman Tucker LLC line items, anticipate the BH Organizations utilizing them for another round of contracting. Courtney suggested that we have Blake reach out to the BH providers to find out what else they need if they are not using the TA that we have set up for them. Dale Jarvis and Associates is also a great consultant to work with BH providers. Has helped BH providers get their books in line and create a margin & operating costs. • Jorge from Molina noted that Molina employees have a lot of experience in capacity building. Please reach out for any help. • Brooklyn advised that when we look at the 2020 budget, we need to keep in mind that we do not need to spend it all right now in the current year. We need to really think about how we can most effectively influence and make positive changes within our community. ❖ Rick Hourigan moved, Nancy Nash Mendez seconded the motion to approve the monthly financial report, motion passed <p>Accountability/reimbursement policy – John went over the mileage reimbursement policy that he developed with Cordell Neher & Associates and Davis Arniel Law Firm to comply with the CDHD policies. At a later date, will bring back an addition to reimburse or pay for low income people to attend NCACH events/trainings.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Page 16, mention of written receipt. Clarified that this is an itemized receipt (not hand written) • Most forms use a “home base” for mileage reimbursement? Add start and destination location, one way, round trip, total miles. • Note that NCACH is not reimbursing for items paid by employers. ❖ Carlene Anders moved, Scott Graham seconded the motion to approve the NCACH Board and Committee Member Expense Reimbursement Policy presented to the Board, motion passed. With the following changes to section # <ol style="list-style-type: none"> 7. Wording for “written receipts” change to something like itemized receipt or whatever accountant suggests 8. Addition of expenses reimbursed by employers under Non-reimbursable Expenses
<ul style="list-style-type: none"> • Staff Updates 	<ul style="list-style-type: none"> • TCDI – John EMS and Hospital partners completed their quarterly reports in July. These partners reported that collaboration and shared networking and learning has been most beneficial. North Central Emergency Care

	<p>Council (NCECC) project update, focusing on documentation training and reporting to WEMIS and Non Hospital Transport.</p> <ul style="list-style-type: none"> ➤ Barry Kling requested the NCECC Partner report and fiscal report to see how the money was used. <ul style="list-style-type: none"> • Capacity Building - Tanya Transportation is the primary reason why patients do not follow through with their referrals. High importance is a warm handoff or in-person connection and adoption of shared language and definition of referral success (closed loop referral). King County and Spokane are looking into a Community Information Exchange model. Working with vendors to learn the language. By September, going to present a few different options for implementation and sustainability. A significant investment is going to need to be made and is going to require a community effort. Implementation is going to take a long time. Brooklyn noted that the city has ARC GIS interns working on creating GIS layer on a brochure of resources. Brooklyn will connect Tanya. • WPCC – Wendy Offered a Motivational Interviewing Train the Trainer. We now have 14 trainers and the trainers are required to provide trainings and invite individuals involved in the ACH to the trainings. MeHAF Assessments – scheduling now, they have to be done at the site level. • Possible new WPCC Members – 5 entities that show eligible encounter data. <ul style="list-style-type: none"> ○ Colville Tribes – Engaged at a different level ○ North Valley - Potentially staffed by Confluence providers – Scott said they aren’t staffed by Confluence, but they do not have primary care yet. They are starting it. ○ Three Rivers Family Medicine ○ Quincy Valley Medical Center ○ Mattawa Clinic <p>Scott Graham disclosed his possible conflict of interest as CEO of Three Rivers Hospital (Still need to find out if they have 300 beneficiaries and the staff capacity). Can Wendy reach out to these organizations? Barry clarified that if the Board okays her reaching out, then we are saying yes we are willing to fund. Rick said he agrees we would fund it, but there are a lot of details to work out. Sense of the Board is to agree to support funding in some capacity if they are eligible and willing to participate.</p> <p>The organizations are - Three Rivers, Quincy Valley, Mattawa Clinic – Wendy will come back to the Board with a funding mechanism if she finds that they are eligible and willing to participate.</p> <ul style="list-style-type: none"> • Opioid – Wendy for Christal – Recovery Coach Training application available. Peer support training, 15 slots available. Applications available on NCACH website or contact Christal Eshelman for more information. Opioid response conference – Committee is looking into exploring a targeted education opportunity for educators and coaches. This would not be done in one day, since we would need to adapt to school schedules. They could earn clock hours. CDP Apprenticeship contract has been executed, Linda Rider met with 9 organizations, all were supportive and excited. Linda Rider is currently working on the feasibility study.
<ul style="list-style-type: none"> • Pathway’s HUB Update 	<ul style="list-style-type: none"> • Pathways HUB - Deb Miller – 52 enrolled at the end of June. State is still not recognizing Pathways HUB as a program, which prevents us from looking at the data on Provider One. Updated the CSSA MOUs to include some incentive language to help encourage and increase the engagement rate. Have a signed CSSA contract with a Chelan Douglas Agency.

	<p>➤ Senator Warnick asked if there is anything that she can do to help with the program vs project issue. Yes, Deb will reach out Senator Warnick to schedule a call.</p>
<ul style="list-style-type: none"> • CHI Update 	<p>CHI Community Initiatives Application Review Conflict of Interest Policy – Sahara Suval</p> <p>❖ Scott Graham moved, Rick Hourigan seconded the motion to approve the CHI Community Initiatives Conflict of Interest Policy for use during the CHI Community Initiatives project application review process, motion passed.</p>
<ul style="list-style-type: none"> • Sustainability/Strategic Planning 	<p>John Schapman-Visioning Workgroup – NCACH is looking at a business plan for transformation from our current state to post transformation state. We want to form a visioning workgroup. Timeline Sept – April</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Barry – Concerned about the timeline. If April is when this group is to end and presumably products appear, there most likely will be substantial money that we have not committed with less than a year left of activity in the MTP. How can we make commitments to current spending without having this vision complete? Does not think that it should take 6 months, he would like to see this group move a lot faster. John responded that gathering community input and coming back to the Board, takes time. • Brooklyn – Is there a work plan? John said we have worked out some preliminary timelines, but wanted to get a temperature check from Board first. Knowing how long the process of getting community input takes, we believe six months is an accurate timeline for this process. • Barry – What do you mean by community input? Presenting to CHI and getting input from them. Similar to when we chose projects. • Courtney - 6-12 months is typical in any strategic plan. Would like to see different players on the workgroup, whether it be focus groups or town hall meetings. Would like to see more community members and people not entrenched in the ACH work already. • Barry - Few people can come to those types of meetings. We have been trying to get input. We know what the SDOH issues are. There isn't a solution to everything. We have been listening to people and focus groups; gathering community input can be overdone. We know what the SDOH issues are, the general feedback is the same. Our job is to find a way to do something about it. He thinks we are in an input rich environment already. • Rick likes this approach and echoes that we have not operated in a vacuum. Many of those people have not sat through the meetings, they do not know how the funds flow works. If we bring too many people who are not heavily involved with ACH processes, we could end up with pie in the sky ideas that are not feasible. • John responded that the suggested makeup of the group would involve 4 Board members (excluding the Exec Committee) and 6 community members in hopes of getting people that do work more in the SDOH world. Also, hoping to assign staff that are more involved in SDOH work. There is still going to be a bi-directional component where the visioning group will be bringing their ideas to the Board and the Board will be providing their comments, then the visioning group will need to incorporate those comments. • Scott noted that the Board's role is visioning. This is our charge, we need to do this in a more focused way and get this done. The Board is ultimately responsible. • Chris Kelleher (OHSU) - How do we find the high leverage points and develop a business plan that is sustainable. You need the buy in of community for it to sustain. The Board doesn't have the time to focus as this group would. A visioning group meets more often for longer times. • Cathy suggested meeting for longer periods of time to shorten the months. John noted that we can structure

however the Board decides.

- Rick – Identifying 6 community members takes a month, with onboarding you have lost 2-3 months by the time you have a fully functioning group. John noted that by community member we mean non-board members that could be people in the room today who are already involved.
- Barry – We spent three years doing that kind of community networking before we decided that the ACH was worth the trouble. We involved everyone and the two main motivations were to protect the vulnerable rural assets and to address the SDOH and we have been constantly gathering input from various sources in the community ever since. The way that you can tell what interventions work is by the research, not by talking to the people on the street.
- Barry suggested putting together a group of Board members to address this aggressively in three months. Doesn't think we need to replicate the same workgroup to come together and talk about what is wrong, we know what is wrong.
- Scott noted that workgroups are great if you are trying to gather data, but this is an exercise that the Board needs to be involved in because we are responsible. The folks in the room are in the best position to make those decisions.
- Brooklyn - Exec Committee being excluded does not sit well with her. 8 months is a challenging timeline. This Board is great for the MTP work. This Board does not plan housing, transportation, education, employment, nutrition, and all of the other SDOH. That is not this Board's expertise. If we are looking at continuing beyond the MTP with SDOH as the focus and don't include SDOH experts in the decisions, then we are making a mistake. We as a Board have talked about the SDOH, but if we are not intentional about including them, how are we going to succeed?
- Rick said he is not sure that the Board has really defined what our vision is. We need to do that, then identify a new transition Board that will work beside us to take over. Scott agreed that is the appropriate procedure.
- Linda noted that at the last Staff/Board retreat there were two different visions. The Board wanted the giant CHI / Staff had a different idea. We need to come back together and come up with a vision together.
- Chris from OHSU – This is very similar to starting a new business. We have two different questions to answer here: Should there be a visioning group? If so, who should be on the group?
- Brooklyn suggested a more targeted survey to Board members, more visioning questions.
- Rick - Is there an urgency in this, we have until 2021? Brooklyn said there is an urgency. If you do not have a timeline, things do not get done.
- John noted 2021 is just the end of when we have to report on the Medicaid Transformation Project and that we actually have beyond 2023 while final payments still come in.
- Barry responded to that saying that it concerns him that we will soon be 3 years into the process and we still have millions of dollars that we presumably do not have a plan for. He does see an urgency to get this plan going.
- Brooklyn encourages the urgency – so that we can plan and partner as opportunities come up.
- Barry suggested that we open this group up to the entire Board and other members who address SDOH. We can reconvene in October for another retreat.
- Courtney noted that the ACH staff does not have a long term plan for employment and we need to be respectful of that.
- Board decided that we are not ready to vote on the motion as we do not have a vision yet. Barry noted that we did

	<p>come up with a vision statement at the May retreat and we have not seen it since.</p>
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| | <ul style="list-style-type: none">• Brooklyn requested history on the last two retreats. John committed to getting the notes with in the next two weeks. Barry made the request that OHSU get those notes to us by tomorrow so that we have time to review before the next meeting.<ul style="list-style-type: none">➤ Next Steps – Provide summary of the last two retreats to the Board and set up a retreat for October. |
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