

Governing Board Meeting 1:00 PM-3:30 PM September 13, 2021

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

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Molly Morris Zoom Etiquette Board Roll Call Declaration of Conflicts Public Comment Approval of Consent Agenda	Approval of Consent Agenda	 Agenda, Acronyms & Decision Funds Flow Chart Consent Agenda – Minutes Monthly Financial Statement 	1-10
1:10 PM	Executive Director Update - Linda Parlette			
1:25 PM	Stand Alone Agency – Update - John Schapman		Transition slide deck	11-20
1:45 PM	Overview of NCACH 2022 Proposed Objectives - John Schapman		2022 Objectives slide deck	21-26
2:30 PM	Strategy Workgroup Review - Chris Kelleher - Update on 3 Pillars - Distributed Leadership		Will be sent prior to meeting	
3:10PM	Board Elections - Ken Sterner	Approval of Nominations	Will be sent prior to meeting	
3:30 PM	Adjournment – Molly Morris			



A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act

ACH: Accountable Community of Health

ACO: Accountable Care Organization

AI/AN: American Indian/Alaska Native

BAA: Business Associate Agreement

BH: Behavioral Health

BH-ASO: Behavioral Health - Administrative Service

Organization

BLS: Basic Life Skills

CBO: Community-Based Organization

CCHE: Center for Community Health and Evaluation

CCMI: Centre for Collaboration Motivation and

Innovation

CCS: Care Coordination Systems

CHART: Community Health Access and Rural

Transformation

CHI: Coalition for Health Improvement

CHW: Community Health Worker

CMS: Centers for Medicare and Medicaid Services

CMT: Collective Medical Technologies

COT: Chronic Opioid Therapy

CP: Change Plans

CPTS: Community Partnership for Transition Solutions

CSSA: Community Specialist Services Agency

DOH: Department of Health

DSRIP: Delivery System Reform Incentive Program

EDie: Emergency Dept. Information Exchange

EMS: Emergency Medical Services

FIMC: Fully Integrated Managed Care

FCS: Foundational Community Supports

HCA: Health Care Authority

HIT/HIE: Health Information Technology / Health

Information Exchange

MAT: Medication Assisted Treatment

MCO: Managed Care Organization

MH: Mental Health

MOU: Memorandum of Understanding

MTP: Medicaid Transformation Project(s)

NCACH: North Central Accountable Community of

Health

NCECC: North Central Emergency Care Council

OHSU: Oregon Health & Science University

OHWC: Okanogan Healthcare Workforce Collaborative

OTN: Opioid Treatment Network

OUD: Opioid Use Disorder

P4P: Pay for Performance

P4R: Pay for Reporting

PCS: Pathways Community Specialist

PDSA: Plan Do Study Act

PHSKC: Public Health Seattle King County

RFP: Request for Proposals

SDOH: Social Determinants of Health

SSP/SEP: Syringe Services Program / Syringe Exchange

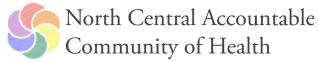
Program

SMI: Serious Mental Illness

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

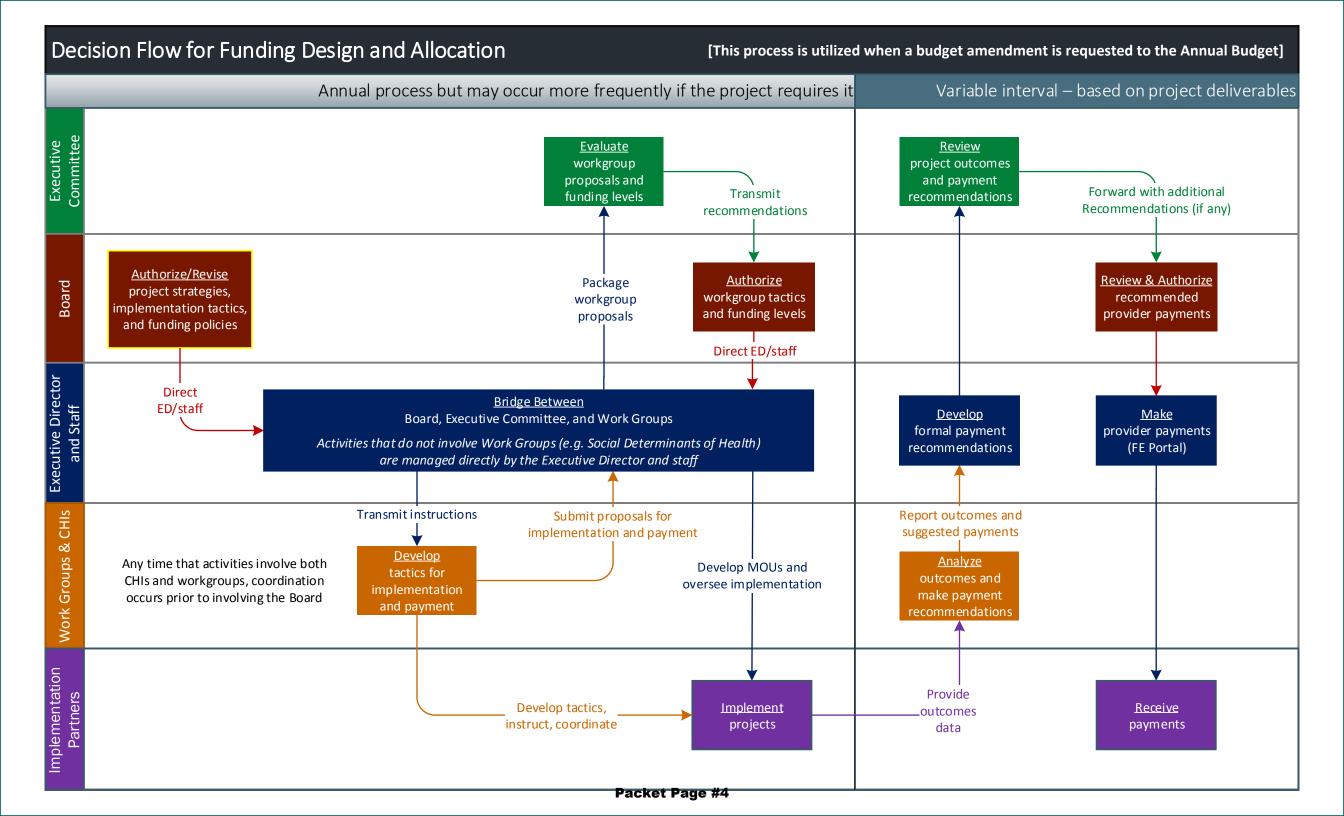
TCM: Transitional Care Management



VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction



Balance Sheet (As of 06.30.2021)

Funding Source		Funds Received	Funds Expended		Funds Remaining	
SIM Funding* (CDHD Account)	\$	115,329	\$	115,329	\$	-
Transformation Project (CDHD Account)						
Original Contract K2296 - Demonstration Phase 1	\$	1,000,000				
Original Contract K2296 - Demonstration Phase 2	\$	5,000,000				
Transfer from FE Portal	\$	226,961				
Interest Earned on Demo Funds	\$	268,447				
Transformation Total (CDHD Account)	\$	6,495,408	\$	4,449,565	\$	2,045,844
Grants Other (CDHD Account)						
Aetna Grant	\$	70,000	\$	60,107	\$	9,893
Cambia	\$	245,000			\$	245,000
Workshop Registration Fees/Misc. Revenue* (CDHD Account)		23,387	\$	13,720	\$	9,667
Transformation Project (FE Portal Funds)						
Project Incentive Funds	\$	21,755,702	\$	12,284,618	\$	9,471,084
Integration Funds	\$	5,781,980	\$	58,422	\$	5,723,558
Bonus Funds	\$	2,595,575			\$	2,595,575
Value Based Payment (VBP) Incentives	\$	1,050,000			\$	1,050,000
Interest Earned in FE Portal	\$	62,283			\$	62,283
DY1 Shared Domain 1 Funds**	\$	5,811,865	\$	5,811,865	\$	-
Transformation Total (FE Portal)	\$	37,057,405	\$	18,154,905	\$	18,902,500
Totals	\$	43,761,529	\$	22,793,625	\$	20,967,904

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

Monthly Notes:

No Interest earned in FE portal due to Federal Reserve rates

NCACH received revenue in the Financial Executor Portal totaling \$3,873,065 in the month of June

Pay for Reporting (DY4 - Q3 & Q4): \$2,122,905

Pay for Performance (DY3): \$460,427 Bonus Funds (DY3): \$1,139,733 Value Based Payment (DY4): \$150,000

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

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

EXPENSES	Total Budgeted	Jul-21	Totals YTD	% Expended YTD to Budget	
Operations and Project Management					
Salary & Benefits	\$942,981	\$81,921	\$505,041	54%	
Supplies	\$37,000	\$18,548	\$21,109	57%	
Services	\$165,439	\$3,176	\$23,127	14%	
Other Expenditure^	\$198,327	\$60,842	\$107,565	54%	
CDHD Hosting Fee 15%	\$200,347	\$13,943	\$83,073	41%	
Operations, and Project Management Contracts					
Governance and Organizational Development	\$141,600	\$12,920	\$75,158	53%	
Program Evaluation & Data Analytics	\$70,000		\$0	0%	
Workforce Development	\$63,250		\$0	0%	
CHI Lead Agencies	\$225,000	\$43,583	\$131,825	59%	
CBCC Contracted Support for Partners	\$64,680		\$2,363	4%	
Telehealth Assessment Contractors^	\$283,991		\$133,000	47%	
WPCC Advising and Learning Contracted Support	\$366,809	\$41,911	\$204,348	56%	
Harm Reduction Fund	\$120,000		\$0	0%	
Narcan Vending Machine Project^	\$160,000	\$80,000	\$80,000	50%	
Recovery Corps Mentorship Program	\$150,000		\$0	0%	
Recovery Training and Support	\$129,000	\$11,100	\$23,600	18%	
Partner Payments:					
Youth Mental Health Year 1 (Cambia)^	\$140,090		\$52,455	37%	
CHI Partner Payments	\$1,150,000	\$30,000	\$413,776	36%	
Tribal Investment	\$519,000		\$350,000	67%	
CBCC Partner Payment^	\$1,650,000	\$29,960	\$273,340	17%	
WPCC Learning Community	\$1,780,000	\$0	\$707,500	40%	
TCDI Partner Payments	\$880,000		\$167,190	19%	
Opioid Partner Payments	\$180,000	\$0	\$20,000	11%	
Total Budgted Expenses	\$9,617,515	\$427,904	\$3,374,468	35%	

[&]quot;^" Budget Amendment occurred in 2021

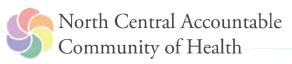
Notes:

NCACH has expended 61% of budgeted YTD and 35% of Overall Budget

NCACH was awarded an additional \$80,000 from Beacon Health for the Narcan vending machine project.

Budget Amendments - 2021

Date	Amendment
02.01.2021	Doug Wilson moved, Christal Eshelman seconded the motion to fully remove the asterisk on the CBCC partner payment line item with expectation
	that updates be provided at monthly Board meetings, Ken, Kaitlin, Jesus abstained, Motion passed.
03.01.2021	Kaitlin Quirk moved, Nancy Nash Mendez seconded the Motion #1 - Community Assessment: Approve Washington State University's proposal to
	produce a practical and achievable plan for a community-based solution to enhance telehealth capacity for the North Central Washington region,
	Abstain: Ramona Hicks and Jesus Hernandez, motion passed.
03.01.2021	Rosalinda Kibby moved, Dell Anderson seconded the motion #2 - Individual Organizational Assessment: Approve Option #2 of three telehealth investment options, that would be made available to clinical providers in the North Central Region:PTION 2: Motion to approve Ingenium Consulting Group's proposal in the amount up to \$230,000 (dependent upon the number/type of organizations who participate) to conduct a telehealth strategy, performance and maturity assessment and produce deliverables as requested in the RFP. With the option of moving into option 3, Carlene noted that we need to be clear on the scope of work, motion passed.
4.5.2021	Kaitlyn Quirk moved, Jesus Hernandez seconded the motion to approve funding for Hope Squad training and curriculum and 4 year coordinator position in the amount of \$456,736. Motion passed
6.7.2021	Authorize NCACH to partner with Beacon Health Options to place 2 Narcan Vending Machines in North Central Washington and supply machines with Narcan for approximately 9 months. When a 3rd location is identified in Okanogan County, NCACH staff is authorized to purchase a 3rd machine.
8.13.21	Executive Committee reviewed and approved increase of \$80,000 to Beacon contract to NCACH for the purchase of Narcan and a 3rd vending machine



Location	Attendees
Virtual	Governing Board Members Present: Molly Morris, Carlene Anders, Cathy Meuret, Ray Eickmeyer, Dell Anderson, Jesus Hernandez, Kaitlin Quirk, Ken Sterner, Lisa Apple, Luke Davies, Senator Warnick, Rebecca Davenport, Rosalinda Kibby, Ramona Hicks, Nancy Nash Mendez (left shortly after 1:00) Governing Board Members Absent: Deb Murphy, Doug Wilson (Joined at end of the meeting) NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Mariah Brown, Joey Hunter, Teresa Davis – Minutes
Agenda Item	Minutes
 Review of Agenda & Declaration of Conflicts Public Comment 	 Meeting called to order at 1:00 PM by Molly Morris. Molly started the meeting with a land acknowledgment. Honoring the open meetings act, all conversations need to be public. You can chat with staff member that is monitoring the chat and they can relay your message if you are having trouble speaking. Declarations of conflicts: None Public Comment: None Nancy Nash Mendez moved Carlene Anders seconded the motion to approve the consent agenda, motion passed. Luke Davies Abstained
Executive Director Report	 MTP 6th year extension is still not approved by CMS – hoping for an approval by October. All ACH Board Meeting October 5th – we can have about 5 Board Members attend, more to come later. Hope Squad Update – Regional Coordinator was hired in June, 21 schools have signed on including schools in every county. Colville Reservation Recovery Coach Academy will be rescheduled due to the fires. CBCC Updates – Released an RFP for funding in June, will have an idea of funding recommendations in August after the applications have been reviewed. Organizational Updates – we are looking at our Admin structure and moving away from the Chelan Douglas Health District. Linda will be working closely with John as she transitions to her retirement and he moves into the Acting Executive Director position. Sahara has taken a new position in Spokane, we have posted the Communications Manager position internally with CDHD and then we will post externally. The team is also working on the 2022 operational plans as well.
Recommendation of NCACH to become a standalone agency	NCACH leadership has worked with Cordell Neher and Associates to weigh the pros and cons of going out on our own. NCACH staff will continue to work with the Executive Committee as they develop some of the contracts and processes. Chelan Douglas Health District has been a great partner for five years. Once NCACH decided to move past the five years. We needed to evaluate if this was the best fit for our future model.

	Ramona Hicks moved, Senator Warnick seconded the motion to approve NCACH staff to develop and implement a transition plan to move NCACH away from its current hosting agreement and become established as its own entity, including ending the shared services contract with CDHD when appropriate and executing agreements with vendors for administrative services, motion passed, Luke Davies abstained
	 Discussion: How many other ACH's are standalone agencies? Most are standalones (Healthier Here is under King County, they are exploring the same option now). All 9 are non-profits. Discussion around future need for some executive sessions in order to discuss things like the employee benefits. Especially noting the vesting time for the retirement accounts for the employees.
Opioid / Recovery Coach Network Deep Dive	Joey Hunter and Tanya Gleason gave an in depth update on the Opioid and Recovery Coach Network Jesus applauded the efforts that Joey has made with the partnerships that he has made during the pandemic. He talked about the RCORP Grant that Family Health Centers secured for Okanogan County (with the assistance of Tanya Gleason when she worked for the NCACH). He suggested that the ACH look at this grant funding for Chelan Douglas in the future, as it is a large sum of money.
Telehealth Update	Wendy Brzezny gave an update on The Telehealth Assessment Deliverable 1 and 2 - Community needs assessment. WSU has been interviewing stakeholders that we and they have identified to understand the needs and barriers with regards to access to telehealth. From those interviews they are creating a group concept mapping which is an online tool that outlines some ideas for individuals to use telehealth outside of their house. They are also creating an end user survey that will be facilitated through Facebook and other social media platforms.
	Deliverable 3 - Ingenium Digital Advisors Final report given to the first Cohort (3 organizations). Ingenium will give organizations time to review recommendations, then set up a meeting for additional discussion. Cohort 2 (2 organizations) have initiated the process. Cohort 3 (2 organizations) will be engaged this week and the fourth cohort (2 organizations) will be engaged at the end of the month. Staff will reach out to organizations who expressed interest initially, but decided not to participate due to capacity.
Board Elections	Dr. Wilson is resigning from the NCACH Board effective 9/1/2021 due to his added duties as he is becoming the new CEO of Confluence Health. The plan is to have Dr. Wilson continue on the strategy workgroup for continuity (we will be updating the charter to allow for that). There will also be an open position on the Executive Committee that the nominating committee will be looking to fill. * Nancy Nash Mendez moved, Ken Sterner seconded the motion to approve the nomination of Dr. Tuggy to fill the NCACH Confluence Health Board Seat on the NCACH Governing Board effective 09/01/2021, motion passed.

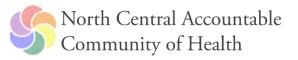
Follow up from Board Retreat	 Strategy workgroup – Board members should have received an email from Chris Kelleher asking if you would like to have a meeting with John and Chris to go over the pillars or to discuss any questions, concerns and feedback. We will be looking at the capacity to develop the work. Molly really encourages all board members to provide input on the pillars. Board Governance – Mike reviewed the governance models at the retreat. He recommends that we spend some additional time at a future retreat. He also recommends that we reconvene the governance committee again in the future.
Round table	 NCESD – New program implementing BH in the school districts getting started. Chelan Douglas CHI has been having great conversations around health and the great outdoors. Next meeting is on the 11th. CDHD – COVID cases are up 250/100K due to Delta Variant Great article featuring Carlene Anders in the Wenatchee World – link below https://www.wenatcheeworld.com/education/art-of-community-tiny-pateros-on-cusp-of-major-early-learning-and-child-care-expansion/article 122750f4-ef04-11eb-8af8-5f0b3a44ca2c.html
Adjournment	Adjourned 3:17 pm



Transition to Stand Alone Agency Update

9/13/21 Governing Board Meeting

Transition Review Today



- Review Timeline
- Update Current Estimates Contracts
- Key next steps with Board

Physical Move



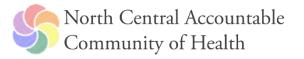


Action Item	August	September	October	November	December
Identify Location for Office Space					
Negotiate discount to Hosting Agreement					
Make appropriate modifications to space					
Identify & Purchase Office Supplies*					
Activate Internet and IT services					
Move into new current space			Open Sept 28 th		
 Finalize any signage or additional office needs E.g. signage for office Setting up conference room space 					
Transfer over phone, data management, and email services					

Notes:

- October December 2021: We will still be utilizing CDHD servers unless we determine it is more beneficial to switch sooner
- Internet, IT, and phone vendors have been chosen

Move Support





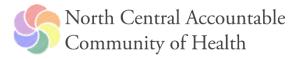


Action Item	August	September	October	November	December
Develop Process for collecting bids/estimates					
Outreach to Contractors for Services: • Accounting, Payroll, & CFO Services • Banking • Audit Services • HR Support • IT, Phone, and Internet					
Negotiate contracts with Vendors					
Work on process to migrate data/information over to new organization					

Notes:

- We will be migrating data over from CDHD to new document storage system
- Utilizing Office 365 NCACH will receive 10 free user licenses as part of non profit status
- Will need to determine appropriate financial controls under new system

Employee Transitions

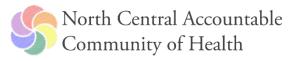






Action Item	August	September	October	November	December
Evaluate process to terminate employees from CDHD & Associated Cost					
Complete Market Analysis on current jobs for new job descriptions and salary ranges					
Develop Benefits Package for Staff			Board Review	Board approval (?)	
Develop Job Descriptions with Salary Ranges			Board Review	Board Approval	
Develop Employee Handbook (Policies and Procedures)			Board Review	Board Approval	
Work with L&I and Employment and Securities Department					
Transition Staff to new Organization					Jan 1st

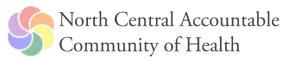
Contract Approval Recommendations



- Approval by Executive Director
 - Contractual amount < \$25,000
- Approval by Executive Committee
 - Contractual Obligation <\$60,000
- Approval by Board
 - Contractual Obligation >\$60,000
 - Sum of all contractual obligations is >\$150,000/year (Estimated CDHD Hosting Fee). Require additional Board review and approval

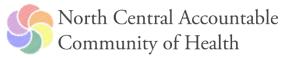
Governing Board members will be updated monthly on any contractual agreements regardless of approval level

Current Cost Estimates - New Services

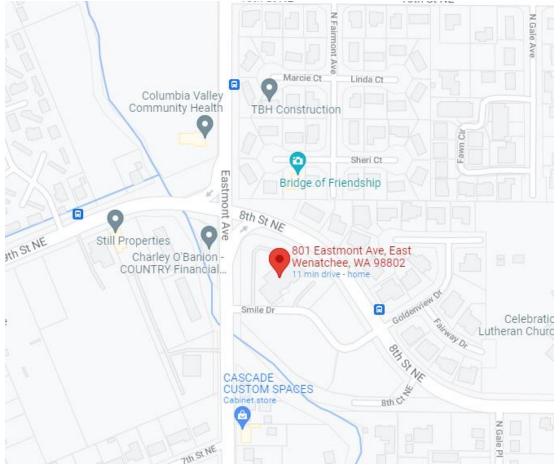


Services	Upfront Cost	Annual Cost	Notes:
Office Location 801 Eastmont Ave, East Wenatchee	\$10,610	\$26,550	 Deposit, 1st month, request for remodel of space Monthly lease (\$2,212.50)
IT Support SimplePower IT	TBD	\$5,616	- Upfront migration of employee data needs to be scoped out in more detail
Phone Support Interwest Communications	\$1,325	\$3,855	 Interwest Communications: System set up cost, Monthly cost ~ \$30 per month per user Looking for a 3 year contract
Internet Localtel	NA	\$1,020	- Localtel (Looking at other services for IT/phone support)
Office set up	TBD	TBD	- Set up of new office space. Working with agency to support lay out
Human Resources	TBD	TBD	 Upfront: Salary Survey, Support transitioning employees, personnel manual Currently working with 2 agencies to provide bids
Accounting/Finance	TBD	TBD	 Currently working with 3 accounting firms for bids and 4 banks Will work with accounting firm to identify payroll services
Auditing Services	TBD	TBD	- Currently receiving bids from 3 firms
TOTAL	\$11,935	\$33,186	- Total does not include Employee benefit recommendations

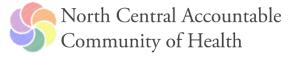
801 Eastmont Ave – East Wenatchee







801 Eastmont Ave – East Wenatchee

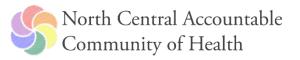






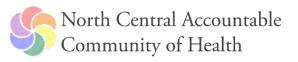


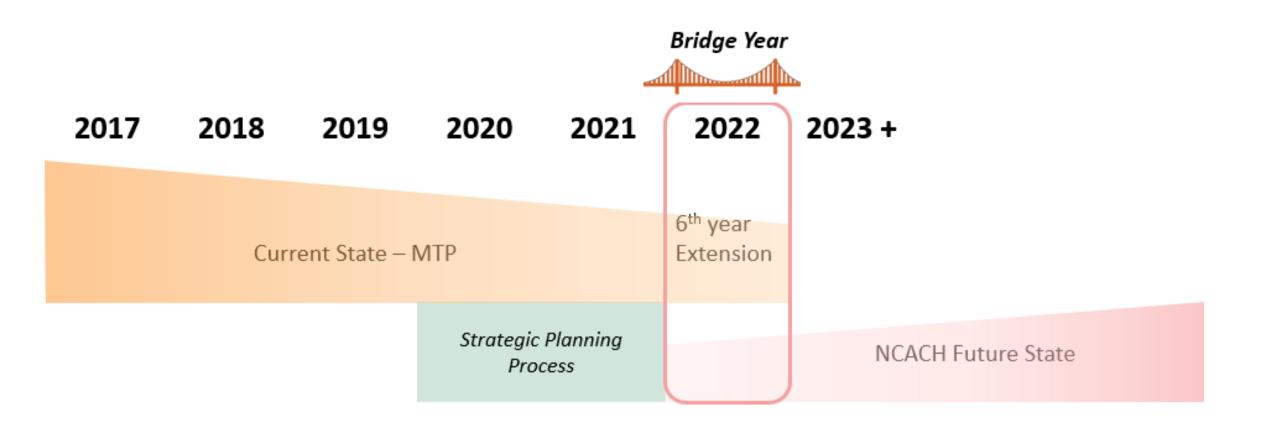
October Meeting - Review



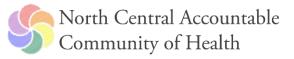
- Review of DRAFT Personnel Handbook
 - Working with Davis Arneil Law Firm
- Review DRAFT Benefits Recommendations for Organization
- Overview logistics of Employee transitions to new agency

Staff Planning for 2022





Current State Priorities for 2022



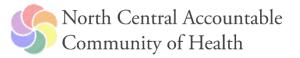
1. NCACH/Staff priorities (building on current work)

- Whole Person Care Collaborative
- Implementation of Telehealth Assessment Plan
- Recovery Support (including Recovery Coach)
- Expansion of Community Based Care Coordination Plan
- Support for Coalitions for Health Improvement (including capacity funding)

2. HCA priorities (MTP Year 6) under consideration – not final

- COVID-19 response and recovery
- Community resiliency improving community health and population health
- Social determinants of health and health equity

2022 Challenges & Opportunities



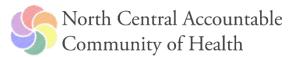
Bridge Year Challenges - what we don't know

- 3 pillars impacts on staff roles and functions
- HCA's expectations regarding MTP 6th year extension

Bridge Year Opportunities - what we do know

- Our mission to advance whole-person health and health equity in North Central Washington
- Staff roles and functions will continue to unify stakeholders, support collaboration, and drive systemic change
- Multi-sector collaboration and partnerships are key when it comes to coordinating supports for people with complex SDOH needs.

Planning for the Bridge



Apr

May

Jun

Breaking down silos for 2022

- What's our vision for 2022?
- What are some obstacles?

Identifying strategic arenas

What do we intend to do to deal with our obstacle and move forward our vision for 2022?

Drafting goals and objectives

- What specifically do we want to accomplish in 2022?
- What should we stop doing?

Jul

Aug

Sep

Ecocycle planning

- What are staff capacity implications?
- Is this likely to align with future state?

Drafting Workplans

- How will we get there?
- What specific activities will we undertake?

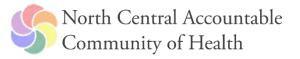
Drafting Workplans

What investments and resources are needed?

Goal of Staff Retreats

Build on and de-silo the efforts of the past 4+ years while doing our best to anticipate how they might fit into the future state.

De-siloing



Projects

Medicaid Transformation (2017-2021)

- Bi-Directional Integration of Physical and Behavioral Health
- Community-based Care Coordination
- Transitional Care
- Diversion Intervention
- Addressing the Opioid Use Public Health Crisis
- Chronic Disease Prevention and Control

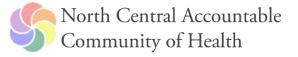


Systems of care

Bridge Year (2022)

- Whole Person Health
- Health Equity
- Social Determinants of Health
- Behavioral Health
- Care Coordination (in the broad sense)

2022 Staff Strategic Goals



Develop a culture of equity and increase community resilience

by investing in skill building and capacity building

Promote coordinated whole system responses to whole person health needs

by increasing cross-sector collaborations and integrated partnerships

Improve health outcomes for people struggling with behavioral health issues

by increasing the network of behavioral health supports across the community Ensure that policy solutions effectively support our region's needs and the health of our residents

by ensuring that
North Central
partners and
residents have a
voice in local and
state policies

Help partners respond to demand for services

by increasing capacity-building supports for partner organizations