

Location	Attendees
Confluence Technology Center	<p><b>Board Member Attendance:</b> Barry Kling, Rick Hourigan, Doug Wilson, David Olson, Carlene Anders, Bruce Buckles, Blake Edwards, Rosalinda Kibby  <b>Board Via Phone:</b> Senator Warnick, Michelle Price, Andrea Davis, Molly Morris, Ray Eickmeyer, Brooklyn Holton, Kyle Kellum  <b>Board Members Absent:</b> Scott Graham, Nancy Nash-Mendez, Mike Beaver</p> <p><b>Public Attendance:</b> Gail Goodwin, Ken Sterner, Dulcye Field, Jon Brumbach, Torrie Canda, Caitlin Safford, Courtney Ward, Kris Davis, Mike Lopez, Theresa Adkinson, Kelsey Gust, Laurel Lee, Laurel Turner, Shirley Wilbur, Deb Miller,  <b>Public Via Phone:</b> Laurie Bergren, Nicole VanBurkulo, Leah Becknell, Gerry Perez, Tracy Miller, Becky Corson, Chris DeVilleneuve, Laina Mitchell  <b>Staff:</b> Linda Parlette, John Schapman, Wendy Brzezny, Caroline Tillier, Peter Morgan, Christal Eshelman, Sahara Suval, Tanya Gleason  Teresa Davis-Minutes</p>
Agenda Item	Minutes
Introduction	<p>No Conflicts of Interest Disclosed  Public Comment – None</p> <p>❖ <b>Rosalinda Kibby moved, Doug Wilson seconded the motion to approve the September minutes, motion passed with one correction – note that the motion to approve the 2019 Opioid Workgroup plan was passed.</b></p>
ED Update	<ul style="list-style-type: none"> <li>• Introduced Tanya Gleason – new Capacity Develop Specialist and Grant Manager for the NCACH</li> <li>• Announcement of HCA Learning Symposium – Sahara will be sending agenda and registration information out. There is a small amount of money available from HCA for travel expenses</li> <li>• Governor visiting area on October 12<sup>th</sup> at the CTC at 10:00 AM. He will also be visiting a few organizations.</li> </ul>
Treasurer's Report	<p>Brooklyn reviewed the monthly financial report and the proposed 2019 budget approval process and timeline.</p> <p><b>Upcoming Meetings/Key Dates</b>  October 18th    Staff Meeting to review 2019 budget projections  October 26th    NCACH Board Retreat to review 2019 budget recommendations  November 5th   Board meeting to review 2019 budget  December 3rd   Board meeting to approve 2019 budget.</p> <p>We will be digging deep into the 2019 budget at the Board Retreat on October 26<sup>th</sup> 9:00 – 1:30 at the CTC in Wenatchee</p> <p>❖ <b>Carlene Anders moved, Doug Wilson seconded the motion to approve the monthly financial report, no further discussion, motion passed</b></p>

Budget Deviation Policy	<p>Barry gave an overview of the proposed budget deviation policy. This policy was developed by Barry, Brooklyn, Rick, Blake and staff. Executive Director will still be responsible for reporting and monitoring any deviations. The numbers 10% or \$100,000 (whichever is less) came from combined experience with grants and Brooklyn’s experience with the City budget. These amounts would apply to the total period of the original approved allocation.</p> <ul style="list-style-type: none"> <li>• Bruce feels that this is excessive without coming back to the Board for action. Feels that 2% or \$10,000 would be better amount.</li> <li>• Kyle said \$50,000 is what he has always seen.</li> <li>• Brooklyn has seen anywhere from 5-8% on city contracts. Felt comfortable with the amounts given the type of work that we are doing.</li> <li>• Linda suggested having an e-vote option – Brooklyn said that if it requires board action, it negates that need for this new policy.</li> <li>• Rosalinda – is not in favor of lowering the amount to \$10K. She does not want to micro manage the organization.</li> <li>• David said that he is comfortable with a max of \$50K, we need to remain a policy board and trust the staff to do the work.</li> <li>• Barry reminded the Board that we are trying to distinguish between being an operational board vs. policy board.</li> </ul> <p>❖ <b>Rick Hourigan moved, Carlene Anders seconded the motion to approve the following budget deviation policy with the highlighted changes (10% or \$50,000 and add “specific” before purpose)...</b></p> <p>The NCACH Executive Director (ED) is authorized to deviate up to 10% or \$50,000, whichever is less, from any spending decision or budget allocation made by the Governing Board without further action by the Board, provided that any additional funds are used for the same specific purpose as the original allocation. The ED must approve such deviations in writing, and they must be reported (like any other expenditure) in NCACH monthly financial statements. The ED would be accountable to demonstrate that any additional spending of this sort is subjected by the staff to the same degree of oversight and accountability as any other NCACH spending.</p> <p><b>Motion passed – Bruce Buckles opposed</b></p>
Supported Employment and Supportive Housing Presentation	<p>Jon Brumbach, HCA and Torri Canda, Amerigroup gave a presentation on Supportive Housing and Supported Employment.</p> <p><b><u>Supportive Housing Benefits:</u></b></p> <ul style="list-style-type: none"> <li>○ Housing assessments and planning to find the home that’s right for you</li> <li>○ Outreach to landlords to identify available housing in your community</li> <li>○ Connection with community resources to get you all of the help you need, when you need it</li> <li>○ Assistance with housing applications so you are accepted the first time</li> <li>○ Education, training and coaching to resolve disputes, advocate for your needs and keep you in your home</li> </ul> <p><b><u>Supported Employment Benefits:</u></b></p>

- Employment assessments and planning to find the right job for you, whenever you're ready
- Outreach to employers to help build your network
- Connection with community resources to get you all of the help you need, when you need it
- Assistance with job applications so you can present your best self to employers
- Education, training and coaching to keep you in your job

**Who is eligible to receive FCS benefits?**

- Be enrolled in Medicaid
- Be at least 18 years old (Supportive Housing) or 16 years old (Supported Employment)
- Meet the requirements for complex needs
- You have a medical necessity related to mental health, substance use disorder (SUD), activities of daily living, or complex physical health need(s) that prevents you from functioning successfully or living independently.
- You meet specific risk factors that prevent you from finding or keeping a job or a safe home.

**Supportive Housing risk factors *One or more***

- Chronic homelessness
- Frequent or lengthy stays in an institutional setting (e.g. skilled nursing, inpatient hospital, psychiatric institution, prison or jail)
- Frequent stays in residential care settings
- Frequent turnover of in-home caregivers
- Predictive Risk Intelligence System (PRISM) score of 1.5 or above

**Supported Employment risk factors *One or more***

- Housing & Essential Needs (HEN) and Aged Blind or Disabled (ABD) enrollees
- Difficulty obtaining or maintaining employment due to age, physical or mental impairment, or traumatic brain injury
- SUD with a history of multiple treatments
- Serious Mental Illness (SMI) or co-occurring mental and substance use disorders

**Discussion:**

- How do individuals access this? Through providers and Amerigroup.
- Amerigroup secured this through an RFP. All MCO's are working with Amerigroup to use this service.
- How do the Pathways with this program merge with the Pathways HUB? That is part of the reason that we are here so that we can work this out and come up with a referral process.
- Provider network – North Central has seven providers in the network
- To date, the program has nearly 17,000 enrollees
- This program only has 3 billing codes.

	<ul style="list-style-type: none"> <li>• Anyone can refer someone to this program, they are happy to come and present to staff.</li> <li>• They have a reference guide to determine eligibility</li> <li>• Will be discussing ideas on how to incorporate and align with the projects that the ACH's are implementing at the Learning Symposium on October 24<sup>th</sup>.</li> <li>• Laurel Turner from the Women's Resource Center has great confidence that this will have a big impact in our area.</li> </ul>
HUB Update	<p>Deb Miller announced that the Pathways Community HUB launched this morning and has their first client. HUB Governance – Has formed "Action Health Partners Integrated Network, LLC"</p> <p>Discussion: How did Health Homes end up under Action Health Partners? The Health Homes Lead program will remain as part of the Action Health Partners Community Care Coordination Network because the work of the program mirrors the work of the Pathways Community HUB. It is noted that the Health Home Lead program does not provide direct services to clients. Keeping both programs in the Community Care Coordination Network allows the opportunity for AHP HUB staff to receive a referral and make an initial assessment of Health Homes eligibility. All Health Homes identified clients would be directly referred on to the appropriate Health Home Lead program as mandated by HCA. It is important to note that Health Homes eligible clients are not eligible for the Pathways Community HUB.</p> <p>The direct services for Health Homes clients are provided by a network of contracted Care Coordination Organizations. In 2015 Community Choice established an internal Care Coordination Organization program and began delivering care coordination services to Health Homes eligible clients. By establishing the new Community Choice Care Coordination Organizations Services, LLC, the direct services have been legally separated from the Action Health Partners Integrated Health Network as described in the Governance Overview HUB Neutrality document presented in the board packet.</p> <p>Will provide an update on the MCO meetings at next Board meeting.</p>
Staff Updates	<p><b><u>Christal Eshelman:</u></b></p> <ul style="list-style-type: none"> <li>• <u>Community Partnership for Transition Solutions (CPTS)</u> In the Medicaid Transformation, ACHs are being held accountable to a number of pay for performance measures. While most are healthcare metrics, two reflect the Health Care Authority's expectations that we address social determinants of health specific to homelessness and arrests. Based on workgroup feedback, NCACH did not select any of the evidence-based approaches linked to transitions from jail or law enforcement assisted diversion. However, regional data indicate underlying needs for individuals experiencing incarceration.</li> </ul>

- In May 2018, the North Central Accountable Community of Health and WorkSource partnered to bring stakeholders together to explore the Community Partnership for Transition Solutions (CPTS) model. There are currently 10 CPTSs around Washington State using a comprehensive approach that addresses all needs of an individual in order promote successful reentry into the community and reduce recidivism
- First official meeting happened in August. There is a lot of enthusiasm around this. The ACH has only provided some staff resource thus far, at this point it is not an emerging initiative as no funding is being requested. Next meeting is October 4<sup>th</sup> in Wenatchee.

Okanogan County FIMC Update – Continuing to meet monthly with Okanogan County providers.

- Next meetings are Nov 13<sup>th</sup> and Dec 11<sup>th</sup>
- Early Warning System – HCA is collecting a standard set of indicators for the entire state, Okanogan providers feel that this list is sufficient.
- HCA will hold weekly calls with the Okanogan County providers as well as daily statewide calls.
- Sahara made a media kit for Okanogan providers to use to let people know of the changes

Opioid Work Group – September meeting was cancelled.

- Working on putting the 2019 plan that was approved at the last Board meeting into action.
- We are doing Narcan training. Did a training on Narcan at the recovery event in Okanogan on September 22<sup>nd</sup>
- NCACH will now be taking over the Opioid Stakeholders group that Steve Clem has been running. Will bring this up at the next Opioid Workgroup meeting and decide how we want to proceed.
- Next Rapid Cycle Opioid Application will open this week and will remain open for a month.
- Barry noted that we just got to the point that we declared overdose as a reportable condition in Chelan and Douglas Counties. They are working the details out with those that we expect to report before we start doing press releases. The Center for Alcohol and Drug Treatment has agreed to receive the reports and conduct the follow up. They will fax the depersonalized information to CDHD.

**Wendy Brzezny:** WPCC Monthly meeting is moving to more of a strategic leadership meeting. Sites have gone from planning to implementation so not a lot of decisions will be made at the monthly meetings. We will be utilizing our Consultants to strategically guide these meetings.

- 16 out of 17 organizations have signed MOU's
- Stage 2 Funding is outlined in the MOU's there is a mixture of fixed and variable funding
- Will be submitting their MeHaf and/or PCMHA scores depending on which is required for their organization
- They will submit quarterly reports, be required to attend monthly leadership meetings as well as the Summit
- Hired Nicole Van Bokula to help lead our coaching network
- Learning activities will launch this week

	<ul style="list-style-type: none"> <li>• Met with Roger Chaufournier regarding our budget and we are reconciling the contract.</li> </ul> <p><b><u>John Schapman:</u></b></p> <ul style="list-style-type: none"> <li>• TCDI Hospital application was due last Friday, received 7 applications. There is a two week scoring process and two week write back process.</li> <li>• Developing a contract with Confluence to provide training and technical assistance for all hospitals that implement the TCM model.</li> <li>• Emergency Department Diversion (Emergency Department Information Exchange (EDie) Training/Integration) – NCACH Staff has been working with Collective Medical Technologies to outline the process of EDie integration into hospital partner’s EMRs and what a regional training schedule to better integrate EDie into clinical workflows would look like for organization’s staff</li> <li>• North Central Emergency Care Council has been working with EMS partners to better define how they quantify patient volumes of their providers. This will help create a funding model for the EMS proposal. A full proposal is expected to be presented in October to the TCDI Workgroup</li> <li>• Staff submitted implementation plan. Both the SAR and Implementation Plans will be shared after they are scored</li> </ul>
CHI Update	<p>Chelan-Douglas Rides to Work forum to discuss solutions to employment related transportation challenges in Chelan and Douglas Counties. October 10, 4:00-6:00 PM at the Confluence Technology Center in Wenatchee (see meeting packet for flyer).</p> <p><b><u>Community Feedback Survey:</u></b> Sahara Suval, Brooklyn Holton and Kyle Kellum went through the survey that went out to identify the accelerators and barriers to health.</p> <ul style="list-style-type: none"> <li>• Received 215 total responses from 36 unique zip codes</li> <li>• 19.5% of respondents are or someone in their household is insured through Medicaid</li> </ul> <p>Conclusions:</p> <ul style="list-style-type: none"> <li>• Data must be taken in context: Respondent demographics indicate that the majority of respondents <i>work</i> in clinical or social service settings (as opposed to being clients themselves)</li> <li>• While each county has similar challenges and assets, they differ in prioritization of those challenges and assets</li> <li>• Transportation is a shared challenge across all three CHIs and has significant potential to be addressed at a regional level</li> <li>• To better reach Medicaid recipients, we must meet them where they are at and be more creative and inclusive with outreach efforts</li> </ul>

	<p>Discussion:</p> <ul style="list-style-type: none"><li>• David Olson asked if there is a way of separating out the Medicaid recipients from providers. Sahara will work on that and report back.</li><li>• Carlene noted that Tran Go in Okanogan County and Link are having trouble connecting to get people to and from Wenatchee.</li></ul>
	<p>Meeting adjourned at 3:18 PM</p>