

Governing Board Meeting

12:30 PM – 3:00 PM October 2, 2017

Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (415) 762-9988 or (646) 568-7788 Meeting ID: 429 968 472# <i>Join from PC, Mac, Linux, iOS or Android:</i> <https://zoom.us/j/429968472>
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<u>Time:</u>	<u>Agenda Item:</u>	<u>Expected Action:</u>	<u>Attachments</u>
12:30 PM	Introductions – Barry Kling <ul style="list-style-type: none"> Board Roll Call Review of Agenda & Declaration of Conflicts Public Comment 	Discussion	Agenda
12:40 PM	Approval of September Minutes – Barry Kling	<i>Motion to Approve:</i> Minutes	Minutes
12:45 PM	Treasurer’s Report – Sheila Chilson	<i>Motion to Approve:</i> Financial Report	
12:55 PM	Executive Director’s Update – Senator Parlette		
1:05 PM	Program Manager Update – John Schapman <ul style="list-style-type: none"> Follow up with Board regarding NPIP Insurance Resolution Project Plan Application update Phase II Certification HCA feedback 	Discussion	NPIP Insurance Info
1:15 PM	Whole Person Care Collaborative - Peter Morgan	Discussion	Project Process Document
1:25 PM	Other Workgroup Updates <ul style="list-style-type: none"> Opioid Charter Transitions and Diversions Charter Plans for Workgroup Formation and Initial Meetings 	<i>Motion to Approve:</i> <ul style="list-style-type: none"> Opioid Charter Trans/Diversion Charter 	Draft Charters
1:40 PM	Data Update – Caroline Tillier	Information	Data Update
1:50 PM	BHO Update – Tamara Burns	Information	
2:00 PM	FIMC Update – Christal Eshelman <ul style="list-style-type: none"> Early Warning System Presentation 	<i>Motion to Approve:</i> Early Warning System Indicators	Power Point, Recommended Indicators
2:20 PM	Funds Flow Presentation	Information	
2:35 PM	Governing Board Round Table – All Members	Discussion	

Governing Board Meeting

12:30 PM - 2:30 PM Sept 11th, 2017

Family Health Center 1003 Koala Ave Omak, WA 98841	Conference Line: 1-888-285-0307 Participant PIN: 7116056#
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Attendance:

Board Members Present: Jesus Hernandez, Rick Hourigan, Winnie Adams, Barry Kling, Kevin Abel, Doug Wilson, Nancy Nash Mendez, Molly Morris, **Board Members Via Phone:** Tim Hoekstra, Senator Warnick, Sheila Chilson, Brooklyn Holton

Board Members Absent: Ray Eickmeyer, Bruce Buckles, Theresa Sullivan, Tyler Paris, Kayla Down (Laurel Lee attended in her place)

Public Attendees: Deb Miller, Andrea Bennett, Clarice Nelson, Karen Schimpf, Ryan Stillman, Kat Latet, Alan Fisher, Chris

Devilleneuve, Gail Goodwin, Jim Novelli, Christine Quinata, Gwen Cox, Larry Farness **Public Attendees Via Phone:** Gene Hanson, Lana Mitchell, Emily Cantor, Kris Davis

NCACH Staff: Linda Parlette, Christal Eshelman, John Schapman, Caroline Tillier, Peter Morgan **Minutes:** Teresa Davis

Meeting called to order at 12:30 PM by Barry Kling

Conflict of Interest: Barry disclosed conflict of interest with regards to the CDHD hosting agreement.

Approval of minutes: *Motion to approve the August minutes by Time Hoekstra, seconded by Kevin Abel, no further discussion, motion passed.*

Public Comment: No public comment

Treasurers Report: Sheila is working with Kandis Boersema from the Chelan-Douglas Health District to develop a format for the financial report that will be easier to follow. SIM grant is expected to continue another year, but we will need to start using the demonstration funds for expenditures that are currently being paid out of the SIM budget soon. *Jesus Hernandez moved to approve the July 31st expenditures, Nancy Nash-Mendez seconded the motion, no further discussion, motion passed.*

Executive Director Update see newsletter that was emailed prior to meeting.

- **Hosting Agreement:** Linda explained that the Board of Health requested a few minor changes in the CDHD/NCACH hosting agreement. The NCACH Board as well as the NCACH attorney has reviewed these changes. *Doug Wilson moved to approve the revised CDHD/NCACH hosting agreement, Senator Warnick seconded the motion, no further discussion, motion passed.*
- **Staffing:** Request for new staff person for "Community Engagement / Project Support". This was discussed in detail at the Board Retreat on Friday 9/8/17. The NCACH Staff provided detailed information on the need for an additional person and a comparison to other ACH's across the state. We are still very lean and plan to stay that way. *Nancy Nash-Mendez moved to approve the addition of a new staff person, Jesus Hernandez seconded the motion, no further discussion, motion passed.*

Nomination of Board Member:

- **Mike Beaver – Okanogan County Coalition for Health Improvement.**
 - *Jesus Hernandez moved to nominate Mike Beaver for the Okanogan CHI Seat, Winnie Adams seconded, clarified that this was a countywide recommendation, no further discussion, motion passed*

NPIP Insurance Resolution – John Schapman:

- Board would like to view the membership agreement for more information and clarification
- Board members on the phone did not have the document to review
- Add a number to the resolution

Jesus Hernandez moved to approve the resolution with the option of changing after the board has reviewed in more detail, Rick Hourigan seconded the motion, Brooklyn Holton abstained, no further discussion, motion passed.

- Teresa will email more information to the board and will put back on the agenda for October to see if all members are still in agreement.

Certification Update – John Schapman: Certification Phase two has been submitted and we are expecting the scoring by the end of the month. Christine Quinata from HCA shared that HCA has finished scoring and hoping to have final results out soon.

Whole Person Care Collaborative – Peter Morgan:

- The collaborative is recommending the charter for approval by the NCACH Board *with the condition that we add wording to page 2 “including but not limited to” (re: members who are active partners in Demonstration)* Jesus Hernandez moved to approve the WPCC Charter with the addition of the above wording on page 2, Doug Wilson seconded the motion, no further discussion, motion passed.
- CCMI/CSI Solutions agreement: Peter explained the different phases for the contract, WPPC said that they would like to clarify the commitment and get a discussion going with CCMI / CSI to discuss the design phase. No action is required at this time, but there may be a request for funding in October. Molly noted that this group has worked with Indian Health Services in the past. Peter said the references have been stellar.

BHO Update Tamara Burns:

- Continuing to work on closeout timeline and that is updated monthly.
- Will be inventorying the office and submitting to the state this week, still have all 10 staff.
- Parkside: Negotiating the operational contract. 16 triage - crisis stabilization beds and 16 residential beds.

FIMC Report – Christal Eshelman (full written report is in the September newsletter)

- Had a meeting with the Okanogan County Commissioners this morning. They are still considering becoming mid-adopters in January 2019.
- Early Warning System Indicators will be presented to the FIMC Advisory Council on September 20th for approval then will be brought to the NCACH Governing Board for approval in October. There will be a short presentation on the Early Warning System at the October board meeting and a more in depth presentation at the 9/20/17 FIMC Advisory Board Meeting.
- HCA has signed a contract with the contractor XPIO to provide technical assistance to the five behavioral health providers in our region. This work will start this month.

Pathways Community HUB: Trying to get an initial contract in place with CCS to get the HUB in a box. With 8 out of the 9 ACH's choosing the Pathways HUB, the company has paused the process to come up with a plan to handle all of the ACH's at the same time. In the meantime, the NCACH staff would like to access the care coordination resources in the region and develop an RFP Process to identify an organization that can operate the HUB.

- Doug: What happens if nobody answers the RFP? We would have to discuss and find a solution.
- Laurel: Will MCO's be involved? After the initial tasks have been taken care of, a broader workgroup will be formed.

Doug Wilson moved to create a temporary subcommittee of the Governing Board to begin laying the groundwork for a Pathways HUB by 1) working with NCACH staff to initiate a regional care coordination resource assessment, and 2) by

developing an RFP process for selection of a HUB organization once additional information is available. Member of the subcommittee will consist of volunteers from the Governing Board. A broader workgroup including ACH partners will be developed after addressing these initial tasks. Nancy Nash-Mendez seconded the motion, no further discussion, motion passed.

Opioid Workgroup Charter – Christal Eshelman: We presented the charter at the board retreat and are continuing to work on it. Will make all charters more consistent. The Opioid Charter is expected to be on the October Board meeting agenda for approval at the October meeting.

Transitions & Diversions Workgroup Charter – John Schapman: Discussion at the board retreat was to keep this as one workgroup for now, may separate after the projects have started. Will be a region wide group using the CHI's for local input. Charter will be presented at October meeting.

- Doug: How much info are you going to need from the workgroups? We need to have an evidence based approach and a target population. Then we will use the group more for the June 2018 deadline.

Tim Hoekstra moved to approve developing workgroups for the Opioid, Transitions and Diversions projects. These workgroups consist of 2 board members and partners/stakeholders. Doug Wilson seconded the motion, no further discussion, motion passed.

Announcement: Laurel Lee from Molina noted that the MCO's and Beacon will be hosting provider symposiums in both Chelan-Douglas October 9th and 10th and Grant County October 11th & 12th, a save the date will coming.

Meeting adjourned at 2:05 PM by Barry Kling

Action Items:

- Email out the NPIP Insurance information to board, add to October agenda
- John – Add resolution number to the NPIP Insurance Resolution
- Board – Create a temporary Subcommittee for Pathways HUB

The Board Members and few others went to the local Indian Health Center. The staff and Molly Morris gave an educational presentation on the Tribal Health System.

Next Meeting: October 2nd, 2017 12:30 PM – 3:00 PM

Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (415) 762-9988 or (646) 568-7788 Meeting ID: 429 968 472#
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For Nonprofits, by Nonprofits.

**A RESOLUTION
REGARDING MEMBERSHIP IN THE
NON PROFIT INSURANCE PROGRAM**

RECITALS:

1. Per the Membership Agreement of the Non Profit Insurance Program (NPIP), members can jointly pool and self-insure their liability losses and claims, jointly purchase property and liability insurance and reinsurance, and jointly provide for related administrative, risk control, and other services.
2. We have been provided with an opportunity to review the Membership Agreement of NPIP, available at www.npip.org.
3. We find that membership in NPIP is in the best interest and general welfare of my nonprofit in managing the risks involved in providing services.

IT IS RESOLVED:

1. The Board of Directors hereby approve the Membership Agreement of the Non Profit Insurance Program and hereby agrees to become a member of NPIP commencing the date insurance coverage is bound.
2. The Chairman and Vice-Chairman are authorized to execute all documents necessary to accomplish the purposes and intent of this Resolution.

ADOPTED BY THE BOARD OF DIRECTORS OF _____
(Name of Entity)

Dated: ____/____/____

Chairman

Amended 9/2016

NON PROFIT INSURANCE PROGRAM (NPIP)

MEMBERSHIP AGREEMENT

NON PROFIT INSURANCE PROGRAM

MEMBERSHIP AGREEMENT
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NON PROFIT INSURANCE PROGRAM
MEMBERSHIP AGREEMENT

1. Introduction. THIS AGREEMENT is made and entered into pursuant to the provisions of Revised Code of Washington (RCW) by and among the Washington nonprofit corporations listed in Exhibit A attached hereto, as the same will be amended regularly (collectively, the "Members").

2. Recitals.

2.1 Revised Code of Washington provides that two or more eligible entities may, pursuant to state law, coordinate the purchase of insurance and related services (these activities are hereafter collectively referred to as a "Joint Insurance Purchasing Program").

2.2 Revised Code of Washington defines eligible entities to include a nonprofit corporation organized under the entity's state of domicile.

2.3 It is to the mutual benefit of the Members to join together to establish this Joint Insurance Purchasing Program to accomplish the purpose set forth herein.

2.4 The Members have determined it is in their best interest to participate in such a program.

3. Agreement. In consideration of the foregoing recitals and the mutual benefits to be derived here from, the Members agree as follows:

3.1 Purpose of Agreement. This Agreement is entered into by the Members pursuant to Revised Code of Washington for the purpose of authorizing the creation and maintenance of a nonprofit corporation pursuant to the provisions of RCW Chapter 24.03 to be known as the Non Profit Insurance Program ("NPIP"). NPIP is organized for the purpose of coordinating insurance and related services, to the extent permitted by law, for the benefit of its Members.

3.2 Parties to Agreement.

3.2.1 Members. Each party to this Agreement certifies that it intends to contract with all parties who are signatories of this Agreement on its effective date and with such other parties as may later be added to and become signatories to this Agreement pursuant to this agreement. Each party to this Agreement also certifies that the withdrawal or cancellation of any party to this Agreement, pursuant to this agreement shall not affect this Agreement or the remaining Members' intent to contract with the remaining Members pursuant to the terms of this Agreement with the then remaining parties to this Agreement.

3.2.2 Types of Membership. Members shall be made up of nonprofit corporations who meet the Membership criteria as set forth in this Agreement and by the NPIP Board of Directors. Members of NPIP are listed on Exhibit A.

3.3 Term of Agreement. This Agreement shall become effective upon signature, and shall remain in force, until terminated pursuant to the provisions of this Agreement.

3.4 Creation of NPIP.

3.4.1 Pursuant to Chapter 48.62 Revised Code of Washington, the Members authorized the formation of NPIP, pursuant to the provisions of RCW Chapter 24.03 and the Articles of Incorporation. The regulation and management of the affairs of NPIP are governed by this Agreement, and corporate Bylaws, which have been adopted NPIP's Board of Directors. NPIP's Articles of Incorporation and Bylaws may be amended as deemed necessary by the Members and the NPIP Board of Directors, by their own terms and subject to the requirements of Washington law.

3.4.2 Notwithstanding the foregoing, the NPIP Board of Directors shall have no power or authority to incur any obligations on the part of, or to be chargeable to, Members in excess of the requirement of each Member to compensate the Program or the insurance carrier with whom NPIP has purchased insurance pursuant to this Agreement, for the individual Member's share or obligation for the purchase of insurance contemplated and authorized by this Agreement.

3.4.3 The insurance afforded to each Member, pursuant to this Agreement, is limited to the insurance provided by any insurer of NPIP and the coverages defined in the policies of insurance issued by any insurer of NPIP. No coverage, benefit or insurance, in excess or different from that afforded by any insurer of NPIP, is offered or afforded to any Member by execution of this Agreement. NPIP may extend coverage beyond that provided by its excess or reinsurance partners, but only by express written agreement with the Member.

3.5 Powers of NPIP. The Members hereby delegate to NPIP the powers which are common to the Members and which are reasonably necessary and proper to carry out the purposes and terms of this Agreement. Such powers shall include, but not be limited to, the power to:

3.5.1 Establish, and require compliance with, all terms of the Joint Insurance Purchasing Program to be provided by NPIP including the types and limits of the insurance coverage, the methodology to be used to allocate NPIP's costs among Members, and the amount of assessments to be paid by each Member;

3.5.2 Make and enter into contracts;

3.5.3 Incur debts, liabilities or obligations;

3.5.4 Acquire, receive, hold or dispose of property, funds, services, and other forms of assistance from persons, firms, corporations and governmental entities;

3.5.5 Sue and be sued, complain and defend, in its corporate name;

3.5.6 Hire employees and agents; and

3.5.7 Employ a third party administrator to act in accordance with Section 3.8. The authority of

NPIP's Board of Directors shall be exercised pursuant to the terms of this Agreement and NPIP's Articles of Incorporation and Bylaws and in the manner provided by RCW Chapter 24.03.

3.6 Responsibilities of NPIP. NPIP shall have the following responsibilities:

3.6.1 Annually, prior to the fiscal year, the NPIP Board of Directors shall adopt a budget. Such budget shall determine the insurance coverage to be provided through NPIP, the estimated annual assessment to be paid by each Member, and the methodology to be used to allocate NPIP's costs, including deductible costs, administrative costs, and loss costs, to each Member on an annual basis.

3.6.2 NPIP will assist each Member's risk manager, upon request, with the implementation of risk management programs.

3.6.3 NPIP will provide loss prevention, safety, and consulting services to Members.

3.6.4 NPIP will provide claims adjusting and subrogation services for claims covered by the Joint Insurance Purchasing Program.

3.6.5 NPIP will provide loss analysis for the Members for the purpose of identifying high exposure operations and evaluating proper levels of self-retention and deductibles.

3.6.6 NPIP will conduct risk management audits to assess each Member's participation in the Joint Insurance Purchasing Program.

3.6.7 NPIP will comply with any other requirements imposed by Washington law.

3.7 Responsibilities of Members. Members shall have the following responsibilities:

3.7.1 Each Member shall appoint one representative who shall be authorized to exercise the Member's voting rights in NPIP, if any, and to act on behalf of the Member with respect to all matters pertaining to NPIP. Only directors, officers and employees of a Member shall be eligible to be appointed as a representative of a Member. The name of the person appointed as a Member's representative shall be submitted to NPIP directly or via the Member's agent/broker via mail, email, or application. A change in a Member's appointed representative shall not become effective until NPIP has received notice of such change. The alternate Member representative indicated on the renewal application will be used, if necessary, serve and act in the absence of the Member's representative.

3.7.2 Each Member shall maintain its own set of records, as a loss log, on all categories of loss and shall provide to NPIP a written report to all potential claims or losses within 48 hours after they become known to the Member.

3.7.3 Each Member shall pay to NPIP, when due, all assessments established by NPIP, pursuant

to the terms of this Agreement. After the withdrawal, cancellation, or termination of a Member, such Member shall continue to pay to NPIP, when due, until all claims, losses, costs, and other unpaid liabilities relating to the Member's period of membership have been resolved fully.

3.7.4 Each Member shall provide NPIP with such information or assistance as may be necessary for NPIP to carry out the Joint Insurance Purchasing Program.

3.7.5 Each Member shall comply with all Bylaws, resolutions, and policies adopted by the NPIP Board of Directors and shall cooperate with NPIP and its insurers in accomplishing the purposes of this Agreement.

3.8 NPIP Board of Directors' Authority.

3.8.1 NPIP shall be governed by a Board of Directors in accordance with the Bylaws.

3.8.2 The Third Party Administrator ("Administrator") shall have the general supervisory control over the day to day decisions and administrative activities of NPIP. Activities shall include, but are not limited to: (1) negotiations and placement for insurance coverage contracts; (2) disbursement billings to individual Members for their proportionate charges; (3) payment and management of claims sustained by Members of NPIP and liaison with representatives acting on behalf of participating Members. The Administrator shall also keep records of expenses and claims data.

3.8.3 Administrative costs and charges to be paid to the Administrator shall be negotiated between the NPIP Board of Directors and the Administrator.

3.8.4 NPIP funds shall be administered by the Administrator under the control and supervision of the NPIP Board of Directors. The Administrator will be authorized to disburse funds for the processing of covered claims and administrative costs.

3.8.5 The NPIP Board of Directors will provide for an annual audit of the books and records of NPIP as proscribed by the laws and regulations of the State of Washington. When such an audit of the accounts and records is made by the auditing agency, a report thereof shall be filed as a record with the office of the Administrator. Such reports shall be conducted, distributed, and/or filed as required by law. Costs of this audit shall be borne by NPIP and shall be considered for budgetary purposes.

3.8.6 The NPIP Board of Directors is authorized to invest NPIP assets pursuant to the laws and regulations of the State of Washington.

3.8.7 The NPIP Board of Directors shall establish an annual budget. Fiscal years for NPIP shall be from June 1 through May 31 of the next calendar year. The NPIP Board of Directors shall determine the estimated expenses and costs to be incurred by NPIP for the next fiscal year and shall adopt a budget derived from the Administrator's proposed budget. The budget shall be in a form to provide the following information for NPIP as a whole: (1) additional funds toward unreserved fund balance; (2) anticipated revenues in detail; and (3) appropriations, in detail. The NPIP Board of Directors shall apportion the budget costs among the Members, based on rating

factors. All payments due NPIP from Members upon the basis of each budgeted assessment shall be paid as invoiced for the fiscal year for which the assessment is made.

3.9 Service Representative Relationship (Agent/Broker).

3.9.1 Each participating Member of NPIP shall designate a servicing representative to act on their behalf. All service representatives shall be licensed insurance brokers. Duties will include, but are not limited to, the providing of local claims assistance, the securing of underwriting information, completion of applications, updating exposure data and information and such other functions as necessary and reasonable.

3.9.2 Each Member agrees to indemnify and hold NPIP, its Administrator, employees and agents, harmless from and indemnify them against any claims, complaints, and causes of action or judgments arising from any allegation of a failure of the performance or negligence on the part of the Member's servicing representative, including a failure to communicate to or forward communications from NPIP, NPIP's Administrator or any Program insurer. The employment of a servicing representative and the scope of the services performed by that representative are completely within the domain of the Member. A Member acts upon the advice and actions or inactions of its servicing representative at its sole risk.

3.10 New Members. New Members may be admitted as Members of NPIP, to the extent permitted by law, and subject to the conditions set forth by the NPIP Board of Directors.

3.11 Withdrawal. A Member may withdraw only at the end of NPIP's fiscal year and only after it has given the Program ninety days (90) written notice of its intent to withdraw from this Agreement.

3.12 Cancellation. NPIP shall have the right to cancel any Member's participation in the Joint Insurance Purchasing Program upon the affirmative vote of the NPIP Board of Directors at any regular or special meeting. Any Member so cancelled shall be given 90 days notice prior to the effective date of the cancellation, unless due to nonpayment or noncompliance within Section 3.7 of this agreement. Notice of cancellation shall be no less than 10 days.

3.13 Effect of Withdrawal or Cancellation. Neither the withdrawal nor the cancellation of any Member shall cause the termination of this Agreement. No Member, by withdrawing or having its membership canceled, is entitled to payment or return of any assessment paid by the Member to NPIP or any NPIP insurer, or to any distribution of NPIP's assets. The withdrawal or cancellation of any Member, shall not terminate its responsibility to contribute its share of any assessments per this Agreement. It is the intent of this Agreement that no assets of NPIP shall be owned by Members nor shall Members be responsible for debts incurred by the NPIP other than insurance premiums, assessments and claim deductibles attributed to the Members' membership.

3.14 Termination and Distribution.

3.14.1 Termination. This Agreement may be terminated at any time by the written consent of

three-fourths of the Members. However, this Agreement and NPIP shall continue to exist for the purpose of paying all debts and liabilities, disposing of all claims, distributing net assets, and liquidating the affairs of NPIP in accordance with Washington law. The NPIP Board of Directors shall continue to have the authority to administer the Joint Insurance Purchasing Program, including the power to require Members, including those Members which withdrew prior to the termination date, to pay any assessments deemed necessary by the Board of Directors to fully resolve and dispose of all claims, losses and liabilities covered by this Agreement.

3.14.2 Distribution. Upon termination of this Agreement and full satisfaction of all outstanding claims, losses, and liabilities of NPIP, all assets of NPIP shall be distributed among the Members that were Members of the Joint Insurance Purchasing Program, on the date action to terminate this Agreement was taken, in proportion to the cash payments made by each Member during the term of this Agreement. The NPIP Board of Directors shall determine such distribution within six months after the last pending claim or loss covered by this Agreement has been resolved fully.

3.15 Notices. Except as otherwise required by Washington law, notices to Members hereunder shall be sufficient if: via service representative, via email, or via mail, to the office of the last known address of the Member.

3.16 Amendment. This Agreement may be amended at any time by the approval by an affirmative vote of a majority of the NPIP Board of Directors of the program during a regular or special meeting of the Board of Directors.

The Board of Directors shall provide notification of the intent to change the foundation agreement to each member of the program at least 30 days in advance of the meeting in which the vote of the board will occur, or pursuant to state law, whichever notice is greater. Notice must be provided via electronic or regular mail and must provide a copy of proposed changes.

All amendments shall be adopted with the governing body of each member and signed by an authorized representative of each member. The signed amendment will be submitted to, and retained by NPIP. Copies of the foundation agreement and subsequent amendments shall be published on the website of the program, per applicable state law.

3.17 Voting Rights and Procedures. Each Member shall be entitled to one vote on each matter submitted to a vote of the Members on the date the vote is taken, unless a record date for voting purposes is fixed by the Board of Directors. Members present on the day of the meeting of the membership shall be entitled to vote at such meeting per state law.

The vote may be taken by mail or by electronic transmission (if the name of each candidate and the text of each proposal to be voted upon are set forth in a record accompanying or contained in the notice of meeting). An election may be conducted by electronic transmission if NPIP has designated an address, location, or system to which the ballot may be electronically transmitted and the ballot is electronically transmitted to the designated address, location, or system, in an executed electronically transmitted record. Members voting by mail or electronic transmission are present for all purposes.

3.18 Authority. NPIP is hereby granted the authority to enforce the terms of this Agreement. In the event action is instituted to enforce any term of this Agreement or any term of the Bylaws against any Member or previous Member, the Member or previous Member agrees to pay such sums as the court may fix as reasonable attorneys' fees and costs in said action including fees and costs on appeal.

3.19 Default and Remedies. If any Member fails to perform any term or condition of this Agreement and such failure continues after NPIP has given the Member written notice of such failure, the Member shall be in default hereunder. Upon default, NPIP may cancel the Member's membership effective immediately without further notice or exercise any remedies herein provided or otherwise provided by law. The rights and remedies of NPIP are cumulative in nature and pursuit of any particular remedy shall not be deemed an election of remedies or a waiver of any other remedies available hereunder or otherwise available by law.

3.20 No Waivers. No waiver or forbearance of a breach of any covenant, term, or condition of this Agreement shall be construed to be a waiver or forbearance of any other or subsequent breach of the same or of any other covenant, term or condition, and the acceptance of any performance hereunder, or the payment of any sum of money after the same has become due or at a time when any other default exists hereunder, shall not constitute waiver of the right to demand payment of all other sums owing or a waiver of any other default then or thereafter existing.

3.21 Prohibition Against Assignment. No Member may assign any right, claim or interest it may have under this Agreement. No creditor, assignee or third party beneficiary of any Member shall have any right, claim or title to any part, share, interest, fund premium or asset of NPIP.

3.22 Entire Agreement. This Agreement contains the entire understanding of the parties regarding the Joint Insurance Purchasing Program, and they acknowledge that there is no other written or oral understanding or promise between them with respect to the matters addressed by this Agreement except for the Articles of Incorporation and Bylaws of NPIP. This Agreement may not be altered, amended, or revoked, except pursuant to this Agreement.

3.23 Severability. If any term or provision of this Agreement shall to any extent be determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each term and provision in this Agreement shall be valid and be enforceable to the fullest extent permitted by law.

3.24 Time. Time is of the essence of this Agreement and each and every provision hereof.

3.25 Section Headings. The section headings in this Agreement are inserted for convenience only and are not intended to be used in the interpretation of the contents of the sections they introduce.

3.26 Governing Law. This Agreement shall be governed by and construed in accordance with the laws of NPIP's domicile - the state of Washington.

4. Execution. The parties have executed this Agreement by duly authorized officers thereof as of date coverage was bound in NPIP.

North Central Accountable Community of Health

Name of Nonprofit Corporation (Member)



Signature of Member Representative

Linda Evans Parlette

Print or Type Name of Member Representative

Executive Director

Title of Member Representative

7/28/2017

Date Signed

EXHIBIT A = List of Members



Members 2017-2018

Adams County

1. Adams County Pet Rescue
2. Heart of the Basin Habitat for Humanity

Asotin County

3. Asotin County Food Bank
4. Lewis & Clark District Council of St. Vincent DePaul
5. Quality Behavioral Health
6. Southeast Washington Economic Development Association

Benton County

7. Benton City Chamber of Commerce
8. Benton-Franklin Co. Humane Society, The
9. Children's Reading Foundation, The
10. Dreamview Estates Property Owners Assoc.
11. Emmaus Center, The
12. Historic Downtown Kennewick Partners
13. Ignite Ministries
14. Liberty Christian School
15. Mirror Ministries
16. Prosser Cemetery Association
17. Prosser Chamber of Commerce
18. Senior Life Resources
19. Reach Beyond Challenge Course
20. Support, Advocacy and Resource Center
21. Tri-Cities Chaplaincy
22. Tri City Regional Chamber of Commerce
23. Tri-Cities Food Bank
24. Tri-City Development Council
25. Tri County Partners Habitat for Humanity
26. Walter Clore Wine & Culinary Center
27. West Richland Chamber of Commerce

Chelan County

28. Bangsund Dwelling Place, The
29. Camp Fire USA/North Central WA Council
30. Cascade Adaptive Sports
31. Cascade Columbia Fisheries Enhancement Group
32. Cascade Foothills Farmland Association
33. Chelan Douglas Counties Together
for a Drug Free Youth
34. Chelan-Douglas County CASA/GAL Program
35. Chelan Douglas County Community Action Council
36. Chelan-Douglas Land Trust
37. Chelan Valley Hope
38. Chelan-Douglas Child Services Association
39. Columbia Breaks Fire Interpretive Center
40. Community Choice
41. Delight Foundation
42. Grunewald Guild
43. Historic Downtown Chelan Association
44. Icicle Creek Center for the Arts
45. Icicle Fund
46. Lake Chelan Boating Club

47. Lake Chelan Chamber of Commerce
48. Learning Well, The
49. Leavenworth Summer Theater
50. Mission Vista
51. Mountain Sprouts Children's Community
52. Music Theatre of Wenatchee, Inc.
53. NCW Business Loan Fund
54. Operation Veterans Assistance and Humanitarian Aid
55. Peshastin Domestic Water Users
56. Ponderosa Community Club
57. Projekt Bayern
58. Ripple Foundation, The
59. Supporters of the Center
60. Tierra Village
61. Tillicum Riders
62. Trancare
63. Upper Valley Connection
64. Upper Valley MEND/Cornerstone Community
65. WA State Autumn Leaf Festival Association
66. Wenatchee Christian Early Learning
67. Wenatchee River Institute
68. Wenatchee Valley College Foundation
69. Wenatchee Valley Museum and Cultural Center
70. Wenatchee Valley Senior Activity Center
71. Women's Resource Center of North Central Washington

Clallam County

72. Homeward Bound
73. North Olympic Land Trust
74. Peninsula Trails Coalition

Clark County

75. Arc of Southwest Washington, The
76. Battle Ground Chamber of Commerce
77. CDM In-Home Care Services
78. Children's Center, The
79. Community Mediation Services
80. Educational Opportunities for Children & Families
81. Free Clinic of SW Washington
82. Friends of the Carpenter
83. Human Services Council
84. International Children's Care
85. Learning Avenues Child Care Centers
86. YWCA Clark County

Cowlitz County

87. Emergency Support Shelter
88. Humane Society of Cowlitz County, SPCA
89. Lower Columbia Community Action Council
90. North County Recreation Association
91. Oregon Primate Rescue

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Members 2017-2018

Douglas County

- 92. Lighthouse Christian Ministries
dba Lighthouse Christian Ministries & The Kings Garden Preschool
- 93. Washington Career & Technical Sports Medicine Association

Ferry County

- 94. Eureka Thrift
- 95. Friends of Stonerose Fossils

Franklin County

- 96. CBVC
- 97. Downtown Pasco Development Authority

Garfield County

- 98. Garfield County Super Citizens

Grant County

- 99. American Legion - Art Semro Post & Ladies Auxiliary
- 100. Big Bend Community College Foundation
- 101. Boys & Girls Club of the Columbia Basin
- 102. Cove West Homeowners Association
- 103. Crossroads Resource Center
- 104. Desert Aire Owners Association
- 105. Dune Lakes Homeowners' Association
- 106. Ephrata Chamber of Commerce
- 107. Ephrata Senior Center
- 108. Family Services of Grant County
- 109. Farmer Consumer Awareness Day
- 110. George Community Hall
- 111. Grand Coulee Dam Seniors
- 112. Grant County Animal Outreach
- 113. Hillcrest Water Users Association
- 114. Masquers Theater
- 115. Moses Lake Chamber of Commerce
- 116. Moses Lake Christian Academy
- 117. Moses Lake School District
PTO/Boosters/Alumni Association
- 118. Moses Lake Senior Opportunity & Services
- 119. New Life Christian School
- 120. Paul Lauzier Scholarship Foundation
- 121. Pelican Point Community Association
- 122. Quincy Valley Chamber of Commerce
- 123. Quincy Valley Historical Society & Museum
- 124. Quincy Valley School
- 125. Rimrock Meadows of Washington
- 126. Sagbrush Seniors of Grant County
- 127. Sunland Estates Homeowners Association

Grays Harbor County

- 128. Aberdeen Neighborhood Housing Services
dba Neighbor Works of Grays Harbor Co.
- 129. Greater Grays Harbor
- 130. Oakview Association
- 131. Ocean Shores Community Club

Island County

- 132. Camano Island Chamber of Commerce
- 133. Camano Senior & Community Center
- 134. Lost Lake Property Owners Association
- 135. Oak Harbor Christian School
- 136. Ryan's House for Youth

Jefferson County

- 137. CARA (Community Arts & Recreation Alliance)
dba Jefferson County ReCyclery
- 138. Centrum
- 139. Ecumenical Christian Helping Hands Organization (ECHHO)
- 140. Jefferson Community School
- 141. Jefferson County Historical Society
- 142. North Olympic Salmon Coalition
- 143. Northwest Maritime Center
- 144. Olympic Community Action Programs
- 145. Olympic Neighbors
- 146. PTBP Owners Association
- 147. Port Townsend Aero Museum
- 148. Port Townsend Film Institute
- 149. Port Townsend Main Street Program

King County

- 150. ANEW
- 151. Advancing Leadership Foundation
- 152. Alliance of People with disabilities
- 153. Arc of King County, The
- 154. Artist Trust
- 155. Attic Learning Community, The
- 156. Aurora Commons
- 157. Bastyr University
- 158. Bellevue Boys & Girls Club
- 159. Bellwether Housing
- 160. Bike Works Seattle
- 161. Black Diamond Community Center Association
- 162. Black Education Strategy Roundtable
- 163. Bright Water Waldorf Society
- 164. Bush School, The
- 165. CAST for Kids Foundation
- 166. Cascade Volleyball Club
- 167. Center for Wooden Boats
- 168. Changes Parent Support Network
- 169. Christian Enterprises
dba Rainier Christian School
- 170. Clearwater School, The
- 171. Committee for Children
- 172. Communities in Schools of Federal Way
- 173. Community Dinners - Seattle
- 174. Compassion House
- 175. Construction for Change
- 176. Continental Club, Inc., The
- 177. Cove to Clover
dba Y.E.T.I Club

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Members 2017-2018

178. Cultural Access Washington
179. Downtown Action to Save Housing
180. Downtown Seattle Association
181. Earth and Space Research
182. Earthcorps
183. Eastside Baby Corner
184. Eastside Catholic School
185. Eastside Christian School
186. Eastside Preparatory School
187. Eastside Timebank
188. Elizabeth Gregory Home
189. Emerald City Pet Rescue
190. Emerald Heights Academy
191. End Life of Washington
192. Evergreen Land Trust Association, The
193. Evergreen Mountain Bike Alliance
194. Evergreen Safety Council
195. Excel Public Charter School
196. Explorer West Middle School
197. Faith Action Network
198. FaithMobile Ministries
199. Fair Work Center
200. First Place
201. Food Lifeline
202. Forest Ridge School of the Sacred Heart
203. Foundation for Private Enterprise Education
204. Friends of Camp Gallagher
205. Friends of Seattle Waterfront
206. Friends of Youth
207. Friendship Adventures
208. Fusion
209. German Heritage Society
210. Giddens School
211. Global Online Academy
212. Global Visionaries
213. Greater Federal Way Chamber of Commerce
214. GreaterGood.org
215. Greater Seattle Chamber of Commerce
216. Green Lake Preschool and Childcare Center
217. Green River Coalition
218. Harbor Association of Volunteers for Animals
219. Hero House
220. Highline High School Booster Club
221. Historical Society of Federal Way
222. HomeSight
223. Hooves With Heart
224. Hospitality House
225. Institute for Community Leadership
226. International District Parking Association
dba Transla
227. Issaquah Food and Clothing Bank
228. Jubilee Women's Center
229. Kent Food Bank & Emergency Services
230. Kent School District PTO/Booster
231. Kent Youth & Family Services
232. Kent Youth Soccer Association
233. Kirkland Interfaith Transition in Housing
234. Lake and Park School, The
235. Lake Sawyer Community Club
236. Lake Washington Rowing Club
237. Legacy Homeschool Center
238. Listen & Talk
239. Little Bit Therapeutic Training Center
240. Long Live the Kings
241. Making A Difference Foundation
242. Mamma's Hands
243. Mid Puget Sound Fisheries Enhancement Group
244. Millionair Club, Inc.
245. Mountaineers Foundation
246. Mountaineers, The
247. Mountains To Sound Greenway Trust
248. Mt. Si Senior Center
249. NAMI Eastside
250. NARAL Pro-Choice Washington
251. NW School for Hearing Impaired Children
dba NW School for Deaf and Hard of Hearing Children
252. Neighborhood House
253. Nellie Goodhue Group Home
254. New Hope Health Center
255. Northshore Senior Center
256. Northwest Family Life
257. Northwest Harvest/EMM
258. Northwest Wall & Ceiling Bureau
259. Northwest Youth Music Association
260. OneRedmond
261. Open Window School
262. Pacific Christian Academy
dba Christian Faith School
263. Pet Partners
264. Phinney Neighborhood Association
265. Plateau Outreach Ministries
266. Plymouth Housing Group
267. Port Jobs
268. Powerful Voices
269. Pregnancy Aid of Washington
270. Project Canine
271. Rainier Foothills Wellness Foundation
272. Rainier Prep
273. Refugee Federation Service Center
274. Renton Area Youth & Family Services
275. Rubicon Foundation
276. SIFF
277. SKCAC Industries & Employment Services
278. Samena Club
279. Sawhorse Revolution
280. Seattle Christian Schools
281. Seattle Neighborhood Group
282. Seattle Police Foundation
283. Seattle Preparatory School
284. Seattle-King County Convention and Visitors Bureau

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Members 2017-2018

- 285. Service Board, The
- 286. Shoreline-Lake Forest Park Arts Council
- 287. SightConnection
- 288. Sno-King Amateur Hockey Association
- 289. Sno-Valley Tilth
- 290. Snoqualmie Falls Forest Theater
- 291. Small Faces Child Development Center
- 292. SoDo Business Improvement Area
- 293. Sound Generations
- 294. South King County St. Vincent dePaul N.F.P.
- 295. South Park Area Redevelopment
- 296. South Park Senior Citizens
- 297. South Sound Dream Center
- 298. Timebanks of Puget Sound
- 299. Tiny Trees Preschool
- 300. Toxic-Free Future
- 301. Transitional Resources
- 302. USO Northwest
- 303. Union Hill Water Association
- 304. University Congregational Housing Association
- 305. University Heights Center for the Community Association
- 306. University of Washington Alumni Association
- 307. Vashon HouseHold
- 308. Vashon Youth & Family Services
- 309. WA State Animal Response Team
- 310. WA State Cheer Coaches Association
- 311. WA State Democratic Central Committee
- 312. Wallingford Community Senior Center
- 313. Washington Alliance for Better Schools
- 314. Washington Community Action Network
- 315. Washington Early Learning Fund
dba Thrive Washington
- 316. Washington Initiative for Supported Employment
- 317. Washington Trails Association
- 318. Westside School
- 319. WheelLab
- 320. Whitewater Aquatics Management
- 321. Wider Horizons
- 322. Women's Funding Alliance, The
- 323. Worker Right Coalition
- 324. Youth and Outreach Services

Kitsap County

- 325. Admiral Theatre Foundation, The
- 326. Arc of Kitsap & Jefferson County, The
- 327. Bainbridge Island Child Care Centers
- 328. Building Association Poulsbo Lodge #44 Sons of Norway
- 329. Dispute Resolution Center of Kitsap County
- 330. Greater Hansville Community Center
- 331. Helpline House
- 332. Island Volunteer Caregivers
- 333. Kitsap Community Foundation
- 334. Kitsap Immigrant Assistance Center
- 335. North Kitsap Fishline

- 336. Paratransit Services
- 337. Seabeck Christian Conference Center, Inc.
- 338. Village Green Foundation
- 339. Weaver Foundation-Georgia Mattson

Kittitas County

- 340. Laughing Horse Arts Foundation
- 341. Washington Cattlemen's Association
- 342. Youth Services of Kittitas County

Klickitat County

- 343. Greater Goldendale Area Chamber of Commerce
- 344. Maryhill Museum of Fine Arts, Inc.
- 345. Sacred Earth Foundation
- 346. Washington Gorge Action Programs
- 347. Community Enrichment for Klickitat County

Latah County

- 348. Disability Action Center NW

Lewis County

- 349. Boistfort Valley Water
- 350. Centralia - Chehalis Chamber of Commerce
- 351. Claquato Cemetery Association
- 352. Crime Stoppers of Lewis County
- 353. Growing Places Farm & Energy Park
dba Boys and Girls Club of Chehalis
- 354. Historical Fox Theatre Restorations
- 355. Lewis County Economic Development Council
- 356. Lewis County Historical Society
- 357. Lewis County Mental Health Association
dba Cascade Mental Health Care
- 358. Lewis County Work Opportunities
- 359. Mayfield Lake Youth Camp, Inc.
- 360. Onalaska Alliance for Sustainable Community
- 361. Pope's Kids Place
- 362. Reliable Enterprises
- 363. Safe Family Ministries
- 364. Visiting Nurses Foundation
- 365. White Pass Community Services Coalition

Lincoln County

- 366. Edwall Water Association
- 367. Family Resource Center of Lincoln County
- 368. Harrington Opera House Society
- 369. Odessa Chamber of Commerce
- 370. Wilbur Chamber of Commerce

Mason County

- 371. Adopt A Pet
- 372. Community Lifeline of Mason County
- 373. Frank Family Foundation

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Members 2017-2018

- 374. Hood Canal Salmon Enhancement Group
- 375. Lake Cushman Maintenance Co.
- 376. Mason County HOST
- 377. Saint's Pantry Food Bank, The
- 378. Turning Pointe Domestic Violence

Okanogan County

- 379. Community Cultural Project of Tonasket
- 380. Conconully Chamber of Commerce
- 381. In Home Care of Central Washington
- 382. MVR Ministries
- 383. Master's Christian School
- 384. Methow Conservancy
- 385. Methow Salmon Recovery Foundation
- 386. Okanogan Chamber of Commerce
- 387. Okanogan County Child Development Association
- 388. Okanogan County Community Action Council
- 389. Okanogan County Community Coalition
- 390. Okanogan County Transportation & Nutrition
- 391. Pateros/Brewster Community Resource Center
- 392. Room One

Pacific County

- 393. Camp Victory

Pend Oreille County

- 394. Cutter Theatre

Pierce County

- 395. A Common Voice
- 396. Advocates For Immigrants in Detention Northwest
- 397. Alchemy Indoor Skate Park & Education Center
- 398. Anderson Island Historical Society
- 399. Annie Wright School
- 400. Asset Stewardship Foundation, The
- 401. Associated Ministries of Tacoma - Pierce County
- 402. Ben B. Cheney Foundation, Inc.
- 403. Bethel Recreation Association
- 404. Cascade Christian Schools
- 405. Center for Ministry Development
- 406. Center for Strengthening the Teaching Profession, The
- 407. Charles Wright Academy
- 408. Daffodilians
- 409. Downtown On the Go
- 410. Eastside Community Center QALICB
- 411. Educational Programs in Home Living
- 412. Fair Housing Center of Washington
- 413. Family Renewal Shelter
- 414. First 5 FUNdamentals
- 415. George Weyerhaeuser Pacific Rim Bonsai Collection
- 416. Goodwill Contracting Services
- 417. Greater Tacoma Community Foundation
- 418. Harbor Wildwatch
- 419. Helping Hand House

- 420. Homeownership Center of Tacoma
- 421. Homeward Bound in Puyallup
- 422. Key Peninsula Civic Center Association
- 423. L'Arche Tahoma Hope Community
- 424. Lighthouse Christian School
- 425. Local Development Council of Tacoma
- 426. Metropolitan Development Council, The
- 427. Mustard Seed Project of Key Peninsula
- 428. New Phoebe House Association
- 429. Northwest Services for Independent Living
- 430. Northwest Sinfonietta
- 431. Nourish Pierce County
- 432. Orting Food Bank
- 433. Permaculture Lifestyle Institute
- 434. Permission to Start Dreaming, The
- 435. Pierce County Alliance
- 436. Pierce County Center for Dispute Resolution
- 437. Prairie Ridge Maintenance Corp.
- 438. Proctor District Association, The
- 439. Puyallup Valley St. Francis House
- 440. SOAR Academies
- 441. Share and Care House
- 442. South Sound Outreach Services
- 443. Steilacoom Historical Museum Association
- 444. Step By Step Family Support Center
- 445. Stewardship Foundation
- 446. Tacoma Community House
- 447. Tacoma Musical Playhouse
- 448. Tacoma-Pierce County Business Alliance
- 449. Tacoma Pierce County Chamber of Commerce
- 450. Tacoma Pierce County Habitat for Humanity
- 451. Tacoma Symphony Orchestra
- 452. Tacoma Waldorf School
- 453. Tacoma Youth Symphony Association
- 454. Tahoma Associates
- 455. Tahoma Audubon Society
- 456. Valley Arts United
- 457. WA State Society for Healthcare Engineering
- 458. Washington HVACCA
- 459. Washington Nonprofits
- 460. YWCA Pierce County

San Juan County

- 461. Children's Discovery Foundation
dba The Funhouse
- 462. Lahari, Inc.
- 463. Lopez Children's Center
- 464. Lopez Community Center Association
- 465. Lopez Housing Options
- 466. OCS Supporting Foundation
- 467. OPAL Community Land Trust
- 468. Orcas Christian School Foundation
- 469. Orcas Daycare Association
- 470. Orcas Island Community Foundation
- 471. Senior Services Council of San Juan County - Orcas Island

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Members 2017-2018

472. Via, Veritas, Vita (3V's)

Skagit County

473. Boys and Girls Clubs of Skagit County
474. Burlington Little School
475. Community Action of Skagit County
476. George Baldrige Post #43 - American Legion
477. Grow Food
478. Home Trust of Skagit
479. InFocus Ministries
480. Lake Tyee
481. Leif Erikson Recreation Association
482. Lincoln Theatre Center Foundation, The
483. Mount Vernon Christian School
484. New Earth Recovery
485. North Cascades Institute
486. Padilla Bay Foundation
487. Skagit Domestic Violence & Sexual Assault Services
488. Skagit Fisheries Enhancement Group
489. Skagitians To Preserve Farmland
490. Transition Fidalgo & Friends
491. WA State Tactical Officers Association

Snohomish County

492. Arlington-Smokey Point Chamber of Commerce
493. Assistance League of Everett
494. Bleeding Disorder Foundation of Washington, The
495. Camp Fire Snohomish County
496. Child Advocacy Center of Snohomish Co.
497. Cocoon House
498. Community Foundation of Snohomish Co.
499. Cowboy Campsite Members Association
500. East County Senior Center
501. Edmonds Center for the Arts
502. Edmonds Senior Center
503. Everett Recovery Café
504. Everett Senior Center Foundation
505. Greater Marysville Tulalip Chamber of Commerce
506. Housing Hope
507. Humane Society - Western Region
508. Imagine Children's Museum
509. Kla-Ha-Ya Days Festival
510. L & E Academy Foundation
511. Lake Connor Park
512. Lake Stevens Senior Center
513. Leadership Snohomish County
514. Marysville Community Food Bank
515. Monroe Christian School
516. Northsound Association for Catholic Education
517. Purrfect Pals
518. Quilceda Community Services
519. Senior Services of Snohomish County
520. Sherwood Community Services
521. Silvana Community Fair Board

522. Sky Valley Chamber of Commerce
523. Sky Valley Food Bank
524. Snohomish Community Food Bank
525. Snohomish School District PTO/Booster
526. Snohomish Seniors
527. Stanwood Chamber of Commerce
528. Stanwood Community and Senior Center
529. Stanwood-Camano Food Bank Services
530. Stilly-Snohomish Fisheries Enhancement Task Force
531. Thumbnail Theater
532. Village Community Services
533. Warm Beach Christian Camp & Conference Center
534. Warm Beach Water Association
535. Washington Technology Student Association
536. Washington Vocational Services
537. West Coast Aquatics

Spokane County

538. American Childhood Cancer Organization Inland Northwest
539. Beats & Rhythms
540. Big Brothers Big Sisters of the Inland NW
541. Catholic Charities of Spokane
542. Center for Organizational Reform
543. Community Frameworks
544. Corbin Senior Activity Center
545. East Central Community Organization
546. Far West Agribusiness Association
547. Greater Spokane League District #8
548. Hearth Homes, Inc.
549. Inland Northwest Land Trust
550. Jensen Memorial Youth Ranch
551. Knights of Columbus
552. Life Services of Spokane
553. Mid-City Concerns
554. North Twin Lakeview Homeowners Association
555. Northeast Community Center Association
556. Northwest Autism Center, The
557. Northwest Christian Schools
558. Northwest North Pole Adventures
559. Oaks Education Association
560. PRIDE Prep Schools
561. Passages Family Support
562. Salem Arms Community Housing
563. Source of Spokane, The
564. Spokane C.O.P.S.
565. Spokane Hoopfest Association
566. Spokane Housing Ventures
567. Spokane International Academy
568. Spokane Neighborhood Action Partners
569. Spokane Treatment and Recovery Services
570. Spokane Urban Ministries, Inc.
 dba Walnut Corners Owners Association
571. Spokane Valley Partners
572. Spokane Valley Senior Citizens Association
573. Spokane Waldorf Education Association

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Members 2017-2018

- 574. Spokefest Association
- 575. Sprague Chamber of Commerce
- 576. Terrain Programs
- 577. UNITE Family Services
- 578. Valleyfest
- 579. Washington Association for Pupil Transportation
- 580. Washington State Narcotics Investigation Association
- 581. Wishing Star Foundation
- 582. Women and Children's Free Restaurant & Community Kitchen
- 583. YWCA of Spokane

Stevens County

- 584. Bethel Christian Life Center
- 585. Colville Chamber of Commerce
- 586. Colville Community Senior Center
- 587. Community Celebrations
- 588. Kettle Falls Area Chamber of Commerce
- 589. Kettle Falls Youth Works
- 590. NEW Family Life Services
- 591. Rural Resources Community Action

Thurston County

- 592. Adult Family Home Council
- 593. American Legion Department of WA, The
- 594. Association of Washington Business/AWB Institute
- 595. Association of Washington School Principals
- 596. Boys & Girls Club of Thurston County
- 597. Breast Cancer Prevention Fund
- 598. Capital Lakefair, Inc.
- 599. Capitol Land Trust
- 600. Child Care Action Council of Thurston County
- 601. Clearwood Community Association
- 602. Community Transportation Association of the Northwest
- 603. Community Youth Services
- 604. Dispute Resolution Center of Thurston County
- 605. Family Support Center of South Sound
- 606. Garden-Raised Bounty
- 607. Hands on Children's Museum
- 608. Interfaith Works
- 609. Morningside
- 610. Nature Nurtures Farm
- 611. Nisqually Land Trust
- 612. Olympia Tumwater Foundation
- 613. Pacific Education Institute
- 614. Pacific Mountain Workforce Development Council
- 615. Panza
- 616. Phoenix Rising School, The
- 617. Pickford Film Center
- 618. Rochester Organization of Families
- 619. Senior Services for South Sound
- 620. South of the Sound Community Farm Land Trust
- 621. South Puget Sound Salmon Enhancement Group
- 622. TOGETHER!
- 623. Thurston County Food Bank

- 624. Union Gospel Mission Association of Olympia
- 625. WA State Association of Fire Chiefs
- 626. WA State Association of Future Farmers of America
- 627. WA State Community Action Partnership
- 628. Washington Association of School Administrators
- 629. Washington Association of School Business Officials
- 630. Washington Center for the Performing Arts
- 631. Washington Farm Labor Association
- 632. Washington Indian Gaming Association
- 633. Washington Occupational Information Systems
- 634. YWCA of Olympia
- 635. Yelm Adult Community Center
- 636. Yelm Community Schools PTO/PTA
- 637. Yelm Community Services

Walla Walla County

- 638. Blue Mountain Oncology Program
- 639. Friends of Children of Walla Walla
- 640. Jubilee Academy
- 641. Trilogy Recovery Community
- 642. Tri-State Steelheaders
- 643. Vista Hermosa Foundation
- 644. Walla Walla Community Hospice

Washington County

- 645. Specialized Housing Incorporated

Whatcom County

- 646. Alternatives to Hunger
dba Bellingham Food Bank
- 647. Animals as Natural Therapy
- 648. Barn Ministries
dba The Barn Youth Center
- 649. Bayside Swimming Club
- 650. Bellingham Central Lions Club Foundation
- 651. Bellingham Christian School
- 652. Bellingham Convention & Visitors Bureau
dba Bellingham Whatcom County Tourism
- 653. Bellingham Whatcom Chamber of Commerce
- 654. Bible Believers of Washington
- 655. Blaine Community Chamber of Commerce
- 656. Boys and Girls Club of Whatcom County
- 657. Brigadoon Service Dogs
- 658. Brigid Collins House
- 659. Building Industry Association of Whatcom County
- 660. Camp Fire USA/Samish Council
- 661. Camp Horizon Foundation
- 662. Cascade Connections
dba Cascade Connections Christian Services Inc
- 663. Christian Hope Association, The
- 664. Conservation NW
- 665. Cornerstone Christian School
- 666. Ebenezer Christian School
- 667. F.A.C.E.S. Northwest
- 668. Ferndale Chamber of Commerce

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Members 2017-2018

669. Ferndale Food Bank
670. Ferndale School District PTO/Booster
671. Friends of South Whatcom Library
672. Friends of the North Fork Community Library
673. FuturesNW
674. Glen Community Association, The
675. Interfaith Coalition of Whatcom County
676. Jansen Art Center
677. Jet Oldsters Assoc. of Ferndale, The
678. Kidstown International, Inc.
679. Kornerstone Kids P.S.
680. Kulshan Community Land Trust
681. Lynden Chamber of Commerce
682. Lynden Christian School
683. Lynden Community Senior Center
684. Lynden Youth Sports
685. Mount Baker Rim Community Club
686. Mount Baker Theatre
687. Mt. Baker Co-op Preschool
688. Mt. Baker Foothills Chamber of Commerce
689. Mt. Baker Water Association, Inc.
690. North Sound Accountable Community of Health
691. Northwest WA Medical Society
692. One to One of Lynden
693. Pacific Arts Association
694. Paradise Lakes Country Club
695. Pickford Film Center
696. RE Sources
697. Rebound of Whatcom County
698. Recreation Northwest
699. ReUse Works
700. Sean Humphrey House
701. Seeds of Hope Ministries
702. Snowline Community Club
703. St. Paul's Episcopal School
704. Sustainable Connections
705. Technic Training Center
706. US-Canada Peace Anniversary Association
707. WHIMPS Mountain Bike Coalition
708. Whatcom Alliance for Healthcare Access
709. Whatcom Center for Early Learning
710. Whatcom County Council on Aging
711. Whatcom County Dairy Women
712. Whatcom Family YMCA
713. Whatcom Humane Society
714. Whatcom-Skagit Housing
715. Whatcom Symphony Orchestra
716. YWCA of Bellingham

Whitman County

717. Boost Collaborative
718. Community Action Center
719. Community Child Care Center
720. Council on Aging & Human Services
721. Friends of Gladish

722. Friends of Hospice
723. Palouse Chamber of Commerce
724. Palouse Community Center
725. Palouse Discovery Science Center
726. Palouse River Counseling Center
727. Pullman Chamber of Commerce
728. Pullman Community Council on Aging, The
729. Volunteer Firemen, Inc., - Whitman County
730. WA State Crop Improvement Association
731. WA State University Alumni Association
732. Whitman County Historical Society
733. YMCA of the Palouse

Yakima County

734. Eisenhower Band Parents & Davis
Buccaneers Band Boosters
735. Enterprise for Progress in the Community
736. Grandview Chamber of Commerce
737. Grandview School District PTO/Booster
738. Heritage University
739. Hispanic Chamber of Commerce Yakima County
740. Homeless Youth Workgroup of Yakima Co.
741. Lower Valley Crisis & Support Services
742. Office of Rural & Farmworker Housing
743. People for People
744. Riverside Christian School
745. Rural Community Development Resources
746. South Central Workforce Development Council
747. Sunnyside Christian School
748. Union Gospel Mission of Yakima
749. WA State Tree Fruit Association
750. Washington Growers League
751. Yakima Basin Fish & Wildlife Recovery Board
752. Yakima Greenway Foundation
753. Yakima Tennis Club, The
754. Yakima Valley Visitors & Convention Bureau

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Coverage Confirmation

The terms, conditions, and exclusions shown here are brief overviews included in, but not limited to, the coverages provided by the Non Profit Insurance Program. The terms and conditions offered may differ from your prior policy and from what you requested in your submission. This document is not intended to be used as a direct reflection of all coverages or to replace or alter the policies in any way. Information represented in this Coverage Confirmation is subject to the exclusions, terms, limitations, and conditions of the policy insuring the Non Profit Insurance Program. All specific coverage, exclusion, and limitation questions should be referred directly to the policies and all attached endorsements. In the event of differences, the policy will prevail. Participating companies are non-admitted, unless otherwise stated. Non-admitted companies are not regulated by the Washington State Insurance Commissioner and are not protected by the Washington State Guaranty Fund. Clear Risk Solutions will process all surplus lines filings on any excess and surplus lines policies, if applicable, on behalf of NPIP. The Policy is subject to audit. Defense costs are outside the limits for nonprofit members and inside the limits for independent schools. For claims made coverages, Extended Reporting Periods are available upon request (information regarding basic ERPs is available in the policy).

Please note the limits shown here represent the combined full limits provided by multiple policies from various carriers. It is the responsibility of the broker to review this document to confirm its accuracy.

Notice of Cancellation for Non-Payment

We may cancel this policy within 10 days in the event of non-payment of premium. Notice of cancellation will be mailed to the Named Insured's last known address and will indicate the date on which coverage is terminated. A copy will be mailed to the broker of record on file.

Member/Insured:

North Central Acct. Comm. of Health
200 Valley Mall Parkway
East Wenatchee, WA 98802

Producer:

Marvin Gellatly
Gellatly Agency Inc.
22 N Chelan Avenue
Wenatchee, WA 98801

Policy Term: 06/01/2016 to 06/01/2018

Issue Date: 07/31/2017

Coverage Confirmation Expiration Date: 10/29/2017, at 12:01 a.m.

Member Coverage Number: NPIP161863219

Member Since: 08/01/2017

Authorized Signature:

Coverage #: NPIP161863219

Insured: North Central Acct. Comm. of Health

451 Diamond Drive | Ephrata, WA 98823 | office (509) 754.2027 | toll-free 800.407.2027 | fax (509) 754.3406 | www.npip.org

Program Administrator: Clear Risk Solutions

Coverage Confirmation

PROPERTY COVERAGE PART

- Item 1. **NPIP Retained Limit:**
Real and Personal Property Coverage Part Each **Occurrence** \$50,000
- Item 2. **Limit of Insurance:**
Real and Personal Property Coverage Part Each **Occurrence** \$75,000,000 Per all Members of the Group Combined
- Item 3. **Sublimit of Insurance:**

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for the Real and Personal Property Coverage Part. These sublimits apply excess of the Real and Personal Property Coverage Part **Retained Limit** shown above.

Accounts Receivable	\$100,000 Per Member
Additions, Alterations and Repairs	N/A
Business Income and Extra Expense	\$250,000 + Scheduled Per Member
Computer Systems	\$1,000,000 Each Occurrence, Per Member
Electronic Data and Media	\$250,000 Each Occurrence, Per Member
Computer Systems and Electronic Data and Media	\$10,000,000 Annual Group Aggregate
Contractors' Equipment	\$100,000 Per Member
Debris Removal	Lesser of 20% or \$500,000 Per Member
Fine Arts	\$100,000 Per Member
Newly Acquired or Constructed Property, Real and Personal Property	\$1,000,000 Per Member
Ordinance or Law	
Undamaged Portion of Building	100% of value of damaged building Per Property Schedule
Increased Costs of Construction	Lesser of 25% of value of damaged building or \$500,000 Per Member
Costs of Demolition	Lesser of 25% of value of damaged building or \$500,000 Per Member
Personal Property in Transit	\$100,000 Per Member
Pollutant Clean Up and Removal	\$100,000 Annual Group Aggregate
Property Off-Premises	\$250,000 Per Member
Valuable Papers and Records including cost of research	\$100,000 Per Member
Personal Property Owned by Employees – Per Employee	\$5,000
Personal Property Owned by Employees – Each Occurrence	\$50,000
Personal Property Owned by Employees – Annual Group Aggregate	\$250,000
Personal Property Owned by Teachers	N/A Per Member
Personal Property Owned by Students	N/A
Personal Property of Others – Per Person	\$5,000
Personal Property of Others – Each Occurrence	\$50,000
Personal Property of Others – Annual Group Aggregate	\$50,000
Fire Department Service Charge	\$25,000 Per Member
Business Income and Extra Expense for Utility Service Interruption	\$250,000 Per Member

Unnamed Locations	\$250,000 Per Member
Artificial/Paved Surfaces	\$200,000 Per Member
Musical Instruments International Travel – Each Student	N/A Per Member
Musical Instruments International Travel – Each Occurrence	N/A
Sewer, Drain or Sump Back-up or Over Flow	\$25,000

Item 4. **Additional Coverages/Endorsements:**

Flood - Each Occurrence and Annual Aggregate Per Member	Flood Coverage declined by entity. Property located at the time of loss in any flood zone identified by FEMA as Zones A, AO, AH, A1 through 30, AE, A99, AR, AR/A1 through 30, AR/AE, AR/AO, AR/AH, AR/A, VO, V1 through 30, VE and V; or hold a similar high risk FEMA rating are excluded.
Flood – Group Annual Aggregate	\$25,000,000
Earthquake – Each Occurrence and Annual Aggregate Per Member	Earthquake coverage declined by entity.
Earthquake – Group Annual Aggregate	\$25,000,000
Auto Physical Damage (except while in transit)	\$2,000,000
Auto Physical Damage (while in transit)	\$300,000
Margin Clause	The most we will pay for Ultimate Net Loss in any one occurrence at a premises described in the Property Schedule on file with the Insurer is 125% of the values shown on such schedule on file with the Insurer for Real Property and Personal Property at such described premises. This margin clause does not apply to Increased Cost of Construction or Demolition Costs as provided under the Ordinance or Law Coverage Extension, Debris Removal Coverage Extension, Pollutant Clean Up and Removal and the Fire Department Service Charge Coverage Extension, all subject to the Real and Personal Property Coverage Part Limit of Insurance and other policy terms and conditions.

Item 5. **Deductibles:**

Real and Personal Property Except Earthquake, Flood and Automobile Physical Damage for Scheduled Automobiles	Each Occurrence	See Schedule
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1. Earthquake: 2% of insurable values, subject to \$25,000 minimum, Per Member, Each Occurrence
2. Flood: 2% of insurable value, subject to a minimum of \$25,000 and \$100,000 maximum, Per Member, Each Occurrence. **Property** located at the time of loss in a flood zone identified by FEMA as Zones A, AO, AH, A1 through 30, AE, A99, AR, AR/A1 through 30, AR/AE, AR/AO, AR/AH, AR/A, VO, V1 through 30, VE and V; or hold a similar high risk FEMA rating are excluded.
3. **Automobile** Physical Damage for Scheduled **Automobiles**: See Schedule
4. Rental Vehicles: \$500 Per **Occurrence**.

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Coverage Confirmation

EQUIPMENT BREAKDOWN COVERAGE

Item 1.	NPIP Retained Limit: Equipment Breakdown Coverage	One Accident	\$50,000
Item 2.	Limit of Insurance: Equipment Breakdown Coverage	One Accident	\$75,000,000

Item 3. **Sublimits of Insurance:**

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for Equipment Breakdown Coverage. These sublimits apply excess of the Equipment Breakdown Coverage **Retained Limit** shown above.

Expediting Expenses	Included
Hazardous Substances	\$1,000,000
Spoilage	\$500,000
Electronic Data Restoration	\$100,000
Service Interruption	\$100,000
Business Income	Included
Extra Expense	Combined with Business Income
Contingent Business Income	\$100,000
Property Off Premises	\$100,000
Extended Period of Restoration:	60 days
Newly Acquired Locations	Included; 365 days
Service Interruption Waiting Period:	24 hours

Item 4.	Deductibles: Equipment Breakdown Coverage Part	\$1,000, Each Accident
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Coverage #: NPIP161863219
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Coverage Confirmation

DATA COMPROMISE COVERAGE

- Item 1. **NPIP Retained Limit:**
Data Compromise Coverage Any one Personal Data Compromise \$0
- Item 2. **Limit of Insurance:**
Data Compromise Coverage \$5,000,000 Group Annual Aggregate

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance below for each Data Compromise Coverage Section.

SECTION 1 – Response Expenses

Data Compromise
Response Expenses Limit \$50,000 Annual Aggregate Per Member

Sublimits

Named Malware (Sec. 1)	\$50,000 Any one Personal Data Compromise
Forensic IT Review	\$5,000 Any one Personal Data Compromise
Legal Review	\$5,000 Any one Personal Data Compromise
PR Services	\$5,000 Any one Personal Data Compromise
Regulatory Fines & Penalties	\$25,000 Any one Personal Data Compromise
PCI Fines & Penalties	\$25,000 Any one Personal Data Compromise

SECTION 2 – Defense and Liability

Data Compromise
Defense and Liability Limit \$50,000 Annual Aggregate Per Member

Sublimits

Named Malware (Sec. 2)	\$50,000 Any one Personal Data Compromise
------------------------	---

- Item 3. **Deductibles:**
- | | |
|---------------------------------|--|
| Response Expenses Coverage: | \$2,500 Any one Personal Data Compromise |
| Defense and Liability Coverage: | \$2,500 Each Data Compromise Suit |

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Coverage Confirmation

CRIME COVERAGE PART

Item 1.	NPIP Retained Limit: Crime Coverage Part	Each Occurrence	\$50,000
Item 2.	Limit of Insurance: Crime Coverage Part	Each Occurrence/Member Agg	\$1,000,000
	Crime Coverage Part	Group Aggregate	\$5,000,000
Item 3.	Sublimits of Insurance		

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for the Crime Coverage Part. These sublimits apply excess of the Crime Coverage Part **Retained Limit** shown above.

Employee Theft - Per Loss Coverage	\$1,000,000
Employee Theft - Per Employee Coverage	Not Applicable
Forgery or Alteration	\$1,000,000
Inside the Premises - Money and Securities	\$100,000
Inside the Premises – Robbery or Safe Burglary of Other Property	\$100,000
Outside the Premises - Money and Securities	\$100,000
Computer Fraud	\$100,000
Funds Transfer Fraud	\$100,000
Money Orders Counterfeit Paper Currency	\$100,000

Item 4. **Deductibles:**

Employee Theft - Per Loss Coverage	\$500 Each Occurrence
Forgery or Alteration	\$500 Each Occurrence
Inside the Premises - Money and Securities	\$500 Each Occurrence
Inside the Premises – Robbery or Safe Burglary of Other Property	\$500 Each Occurrence
Outside the Premises - Money and Securities	\$500 Each Occurrence
Computer Fraud	\$500 Each Occurrence
Funds Transfer Fraud	\$500 Each Occurrence
Money Orders Counterfeit Paper Currency	\$500 Each Occurrence

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Coverage Confirmation

GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGE PARTS

Item 1.	NPIP Retained Limit:		
	General Liability Coverage Part	Each Occurrence	\$50,000
	Automobile Liability Coverage Part	Each Accident	\$50,000
Item 2.	Limit of Insurance		
	General Liability Coverage Part	Each Occurrence Per Member	\$1,000,000
	General Liability Coverage Part	Member Aggregate	\$2,000,000
		Group Aggregate	\$50,000,000
	Automobile Liability Coverage Part	Each Accident Per Member	\$1,000,000
	Automobile Liability Coverage Part	Group Aggregate	N/A

Item 3. Sublimits of Insurance and Additional Coverages/Endorsements:

The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for the General Liability and Automobile Liability Coverage Parts. These sublimits apply excess of the General Liability and Automobile Liability Coverage Part **Retained Limits** shown above.

General Liability

Fire Legal Liability	\$1,000,000 Each Occurrence Per Member
Damage to Leased or Rental Premises	\$250,000 Each Occurrence Per Member
Employee Benefits Liability (Claims-Made Form)	\$1,000,000 Each Claim Per Member
Employee Benefits Liability (Claims-Made Form)	\$1,000,000 Member Aggregate
Employer's Liability	\$1,000,000 Each Occurrence Per Member
Employer's Liability	\$2,000,000 Member Aggregate
	\$10,000,000 Group Aggregate
Sexual Abuse (Claims-made Form)	\$1,000,000 Each Claims-made Per Member
Sexual Abuse (Claims-made Form)	\$2,000,000 Member Aggregate
	\$20,000,000 Group Aggregate
Failure to Supply	\$250,000 Each Occurrence Per Member
Medical Expenses – Each Person (Excludes Students)	\$5,000
Medical Expenses – Each Accident	\$25,000

Automobile Liability

Auto UM/UIM	EXCLUDED Each Accident Per Member
Garagekeepers Liability	\$1,000,000 Each Accident Per Member
Hired Physical Damage	\$250,000 Each Accident Per Member
Garage Liability	\$1,000,000 Each Accident Per Member
Automobile Medical Expenses – Each Person (Excludes Students)	\$5,000
Automobile Medical Expenses – Each Accident	\$25,000

Item 4.	Retroactive Dates:	
	Employee Benefits Liability	01-AUG-2017
	Sexual Abuse Liability	01-AUG-2017

Item 5.	Deductibles:	
	General Liability	\$0
	Automobile Liability	See schedule

Coverage #: NPIP161863219
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Coverage Confirmation

WRONGFUL ACTS LIABILITY COVERAGE PART

Item 1.	NPIP Retained Limit:		
	Wrongful Act Liability Coverage Part	Each Wrongful Act	\$50,000
	Miscellaneous Professional Liability Coverage Part	Each Wrongful Act	\$50,000
Item 2.	Limit of Insurance:		
	<i>Claims-Made Form</i>		
	Wrongful Act Liability Coverage Part	Each Wrongful Act Per Member	\$2,000,000
	Wrongful Act Liability Coverage Part	Member Aggregate	\$2,000,000
		Group Aggregate	\$40,000,000
	Miscellaneous Professional Liability Coverage Part	Each Wrongful Act Per Member	\$2,000,000
	Miscellaneous Professional Liability Coverage Part	Member Aggregate	\$2,000,000
		Group Aggregate	\$40,000,000
Item 3. Sublimits of Insurance and Additional Coverages/Endorsements:			
The Sublimits of Insurance shown below are part of and not in addition to the Limit of Insurance shown above for the Wrongful Act Liability and Miscellaneous Professional Liability Coverage Parts. These sublimits apply excess of the Wrongful Act and Miscellaneous Professional Liability Coverage Part Retained Limits shown above.			
Fiduciary Liability		\$2,000,000 Each Wrongful Act and Member Aggregate	
Sexual Harassment		\$2,000,000 Each Wrongful Act and Member Aggregate	
Item 4.	Retroactive Dates:		
	Wrongful Act Liability		01-AUG-2017
	Miscellaneous Professional Liability		01-AUG-2017
	Sexual Harassment		01-AUG-2017
	Fiduciary Liability		01-AUG-2017
Item 5.	Deductibles:		
	Wrongful Acts:		\$1,000
	Miscellaneous Professional:		\$1,000

PARTICIPATING CARRIERS

THE FOLLOWING CARRIERS PARTICIPATE IN THE DESIGNATED PORTIONS OF THE POLICY:

Coverage Part:	Carrier:
Property Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted) RSUI Group, Inc., A+XIII (Admitted) Arch Specialty Insurance Co., A+ IX (Non-Admitted) Axis Insurance Co., A+XV (Admitted) Hallmark Specialty Insurance Co., A- VIII (Non-Admitted) Aspen Insurance Co., A XV (Non-Admitted) Underwriters at Lloyds, A XV (Non-Admitted)
Earthquake Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted) Landmark American Insurance Co. (Non-Admitted) Arch Specialty Insurance Co., A+ IX (Non-Admitted) First Specialty Insurance Co., A+XV (Non-Admitted)
Equipment Breakdown Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted) RSUI Group, Inc., A+XIII (Admitted) Axis Insurance Co., A+XV (Admitted)
Data Compromise Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted)
Crime Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted)
General Liability Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted) Torus Specialty Insurance Co, A-XI (Non-Admitted)
Auto Liability Coverage	American Alternative Insurance Corp, a member of Munich-American Holding Corporation, A+XV (Admitted) Torus Specialty Insurance Co, A-XI (Non-Admitted)
Wrongful Acts Liability Coverage	Princeton Excess & Surplus Lines Ins Co, a member of Munich-American Holding Corporation, A+XV (Non-Admitted) Torus Specialty Insurance Co, A-XI (Non-Admitted)

Investing in Change Through the Whole Person Care Collaborative (WPCC)

Theory of Change and the Role of the Whole Person Care Collaborative

Background

The North Central Accountable Community of Health has elected to address health improvement through six different Medicaid Demonstration Projects that will involve a broad array of organizations well beyond medical care as will be described in future documents. However, because many purposes of the Medicaid Demonstration Projects cannot be addressed without changes in the care of patients, clinical provider organizations have a major role to play and many of the Demonstration dollars will be invested in them.

The NCACH board has designated the Whole Person Care Collaborative (WPCC) as the workgroup to coordinate and fund provider organizations' improvement activities affecting all 6 demonstration projects. WPCC will directly manage projects 2a (bi-directional integration of physical and behavioral health care) and 3d (chronic disease prevention and control) and will also coordinate provider involvement with the workgroups managing the other 4 projects. Project plans will describe how other projects not directly covered by the WPCC (2b-Care Coordination, 2c-Transitional Care, 2d-Diversion, and 3A-Opioid Use) will be organized and funded. **This document describes the process through which Demonstration investments in provider organizations could be made in an accountable, effective and transparent manner.**

The core activity of the Collaborative is to plan and implement evidence-based practices necessary for provider organizations to improve effectiveness in two ways:

- **Clinically**, by providing Whole Person Care that integrates behavioral and physical health care, and more proactively identifies and addresses the medical and social health needs of the population to mitigate their negative health effects, and;
- **Financially**, by aligning clinical practices around the significantly different incentives and demands of new payment methods (mainly Value-Based Payment or VBP) now being implemented.

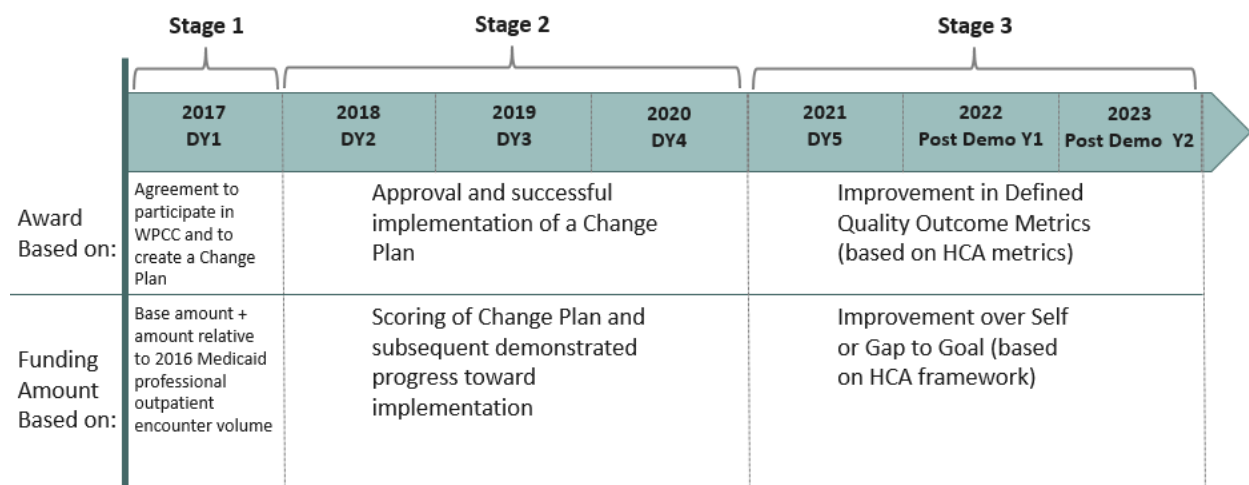
Because Medicaid Demonstration ends in 2021 (with incentive payments based on performance potentially coming in through 2023), the WPCC can support only improvement activities that can be sustained through Medicaid value-based payment mechanisms in the long run. Similar new payment approaches are being implemented in Medicare under MACRA and commercial payers, so changes developed under the Demonstration should be relevant to a large proportion of most providers' patient populations.

It is important to emphasize that the purpose of Demonstration funds is not simply to help pay the operating costs of provider organizations during the life of the Demonstration, leaving a shortfall when Demonstration dollars are gone. The point is to help provider organizations make the investments needed to reconfigure their organizations and practices so that by the end of the Demonstration, they will be able to function effectively without subsidy from Demonstration dollars.

Stages for Creating Sustainable Change

The effort to create sustainable change of that kind has three stages:

1. Development of a *Change Plan*.
2. Implementation of that plan, using specific structure and process metrics to measure progress along the way.
3. Sustaining and demonstrating improvement in clinical outcomes specific to each organization.



Participating organizations can expect Demonstration funds to be used to support them in the planning, implementation, and sustaining of changes through the Demonstration period. Demonstration funding is substantial – *depending on a variety of performance measures*, our region can potentially earn up to \$50 million dollars over the course of the 5-year demonstration (2017-2021.) **The overall effort to provide integrated Whole Person Care is the highest priority of the Demonstration.**

Ongoing Work of the Collaborative

The WPC Collaborative should become very effective as a learning collaborative for member organizations. For that to work, we will have to maintain some trust and transparency among WPCC members, so that we can learn from each other's challenges as well as our successes. At the same time, we are all accountable for the way Demonstration dollars are used, and the Demonstration projects must be implemented in an accountable and transparent manner. WPCC would be the collection point for information on progress in implementing change plans. Both of these purposes – an effective learning collaborative, and accountability for public funds in order to earn further Demonstration dollars – will push us to cultivate openness and sharing of information among WPCC members.

Stage 1: Developing Change Plans

During the last part of 2017, all organizations in the NCACH region (Chelan, Douglas, Grant and Okanogan Counties) providing primary health care or behavioral health and who have undergone operational assessments to identify where they stand on the road to Whole Person Care are invited to submit Change Plans. Change Plans must be high in quality to justify significant investment of Demonstration funds in their implementation.

It is expected that the plans of different organizations will differ considerably; there is no one plan or pattern that fits every provider organization in this region. Although organizations in our region vary a great deal in size and in the degree to which they already achieve whole person care, none are so perfect that significant improvements cannot be made. In recognition that each organization is in a different place relative to an idealized model of Whole Person Care, the funding process is designed to support and fund improvement rather than reward or penalize organizations based on their current state.

It is not quick or easy to develop plans of this kind, if only because they require significant involvement by several parties including front-line providers who are also busy doing their normal work. Development of a workable change plan costs money, at a minimum in the form of substantial staff time. Many organizations will benefit from outside expertise on change management and plan development, and may have limited experience with VBP and the new options for care delivery it enables. Demonstration funding can support the cost of consultants to support effective change planning.

Timeframe for Stage 1 Change Plan Development

Oct-Dec 2017 Stage 1 Change Planning Awards made

Jun 2018 Change plans due by the end of June 2018

Potential uses of Stage 1 Change Planning Awards

- Consultants or temporary staff support for change management, VBP, IT, or other topics
- Payments to providers and other staff for participation in Change Plan development
- Cost of staff time used in plan development instead of revenue-producing activities, including part time or replacement staff to support current operations.
- Costs for staff involvement in other activities necessary for plan development

Change Plan Application

Application for Stage 1 funding will require the following:

1. Completing the Qualis assessment relative to MeHaf or PCMH-A standards and submitting a *Preliminary Improvement Plan* resulting from the assessment. The Preliminary Improvement Plan should describe the results of the assessment and indicate the operational priority areas to be targeted in the Change Plan (these can be subject to change in the final Change Plan.)
2. A budget indicating how the funds will be used in the development of the Change Plan.
3. Signing and submitting a signed Membership Agreement to participate in the Whole Person Care Collaborative, indicating understanding and acceptance of the purpose and participation requirements for the Collaborative.
4. A signed Memorandum of Understanding with the NCACH addressing terms and conditions, including reporting requirements, for use of NCACH funds. (TBD)

Allocation of Demonstration Funds for Stage 1 Change Planning Awards

Although provider organizations will face many of the same challenges in developing Change Plans regardless of size, the level of Medicaid activity by each organization will influence the cost of Change Planning. As such, Stage 1 Change Planning Awards will be allocated to WPCC member organizations using the following **Base-Plus methodology**.

Base

Every WPCC member organization will receive a base Change Planning Award of \$75,000

Plus

Additional funds will be based on the organization's rank relative to its 2016 Medicaid professional outpatient encounter volume

Top quintile	+ \$30,000
Second quintile	+ \$25,000
Third quintile	+ \$20,000
Fourth quintile	+ \$15,000
Bottom quintile	+ \$10,000

Using this Base-Plus methodology, **WPCC member organizations should expect an award between \$85,000-\$105,000 to boost and catalyze change planning during Stage 1.**

Stage 2: Evaluating and Scoring Change Plans

Change Plans will be the basis for allocation of additional Demonstration funding during 2018-2020.

This section previews the topics to be addressed by every Change Plan, and indicates the number of points that can be earned for each topic out of a total of 100 points. The scoring of Change Plans will be done by a neutral third party, with support from NCACH staff if needed. **The change plan framework, including criteria, scoring, and questions to guide change plan development will be finalized before Stage 1 awards are made. Reporting requirements during Stage 2 will also be clarified.**

At this time we know it is likely that several million dollars will be available annually for Stage 2 Implementation Awards, but the exact amount available to NCACH is not yet known because it depends on HCA's evaluation of project plans to be submitted in November 2017 and subsequent reporting requirements. **As a result, Stage 2 award amounts on the basis of Change Plan scores cannot be determined yet.** As the amount of funding for Stage 2 awards becomes clear, the Executive Committee will develop an allocation method and propose it to the Governing Board for review and approval.

The following table describes the topics to be addressed in sections of the Change Plan, and provides a preliminary indication of the number of points (out of a total of 100) that can be earned by each section. Each section of the Change Plan should define metrics by which progress in change plan implementation should be measured. For example, if use of telehealth for mental health services is planned, agreements with telehealth providers could be documented early on, and later the provider organization could report how many such encounters occurred during implementation. We need ways to track actual implementation of the plan, and will favor metrics that are as practical and convenient as possible when it comes to data collection and reporting. Inclusion of appropriate implementation metrics in each section will be considered in scoring. **This table is a "draft" only** but provides a preliminary indication of the information that will be required to link change plans to the evidence based approaches to not only projects 2a and 3d, but all projects undertaken by the NCACH.

#	Criteria	Description	Points
1	Demonstrates organizational readiness and commitment to transforming care	Traditional models of healthcare are generally reactive, encounter-based and designed to treat discrete and acute episodes of care that are site or provider specific. Transition to models of care that are pro-active, population based and coordinate care across a continuum of sites and providers will require a long-term commitment to change. The Change Plan should demonstrate the organization possesses the necessary foundations of leadership commitment, a durable and capable system of quality improvement, and systems for empanelment and population management necessary to undertake this journey. The proposal should describe the organization's capabilities in this area <u>and/or</u> plans to develop and improve them. Changes Plans will be scored based on how well they demonstrate an understanding and commitment to the change process, how it will be managed, how progress will be tracked, measured, and reported. Additionally, organizations should describe how providers and their clinical teams would have significant involvement in guiding the change process.	15

2	Addresses most important improvement opportunities identified in the assessment phase	<p>The Change Plan demonstrates an understanding of the organization's current state relative to evidence-based and idealized models (e.g. PCMH-A or MeHAF) of whole person care as well as its most significant opportunities for improvement toward that model. The proposal should cite evidence of a self-assessment (Qualis or other) as well as qualitative data to support the priorities for improvement and approach taken. Changes Plans will be scored based on how well they demonstrate linkages between proposed process improvements and the way they proactively address the planned/necessary care needs of patients with chronic disease in both primary care and behavioral health agency settings, particularly those with depression, cardiovascular disease, diabetes, and asthma.</p> <p>Demonstration resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Care Model www.improvingchroniccare.org 	25
3	Promotes the bi-directional integration of Physical and Behavioral Health	<p>A Change Plan should address bi-directional integration of physical and behavioral health, as it will be implemented in this organization, including any cooperative arrangements to be made with partners. The plan should be detailed and practical and should include measures not only to conveniently access BH and medical providers in the same facilities (whether through co-location, telehealth, or other means), but also measures to change the practices of front-line providers in such a way that medical and BH providers collaborate effectively on the care of patients. For primary care practices, Change Plans will be scored based on how well they address the Bree Collaborative's Behavioral Health Integration Report and Recommendations, or the AIMS Collaborative Care Model. For behavioral health agencies, Change Plans should demonstrate how the unique health care needs of people with serious mental illness and or substance use disorders will be addressed (e.g. multi co-existing chronic conditions, poor access to primary care, reduced life expectancy) through off-site enhanced collaboration, co-located enhanced collaboration, or through co-located integrated care.</p> <p>Demonstration resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bree Collaborative "Standards for Integrated Care" http://www.breecollaborative.org/wp-content/uploads/Behavioral-Health-Integration-Final-Recommendations-2017-03.pdf <input type="checkbox"/> Collaborative Care Model: http://aims.uw.edu/collaborative-care <ul style="list-style-type: none"> o AIMS Center/WA Council for Behavioral Health Project 2A Resources: https://www.thewashingtoncouncil.org/training-technical-assistance/ <input type="checkbox"/> Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness http://www.milbank.org/wp-content/files/documents/papers/Integrating-Primary-Care-Report.pdf <p>Other Resources</p> <ul style="list-style-type: none"> <input type="checkbox"/> SAMHSA-HRSA Center for Integrated Health Solutions http://www.integration.samhsa.gov/integrated-care-models <input type="checkbox"/> Approaches to Integrating Physical Health Services into Behavioral Health Organizations http://www.integration.samhsa.gov/Approaches_to_Integrating_Physical_Health_Services_into_BH_Organizations_RIC.pdf 	20
4	Addresses the Opioid Epidemic	<p>The Change Plan should address the organization's capacity and intentions to help address the Opioid epidemic. This could include adoption of regional and state prescribing guidelines regarding opioids and benzodiazepines, increases in the number of suboxone prescribers among the organization's prescribers, or other measures appropriate for the organization. It should also include the designation of a point person for the organization to participate in county and regional opioid related initiatives.</p> <p>Demonstration resources</p>	5

		<ul style="list-style-type: none"> • AMDG's Interagency Guideline on Prescribing Opioids for Pain, http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpoidGuideline.pdf • CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016 https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm • Substance Use during Pregnancy: Guidelines for Screening and Management, http://here.doh.wa.gov/materials/guidelines-substance-abuse-pregnancy/13_PregSubs_E16L.pdf 	
5	Addresses methods for addressing social determinants of health	The essence of more effectively addressing the social determinants of health – those outside-the clinic factors that greatly influence health and the effectiveness of health care – is to connect patients with resources that can help them deal with those factors. Many of those resources are community agencies and services that address factors such as employment, housing, nutrition & food sufficiency, education, childcare, chronic disease self-management. The proposal should describe the organization's plans to refer patients to and coordinate care with agencies in support of patient wellness.	5
6	Financial Sustainability through Value-Based Payment	The demonstration project can provide change management support and short-term investments in innovative approaches to care. However, any changes in care must have a plan for funding through future value-based payment mechanisms beyond the demonstration period. The Change Plan should provide a budget showing as much detail as possible about the costs of implementing the planned changes between now and the end of 2021. To the extent these operational changes will require Demonstration Project funding to implement, describe how they will be sustained through value-based payment arrangements beyond the demonstration period.	10
7	Care Coordination, Transition and Diversion	<p>An important aspect of population health is the management of care across the continuum of providers, facilities, organizations and agencies involved in a patient's care. The Change Plan should describe how care both within the organization and outside can be coordinated to ensure unnecessary lapses in or duplication of care can be avoided, with particular attention to strategies for addressing psychiatric admissions, readmissions, and Emergency Room visits. The Change Plan should address how proactive population management will ensure care is provided at the right time and in the right place to avoid unnecessary use of Emergency Rooms and Hospitals (Diversion) and how patients treated in those settings receive appropriate follow up care to address avoidable readmission (Transition.) Also, the NCACH Pathways Care Coordination HUB project is designed to make connections with community resources relatively quick and easy for providers, and to provide a framework for coordinating and funding care coordination. The Change Plan should discuss how any current care coordination efforts provided by the organization could become part of the HUB effort. At a minimum (since it will take some time for the HUB to reach the entire region) the plan should demonstrate an understanding of the HUB concept and indicate a willingness to cooperate with the HUB when it becomes available to the organization's patients or clients.</p> <p>Demonstration resources</p> <ul style="list-style-type: none"> • Pathways Community HUB https://innovations.ahrq.gov/sites/default/files/Guides/CommunityHubManual.pdf • The Care Transitions Intervention® (CTI®), http://caretransitions.org • Care Transitions Interventions in Mental Health http://www.integration.samhsa.gov/Care_transition_interventions_in_mental_health.pdf • Emergency Department (ED) Diversion, http://www.wsha.org/quality-safety/projects/er-is-for-emergencies/ 	10

		<p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4038086/ - a systematic approach to re-directing and managing persons who present at the ED for non-emergency conditions, which may be oral health, general physical health, and/or behavioral health conditions.</p> <ul style="list-style-type: none"> Community Paramedicine Model, http://www.emsa.ca.gov/Media/Default/PDF/CPReport.pdf - an evolving model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. Additional resources include: http://communityparamedic.org/, http://www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf, and https://www.ruralhealthinfo.org/topics/community-paramedicine. Law Enforcement Assisted Diversion, LEAD® http://www.leadbureau.org/ 	
8	Access to Care	<p>North Central Washington is underserved in terms of common provider/population ratios that make it difficult for patients to visit a provider. Additional barriers, including insurance coverage, lack of after hours coverage, geography, weather, transportation, and language can reduce timely access to appropriate care and result in unnecessary exacerbations of readily preventable or treatable conditions. Fortunately, improvements in technology and innovative approaches to access, including telemedicine, e-medicine, phone visits, nurse triage/advice lines, and case management services can be effective in leveraging traditional provider visits and are increasingly reimbursed by insurers. The Change Plan should describe innovative approaches the organization is taking to improve access to in-person care with providers as well as other innovative approaches to respond to patient needs.</p>	10
	Total		100

A few elements may be required but are not scored separately:

- The plan should indicate the extent (if any) to which the physical infrastructure of the organization may need to be altered to accommodate expected changes. For example, offices might need to be reconfigured to allow for co-location of BH or primary care providers, or for members of an expanded care team. Costs for such changes should be included in the budget.
- A discussion, especially for smaller providers, of the way the applicant plans to use collaboration among provider organizations to make more efficient use of funds. For example, two or three smaller organizations could share the same Change Management consultant in plan development. IT consultants could be shared. Or multiple organizations could cooperate on 24/7 nurse call lines which would not be affordable to any single small organization.
- The plan must indicate a commitment to share plans, metrics, results, problems and experiences with other members of the Whole Person Care Collaborative in an open learning-oriented manner to support an effective learning collaborative. If the applicant expects to withhold certain kinds of information (such as proprietary business information) this section should explain how it will be possible to achieve a meaningful learning collaborative without sharing information of that kind.

- The plan should give a concise description of the member's services, staffing, facilities and patient population to assure reviewers have a good understanding of the organization.
- The applicant may add other elements to the Change Plan to clarify its approach to Demonstration work, though there is no reward for quantity.

Timeframe for Stage 2 Evaluation and Implementation

Jul-Sep 2018

After evaluation of change plans, the first installment of Stage 2 Change Implementation Awards will be made

Oct-Dec 2018

Change Plan implementation begins. Subsequent Implementation Awards will be based on demonstrated progress as reported in semi-annual reports to the NCACH.

Stage 3: Sustaining Change and Demonstrating Improvement in Outcomes

In order for the NCACH to achieve its goal of health improvement, all organizations must improve regardless of their starting point. It's therefore the intent of the Collaborative is to challenge each organization equally and to reward incremental improvement and to avoid penalizing or rewarding organizations for their current state. The WPCC will work with the HCA and the member organizations to define each organization's baseline performance on some or all of the clinical outcome measures which can be substantially improved through the Change Plans. (See attached *Approved Project Metrics* Appendix) Incentive payments to participating WPCC members will be based on their relative contribution to aggregate ACH improvement in these clinical outcomes and amounts will be subject to incentive funds awarded to the ACH by the HCA.

Transitional Care and Diversion Interventions Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation Demonstration Project. The goal of the Demonstration is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the Demonstration Project, HCA developed the [Medicaid Demonstration Project Toolkit](#). Two of the projects that were selected are Transitional Care and Diversion Intervention. The project objects, as described in the toolkit, are:

- Transitional Care – improve transitional care services to reduce avoidable hospital utilization and ensure beneficiaries are getting the right care in the right place
- Diversion Interventions – Implement diversion strategies to promote more appropriate use of emergency care services and person-centered care through increased access to primary care and social services, especially for medically underserved populations.

Charge

The Transitional Care and Diversion Interventions Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit. Specifically the Workgroup will complete the following:

- Provide recommendations to the NCACH Governing Board and staff on approaches to take for Transitional Care and Diversion Interventions projects.
- As much as possible, ensure Diversion Interventions and Transitional Care projects align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on project planning and implementation.
- Work with NCACH partners to implement sustainable changes in the regional health care system (broadly conceived) that improve effective transitions for patients re-entering the community from intensive care settings or incarceration, and provide more effective alternatives to incarceration, inpatient treatment or emergency department care for patients whose needs can be better addressed in other ways.
- Determine how work completed through Transitional Care and Diversion Interventions are able to be financially sustainable past the Demonstration 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.

Composition

The Transitional Care and Diversion Interventions Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the Demonstration. The NCACH Executive Director will recommend to the Governing Board workgroup members from a list of interested parties which may include representation from:

- Emergency Medical Services (EMS)
- Law Enforcement
- Legal Services
- Regional Justice Centers (Jails)

- Hospitals
- Skilled Nursing Facilities/Assisted living/Long-term Care Facility/Hospice
- Aging and Adult Care
- Managed Care Organizations (*Operating in all 4 NCACH counties after January 1st, 2018*)
- Behavioral Health Administrative Service Organization
- Behavioral Health Providers including Crisis providers
- Primary Care Providers
- Care Coordination agency/Case Managers
- Education
- Tribal

Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary. A Workgroup Chair will be appointed by the Executive Director. The Transitional Care and Diversion Interventions Workgroup is a sub-committee of the NCACH 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.

Meetings

Transitional Care and Diversion Interventions Workgroup meetings will be held once per month, 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. 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 meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

Membership Roles and Responsibilities

1. Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A)
3. Communicate with other members of your sector and/or community to ensure broader input into the design, planning, and implementation process.
4. Assess current state capacity to effectively deliver Transitional Care and Diversion Interventions.
5. Select initial target population and evidence-supported approaches informed by the regional health needs assessment and community data.
6. Review prepared data to recommend target population(s), to guide project planning and implementation, and to promote continuous quality improvement
7. 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.

8. 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.
9. 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.
10. Develop and recommend a funding process to the NCACH Governing Board for non-primary care and outpatient behavioral health members involved in Transitional Care and Diversion Interventions projects
11. Collaborate with NCACH staff on data and reporting needs related to Demonstration metrics, and on the application of continuous quality improvement methods in this project.
12. Use strategies that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Projects.

Authority

The Transitional Care and Diversion Interventions 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
Transitional Care and Diversion Interventions 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 Transitional Care and Diversion Interventions 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.

Dated: _____

Signed: _____

Print Name: _____

Title: _____

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 Demonstration Project. The goal of the Demonstration is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the Demonstration Project, HCA developed the [Medicaid Demonstration 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:

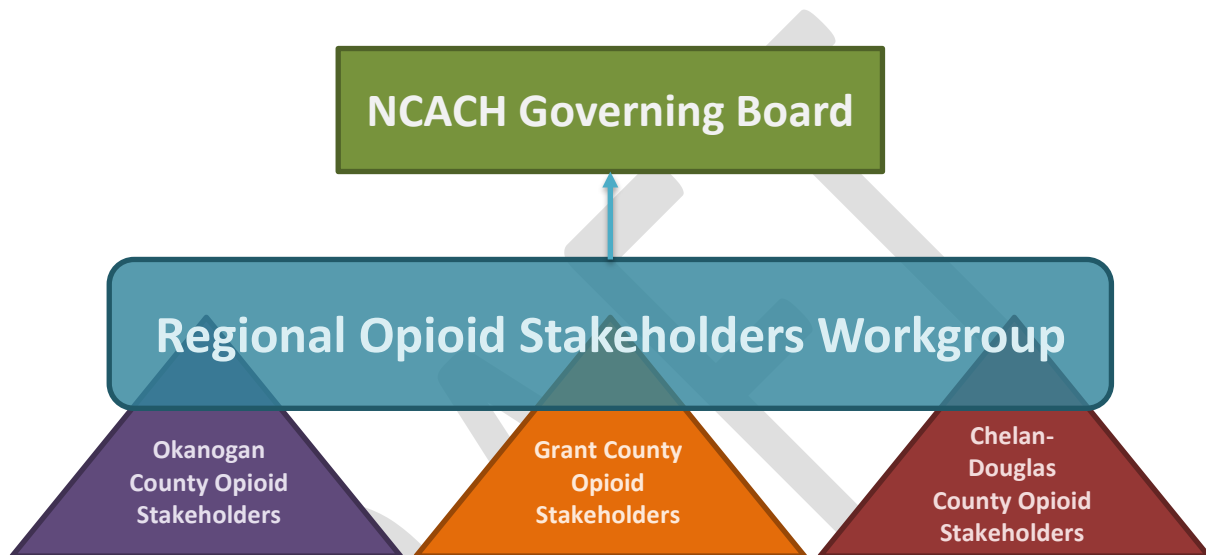
- A primary aspect of this Workgroup's approach will be to support and work through the Local Opioid Stakeholder Groups already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps.
- 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 Demonstration 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.

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 Demonstration. Each of the Local Opioid Stakeholders Group will be asked to identify three members to participate in the Regional Opioid Stakeholder Workgroup. The Executive Director will recommend to the Governing Board additional members as needed to assure representation from:

- Emergency Medical Services (EMS) and First Responders
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health

- 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



Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary. 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.

Meetings

Regional Opioid Stakeholders Workgroup meetings will be held once per month, 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. 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).

Member Responsibilities

1. Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.
2. Sign a Membership Agreement (attachment A).

3. Local Opioid Stakeholder Groups representatives members 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 Demonstration 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 Demonstration funds.
12. Collaborate with NCACH staff on data and reporting needs related to Demonstration 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 Projects.

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.




Dated: _____



Signed: _____

Print Name: _____

Title: _____

Medicaid Transformation			MEASURE PERFORMANCE							
Measure Name	Measurement Period	Source	NCACH Performance	Chelan	Douglas	Grant	Okanogan	Statewide	Highest Performing ACH	Lowest Performing ACH
Antidepressant Medication Management - Acute	Oct 2015 - Sept 2016	HW Data Dashboard	 48%	49%	50%	50%	43%	52%	55%	48%
Antidepressant Medication Management - Continuation	Oct 2015 - Sept 2016	HW Data Dashboard	 29%	29%	27%	30%	26%	33%	37%	29%
Child and Adolescents' Access to Primary Care Practitioners (all ages)	Oct 2015 - Sept 2016	HW Data Dashboard	93%	92%	93%	94%	90%	89%	93%	85%
Child and Adolescents' Access to Primary Care Practitioners (ages 12-24 months)	Oct 2015 - Sept 2016	HW Data Dashboard	95%	94%	96%	96%	93%	94%	95%	89%
Child and Adolescents' Access to Primary Care Practitioners (ages 2 - 6 years)	Oct 2015 - Sept 2016	HW Data Dashboard	89%	87%	90%	91%	85%	86%	89%	81%
Child and Adolescents' Access to Primary Care Practitioners (ages 7 - 11 years)	Oct 2015 - Sept 2016	HW Data Dashboard	94%	93%	94%	95%	92%	91%	94%	87%
Child and Adolescents' Access to Primary Care Practitioners (ages 12 - 19 years)	Oct 2015 - Sept 2016	HW Data Dashboard	95%	94%	95%	95%	93%	90%	95%	86%
Comprehensive Diabetes Care: Eye Exam (retinal) performed	Oct 2015 - Sept 2016	HW Data Dashboard	45%	44%	46%	41%	51%	31%	45%	24%
Comprehensive Diabetes Care: HbA1c Testing	Oct 2015 - Sept 2016	HW Data Dashboard	87%	88%	86%	87%	87%	84%	87%	81%
Comprehensive Diabetes Care: Medical attention for nephropathy	Oct 2015 - Sept 2016	HW Data Dashboard	88%	88%	84%	89%	88%	86%	88%	83%
Follow-up After Discharge from ED for Mental Health (30 day)	2015	RDA Measure Decomposition	 71.0%	n/a	n/a	n/a	n/a	72.0%	80.6%	68.7%
Follow-up After Discharge from ED for Mental Health (7 day)	2015	RDA Measure Decomposition	 58.8%	n/a	n/a	n/a	n/a	61.1%	75.3%	56.8%
Follow-up After Discharge from ED for Alcohol or Other Drug Dependence (30 day)	2015	RDA Measure Decomposition	44.4%	n/a	n/a	n/a	n/a	29.4%	44.4%	23.8%

Medicaid Transformation			MEASURE PERFORMANCE							
Measure Name	Measurement Period	Source	NCACH Performance	Chelan	Douglas	Grant	Okanogan	Statewide	Highest Performing ACH	Lowest Performing ACH
Follow-up After Discharge from ED for Alcohol or Other Drug Dependence (7 day)	2015	RDA Measure Decomposition	36.1%	n/a	n/a	n/a	n/a	22.2%	36.1%	17.2%
Follow-up After Hospitalization for Mental Illness (30 day)	2015	RDA Measure Decomposition	88.9%	n/a	n/a	n/a	n/a	79.8%	88.9%	71.0%
Follow-up After Hospitalization for Mental Illness (7 day)	2015	RDA Measure Decomposition	76.7%	n/a	n/a	n/a	n/a	65.8%	76.8%	53.7%
Medication Assisted Therapy (MAT) with Buprenorphine	FY 2016	RHNI	12%	n/a	n/a	n/a	n/a	9.9%	16%	7%
Medication Assisted Therapy (MAT) with Methadone	FY 2016	RHNI	 1%	n/a	n/a	n/a	n/a	16.6%	28%	1%
Medication Management for People with Asthma (5 – 64 Years)	Oct 2015 - Sept 2016	HW Data Dashboard	 23%	19%	22%	22%	32%	28%	32%	23%
Mental Health Treatment Penetration (broad)	2015	DSHS 1519 Reporting & HCA historical file 9-1-17	 40.5%	n/a	n/a	n/a	n/a	42.9%	47.0%	40.2%
Outpatient Emergency Department Visits per 1000 Member Months (Broad measure)	Oct 2015 - Sept 2016	HW Data Dashboard	40	39	37	39	44	54	40	72
Percent Arrested	2015	RDA Measure Decomposition & HCA historical file 9-1-17	6.7%	n/a	n/a	n/a	n/a	6.5%	5.7%	7.4%
Percent Homeless (Narrow Definition)	2015	RDA Measure Decomposition & HCA historical file 9-1-17	2.7%	n/a	n/a	n/a	n/a	4.8%	2.7%	6.6%
Plan All-Cause Readmission Rate (30 Days)	July 2015 - June 2016	HW Data Dashboard	10%	13%	10%	11%	6%	15%	10%	17%

Medicaid Transformation			MEASURE PERFORMANCE							
Measure Name	Measurement Period	Source	NCACH Performance	Chelan	Douglas	Grant	Okanogan	Statewide	Highest Performing ACH	Lowest Performing ACH
Statin Therapy for Patients with Cardiovascular Disease (Prescribed)	FY 2015	Community Checkup	 14%	n/a	n/a	n/a	n/a	20%	27%	14%
Substance Use Disorder Treatment Penetration	2015	DSHS 1519 Reporting & HCA historical file 9-1-17	 22.2%	n/a	n/a	n/a	n/a	25.6%	31.7%	21.4%

Early Warning System Workgroup Recommendations

Early Warning System Workgroup of the
Fully-Integrated Advisory Committee
North Central ACH
October 2nd, 2017



Formation of Early Warning System

- Local Decision-Making
 - Agreement to become Mid-Adopter from Grant, Chelan, and Douglas Counties
 - Formation of Accountable Community of Health Advisory Committee and Subgroups
 - ACH Deliverable to Health Care Authority is Early Warning System indicators & process



Basics of Early Warning System

- Early Warning System (EWS) is intended to provide a mechanism for rapid feedback and problem-solving, to identify any issues that arise specifically from the transition of BHO to MCOs and BH-ASO, and resolve those issues collaboratively
- EWS starts in January 2018, with 6 months of baseline data
- Early Warning System will track data for 6 months, then will transition to the Research & Data Analysis (RDA) Dashboard for more detailed long-term measurement
- Early Warning System is both data measurement and regular communications



Diverse Workgroup Representation

- Apparently Successful Bidder Managed Care Organizations
- Beacon Health Options (BH-ASO)
- Behavioral Health Organization (BHO)
- Physical Health Providers
- Behavioral Health Providers
 - Chemical Dependency & Mental Health
- Accountable Community of Health
- Criminal and Juvenile Justice System
- Health Care Authority
- Analytic, Interoperability, and Measurement (AIM)



Draft Early Warning System Categories

1. Criminal & Juvenile Justice System
2. Access to Behavioral Health Services
3. Provider Payments
4. Crisis System
5. Eastern State Hospital



Early Warning System Indicators

1. Spikes in jail use (BH-related)

- Chelan, Grant, Douglas tracking BH indicators on intake forms
 - Are you currently Suicidal?
 - Are you seeing a mental health provider?
- Chelan/Grant juvenile detention center
 - Crisis line wait times
 - DMHP response times
 - *Incorporated into Crisis Services Indicators*



Early Warning System Indicators

2. Access to Care

- Bed availability
 - # of no bed reports
 - # single bed certs
- Emergency Department visits for individuals with a history of BH problem
- Wait times for BH services (time between request for services and intake)
- Access to care for clients in border communities
- Out of region providers accepting NC clients
- Use of Detox Services by Medicaid/Non-Medicaid clients



Early Warning System Indicators

3. Provider Payments

- Behavioral Health Claims Status
 - # of BH claims submitted by BH provider
 - # of BH claims received by MCOs
 - # of BH claims paid by MCOs
 - # of BH claims denied by MCOs
- Top 5 reasons for BH claim or encounter resubmission



Early Warning System Indicators

4. Crisis Services

- Hotline
 - # of incoming calls
 - # calls answered
 - Call answer timeliness (# of calls answered within 30 seconds)
 - Average speed of answer
 - Abandonment rate
- Investigations/Detentions
 - # Mental Health ITA investigations
 - # of SUD ITA Investigations
 - # detained
 - # voluntary admit
 - # discharged with referral

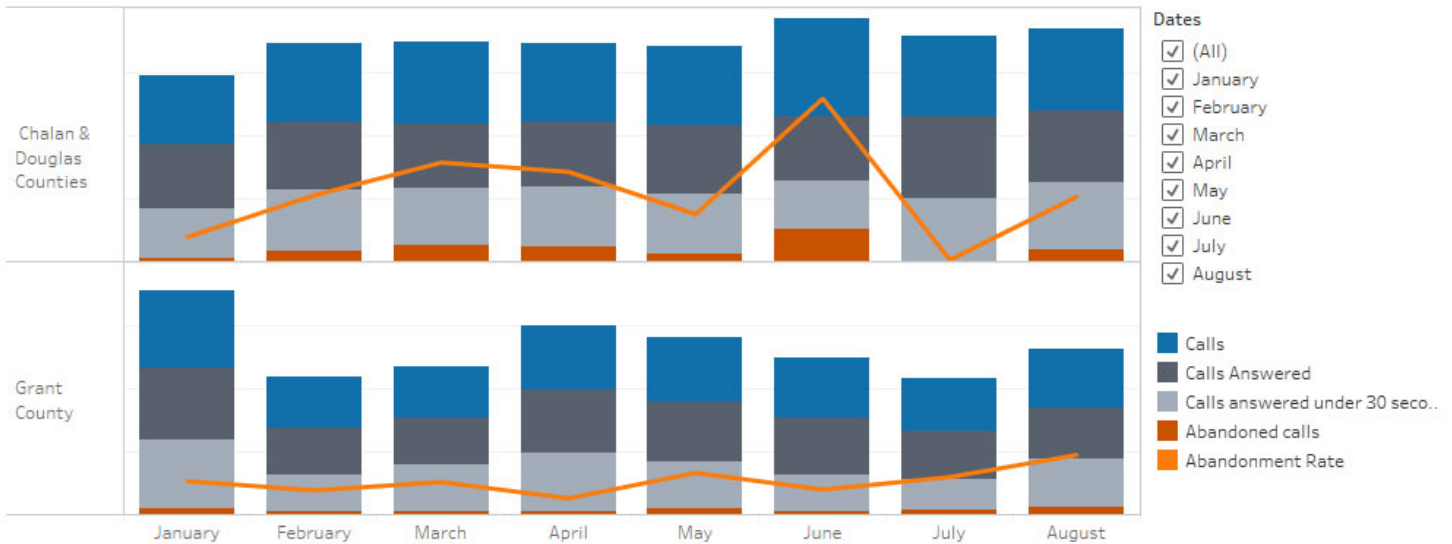


Early Warning System Indicators

5. Eastern State Hospital

- Bed Census
- Forensic Flips Census
- Discharges
- Waitlist

Calls to Hotline



	Chalan & Douglas Counties								Grant County							
	Janua..	Febru..	March	April	May	June	July	August	Janua..	Febru..	March	April	May	June	July	August
Calls	218	249	260	249	246	307	258	262	245	159	163	207	208	193	167	186
Calls Answered	207	215	207	203	222	204	257	227	228	151	152	200	190	183	154	163
Calls answered under 30 seconds	154	192	177	191	187	154	199	215	221	118	146	189	149	115	101	156
Abandoned calls	11	34	53	46	24	103	1	35	17	8	11	7	18	10	13	23
Abandonment Rate	5.05%	13.65%	20.38%	18.47%	9.76%	33.55%	0.39%	13.36%	6.94%	5.03%	6.75%	3.38%	8.65%	5.18%	7.78%	12.37%



Available beds



Based on total number of beds available



Next Steps

- FIMC Advisory Committee to approve EWS indicator recommendations – *approved on September 20th*
- NCACH Governing Board approve EWS indicators on Oct. 2nd
- Collect baseline data and provide draft reporting example to EWS Workgroup
- Identify participants for daily/weekly calls January 2018
- Activate calls/reporting in January 2018

Questions?

Federal Notice: The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

RECOMMENDED NCACH Early Warning System Indicator Matrix

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline Data	Owner for reporting after January 2018	Frequency of Reporting
Criminal Justice	Jail Census				
	1. Okanogan County Jail	a. Are you currently having thoughts of harming yourself or others? b. Are you seeing a mental health provider?	1) Noah Stewart (Okanogan)	1) Noah Stewart (Okanogan)	1a. Monthly 1b. Monthly
	2. Chelan Co. Jail	a. Are you currently suicidal, homicidal or both? b. Are you being seen by anyone providing mental health care?	2) Curt Lutz (Chelan)	2) Curt Lutz (Chelan)	2a. Monthly 2b. Monthly
	3. Grant Co. Jail	a. Are you suicidal? b. Are you or have you been receiving Psychiatric Care?	3) Dan Durand (Grant)	3) Dan Durand (Grant)	3a. Monthly 3b. Monthly
	Juvenile Detention Center				
	<i>Incorporated in Crisis Services Indicators</i>				
Access to Care	1. Bed Availability	a. # of No Bed reports b. # of Single Bed Certifications	1a. DBHR 1b. DBHR	1a. BH-ASO 1b. BH-ASO	1a. Monthly 1b. Monthly
	2. Accessing the correct level of care	a. ED utilization rates for individuals with a history of BH problem b. ED utilization rates with BH diagnosis	2a. EDIE 2b. EDIE	2. EDIE 2b. EDIE	2a. Weekly 2b. Weekly
	3. Wait times	a. Time between request for services and intake assessment	3a. DBHR	3a. TBD	3a. Monthly
	4. Access to care for clients in border communities and during MCO transition period moving to new plans	a. Anecdotal	4a. N/A	4a. Daily provider calls	4a. Daily
	5. Out of region SUD providers treating NC clients	SUD providers outside of Chelan, Douglas, Grant Counties	5a. BHO	5a. Daily provider calls	5a. Daily
	6. Withdrawal Management Services	Detox admissions by: a. Medicaid b. Non-Medicaid	6a. BHO - Rosa 6b. BHO - Rosa	6a. The Center for Drug and Alcohol Treatment 6b. The Center for Drug and Alcohol Treatment	6a. Monthly 6b. Monthly

RECOMMENDED NCACH Early Warning System Indicator Matrix

Indicator Category	Indicator Sub-Category	Specific Indicator Tracked	Owner for Reporting Baseline Data	Owner for reporting after January 2018	Frequency of Reporting
Provider Payments	1. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually)	a. # or rate of BH claims received by MCOs	1a. NA	1a. MCOs	1a. Bi-weekly
		b. # or rate of BH claims paid by MCOs	1b. NA	1b. MCOs	1b. Bi-weekly
		c. # or rate of BH claims denied by MCOs	1c. NA	1c. MCOs	1c. Bi-weekly
	2. Claims Submitted	a. # of BH claims submitted to clearinghouse by BH providers	2a. NA	2a. BH Providers	2a. Bi-weekly
	3. Measure of top 5 reasons for BH claim or encounter re-submission	a. Top 5 reasons a BH claim or encounter is rejected and sent back to the provider	N/A	3a. MCO's	3a. Weekly
Crisis Services	1. Crisis Line	a. # of incoming calls	1a. BHO - Christine	1a. BH-ASO	1a. Monthly
		b. # of calls answered	1b. NA	1b. BH-ASO	1b. Monthly
		c. # of calls answered withing 30 seconds	1c. NA	1c. BH-ASO	1c. Monthly
		d. percentage of calls answered within 30 seconds	1d. NA	1d. BH-ASO	1d. Monthly
		e. Average speed of answer (sec)	1e. NA	1e. BH-ASO	1e. Monthly
		f. Abandonment Rate	1f. NA	1f. BH-ASO	1f. Monthly
	2. ITA's	a. # of Mental Health ITA Investigations	2a. BHO	2a. BH-ASO	2a. Monthly
		b. # of SUD ITA Investigations	2b. BHO	2b. BH-ASO	2b. Monthly
		c. # Detained	2c. BHO	2c. BH-ASO	2c. Monthly
		d. # Voluntary Admit	2d. NA	2d. BH-ASO	2d. Monthly
		e. # Discharged with Referral	2e. NA	2e. BH-ASO	2e. Monthly
	3. DMHP	a. Response times	3a. BHO	3a. BH-ASO	3a. Monthly
Eastern State Hospital	1. Bed Census	a. Daily census	1a. DBHR	1a. DBHR	1a. Monthly
		b. Forensic Flips census	1b. DBHR	1b. DBHR	1b. Monthly
		c. Discharges	1c. DBHR	1c. DBHR	1c. Monthly
		d. Waitlist	1d. DBHR	1d. DBHR	1d. Monthly