



North Central Accountable Community of Health

Governing Board Retreat
9:00 AM – 1:00 PM, October 15th, 2021

<u>Location</u>	<u>Call-in Details</u>
Virtual Meeting Only	Join Zoom Meeting https://us02web.zoom.us/j/87554285966 Meeting ID: 875 5428 5966 One tap mobile +12532158782,,87554285966# US (Tacoma) Dial by your location +1 253 215 8782 US (Tacoma)

TIME	AGENDA ITEM
9:00 AM	Introductions – Molly Morris <ul style="list-style-type: none">• Board Roll Call• Declaration of Conflicts• Review of Agenda
9:15 AM	2022 NCACH Priorities and Budget Estimates – NCACH Staff
11:15 AM	Break
11:30 AM	Distributed Leadership Session – Chris Kelleher
12:30 PM	Wrap Up – Molly Morris <ul style="list-style-type: none">• Recap of days discussion
1:00 PM	Adjournment – Molly Morris



North Central Accountable
Community of Health

2022 NCACH Priorities & Budget Estimates

Today's Goal

- Review 2022 NCACH Organizational priorities and budget estimates
- Gather Board feedback on budget estimates
- After meeting, make adjustments to budget and share with Board at November meeting

Note: Budget format may be adjusted once we get a new accounting firm, but intent of expenditures will remain the same.



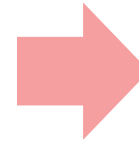
From MTP Projects → Systems of Care

Review of how we have changed our vision of the NCACH that will be reflected in our budget priorities & allocations

Shifting our Mission

Mission under MTP

The mission of NCACH is to **improve the health** of the North Central region's communities and the people who live in them, **improve health care access, quality, and the experience of care, and lower per capita health care costs** in the North Central region which includes Chelan, Douglas, Grant and Okanogan counties (the "North Central Regional Service Area").



New Mission

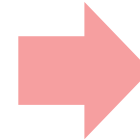
The mission of the North Central Accountable Community of Health is to **advance whole-person health and health equity** in North Central Washington by **unifying stakeholders, supporting collaboration, and driving systemic change**, with particular attention to the social determinants of health.

Moving towards Systems of Care

Projects

Medicaid Transformation (2017-2021)

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



Systems of care

Bridge Year (2022)

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

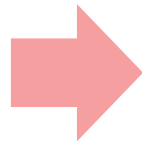
Moving towards Transformation

By topic & partner



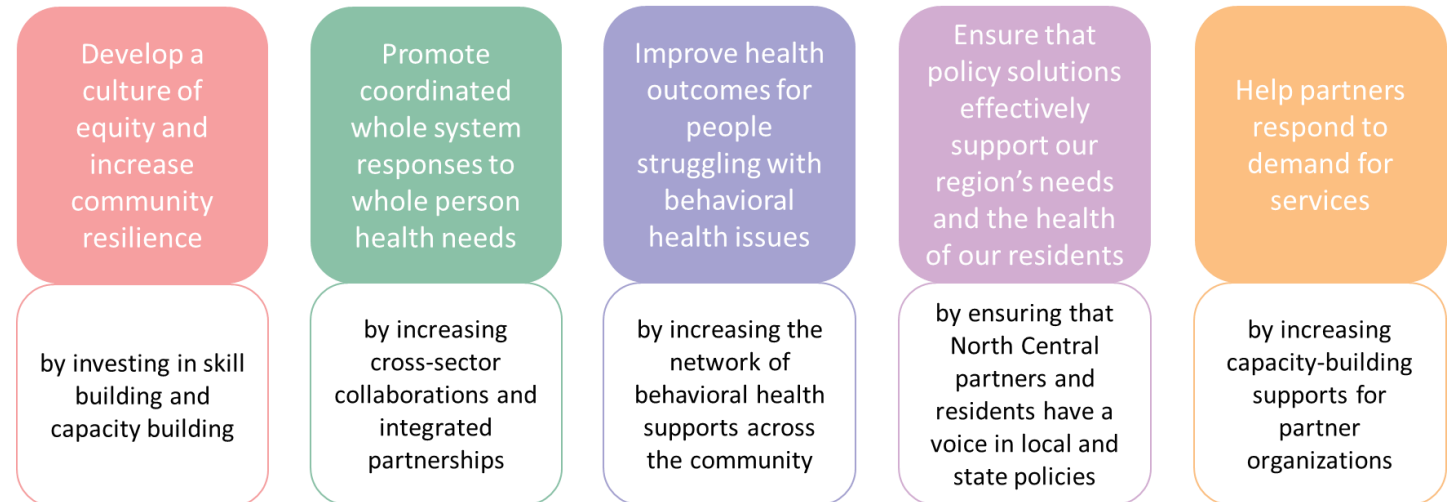
Moving from this...

- TCDI
- WPCC
- CBCC
- Opioid
- CHI
- Tribal



To this...

By type of transformation



Change in Budget Categories

By Project & Partner Payments

By type of transformation

Operations/Project Management (CDHD)



Operations

Program/Operations Consultants



Consultants

Trainings/Capacity Building Consultants & Expenses



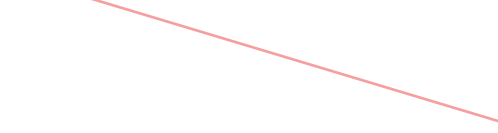
Capacity Building

Individual Partner Payments
(WPCC, TCDI, CBCC, CHI, Recovery, etc.)



Organizational Redesign

(Innovations within Organization)



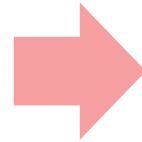
System Redesign

(Multi-sector planning and partnership)

Revenue Sources Diversification

MTP Only Funding

- Medicaid Transformation Project



Multiple Funding Sources

- Medicaid Transformation Project
- Cambia Health/Hope Squad Funding
- ESSHB 1504 Behavioral Health Internship Funding
- Aetna Recovery Coach Funding
- Beacon Health Options Narcan Funding
- American Rescue Plan (ARP) funding from East Wenatchee



2022 Priorities and Budget

2022 Staff Strategic Goals

Develop a culture of equity and increase community resilience

by investing in skill building and capacity building

Promote coordinated whole system responses to whole person health needs

by increasing cross-sector collaborations and integrated partnerships

Improve health outcomes for people struggling with behavioral health issues

by increasing the network of behavioral health supports across the community

Ensure that policy solutions effectively support our region's needs and the health of our residents

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

Help partners respond to demand for services

by increasing capacity-building supports for partner organizations

Budget Categories



Capacity Building

Range of in-kind investments (e.g. trainings, learning activities, underwriting evaluations or planning)



Organizational Redesign

Funding for organizations to work on internal processes and systems that will set them up for cross-sector collaboration



System Redesign

Funding for cross-sector collaborations and partners working on joint efforts to achieve whole person health

Budget Categories



Operations

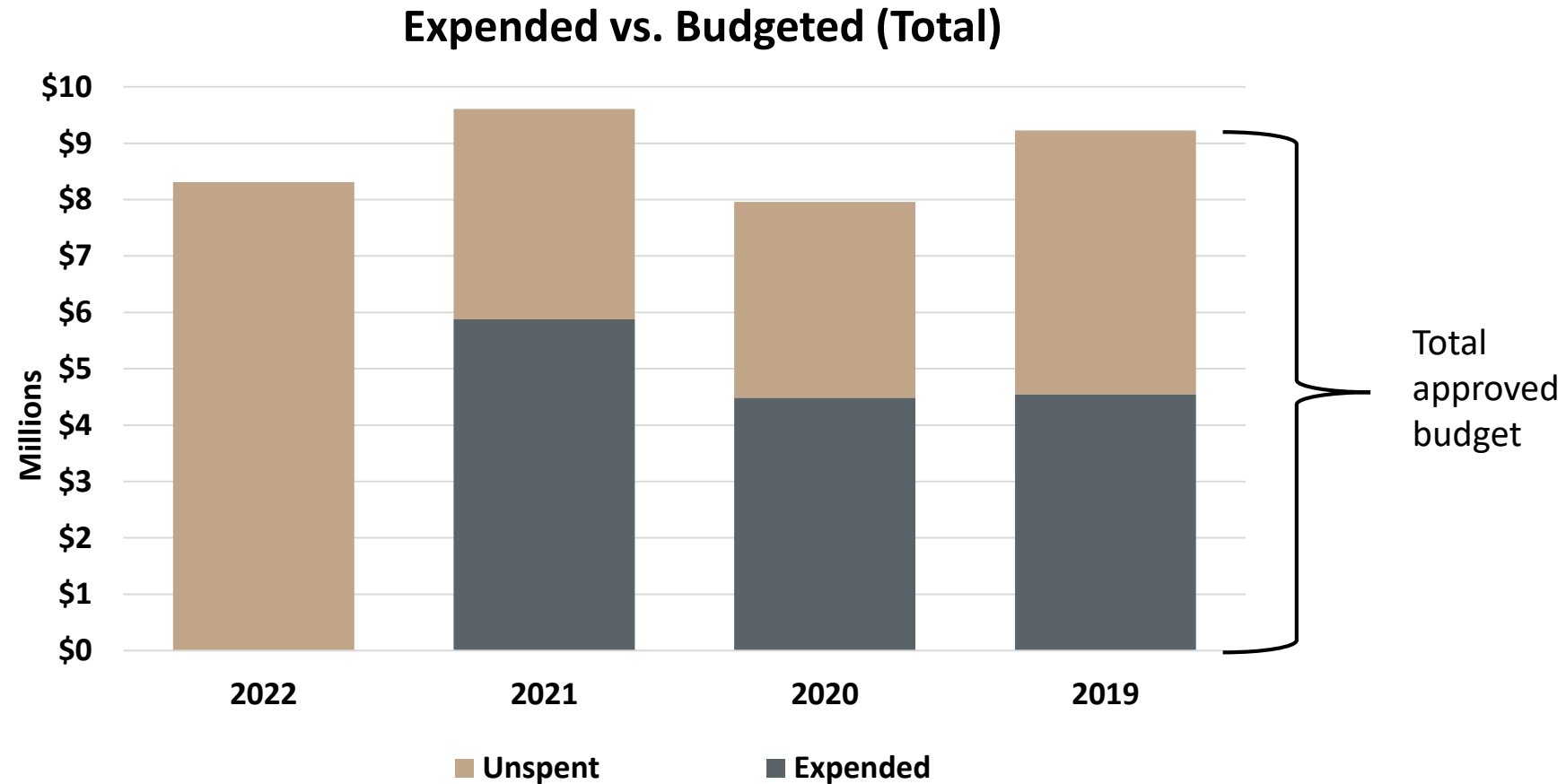
- Staff support for work with partners (convening, facilitating, planning, project management)
- Administrative support for organization
- Purchase of physical items to support both operations and initiatives



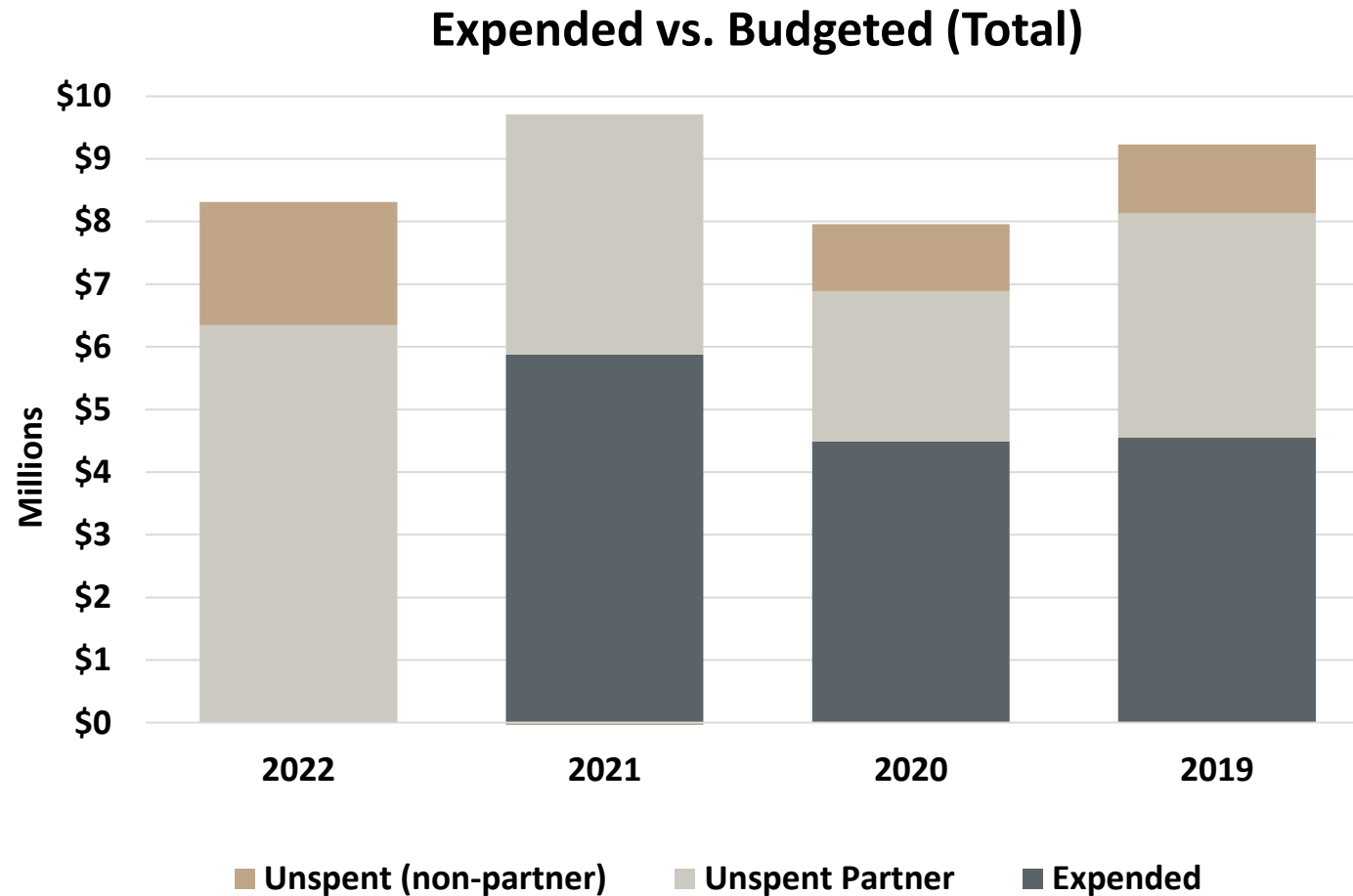
Consultants

- Subject Matter Experts to support partners with their work
- Support to build out NCACH strategic vision and 3 Pillars

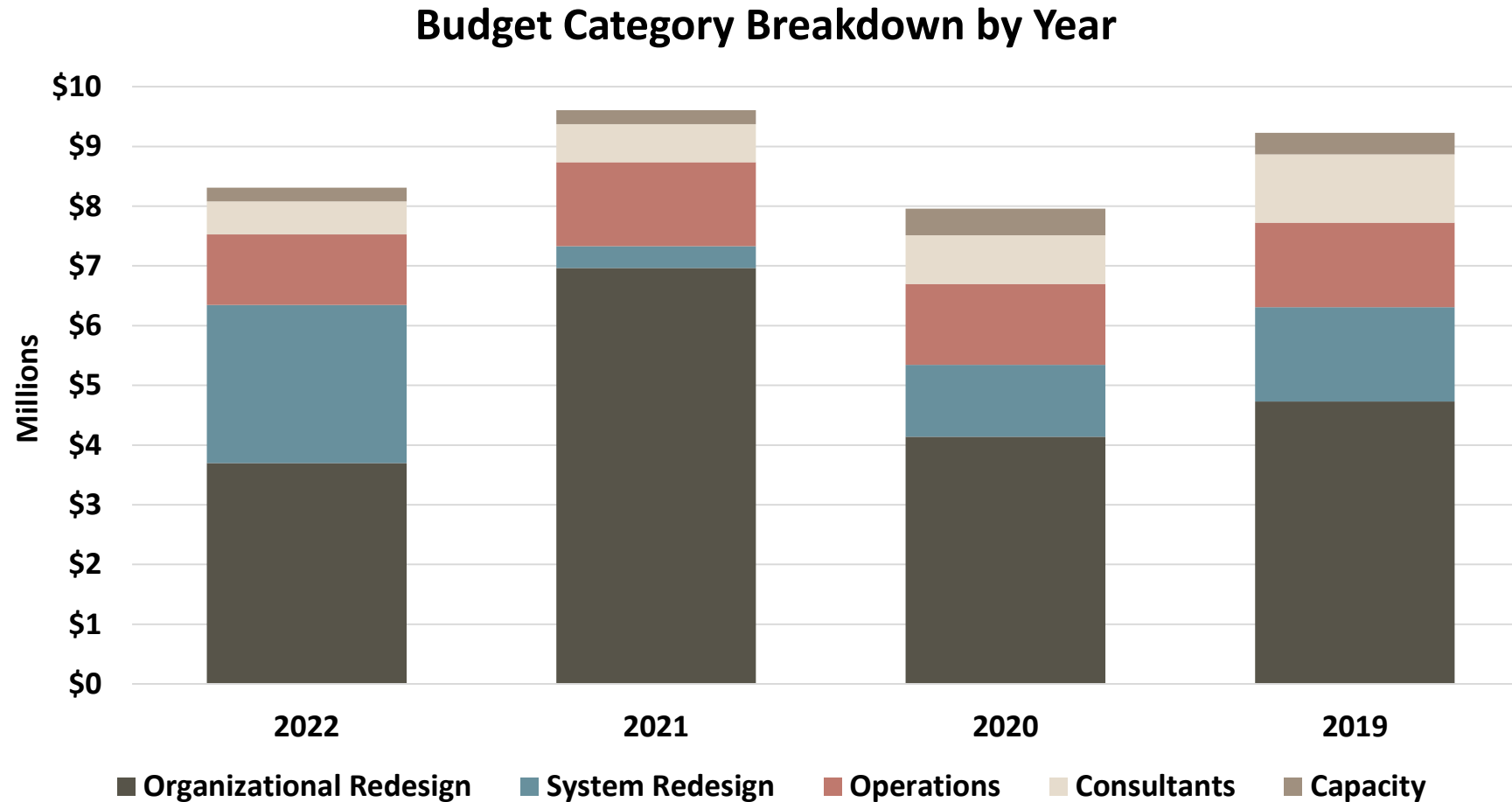
Expended to Budgeted



Closer Look at Unspent Funds



Budget Category Breakdown by Year





2022 Goals & Budgeted Amounts

NCACH Strategic Goal

Develop a culture of equity and increase community resilience

by investing in skill building and capacity building

Invest in skill building and capacity building for our organizations and communities in order to develop a culture of equity.

- Financially support diversity, equity and inclusion (DEI) trainings in community.
- Increase Board Understanding of Equity.
- Dedicate funding and launch a simple, rolling process targeting local entities & efforts led by and serving communities fighting for inclusion and belonging.
- Encourage SDOH & equity reflections across partners by building equity into their reporting requirements & building equity into regional communications.

<u>TOTAL</u>
\$ 649,000

Capacity Building	Organizational Redesign	System Redesign	Consultants	Operational Expenses
\$ 40,000	\$ 600,000	\$ 0	\$ 9,000	\$ 0

NCACH Strategic Goal

Promote
coordinated
whole system
responses to
whole person
health needs

by increasing
cross-sector
collaborations and
integrated
partnerships

NCACH will increase cross-sector collaborations and integrated partnerships at local and county levels in order to promote coordinated whole system responses to whole person health needs.

- Increase cross-sector partner convening and planning at local and county level.
- Leverage network analysis to inform ongoing strategy and investments with partners and communities.

TOTAL

\$2,668,825

Capacity Building

\$ 7,500

**Organizational
Redesign**

\$ 954,000

System Redesign

\$ 1,647,325

Consultants

\$ 60,000

**Operational
Expenses**

\$ 0

NCACH Strategic Goal

Improve health
outcomes for
people
struggling with
behavioral
health issues

by increasing the
network of
behavioral health
supports across
the community

NCACH will increase the network of behavioral health supports across the community in order to improve health outcomes for people struggling with behavioral health issues.

- Plan and Implement Emergency Department Recovery Coach pilot program.
- Expand Recovery Coach Jail Pilot in Grant and Okanogan Counties.
- Increase harm reduction education.
- Expand harm reduction solutions: Narcan Vending Machines and Needle Exchange.
- Convene Behavioral Health (MH & SUD) stakeholders to improve behavioral health system.
- Improve behavioral health system through organizational redesign and system redesign.

TOTAL

\$2,620,650

Capacity Building

\$ 139,150

**Organizational
Redesign**

\$ 1,344,000

System Redesign

\$1,000,000

Consultants

\$ 55,000

**Operational
Expenses**

\$ 82,500

NCACH Strategic Goal

Ensure that
policy solutions
effectively
support our
region's needs
and the health
of our residents

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

NCACH will build pathways for North Central partners and residents to have a voice in local and state policies in order to ensure that solutions effectively support our region's needs and the health of our residents.

- Educate and advocate to State, regional and local elected officials and the community at large about the mission and work of NCACH.
- Continue to meet with Managed Care Organizations (MCOs) to address regional priorities from local Health Care and Community partners.

TOTAL

\$ 4,000

Capacity Building

\$ 4,000

**Organizational
Redesign**

\$ 0

System Redesign

\$ 0

Consultants

\$ 0

**Operational
Expenses**

\$ 0

NCACH Strategic Goal

Help partners
respond to
demand for
services

by increasing
capacity-building
supports for
partner
organizations

NCACH will increase capacity-building supports for partner organizations doing work to address social determinants of health, care coordination and behavioral health in order to help them respond to demand for services.

- Host learning activities and trainings to increase capacity in partner organizations.
- Continue to monitor, provide technical assistance and support to partners (e.g. EMS, CBCC, Hope Squad).
- Support the implementation of telehealth pilots based on 2021 assessment findings.

TOTAL

\$ 1,053,100

Capacity Building

\$ 39,100

**Organizational
Redesign**

\$ 800,000

System Redesign

\$ 0

Consultants

\$ 214,000

**Operational
Expenses**

\$ 0

Overall 2022 Budget

Strategic Priority	Capacity Building	Organizational Redesign	System Redesign	Consultants	Operations	Grand Total
Equity	\$40,000	\$600,000		\$9,000		\$649,000
Cross Sector Collaboration	\$7,500	\$954,000	\$1,647,325	\$60,000		\$2,668,825
Behavioral Health and Recovery	\$139,150	\$1,344,000	\$1,000,000	\$55,000	\$82,500	\$2,620,650
Education and Advocacy	\$4,000					\$4,000
Capacity Building	\$39,100	\$800,000		\$214,000		\$1,053,100
Operations				\$300,520	\$1,014,966	\$1,315,486
Grand Total	\$229,750	\$3,698,000	\$2,647,325	\$554,520	\$1,181,466	\$8,311,060

2022 Budget Notes

- **There are 2021 contracts and payments that carry over into 2022**
- **Some approved budget items will carry in 2022, including:**
 - CHI Community Initiative Funding
 - Hope Squad Funding
 - Recovery Coach Network
- **2022 Budget does not include all potential expenses:**
 - All Expenses for 3 Pillars
 - E.g. Pillar #2 Anchor in Shared Measurement
 - Telehealth Implementation Funds
 - Potential waiver extension activities (TBD)

A closer look at specific strategies envisioned in 2022

Develop a culture of equity and increase community resilience

by investing in skill building and capacity building

NCACH will invest in skill building and capacity building for our organizations and communities in order to develop a culture of equity and increase community resilience.

- Financially support and participate in a diversity, equity and inclusion (DEI) pilot series targeting North Central Washington civic leaders (Learning to People Better Together), starting in September 2021 through June 2022.
- Structure equity education and discussion into each quarterly Board Retreat agenda, throughout 2022.
- Dedicate funding and launch a simple, rolling funding process starting in January 2022 targeting local entities & efforts led by and serving communities fighting for inclusion and belonging, in order to invest in the work they are doing to address health equity in our region.
- Proactively encourage SDOH & equity reflections and peer learning across partners to build their awareness and understanding of health equity work.

Promote coordinated whole system responses to whole person health needs

by increasing cross-sector collaborations and integrated partnerships

NCACH will increase cross-sector collaborations and integrated partnerships at local and county levels in order to promote coordinated whole system responses to whole person health needs.

- Starting in January 2022, increase cross-sector partner convening (instead of within sectors) at local and county level, with an emphasis on local conversations and planning since that is where the care coordination happens for community members in need.
- Starting in January 2022, leverage network analysis to measure and monitor our various networks in order to inform ongoing strategy and investments with partners and communities.

Improve health
outcomes for
people
struggling with
behavioral
health issues

by increasing the
network of
behavioral health
supports across
the community

NCACH will increase the network of behavioral health supports across the community in order to improve health outcomes for people struggling with behavioral health issues.

- Plan and Implement Emergency Department pilot program with regional hospital partner by end of 2022, utilizing Recovery Coaches to connect people that need SUD support at critical window of opportunity.
- Expand jail pilot to Grant and Okanogan counties by end of 2022 so that two recovery coaches are in place in each county-level region, to connect people that need SUD support at critical window of opportunity.
- Increase harm reduction education to build buy-in from key decision-makers and leaders.
- Expand harm reduction solutions across our region so that all counties have at least one Narcan vending machine and hopefully one needle exchange by end of 2022.
- By March 2022, convene a diverse group of BH (MH & SUD) stakeholders who will create actionable project plans to address local needs.
- Improve behavioral health system through organizational redesign and system redesign.

Ensure that
policy solutions
effectively
support our
region's needs
and the health
of our residents

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

NCACH will build pathways for North Central partners and residents to have a voice in local and state policies in order to ensure that solutions effectively support our region's needs and the health of our residents.

- Educate and advocate to local elected officials and the community at large about the mission and work of NCACH to support the work being done and continue to foster key partners that will contribute to the success of our region.
- Work with Managed Care Organizations (MCOs) to address regional priorities from local Health Care and Community partners that affect the overall health of Medicaid patients.
- Advocate to State agencies and legislators on the mission and vision of North Central Accountable Community of Health to ensure the voice of our partners and residents are heard when state policies/work is being completed.

Help partners
respond to
demand for
services

by increasing
capacity-building
supports for
partner
organizations

NCACH will increase capacity-building supports for partner organizations doing work to address social determinants of health, care coordination and behavioral health in order to help them respond to demand for services.

- Host trainings to bring value to and advance the work of partners and/or staff.
- By September 2022, support the implementation of telehealth pilots based on 2021 assessment findings in order to increase telehealth maturity and increase community usage.
- Throughout 2022, continue to monitor, provide technical assistance and support to partners (e.g. EMS, CBCC, Hope Squad) who are advancing care coordination, behavioral health, SDOH and health equity efforts.
- Continue to host learning activities to increase capacity in partner organizations.

Overall 2022 Budget

Strategic Priority	Capacity Building	Organizational Redesign	System Redesign	Consultants	Operations	Grand Total
Equity	\$40,000	\$600,000		\$9,000		\$649,000
Cross Sector Collaboration	\$7,500	\$954,000	\$1,647,325	\$60,000		\$2,668,825
Behavioral Health and Recovery	\$139,150	\$1,344,000	\$1,000,000	\$55,000	\$82,500	\$2,620,650
Education and Advocacy	\$4,000					\$4,000
Capacity Building	\$39,100	\$800,000		\$214,000		\$1,053,100
Operations				\$300,520	\$1,014,966	\$1,315,486
Grand Total	\$229,750	\$3,698,000	\$2,647,325	\$554,520	\$1,181,466	\$8,311,060

Post MTP Soup

North Central ACH

1+ years • Serves 4 counties



Ingredients

2 tbsp actionable data roux
4 cups committed partners
1 cup clear vision
1/2 cup distributed leadership
governance special sauce (**see recipe**)
Lots and lots of participatory spice

*Tip: Using the **participatory spice** will transform your traditional MTP soup from a centralized taste to a rich distributed flavor.*

Preparation

The following steps are not necessarily sequential; they may need to be done in tandem.

Explore how we might engage partners in this soup.

Explore approaches to governance and distributed leadership.

Build up data infrastructure and expertise.

Start mapping out connections, relationships, and power dynamics.

Engage partners and community members via participatory processes to identify mutual interests and priorities.

Develop well-understood governance structure that can adjust as the collaboration evolves.

Work with partners and community members to identify regional goals and develop portfolio.

*Tip: For optimal flavor, don't rush this process – **allow time for trust and relationships to build.***

Distributed Leadership Governance Special Sauce

North Central ACH

6 months prep time • Serves 4 counties



Ingredients

- 1 quart networked partners and community members (especially those likely to be affected by our decisions)
- 1 tbsp knowledge of current governance structure
- 1 tbsp knowledge of current partners
- 1 cup trust
- 2 cups clearly defined roles

Preparation

Understand your current governance structure and partners.

Build on existing groups before inventing new ones.

Engage partners and community members to participate in shaping governance needs.

Identify different levels of decision-making.

Explore and identify how those affected by decisions will participate in shaping those decisions.

Tip: Make sure the complexity of the governance structure is appropriately scaled to the complexity of the effort.

Ask partners (e.g. CHIs) how they would like to be involved in decision-making.

Invite partners to shape and endorse an updated governance structure that has **clear** purposes and authorities.

Tip: The end goal is to have a well-understood governance structure that can adjust as the collaboration evolves.

Distributing Leadership to Transform Health Ecosystems

Nina Burke, Senior Project Associate and Ruth Wageman, Senior Scholar & Advisor | 01/08/2019

As you read in our recent blog series on comprehensive regional strategy, transforming the ecosystem that produces health and well-being requires both a sound regional strategy and the right team of regional stewards to execute that strategy. Now you might be asking: what happens after you have those in place? Before our holiday hiatus, Stacy Becker began to reveal our answers to that question when she introduced our updated Pathway to Transforming Health Through Regional Stewardship. The Pathway describes the state of stewardship, including what stewards focus on in each of five phases of transformation. Especially in the first three phases, stewards explore the best ways to lead together as they expand their team and develop their strategy-setting themselves up for long-term success. Stewards of regions that are most advanced along the pathway are finding that distributed leadership is essential for achieving their vision.

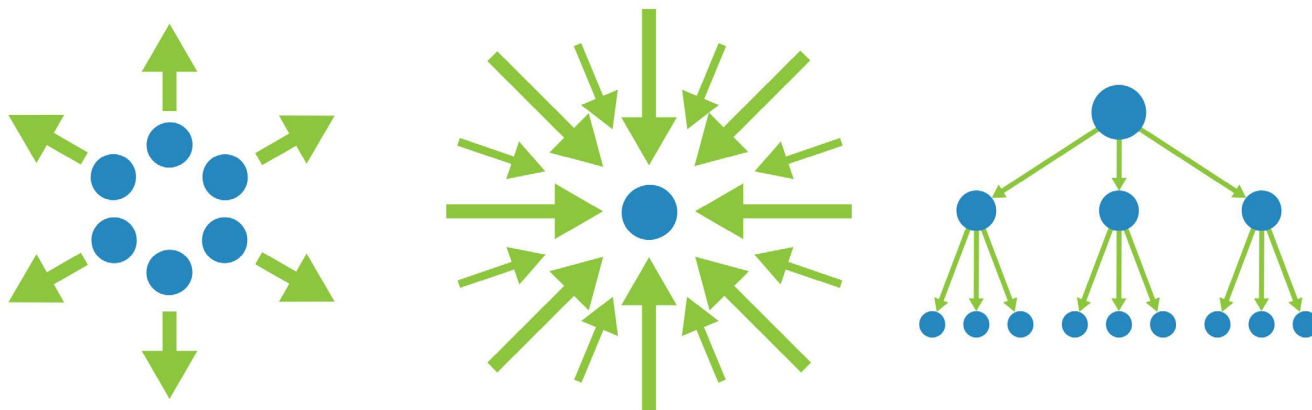
So what exactly is distributed leadership, and how does it play out in the context of transforming regional health ecosystems? Leadership is often conflated with directing the actions of others, but distributed leadership is a little different. Our definition is adapted from the works of J. Richard Hackman and Marshall Ganz: *leadership is creating the conditions for others to accomplish great things in the face of uncertainty*.

Here at ReThink Health, as we explore how stewards can pursue complex regional strategies, we see the diverse set of players that is responsible for the many moving pieces. Spoiler alert: this work can't be led by one organization or one CEO. It may not even be one multisector partnership. Instead, leadership is best shared across people (including residents of the region), organizations, and groups that all form working relationships to do transformative work.

The practice of sharing leadership among many players is known as distributed leadership. Distributed leadership can be thought of as both a governance structure, which specifies leadership accountabilities for different groups and the relationships between them, and as a practice, a way that individual leaders can think and act. Within a distributed governance structure, integrative activities—which involve governing and managing the work happening within and across collaborative partnerships in a region to achieve a common purpose—are *distributed* among many groups and individuals rather than owned by a single entity. Distributed leadership shifts focus onto relationships among many parties, with each party taking some responsibility for leading on behalf of the whole and building alignment through relationships and mutual commitments.

We'll get into the details about integrative activities in the next two posts in this series. But for now, let's focus on why distributed leadership matters. In thinking about governance structures, it can be helpful to think about your own experience. First, look at these **side-by-side images** of common governance models.

Common Governance Models



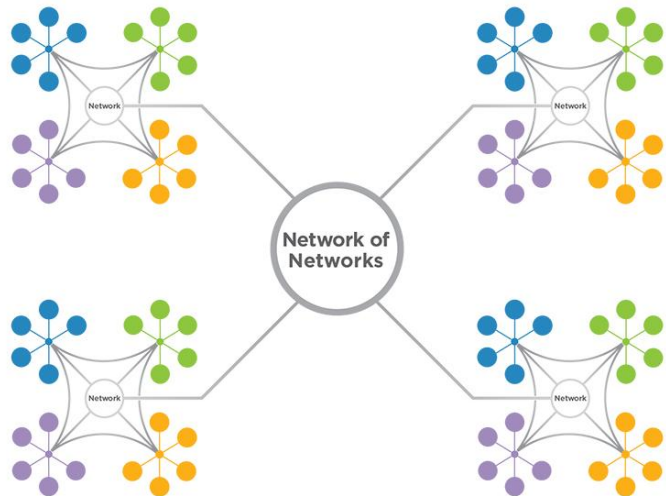
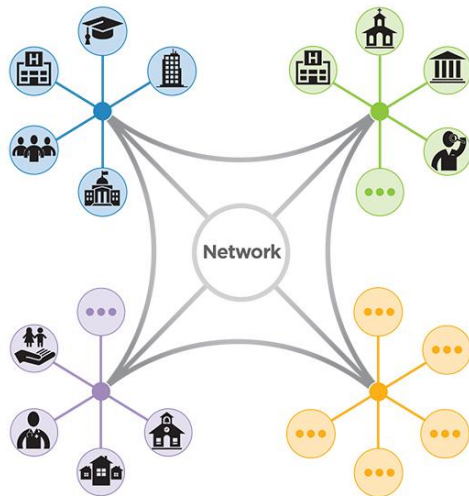
COPYRIGHT ©2019 THE RIPPEL FOUNDATION

Now, take a moment to think about how your organization or team is led. Ask yourself:

- Does one person or organization take on everything under the sun? What does that feel like for the person or organization doing everything? For the rest of the team?
- Is it unclear who is leading? If so, is your work fragmented and suffering from lost momentum?
- Is there a hierarchy in which one person or group directs everyone's specific actions? What happens when someone needs to use their own judgment?

If you have worked in one of these three models, you can likely speak to both its benefits and pitfalls, and you might be able to predict how it will work for leading a complex transformation effort. Now, consider these images. Imagine the dots are the regional players involved in stewarding your regional health strategy, each with its own roles and leadership functions that it does on behalf of the group.

Distributed Leadership Structures



COPYRIGHT ©2019 THE RIPPEL FOUNDATION

Can you imagine how regional players might distribute leadership across them, sharing responsibility and accountability, honoring their explicit commitments to each other, and staying connected via intentional relationships?

Distributed leadership brings out the unique and valuable contributions of all stewards

As we said earlier, stewards of the regions that are most advanced along the pathway are adopting a distributed leadership practice and governance structure like the ones depicted just above, and they are recognizing the benefits. They've discovered that transforming a regional health system is complex work; more than any one leader or institution can do effectively all by itself. Distributed leadership [OR A distributed governance structure] invites stewards across your region to collaborate in this work and allows for all involved to share perspectives and contribute resources. In no region is there an umbrella under which *all* of the sectors and institutions that influence health operate, nor should there be. Distributed leadership offers an alternative to more hierarchical structures, in which organizations submit to another's authority over their operations, and instead recognizes the unique and valuable contributions each can make.

Perhaps you're thinking, "I love the concept, but my regional health strategy is so complex and dynamic, I'm not sure how I can give up control and share leadership with five other organizations, and perhaps other networks as well, without chaos and conflict." Those are valid concerns, but don't let them prevent you from considering the idea further. Distributed leadership is not something that happens overnight, and if you pursue it only halfway you will most likely get the results you fear. As the pathway shows, over time, stewards can and do form solid relationships, develop trust in one another, and make explicit commitments so they can be sure they will get

what they need from each other. There is plenty of evidence that it works for those who commit to what it takes.



Benefits and Pitfalls of Leadership Models

	BENEFITS	PITFALLS
“I’ll take care of it”	Specific projects get accomplished in an efficient, goal-directed way.	Constrained capacity that doesn’t grow over time. Burnout for the main leader. Things fall apart when this singular person leaves or is attending to something else.
Hail Caesar!	It’s clear who is calling the shots and the actions of implementers are aligned.	Lack of ownership beyond the “grass tops.” Autonomy and therefore motivation is low. When frontline actors see opportunity, they can’t act on them.
Who’s in charge here?	Innovation and ideas abound.	Confusion and fragmentation. No process to land on a shared direction and act in concert.
Distributed leadership model—a network	Lots of room for initiative and innovation. Genuine commitment to the whole and each other. There are leaders (selected and legitimized by the whole network).	Requires long-term investment in relationships, careful attention to structure and unique purposes of different groups, and high-level interpersonal skills.

©2018 THE RIPPEL FOUNDATION.

The Orpheus Chamber Orchestra is an example—a complex system in which distributed leadership has worked successfully. This orchestra operates with no conductor. That’s right, no conductor! The musicians share leadership to interpret the score during rehearsals and performances, and they play brilliantly as an ensemble. Each musician has a clearly defined role within the orchestra, and the leadership (selected carefully by the entire group) is intentionally rotated for every piece they play, but there is no single person in charge at all times. The members of this orchestra know what they have to do be good leaders *and* good followers. The orchestra

benefits from the perspectives and abilities of all members, without relying on a hierarchical structure. It has even won several Grammy awards.

We also see evidence of the success of this structure among stewards of regions working toward health system transformation. For example, the Jackson Collaborative Network in Jackson County, Michigan is a collaborative body that supports and connects stewards working in three multisector partnerships—focused on population health, education, and economic well-being. The network aims to enable a sustainable collaborative network in Jackson County that are united by common values and committed to efficiently serving the needs of the community through lasting systems change. It strives for a non-hierarchical approach in which no one collaborative body has power over another.

The network's Collaborative Council, which includes representatives from members at all levels within each of the three partnerships, works to drive alignment, and a full-time network manager—hired by the co-chairs of each of the partnerships as well as the co-chairs of the Collaborative Council—provides leadership and support to staff working across network. Members of the network hold each other and themselves accountable for behaving in alignment with their shared values and hold themselves accountable to fostering a collaborative culture. In Jackson, as in the Orpheus Chamber Orchestra, everyone has a clear part to play, knows their part, and gets better and better at knowing when to lead and when to follow—and at trusting that the others know their parts too. When all work toward bringing these pieces together, a symphony (and a successful regional strategy) emerges!

So how can you go about actually implementing distributed leadership? Well, there are decisions—hard ones—that stewards need to make when constructing a distributed leadership practice (including governance structure) for their region. Questions include: Who is the “we” involved in leadership? Who gets to make decisions about vision, about strategy, about innovations, and how are those decision makers funded? Why should fellow stewards and citizens trust these groups to lead for the whole region? How can leaders ensure that the structure works and stays functional over a long period of time?

These questions are the basis for our Distributed Leadership Practice Assessment, a tool that helps regional stewards shape new insights about how effectively you are currently distributing leadership in your health system transformation efforts so you can make decisions about how to proceed. As you work through the assessment, consider the extent to which leaders in your region embrace the practice of distributed leadership. Can you think of an example recently when you *did* share leadership recently or perhaps when *could* have shared leadership? Can you identify any immediate opportunities to begin sharing leadership with other organizations or individuals? Has your region successfully implemented distributed leadership in a multisector setting?

NCACH Funded Partners (2018-2021)

Funded Partner Organization	Funding/Project Bucket							MOU Timeframes			
	WPCC	CBCC	TCDI	Opioid	CHI	COV-19	Other	2018	2019	2020	2021
Coulee Medical Center	X		X	X							
Lake Chelan Health (Community Hospital	X		X								
Mid Valley Hospital	X		X								
Samaritan Healthcare	X		X	X							
Cascade Medical Center	X										
Catholic Charities	X										
Children's Home Society of Washington	X										
Columbia Basin Family Medicine	X										
Columbia Basin Health Association	X										
Columbia Valley Community Health	X										
Confluence Health	X										
Family Health Centers	X										
Grant Integrated Services	X				X						
Moses Lake Community Health Center	X										
Okanogan Behavioral HealthCare	X										
Parkview Medical Group	X										
The Center for Alcohol and Drug Treatment	X			X							
Columbia Basin Hospital			X								
Lifeline Ambulance			X								
North Central Emergency Care Council			X								
North Valley Hospital			X								
Action Health Partners/Community Choice		X			X						
Aging and Adult Care of Central Washington		X									
American Childhood Cancer Inland NW						X					
Asthma and Allergy Network						X					
Boys and Girls Club of Columbia Basin						X					
Cascade Medical Foundation					X						
Cashmere Community Market (Christ Center)					X						
Catholic Charities - Housing						X					
Chelan Douglas Community Action Council				X	X	X					
Chelan Douglas Health District						X					
Chelan Senior Center						X					

NCACH Funded Partners (2018-2021)

Funded Partner Organization	Funding/Project Bucket							MOU Timeframes			
	WPCC	CBCC	TCDI	Opioid	CHI	COV-19	Other	2018	2019	2020	2021
Chelan Valley Hope						X					
Christ Center						X					
Colville Tribes				X		X	X				
Communities In Schools of North Central Washington		X			X						
Community Foundation of North Central Washington						X					
Community Services of Moses Lake						X					
Family Services of Grant County					X						
First United Methodist Church of Wenatchee						X					
Grand Coulee School District						X					
Grant County Economic Development Council					X						
Grant County Health District				X	X						
Lake Wenatchee Fire and Rescue		X				X					
Link Transit					X						
Little Essentials Pantry Coalition (First United Methodist Church)					X						
Little Star School						X					
Methow Ready (Aero Methow Rescue Services)						X					
Methow Valley Home Care						X					
Methow Valley School District						X					
NAMI Chelan-Douglas					X						
NCW Economic Development District					X						
Neighbors Helping Neighbors (Columbia Basin Foundation)						X					
New Hope (Grant County)						X					
North Central Early Childhood Collaborative						X					
North Central Educational Service District				X	X						
North Central Regional Library					X						
North Valley Health Association						X					
Okanogan County Child Development Association						X					
Okanogan County Community Action Council					X						
Okanogan County Community Coalition					X						
Okanogan County Public Health					X	X					
Okanogan County Transportation and Nutrition						X					
Okanogan Foundation for Youth Resiliency and Engagement (FYRE)		X		X							

NCACH Funded Partners (2018-2021)

Funded Partner Organization	Funding/Project Bucket							MOU Timeframes			
	WPCC	CBCC	TCDI	Opioid	CHI	COV-19	Other	2018	2019	2020	2021
Okanogan Highlands Alliance						X					
Okanogan Valley Alliance Church						X					
Oroville CARES Coalition				X							
Our Valley Our Future						X					
Oxford House Resident Transit Solutions Committee					X						
Pateros Brewster Long Term Recovery						X					
Planned Parenthood of Greater Washington and North Idaho					X						
Quincy Booster Club						X					
Rachel Levi				X							
Room One				X							
Rural Resources		X									
Sage						X					
SEIU Healthcare NW Training Partnership						X					
Serve Moses Lake						X					
Small Miracles						X					
Tender Loving Care (Chelan Valley Hope)						X					
The Brave Warrior Project					X						
The Hope Agency Youth and Family Services					X						
The Maternal Coalition					X						
Thrive Chelan Valley						X					
Together for Youth				X			X				
Tonasket Choice High School						X					
Tonasket Food Bank						X					
Upper Valley MEND		X									
Waterville School District						X					
Wellness Place						X					
Wenatchee River Institute					X						
Wenatchee School District						X					
Wenatchee Valley Farmers Market						X					
Wilcat Booster Club (Eastmont)						X					
Women's Resource Center		X		X		X					
WSU Extension of Douglas County					X						