



North Central Accountable Community of Health

Governing Board Meeting
1:00 PM–3:30 PM November 1, 2021

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

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Molly Morris <ul style="list-style-type: none">Zoom EtiquetteBoard Roll CallDeclaration of ConflictsPublic CommentApproval of Consent Agenda	<ul style="list-style-type: none">Approval of Consent Agenda	<ul style="list-style-type: none">Agenda, Acronyms & Decision Funds Flow ChartConsent Agenda –<ul style="list-style-type: none">Minutes 10/4 Meeting & 10/15 RetreatMonthly Financial Statement	1-4 5-16
1:10 PM	Executive Director Update – Linda Parlette			
1:20 PM	2022 Draft NCACH Budget – John Schapman		<ul style="list-style-type: none">Budget Presentation	17-24
2:00 PM	NCACH Transition Update – John Schapman <ul style="list-style-type: none">Contract updatesPersonnel ManualOrganizational Chart Changes		<ul style="list-style-type: none">Transition SlidesOrganization Structure Slides <p>(personnel manual will be sent later)</p>	25-35 36-46
2:40 PM	Behavioral Health Internship Program Funding – Wendy Brzezny	<ul style="list-style-type: none">Approve Behavioral Health Internship Funding	<ul style="list-style-type: none">Board Decision Form	47-48
3:10 PM	Round Table – All			
3:30 PM	Adjournment – Molly Morris			

The Mission of NCACH 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.

A Handy Guide to Acronyms within the Medicaid Transformation Project

ACA: Affordable Care Act	FCS: Foundational Community Supports
ACH: Accountable Community of Health	HCA: Health Care Authority
ACO: Accountable Care Organization	HIT/HIE: Health Information Technology / Health Information Exchange
AI/AN: American Indian/Alaska Native	MAT: Medication Assisted Treatment
BAA: Business Associate Agreement	MCO: Managed Care Organization
BH: Behavioral Health	MH: Mental Health
BH-ASO: Behavioral Health - Administrative Service Organization	MOU: Memorandum of Understanding
BLS: Basic Life Skills	MTP: Medicaid Transformation Project(s)
CBO: Community-Based Organization	NCACH: North Central Accountable Community of Health
CCHE: Center for Community Health and Evaluation	NCECC: North Central Emergency Care Council
CCMI: Centre for Collaboration Motivation and Innovation	OHSU: Oregon Health & Science University
CCS: Care Coordination Systems	OHWC: Okanogan Healthcare Workforce Collaborative
CHART: Community Health Access and Rural Transformation	OTN: Opioid Treatment Network
CHI: Coalition for Health Improvement	ODU: Opioid Use Disorder
CHW: Community Health Worker	P4P: Pay for Performance
CMS: Centers for Medicare and Medicaid Services	P4R: Pay for Reporting
CMT: Collective Medical Technologies	PCS: Pathways Community Specialist
COT: Chronic Opioid Therapy	PDSA: Plan Do Study Act
CP: Change Plans	PHSKC: Public Health Seattle King County
CPTS: Community Partnership for Transition Solutions	RFP: Request for Proposals
CSSA: Community Specialist Services Agency	SDOH: Social Determinants of Health
DOH: Department of Health	SSP/SEP: Syringe Services Program / Syringe Exchange Program
DSRIP: Delivery System Reform Incentive Program	SMI: Serious Mental Illness
EDie: Emergency Dept. Information Exchange	SUD: Substance Use Disorder
EMS: Emergency Medical Services	TCDI: Transitional Care and Diversion Interventions
FIMC: Fully Integrated Managed Care	TCM: Transitional Care Management



North Central Accountable Community of Health

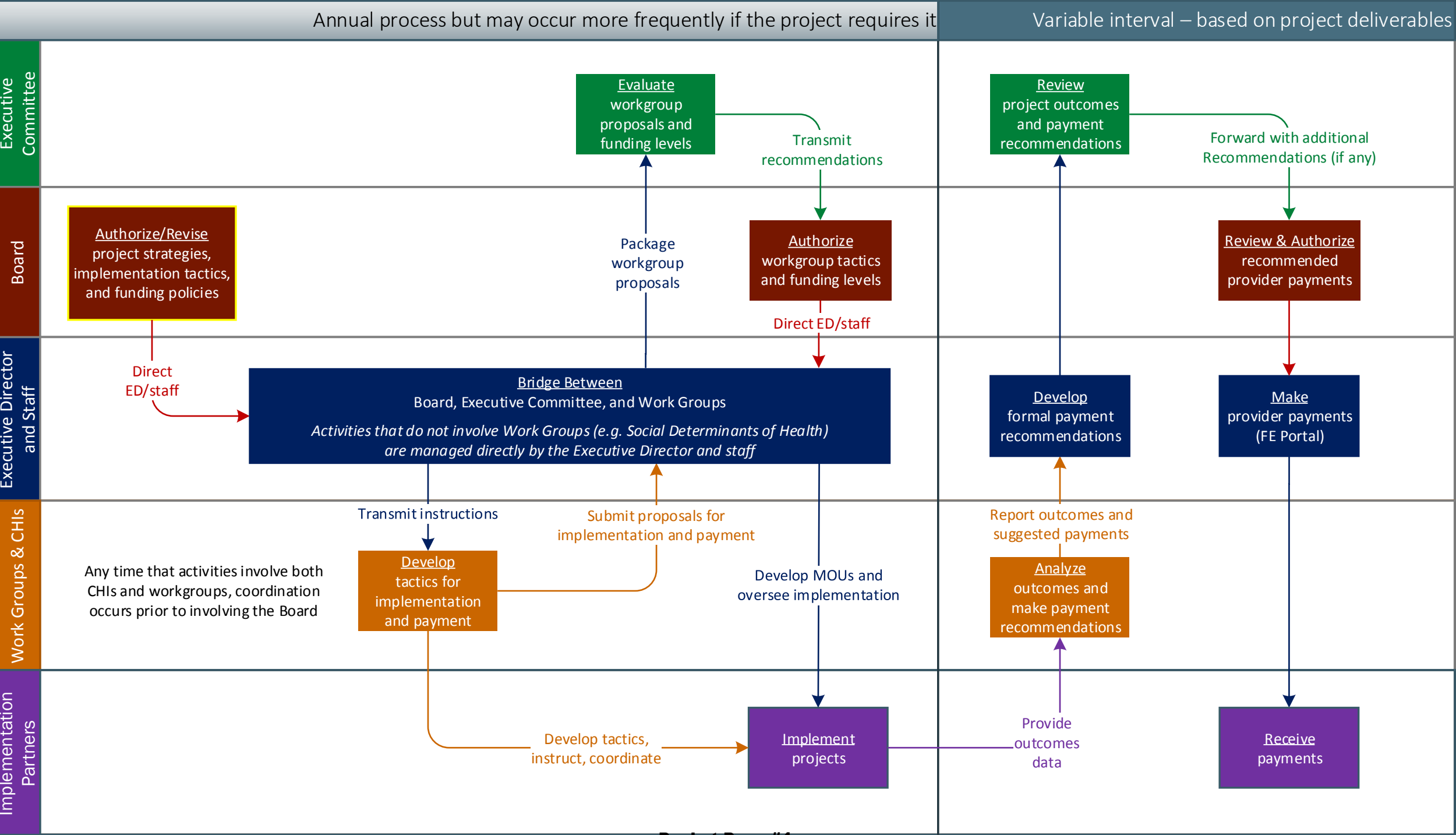
VBP: Value-Based Payment

WPCC: Whole Person Care Collaborative

LHJ: Local Health Jurisdiction

Decision Flow for Funding Design and Allocation

[This process is utilized when a budget amendment is requested to the Annual Budget]



Location	Attendees
<p>Virtual</p>	<p>Governing Board Members Present: Molly Morris, Cathy Meuret, Ray Eickmeyer, Deb Murphy, Dell Anderson, Jesus Hernandez, Kaitlin Quirk, Ken Sterner, Lisa Apple, Senator Warnick, Rebecca Davenport, Rosalinda Kibby, Michael Tuggy, Kelsey Potter, Ramona Hicks (joined at 2:00)</p> <p>Governing Board Members Absent: Carlene Anders, Nancy Nash Mendez</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Mariah Brown, Joey Hunter, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Review of Agenda & Declaration of Conflicts Public Comment 	<ul style="list-style-type: none"> Meeting called to order at 1:00 PM by Molly Morris. Molly started the meeting with a land acknowledgment. Honoring the open meetings act, all conversations need to be public. You can chat with staff member that is monitoring the chat and they can relay your message if you are having trouble speaking. Declarations of conflicts: Dell Anderson re: Vice Chair vote Public Comment: None Change to the agenda: Adding an election for the Public Health Board seat ❖ <i>Rosalinda Kibby moved, Cathy Meuret seconded the motion to approve the consent agenda (with the above change), motion passed.</i>
<p>Executive Director Report</p>	<p><u>Cross ACH Board Meeting October 5th 8:30-10:30 AM</u></p> <ul style="list-style-type: none"> Executive Directors will be in listen only mode. They will take notes during the breakout session and be available to answer questions only if needed. Point is to have interaction among board members across the state <p><u>HB 1504: WORKFORCE EDUCATION INVESTMENT ACT funding</u></p> <ul style="list-style-type: none"> NCACH received \$292,666 from Health Care Authority Will be modeling GCACH Behavioral Health Internship program implemented in 2019 which brought in 52 interns into the region. Wendy will be giving more details. <p><u>The American Rescue Plan funding through City of East Wenatchee</u></p> <ul style="list-style-type: none"> Applied for The American Rescue Plan grant that E. Wenatchee put out and was granted \$19,750 to cover the initial costs to move folks into an Oxford House that transition out of jail. The funding will cover 2 months of rent, so they can have a soft landing into recovery. <p><u>NCACH Partner Work</u></p> <ul style="list-style-type: none"> NCACH Staff John, Caroline and Wendy attended the grand opening of the San Poil Treatment Center in Keller, WA

	<p><u>NCACH Team Gathering input on 2022 strategic priorities:</u></p> <ul style="list-style-type: none"> • NCACH team is finalizing our priorities for 2022 (Shared at the September Board meeting) • We are gathering input each week from Board members who would like to contribute any additional insight. • We will utilize any input provided by Board members in adjusting how we budget to achieve the work we will complete under those priorities. • An initial review of the 2022 budget will occur at the October 15th Board retreat.
Behavioral Health Internship – Wendy Brzezny	<ul style="list-style-type: none"> • The legislature passed HB1504 which is a Workforce Education and Investment Act • NCACH received a two year grant of \$292,666 divided over 2 years • The purpose is to build Behavior Health Workforce Internship Pilot Program <p><u>3 Criteria for an agency to qualify for HCA funding:</u></p> <ul style="list-style-type: none"> • BH Agency • Serving Primarily Medicaid Clients • 2 sites – 1 serving SUD / 1 serving pediatric patients <p>Our region has several agencies that would not qualify for the funding based on HCA's criteria. We are asking the Board for a verbal approval to expand the scope of the framework beyond what HCA has established which would include funding for these additional internships. NCACH plans to model this program after Greater Columbia ACH's program. NCACH staff will come back to the Board at a later date with specific amount and details for a formal Board decision.</p> <p>❖ Kaitlin Quirk moved, Deb Murphy seconded the motion to approve the framework to expand this program for those that would not qualify under the criteria that the HCA has established (which will probably include funding), motion passed. Ken Sterner, Dell Anderson abstained</p>
Board Elections – Ken Sterner	<p>Nominating Committee Members – Ken Sterner, Carlene Anders, Senator Warnick</p> <p>We had two very good candidates and the nominating committee reviewed both Dell Anderson and Jesus Hernandez</p> <p>❖ <i>Vice Chair Position: Ken Sterner on behalf of the Nominating Committee moved, Ray Eickmeyer seconded the motion, to nominate Dell Anderson as Vice Chair to the Executive Committee, Dell Anderson abstained, motion carried</i></p> <p>❖ <i>Public Health Seat: The Sector has put forth Theresa Adkinson, Ken Sterner moved, Senator Warnick seconded the motion, to nominate Theresa Adkinson for the Public Health Seat, motion passed.</i></p>
HCA Presentation on 1115 Renewal – Michael Arnis, HCA	<p>Michael Arnis from the Health Care Authority presented on the 1115 waiver application in which the timeline has now been pushed back to next year. (presentation slides located in Board packet on the NCACH Website)</p> <ul style="list-style-type: none"> • They have submitted one year extension request (MTP year 6) and expect to hear back from CMS at the end of November to extend the current wavier through 2022. No major program changes.

	<ul style="list-style-type: none"> • They are working to submit a five year renewal request to CMS in December 2021. This request would renew the program from 2023-2027. Will include continuing and evolving strategies: whole person care, equity, social determinants of health. <p>Discussion:</p> <ul style="list-style-type: none"> • Penny Quist – Community Member had multiple questions – Linda requested that she send her an email after the meeting and she will connect her with the correct people. • Rumor is that HCA is doing an EMR for the whole state for whole patient care, is this true? Michael said that he will have to check with a couple of his colleagues and get back to us. Linda asked him to keep that on the radar as it is very important to all of the ACH regions. • John noted that we need to consider what the state is doing with this waiver as we are making decisions on the NCACH future state.
Stand Alone Agency Update– John Schapman	<p>John Schapman gave an update on the agency move to the new location, employee benefits and leave package. (See packet for presentation)</p> <p>Employees will officially be laid off from CDHD, John is recommending a starting leave balance for employees using a formula suggested by Davis Arneil Law Firm which takes the employee's years of service in to consideration.</p> <ul style="list-style-type: none"> • RE: Sick leave vs PTO - Theresa Adkinson asked if Washington state law requires sick leave bank be separate. Also thinks you are required to leave sick leave on the books for up to a year in case staff returns to employment. Ramona Hicks said they had to do that as well. John will check into this and share any adjustments at the next meeting. • Rosalinda Kibby presented to payout out the management staff the same way as the other employees (following the CBA process with regards to accrued vacation, sick, and compensatory time). The CDHD will need guidance on how to handle the termination of the staff as we terminate their employment and make this transition. The Executive Committee is recommending that NCACH treat the Management the same as staff under the CBA with regards to the items on the following slide. There is additional cost of about \$16,000, but we feel that this is important to treat the management the same. <p><i>*note correction to end date of compensatory leave payout bullet below – should be December 31st, 2021.</i></p>

Employee Leave Balance – Payout Policy



According to the CDHD Employee Handbook and Collective Bargaining Agreement (CBA), the following rules apply:

- **Union Employees that fall under the rules of the CBA (Updated due to COVID):**
 - Total of vacation leave balance accrued
 - 25% of Medical/sick leave balance accrued up to 240 hours (if with the organization for a minimum of 3 years)
 - Any unspent compensatory time accrued from March 5th, 2020 – December 31st, 2022
- **Management Staff (Not under CBA): (Linda/John)**
 - Total of vacation leave balance accrued up to 240 hours
 - 25% of Medical/sick leave balance accrued up to 240 hours (if with the organization for a minimum of 3 years)

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

❖ ***Ramona Hicks moved, Ray Eickmeyer seconded the motion to pay the NCACH management staff using the same structure as the other NCACH staff as they transition away from CDHD to the NCACH standalone agency, motion passed.***

Senator Warnick – Do we have any information on how other ACH's are handled? Linda noted that she is the lowest paid ED. We are the only ACH that is under a Health District, so we do not have anyone to compare with. Linda noted that the concern is really about how many hours John will lose. He still is going to lose a substantial amount due to his longevity.

Health Benefits:

- Jesus suggested increasing employer HSA contribution instead of offering Dental and Vision
- Theresa said losing the PEBB benefits should be noted especially retirement. This is a big loss for staff.
- Setting up infrastructure for family medical benefits is very important in recruiting. Setting up a credit into an HSA for staff that opt out of the family coverage is an option.
- HR policy – is the handbook close to being done? Should be done by mid-October. Hoping to get it out to the Board a week prior to the November meeting for review.

Adjournment – **Molly Morris**

3:23 PM

- Behavioral Health – Vaccine Mandate – 53 people in his organization that have not turned in proof of vaccine, concerned for the future workforce.
- Confluence Health – Vaccine Mandate – Number of employees that have applied for exemption but has seen an uptick of vaccinations in the last few weeks. Rebecca noted that her department stands to lose up to 8 nurses due to the mandate.
- Public Hospitals – Thinks she will end up only losing 2 people
- Public Hospitals – Dealing with the long term effects on staff / burnout. Behavioral health needs are going to grow.
- Education – struggling to keep the COVID outbreaks out of the schools. Doing a lot of testing and screenings. Dealing with a lot of community feelings with how they are handling COVID in the schools. There has been a roll out of many BH resources in many of the schools thanks to some additional funding.
- Elected Official – will be back in session online. Proud of our ACH
- Public Health – COVID occupies so much time, but many programs are still running. Trying to help staff deal with the trauma around COVID. HB1152 passed last year which reorganized Public Health Boards – need to have equal amount of citizens to elected officials. New Board needs to be in place by June of 2022.
- AACW – Hoping to get nurses and case managers back into the field.
- MCO – Areas of concern – COVID bed capacity, Behavioral Health workforce, and reinvestment back into communities.
- At large seat – Having a lot of conversation with different coalitions around COVID and suicide prevention. It is effecting the young and old.
- CHI – Just did a share day with all of the CHI's around mental health resources & suicide prevention

Location	Attendees
Virtual	<p>Governing Board Members Present: Molly Morris, Nancy Nash Mendez, Becca Davenport, Carlene Anders (Left at 10:40), Cathy Meuret, Deb Murphy, Dell Anderson (left at 11:35), Kaitlyn Quirk, Rosalinda Kibby, Senator Warnick, Ray Eickmeyer, Ken Sterner (joined at 10:00), Theresa Adkinson (joined at 10:55)</p> <p>Governing Board Members Absent: Jesus Hernandez, Lisa Apple, Kelsey Potter, Ramona Hicks, Michael Tuggy</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Joey Hunter, David Goehner, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Review of Agenda & Declaration of Conflicts 	<ul style="list-style-type: none"> Meeting called to order at 9:00 AM by Molly Morris. Molly started the meeting with a land acknowledgment. Honoring the open meetings act, all conversations need to be public. You can chat with staff member that is monitoring the chat and they can relay your message if you are having trouble speaking. Declarations of conflicts: None
<ul style="list-style-type: none"> 2022 Budget 	<p>NCACH staff went through the draft 2022 organizational priorities and budget estimates</p> <p>Goal for today is to get feedback to make adjustments and bring back for another review at the November Board meeting.</p> <ul style="list-style-type: none"> We are moving from a health through healthcare focus and quality to addressing whole person health and health equity We are also emphasizing moving from individual projects and being a “grant funding” agency to one that brings individuals together to drive systemic change Our new mission is helping us envision how we do our work in a different way and how we fund partners in support of our new mission statement. <p>Staff has come up with 5 strategic goals that align with the NCACH Mission Statement and Guiding Principles.</p> <p>Goal #1 - Invest in skill building and capacity building for our organizations and communities in order to develop a culture of equity.</p> <p>Discussion:</p> <ul style="list-style-type: none"> Equity – How do you plan to financially support bullet #1 <i>financially support diversity, equity and inclusion (DEI) trainings in community</i> as consultants are expensive? \$9,000 does not seem like enough. <ul style="list-style-type: none"> John will do some more checking into this and may bring a different number back in November based on research and Board feedback.

Goal #2 - 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.

Discussion:

- Molly noted that the work that she did at the hospital was a drain on the hospital. Likes that there will be a consultant to help tell the story.
- Ray thinks that this goal will make the biggest impact and difference. This is where we need to be.

Goal #3 - 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

Discussion:

- This is our biggest weakness – not just us, but the whole state. If you are COVID positive and need detox, you can't find a bed. We need more funding, we need to look for more funding. Wendy agrees – she believes in planning and assessment, then wants to come back to the Board or go for funding opportunities.
- Sen Warnick – agrees with Ray – this is a very important issue. Especially interested in expanding the recovery coach program in the jail. Wants to make sure that we are partnering with Hope Source. Joey responded that we are partnering with Hope Source, we are just waiting for the paperwork to come through. Joey noted that throughout the state numerous detoxes are shutting down due to workforce shortages.
- Dell noted that we need to turn one of these meeting that are already convening into a meeting that can start making changes instead of just reporting out.
- Kaitlin would like to see a similar model that Joey has created for family support in Behavioral Health.
- Molly – Suggestion Behavioral Health 101 training – can we roll that out?
- Ken – Are the systems recognizing each other – jail vs hospital? Ken would like to see a member of law enforcement on our Board.
- Nancy - Buckets are very helpful especially as we look for future funding.

Goal #4 - 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

Discussion:

- Nancy said this is so important especially post COVID. Is \$4,000 enough?
 - We believe this will be mostly staff time dedicated to this. If we find that we need to hire consultants, we may come back to the Board for that. We also anticipate that something like that may not come until the 2023 budget year.

Goal #5 - 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.

No Board discussion on this one

Budget:

The budget will be divided into 5 buckets.

- **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
- **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

Does this include any COLA increases? John said this number may change after the HR Firm evaluates our job descriptions. It also does not account for any possible future staff.

Cathy – clarifying that John will go back and look at the equity bucket to make sure that we do not need more funding in that bucket.

Questions in order to approve budget?

Ken – would like to know about cash flow – When do we get money?

Molly – Wants to make sure that we loop in Board members that were not here so that we do not have to review in order to pass.

Theresa – Would like to see mapping of regional spread for funding. Would like to also see a historical context of the funding by region/county.

<ul style="list-style-type: none"> • Distributed Leadership 	<p>Chris Kelleher & Caroline Tillier gave a presentation on distributed leadership then the group went into breakout rooms to discuss the following...</p> <p>Share and discuss reflections from the reading and the materials shared today</p> <ul style="list-style-type: none"> • How have decision making, priority setting, and accountability worked under the MTP? How should they change in the future state? • How do we build trusting relationships across the region and develop a common vision despite conflicting agendas? • What from the article resonated with you? <p>Report out after breakouts:</p> <ul style="list-style-type: none"> • Clarity in roles – so that people know why they are attending. Knowing when to lead and when to follow. • Better training and orientation for Board members – especially consumer seat. • To be interested in leadership or participation there has to be a reason or passion. If not, there is no focus. • In the past board members tried to get too far in the weeds and that has hindered progress. We are slowly building trust across the region. • Get to know other Board members better (have a cup of coffee together) • EMS has been doing this model for 31 years and thinks it will be successful with the ACH • Building trust – orientation process – everyone needs a job. Have a public notice for open Board seats. Have back admin support for grassroots orgs that receive funding. • As a coalition member in the past, has not felt that she felt the she fit in. Seeing the presentation today, she saw many areas where early learning could fit in. • Likes the orchestra analogy – everyone will fit even without a conductor. • People need to understand why they are at the table. We need to be aware of the power at the table – really need good facilitator's to include all (even the quiet ones). • Suggestion of an annual overnight Board / Staff retreat to really get to know each other. • Joey is leading by example and showing our NCACH about going to meetings and grassroots organization where they are.
<p>To be sent after the meeting</p>	<ul style="list-style-type: none"> • Budget (revisions and something to show past county/regional spread) • Link to the recording • Link to equity information that John and Nancy presented at the end of the meeting

Balance Sheet (As of 09.30.2021)

Funding Source	Funds Received	Funds Expended	Funds Remaining
SIM Funding* (CDHD Account)	\$ 115,329	\$ 115,329	\$ -
Transformation Project (CDHD Account)			
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000		
Original Contract K2296 - Demonstration Phase 2	\$ 5,000,000		
Transfer from FE Portal	\$ 226,961		
Interest Earned on Demo Funds	\$ 270,599		
Transformation Total (CDHD Account)	\$ 6,497,560	\$ 4,580,986	\$ 1,916,574
Grants Other (CDHD Account)			
Aetna Grant	\$ 70,000	\$ 67,033	\$ 2,967
Cambia	\$ 245,000		\$ 245,000
Beacon	\$ 80,000		\$ 80,000
City of East Wentchee	\$ 18,750		\$ 18,750
Workshop Registration Fees/Misc. Revenue* (CDHD Account)	\$ 23,387	\$ 13,720	\$ 9,667
Transformation Project (FE Portal Funds)			
Project Incentive Funds	\$ 21,755,702	\$ 13,265,176	\$ 8,490,526
Integration Funds	\$ 5,781,980	\$ 58,422	\$ 5,723,558
Bonus Funds	\$ 2,595,575		\$ 2,595,575
Value Based Payment (VBP) Incentives	\$ 1,050,000		\$ 1,050,000
Interest Earned in FE Portal	\$ 62,283		\$ 62,283
DY1 Shared Domain 1 Funds**	\$ 5,811,865	\$ 5,811,865	\$ -
Transformation Total (FE Portal)	\$ 37,057,405	\$ 19,135,463	\$ 17,921,943
Totals	\$ 44,088,681	\$ 23,912,531	\$ 20,176,150

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

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

Monthly Notes:

No Interest earned in FE portal due to Federal Reserve rates

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

EXPENSES	Total Budgeted	Sep-21	Totals YTD	% Expended YTD to Budget
Operations and Project Management				
Salary & Benefits	\$942,981	\$61,609	\$627,433	67%
Supplies	\$37,000	\$343	\$21,492	58%
Services	\$165,439	\$5,402	\$30,682	19%
Other Expenditure^	\$198,327	\$691	\$180,493	91%
CDHD Hosting Fee 15%	\$200,347	\$10,147	\$103,662	52%
Operations, and Project Management Contracts				
Governance and Organizational Development	\$141,600	\$1,388	\$91,279	64%
Program Evaluation & Data Analytics	\$70,000		\$0	0%
Workforce Development	\$63,250		\$0	0%
CHI Lead Agencies	\$225,000		\$138,017	61%
CBCC Contracted Support for Partners	\$64,680		\$2,363	4%
Telehealth Assessment Contractors^	\$283,991		\$133,000	47%
WPCC Advising and Learning Contracted Support	\$366,809	\$2,917	\$210,181	57%
Harm Reduction Fund	\$120,000		\$0	0%
Narcan Vending Machine Project^	\$160,000		\$159,975	100%
Recovery Corps Mentorship Program	\$150,000		\$0	0%
Recovery Training and Support	\$129,000	\$0	\$28,600	22%
Partner Payments:				
Youth Mental Health Year 1 (Cambia)^	\$140,090		\$136,605	98%
CHI Partner Payments	\$1,150,000		\$430,776	37%
Tribal Investment	\$519,000		\$350,000	67%
CBCC Partner Payment^	\$1,650,000	\$44,500	\$343,090	21%
WPCC Learning Community	\$1,780,000	\$491,667	\$1,199,167	67%
TCDI Partner Payments	\$880,000	\$34,650	\$246,560	28%
Opioid Partner Payments	\$180,000	\$0	\$60,000	33%
Total Budgeted Expenses	\$9,617,515	\$653,312	\$4,493,375	47%

"^" Budget Amendment occurred in 2021

Notes:

NCACH has expended 47% of Overall Budget

Budget Amendments - 2021

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



North Central Accountable
Community of Health

2022 NCACH Priorities & Budget Estimates

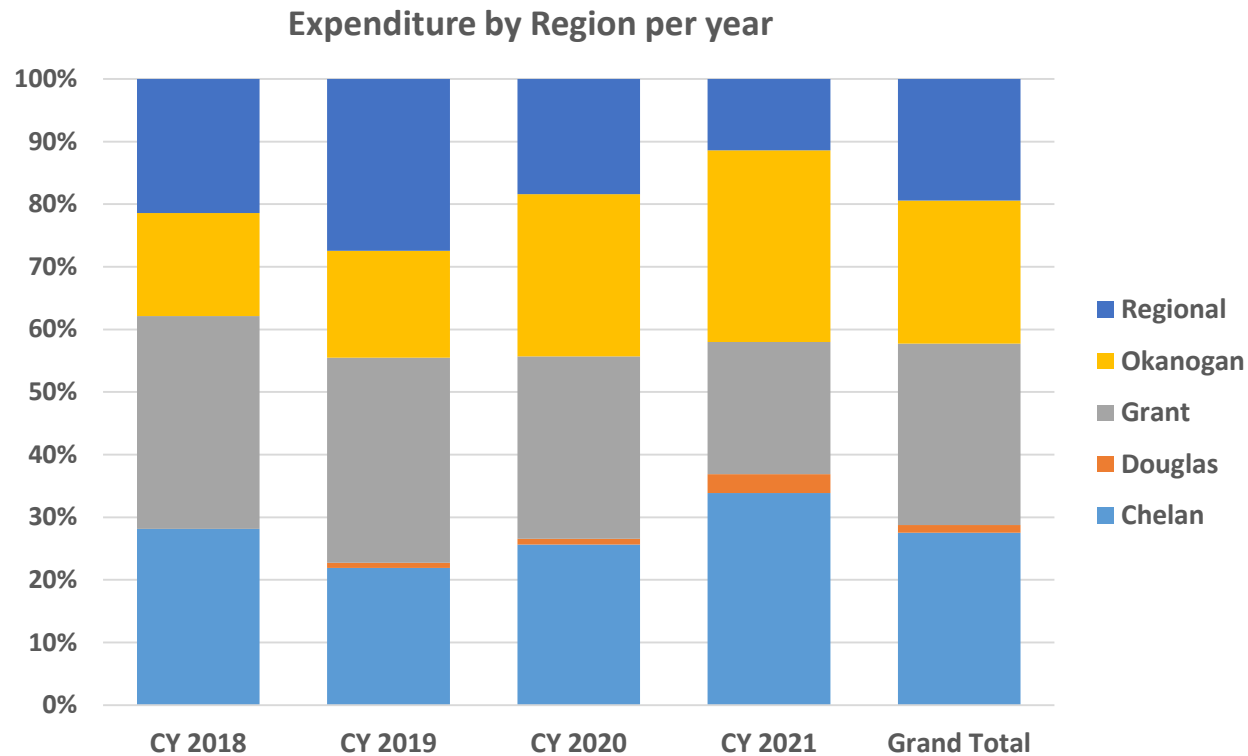
Update from 10.15.21 Board Retreat

Today's Goal

- Review NCACH historical expenditures
- Review projected revenue for NCACH
- Update Board on budget changes from 10.15.21 Retreat
- Gather Board feedback, and approve budget if ready

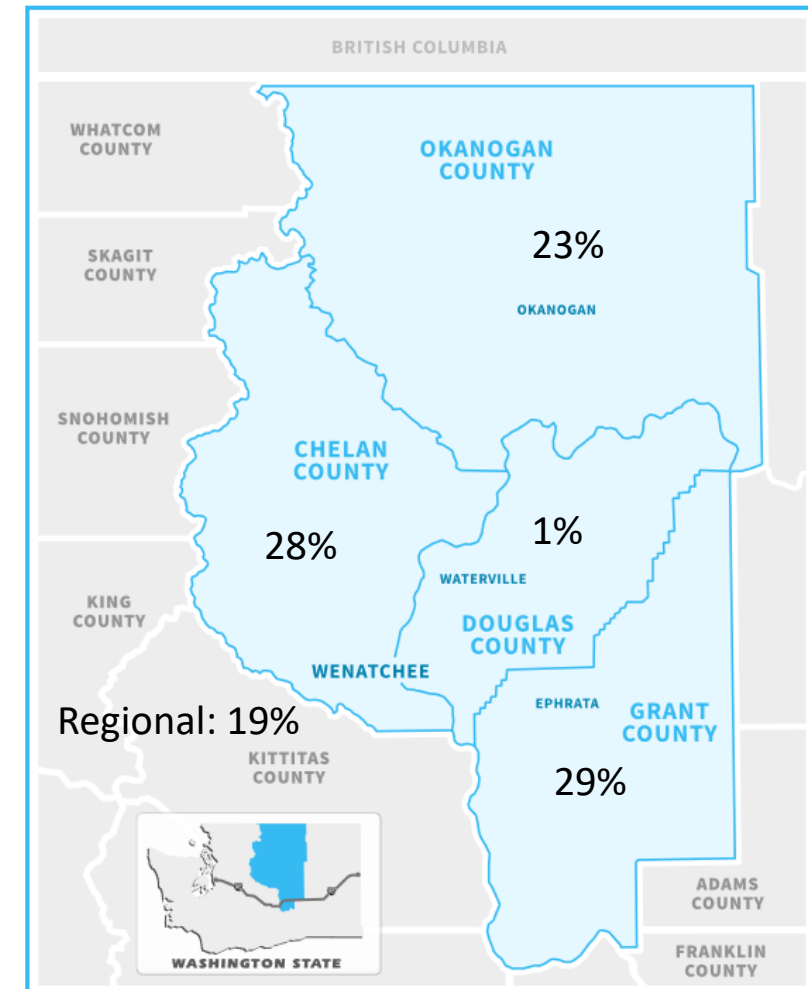
Note: *Budget format may be adjusted once we get a new accounting firm, but intent of expenditures will remain the same.*

Expenditures by County

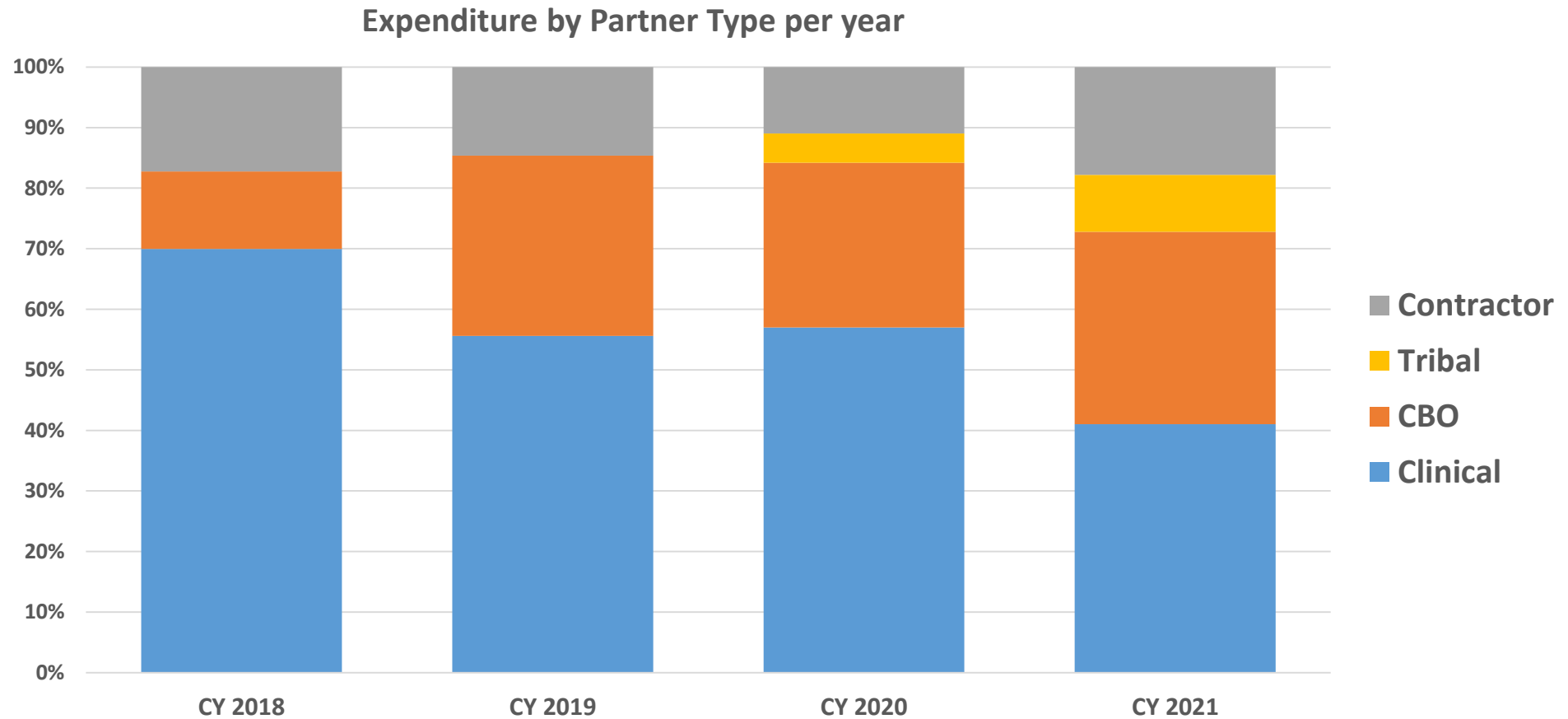


Data from FE Portal (Partner payments only)

Overall Jan 2018 – Sept 2021



Percentage by Partner Type



Revenue Projections Q4 2021 – Q2 2023

Revenue Type	Q4 2021	Q2 2022	Q3 2022	Q2 2023	Unknown
BH Internship Dollars	\$146,333		\$146,333		
East Wenatchee ARPA Funds	\$18,750				
Beacon Narcan Vending Payment 2	\$80,000				
Project P4R (January - June)	\$344,194				
DY4 P4P		\$3,338,798*			
DY4 VBP P4P (Includes HPP)		\$450,000*			
DY5 Project P4R (July - December)		\$344,194*			
DY5P4P (Includes HPP)				\$2,065,163*	
VBP P4P (Includes HPP)				\$700,000*	
DY6 P4R (Waiver Extension)					\$5,000,000*
Total per Year	\$589,277	\$4,132,992	\$146,333	\$2,765,163	\$5,000,000

* Up to Amounts

Revenue Projections: \$12,633,765

Current Balance: \$20,828,628



North Central Accountable
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2022 Budget Adjustments

Updates from 10.15.21 Board Retreat Feedback

Budget Adjustments from 10.15 Retreat

Strategic Priority	Board Ask	Budget Adjustment
Equity	↑ Funding for Equity consultants to represent cost for bringing consultants into work	<ul style="list-style-type: none"> Added Consultant fees of \$50K to support bringing equity consultants into the region
	↑ Equity funding overall since it is priority for our organization	<ul style="list-style-type: none"> Evaluated request. Will review as we build out equity work in 2022 and bring additional asks if needed
Behavioral Health	↑ funding to support behavioral health issues in region	<ul style="list-style-type: none"> Evaluated request. Plan to develop a more detailed plan at stakeholder meeting and will bring additional funding request forward if needed Increased funding to support Washington State's new integration assessment
Education/Advocacy	↑ funding to support training grassroots organizations in education elected officials	<ul style="list-style-type: none"> Added \$10K for consulting and \$4K for training supports
Operations	Ability to do work with current organizational capacity	<ul style="list-style-type: none"> Adjusted Salary & Benefits to reflect updated assumptions Added an additional FTE into operational budget to account for capacity needs Updated known expenditures

Overall 2022 Budget

Strategic Priority	Capacity Building	Organizational Redesign	System Redesign	Consultants	Operations	Grand Total
Equity	\$40,000	\$600,000		\$59,000		\$699,000
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	\$105,000	\$82,500	\$2,670,650
Education and Advocacy	\$8,000			\$10,000		\$18,000
Capacity Building	\$39,100	\$800,000		\$214,000		\$1,053,100
Operations				\$300,520	\$1,106,511	\$1,407,031
Grand Total	\$233,750	\$3,698,000	\$2,647,325	\$748,520	\$1,189,011	\$8,516,605

***Bold** = Adjustments in budget*



North Central Accountable
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NCACH Transition Update

11/01/21 Board Meeting

Physical Move

Action Item	August	September	October	November	December
✓ Identify Location for Office Space					
✓ Negotiate discount to Hosting Agreement					
✓ Make appropriate modifications to space					
✓ Identify & Purchase Office Supplies*					
✓ Activate Internet and IT services					
✓ Move into new current space					
Finalize any signage or additional office needs <ul style="list-style-type: none"> • <i>E.g. signage for office</i> • <i>Setting up conference room space</i> 				Nov 22 nd Furniture	
Transfer over phone, data management, and email services					

Notes:

- **October – December 2021:** We will still be utilizing CDHD servers unless we determine it is more beneficial to switch sooner

Move Support



Action Item	August	September	October	November	December
Develop Process for collecting bids/estimates					
Outreach to Contractors for Services: <ul style="list-style-type: none"> Accounting, Payroll, & CFO Services Banking Audit Services HR Support IT, Phone, and Cyber Security 					
Negotiate contracts with Vendors					
Work on process to migrate data/information over to new organization					

Notes:

- Finalizing contracts with Accounting and Banking
- Evaluating another HR firm that may be able to provide more daily services

Employee Transitions

Action Item	August	September	October	November	December
✓ Evaluate process to terminate employees from CDHD & Associated Cost					
⌚ Complete Market Analysis on current jobs for new job descriptions and salary ranges			Completed mid October		
✓ Develop Benefits Package for Staff			Overview of Recommendations	Board Review	Board Approval
⌚ Develop Job Descriptions with Salary Ranges				Board Review Org Chart	Board Approval
✓ Develop Employee Handbook (Policies and Procedures)			Draft completed October 15 th	Board Review	Board Approval
⌚ Work with L&I and Employment and Securities Department					
Transition Staff to new Organization					Jan 1st

Current Cost Estimates – New Services

Services	Upfront Cost	Annual Cost	Notes:
Office Location	\$10,610	\$26,550	<ul style="list-style-type: none"> - Deposit, 1st month, request for remodel of space - Monthly lease (\$2,212.50)
Office set up	\$28,280.10	NA	<ul style="list-style-type: none"> - Set up of new office space. Estimate this could increase another \$10K – \$15K for other supplies.
Employee Transition Costs (Will adjust as we get closer)	\$86,533	NA	<ul style="list-style-type: none"> - Pay out \$68,640,772 per CDHD policies - Will be doing a starting leave balance
IT Support	TBD	\$5,616	<ul style="list-style-type: none"> - SimplePower IT: Upfront migration of employee data will be charged separately
Phone Support	\$1,325	\$3,855	<ul style="list-style-type: none"> - Interwest Communications: System set up cost, Monthly cost ~ \$30 per month per user (3 year contract)
Internet	NA	\$1,020	<ul style="list-style-type: none"> - Localtel
Human Resources	\$1,800	\$24,000	<ul style="list-style-type: none"> - Diversified HR Consulting: Salary Survey, Support transitioning employees. - Wesley Group: Long Term HR consulting (\$24,000/yr = 10 hours/month) - Looking at OneDigital to cover items that Wesley Group may not cover
Accounting/Finance	\$20,000	\$40,000	<ul style="list-style-type: none"> - Clifton Larson Allen
Auditing Services	NA	TBD	<ul style="list-style-type: none"> - Currently receiving bids from Cordell Neher and Company – Audit in 2023
Retirement Services (Administrative)	NA	\$1,470	<ul style="list-style-type: none"> - Recommendation is to do a 403(b) plan
Insurance (Administrative)	NA	NA	<ul style="list-style-type: none"> - Need to get details from Martin Morris Agency
TOTAL	\$148,548.10	\$102,511	



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NCACH Employee Transition Review

Employee Benefits Medical - Final

- **Medical:** (Employee Only + **50% premium for spouse/dependents**)
 - **PPO Plan (Covered in Full)**
 - **High Deductible Plan (Covered in full)**
 - Employer contributes to HSA difference between PPO Premium & High Deductible Premium
 - Sample PPO Plan Premium (\$600) | High Deductible Premium (\$500) | Employer HSA Contribution: $\$600 - \$500 = \$100$ contribution
 - * Depending on discussions, may end up with High Deductible Plan Option only
 - **Estimated Premium:** \$500 - \$600 per Employee per month
- **Vision/Dental:** (Employee Covered in full + **50% premium for spouse/dependent**)
 - Estimated Premium:
 - **Dental:** \$50 per Employee per Month
 - **Vision:** \$5-\$10 per Employee per Month
- **Medical Stipend:** \$500/year per employee
 - *If go with High deductible plan only, would look at folding this into Health Savings Account each year*

Employee Benefits - Recommendations

- **Group Life & Long Term Disability**
 - Group Life: \$50,000 (Employee Only)
 - Long Term Disability: 60% of monthly earnings to a maximum benefit of \$5,000 per month (Depending on plan)
- **Cell Phone Stipend: \$40 a month per employee (\$480/year)**
- **403(b) Plan (Vanguard) – Up to 6% match**
 - Working out details on employer match/contribution.
 - Up to amount of 6%
 - Hoping to include a mix of a match and set rate (TBD)
- **Salary/Job Descriptions:**
 - Finalizing job descriptions with Diversified HR services & NCACH Staff
 - Conducting a Market analysis with other ACHs on position salaries
 - **Goal:** Finalize salary analysis and have recommendations mid November

PTO Format

NCACH Modified					
Leave Type	0 yrs - 2 yrs	2.1 yrs - 5 yrs	5.1yr - 10 yr	10.1+ yrs	20+ yrs
Holidays	10	10	10	10	10
Personal Days	2	2	2	2	2
PTO	20	25	30	35	40
Vacation	0	0	0	0	0
Sick	0	0	0	0	0
TOTAL	32	37	42	47	52

PTO

Carry Over 160 hours

Paid out up to 160 hours

anything unused above 160 hours paid out at end of year

** Reviewed with Legal and complies with PFML*

- Revised from the North Sound ACH Handbook
- Reviewed and edited by Davis Arneil Law Firm
- Key Dates for Review:
 - Friday November 19th – Submit any questions to John Schapman (john.Schapman@cdhd.wa.gov)
 - December 6th Board Meeting – Q&A session with Krystal Frost, Davis Arneil Law Firm
- Key Dates for Approval
 - December 6th if Board is ready to approve, or
 - February 2022 Board Meeting if needed
 - It is not required to have handbook approved by January 1st, 2022



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Questions?

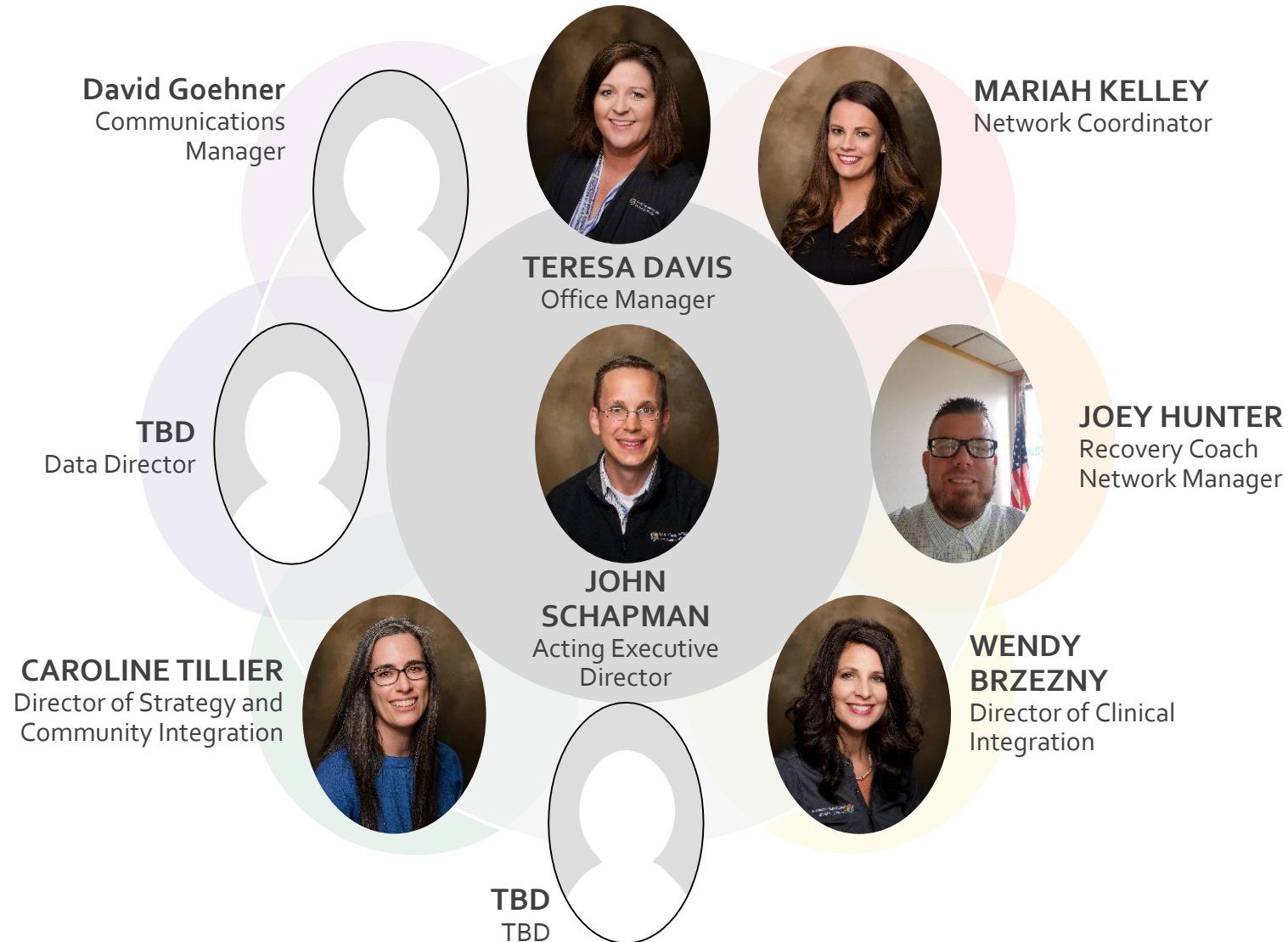


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NCACH 2022 Organizational Chart

11/01/21 Board Meeting

NCACH Organizational Chart



Organizational Chart - Highlights

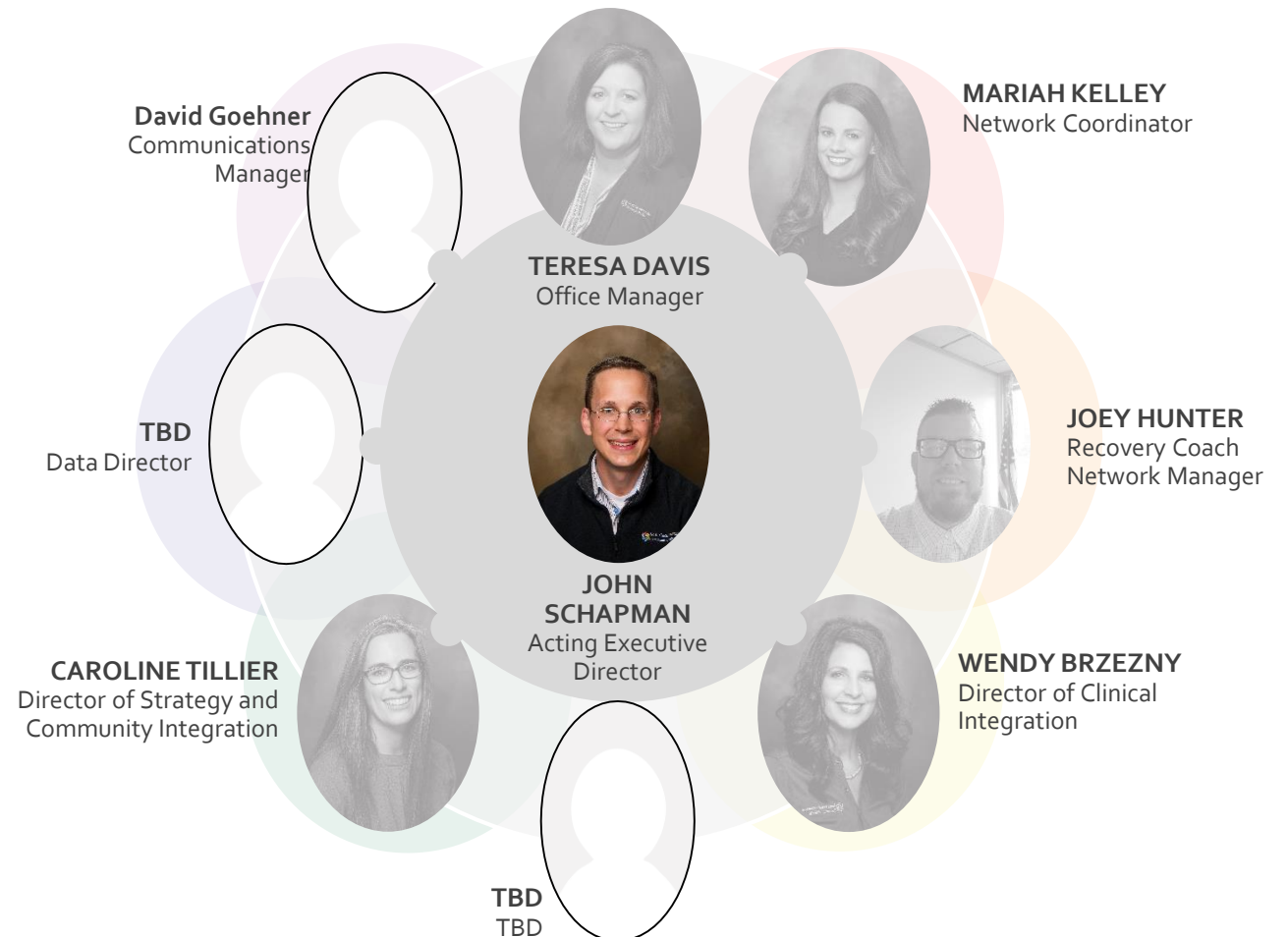
- **Team members work collaboratively across roles to achieve the NCACH mission:**
 - Individuals take lead and responsibilities for their roles and areas of focus.
 - Decision making is more fluid to allow team members to adapt and utilize their expertise to solve problems.
- **Organizational structure is more flat.**
 - Every team member is organized by role and function.
 - Direct reporting is done to the Executive Director to ensure work aligns with mission and every employee is contributing to objectives of organization.

John Schapman, Acting Executive Director

Key Roles:

- Promote and spread NCACH's mission.
- Ensure proper governance & success of organization's strategic direction.
- Align ACH work with state and local partners (including Board).
- Ensure financial stability of organization.

2022 Focus Areas: Ensuring that NCACH and its future state work is established and spread across the region and state and that it aligns with statewide initiatives.

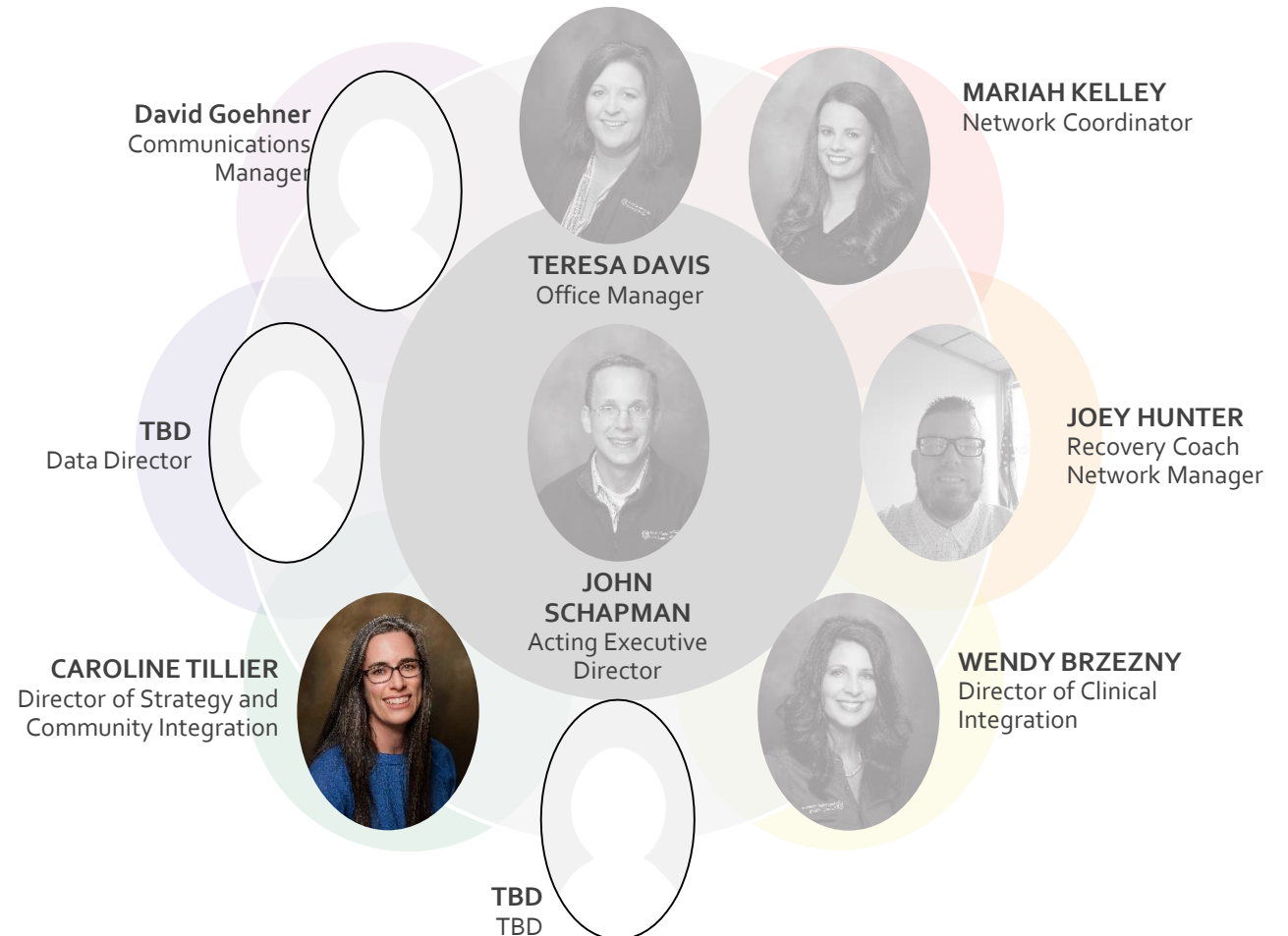


Caroline Tillier, Director of Strategy and Community Integration

Key Roles:

- Network analysis & building
- Continued spread and engagement with community-based partners
- Oversight of operational strategic plan
- Supporting staff in strategic thinking & programmatic questions/problems

2022 Focus Areas: NCACH strategic planning, network analysis and convening, cross sector collaboration focused work, and CHI relationship building

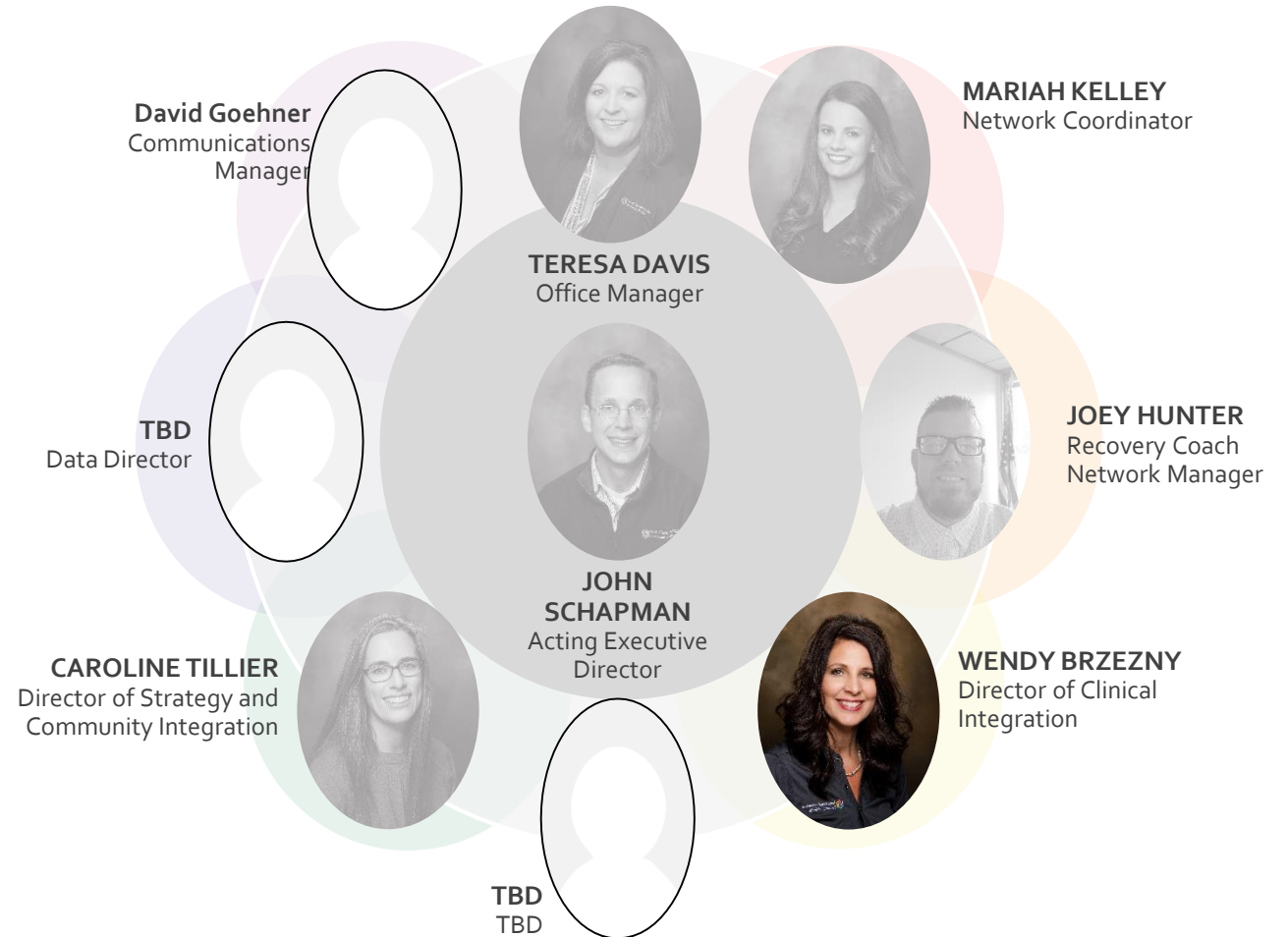


Wendy Brzezny, Director of Clinical Integration

Key Roles:

- Support clinical integration into NCACH strategic plan
- Be liaison and support clinical partners in achieving NCACH mission
- Address behavioral health gaps in region
- Focused on supporting clinical workforce shortages that contribute to poor health

2022 Focus Areas: BH Internship Program, CHART model support, telehealth, learning activities, providing strategic support on clinical work for team, alternative payment models, and MCO partnerships

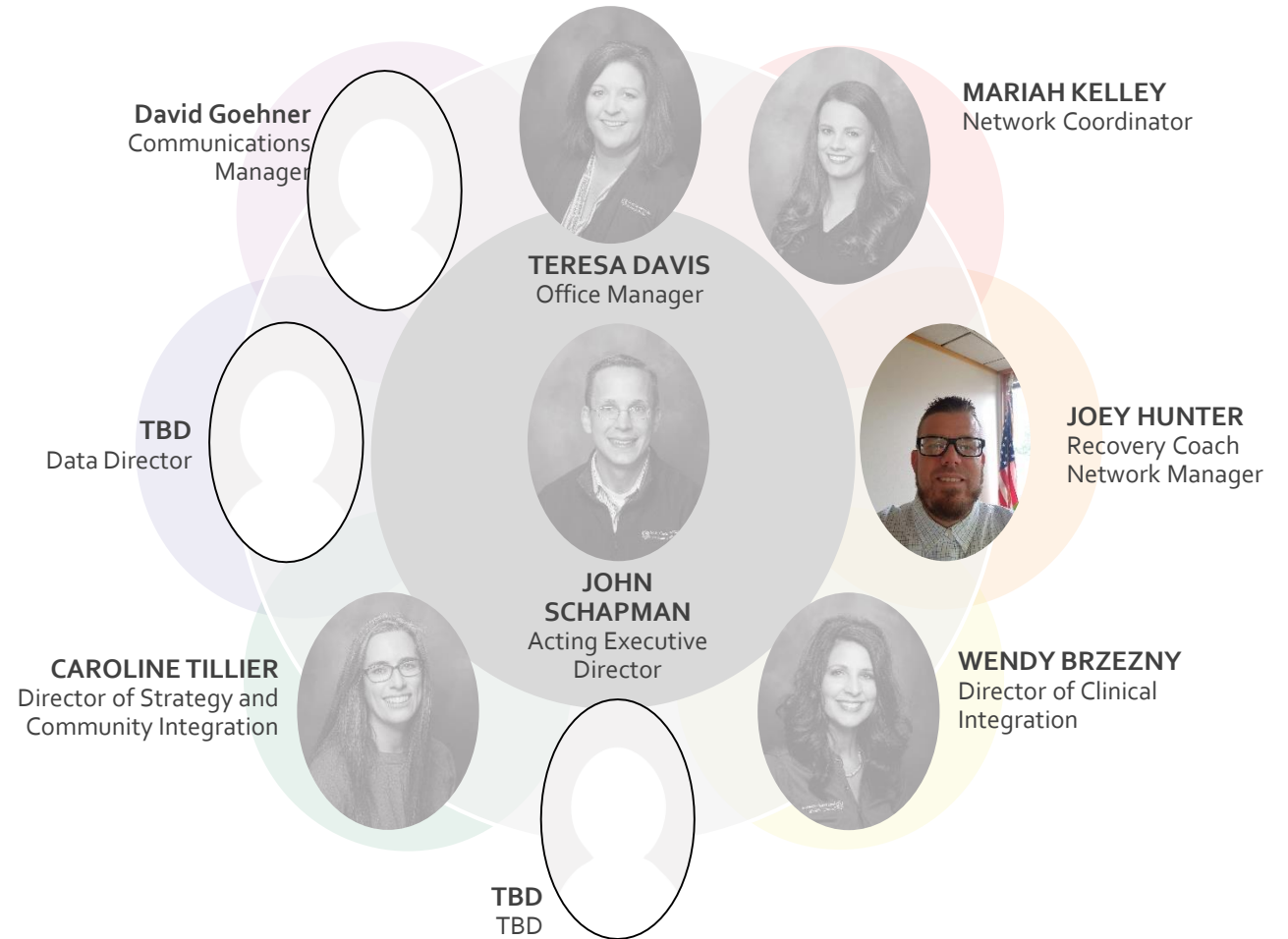


Joseph Hunter, Recovery Coach Network Manager

Key Roles:

- Recovery Coach Network manager
- Recovery services and support in North Central Washington
- Supporting opioid and harm reduction related work and outreach

2022 Focus Areas: Expanding jail and emergency department recovery coaching programs & trainings, peer support specialist trainings, opioid related projects and supports, and harm reduction including Narcan distribution

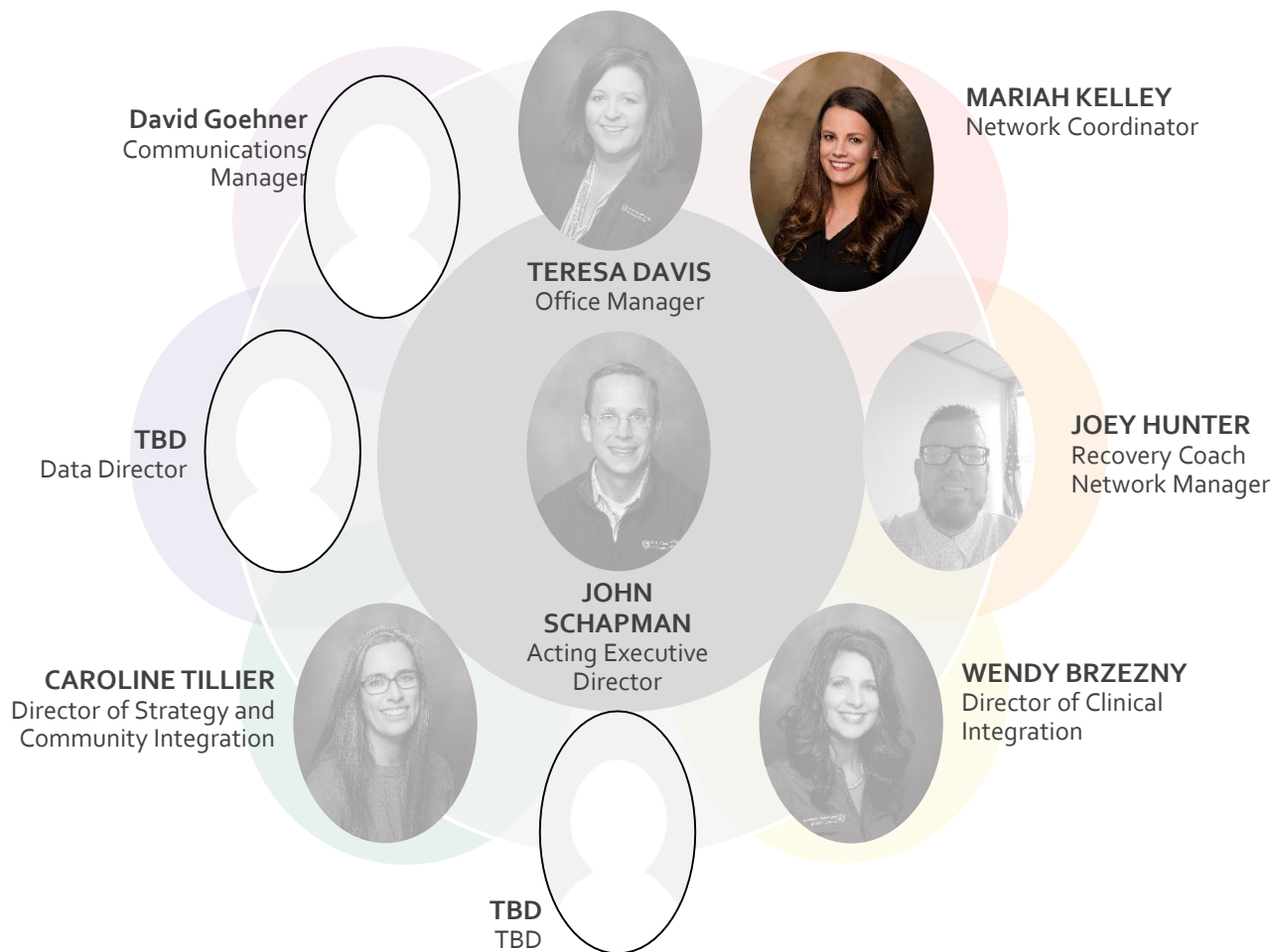


Mariah Kelly, Network Coordinator

Key Roles:

- Work with funded partners to bring projects together and increase cross sector collaboration
- Support regional coalitions and report back on key findings for NCACH
- Ensure funded partners are staying on track and completing reports

2022 Focus Area: Hope Squad project, TA/connector for funded partners, liaison for CHI meetings, support in funded partner reports

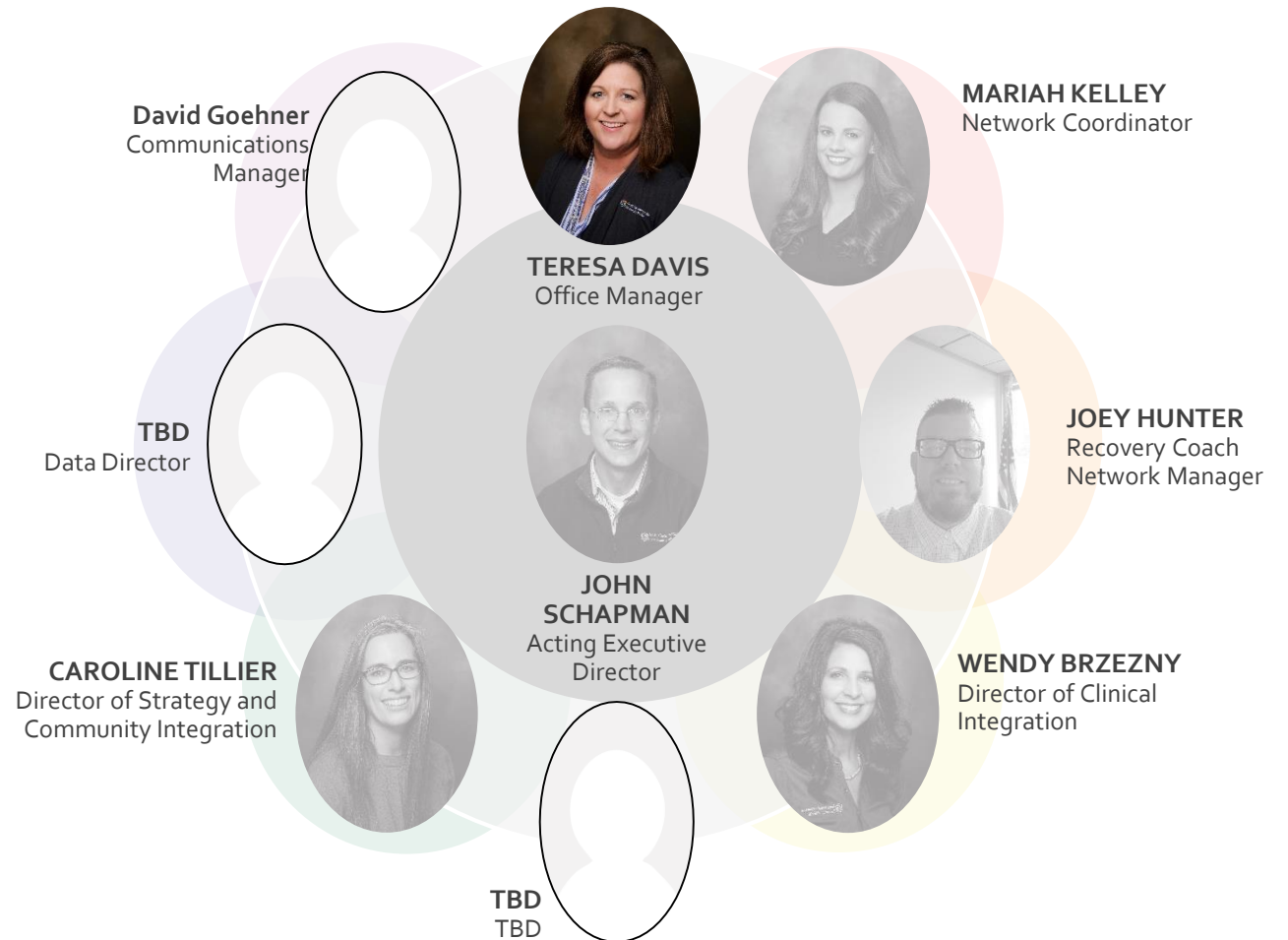


Teresa Davis, Office Manager

Key Roles:

- Office management and administration support for all operations contracts and processes
- Support with meeting setup and harvesting
- Board & Executive Director support

2022 Focus Areas: New office setup, managing and supporting operational contracts and processes, and supporting capacity building events and projects

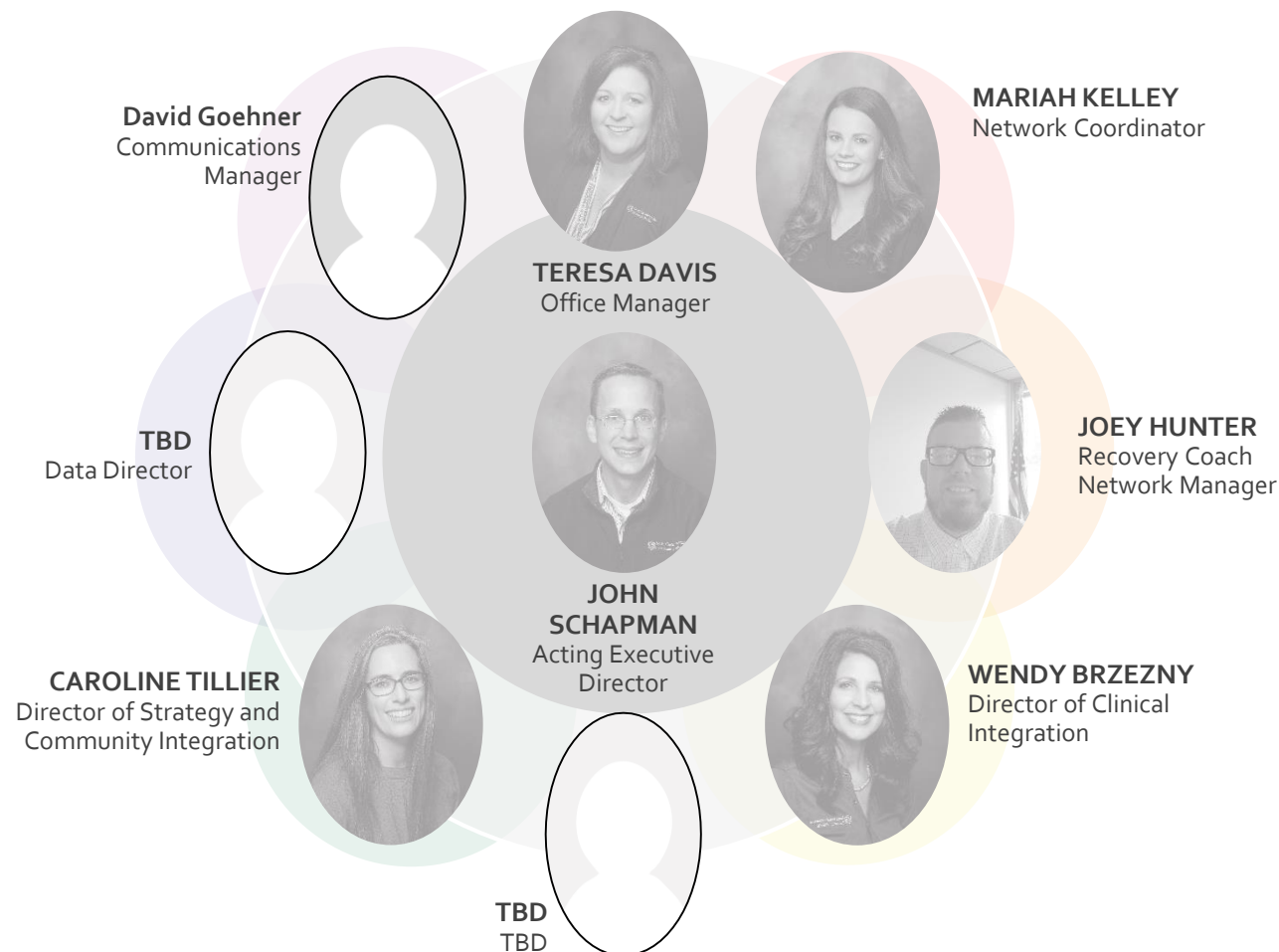


David Goehner, Communications Manager

Key Roles:

- Support marketing and outreach of NCACH's mission, vision, pillars, and work
- Support team to ensure programs are being promoted in region
- Work with Board, Executive Director, and staff on communication of NCACH mission

2022 Focus Areas: Branding and marketing of NCACH vision and pillars, and supporting partners in telling their stories

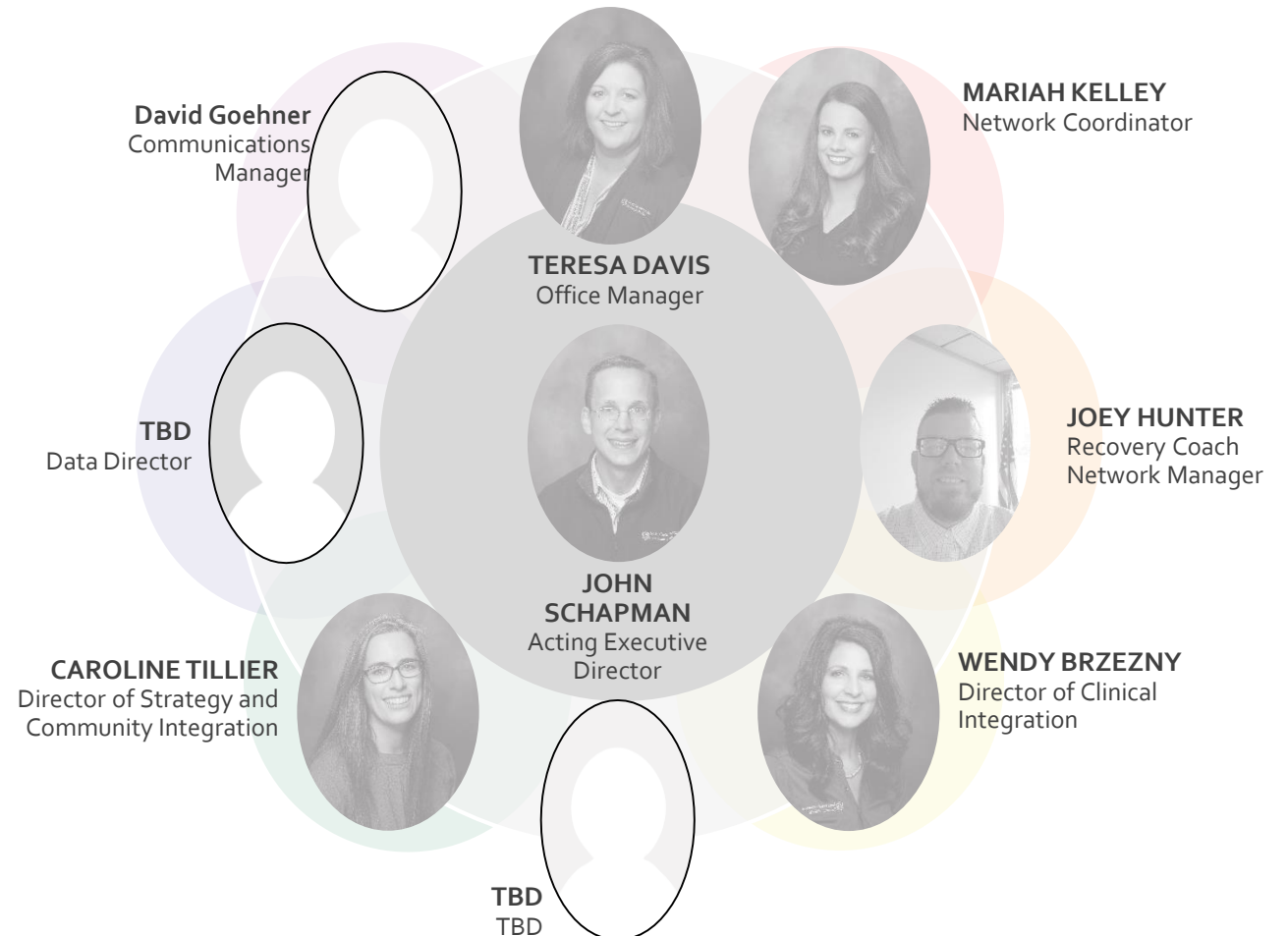


TBD, Data Director

Key Roles:

- Engage with community members and stakeholders to define the region's measurement priorities
- Build out shared data infrastructure for region
- Support data analytics for NCACH
- Serve as state liaison for data related conversations

2022 Focus Areas: Build out Pillar #2 for NCACH, support NCACH efforts to access and use data to inform local and regional health equity and health improvement efforts.





Board Decision Form

TOPIC: <i>Behavioral Health Internship Program Funding</i>
PURPOSE: <i>Approve funding to address the behavioral health workforce shortage in the North Central Region</i>
BOARD ACTION: <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove
BACKGROUND: In 2021, the Washington State Legislature passed HB 1504: WORKFORCE EDUCATION INVESTMENT ACT, establishing a behavioral health workforce pilot program and training support grants for community mental health providers including, but not limited to, clinical social workers, licensed mental health counselors, licensed marriage and family therapists, clinical psychologists, and substance abuse treatment providers. As part of the pilot program, Washington State Health Care Authority (HCA) awarded \$292,666 to North Central Accountable Community of Health (NCACH) to implement a 2 year workforce pilot program (\$146,333 per intern year) in this region. NCACH adapted a framework designed by Greater Columbia NCACH to meet the needs of our region and Health Care Authority requirements. At the September Board meeting, Board members gave consent to the process outlined by NCACH and also signified interest in funding internships above the original awarded amount. A RFP was released on October 5 th with a due date of October 22 nd . NCACH received responses from five organizations requesting a total of \$180,000 for 12 interns. Intern levels include 5 SUDP-SUDPT, 6 Master-level and 1 Doctoral-level intern. Three of the organizations serves Chelan & Douglas, one in Chelan County, and one organization serves all four counties: Chelan, Douglas, Grant and Okanogan Counties. One organization's focus is on the pediatric population while the other 4 organizations focus on adults.
PROPOSAL: Approval of \$180,000 to support 12 behavioral health interns across 5 organization's behavioral health internship programs.
IMPACT/OPPORTUNITY (fiscal and programmatic): Offering internships and training individuals locally helps organizations with recruitment and training cost, while offering local residents opportunities to complete internships where they live versus relocating. The state legislature's approval of this funding created the opportunity for NCACH to capitalize on state funding to support this work. \$146,333 of the \$180,000 requested funds will come from the 1 st year of Behavioral Health Internship dollars awarded to NCACH through the Washington State Health Care Authority. NCACH will provide the additional \$33,667 to cover the additional internship cost.

**TIMELINE:**

- If approved, organizations would be notified and will enter into agreements with NCACH.
- To align with the 2nd round of funding provided by the State, another RFP for a second round of funding will be released again in June 2022.
- Final funding amounts for the second round will be brought to the board for approval in July 2022.

Submitted By:
Submitted Date:

Wendy Brzezny
11/01/2021