

Location	Attendees
<p><b>Confluence Technology Center</b> 285 Technology Center Way #102 Wenatchee, WA 98801</p>	<p><b>Governing Board Members Present:</b> Blake Edwards, Rick Hourigan, Doug Wilson, Rosalinda Kibby, David Olson, Carlene Anders, Senator Warnick, Cathy Meuret, Barry Kling, Ken Sterner, Nancy Nash Mendez, Courtney Ward, Molly Morris, Ray Eickmeyer, Brooklyn Holton, Kyle Kellum, Mike Beaver</p> <p><b>Governing Board Members Absent:</b> Scott Graham, Daniel Angell</p> <p><b>Public Attendance:</b> Kate Haugen, Mattie Haugen, Kelsey Gust, Dan Sutton, Jorge Rivera, Paul Hadley, Dwayne Dobbs, Julie Rickard, Penny Quist</p> <p><b>NCACH Staff:</b> Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Christal Eshelman, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> <li>• Introductions – <b>Barry Kling</b></li> <li>• Review of Agenda &amp; Declaration of Conflicts</li> <li>• Public Comment</li> <li>• Approval of Consent Agenda</li> <li>• Board Expirations</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Conflicts of Interest:</b> Brooklyn was part of one of the CHI applications, David disclosed that CVCH is sponsoring one of the CHI applications, Barry disclosed that CDHD is taking a more active role in homelessness, Ken Sterner and Nancy also disclosed that they are also involved in the homelessness sector as well, Carlene disclosed that she is involved in one of the CHI applications.</li> <li>• <b>Consent Agenda:</b> Barry reviewed the consent agenda procedure. He noted that some of the staff updates have some budget figures in them and budget items should not be included in staff updates if they will be in the consent agenda in the future. Any motion to approve the consent agenda should exclude those budget figures. <ul style="list-style-type: none"> <li>• Senator Parlette noted that HCA is no longer considering the Pathways HUB as the Model of Care Coordination more to come in the future as discussions happen.</li> <li>• September Minutes</li> <li>• Monthly Financial Report</li> <li>• Executive Director Report</li> <li>• Workgroup Updates</li> </ul> </li> <li>❖ <b>Carlene Anders moved, Doug Wilson seconded the motion to approve the consent agenda (excluding budget figures included in staff updates), motion passed</b></li> <li>• <b>Public Comment:</b> None</li> <li>• <b>Board Member Expirations:</b> There is a list of Board members and expiration dates in packets. Anyone highlighted in green has a term expiration this December. Please check in with your sectors about serving another term prior to the annual meeting. <ul style="list-style-type: none"> <li>○ David asked if someone from the Board can nominate a Board member to the Executive Committee. Barry said yes via email.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• CHI Update – <b>Sahara Suval</b></li> </ul>	<p><b>Chelan Douglas CHI</b> Looking at how to work the 2019 Action Plan that they developed and decide whether to continue working on it and/or reprioritize for 2020. Will be using upcoming meeting to hear CHNA Report and 211 Report</p> <p><b>Okanogan CHI</b> – Discussing that there may be another member that wants to take over the Board seat. Also doing some work around crafting a future vision and mission statement.</p> <p><b>Grant County CHI</b> – Last meeting was hosted in partnership with the Suicide Task Force - discussions are underway to consider how CHI can support Task Force work in future.</p>

	<p>Sahara presented the small projects that the award committee has put forward for funding from the CHI Community Initiatives. Sahara reviewed the scoring process and explained that each of the five top scoring applications' budgets was reduced by 10% to stay within the \$100,000 that was allocated to small projects.</p> <ul style="list-style-type: none"> <li>❖ <b>Doug Wilson moved, Senator Warnick seconded the motion to allocate awards for top-scoring project applications based on the recommendation developed by the Award Committee. Abstentions: Carlene Anders &amp; Brooklyn Holton, Motion Passed</b></li> </ul> <p>Discussion ensued around if some of the projects fit into the work of the NCACH and staff reminded the Board that the application and scoring process that they approved provided protections for this and these projects were the highest scoring applications.</p>
<ul style="list-style-type: none"> <li>• Tribal Updates – <b>Molly Morris</b></li> </ul>	<p>In 2017 we talked about having quarterly tribal updates now we have a group. Molly is giving the Yearly update to the Board today. Molly acknowledged that we are on the land of the Wenatchi Tribe. November is Native American Month. Visit <a href="http://Colvilletribes.com">Colvilletribes.com</a> / business governance page / resolutions for more information on the Colville Tribal Council monthly meetings. Molly will try to get this information out quarterly.</p> <p>Molly handed out the culture card, which is a guide on how to approach the tribes. She also talked about how she has been guiding NCACH staff when they have questions on the proper way to communicate with tribal partners.</p>
<ul style="list-style-type: none"> <li>• Draft 2020 Budget – <b>NCACH Staff</b></li> </ul>	<p><b>Draft 2020 Budget</b> – Staff went over the draft 2020 budget.</p> <ul style="list-style-type: none"> <li>• Any newly introduced item has an information only form.</li> <li>• All line items are considered up to amounts.</li> </ul> <p><b>Tribal Investments</b> – Sahara presented on the tribal investments. We are accountable to HCA for reporting on our partnership with Colville Confederated Tribes. We are working with the leadership of the CCT and have built into the 2020 budget of an up to amount of \$500,000. David asked how we came up with that amount: They have identified CDP Apprenticeship, human resource management, capacity building training needs, goals around population health management data, they also submitted a LOI through the CHI Community Initiatives Funding of \$300,000. See the Board information form for more information. Barry asked if this is a workgroup. Sahara clarified that this is not a “workgroup” per say, it is more of a staff group with the addition of Molly. Christal noted that our main contact with the tribes has been Allison Ball and Carmella Alexis. This month Christal has done two Train the Trainer Narcan trainings. She has had some conversations about the CDP Apprenticeship program and they are very interested in this program but their barrier is that they do not currently have any CPD’s to serve as the supervisors. Caroline talked about a need to access to data: they have partners across 5 counties that are serving their membership. There was enough interest in collaborating with partners including WPC partners that this meeting is going to continue. All of the other ACH’s have a tribal investment and/or a percentage allocated toward tribal investments.</p> <p><b>Community Info Exchange</b>– An ecosystem comprised of multi-disciplinary network partners that use a shared language, a resource database, and technology platform to deliver enhanced community care planning.</p> <ul style="list-style-type: none"> <li>• Funding a Community Information Exchange (CIE) Workgroup <ul style="list-style-type: none"> <li><i>Goal: create and implement a sustainable process and interconnected network of clinical systems and community-based providers of SDOH</i></li> </ul> </li> <li>• Funding for Consulting and Technical Assistance Contract - Looking for approval of up-to \$50,000 for: <ul style="list-style-type: none"> <li>▪ Support with CIE workgroup creation and partnership building</li> </ul> </li> </ul>

- Blueprints and work plan for community engagement and process development
- Comprehensive landscape assessment of systems and their relationships to tech vendors (past, current, potential)

Potential Timeline:

Dec 2019- Feb 2020—Workgroup Creation

Request funding for CIE Workgroup creation and recruitment strategies; set initial monthly meeting schedule; create Workgroup Charter with input from community members and ACH staff

Feb-Dec 2020—Building Year and Sustainability Planning

Recruitment of workgroup members in four-county region; select consultant for blueprint creation of CIE through 2021/2022; full landscape assessment of systems and their relationship to preferred tech vendors provider buy-in and marketing of workgroup intent; sustainability planning

2021—Full Scale Implementation

Integration of previously siloed EHR systems with preferred vendor(s) to include funding necessary API building activities; technical assistance;

payments to preferred vendor(s) for met scope of work deliverables.

2022 and Beyond—Handoff

TBD depending on scope of NCACH post-MTP funding. Will need to create processes to maintain and fund TA needs and/or select new backbone organization to act as the administrator of TA or vendor contracts.

**Health Equity Innovation:** Regional fund to support health equity innovation in TRANSPORTATION and HOUSING *Goal: to support intentional health equity efforts (ex. policy development, outreach, translation, etc.)*

- \$450,000 allocated in 2020
- Open to all partners and sectors
- Could support the infrastructure-building needed for potential future NCACH capital investments.
- Potential to establish an multi-year or annual fund in years 2021 and 2022

Benefits

- Touches diagnosis points as identified by the board
- Adds a necessary building block for SDOH focus.
- Ability to help address local disparities in communities that will continue to exist in SDOH if HE is not intentionally built.
- Financially engaging communities currently addressing health equity to bolster efforts
- Addressing HE with specified funding will improve the health of all people in communities

**Capacity Building Rapid Cycle Fund**

Goal: The creation of a formal partnership between NCACH and partnering agencies/entities

- Creates a synergistic relationship, bolstering NCW as a region of excellence around topics identified by the community.
- Focus on specific needs of CBOs in whatever format is most meaningful to them
- Partnering with entities means we do not reinvent the wheel, but combine efforts to achieve two-fold results:
- Bolster an existing entity, driving the community to them through jointly-offered trainings
- Lessen administrative staff time, while providing a need as identified to create healthy, thriving organizations

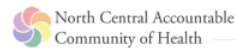
**CPTS Project**

- This builds on efforts we invested in 2019.
- Opportunity to leverage recently trained recovery coaches.

- Directly supports objectives associated with three of our six selected Medicaid Transformation Projects:
  - Transitional Care Project
  - Diversion Interventions Project
  - Opioid Project

- Also aligns with workforce development

North Central CPTS formed on August 30<sup>th</sup> 2018. Purpose of the North Central CPTS is to bring together various stakeholders who are committed to working together to support successful transitions and better coordinate services for people reentering communities after incarceration. Had a strategic planning process. Key need identified was support for individuals just released from custody before 5 AM. Developed an idea for a recovery coach network to help the work through the access. This would involve a coordinator position and support with that. This aligns with the TCDI and some of the homelessness metrics.



2020 CPTS Project

Recovery Coach Network

- Through the North Central Community Partnership for Transition Solutions, jail release has been identified as a point in time where there is a need for greater support to help individuals transition out of jail, reduce recidivism, and reintegrate into the community.
- We propose supporting a network of Recovery Coaches that would meet individuals at release to provide needed supports.

Expense	Amount
Contracted full-time Recovery Coach Network Coordinator (salary and benefits)	\$60,000
Equipment, training, overhead, etc.	\$10,000
Recovery Coach Stipends (\$50/day; ~3-4 hr shift)	\$54,750
Supports for clients (e.g. bus token, meals, clothing, etc.)	\$5,250
<b>TOTAL</b>	<b>\$130,000</b>

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

**Discussion:**

- Overall Budget: Barry noted that there are some things that we need to approve in December for operations: We may need to make some choices and wait on a few items if we are not ready to approve right now.
- David suggested that we schedule another meeting to give this due process
- Ray said he feels pretty good about the work that staff did on this process

**Tribal Investment:**

- Courtney noted that we need to make that we are not duplicating funding efforts to the tribes. (staff will follow up with BHT to clarify what they funded the CCT for).
- Barry said he feels that it is a little disrespectful without working out the amount with the Tribes.
- Brooklyn noted that is what the "\*" process is for. We have a reporting requirement, we can't keep giving lip service, we need to support staff.

**TCDI:**

- Barry asked if this is new work or a continuation of previous work. John said it is the same work as last year. It is up to the Board how they want to proceed with marking items with asterisks. Barry noted that he believes the items on the Hospital Project & Community

	<p>Para medicine should have an “*”</p> <p><b><u>Opioid Workgroup:</u></b></p> <ul style="list-style-type: none"> <li>▪ School Based Prevention – is a continuation of an RFP, right now the awardees are assessing the needs. The amount allocated for 2020 is for the RFP awardees to implement projects.</li> </ul> <p><b><u>CIE:</u></b></p> <ul style="list-style-type: none"> <li>▪ Blake does not think that we should be the trailblazers in this space.</li> <li>▪ Rick - concern that this is a project that we can’t take on, there are big entities that have not been able to tackle this.</li> <li>▪ David - Are we assuming that if we go through this timeline that there would be significant funding needed to move forward. Yes, it would be a significant investment. This is something that we really need to look at before we even approve \$50,000 for the workgroup.</li> <li>▪ Courtney said it this was explored prior to the BHO dissolving.</li> <li>▪ Rick noted that if there is even one extra step providers probably will not use it. We need to let the state take this on.</li> <li>▪ Brooklyn would be interested in seeing what the SDOH system could be improved upon.</li> </ul> <p><b><u>Health Equity Innovation Fund:</u></b></p> <ul style="list-style-type: none"> <li>▪ Barry thinks it is premature to allocating this.</li> <li>▪ Courtney there are providers whose job it is to do the items that are listed in this. We need to fully evaluate what currently exists and look into enhancing those. We need to really look into the sustainability aspect.</li> <li>▪ Brooklyn would like to see how it could be partner with the CHI Initiative Funding (make those items--health equity, transportation, and housing higher scoring).</li> </ul> <p><b><u>Capacity Building &amp; CPTS:</u> <i>No time to review, talked of possibly scheduling an extra meeting or mid-month call to discuss further – no decision made on when and if to schedule.</i></b></p>
<ul style="list-style-type: none"> <li>• Summary of October Board Retreat – <b>John Schapman</b></li> </ul>	<p>John summarized where we are at so far in strategic planning and sustainability: See packet for full presentation</p> <p><b><u>5 Criteria</u></b></p> <p>To make a meaningful impact on the social determinants of health and health equity</p> <p>To promote sustainable change, rather than fleeting investments</p> <p>To connect partners and encourage information sharing</p> <p>To strengthen the engagement of marginalized groups</p> <p>To be developed into a region wide agenda</p> <p><b><u>Candidate Strategies</u></b></p> <p>The Board has developed 7 candidate strategies constructed in 3 parts Diagnosis, Distinct Advantage &amp; Policy</p> <p>Barry noted that the Candidate Strategy 1 was incorrect - affordable housing was not the point. Homelessness needs to be the point</p> <ul style="list-style-type: none"> <li>▪ Candidate Strategy 1: Housing</li> <li>▪ Candidate Strategy 2: Respite Housing</li> <li>▪ Candidate Strategy 3: Transportation</li> <li>▪ Candidate Strategy 4: Community Based Care Coordination Expansion</li> <li>▪ Candidate Strategy 5: Community Information Exchange</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Candidate Strategy 6: Leverage Funding for SDOH Work</li> <li>▪ Candidate Strategy 7: Addressing Adverse Childhood Experiences</li> </ul> <p>Proposed Actions: Board members and staff should be encouraged to submit additional candidate strategies using that format.</p> <p><b>Next steps – Workgroup development</b></p> <p>The Board agreed to create a workgroup and charge it with evaluating candidate strategies, drafting documents, etc. The Board did not have time to determine how the workgroup should be constituted or what its specific charges should be.</p> <ul style="list-style-type: none"> <li>• Select members for the Strategy Workgroup <ul style="list-style-type: none"> <li>○ Or multiple workgroups if that method is adopted</li> </ul> </li> <li>• Give the workgroup a charge, including <ul style="list-style-type: none"> <li>○ An overall deadline (if any)</li> <li>○ A schedule for reporting to the Board</li> <li>○ Guidelines for developing business cases, evaluating evidence, etc.</li> <li>○ Rules for assessment, deliberation, and voting</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Staff Updates</li> </ul>	<ul style="list-style-type: none"> <li>• Approval of Opioid Prescriber Coaching <ul style="list-style-type: none"> <li>❖ Motion to allocate <b>up to \$44,000</b> to contract with Physician &amp; Healthcare Consulting to provide education, outreach, and coaching to high-volume opioid prescribers to help them identify issues contributing to their prescribing habits and get their prescribing practices more normalized relative to their peers. <b>Not approved</b></li> </ul> </li> </ul> <p>Discussion:</p> <p>Rick said until we have more data he is not comfortable approving this. Dr. Rickard responded that providers can have group training. From the data we saw even if a third of the prescribers change their practice, we still have a problem. There can still be some coaching that could be corrected by one on one coaching. Rick is skeptical that some of these physicians will want coaching. Julie noted that currently half of her cliental come to her voluntarily the other half are mandated. Barry would like to see some success info from the mandated Dr.'s.</p> <p>Doug noted that he feels a moral obligation to address this problem.</p> <p>Cathy noted that we need to hammer out the metrics and data – would like to</p> <p>Rick recommended a different type of contract payment. He sent an example to Barry, Doug and David. He will send that to John as well.</p> <ul style="list-style-type: none"> <li>* <b>Board agreed that the \$44,000 left in the 2019 Opioid budget can carry over to 2020, so there is no rush to approve this motion until we get updated data.</b></li> </ul> <ul style="list-style-type: none"> <li>• Approval of Revision to WPCC Stage 2 Funding Framework <ul style="list-style-type: none"> <li>❖ <b>Carlene Anders moved, Nancy Nash Mendez seconded the motioned to adjust the variable portion of funding so that each organization participating in a learning activity lasting about 1 quarter (2-4 months) is compensated \$10,000 per team, and each organization</b></li> </ul> </li> </ul>

***participating in a year-long learning activity is compensated \$10,000 per quarter per team, provided they meet participation requirements. Motion passed.***

David asked if there is anything else changed – nothing else has changed, he also asked that MOU's be clearer in the future around deliverables.

- Approval of Data Support Contract Increase

❖ ***David Olson moved, Doug Wilson seconded the motion to increase the 2019 budgeted amount for the PHSKC contract by \$16,000 (from \$24,000 to \$40,000) to cover data analytic services through the end of 2019 and comply with the Board's budget deviation policy.***

***Motion passed***

Brooklyn noted that we should have a discussion with all contractors to invoice in a timely manner.