North Central Accountable Community of Health

Governing Board Annual Meeting
1:00 PM–3:30 PM, December 3, 2018

Location	**Call-in Details**
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/429968472

TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – **Barry Kling** • Board Roll Call • Review of Agenda & Declaration of Conflicts • Public Comment		• Agenda	*1*
1:10 PM	Approval of November Minutes – **Barry Kling**	Motion: • Approval of November Minutes	• Minutes	*2-4*
1:15 PM	Executive Director's Update – **Senator Parlette**	Information	• Executive Director's Report	*5-6*
1:25 PM	Treasurer's Report – **Brooklyn Holton**	Motion: Approval of Monthly Financial Report	• Monthly Financial Report	*7-10*
1:35 PM	CHI Update – **CHI Board Seats** • 2019 CHI Funding and Framework Proposal – **Sahara Suval**	Motion: • 2019 CHI Funding and Framework Proposal	• Board Motion Form and Proposal	*11-27*
1:55 PM	Board Election – Barry Kling • Seats up for election • Conflict of Interest Forms	Information	• Slate of Board Members & Board Motion Form • Conflict of Interest Policy and Disclosure	*Separate Att.*
2:10 PM	2019 Budget – **John Schapman** • Approval of 2019 Budget	Motion: • 2019 Budget	• Board Motion Form & Budget	*28-29*
2:20 PM	HUB Update – **Deb Miller**			
2:30 PM	Staff Updates • P4P Baseline Data Dashboards – **Caroline Tillier** • Opioid – **Christal Eshelman** • WPCC – **Wendy Brzezny** • TCDI – **John Schapman**	Motion: • Revised Opioid Workgroup Charter	• P4P Dashboards • Board Motion Form & Opioid Workgroup Charter • Staff Workgroup Updates	*30-38* *39-44* *45-60*
3:15 PM	Round Table & Adjourn - **All**			

Location	Attendees
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	**Board Attendance in Person**: Blake Edwards, Rick Hourigan, Scott Graham, David Olson, Barry Kling, Bruce Buckles, Nancy Nash Mendez, Kyle Kellum **Board Phone Attendance**: Doug Wilson, Michelle Price, Andrea Davis, Molly Morris, Ray Eickmeyer, Mike Beaver **Board Members Absent**: Rosalinda Kibby, Carlene Anders, Senator Warnick, Brooklyn Holton **Public Attendance in Person:** Mike Lopez, Jerry Perez, Courtney Ward, Gwen Cox, Deb Miller, Kate Haugen, Susan Marney, Kelsey Gust , Dulcye Field, Renita Cook, Jill Thompson **Public Phone Attendance:** Cindy Button, Jen Schumaker, Gail Davis, Amanda Rosales, Traci Miller, Laina Mitchell **Staff Attendance:** Linda Parlette, John Schapman, Caroline Tillier, Christal Eshelman, Wendy Brzezny, Sahara Suval, Tanya Gleason **Minutes:** Teresa Davis

Agenda Item	Minutes
Introductions	• Declaration of Conflicts – Barry Kling disclosed that CDHD receives a 15% administrative fee for hosting the NCACH. • Public Comment – None
Approval of October Minutes	❖ **Bruce Buckles moved, Blake Edwards seconded the motion to approve the October meeting minutes as presented, motion passed**
Treasurer's Report • Monthly Financial Report • IGT Partner Funding	❖ **Scott Graham moved, Rick Hourigan seconded the motion to approve the September monthly financial report, motion passed** ❖ **Bruce Buckles moved, Rick Hourigan seconded the motion to approve the payment of $1,388,906 to partnering providers as allocated under the NCACH column of the Shared Domain 1 Investments worksheet to be distributed when the funding is placed in the NCACH account under the Shared Domain 1 Investment Category held by the Financial Executor, motion approved**
Initiative 2 Presentation	Diane Tribble gave a presentation on MAC/TSOA & the Family Caregiver Support Program. See complete presentation on the NCACH Website. • 80% of the care provided of adults needing assistance at home is done by family. • There are approximately 850K of unpaid caregivers in Washington State, if these caregivers stopped giving care it would create a real dilemma in our state.
2019 Budget Discussion	John recapped the discussion on the 2019 budget at the Board Retreat and noted the items marked with an " * " need to come back to the Board for approval. John is willing to schedule an additional meeting to answer any questions. The 2019 budget will be brought back to the Board in December for approval.
WPCC	Wendy recapped the Board retreat discussion around the formation of a centralized coaching network. Hiring additional 2 staff could provide 200-300 hours a month of coaching. Cost savings would be about $10,000 a month by replacing consultants. Modeling the program after Greater Columbia, who has also offered to help with some training and job shadowing. ❖ **Kyle Kellum moved, Nancy Nash Mendez seconded the motion to approve the formation of a centralized coaching network which would involve hiring of 2 FTE practice coaches employed and managed by NCACH, provided that candidate with appropriate experience such as healthcare experience can be recruited, motion passed.** Discussion: • What effect does this have on current budget? Additional $14,000 for December, then it is included in the 2019 draft budget.

	• Rick is concerned about finding the qualified people for the coaching that would be comparable with the consultants that we currently using. • David – Why are we trying to hire two coaches if at the max we are using 100 hours? The consultants have told us that there is a need in our area for more coaching and the intensity and the need will increase soon. • Kyle noted that with the current consultants, we are working around their schedules, hiring dedicated staff, we can get more time when we need it. • Job description: Looking for personality, some healthcare background, some expertise with empanelment, HIT. One coach is not going to have all of the expertise. The idea is that we find someone with a good baseline and then they learn more as they go. Bachelors level degree in a related field. • David noted that we are probably going to have to pay more for the correct candidate. Suggested that the organizations that use these coaches pay a little fee to help offset the cost. Also need a commitment that the organizations will implement the changes. • Rick suggested having it to be a requirement to show up and have a commitment. Possibly have a contractual agreements for the organizations that use the services. • Doug noted that the people that we find should be able to measure their efficacy. It would be a nice regional resource if it works out and could be sustainable in the future. • Ray said that the reinvesting some experts into the region is a good idea. • All but 3 organizations said that they would like more coaching. • Linda wants to know if staff has the flexibility to raise the salary if the right candidate applies. Nicole noted that the two people that we hire may not have the same qualifications. We may end up hiring the two people at different job classification levels. Nancy noted that we need to spend the money that is needed to create sustainability. Barry said that there is some flexibility but if we exceed the 5% we would need to come back to the Board for approval.
EMS Proposal	John Schapman went over the EMS Proposal. Examples of non-transport • Skilled nursing facilities call for a fall, EMS puts them back into bed. • Someone calls 911 then they decide that they do not want to go. • Diabetes patient is unresponsive, then EMS revives and patient refuses transport. David & Rick voiced concerns about this possibly not being in our scope of work. John responded saying the approach is in the toolkit it just was not chosen as an approach by the workgroup. ❖ **Bruce Buckles moved, Kyle Kellum seconded the motion, to approve the EMS project proposal and up to $300.000 of funding for project management and EMS agencies to complete the scope of work outlined in the proposal. Motion passed, Ray Eickmeyer abstained.** • Barry noted that he would like to see quarterly reports to the NCACH from the NCECC. • Bruce said that he supports this proposal and thinks that it is needed. • 2 semi-annual data reports will be provided to the Board. • The only agencies missing are small agencies that transport approx. 2 patients a year. • Scott noted that the law needs to be changed around EMS not being able to bill for non-transports. ➢ Barry asked that Renita and Ray draft a letter that the Board can send to State Representatives.
CHI Update	• Stakeholder survey results are included as a separate packet as a follow up from October 1st meeting. • Chelan Douglas had their Employment and transportation forum, will be looking at next steps.

	• Okanogan met on the 30th and discussed development of a mission statement. Discussing resiliency. • Grant pathways HUB Informational meeting had about 30 attendees from about 25 organizations.
Other Staff Updates	**Data Update – Caroline Tillier** • Introduced letter from State of Washington for Baseline Data for 2017. She will prepare a presentation for the next Board meeting. This is important as it will determine if we achieve the values for P4P. We currently have not budgeted to receive any P4P dollars. There is also an FAQ document in the packet as well. • Measures around asthma medication management and follow up after discharge for mental health stand out. • MCO's have a snapshot of some data that they plan on sending out this week. MCO's are willing to share data with providers but they are trying to avoiding having providers compete against each other. • Getting the dashboard from HCA will be the first step to see what data that gives us, then we can narrow our focus on what we want at a provider level. Molina is willing to share a monthly dashboard at an aggregate level. Andrea said that she will explore getting data on a provider level with the other MCO's. • David and Rick reminded the group that transparency is key, we could sign agreements allowing MCO's to share data with the NCACH. • Rick also suggested that the MCO's could give each provider their own data and then we can pool it and discuss at a closed meeting. **Opioid Update-Christal Eshelman**: • Has received 9 rapid cycle applications totaling about $78,000 so far for the $50,000 available this round. Using the same process that was approved in April, 2018 and used in the first cycle. Will update the Board next month. • Steve Clem's NCW Opioid Stakeholders Group is dissolving and we are hoping to combine into current workgroup. Christal will review the charter and see if we need to make any updates. • CDHD is still working on making overdose a notifiable condition – will report more at a later date. **Pathways Hub Update – Deb Miller:** Deb Miller handed out a dashboard, 132 referrals from ER, 7 active clients, social services is the highest referral. They are seeing more pediatric patients than they expected. They expected to have more clients but they are having trouble locating the patients after the visit. Dr. Redding has implemented door hangers to try to locate people. Nancy suggested having an email address option on the referral form.

Executive Director's Report -- December 2018

As the days become shorter and the mornings become frostier at the ranch (which I notice, as my furnace recently burned out!) I continue to marvel at just how much the NCACH team continues to push forward and accomplish. In this time of gratitude and thanks, I want to express how grateful I am for our staff team, Governing Board, and all of the many partners and community members who have contributed to the success of this second year in the Medicaid Transformation.

While we may have a better idea of what we are going to accomplish in the remaining years to come, I still have not found the solution to being in two places at once! As was the case this month, when I was at a Veteran's Day celebration honoring Chelan County for having one of the highest rates of hiring veteran employees in the State and the NCACH team was with the Health Care Authority's Tribal Affairs department delivering a training on Indian Health Care Services to Okanogan County healthcare providers. I also sent Sahara to attend the American Indian Health Commission's Tribal Leaders Annual Summit this month, where she was able to connect with members of the Colville Business Council. Following the training and the conference, we were invited to attend the Colville Business Council's Health and Human Services Committee meeting, which was our first formal meeting with the Confederated Tribes of Colville's leadership. NCACH Governing Board Member, Molly Morris attended the meeting with us, as well as Carmella Alexis, who works with Alison Ball leading tribal health care services in Nespelem.

Our meeting with the Colville Business Council's Health and Human Services Committee was short, but we had the chance to share more about NCACH and learn more about tribal health priorities. I look forward to continued conversations with the Confederated Tribes of Colville about how NCACH can support their healthcare systems through the work we are doing. I also remain grateful to Molly for her participation on our Governing Board and all that she brings to our organization.

December will be another busy month for the team as we look ahead to 2019. The Whole Person Care Collaborative (WPCC) has released two new positions for their Coaching Network, and staff and Project Workgroups continue to develop and refine plans for the third year of the Medicaid Transformation. I have been invited to speak in front of the Washington State House of Representatives Health Care Committee on December 4th with the executive director of Southwest Accountable Community of Health on Medicaid integration, as well as the Medicaid Transformation Project. Lastly, we have started planning for the 2019 Annual Summit, as well as a series of smaller, more focused events, such as an opioid prescriber's conference, the WPCC

Annual Symposium, and more.

As we approach the holidays, I will be asking my team to take some time to relax and spend time with their loved ones this season. We encourage you all to do the same!

Wishing you a joyous holiday season, and looking forward to continuing our work together in the New Year.

Charge on!

Linda Evans Parlette, Executive Director

NCACH Funding & Expense Summary Sheet

	SIM/DESIGN FUNDS (CDHD Account)			FINANCIAL EXECUTOR FUNDS		
	SIM/Design Funds Received	SIM/Design Funds Expended	SIM/Design Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
Original Grant Contract K1437	$ 99,831.63	$ 99,831.63	$ -			
Amendment #1	$ 150,000.00	$ 150,000.00	$ -			
Amendment #2	$ 330,000.00	$ 330,000.00	$ -			
Amendment #3 ($50k Special Allocation)	$ 15,243.25	$ 15,243.25	$ -			
Workshop Registration Fees/Misc Revenue	$ 19,155.00	$ 19,155.00	$ -			
Amendment #4 (FIMC Advisory Comm. Spcl Allocation 2016)	$ 15,040.00	$ 15,040.00	$ -			
Amendment #5*	$ -	$ -	$ -			
Amendment #6** (FIMC Adv Comm Spcl Alloc 2017)	$ 30,300.45	$ 30,300.45	$ -			
Interest Earned on SIM Funds* **	$ 3,223.39	$ 3,223.39	$ -			
Original Grant Contract K2562	$ 24,699.55	$ 24,699.55	$ -			
Amendment #1	$ 70,629.00	$ 70,629.00	$ -			
Amendment #2	$ 20,000.00	$ 14,487.70	$ 5,512.30			
Original Contract K2296 - Demonstration Phase 1	$ 1,000,000.00	$ 1,000,000.00	$ (0.00)			
Original Contract K2296 - Demonstration Phase 2	$ 5,226,961.23	$ 236,724.92	$ 4,990,236.31			
Interest Earned on Demo Funds	$ 83,356.77	$ -	$ 83,356.77			
Workshop Registration Fees/Misc Revenue	$ 12,135.83	$ 12,135.83	$ -			
Finacial Executor Funding - (As of Sept 2018)						
DY1 Project Incentive Funds (March 18)				$ 3,922,723.01	$ 2,385,503.23	$ 1,537,219.78
DY1 Integration Funds (March 18)				$ 2,312,792.00	$ 37,796.66	$ 2,274,995.34
DY1 Bonus Funds (March 18)				$ 1,455,842.00		$ 1,455,842.00
DY1 Project Incentive Funds (June 18)				$ 1,228,827.00		$ 1,228,827.00
DY1 Shared Domain 1 Funds (June 18)****				$ 2,048,045.00	$ 2,048,045.00	$ -
DY2 Project Incentive Funds (October 18)				$ 3,284,600.00		$ 3,284,600.00
DY2 Integration Funds (October 18)				$ 3,146,074.00		$ 3,146,074.00
Totals	**$ 7,100,576.10**	**$ 2,021,470.73**	**$ 5,079,105.37**	**$ 17,398,903.01**	**$ 4,471,344.89**	**$ 12,927,558.12**

** Funds allocated to NCACH but not yet in FE account*

*** Revenue outstanding. Funding is monthly cost reimbursement.*

**** Only $500 interest on SIM Grant per calendar year can be retained. The rest will be paid back to HCA when directed.*

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

2015-16 Report	99,831.63	$ 99,832.00
2016-17 Report	480,000.00	$ 76,736.40
SIM Report	$ 198,290.64	$ 596,041.57
DEMO Report	$ 6,322,453.83	$ 1,248,860.75
	$ 7,100,576.10	$ 2,021,470.72
Variance	$ -	$ 0.00

SIM Funds Report on NCACH Expenditures to Date

Fiscal Year: Feb 1, 2018 - Jan 31, 2019

Budget Line Item	Budgeted Allocation	Oct-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	**$ 80,313.00**	11,031.51	**$ 92,773.14**	**115.5%**
Office Supplies			**$ -**	
Computer Hardware			**$ -**	
Legal Services			**$ -**	
Travel/Lodging/Meals			**$ 728.67**	
Website Redesign			**$ -**	
Advertising			**$ -**	
Meeting Expense			**$ -**	
Other Expenditures			**$ -**	
Misc. Contracts (CORE)			**$ -**	
Misc. Contracts (CHIs)			**$ -**	
Subtotal	**$ 80,313.00**	**$ 11,031.51**	**$ 93,501.81**	**116.4%**
15% Hosting fee to CDHD	**$ 12,046.95**	1,654.73	**$ 14,025.27**	**116.4%**
			$ -	
Grand total	**$ 92,359.95**	**$ 12,686.24**	**$ 107,527.08**	**116.4%**

% of Fiscal Year 75%

Contract K2562 (FIMC Funding)	$	21,731
Amendment #1 (SIM AY4 Funds)	$	70,629
Retained Interest Earned to date		
Total SIM Funds	**$**	**92,360**
Budgeted Amount	$	92,359.95
Total Uncommitted Funds	**$**	**0.21**

Demonstration Funds Report on NCACH Expenditures to Date

Fiscal Year: Jan 1, 2018 - Dec 31, 2018

Budget Line Item	Original Budgeted Allocation	Budgeted Allocation	Oct-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	**$610,857.72**	**$ 636,358.00**	53,524.16	**444,230.13**	**69.8%**
Office Supplies	**$ 18,000.00**	**$ 18,000.00**	1,238.45	**22,025.21**	**122.4%**
Legal Services	**$ 8,000.00**	**$ 8,000.00**		**1,156.50**	**14.5%**
Travel/Lodging/Meals	**$ 7,000.00**	**$ 7,000.00**	3,786.05	**24,114.21**	**344.5%**
Website	**$ -**	**$ -**		**737.77**	
Admin (HR/Recruiting)	**$ 7,500.00**	**$ 7,500.00**		**330.86**	**4.4%**
Advertising/Community Outreach		**$ -**		**4,518.54**	
Insurance	**$ 5,000.00**	**$ 5,000.00**		**5,530.37**	**110.6%**
Meeting Expense	**$ 7,000.00**	**$ 7,000.00**	598.93	**2,198.89**	**31.4%**
Events		**$ 52,000.00**		**25,165.13**	**48.4%**
Other Expenditures	**$ 3,000.00**	**$ 3,000.00**	4,925.19	**19,599.38**	**653.3%**
B&O Tax Payment		**$ 90,000.00**		**90,000.00**	**100.0%**
Integration Funds		**$ 21,731.16**		**10,456.34**	**48.1%**
Misc. Contracts (CHIs)	**$ 120,000.00**	**$ 120,000.00**	13,272.70	**79,389.15**	**66.2%**
Healthy Generations		**$ 75,000.00**		**75,000.00**	**100.0%**
OHSU		**$ 150,000.00**	11,699.71	**78,929.65**	**52.6%**
CCMI, CSI*		**$ 151,961.23**		**151,961.23**	**100.0%**
Providence CORE		**$ 4,128.00**		**17,888.00**	**433.3%**
Subtotal		**$ 1,356,678.39**	**$ 89,045.19**	**1,053,231.36**	**77.6%**
				-	
15% Hosting fee to CDHD	**$117,953.66**	**$ 146,338.37**	**$ 13,356.78**	**119,096.70**	**81.4%**
Grand total	**$904,311.38**	**$ 1,503,016.76**	**$ 102,401.97**	**$ 1,172,328.06**	**78.0%**

% of Fiscal Year Complete 83%

Funds remaining 8/31/2018	$ 5,197,546.96
Interest Earned to date	$ 65,783.77
Budgeted Amount (2018)	$ 1,503,016.76
Total Uncommitted Dollars	**$ 3,760,313.97**

* Switched from $443,461 to $151,961.23 (YTD Total). Expenses to be paid through FE portal moving forward.

Financial Executor Report on NCACH Expenditures to Date

Fiscal Year: Jan 1, 2018 - Dec 31, 2018

Budget Line Item	Budgeted Allocation	Oct-18	Totals YTD	% Expended YTD to Budget
WPCC Stage 1	$ 1,665,000.00		1,665,000.00	100.0%
WPCC Stage 2 Funding *	$ 580,000.00		-	0.0%
Opioid Project	$ 100,000.00		97,390.00	97.4%
TCDI - NCECC Project Funding	$ 70,000.00		70,000.00	100.0%
TCDI Hospital Application Funding	$ 312,500.00		-	0.0%
Integration - IT Assistance	$ 42,700.00	$ 1,925.00	22,796.66	53.4%
Integration - Provider Contracting	$ 55,000.00		15,000.00	27.3%
Pathways Hub Project	$ 380,000.00	$ 152,000.00	222,000.00	58.4%
Asset Mapping (Board Approved 6.4.18)	$ 7,500.00		-	0.0%
Program Evaluation	$ 7,000.00		-	0.0%
CCMI, CSI	$ 291,499.77	$ 12,748.00	87,720.00	30.1%
UW AIMS Center	$ 48,000.00	$ 13,782.00	13,782.00	28.7%
WPCC Coaching Funds	$ 45,000.00	$ 2,650.00	2,650.00	5.9%
Emerging Initiatives - CCOW	$ 20,000.00		-	0.0%
Payment to NCACH Demo Budget	$ 226,961.23		226,961.23	100.0%
Grant Total	$ 3,851,161.00	$ 183,105.00	2,423,299.89	62.9%

Funds Earned (Excludes Shared Domain 1 Funds)	$ 8,920,184.01
Budgeted Amount (2018)	$ 3,851,161.00
Total Uncommitted Dollars	**$ 5,069,023.01**

% of Fiscal Year Complete 83%

Board Decision Form

TOPIC: *2019 CHI Proposed Contract Deliverables and Funding Structure*

PURPOSE: *To empower NCACH's three Coalitions for Health Improvement to address local health needs by allocating funding for each Coalition to dedicate to local health projects that are complementary to the current Medicaid Transformation Project work occurring in the North Central Region*

BOARD ACTION:

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

BACKGROUND:

While originally an important part of NCACH's decision-making process in selecting the six Medicaid Transformation Projects in 2017, the CHIs have had little input or influence on the development of each project. With limited formalized input, the CHIs have experienced difficulty in finding their place within the Transformation efforts, and have begun to explore external initiatives and goals outside of the Medicaid Transformation Projects. The NCACH Governing Board and Staff recognize the importance of maintaining and supporting the three CHIs across the region as project implementation continues to take effect, and also acknowledges that the CHIs have had relatively little engagement with the Medicaid Transformation Projects or by the Project Workgroups during 2018. While each Coalition is within specification of their contracted deliverables, they are currently reporting member loss, member fatigue, and lack of strategic direction.

In 2018, the NCACH Governing Board adopted a document detailing the process for accepting innovative projects or ideas into the purview of the ACH's Medicaid Transformation Efforts. These new projects, called "Emerging Initiatives' are to be vetted through NCACH's Project Workgroups and Coalitions for Health Improvement before being submitted to the Governing Board for final approval. *See 'Emerging Initiatives' funding principles document attached to this proposal.*

In an effort to empower the Coalitions to address regional health needs, NCACH proposes to allocate $610,000 of MTP funding in 2019 for the three Coalitions to dedicate to local health projects that meet the requirements to be considered an Emerging Initiative, and are complementary to the current Medicaid Transformation Project work occurring in the North Central Region.

PROPOSAL: ***Motion to approve the proposed framework and funding allocation for administrative and training expenses for the Coalitions for Health Improvement in the 2019 Annual Budget ($160,000); as well as to approve the framework for project funding* up-to $450,000.***

Specific allocations for project funding will be presented to the Governing Board for final approval.

IMPACT/OPPORTUNITY (fiscal and programmatic):

Given the CHI's important role as the community voice within in NCACH's Transformation efforts, as well as the most direct link to Medicaid beneficiaries, NCACH proposes to restructure the 2019 contract and funding allocations for the three Coalitions for Health Improvement.

Total funding request for 2019: $610,000

This funding would be allocated in three ways:

Funding type:	**CHI Supporting Agency (Facilitator) Contracts**	**Project Partner MOUs**	**One-Time Participatory Budgeting Training Workshop**
Up-to-amount requested:	**$50,000 annually X 3 Coalitions = ($150,000)**	**$450,000 annually**	**$10,000**
For:	**Administrative and operating expenses for each Coalition**	**Local-level health initiatives and projects that complement NCACH's MTP goals**	**"Train the Trainer" session for selected Coalition members to facilitate their respective CHI through the project development and selection process**
Notes:	*See attached proposal for more information on contracted deliverables*	*All projects selected for funding will be presented to the Governing Board for final approval and funds allocation*	*This funding is an "up-to" amount and reflects training and travel costs for workshop participants and consultant fees.*

As a local-level advisory body representing the broad community, each Coalition would be able to submit endorsed project proposals for Medicaid Transformation Project funding during 2019. Additional funding for the remainder of the Medicaid Transformation (beginning 2020) would be approved after review by the NCACH Governing Board. This funding is intended to strengthen community-clinical linkages, and would have limitations for partners who are already receiving NCACH funding for other MTP projects and initiatives.

To see more about funding specifics and project requirements, please see attachment "2019 CHI Proposed Contract Deliverables and Funding Structure."

TIMELINE:

Quarter 1 – 2019:

Develop project application
Develop project selection and evaluation criteria process
Submit project application to Governing Board for final approval
Submit project selection and evaluation criteria process to Governing Board for final approval

Quarter 2 – 2019:
Invite partners to submit initiatives – applications open
Begin application review process

Quarter 3 – 2019:
CHIs submit selected projects applications to the Governing Board for final approval
First funds disbursed

Quarter 4 – 2019:
Preliminary reporting delivered to Governing Board
Governing Board review and approve CHI funding allocation process and structure annually

RECOMMENDATION:
NCACH Staff, NCACH CHI Leadership Council, and NCACH Governing Board CHI Seats recommend the NCACH Governing Board adopt the proposed funding structure with up-to $610,000 allocated to the three Coalitions for Health Improvement, as well as to approve the new contract deliverables and work plan outlined above.

Submitted By:	Coalitions for Health Improvement Leadership Council; NCACH Staff
Submitted Date:	11/16/2018
Staff Sponsor:	Sahara Suval

Coalitions for Health Improvement

2019 Proposed Contract Deliverables and Funding Structure

Prepared by – Sahara Suval

Background:

Coalitions for Health Improvement (CHI) were formed in 2014 in each public health jurisdiction (Chelan-Douglas, Okanogan, and Grant) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. CHIs originally provided input regarding the formation of an ACH in this region, and development of the NCACH Leadership Group. They were utilized to distribute information about Design Grants and upcoming State Innovation Model Transformation efforts. In 2016, the North Central Accountable Community of Health was officially formed as a standalone organization, and entered the Design phase of the Medicaid Transformation, including the adoption of a Governing Board. In April 2017, the NCACH Governing Board determined that the CHIs should be NCACH's primary means for community-level input and representation in NCACH's work. In July 2017, a voting seat for each CHI was established by the Governing Board which ensures that each Coalition's voice is heard. In 2018, NCACH formally contracted with three hosting organizations to facilitate each Coalition with operational funding from the NCACH.

In February 2018, the CHI Leadership Council was established, which consists of locally selected CHI members who have signed a membership agreement and are committed to facilitating and coordinating their local Coalition's efforts and goals. The CHI Leadership Council meets on a monthly basis and convenes with the Governing Board as needed.

While originally an important part of NCACH's decision-making process in selecting the six Medicaid Transformation Projects in 2017, the CHIs have had little input or influence on the development of each project. It is important to note, however, that some members of the Coalitions have been instrumental to development of the Medicaid Transformation Projects with their individual involvement in NCACH Project Workgroups and Governing Board. With limited formalized input, the CHIs have experienced difficulty in finding their place within the Transformation efforts, and have begun to explore external initiatives and goals outside of the Medicaid Transformation Projects. The NCACH Governing Board and Staff recognize the importance of maintaining and supporting the three CHIs across the region as project implementation continues to take effect, and also acknowledges that the CHIs have had relatively little engagement with the Medicaid Transformation Projects or by the Project Workgroups during 2018.

Current Contracting Structure (2018):

NCACH currently supports each Coalition annually with $40,000 paid to each Local Health Jurisdiction (or a sub-contractor specified by each LHJ). The funding requires each CHI to employ a 0.3FTE employee to manage the coordination of each Coalition.

Specified Contract Deliverables include:

- Maintaining a 0.3 FTE staff position to work on the Coalition
- Host no less than 4 (quarterly) public meetings annually with a call-in option and submit all documentation to NCACH
- Form a local leadership group responsible for developing the agendas and strategic direction of the CHIs
- Convene a broad-base of stakeholders, including Medicaid beneficiaries for regular feedback on NCACH Medicaid Transformation Project efforts
- Actively educate and engage the community about work of NCACH and the Coalitions with reports on outreach compiled and submitted bi-annually to NCACH

CHI Performance-to-Date:

While each Coalition is within specification of their contracted deliverables, they are experiencing member loss, member fatigue, and lack of strategic direction. During 2018, each Coalition has struggled to determine what their focus and goals should be, which has prompted each Coalition to pursue independent initiatives that have little to no connection with the Medicaid Transformation Projects themselves. Concerns that have been shared between the CHIs and NCACH include:

- No formalized feedback has been delivered to the NCACH Medicaid Transformation Project Workgroups on the Medicaid Transformation Projects (which is due in part to limited engagement between the Coalitions, the NCACH Governing Board, and NCACH Project Workgroups)
- Lack of clear outcomes after each Coalition meeting
- Lack of strategic direction and/or goals for the remainder of the Transformation
- Lack of Medicaid consumer involvement within the Coalition or the broader NCACH community
- Limited to no direct community outreach and engagement (beyond the Coalition meetings themselves) has occurred in 2018

Proposed Contracting Structure (2019):

Given the CHI's important role as the community voice within in NCACH's Transformation efforts, as well as the most direct link to Medicaid beneficiaries, NCACH proposes to restructure the 2019 contract and funding allocations for the three Coalitions for Health Improvement.

In an effort to empower the Coalitions to address regional health needs, NCACH proposes to allocate $610,000 of MTP funding in 2019 for the three Coalitions to dedicate to local health projects that meet the requirements to be considered an Emerging Initiative, and are complementary to the current Medicaid Transformation Project work occurring in the North Central Region.

This funding would be allocated in three main ways:

1) CHI Facilitator Contract – LHJ or other contracted recipient ($50,000 annually)

- Maintain a minimum 0.3 FTE staff position assigned to work on the Coalition
- Convene a broad base of community stakeholders in bi-monthly meetings (every other month)
- Maintain and elect a Governing Board seat representative, decided by chartered-Coalition members
- Identify needs and projects that could be implemented
- Develop a project-funding application process that must be approved by the Governing Board *(proposed that this is achieved at regional level with the CHI Leadership Council convened by NCACH staff)*
- Develop an application selection and evaluation process, including determining project partner deliverables *(proposed that this is achieved at regional level with the CHI Leadership Council convened by NCACH staff)*
- Present selected projects to the Governing Board for final approval
- Monitor and evaluate project partners to ensure that their deliverables are being met
- Provide quarterly updates to the Governing Board on funded projects and impact in community
- Attend at least one partner meeting or event on behalf of the Coalition and report on them in quarterly reports, along with any other community engagement efforts conducted.

2) Training costs for a "Train-the-Trainer" session to empower CHI Leadership Council (or subcommittee representing all three Coalitions) dedicated to leading each Coalition

through a Participatory Budgeting process to select initiatives and develop proposals (up to $10,000)

This funding would be used to host a one-time workshop (including consultant fees and participant travel costs) that would provide select members from each Coalition to attend a training that would provide them the skills to facilitate each Coalition through the project development and selection process. *Note that this training may be made available to other NCACH Workgroup members and staff, as appropriate.*

3) Funded Project Partner MOUs (total eligible funding would be capped at $450,000 annually)

- Complete project application deliverables required for funding as outlined in MOUs
- Deliver periodic written and verbal reports to the Coalition and NCACH as specified
    - One verbal report (≤ 20 minutes) must be delivered to the Coalition
    - One verbal report (≤ 20 minutes) must be delivered to a partner meeting
    - Submit a final written report electronically through an online portal (reporting requirements will be detailed in MOUs between NCACH and each successful applicant)

Key Responsibilities outlined between LHJ and NCACH

Key Responsibility	Who	Notes
Convene community members to identify needs and barriers to health	LHJ	
Maintain a diverse group of community-based organization, providers, and service agency members who make up each Coalition's Leadership Council	LHJ	*Must be chartered members*
Create funding application and processes for project application evaluation and selection	CHI Leadership Council (or subcommittee representing all three Coalitions), submitted to the Governing Board for final approval	*The CHI Leadership Council consists of a diverse group of community-based organizations, providers, and service agency members who make up each Coalition's Leadership Council*
Develop outcomes and performance measures for project application evaluation and selection	CHI Leadership Council (or subcommittee representing all three Coalitions), submitted to the Governing Board for final approval	*By having the CHIs determine the performance outcomes, it will be possible to determine the impact of the initiatives selected and funded*

Submit selected projects to the Governing Board for final approval	LHJ	*The projects should be selected through a vote of Coalition members who have signed a charter*
Develop MOUs detailing project specifics and deliverables	NCACH	
Monitor deliverables of MOU and evaluate reports submitted	NCACH	*NCACH will track MOUs to ensure contract deliverables are being met*
Collects data on specified project metrics for quarterly updates to NCACH Governing Board	LHJ	*LHJ will work to ensure deliverables are going to be met and ensures project partner reporting (e.g. require presentation at Coalition meetings) is being completed*
Ensures that project deliverables are being achieved through regular check-ins with Project Partner, as well as provides continuous monitoring feedback	LHJ with help of CHI	*LHJs will hold the contractual responsibility to convene the CHI who must ensure that the funded projects the CHI has endorsed are meeting their objectives as outlined in the project application*

Funding Specifics:

As a local-level advisory body representing the broad community, each Coalition would be able to submit endorsed project proposals for Medicaid Transformation Project funding during 2019. Additional funding for the remainder of the Medicaid Transformation (beginning 2020) would be approved after review by the NCACH Governing Board. This funding is intended to strengthen community-clinical linkages, and would have limitations for partners who are already receiving NCACH funding for other MTP projects and initiatives.

Key notes to proposal: LHJs will continue to complete work already occurring with the addition of facilitating this proposed funding allocation process and structure.

- *This is an annual allocation; any funding that is unallocated over the contract year would be lost.*
- Funding would allocated based on project applications submitted by community partners that are evaluated and recommended to the NCACH Governing Board by the Coalition on a quarterly basis. The goal of this new funding structure would be to empower Coalition members to fund and

directly support initiatives that are complementary to current NCACH Medicaid Transformation objectives and goals.

- Any applicant who is already receiving funding from NCACH for any other Project or initiative must demonstrate collaboration with local community partners such as community-based organizations or non-clinical service providers.
- The increase of administrative funding for each LHJ is to account for the increase in responsibility, as well as to cover the costs of an increased annual minimum of 6 (bi-monthly) public CHI meetings.
- If a selected project or initiative is parallel to, or duplicative of, any of the NCACH selected Medicaid Transformation Projects, the Coalition may be asked to, or elect to, work with an already existing NCACH Project Workgroup, and/or serve as a sub-committee of the respective Workgroup.
- A NCACH staff position will be maintained at a minimum of 0.5 FTE to support the Coalitions for the Health Improvement. Arrangements will be made for additional leadership to support the efforts of the Coalitions throughout the Transformation as needed.

Project Requirements: *(to be further developed with project application and selection process)*

- Projects must meet the Funding Principles approved by the Governing Board (*see "NCACH Emerging Initiatives Recommendations- FINAL")*
- The Coalition must select and submit project proposals on behalf of applicants to the Governing Board for approval for all projects.
- Funding is intended to be used to catalyze new efforts and/or expand current efforts to improve population health under NCACH's Medicaid Transformation Project goals and objectives.
- Funding is intended to be seed money to support the development of sustainable efforts. Funding is not intended to provide sustained programmatic support but rather to provide monetary support where there are short term financial barriers to implementing initiatives. The most competitive applications will show how these funds will be utilized to create long-term, sustainable change.
- Project must demonstrate how it addresses community health equity issues in the region. (*Health equity is defined as reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.)*
- Projects may vary in size, scope, amount, and length.

Proposed 2019 Contract Deliverables compared to 2018 Contract Deliverables

2018 Contract Deliverables	2019 Contract Deliverables	Reason for Change
Assign a 0.3 FTE staff position to work on the Coalition	*(no change)*	*(no change)*
Form a local leadership group ("Leadership Council") who is responsible for planning meetings, agendas, and relevant material for Coalition meetings; and on outreach activities designed to better engage Medicaid beneficiaries, members of minority groups served by Medicaid, and other community members not yet involved in the CHI	*(no change)*	*(no change)*
Convene a broad base of on-the-ground stakeholders and community partners no less than on a quarterly basis to gather data and input on needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation that the Governing Board can incorporate in their decision making process	**Convene a broad base of on-the-ground stakeholders and community partners no less than on a bi-monthly (6 times annually) basis to gather data and input on needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation that the Governing Board can incorporate in their decision making process**	*Increase minimum number of required annual meetings to ensure that the Coalition is able to meet the deliverables specified and effectively recommend local health initiatives for funding to the Governing Board*
Provide an option for regional partners to call into Coalition meetings	*(no change)*	*(no change)*
Maintain a locally-appointed representative from each Coalition to serve on the NCACH Governing Board. At the time the CHI meets to elect its Governing Board member, provide a list of voting members (those who have signed the membership agreement and attended at least 50% of the CHI meetings during the previous year)	*(no change)*	*(no change)*
	Host annual Leadership Council elections for each Coalition. Maintain records of Leadership Council signed membership agreements. Facilitate group voting process as needed.	*To encourage broad group participation of the CHI voting members, as well as to ensure diverse leadership of each Coalition.*
Actively educate community partners about the work of the NCACH and let them know how members can engage in NCACH projects	*(no change)*	*(no change)*
Conduct open public meetings and upload all documents to the NCACH website within two weeks of each meeting	*(no change)*	*(no change)*

Meet with NCACH staff quarterly (in person or over the phone) to provide an update on the current work of the Coalition. Present monthly updates to the NCACH Governing Board during their monthly meetings	*(no change)*	*(no change)*
Gather feedback from local Medicaid beneficiaries and other medical consumers on the work on the Transformation Project	*(no change)*	*(no change)*
As directed by the Governing Board, create workgroups to assist in the implementation of Transformation Project initiatives	**As directed by the Governing Board, create workgroups to assist in the implementation of Transformation Project initiatives, including funded initiatives endorsed by the Coalition**	*This would include but not be limited to: working with, or serving on a subcommittee of a pre-existing Workgroup; directly supporting the success of a new initiative as an advisory body with Coalition staff time dedicated to new lead new efforts in conjunction with NCACH staff*

Proposed Implementation Plan for New Funding Structure and Allocations

Deliverable	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Develop project application												
Develop project selection and evaluation criteria												
Submit project application to Governing Board for approval												
Submit project selection and evaluation criteria to Governing Board for approval												
Invite partners to submit initiatives												
Review applications												
Submit recommendations to the Governing Board for funding and approval												
First funds disbursed												
Preliminary report to Governing Board												
Governing Board review and approve CHI funding allocation process and structure annually												

Attachments:

1. *Current 2018 Contract for CHI Facilitators (LHJs)*
2. *NCACH Emerging Initiatives Recommendations – approved by NCACH Governing Board*
3. *Process Map – Funds Decision Flow v11 – approved by NCACH Governing Board*

North Central Accountable Community of Health	**CHI SUB-CONTRACT**	Sub-Contract Under HCA Contract Number: K2296

THIS AGREEMENT made by and between the North Central Accountable Community of Health and **[awardee's name]** whose name appears below, hereinafter referred to as the "Awardee."

AWARDEE NAME		AWARDEE doing business as (DBA)
AWARDEE ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)
AWARDEE CONTACT	AWARDEE TELEPHONE	AWARDEE E-MAIL ADDRESS

Primary HCA Contractor:	CDHD Program: North Central Accountable Community of Health
NCACH CONTACT NAME AND TITLE	CDHD CONTACT ADDRESS 200 Valley Mall Parkway East Wenatchee, WA 98802
NCACH CONTACT TELEPHONE	CDHD CONTACT E-MAIL ADDRESS

IS THE AWARDEE A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? ☐YES ☒NO	CFDA NUMBER(S) N/A	FFATA Form Required ☐YES ☒NO

AWARD START DATE February 1st, 2018	**AWARD END DATE** December 31st, 2018	**TOTAL MAXIMUM AWARD AMOUNT** $40,000

PURPOSE OF AWARD:
Under general direction of the North Central Accountable Community of Health, the awardee will provide staff support to organize local stakeholder and community engagement and input into the work of the Medicaid Demonstration Project. This includes organizing and documenting CHI (Coalition for Health Improvement) meetings which convene a broad range of community health partners and stakeholders interested in the activities and projects of the North Central Accountable Community of Health.

BILLING:

Awardee may claim payment from NCACH by submitting an invoice to the address and contact person identified above. Billing will be completed on a quarterly basis for 25% of the total maximum award amount.

DELIVERABLES:

1. Assign a 0.3 FTE staff position (either currently staffed or hired) to work on the Coalition. Awardee must be able to demonstrate that an average of 12 hours a week are spent specifically on the work of the Coalition.
2. Form a local leadership group who is responsible for planning meetings, agendas, and relevant material for Coalition meetings; and on outreach activities designed to better engage Medicaid beneficiaries, members of minority groups served by Medicaid, and other community members not yet involved in the CHI.
3. Convene a broad base of on-the-ground stakeholders and community partners no less than on a quarterly basis to gather data and input on needs assessments and local health data; community health improvement plans and priorities; health improvement initiatives; project planning and selection; and delivery system transformation that the Governing Board can incorporate in their decision making process.
4. Provide an option for regional partners to call into Coalition meetings.
5. Provide minutes to the NCACH Executive Director from at least 4 CHI meetings conducted during the sub-contract period, including a count and a list of attendees and the sector that the represent (recognizing that call-in attendees are not always identifiable) and a summary of the topics discussed at the CHI sessions. Also

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provide quarterly reports to the Executive Director regarding other activities conducted under this contract.

6. At the time the CHI meets to elect its Governing Board member, provide a list of voting members (those who have signed the membership agreement and attended at least 50% of the CHI meetings during the previous year.)
7. Provide copies of any printed or other materials used at the CHIs will be included with the CHI report. CHI reports must be submitted within 60 days of the CHI.
8. As directed by the Governing Board, create workgroups to assist in the implementation of Demonstration project initiatives.
9. Actively educate community partners about the work of the NCACH and let them know how members can engage in NCACH projects
10. Conduct open public meetings and upload all documents to the NCACH website within two weeks of each meeting.
11. Gather feedback from local Medicaid beneficiaries and other medical consumers on the work on the Demonstration Project. Reports on outreach should be sent no less than 2 times a year. Reports should include how outreach was completed, number of beneficiaries reached, and rationale for selected outreach approach.
12. Meet with NCACH staff quarterly (in person or over the phone) to provide an update on the current work of the Coalition.
13. Bill quarterly within 45 days of the end of each quarter for costs under this contract, including a statement of expenses with documentation of staff time and other expenditures made under this contract.

This sub-contract incorporates by reference the terms and conditions of **[Contract Name]** (attached) and the services and activities delivered under this sub-contract are an integral part of achieving the deliverables set forth in that contract. This sub-contract and its references are the final, entire and exclusive understanding between the parties superseding and merging all previous agreements, writings, and communications, oral or otherwise, regarding the subject matter of this Award. The parties signing below warrant that they have read and understand this Award, and have authority to execute this Award. This Award shall be binding on NCACH only upon approval by the NCACH Governing Board and the signature of the North Central Accountable Community of Health's Executive Director.

AWARDEE SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
NCACH SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
CDHD SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED

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Emerging Initiatives that is outside of the North Central Accountable Community of Health (NCACH) Selected Evidence Based Approaches/Strategies

Summary

NCACH recognizes that Healthcare Transformation is an evolving process. Our region will have a good understanding of the work we need to complete through 2021 when our Implementation plans are due. However we also believe we will continue to identify additional processes we need to improve upon throughout the Transformation Project.

New projects/ideas will first be vetted through either workgroups or the Coalitions for Health Improvement prior to being presented to the Governing Board for consideration for funding.

To ensure innovative ideas align with the work we are completing in the region, the final approval of any funds allocations and ultimately project plans is at the Governing Board level. Details of the requirements and steps for developing new projects are below:

Projects should meet the Funding Principles approved by the Governing Board. They are:

1. Funding supports links between medical providers with social service providers.
2. Projects that receive funding will outline a path toward sustainability or sustained change.
3. Funding will be distributed to partners to create innovative new or expand existing capacity and infrastructure, it will not be used to pay for work currently happening.
4. Partners need to demonstrate a clear way to evaluate impact including data for measurement of success.
5. Projects should show how they address one or more of the 6 NCACH Project areas

New projects could be developed and recommended for funding by:

1. Coalitions for Health Improvement (Chelan-Douglas, Grant, and Okanogan)
2. Project Workgroups
3. Brought to the Executive Director to determine the best venue to introduce the initiative

Note: The Governing Board should be updated on all projects that are reviewed by workgroups and the Coalitions for Health Improvement so they are aware of the kinds of requests, needs occurring in the community.

Considerations when recommending new projects:

1. Does proposal effort address a needed improvement in the region's Medicaid services, including those related to the Social Determinants of Health
2. Has any relevant workgroup or Coalition reviewed the project scope and determined that it helps enhance the work occurring in the six NCACH selected Medicaid

Transformation Projects, the overall goals and metrics of the NCACH, and that it is feasible to implement across the region?

3. Have Workgroup or Coalition members taken into consideration the limited funding our region has for Transformation work and ensured this project supports a need that the Whole Coalition feels is a priority to address?
4. Is the new project collaborative in nature and does it have at least one formalized agreement (or letter of intent to partner) with a non-clinical partner?

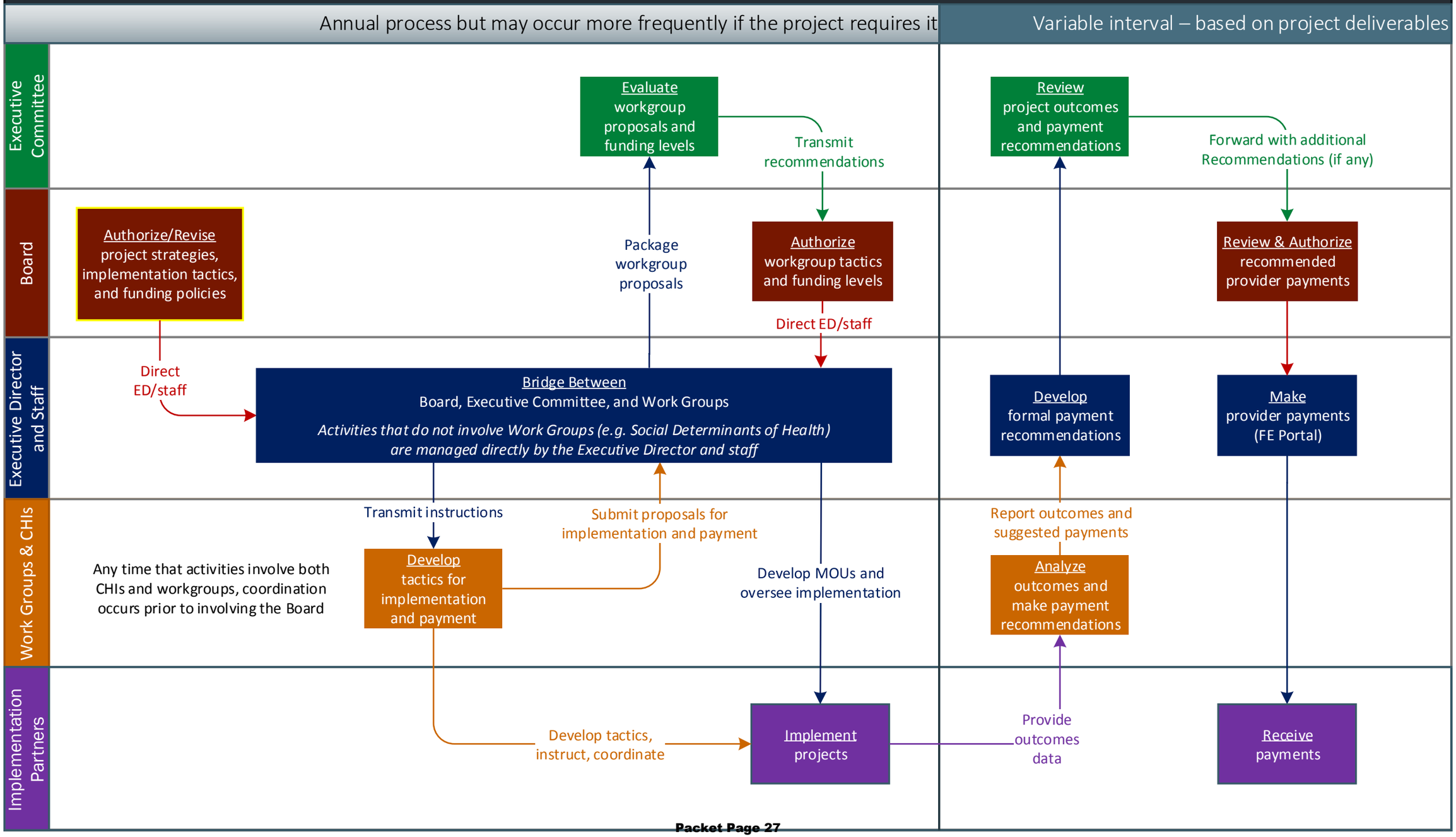
Details to include in a new project request:

1. Scope of the Project
2. Partners involved in the work
3. Estimated Budget/Costs
4. Sustainability plan
5. Evaluation plan
6. How it will accomplish the goals of NCACH in the Transformation Project

Coalitions and Workgroups should work with NCACH Staff leads to outline the necessary information needed to present to the Governing Board.

Decision Flow for Funding Design and Allocation

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



Board Decision Form

TOPIC: 2019 NCACH Annual Budget

PURPOSE: Approve the 2019 NCACH Annual Budget

BOARD ACTION:

- ☐ Information Only
- ☑ Board Motion to approve/disapprove

BACKGROUND:

In September, NCACH staff initiated the 2019 Budget process by working with the Chelan Douglas Health District (CDHD) accountant Kandis Boersema and NCACH Board treasurer Brooklyn Holton to develop the 2019 budget template.

Once a template was set by both NCACH staff, Board Treasurer and CDHD, the NCACH staff worked to develop detailed budgets outlining expenses for each workgroup and the NCACH non-workgroup operations. Those detailed expense sheets were provided to the Board for review and Board members had opportunities to comment at three separate Board meetings:

1. October 26th Governing Board Retreat
   (Retreat was dedicated to reviewing detailed expense reports for Board members)
2. November 5th Governing Board Meeting
3. November 16th mid-month Board Call

Based on feedback provided from the Board at the three meetings and the consensus at the mid-month Board call that Board members were comfortable moving forward with the budget as presented, the final draft of the budget is provided (See Attachment 1) for approval from the Board at the December 3rd Board meeting.

PROPOSAL:

Motion to approve the 2019 Annual budget for fiscal year January 1st to December 31st 2019 as outlined in Attachment 1 totaling $9,050,579.92.

IMPACT/OPPORTUNITY (fiscal and programmatic):
This budget will provide the NCACH Governing Board with a good understanding of the work and funds that will be expended by NCACH in 2019. NCACH staff will be able to utilize the budget to complete operations with minimal need to bring additional budget adjustments to the Board over the course of the year.

TIMELINE:

- December 3rd – Approval of the 2019 budget
- January 1st – December 31st, 2019 implement budget

Submitted Date: 12/3/18
Staff Sponsor: John Schapman

2019 NCACH Budget
Fiscal Year: Jan 1, 2019 - Dec 31, 2019

Attachment 1

CDHD Account Expenses

Budget Line Item	Totals Budgeted	Jan-19	Feb-19	Mar-19	April-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Salary & Benefits	**983,205.33**	$ 80,933.78	$ 80,933.78	$ 80,933.78	$ 80,933.78	$ 80,933.78	$ 84,933.78	$ 84,933.78	$ 84,933.78	$ 80,933.78	$ 80,933.78	$ 80,933.78	$ 80,933.78
Supplies													
Office	**9,420.00**	$ 485.00	$ 485.00	$ 585.00	$ 2,485.00	$ 485.00	$ 685.00	$ 1,485.00	$ 485.00	$ 685.00	$ 485.00	$ 485.00	$ 585.00
Drugs and Medicines	**15,100.00**	$ 3,850.00			$ 3,750.00			$ 3,750.00			$ 3,750.00		
Furniture < $500	**2,400.00**	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00	$ 200.00
Books, References, & Videos	-												
Software	**3,000.00**	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00	$ 250.00
Computer Hardware	**6,000.00**	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00	$ 500.00
Services													
Legal Services	**8,400.00**	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00	$ 700.00
Computer	**16,140.00**	$ 5,012.00	$ 1,012.00	$ 1,012.00	$ 1,012.00	$ 1,010.00	$ 1,012.00	$ 1,012.00	$ 1,012.00	$ 1,012.00	$ 1,012.00	$ 1,012.00	$ 1,010.00
Misc. & Contracts	**14,000.00**	$ 1,000.00	$ 1,000.00	$ 2,000.00	$ 2,000.00	$ 1,000.00	$ 1,000.00		$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 1,000.00	$ 2,000.00
Telephone													
Mileage	**81,760.00**	$ 6,880.00	$ 6,780.00	$ 6,780.00	$ 6,880.00	$ 6,780.00	$ 6,780.00	$ 6,880.00	$ 6,780.00	$ 6,780.00	$ 6,880.00	$ 6,780.00	$ 6,780.00
Professional Travel and Training	**16,800.00**	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00	$ 1,400.00
Conference - Program Meals/Lodging	**40,750.00**	$ 2,575.00	$ 2,575.00	$ 3,075.00	$ 6,975.00	$ 2,575.00	$ 2,575.00	$ 3,575.00	$ 2,575.00	$ 2,575.00	$ 6,575.00	$ 2,575.00	$ 2,525.00
Other (Train/Plane/Boat/Parking)	**10,200.00**	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00
Advertising - Newspapers	**3,800.00**	$ 150.00	$ 150.00	$ 650.00	$ 150.00	$ 150.00	$ 650.00	$ 150.00	$ 150.00	$ 650.00	$ 150.00	$ 150.00	$ 650.00
Advertising - Other	**7,900.00**	$ 350.00	$ 450.00	$ 450.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 1,050.00	$ 550.00	$ 450.00	$ 350.00
Insurance	**5,700.00**					$ 5,700.00							
Printing - Office	**7,900.00**	$ 150.00	$ 1,600.00	$ 600.00	$ 150.00	$ 1,600.00	$ 600.00	$ 150.00	$ 100.00	$ 600.00	$ 1,650.00	$ 100.00	$ 600.00
Printing - Copier	**13,700.00**	$ 850.00	$ 850.00	$ 1,350.00	$ 1,850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 850.00	$ 2,850.00	$ 850.00	$ 850.00
Dues and Memberships	**3,300.00**				$ 3,300.00								
Subscriptions	**658.00**	$ 298.00			$ 360.00								
Other Expenditures	**165,348.86**	$ 1,291.56	$ 11,894.13	$ 15,291.56	$ 31,736.56	$ 8,794.13	$ 10,691.56	$ 14,291.56	$ 3,591.56	$ 13,391.56	$ 49,491.56	$ 1,291.56	$ 3,591.56
CDHD Hosting Fee 15%	**212,322.33**	$ 16,158.80	$ 16,744.49	$ 17,494.10	$ 21,949.85	$ 17,194.19	$ 17,179.10	$ 18,274.10	$ 15,934.10	$ 17,014.10	$ 23,884.10	$ 14,929.10	$ 15,566.30
Grand total	**$ 1,627,804.52**	**$ 123,884.14**	**$ 128,374.39**	**$ 134,121.44**	**$ 168,282.19**	**$ 131,822.09**	**$ 131,706.44**	**$ 140,101.44**	**$ 122,161.44**	**$ 130,441.44**	**$ 183,111.44**	**$ 114,456.44**	**$ 119,341.64**

FE Portal Account Expenses

Budget Line Item	Totals Budgeted	Jan-19	Feb-19	Mar-19	April-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Operations													
OHSU	**72,000.00**	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00	$ 6,000.00
Program Evaluation (TBD)	**60,000.00**	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00
Program Evaluation (Pathways Hub)	**60,000.00**	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00
Public Health Seattle King County(Data)	**24,000.00**	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00
Xpio	**20,000.00**	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Feldsman Tucker Leifer Fidell LLP	**40,000.00**	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
** Asset Mapping (TBD)*	**52,800.00**	$ -	$ -	$ 25,000.00	$ 18,000.00	$ 2,450.00	$ 2,450.00	$ 2,450.00	$ 2,450.00	$ -	$ -	$ -	$ -
Workforce Development	**41,000.00**	$ 4,000.00	$ 4,000.00	$ 4,000.00	$ 14,625.00	$ 625.00	$ 625.00	$ 625.00	$ 625.00	$ 625.00	$ 10,000.00	$ 625.00	$ 625.00
Communications and Outreach													
Training (TBD)	**10,000.00**	$ 10,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lead Agencies (CHIs)	**150,000.00**	$ -	$ -	$ 37,500.00	$ -	$ -	$ 37,500.00	$ -	$ -	$ 37,500.00	$ -	$ -	$ 37,500.00
** CHI Partner Payments*	**450,000.00**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 112,500.00	$ 112,500.00	$ 112,500.00	$ 112,500.00
Whole Person Care Collaborative													
Qualis Health	**99,285.00**	$ -	$ 19,857.00	$ 19,857.00	$ 19,857.00	$ 19,857.00	$ 19,857.00	$ -	$ -	$ -	$ -	$ -	$ -
Shift Results	**53,820.00**	$ 8,970.00	$ 8,970.00	$ 8,970.00	$ 8,970.00	$ 8,970.00	$ 8,970.00	$ -	$ -	$ -	$ -	$ -	$ -
CCMI - Advising	**186,000.00**	$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 11,000.00	$ 11,000.00	$ 11,000.00	$ 11,000.00	$ 11,000.00	$ 11,000.00
Learning Activities	**246,640.00**	$ -	$ 29,880.00	$ 29,805.00	$ 11,355.00	$ 7,000.00	$ 38,940.00	$ 2,500.00	$ 8,260.00	$ 8,260.00	$ 46,660.00	$ 48,980.00	$ 15,000.00
CSI - portal & TA	**75,992.00**	$ 24,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00	$ 4,666.00
Learning Community - fixed	**1,080,000.00**	$ -	$ -	$ 270,000.00	$ -	$ -	$ 270,000.00	$ -	$ -	$ 270,000.00	$ -	$ -	$ 270,000.00
Learning Community - variable	**2,080,000.00**	$ -	$ -	$ 520,000.00	$ -	$ -	$ 520,000.00	$ -	$ -	$ 520,000.00	$ -	$ -	$ 520,000.00
Pathways Hub													
Community Choice - Hub Lead Agency	**1,426,612.00**	$ 98,557.33	$ 72,557.33	$ 72,557.33	$ 158,589.33	$ 106,589.33	$ 106,589.33	$ 135,433.33	$ 109,433.33	$ 109,433.33	$ 186,957.33	$ 134,957.33	$ 134,957.33
Transitional Care and Diversion Intervention													
Confluence Health (TCM Trainer)	**55,000.00**	$ 7,858.00	$ 7,857.00	$ 7,857.00	$ 7,857.00	$ 7,857.00	$ 7,857.00	$ 7,857.00	$ -	$ -	$ -	$ -	$ -
Additional Hospital Contractor Payment (TBD)	**20,000.00**	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EMS Contractor Payments(TBD)	**60,000.00**	$ 15,000.00	$ -	$ 15,000.00	$ -	$ 15,000.00	$ -	$ 15,000.00	$ -	$ -	$ -	$ -	$ -
TCDI Hospital Partner Funds	**234,626.40**	$ 117,313.20	$ -	$ -	$ -	$ -	$ -	$ 117,313.20	$ -	$ -	$ -	$ -	$ -
EMS Partners Payments	**240,000.00**	$ -	$ -	$ 60,000.00	$ -	$ -	$ 60,000.00	$ -	$ -	$ 60,000.00	$ -	$ -	$ 60,000.00
Emerging Initiatives Approval (CCOW)	**20,000.00**	$ 20,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
** Other TCDI Initiatives*	**370,000.00**	$ -	$ -	$ 92,500.00	$ -	$ -	$ 92,500.00	$ -	$ -	$ 92,500.00	$ -	$ -	$ 92,500.00
Opioid Project													
Rapid Cycle Applications	**100,000.00**	$ 50,000.00	$ -	$ -	$ -	$ -	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -
Public Awareness Contract	**30,000.00**	$ 30,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
School Based Prevention Contracts	**50,000.00**	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ -	$ -	$ -	$ -	$ -
** Other Opioid Initiatives (TBD)*	**15,000.00**	$ 15,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand total	**$ 7,422,775.40**	**$ 459,364.53**	**$ 205,787.33**	**$ 1,225,712.33**	**$ 301,919.33**	**$ 211,014.33**	**$ 1,257,954.33**	**$ 364,844.53**	**$ 154,434.33**	**$ 1,244,484.33**	**$ 389,783.33**	**$ 330,728.33**	**$ 1,276,748.33**

Total Budget	**$ 9,050,579.92**	**$ 583,248.67**	**$ 334,161.73**	**$ 1,359,833.77**	**$ 470,201.52**	**$ 342,836.43**	**$ 1,389,660.77**	**$ 504,945.97**	**$ 276,595.77**	**$ 1,374,925.77**	**$ 572,894.77**	**$ 445,184.77**	**$ 1,396,089.97**

"*" asterisks - This means a line item will need to go back to the Board in 2019 for further approval prior to any funds being expended.

DSRIP Pay-for-Performance (P4P) Metrics
Baseline Year 1 (CY 2017) Metric Results and Improvement Targets for Performance Year 1 (CY 2019)

Delivered on October 26, 2018

Interpretation Guidance

Baseline Measurement Year 1: January 1, 2017 to December 31, 2017

Performance Year 1: January 1, 2019 to December 31, 2019

See the DSRIP Measurement Guide for detailed information about measure specifications, regional attribution, and improvement target calculation. The Measurement Guide can be found at: https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf.

Intended Use

This baseline report is intended to communicate Baseline Year 1 (CY 2017) Pay-For-Performance (P4P) metric results to ACHs. All P4P metrics that are active for Performance Year 1 (CY 2019) are shown in this report. If no results are displayed for a metric or submetric, the ACH is not accountable for the corresponding metric or submetric for Performance Year 1 (CY 2019).

Field Definitions

Metric	Name of P4P metric.
Metric or submetric results used to determine achievement value	Submetrics associated with the metric to determine Achievement Value (AV).
Project Affiliation	P4P metric project affiliation is also reported. Each P4P metric can be affiliated with multiple projects. A metric that is associated with multiple projects will generate the equivalent number of AVs.
State CY 2017 Results (Rate or %)	Statewide results on active P4P metrics. These metrics are shown for reference, and are not associated with statewide accountability metric results.
Absolute Benchmark	Absolute benchmark for gap-to-goal metrics; set at the 90th percentile for Medicaid, as calculated annually by NCQA Quality Compass. "NULL" indicates the metric is not a gap-to-goal metric.
ACH CY 2017 Results (Rate or %)	P4P metric and submetric baseline results. Click on the relevant cell to display the full, unrounded number. Note: - If the value of the metric or submetric is "NULL," the ACH is not responsible for the metric or submetric. - There are a few cases when the number of beneficiaries in the numerator is zero (0) for an improvement-over-self metric or submetric, resulting in an improvement target of 0% (e.g., Substance Use Disorder Treatment Penetration (Opioid) Age 65+ submetric).The ACH is still responsible for that metric or submetric.
ACH Improvement Target for CY 2019 (Rate or %)	P4P metric and submetric improvement targets. Note: Metric or submetric result(s) are not displayed if an ACH Baseline Year 1 (CY 2017) P4P metric or submetric result is above the corresponding benchmark for Performance Year 1 (CY 2019), and the ACH is not responsible for that metric or submetric during Performance Year 1 (CY 2019).

Additional Information

A supplemental baseline report will be provided to the ACHs that selected Project 3C: Access to Oral Health Services. The dental metrics are on a different timeline for this production cycle only due to additional production capacity building and validation that is needed for these metrics. This will not affect payment timelines during the performance year. The anticipated release date of the supplemental baseline report is mid-December 2018.

All metric results, for active and inactive P4P metrics regardless of ACH project selection, will be provided through the Healthier Washington Dashboard (publically available dashboard) and the Healthier Washington Measures Report and the Healthier Washington Dataset (Category 2 data products that will be provided to the ACHs via their Data Sharing Agreements).

DSRIP Pay-for-Performance (P4P) Metrics
Baseline Year 1 (CY 2017) Metric Results and Improvement Targets for Performance Year 1 (CY 2019)

Metric	Metric or submetric results used to determine achievement value	Project Affiliation								State	Absolute Benchmark	North Central ACH	
		2A	2B	2C	2D	3A	3B	3C	3D	CY 2017 Results (Rate or %)		CY 2017 Baseline (Rate or %)	Improvement Target for CY 2019 (Rate or %)
DSRIP Pay-For-Performance Metrics													
All Cause Emergency Department Visits per 1,000 Member Months	All-Cause ED Visits, per 1000 MM - ages 0-17	X	X	X	X	X	X	X	X	35.53456189	NULL	28.41690063	27.87695503
	All-Cause ED Visits, per 1000 MM - ages 18 - 64									66.11442646	NULL	50.39459991	49.43713379
	All-Cause ED Visits, per 1000 MM - ages 65+									54.26356589	NULL	57.34410095	56.25452805
Antidepressant Medication Management	Antidepressant Medication management – Acute (12 weeks)	X								51.18651425	63.6	46.12400055	47.87162781
	Antidepressant Medication management - Continuation (6 months)									35.83055998	49.1	32.17050171	33.86348724
Children's and Adolescents' Access to Primary Care Practitioners	Children's and Adolescents' Access to Primary Care Practitioners - ages 12-24 months	X							X	96.65801502	97.89	97.26249695	97.32529449
	Children's and Adolescents' Access to Primary Care Practitioners - ages 25 months - 6 years									87.49747744	93.2	92.09559631	92.20601654
	Children's and Adolescents' Access to Primary Care Practitioners - 7-11 years									91.94630515	96.1	95.54589844	95.60129547
	Children's and Adolescents' Access to Primary Care Practitioners - 12-19 years									91.8927396	96.1	96.37056202	96.1
Chlamydia Screening in Women	Chlamydia Screening in Women						X			52.94827805	71.5	NULL	NULL
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Testing	X							X	84.7107612	95.36	88.05750275	88.78773499
Comprehensive Diabetes Care: Medical Attention for Nephropathy	Comprehensive Diabetes Care: Medical Attention for Nephropathy	X							X	87.18423712	94.91	89.2963028	89.85769653
Medication Management for People with Asthma: Medication Compliance 75%	Medication Management for People with Asthma: Medication Compliance 75%	X							X	33.21499574	50	27.5916996	29.8325367
Mental Health Treatment Penetration (Broad Version)	Mental Health Treatment Penetration (Broad Version) - 6-17 years	X	X				X			63.46869228	NULL	60.75049973	61.90478516
	Mental Health Treatment Penetration (Broad Version) - 18-64 years									46.45603321	NULL	44.14189911	44.98057938
	Mental Health Treatment Penetration (Broad Version) - 65+ years									31.55893536	NULL	38.88890076	39.6277771
Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions	Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions					X				22.97122629	NULL	21.2772007	20.87290764
Patients Prescribed High-dose Chronic Opioid Therapy	Patients Prescribed High-dose Chronic Opioid Therapy: >50 mg MED in a calendar quarter					X				34.39686994	NULL	32.41849899	31.80252647
	Patients Prescribed High-dose Chronic Opioid Therapy: >90 mg MED in a calendar quarter									17.1990172	NULL	15.16300011	14.87494564
Percent Homeless (Narrow Definition)	Percent Homeless (Narrow Definition) - 0-17 years		X	X	X					0.724590898	NULL	0.210299999	0.206340149
	Percent Homeless (Narrow Definition) - 18-64 years									5.082436183	NULL	2.636699915	2.586598396
	Percent Homeless (Narrow Definition) - 65+ years									1.517450683	NULL	0.947899997	0.92985779
Plan All-Cause Hospital Readmissions (30 Days)	Plan All-Cause Hospital Readmissions (30 Days)	X	X	X						13.81458714	NULL	10.28849983	10.09298038
Substance Use Disorder Treatment Penetration	Substance Use Disorder Treatment Penetration - 12-17 years	X	X				X			32.54066042	NULL	28.28949928	28.82697296
	Substance Use Disorder Treatment Penetration - 18 -64 years									29.91460911	NULL	22.29509926	22.71868896
	Substance Use Disorder Treatment Penetration - 65 years									8	NULL	16.66670036	16.98333359
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life						X			63.10120015	85.04	NULL	NULL

North Central ACH Pay for Performance (P4P) Measure Dashboard

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

Measures active in 2019	ACH Performance	Statewide Performance	Relative to State
All-Cause ED Visits, per 1000 MM - ages 0-17 ↓	28.4	35.5	🟢
All-Cause ED Visits, per 1000 MM - ages 18 – 64 ↓	50.4	66.1	🟢
All-Cause ED Visits, per 1000 MM - ages 65+ ↓	57.3	54.3	🟡
Antidepressant Medication management – Acute (12 weeks)	46.1	51.2	🔴
Antidepressant Medication management - Continuation (6 months)	32.2	35.8	🔴
Children's and Adolescents' Access to Primary Care Practitioners - ages 12-24 months	97.3	96.7	🟢
Children's and Adolescents' Access to Primary Care Practitioners - ages 25 months - 6 years	92.1	87.5	🟢
Children's and Adolescents' Access to Primary Care Practitioners - 7-11 years	95.5	91.9	🟢
Children's and Adolescents' Access to Primary Care Practitioners - 12-19 years	96.4	91.9	🟢
Comprehensive Diabetes Care: Hemoglobin A1c Testing	88.1	84.7	🟢
Comprehensive Diabetes Care: Medical Attention for Nephropathy	89.3	87.2	🟢
Medication Management for People with Asthma: Medication Compliance 75%	27.6	33.2	🔴
Mental Health Treatment Penetration (Broad Version) - 6-17 years	60.8	63.5	🟡
Mental Health Treatment Penetration (Broad Version) - 18-64 years	44.1	46.5	🟡
Mental Health Treatment Penetration (Broad Version) - 65+ years	38.9	31.6	🟢

↓ Lower rate indicates better performance

Legend

- 🟢 Performance is at or above statewide
- 🟡 Performance is below statewide
- 🔴 Lowest ACH performer in the State

North Central Medicaid population

Number of Medicaid enrollees for measurement year: 92, 539

Data sources used include: Healthier Washington Data Dashboard

The first year ACHs will be held accountable for P4P measures is CY 2019. Performance in CY 2019 will be compared to baseline, CY 2017, which is what is presented here in the ACH performance column. Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

North Central ACH Pay for Performance (P4P) Measure Dashboard – County Comparison

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

Measures active in 2019	Chelan to State	Douglas to State	Grant to State	Okanogan to State
All-Cause ED Visits, per 1000 MM - ages 0-17 ↓	27	26	28	34
All-Cause ED Visits, per 1000 MM - ages 18 – 64 ↓	47	45	55	52
All-Cause ED Visits, per 1000 MM - ages 65+ ↓	50	N/A	77	53
Antidepressant Medication management – Acute (12 weeks)	51	44	42	47
Antidepressant Medication management - Continuation (6 months)	35	33	29	33
Children's and Adolescents' Access to Primary Care Practitioners - ages 12-24 months	98	98	98	95
Children's and Adolescents' Access to Primary Care Practitioners - ages 25 months - 6 years	92	93	93	90
Children's and Adolescents' Access to Primary Care Practitioners - 7-11 years	95	96	96	96
Children's and Adolescents' Access to Primary Care Practitioners - 12-19 years	96	98	96	97
Comprehensive Diabetes Care: Hemoglobin A1c Testing	89	88	87	89
Comprehensive Diabetes Care: Medical Attention for Nephropathy	88	87	90	91
Medication Management for People with Asthma: Medication Compliance 75%	31	26	26	27
Mental Health Treatment Penetration (Broad Version) - 6-17 years	61	62	60	62
Mental Health Treatment Penetration (Broad Version) - 18-64 years	48	48	41	43
Mental Health Treatment Penetration (Broad Version) - 65+ years	N/A	N/A	N/A	N/A

Legend

- Performance is at or above statewide
- Performance is below statewide

County	Number of Medicaid Enrollees	% of County Population on Medicaid
Chelan	25,355	33
Douglas	13,243	32
Grant	36,943	39
Okanogan	16,998	40

↓ Lower rate indicates better performance

N/A Indicates that county level metric reporting were suppressed due to small and/or unstable numbers

Data sources used include: Healthier Washington Data Dashboard

Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

North Central ACH Pay for Performance (P4P) Measure Dashboard

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

Measures active in 2019	ACH Performance	Statewide Performance	Relative to State
Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions ↓	21.3	23.0	
Patients Prescribed High-dose Chronic Opioid Therapy: >50 mg MED in a calendar quarter ↓	32.4	34.4	
Patients Prescribed High-dose Chronic Opioid Therapy: >90 mg MED in a calendar quarter ↓	15.2	17.2	
Percent Homeless (Narrow Definition) - 0-17 years ↓	0.2	0.7	
Percent Homeless (Narrow Definition) - 18-64 years ↓	2.6	5.1	
Percent Homeless (Narrow Definition) - 65+ years ↓	0.9	1.5	
Plan All-Cause Hospital Readmissions (30 Days) ↓	10.3	13.8	
Substance Use Disorder Treatment Penetration - 12-17 years	28.3	32.5	
Substance Use Disorder Treatment Penetration - 18 -64 years	22.3	29.9	
Substance Use Disorder Treatment Penetration – 65+ years	16.7	8.0	

↓ Lower rate indicates better performance

Legend

- Performance is at or above statewide
- Performance is below statewide
- Lowest ACH performer in the State

North Central Medicaid population

Number of Medicaid enrollees for measurement year: 92, 539

Data sources used include: Healthier Washington Data Dashboard

The first year ACHs will be held accountable for P4P measures is CY 2019. Performance in CY 2019 will be compared to baseline, CY 2017, which is what is presented here in the ACH performance column. Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

North Central ACH Pay for Performance (P4P) Measure Dashboard – County Comparison

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

Measures active in 2019	Chelan to State	Douglas to State	Grant to State	Okanogan to State
Patients Prescribed Chronic Concurrent Opioids and Sedatives Prescriptions ↓	21	21	23	18
Patients Prescribed High-dose Chronic Opioid Therapy: >50 mg MED in a calendar quarter ↓	30	36	36	26
Patients Prescribed High-dose Chronic Opioid Therapy: >90 mg MED in a calendar quarter ↓	16	15	16	13
Percent Homeless (Narrow Definition) - 0-17 years ↓	N/A	0	0	N/A
Percent Homeless (Narrow Definition) - 18-64 years ↓	3	2	3	2
Percent Homeless (Narrow Definition) - 65+ years ↓	N/A	N/A	N/A	N/A
Plan All-Cause Hospital Readmissions (30 Days) ↓	10	10	12	7
Substance Use Disorder Treatment Penetration - 12-17 years	38	34	18	25
Substance Use Disorder Treatment Penetration - 18 -64 years	25	29	17	23
Substance Use Disorder Treatment Penetration – 65+ years	N/A	N/A	N/A	N/A

↓ Lower rate indicates better performance

N/A Indicates that county level metric reporting were suppressed due to small and/or unstable numbers

Legend

- Performance is at or above statewide
- Performance is below statewide

County	Number of Medicaid Enrollees	% of County Population on Medicaid
Chelan	25,355	33
Douglas	13,243	32
Grant	36,943	39
Okanogan	16,998	40

Data sources used include: Healthier Washington Data Dashboard

Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

North Central ACH Pay for Performance (P4P) Measure Dashboard

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

The following are measures North Central ACH (NC ACH) will be responsible for in the following calendar years during the Medicaid Transformation project. Currently, in calendar year 2017, these measures are 'inactive.'

Measures active in 2020	ACH Performance	Statewide Performance	Relative to State
Acute Hospital Utilization ↓	50	58	🟢
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	56	43	🟢
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 7 days	23	25	🟡
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30 days	34	34	🟢
Follow-up After Emergency Department Visit for Mental Illness: 7 days	85	65	🟢
Follow-up After Emergency Department Visit for Mental Illness: 30 days	90	75	🟢
Follow-up After Hospitalization for Mental Illness: 7 days	76	66	🟢
Follow-up After Hospitalization for Mental Illness: 30 days	88	81	🟢
Percent Arrested ↓	7	7	🟢
Statin Therapy for Patients with Cardiovascular Disease (Prescribed)	81	78	🟢
Substance Use Disorder Treatment Penetration (Opioid) - 18- 64 years	N/A	N/A	N/A
Substance Use Disorder Treatment Penetration (Opioid) – 65+ years	N/A	N/A	N/A

Legend

- 🟢 Performance is at or above statewide
- 🟡 Performance is below statewide
- 🔴 Lowest ACH performer in the State

North Central Medicaid population

Number of Medicaid enrollees for measurement year: 92, 539

↓ Lower rate indicates better performance
N/A Indicates that the metric has not yet been reported by HCA/WA State

Data sources used include: Healthier Washington Data Dashboard

Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

North Central ACH Pay for Performance (P4P) Measure Dashboard

Measurement Period: Baseline Year 1 (Calendar Year 2017) Metric Results

North Central Accountable Community of Health

The following are measures North Central ACH (NC ACH) will be responsible for in the following calendar years during the Medicaid Transformation project. Currently, in calendar year 2017, these measures are 'inactive.'

Measures active in 2020	Chelan to State	Douglas to State	Grant to State	Okanogan to State
Acute Hospital Utilization ↓	48	44	50	55
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	62	64	48	57
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 7 days	28	24	18	20
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 30 days	43	43	24	25
Follow-up After Emergency Department Visit for Mental Illness: 7 days	90	90	80	80
Follow-up After Emergency Department Visit for Mental Illness: 30 days	93	94	85	86
Follow-up After Hospitalization for Mental Illness: 7 days	70	79	68	86
Follow-up After Hospitalization for Mental Illness: 30 days	87	90	86	89
Percent Arrested ↓	6	6	8	8
Statin Therapy for Patients with Cardiovascular Disease (Prescribed)	74	92	80	83
Substance Use Disorder Treatment Penetration (Opioid) - 18- 64 years	N/A	N/A	N/A	N/A
Substance Use Disorder Treatment Penetration (Opioid) – 65+ years	N/A	N/A	N/A	N/A

↓ Lower rate indicates better performance

N/A Indicates that the metric has not yet been reported by HCA/WA State

Legend

- Performance is at or above statewide
- Performance is below statewide

County	Number of Medicaid Enrollees	% of County Population on Medicaid
Chelan	25,355	33
Douglas	13,243	32
Grant	36,943	39
Okanogan	16,998	40

Data sources used include: Healthier Washington Data Dashboard

Statewide results on active P4P metrics are shown for reference, and are not associated with statewide accountability metric results.

Board Decision Form

TOPIC: *Regional Opioid Stakeholders Workgroup Charter*

PURPOSE: *Revise Regional Opioid Stakeholders Workgroup Charter to allow NCW Addiction and Treatment Stakeholders group to merge with NCACH Opioid Workgroup*

BOARD ACTION:

☐ Information Only

☑ Board Motion to approve/disapprove

BACKGROUND:

The NCACH Opioid Workgroup was formed in October 2017 in order to form implementation plans, develop funding criteria and proposals, and monitor overall progress of the Opioid Project. In September, the North Central Washington Addiction and Treatment Stakeholders Group requested to merge with the NCACH Workgroup. NCACH staff and the Workgroup feel this merge is beneficial to both groups by increasing communication among stakeholders and removing duplication of meetings. In order to facilitate this merge, the NCACH Opioid Workgroup Charter needs to be revised.

PROPOSAL:

Motion to approve updated NCACH Regional Opioid Stakeholders Workgroup Charter (attached).

IMPACT/OPPORTUNITY (fiscal and programmatic): *The approval of the updated charter will allow the NCW Addiction and Treatment Stakeholders group to merge with the NCACH Opioid Workgroup. Changes to the charter include:*

- *Workgroup membership is open to any stakeholder/partner who signs the Membership Agreement and agrees to Member Responsibilities*
- *Removal of the 75% attendance requirement*
- *Meetings are open to everyone*
- *Language was changed to remove the term "Demonstration" from the charter*

TIMELINE:

Updated charter will take effect immediately upon approval by the Governing Board.

RECOMMENDATION:

Submitted By: Regional Opioid
Submitted Date: Workgroup 11/26/2018
Staff Sponsor: Christal Eshelman

North Central Accountable Community of Health

Regional Opioid Stakeholder Workgroup Charter

Background

On January 9th, 2017 the Washington State Health Care Authority (HCA) signed an 1115 Waiver, now known as the Medicaid Transformation ~~Demonstration~~ Project (MTP). The goal of the ~~Demonstration~~MTP is to improve care, increase efficiency, reduce costs and integrate Medicaid contracting. To align clinical integration with payment integration within the ~~Demonstration Project~~MTP, HCA developed the Medicaid ~~Demonstration~~ Transformation Project Toolkit. One of the projects that all ACHs are required to select is to address the opioid use public health crisis. The project objective, as described in the toolkit, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, and recovery supports.

Charge

The Regional Opioid Stakeholder Workgroup will ensure that the North Central region implements effective evidence based practices that align with the milestones and approaches described in the Toolkit that will result in reducing opioid-related morbidity and mortality in North Central Washington. Specifically the Workgroup will complete the following:

- A primary aspect of this Workgroup's approach will be to support and work through the Local Opioid Stakeholder Groups already working in Chelan-Douglas, Grant, and Okanogan Counties to promote connections to existing opioid efforts in the region, leverage current capacity, and address identified gaps.
- Provide specific recommendations to the NCACH Governing Board and staff on approaches to take for opioid prevention, treatment, overdose prevention, and recovery projects.
- As much as possible, ensure opioid projects and approaches align with all six projects NCACH selected to implement.
- Collect, synthesize, and use stakeholder and community input on opioid project planning and implementation.
- Determine how opioid prevention and treatment work is able to be financially sustainable after the ~~Demonstration~~ Medicaid Transformation period.
- As much as possible, ensure projects effectively connect patients with resources to mitigate the negative consequences of the social determinants of health.
- Identify how IT, workforce, and value-based payment strategies can support this project.

Composition

The Regional Opioid Stakeholder Workgroup will include representatives from Grant, Chelan, Douglas, and Okanogan Counties. Workgroup membership is not a prerequisite to receiving funding through the ~~Demonstration~~Medicaid Transformation Project. As of January 2019, the Regional Opioid Stakeholders Workgroup membership is open to any stakeholder who signs the Membership Agreement and agrees to Member Responsibilities listed below. ~~Each of the Local Opioid Stakeholders Group will be asked to identify three members to participate in the Regional Opioid Stakeholder Workgroup.~~ The Executive ~~Committee~~ Director and NCACH staff will work to identify and ensure member representation from:~~will recommend to the Governing Board additional members as needed to assure representation from:~~

- Emergency Medical Services (EMS) and First Responders

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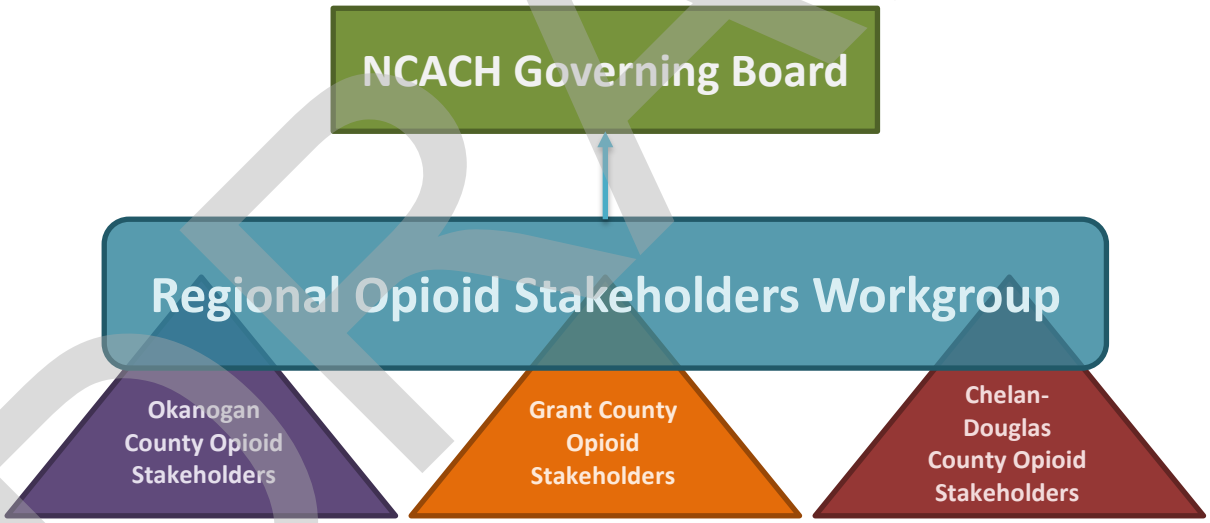
- Law Enforcement
- Regional Justice Centers (Jails) and Juvenile Court
- Education
- Public Health
- Emergency Departments (Hospitals)
- Primary Care
- Behavioral Health
- Managed Care Organizations (*Operating in all 4 NCACH counties after Jan. 1, 2018*)
- Behavioral Health Administrative Service Organization
- Dental
- Pharmacy
- Tribal

When the Regional Opioid Stakeholders Workgroup was formed in 2017, there were various local stakeholder groups already established in the NCACH region (see diagram below). As of December 2018, the North Central Washington Opioid Addiction and Treatment Stakeholders Group has merged with the NCACH Regional Opioid Stakeholders Workgroup. In response to this merger, Workgroup membership and meeting agendas have evolved to reflect to the new composition and allow increased opportunity for collaboration and sharing during Workgroup meetings.



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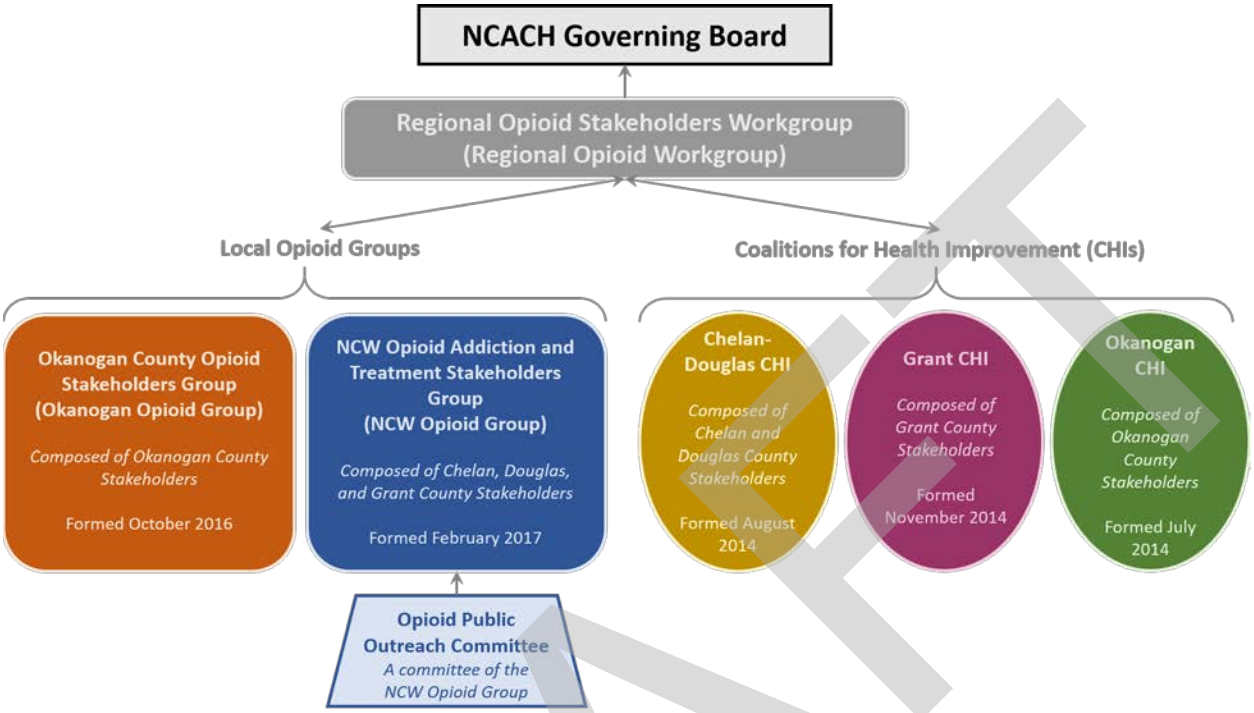

~~Additional representation will be added to the Workgroup by the Executive Director if it is deemed necessary.~~ A Workgroup Chair will be appointed by the Executive Director. The Regional Opioid Stakeholder Workgroup is a sub-committee of the ACH board, and as such will be led by the Workgroup Chair and NCACH staff and must have a minimum of two board members serving on the Workgroup.

Meetings

Regional Opioid Stakeholders Workgroup meetings will be held once per month, with additional meetings scheduled as necessary. Meetings will be held in Chelan, Douglas, Grant, and Okanogan Counties; locations will vary and an effort will be made to hold meetings in each of the Local ~~Helath~~Health Jurisdictions throughout the year. Whenever possible, meetings will have an option to participate via teleconference or audioconference for those unable to attend in person, although in-person participation is encouraged. NCACH program staff and the Workgroup Chair shall be responsible for establishing the agendas. Notes for all meetings will be provided to the Workgroup by NCACH staff within two weeks of each meeting. Monthly meetings will be open and meeting minutes and materials will be posted on the NCACH website (www.ncach.org).

Member Responsibilities

1. ~~Attend at least 75% of regular meetings of the Workgroup and actively participate in the work of the Workgroup.~~
2. ~~2.~~1. Sign a Membership Agreement (attachment A).
3. ~~3.~~2. Members who are active in Local Opioid Stakeholder Groups ~~representatives members~~ are expected to report Workgroup progress at County Stakeholder meeting to ensure bi-directional communication and provide direction to Regional Opioid Workgroup.

~~4.~~3. Work with Local Opioid Stakeholders Groups on the Opioid Project planning and implementation for the Medicaid Transformation~~Demonstration~~ Project.
~~5.~~4. Assess current state capacity to deliver effective opioid use prevention and treatment interventions.
~~6.~~5. Select initial promising practices and/or evidence-supported approaches informed by the regional health needs assessment.
~~7.~~6. Review prepared data to recommend target population(s), guide project planning and implementation, and promote continuous quality improvement.
~~8.~~7. Assist in identifying, recruiting, and securing formal commitments for participation from implementation partners via a written agreement specific to the role each organization and/or provider will perform in the selected approach.
~~9.~~8. Recommend to the Board a project implementation plan, including a financial sustainability model and how projects will be scaled to full region in advance of HCAs project implementation deadline.
~~10.~~9. Monitor project implementation plan, including scaling of implementation plan across region, and provide routine updates and recommended adjustments of the implementation plan to the NCACH Governing Board.
~~11.~~10. Develop and recommend a process for primary care and outpatient behavioral health partners involved in the implementation of the Opioid Project to receive Medicaid ~~Demonstration~~ Transformation funds.
~~12.~~11. Collaborate with NCACH staff on data and reporting needs related to ~~Demonstration~~ Medicaid Transformation Project metrics, and on the application of continuous quality improvement methods in this project.
~~13.~~12. Use strategies, that are supported by regional data, to advance equity and reduce disparities in the development and implementation of the Opioid Project.

Authority

The Regional Opioid Stakeholders Workgroup is an advisory body that will inform decision-making by the NCACH Governing Board and ensure regional priorities and local considerations are incorporated in program design decisions. Recommendations and input developed by the Workgroup will be shared in regular monthly progress reports to the NCACH Governing Board.

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North Central Accountable Community of Health

North Central Accountable Community of Health
Regional Opioid Stakeholder Workgroup
(Attachment A)

Membership Agreement

I acknowledge by my signature of this membership agreement that I have read, understood, and agreed to follow the guidelines and policies outlined in the North Central Accountable Community of Health Regional Opioid Stakeholder Workgroup Charter.

I understand that continued membership in the Workgroup is contingent on following the requirements of membership that are outlined in the Charter. Not meeting the requirements for membership could result in the loss of my membership status in the Workgroup.

Dated: _____ Signed: _____

Print Name: _____

Title: _____

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North Central Accountable Community of Health

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

November, 2018

Key Meeting Outcomes

- **The NCACH Regional Opioid Stakeholders Workgroup has decided to merge with the North Central Washington Opioid Addiction and Treatment Stakeholders Group. In order to accommodate this merge, the Workgroup has proposed several changes to the existing Charter.**
- **The Workgroup elected to have 6 workgroup meetings in 2019 (reflected in the proposed revised Workgroup Charter). The proposed meeting schedule is attached.**
- **The first round of the 2019 Rapid Cycle Opioid Applications were due on Nov 2nd. Nine applications were received requesting a total of $78,058.20. The Workgroup has selected 5 applicants (based on scoring by the Application Evaluation Committee) to be funded in January 2019. See attachment for description of funded projects. NCACH staff are now working to execute MOUs with each of the funded applicants.**
- **An RFP for Opioid Awareness and Education Marketing Campaign was issued on November 26th. The applications are due to Christal Eshelman (christal.eshelman@cdhd.wa.gov) by 5:00pm on December 31st. The expected contract term is Feb 1 – Dec 31, 2019. The full RFP is attached.**
- **The North Central WA Opioid Response Conference (Distributed Conference Model) is scheduled for March 15th. The Workgroup selected Prevention as the theme for this conference. A planning committee has been established and will be identifying keynote speakers, sites and site facilitators, and action plan activities. Let Christal Eshelman (christal.eshelman@cdhd.wa.gov) know if you would like to join the planning committee.**
- **The Workgroup received presentations by 5 of the 2018 Rapid Cycle Opioid Awardees.**

Upcoming Meetings

December 21st	Regional Opioid Stakeholders Workgroup
February 15th	Regional Opioid Stakeholders Workgroup
March 15th	Opioid Response Conference
April 19th	Regional Opioid Stakeholders Workgroup

Attachments

1. Funded 2019 Round 1 Rapid Cycle Opioid Applications
2. 2019 Opioid Stakeholders Workgroup Schedule
3. Request for Proposals for Opioid Awareness and Education Marketing Campaign

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicants

9 Applicants Requesting $78,058.20

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicant

BLS Intranasal Naloxone Administration and Training Program

Lake Chelan Community Hospital

Contributing Organizations

- Lake Wenatchee Fire and Rescue, Cascade Medical Center, Ballard Ambulance, Waterville Ambulance, Cashmere Fire Department, CCFD #1, #3, #5, #6, #7, #8, Lifeline Ambulance, DCFD#2, #4, #5
- *Beacon Occupational Health - Holden Mine, Chelan County PUD, Mission Ridge Ski Patrol, Stevens Pass Mountain Resort, Wenatchee Super Oval, Wenatchee Valley Repellers, Wenatchee Emergency Physicians*

Goal: Increase availability and knowledge of Naloxone to BLS EMS responders and decrease number of opioid overdose deaths

Project Description:

- Develop BLS Intranasal Naloxone protocol for Chelan and Douglas Counties
- Provide opioid and naloxone training for all 22 EMS agencies within Chelan and Douglas Counties regarding proper administration of intranasal naloxone

Funding Requested: $8,160

Counties Served: Chelan, Douglas

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicant

Syringe Services Program in Grant County

Grant County Health District

Contributing Organizations

- Grant Integrated Services
- Moses Lake Community Health Center
- Washington State Department of Health
- Alcohol and Drug Abuse Institute
- Quincy Police Department
- *Moses Lake Police Department*
- *Center for Opioid Safety Education*
- *University of Washington*

Goal: Use harm reduction framework that meets the clients where they are in their desire for treatment, wound care, and access to other healthcare needs

Project Description:

- Expand current SSP to Soap Lake, Ephrata, and Quincy
- SSP provides access to sterile supplies for injection drugs, safe injecting education, naloxone, condoms, education on the Good Samaritan Law, and caring staff and volunteers from community organizations
- SSP clients will receive referral or linkage to primary and behavioral healthcare, substance use treatment, social services, community resources, HIV/STD and Hepatitis C testing, and vaccinations

Funding Requested: $10,000

Counties Served: Grant

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicant

Opioid Take Back Program

Three Rivers Hospital

Contributing Organizations

- None submitted

Goal: Reduce opioid abuse and overdose deaths by providing education, increased access to naloxone, and a place to safely dispose of medications

Project Description:

- Three Rivers Hospital will become a take back site
- Educate the public and hospital staff about proper storage and proper wastage of medications (especially opioids, sedatives and benzodiazapines), naloxone se and administration, local syringe exchange program
- Provide prescription to naloxone to high risk patients at discharge from the Hospital

Funding Requested: $10,000

Counties Served: Okanogan

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicant

Rapid Response to Resources Text "OPIOID" to 898211 Expansion

Washington 2-1-1

Contributing Organizations

- Community Choice

Goal: Those with mobile phones will have instant access to local, state, and national resource information regarding opioid abuse, proper storage and disposal of opioids, and locations for treatment and support services.

Project Description:

- Provide outreach to promote the texting service
- Develop and identify additional opioid resources to add to the 2-1-1 resource database
- Identify frequency and types of clients utilizing system

Funding Requested: $10,000

Counties Served: Chelan, Douglas, Grant

North Central Accountable Community of Health

2019 Round 1 Rapid Cycle Opioid Applicant

Coulee Medical Center Opioid Project

Coulee Medical Center

Contributing Organizations

- Colville Confederated Tribes Health and Human Services Division including the Colville Tribal Chemical Dependency program and the Colville Tribal Behavioral Health program

Goal: Increase access to MAT and reduce opioid abuse

Project Description:

- Provide MAT training in partnership with Colville Confederated Tribes
- Provide training for nursing staff and providers to help recognize and diagnose Neonatal Abstinence Syndrome
- Purchase 100 medication lock boxes to give high risk chronic pain patients

Funding Requested: $10,000

Counties Served: Douglas, Grant, Okanogan

"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"

2019 Opioid Stakeholders Workgroup Schedule

North Central Accountable Community of Health

January 18th No Meeting	February 15th Wenatchee	March 15th Opioid Response Conference No Workgroup Meeting
April 19th Omak	May 17th Moses Lake	June 21st No Meeting
July 19th No Meeting	August 16th Omak	September Opioid Response Conference No Workgroup Meeting
October 18th Moses Lake	November 15th Wenatchee	December 20th No Meeting

REQUEST FOR PROPOSALS FOR OPIOID AWARENESS AND EDUCATION MARKETING CAMPAIGN

November 26th, 2018

General Information

The purpose of this request for proposal (RFP) is to obtain proposals from qualified agencies interested in working with the North Central Accountable Community of Health (NCACH) to develop a social marketing campaign to raise awareness and education on the opioid crisis and opioid use in Chelan, Douglas, Grant, and Okanogan Counties.

RFP Process and Response Format

Submitting organizations are required to email completed proposals by **5:00pm, Monday, December 31st, 2018**. Late responses will not be considered.

Proposals must be delivered electronically. Please ensure the file is a pdf and email it to christal.eshelman@cdhd.wa.gov.

NCACH reserves the right to select more than one, or none, of the organizations submitting proposals and to select proposals in whole or in part.

Proposals will be evaluated by a committee of communications, behavioral health, healthcare, and public health professionals. Applicants will be notified by January 25th, 2018.

All submitted materials will become property of NCACH and will not be returned.

Timeline

- This RFP is dated November 26th. Organizations may download a copy of the RFP from www.ncach.org.
- Questions are due by 5:00pm, December 5th (please see Questions Period in the Proposal Submission section).
- Proposals are due no later than 5:00pm, December 31st.
- Proposals will be evaluated and candidate firms will be notified by January 25th.
- If chosen for funding, work on your project should begin February 1st, 2019 and all work in proposal should be completed and invoiced no later than December 31, 2019.

All dates are subject to change at the sole discretion of the NCACH.

Questions

Questions regarding this request must be submitted via email to christal.eshelman@cdhd.wa.gov by 5:00pm December 5th. Questions received after 5:00pm December 5th, will not be considered. Please include "NCACH Public Education Proposal Question" in the subject line of the email. To ensure fairness, all questions and answers will be placed on www.ncach.org on the Opioid Workgroup section of the site by 5pm December 10th.

Memorandum of Understanding (MOU)

NCACH will negotiate MOU terms upon selection. All MOUs are subject to review by NCACH legal counsel, and the project funds will be awarded upon signing of the MOU, which outlines terms, scope, budget, timelines, and other necessary items.

Organizational Overview

Through cross-sector, regional collaboration, NCACH is working to improve community health in North Central Washington. NCACH is uniquely situated to engage a broad range of partners – from grassroots non-profits to government agencies – in discussion and action to improve population health. NCACH is one of nine Accountable Communities of Health formed in Washington through the Healthier Washington initiative. As part of this initiative, the NCACH is undertaking a regional project addressing the opioid use public health crisis in North Central Washington. The project objective, as described by the Washington State Health Care Authority, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, overdose prevention, and recovery supports.

Project Overview

The primary objective of this project is to increase knowledge among the general public about opioid use, particularly in the following areas:

- Increase awareness about the dangers and addictive properties of opioids, including prescription medications.
- Reduce community stigma toward opioid use disorder (OUD)
- Increase knowledge of locations and purposes of medication take-back boxes in North Central Washington.
- Engaging pharmacists to increase opioid counseling at time of medication dispensing and offering locations of medication take-back boxes in North Central Washington.
- Increased knowledge of treatment options and locations in North Central Washington.
- Increased knowledge of syringe exchange programs in North Central Washington.
- Benefits and availability of Naloxone as a rescue drug in the event of an opioid overdose.

The overarching communications strategy is focused on informed messaging to target audiences with an emphasis on and attention to the overall program objectives stated above, as well as with each audience-focused initiative.

Project Target Audience

- General public, focused on ages 13-40 years old
- People with OUD
- Parents, family, and friends of those with OUD

Scope of Work

Coordinate messaging and timing of outreach and advertising with Local Public Health Department, and other partner initiatives.

- Creative concept refinement - Refine and localize existing campaign messaging utilizing materials from existing opioid campaigns (e. g. Starts with One campaign).
- Paid media strategy and purchasing
- Social Media
    - Paid social media campaign – strategy and plan, implementation, optimizations, analytics reporting.
    - Social media management – campaign pages created, content development/calendar, daily management of presences, analytics reporting
- Create a findings report and presentation of results

- Participation in the 2019 NCACH Annual Summit

Budget

Not to exceed $30,000. Incudes all costs and estimates for services, productions costs, and traditional social media buys.

Organization Capabilities and Requirements

To be considered, response organizations should be able to exhibit at a minimum (but not limited to) the following:

- Strong research and planning capabilities
- Experience and proven success in planning for campaigns related to health awareness
- Knowledge of planning and placement for traditional and nontraditional tactics for paid media campaigns
- Experience with leveraging media buys to earn donated media air time.
- Budget management and reporting
- Strategic planning and implementation of social media, paid and engagement campaigns
- The organization must demonstrate flexibility in handling unexpected requests for services (within the agreed scope of work) to support campaigns and be able to meet the set timelines.

Proposal Content

Proposal should be prepared as simply as possible and provide straightforward, concise description of the organization's capabilities to satisfy the requirements of this RFP.

- Cover letter (optional)
- Provide and agency profile, indicating background, experience and core competencies
- Provide examples of past marketing campaigns that exhibit the organization's experience in planning and executing successful campaigns related to health awareness.
- Identify the staff members that will be assigned to this project, their titles and what their roles will be on this project.
- List any subcontractors and what their roles will be.
- List any partners you will work collaboratively with on this project. Describe how you will work with these partners. List each partners key roles and/or responsibilities.
- Describe the organizations approach to working with multiple stakeholders with competing priorities.
- Describe the proposed planning and implementation of the campaign, including but not limited to media to be used, audiences targeted, and messaging.
- Describe the anticipated reach, both number of people and specific population is, of this project. It is expected that this project will relatively equally address Chelan, Douglas, Grant, and Okanogan Counties
- Provide the timeline, with milestones, for implementation and completion.
- Describe your process for gathering information and content needed for the project.
- Describe how this project will lead to lasting and sustainable increased awareness of opioids.
- Estimated budget to produce required deliverables, including analysis. Please include a line item budget as well as a narrative.
- What key indicators will you utilize to measure success of this project and how will you know the project has been impactful?

Evaluation Criteria

The follow criteria, not necessarily listed in order of importance, will be used to review proposals:

1. Organizations demonstrated capability to provide the services, including organization experience, relationships, and staff that have resulted in successful, results-oriented campaigns
2. Demonstrated ability to develop evidence-based behavior change social marketing campaigns that utilize a unique mix of traditional and non-traditional media to engage audiences (including diverse and hard to reach populations), that are community and culturally appropriate at the local level and achieve measureable results.
3. Qualifications, experience, and fit of staff that would be assigned to this project
4. Effectively attributing roles and responsibilities of subcontractors.
5. Effectively attributing roles and responsibilities to partner organizations.
6. Understanding of and functional approach to working with multiple stakeholders with competing priorities
7. Effectively articulately and defining proposed project with sufficient detail to evaluate merits of proposed project.
8. Effectively defining the proposed scope of the project with sufficient detail.
9. Defining a realistic timeline for the implementation of this project.
10. Understanding of and functional approach to gathering information and content needed for the project.
11. Proposed sustainability of increased awareness
12. Cost structure and ability to efficiently and effectively allocate budget.
13. Evaluation and measurement criteria of this project

Limitations of Liability

NCACH assumes no responsibility or liability for costs incurred in responding to this proposal request or in responding to any further request for interviews, presentation, additional data, etc. NCACH also reserves the right to cancel this project at any time.

North Central Accountable Community of Health

NCACH Project Workgroup Update

Whole Person Care Collaborative

November 2018

Key Meeting Outcomes

Broader WPCC Stakeholder Group (11/5/2018)

- Discussed the creation of a NCACH coaching network. With board approval, we will model our network after Greater Columbia ACH's network so that we can leverage resources across both programs. See attachment for job description.
- The WPCC requested more information on Social Determinants of Health screening tools. Caroline created a document outlining the different topics we would like the WPCC to cover as well as different tools recommended by other WPCC members.
- Links to VBP readiness tools were given. It was also posted on the portal for future reference.
- The 2019 Learning Activities draft schedule was distributed and current LAN participation was lauded.
- We are continually working on our communication and information flow with the WPCC to ensure that the right people are getting the right information.
- Roger Chaufournier continued the leadership discussion. Part 1 of the discussion outlined how and when an organization should spread QI work across sites. He then transitioned into external factors associated with asthma and asthma control that cannot be effected in the clinic setting.

WPCC Workgroup *(11/8/2018)*

Meeting cancelled

Upcoming Meetings

December 3, 2018	WPCC Meeting
December 13, 2018	WPCC Workgroup Meeting
January 7, 2018	WPCC Meeting
January 10, 2018	WPCC Workgroup Meeting

Attachments

Practice Facilitator Job Description

WHOLE PERSON CARE PRACTICE FACILITATOR

POSITION OVERVIEW

Salary: $54,635.04 - $73,161.48 annually plus benefits
(Line P or PP of the CDHD Wage Matrix, depending on credentials and experience.)
Hours: 40 hours/week (100% FTE), may include evening or weekend hours
Status: Regular, full-time, with benefits, union membership required
Starting Date: ASAP Closing Date: Open until Filled Work Location: In North Central Region

BACKGROUND

Through a five-year State Medicaid Transformation Project, The North Central Accountable Health Community (NCACH) is implementing 6 projects to address regional health priorities and improve care by providing high-quality, cost-effective care that treats the whole person and improves the well-being of the communities in Okanogan, Chelan, Douglas and Grant Counties. The work of the NCACH is funded by the Washington State Health Care Authority, the Medicaid payer in Washington State.

To this end, the NCACH activities include:

- Convening a broad array of stakeholders to share expertise and experience in improving health including public policy, financing and delivery system redesign across settings and communities.
- Fostering collaboration among stakeholders to improve health.
- Promoting the development and sharing of high quality data and applying data to improve the appropriate utilization of health services.
- Working with local communities to promote high-quality, systemic and sustained services.
- Promoting community engagement as a key component of health improvement.

The Whole Person Care Collaborative (WPCC) focuses on bi-directional care and chronic disease prevention and control, as well as addressing the primary care and behavioral health provider portion of all NCACH selected projects. The WPCC includes three components:

- A Workgroup that advises, plans and monitors activities of the WPCC
- A Learning Community of outpatient primary care and behavioral providers that implements clinical health improvement efforts.
- A broad and inclusive network that connects all of the organizations and individuals who share a commitment to whole person care

PRACTICE FACILITATOR

The Practice Facilitator will support each stage of practice transformation in a clinical setting from design to implementation to spread of best practices. They work with clinical teams comprised of leadership, clinicians and frontline staff. They facilitate redesign efforts, provide education on key aspects of a Patient-Centered Medical Home, support development and alignment of aims and clinical process and quality outcome measures. Practice Facilitators wear many hats - motivator, educator, consultant, coach – so they must have strong communication and interpersonal skills and be open-minded, agile and flexible in their approach with each organization.

TYPICAL WORK:

Under the direction of the Executive Director and Whole Person Care Program Manager, the Practice Facilitator will

- Provide on-site and remote facilitation support to a subset of enrolled organizations participating in the Whole Person Care Collaborative (WPCC) as part of the NCACH
- Provide on-site and remote technical assistance and coaching to assigned organizations supporting the implementation of their individual Change Plans
- Teach and engage clinical teams/staff in quality improvement methodology – specifically the Model for Improvement and PDSA cycles
- Review and discuss continuous quality improvement data with clinical teams
- Facilitate periodic completion of Patient-centered Medical Home Assessment (PCMH-A) or the Maine Health Access Foundation tool (MeHAF)
- Support sites in identifying, capturing and reporting data specific to their defined Change Plans
- Facilitate meetings and trainings on content such as workflow redesign, EHR optimization, practice level assessments, data analysis and reporting, and other content as needed.
- Participate in learning activities with assigned organizations and support their activity projects
- Document interactions with organizations to facilitate cross learning and understanding of additional TA needs
- Actively participate in NCACH project team and consultant learning group
- Establish and maintain a supportive role with NCACH partners and management, assigned organizations and associated staff and teams, and other stakeholders
- Share regular updates on events, activities and accomplishments for internal and external audiences
- Identify training, tools, and material deficiencies within NCACH programs and services and develop and/or recommend improvements
- The cadence of travel will vary depending on needs of partner organizations, and given the availability of virtual face-to-face technology tools. However, this position should expect to spend a significant amount of time out of the office, travelling and meeting with providers across our large and expansive region

DESIRED QUALIFICATIONS:

Bachelor's degree from an accredited college or university in health sciences, public administration, environmental health, health education, or a related field preferred. A combination of education and related experience in population health management, community assessment, and data aggregation may be substituted for degree requirement.

Healthcare Knowledge:

- Knowledge of electronic medical records, registries and similar information technologies
- Good understanding of primary care delivery systems and primary care operations
- Good understanding of the challenges and benefits of different practice types: large, small, solo, urban, rural, etc…
- Good understanding of health care professional roles
- Good understanding of the foundational elements of Patient-centered Medical Home
- Basic understanding of reimbursement models: Fee-for-Service, Capitation, Pay for Performance, Value-based Payment.
- Basic understanding of Self-management Support Concepts and Motivational Interviewing

- Basic understanding of PCMH accreditation and recognition

Interpersonal and Communication:

- Excellent listening skills
- Excellent communication skills – written and spoken
- Ability to synthesize conversations and provide concise, practical feedback
- Ability to demonstrate empathy and compassion
- Ability to know when to facilitate, guide or direct
- Ability to navigate a variety of personalities and input while working with teams (may need a thick skin at times)
- Capable of acknowledging personal limitations (i.e., comfortable saying "I don't know.")

Technical:

- Proficient in Microsoft Office Suite, and Web-based Conferencing Platforms (e.g. Skype, Zoom)Demonstrated project management skills
- Proficient in using and teaching the Model for Improvement
- Working knowledge of other improvement methods such as Lean Principles and Root-cause Analysis techniques
- Ability to use and teach data for improvement including run charts

WORK ENVIRONMENT AND PHYSICAL DEMANDS:

This position requires the following:

- the ability to work independently with minimal supervision, including working from remote locations and collaborating with other team members via phone, e-mail, video, or other methods.
- Significant travel within the North Central region.
- Driving on a regular basis, a valid Washington State driver's license, the use of the Practice Facilitator's personal motor vehicle on a regular basis (with mileage reimbursement), and proof of appropriate auto insurance.
- Ability to read detailed written correspondence, identify colors, and conduct visual inspections is required.
- Mental activities required by the employee in this position include decision making, interpersonal skills, teamwork, creativity, customer service, mentoring, use of discretion, presentations/teaching, problem analysis, and the ability to read, write, speak and understand English.

TO APPLY OR FOR MORE INFORMATION

Submit a cover letter, resume, and CDHD Application for Employment (available at https://cdhd.wa.gov/careers/) via email or hard copy to:

John Schapman, NCACH Deputy Director
Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, Washington 98802
John.Schapman@cdhd.wa.gov
Office: 509-886-6435

Chelan-Douglas Health District is an Equal Opportunity Employer

North Central Accountable Community of Health

NCACH Project Workgroup Update

Transitional Care and Diversion Interventions Workgroup

November 2018

Key Updates:

- TCDI workgroup update
  - No workgroup meeting occurred in November. Next meeting is Thursday December 20th, 2018
  - December meeting goals is as follows:
    - Outline key goals/objectives to be achieved through 2019 including how to address all HCA required deliverables.
    - Determine number of workgroup meetings needed
    - Discuss plans for work and funds distribution in 2020.
  - NCACH staff have been reviewing cross over between TCDI hospital partner work and other projects/workgroups. Additional details will be worked out in December and brought to workgroup at the workgroup meeting.
- TCDI hospital partner work update
  - MOUs have been signed by hospital partners
  - Training is being scheduling for the following workflows:
    - Transitional Care Management Training: Training will occur December 2018 – March 2019. NCACH is partnering with Confluence Health to schedule organization staff.
    - EDie Training: Initiating training for EDie integration and workflow through Collective Medical Technology. This will occur January – June 2019. Initial scheduling being coordinated with Collective Medical Technology and NCACH and partnering organizations.
- EMS partner work update
  - Initial draft of EMS MOU sent to North Central Emergency Care Council for Review. Initial Scope of work will be outlined with NCACH and the EMS council the first two weeks of December with the plan to have the MOU finalized by December 15th.

Upcoming Meetings/Key Dates

December 20th	Transitional Care and Diversion Intervention Workgroup Meeting

Attachments: None