

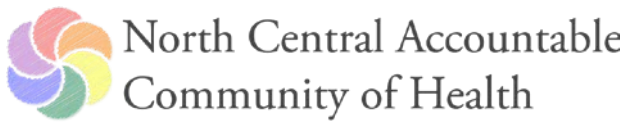
**Governing Board Meeting**  
**1:00 PM–3:30 PM, December 7, 2020**

<b><u>Location</u></b> <i>Virtual Meeting Only</i>	<b><u>Call-in Details</u></b> Conference Dial-in Number: (253) 215-8782 US Meeting ID: 831 8445 6718 Passcode: 123456 One tap mobile: +12532158782,,83184456718# Join Zoom Meeting: <a href="https://tinyurl.com/NCACHWPCC">https://tinyurl.com/NCACHWPCC</a>
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
<b>1:00 PM</b>	<b>Introductions – Blake Edwards</b> <ul style="list-style-type: none"> <li>Zoom Etiquette</li> <li>Board Roll Call</li> <li>Declaration of Conflicts</li> <li>Public Comment</li> <li>Approval of Consent Agenda</li> </ul>	<ul style="list-style-type: none"> <li>Approval of Consent Agenda</li> </ul>	<ul style="list-style-type: none"> <li>Agenda, Acronyms &amp; Decision Funds Flow Chart</li> <li>Consent Agenda - Minutes &amp; Monthly Financial Statement</li> </ul>	<i>1-4</i>     <i>5-11</i>
<b>1:10 PM</b>	<b>Executive Director Update – Linda Parlette</b>		<ul style="list-style-type: none"> <li>Executive Director Letter</li> </ul>	<i>12-13</i>
<b>1:20 PM</b>	<b>Annual Meeting Election – Blake Edwards</b>	<ul style="list-style-type: none"> <li>Approval of Slate of Nominees</li> </ul>	<ul style="list-style-type: none"> <li>Board Decision Form - Slate of Nominees</li> </ul>	<i>14-16</i>
<b>1:40 PM</b>	<b>2020 CHI Community Initiatives - Award Finalists – Sahara Suval</b>	<ul style="list-style-type: none"> <li>Review &amp; approve award finalists for 2020 CHI Community Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Board Decision Form – 2020 CHI Community Initiative Award Finalists</li> </ul>	<i>17-19</i>
<b>2:00 PM</b>	<b>NCACH 2021 Budget – NCACH Staff &amp; Brooklyn Holton</b>	<ul style="list-style-type: none"> <li>Approval of 2021 Budget</li> </ul>	<ul style="list-style-type: none"> <li>Board Decision Form - Budget</li> <li>December 7<sup>th</sup> Board Presentation</li> <li>2021 NCACH Budget</li> <li>2021 NCACH Budget Overview</li> </ul>	<i>20-70</i>
<b>3:30 PM</b>	<b>Adjourn</b>			

## A Handy Guide to Acronyms within the Medicaid Transformation Project

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



**SUD:** Substance Use Disorder

**TCDI:** Transitional Care and Diversion Interventions

**TCM:** Transitional Care Management

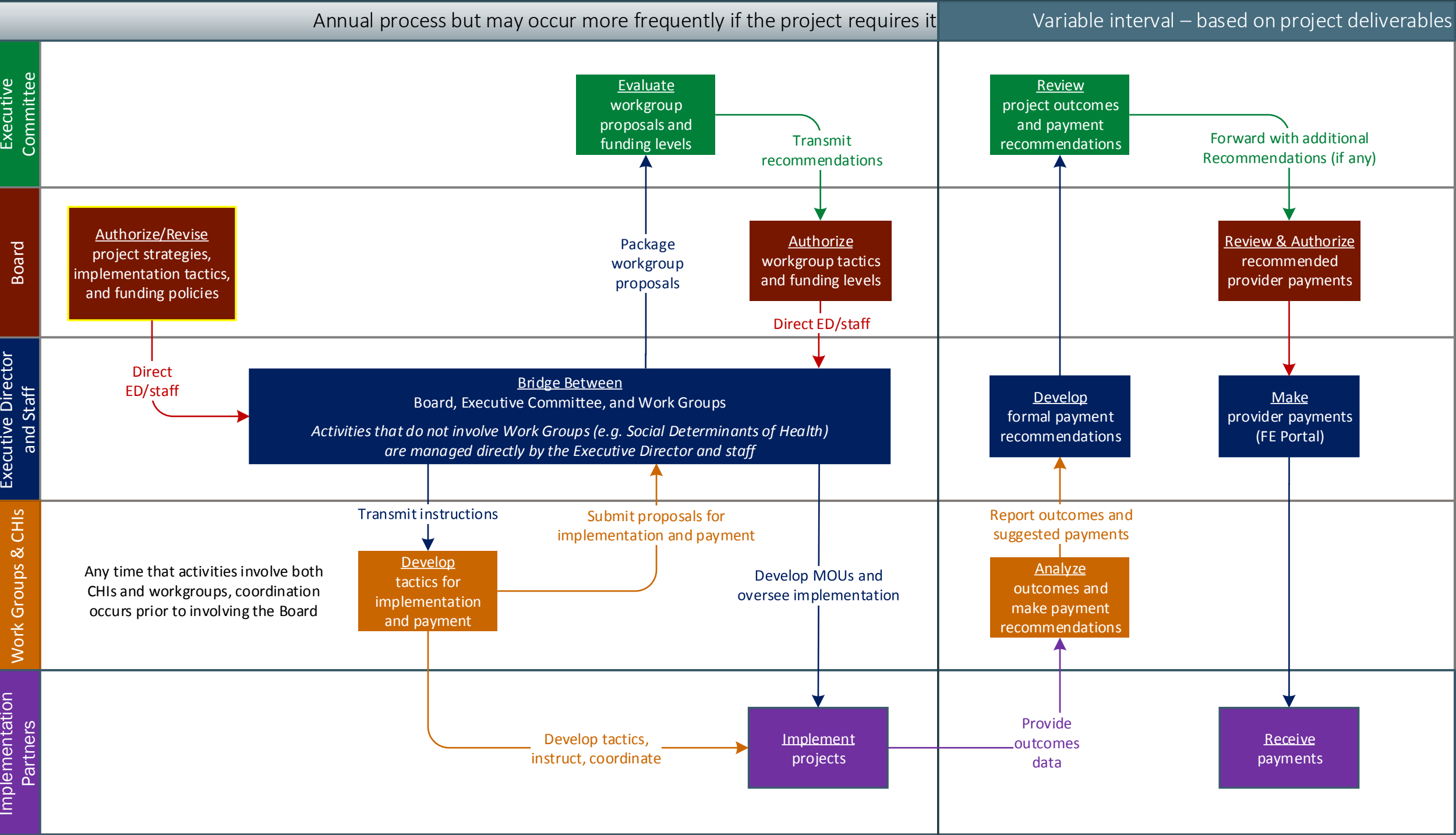
**VBP:** Value-Based Payment

**WPCC:** Whole Person Care Collaborative

**LHJ:** Local Health Jurisdiction

# Decision Flow for Funding Design and Allocation

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



Location	Attendees
<b>Virtual Meeting</b>	<p><b>Governing Board Members Present:</b> Blake Edwards, Rosalinda Kibby, Doug Wilson, Christal Eshelman, Ken Sterner, Jesus Hernandez, Cathy Meuret, Carlene Anders, Brooklyn Holton, Molly Morris, Deb Murphy, Jorge Rivera, Ray Eickmeyer, Lisa Apple, Senator Warnick</p> <p><b>Governing Board Members Absent:</b> Nancy Nash Mendez, Ramona Hicks</p> <p><b>NCACH Staff:</b> Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Joey Hunter, and Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> <li>Declaration of Conflicts</li> <li>Approval of Consent Agenda</li> <li>Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>Meeting called to order at 1:00 PM by Blake Edwards</li> <li>Declarations of conflicts: None</li> <li>Public Comment: None</li> <li>❖ <b>Brooklyn Holton moved, Deb Murphy seconded the motion to approve the consent agenda, motion passed.</b></li> </ul>
<ul style="list-style-type: none"> <li>Executive Director Report</li> </ul>	<ul style="list-style-type: none"> <li>Staff attended a 3 day virtual Symposium sponsored by the HCA Symposium and the 9 Executive Directors, was very successful last week. There were some tech issues, will send the link to the recording of the symposium out when it is available.</li> <li>Tanya Gleason will be leaving NCACH and starting her own business. TF Gleason Consulting – will be grant writing. NCACH will be contracting with her for some consultant work.</li> </ul>
<ul style="list-style-type: none"> <li>NCACH Finance Update</li> </ul>	<p>2021 Draft budget overview – had the first budget committee meeting with staff. We have come up with a new way of presenting the budget which will be shown at the December Board meeting.</p> <p><b>Key Updates:</b></p> <ul style="list-style-type: none"> <li>Budget focuses on intent of funding and overall goals.</li> <li>Creating a budget narrative that outlines plans for budget line items</li> <li>Creating line items based on focus area vs. project workgroups</li> <li>Focus areas broken into Current Progress, 2021 Goals, and budget line items.</li> <li>Consolidated spreadsheet to be more useful for Board members (will review spreadsheet at December meeting).</li> </ul> <p><b>COVID Learnings and adjustments:</b></p> <ul style="list-style-type: none"> <li>Board was able to shift focus from project work to organization’s mission and strategic direction.</li> <li>NCACH demonstrated an ability to connect with non-clinical partners.</li> <li>NCACH demonstrated ways to support the region as a convener of cross-sector stakeholders (e.g. regional Spanish messaging workgroup).</li> </ul> <p>Total budget for 2021 is about 8.45 million</p>

	<ul style="list-style-type: none"> <li>• Board likes the format, suggested putting in on the agenda quarterly to check in on goals.</li> <li>• Jesus: Are we intending to dissolve the ACH at some point when the funding runs out or do we want to develop projects with sustainability? The sooner that we answer this question, the better decisions that can be made.</li> <li>• Budget committee has been talking about budgeting 3 years post MTP to be sustainable and self-standing.</li> </ul> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• December 7th Board meeting: <ul style="list-style-type: none"> <li>➤ Review 2021 budget in more detail (Staff will give a summary of each focus area)</li> <li>➤ Provide excel budget spreadsheet for approval by Board</li> </ul> </li> <li>• Finance Committee will meet mid-November (1-2 weeks): <ul style="list-style-type: none"> <li>➤ Action - Board members review 2021 Budget Overview and provide feedback to John by November 11th.</li> <li>➤ Input will be discuss at Finance meeting and summaries sent to Board members prior to December board meeting (if applicable)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Annual Meeting Elections</li> </ul>	<p>Bake Edwards went over the process for the annual meeting elections: The members that hold the positions coming up for expiration at the end of December have been notified. Board will be notified of nominations 30 days prior to the December 7<sup>th</sup> meeting.</p>
<ul style="list-style-type: none"> <li>• Board Nominations</li> </ul>	<p>Rebecca Davenport has been appointed by Confluence Health to replace Dr. Hourigan for the CWH Seat.</p> <p>❖ <b><i>Carlene Anders moved, Ken Sterner seconded the motion to approve the nomination of Rebecca Davenport to the Confluence - CWH sector seat on the NCACH Governing Board for the term that goes till December 31<sup>st</sup>, 2022, motion passed.</i></b></p>
<ul style="list-style-type: none"> <li>• Community Based Care Coordination</li> </ul>	<p>NCACH plans to formalize our request and decision to end the Pathways HUB pilot, and instead focus on a <i>two-pronged approach</i> to advance the objectives of Project 2B.</p> <ol style="list-style-type: none"> <li>1. Strengthen the evidence-based Health Home program in our region: this is a more discrete and near-term strategy that is specific to Medicaid beneficiaries. Our role will be to work with Action Health Partners (Region 6 FFS Health Home lead) and MCOs to strengthen the program in our region. Opportunities include increasing program outreach to community partners who have clientele that qualify for program services, developing processes for additional community partners to gain visibility into Health Home eligibility, and expanding the network of CCOs to increase availability of Health Home service providers across the region (especially in Okanogan and Grant counties).</li> <li>2. Invest in building blocks that can support broader care coordination needs: this is a longer-term and much more complex strategy designed to support care coordination efforts, regardless of target population, model, and payer. NCACH's role would be to focus on coordinating the big picture and weaving together existing parts of care coordination into a more cohesive whole. Opportunities include supporting and aligning regional responses to statewide efforts, nurturing social service and healthcare partnerships locally, strengthening resource inventory tools that are regional in scope (avoiding resource directory fragmentation), investing in promising platforms where appropriate, and supporting workforce development efforts such as community health worker, peer support, and recovery coach integration in care coordination strategies. While not exclusive to the Medicaid population, these broader efforts will benefit the Medicaid population.</li> </ol>

	<p>❖ <b>Molly Morris moved, Jorge Rivera seconded the motion to approve the proposed project modification plan for NCACH's Community-Based Care Coordination project (MTP Project 2A.), motion passed</b></p> <p>Discussion: Jesus believes that the ACH has an opportunity to help in SDoH</p> <p>Cathy Meuret: Have other ACH's made this modification did they run into any hurdles? Caroline responded that the process is pretty simple and we will be evaluated that we are hitting the same milestones and our project still provides the same amount of value.</p> <p><b>DOH / Care Coordination Letter of Intent (LOI) Update:</b> Caroline Tillier gave an update on the COVID Care Coordination Initiative that DOH is trying to implement across the state. It aligns with Broader Care Coordination goals ie: rent, food etc. Will serve as a warm handoff for people who need more care coordination. Action Health Partners (AHP) was nominated by the Local Health jurisdictions (LHJ's) to serve as the HUB for our area. AHP submitted the LOI on Friday which is non-binding. The NCACH provided a letter of support and used that letter to provide some concerns that we have heard from providers.</p> <p>Jesus noted that we do not know how difficult of a winter that we are going to have with COVID. Appreciates the effort to bring this resource to our area.</p>
<ul style="list-style-type: none"> <li>• Telehealth Update</li> </ul>	<p>The summary provided in the packet outlines the work that the staff has done thus far on telehealth.</p> <ul style="list-style-type: none"> <li>• Board members support the idea of using a consultant to map out the area.</li> <li>• John will do some research on if it needs to be a Board decision form or just include in the 2021 budget.</li> </ul>
<ul style="list-style-type: none"> <li>• Governance Committee Update</li> </ul>	<p>Governance Committee met on October 7<sup>th</sup> and reviewed a good portion of the bylaws.</p> <ul style="list-style-type: none"> <li>• Also looking into how the CHI's fit into the bylaws</li> <li>• Looking into voting – proxy votes and quorum</li> <li>• Removing the initial term limits</li> <li>• Incorporating the mission statement</li> </ul>
<ul style="list-style-type: none"> <li>• Roundtable then adjourn</li> </ul>	<ul style="list-style-type: none"> <li>• Deadline for questions on the budget is November 11th</li> <li>• Carlene – Fires on top of COVID have made it really tough to keep people safe and well. Wants all of the healthcare folks to know how much this is weighing on people. If Board members know of any resources, please forward to Carlene.</li> <li>• Cathy welcomed Becca and asked if there was an updated Board orientation that is sent out. Linda responded that she has an hour long meeting with new Board members and we do have an onboarding kit that we email out.</li> <li>• Molly acknowledged that November is Native American Month. Please reach out to her with any questions</li> <li>• Jorge this is his second to last meeting and replacement will be brought forward by next month.</li> <li>• Brooklyn – CHI's are currently reviewing the initiative funding. Wants Board to keep in mind the capacity that we can add as far as leveraging funding.</li> <li>• Meeting adjourned at 2:42 by Blake Edwards</li> </ul>

## NCACH Funding & Expense Summary Sheet

Funding Source	CDHD ACCOUNT			FINANCIAL EXECUTOR FUNDS		
	SIM/Design/Misc Funds Received	SIM/Design/Misc Funds Expended	SIM/Design/Misc Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
<b>SIM Funding*</b>	\$ 115,329	\$ 115,329	\$ -			
<b>Transformation Project Funding</b>						
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000					
Original Contract K2296 - Demonstration Phase 2	\$ 5,000,000					
Transfer from FE Portal	\$ 226,961					
Interest Earned on Demo Funds	\$ 247,389					
<b>Transformation Total</b>	<b>\$ 6,474,350</b>	<b>\$ 3,679,201</b>	<b>\$ 2,795,149</b>			
<b>Workshop Registration Fees/Misc. Revenue*</b>	<b>\$ 24,445</b>	<b>\$ 13,720</b>	<b>\$ 10,725</b>			
<b>Aetna Grant Funds</b>	<b>\$ 70,000</b>		<b>\$ 70,000</b>			
<b>Financial Executor Funding</b>						
Project Incentive Funds				\$ 17,956,477	\$ 8,732,766	\$ 9,223,711
Integration Funds				\$ 5,781,980	\$ 58,422	\$ 5,723,558
Bonus Funds				\$ 1,455,842		\$ 1,455,842
Value Based Payment (VBP) Incentives				\$ 650,000		\$ 650,000
Interest Earned in FE Portal				\$ 62,283		\$ 62,283
DY1 Shared Domain 1 Funds**				\$ 5,811,865	\$ 5,811,865	\$ -
<b>Totals</b>	<b>\$ 6,684,124</b>	<b>\$ 3,808,250</b>	<b>\$ 2,875,874</b>	<b>\$ 31,718,447</b>	<b>\$ 14,603,053</b>	<b>\$ 17,115,395</b>

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

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



## 2020 NCACH Budget: Monthly Summary

### CDHD Account Expenses

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Oct-20	Totals YTD	% Expended YTD to Budget
<b>^ Salary &amp; Benefits</b>	<b>\$ 967,407</b>	\$ 78,139	\$ 728,794	75%
<b>Supplies</b>				
^Office	\$ 9,420		\$ 108	1%
<i>Drugs and Medicines</i>	\$ 20,000		\$ -	0%
<i>Furniture &lt; \$500</i>	\$ 2,400		\$ 538	22%
<i>Books, References, &amp; Videos</i>	\$ -		\$ -	
^Software	\$ 2,500		\$ -	0%
<i>Computer Hardware</i>	\$ 6,000		\$ 825	14%
<b>Services</b>				
<i>Legal Services</i>	\$ 8,400	\$ 490	\$ 6,500	77%
<i>Computer</i>	\$ 9,600		\$ -	0%
<i>Misc. &amp; Contracts</i>	\$ 8,000		\$ 2,960	37%
<i>Telephone</i>				
<i>Mileage</i>	\$ 57,000		\$ 2,975	5%
<i>Professional Travel and Training</i>	\$ 9,000		\$ 1,299	14%
<i>Conference - Program Meals/Lodging</i>	\$ 26,250		\$ 497	2%
<i>Other (Train/Plane/Boat/Parking)</i>	\$ 10,200		\$ 630	6%
<i>Advertising - Newspapers</i>	\$ 3,800		\$ 1,409	37%
<i>Advertising - Other</i>	\$ 5,400		\$ 18,694	346%
<i>Insurance</i>	\$ 6,000		\$ 6,324	105%
<i>Printing - Office</i>	\$ 6,250		\$ 792	13%
<i>Printing - Copier</i>	\$ 11,000	\$ 266	\$ 3,732	34%
<i>Dues and Memberships</i>	\$ 3,400		\$ 301	9%
<i>Subscriptions</i>	\$ 1,280	\$ 850	\$ 4,901	383%
^Other Expenditures	\$ 188,150	\$ 1,672	\$ 43,718	23%
<b>^CDHD Hosting Fee 15%</b>	<b>\$ 212,647</b>	\$ 12,212	\$ 123,750	58%
<b>Grand total</b>	<b>\$ 1,574,104</b>	<b>\$ 93,628</b>	<b>\$ 948,746</b>	<b>60%</b>

% of Fiscal Year

83%

**FE Portal Account Expenses**

Fiscal Year: Jan 1, 2020 - Dec 31, 2020

Budget Line Item	Total Budgeted	Oct-20	Totals YTD	% Expended YTD to Budget
<b>Operations</b>				
Project Management and Organizational Development	\$ 70,000	\$2,925.0	\$34,470	49%
Program Evaluation	\$ 59,700		\$0	0%
Data Analytics	\$ 30,000		\$2,787	9%
Feldsman Tucker Leifer Fidell LLP	\$ 40,000		\$0	0%
Workforce Development (Carry over of \$48,500, Approved in 2019)	\$ 36,000		\$2,775	8%
Workforce Development (2020)	\$ 30,000		\$0	0%
^ COVID-19 ICS & NCACH Funds (FE Portal)	\$ 93,736	\$24,348.0	\$93,736	100%
^ COVID Community Support Funding	\$ 150,000		\$146,394	98%
<b>Community Engagement and SDOH Capacity Development</b>				
Lead Agencies (CHIs)	\$ 150,000	\$3,854.0	\$118,913	79%
CHI Partner Payments (Carry over of \$450,000, Approved in 2019)	\$ 350,000		\$195,050	56%
CHI Partner Payments (2020)	\$ 450,000		\$0	0%
* Community Information Exchange Workgroup	\$ 50,000		\$0	0%
^ Tribal Investment (Colville Confederated Tribes)	\$ 669,000		\$150,000	22%
<b>Whole Person Care Collaborative</b>				
Comagine Health	\$ 50,000		\$100	0%
CCMI - Advising	\$ 78,000	\$27,625.0	\$65,000	83%
Learning Activities	\$ 280,000	\$42,118.7	\$175,345	63%
CSI - portal & TA	\$ 36,000	\$2,916.7	\$35,833	100%
Learning Community - fixed	\$ 1,080,000		\$765,000	71%
Learning Community - variable	\$ 800,000		\$240,000	30%
<b>Pathways Hub</b>				
Action Health Partners - Hub Lead Agency(January - June 2020)	\$ 476,250		\$225,650	47%
* Community Based Care Coordination	\$ 575,544		\$0	0%
<b>Transitional Care and Diversion Intervention</b>				
TCDI Hospital Partner Work	\$ 520,000		\$189,000	36%
EMS Partner Work	\$ 230,000		\$166,000	72%
Technical Assistance/Training	\$ 65,000		\$0	0%
^ Community Partnership for Transition Solutions (Recovery Coach Network)	\$ 9,000		\$0	0%
<b>Opioid Project</b>				
Rapid Cycle Applications	\$ 100,000		\$18,950	19%
Support Opioid Conference Site Teams	\$ 80,000		\$0	0%
Training Opportunities (General public, organizations, sector)	\$ 15,000		\$5,750	38%
Public Awareness Contract	\$ 30,000		\$21,400	71%
School Based Prevention Contracts	\$ 120,000		\$40,000	33%
Opioid Prescriber Coaching Pilot	\$ 28,000		\$0	0%
<b>Grand total</b>	<b>\$ 6,751,230</b>	<b>\$103,787</b>	<b>\$2,692,152</b>	<b>40%</b>

% of Fiscal Year

83%

<b>Total Budget</b>	<b>\$ 8,325,334</b>	<b>\$ 197,415</b>	<b>\$ 3,640,898</b>	<b>44%</b>
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"\*" asterisks - This means a line item will need to go back to the Board in 2020 for further approval prior to any funds being expended.

"^" Budget Amendment Occurred in 2020

## Budget Amendments - 2020

Date	Amendment																
2.3.20	Board moved to remove the "*" for the Community Partnership for Transition Solutions program which program cost for 2020 is expected to be \$127,972. Motion Passed																
3.2.20	<p>Amend the 2020 budget to include the Recovery Coach Network (excluding Evaluation Coordination and Support) in the CDHD budget rather than the Financial Executor Budget:</p> <table> <tr> <th>Proposal Budget Item Amount</th><th>CDHD Budget Line Item</th></tr> <tr> <td>Salary and benefits \$62,400 (For remainder of 2020)</td><td>Salary &amp; Benefits</td></tr> <tr> <td>Recovery Coach Stipends \$9,200</td><td>Other Expenditures</td></tr> <tr> <td>Training Expenses \$20,000</td><td>Other Expenditures</td></tr> <tr> <td>Equipment \$3,500</td><td>Software (\$1000), Office Supplies (\$1,000), Telephone (\$1500)</td></tr> <tr> <td>Supports for clients \$4,854</td><td>Other Expenditures</td></tr> <tr> <td>CDHD Hosting Fee \$14,993</td><td>CDHD Hosting Fee</td></tr> <tr> <td colspan="2"><b>Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</b></td></tr> </table>	Proposal Budget Item Amount	CDHD Budget Line Item	Salary and benefits \$62,400 (For remainder of 2020)	Salary & Benefits	Recovery Coach Stipends \$9,200	Other Expenditures	Training Expenses \$20,000	Other Expenditures	Equipment \$3,500	Software (\$1000), Office Supplies (\$1,000), Telephone (\$1500)	Supports for clients \$4,854	Other Expenditures	CDHD Hosting Fee \$14,993	CDHD Hosting Fee	<b>Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</b>	
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<b>Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</b>																	
3.2.20	Thee Board approve and commit up to \$669,000 to support the Colville Confederated Tribes' health improvement efforts starting in 2020 through December 31, 2021.																
4.6.20	Approval of the "NCACH COVID-19 Community Mitigation Funds: LHJ Incident Command System (ICS)" process up to \$50,000.																
4.6.20	<p>Approval of the "NCACH COVID-19 Community Mitigation Funds: Community Support" Processes as attached up to \$200,000.</p> <p>\$150,000 to support community partner's work on COVID-19</p> <p>\$50,000 to support NCACH's direct operational work on COVID-19</p>																
4.6.20	Approve an additional \$187 of NCACH expenditures above the \$5,000 approved by the Executive Committee for the North Central COVID-EO Contest to increase the total NCACH expenditures to \$5,187.00																
5.4.20	Approval to increase Community Mitigation Incident Command System funding from \$50,000 to \$100,000 (allocate an additional \$50K)																
7.1.20	General Budget Adjustment - Funding initially approved for NCACH and ICS COVID-19 support funding was budgeted in the CDHD Monthly Budget. If able to expend out of FE portal, NCACH Staff will pay utilizing the COVID-19 ICS & NCACH Funds (FE Portal) budget line item and subsequently decrease the total budgeted in the CDHD account when done.																
8.3.20	Governing Board approved 2020 CHI Initiative Proposal which resulted in the removal of the "*" for the CHI Partner Payment (2020) budget line item.																

## *Executive Director's Report – December 2020*

I want to start this month with gratitude. Gratitude for my team, our board, and all of the partners who make the vision and work of NCACH possible. Gratitude for those working tirelessly on the front lines against COVID-19 for the past nine months. Gratitude for everyone who is making choices to help us flatten the curve and keep our communities safe.

I want to especially extend gratitude and acknowledge the work of our partners at Chelan-Douglas Health District, including the interim Administrator Nate Weed. Learn more about Nate [here](#).



I have come to admire Nate's communication style and his ability to make decisions. For example, some staff positions at CDHD have been moved around so each person can work at the top of their skill set. Internal bulletins help keep us all on the same page. Building security has increased. Nate's presence has been a calming and steady force for the Health District as they learned to navigate ongoing pandemic response while balancing the critical functions of public health, including environmental, epidemiological, and preventative health programs that keep us all healthy.

Public health is not only the administrative backbone of NCACH, it is the backbone of our vision of a healthier North Central Washington. I am also grateful for the continued efforts and partnership of our other local health jurisdictions, in Okanogan and Grant County, and the leadership shown by Administrators, Lauri Jones, and Theresa Adkinson, respectively.

On my own team, I am grateful for our staff who continues to innovate in the midst of great uncertainty, from their home offices, including collaboratively developing the 2021 annual budget for the Board to review at the December annual meeting. If we did not recognize the value of the board retreats that focus on developing our annual budget, we sure do now! Many kudos to John Schapman, our Deputy Director, and the Board's Finance Committee for their involvement in this process. I look forward to sharing more with you all at the upcoming Board meeting.

I am also especially grateful to Teresa Davis, our Executive Assistant, who keeps our team grounded, well-fed, and has taken the lead on local logistics to distribute food kits to families in need in partnership with the Washington State Department of Health. As part of the COVID-19 response, the Department of Health (DOH) is promoting efforts to support people in isolation and quarantine due to illness and/or exposure to COVID-19. For example, DOH recently offered to deliver Care Kits and Food Kits to our region. NCACH helped respond to DOH's time sensitive order request by coordinating with our three public health departments so they would not miss out on these extra resources for our region. Public health and their community-based partners

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## North Central Accountable Community of Health

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will be able to distribute these food and care kits to families who are isolating or quarantining due to COVID-19. To date, over 1100 food kits and 700 care kits have been ordered and delivered for families in need across the region.

While nine months of pandemic is enough to make anyone weary, I find that practicing and showing gratitude has given me the grace to appreciate all the good that surrounds us, and makes each day a little easier. May we all count our blessings where we find them.

*Charge on!*

*Linda Evans Parlette, Executive Director*



## Board Decision Form

**TOPIC:** Approval of renewing and new Board members and Officers for Board term starting January 1<sup>st</sup> 2021

**PURPOSE:** Approval of slate of Board members and officers that are open or up for election at the end of December 31<sup>st</sup>, 2020.

**BOARD ACTION:**

☐ Information Only

☒ Board Motion to approve/disapprove

**BACKGROUND:**

An annual meeting of the Board is held each year in December. At this meeting, the Board shall elect new or renewing Board members and officers to fill expiring terms.

At least 30 days before the annual meeting, the Nominating Committee is required to forward the nominations to the Board for approval and voting at the annual meeting.

The Board Chair reached out to board members to confirm if their sector was recommending their re-nomination to the position or if they could provide an alternative name for review. To date, the following nominations have been submitted to the Executive Committee acting as NCACH's nominating committee. The Nominating committee approved by vote of email, the slate of Board members and officers to be nominated to the full Board with endorsement. Any nominations that are received, or are made from the floor by any Governing Board members during the Annual Meeting, will be considered along with this slate.

**PROPOSAL:**

Approve the slate of renewing or new Board members for 3 year terms beginning January 1<sup>st</sup>, 2021:

**Renewing Board Members:**

**Confluence Health (Primary Care)** – Dr. Doug Wilson, Confluence Health

**Public Hospitals** – Ramona Hicks, Coulee Medical Center

**Business Community** – Carlene Anders, Mayor Pateros

**Public Health** – Christal Eshelman, Chelan Douglas Health District

**At Large** – Ray Eickmeyer, Lake Chelan Community Hospital



## **New Board Members:**

### **Behavioral Health – Dell Anderson, Grant Integrated Services**

- **Bio:** Dell Anderson is the Executive Director of Grant Integrated Services. He is an experienced director of behavioral health services with a mental health counseling background and executive management experience in federally qualified health centers (FQHC). He has 18 years of experience providing direct services and operating behavioral health programs including integrated primary care and behavioral health, outpatient mental health treatment, outpatient substance use disorder treatment, detoxification, crisis intervention, inpatient hospitalization, and medication management. As a child mental health specialist, he has provided direct services to children and youth. He has experience working closely with fidelity wraparound programs and Wraparound Intensive Services (WiSe) for children and youth in WA.

Dell has a Master's of Education degree in Counseling Psychology with an emphasis in School Counseling from Heritage University and a Bachelor's degree in Family and Human Development from Utah State University.

### **Manage Care Organization - Tory Gildred, Coordinated Care**

- **Bio:** Tory Gildred is the Senior Director for Foster Care at Coordinated Care Washington. As a clinician and health systems leader, Tory brings over 20 years of experience from her work across healthcare, child welfare, justice and social service settings. In her current role, Tory is the Senior Director of Foster Care for Coordinated Care's Apple Health Core Connections program, the sole source Medicaid Managed Care. Prior to her role at Coordinated Care, Tory was the architect of a Primary Care Behavioral Health Integration model across 25 Primary Care clinics at Kaiser Permanente of Washington (formerly Group Health). Tory began participating in NCACH Board Meetings in 2016, and was active in NCW's journey in becoming an IMC mid-adopter in 2018.

### **Chelan Douglas CHI – Kaitlin Quirk, Action Health Partners**

- **Bio:** Kaitlin Quirk is the Health Education Network Coordinator with Action Health Partners and has been in this position for three years. Along with her work at Action Health Partners, Kaitlin also volunteers as the Board President of NAMI Chelan Douglas which is an all-volunteer working board and serves on the Chelan Douglas CHI Leadership Council. Kaitlin has a Master's in Public



# North Central Accountable Community of Health

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Administration with an emphasis in Healthcare Management from Grand Canyon University and a Bachelor of Science from Central Washington University.

**Officers:**

**Board Chair** – Molly Morris, Coulee Medical Center

**IMPACT/TIMELINE:**

- Board Member Seats: If approved, members will either renew for a 3-year term or start their first 3-year term on January 1<sup>st</sup>, 2021.
- Executive Committee Officers: If approved, officers will serve a 2-year term.
- The above slate of Board members and officers will leave an open seat in the following Executive Committee positions:
  - Board Treasurer
  - Board Secretary

Submitted By:

Nominating Committee

Submitted Date:

12.07.2020

Staff Sponsor:

Linda Evans Parlette

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## Board Decision Form

**TOPIC:** 2020 CHI Community Initiatives – Project Award Finalists

**PURPOSE:** To review and approve award finalists for 2020 CHI Community Initiatives

**BOARD ACTION:**

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

**BACKGROUND:**

North Central Accountable Community of Health (NCACH) allocated \$450,000 for regional and local level health initiatives that demonstrate innovation, collaboration, and address the social determinants of health. The funding opportunity, called CHI Community Initiatives, is a community investment process with involvement from the Coalitions for Health Improvement (CHI) which includes Letter of Intent review and feedback, as well as application review and the development of finalist recommendations.

In August 2020, NCACH's Governing Board authorized the 2020 CHI Community Initiative to proceed forward. The process opened to applicants shortly thereafter and review concluded in November 2020. Each application was submitted to four reviews, including at least one from an outside, independent reviewer.

NCACH is utilizing the CHI Community Initiative Funding process to identify grassroots projects that support NCACH's goal of improving the social determinants of health and/or specifically support the 6 projects selected by NCACH for the Medicaid Transformation Project (MTP). NCACH tracked proposals with overlap with MTP projects to maximize alignment and impact of the CHI Community Initiatives funding.

NCACH staff shared projects with overlap and recommendations with the Executive Committee and the Committee endorsed an approach to remove high scoring CHI Initiative Funding proposals from the original allocated amount of \$450,000 and fund those eligible proposals through other NCACH funding streams.

**PROPOSAL:** To approve the 2020 award finalists for the 2020 CHI Community Initiatives funding and fund four proposals that demonstrate overlap with Community-Based Care Coordination (CBCC) through 2021 CBCC budget.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**

The below recommendations include an increase of CHI Community Initiative Funding available for 2020 proposals from \$450,000 up to \$485,000. Per NCACH's Budget Deviation Policy, the Executive Director is authorized to deviate up to 10% or \$50,000, whichever is less, provided that any additional funds are used for the same specific purpose as the original allocation. This \$35,000 increase will fund a high scoring mental health

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and primary care integration project. In addition, four proposals meeting our definition of Community-Based Care Coordination (CBCC) and demonstrating direct overlap with our CBCC objectives will be supported through CBCC Funding (\$294,800).

**The Executive Committee and the Regional CHI Leadership Council endorsed both of these recommendations.**

**1. Recommendation: 2020 CHI Community Initiatives Funding Awards**

Lead Applicant	Project Title	Weighted Score	Amount Requested
Link Transit	"Hands On" - Visual Impairment Train the Trainer	97.2	6,000
Wenatchee River Institute	Leavenworth Nature StoryWalk®	94.7	6285.60
Planned Parenthood of Greater Washington and North Idaho	Integration of Behavioral Health Care for Patients at our Wenatchee and Moses Lake Health Centers	90.85	35,000
WSU Extension	Diabetes Prevention Using Virtual Education	89.825	25,000
NAMI Chelan Douglas	NAMI Chelan-Douglas; Increasing Support Groups and Education Programs	86.2	7,000
The Brave Warrior Project	Parent to Parent Enhancement and Expansion	85.5	24,994
Little Essentials Pantry Coalition	Little Essentials Pantries Assistance (free food and household essentials offered at drop-in pantries)	85.4	5,210
The Hope Agency Youth and Family Services	Grant County Youth Connection	85.2	150,000
Family Services of Grant County	Resilience for Children	84.65	25,000
NCESD	School Nurse Mentorship Program	84.45	25,000
Cashmere Community Market	Cashmere Community Market	83.75	50,000
Cascade Medical	Suicide Prevention Training and Mental Health Screening for the Cascade School District	83.2	6,700
The Maternal Coalition	Expanding Maternal and Child Health Services	82.8	68,809.40
North Valley Hospital	Trauma Informed Employment	75.25	50,000
		<b>TOTAL</b>	<b>485,000</b>

**2. Recommendation:** *2021 Community-Based Care Coordination Funding Awards*

Lead Applicant	Project Title	Weighted Score	Amount Requested
Upper Valley MEND	Upper Valley MEND Community Resource Navigator	93.05	75,000
Action Health Partners	Community Resource Specialist	89.525	74,800
Communities in Schools of NCW	Community In Schools Development & Expansion	82.9	70,000
Foundation for Youth Resiliency and Engagement	Okanogan County Youth Health Equity Project	80.2	75,000
		<b>TOTAL</b>	<b>\$294,800</b>

**TIMELINE:**

- Dec 2020: Motion for consideration. If approved...
- Dec 2020: Finalists notified. NCACH staff will develop contracts and execute them with partners.
- January 2021 – December 2021: CHI Community Initiatives project period
  - April 2021: Reporting milestone
  - July 2021: Reporting milestone
  - October 2021: Reporting milestone
- January 2022: Final report submitted

Submitted By: Regional CHI Leadership Council, Coalitions for Health Improvement  
 Submitted Date: 11/30/2020  
 Staff Sponsor: Sahara Suval



## Board Decision Form

**TOPIC:** 2021 NCACH Budget Package

**PURPOSE:** Approve the 2021 NCACH Budget

**BOARD ACTION:**

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

**BACKGROUND:**

The 2021 budget process began with a funds flow overview at the October Board Meeting followed by an overview of the 2021 Budget during the November Board meeting. After which, budget documents were emailed to Board members to allow for additional input in preparation for the December 7<sup>th</sup> Board meeting and approval of the 2021 Budget.

Input from Board members was compiled, reviewed and feedback was provided to the NCACH Finance Committee during the November 16<sup>th</sup> meeting. The NCACH staff and Finance committee discussed the feedback and determined the best way to address concerns or make additional changes to the process.

In partnership with the Finance Committee, NCACH staff finalized a presentation to accompany the 2021 budget for the December 7<sup>th</sup> Annual meeting. The presentation was created to provide additional information on certain budget line items, address Board level questions/concerns, and allow for discussion at the December 7<sup>th</sup> meeting on any additional budget items that need clarity from Board members. The attached documents provide a 2021 Budget spreadsheet as well as background information that went into the development of the budget.

**PROPOSAL:**

Motion to approve the 2021 annual budget for fiscal year January 1<sup>st</sup> to December 31<sup>st</sup>, 2021 as outlined in the attached budget spreadsheet totaling \$9,025,334.

**IMPACT/OPPORTUNITY (fiscal and programmatic):**

- Will allow NCACH to adopt an operational Budget in 2021 and engage partners in contracting when the budget is approved.

Submitted By:  
Submitted Date:  
Staff Sponsor:

NCACH Finance Committee  
12/07/2020  
John Schapman



# North Central Accountable Community of Health

**2021 Budget Review**  
**December 7<sup>th</sup> Board Meeting**

## Goals of Budget Approval Process

1. Review key 2021 NCACH goals and & MTP Project work
2. Summarize process & Board input received in 2021 budget
3. Summarize budget line items by focus area
4. Finalize steps to approve 2021 budget

Healthier WA is a statewide initiative that is focused on achieving system wide change.

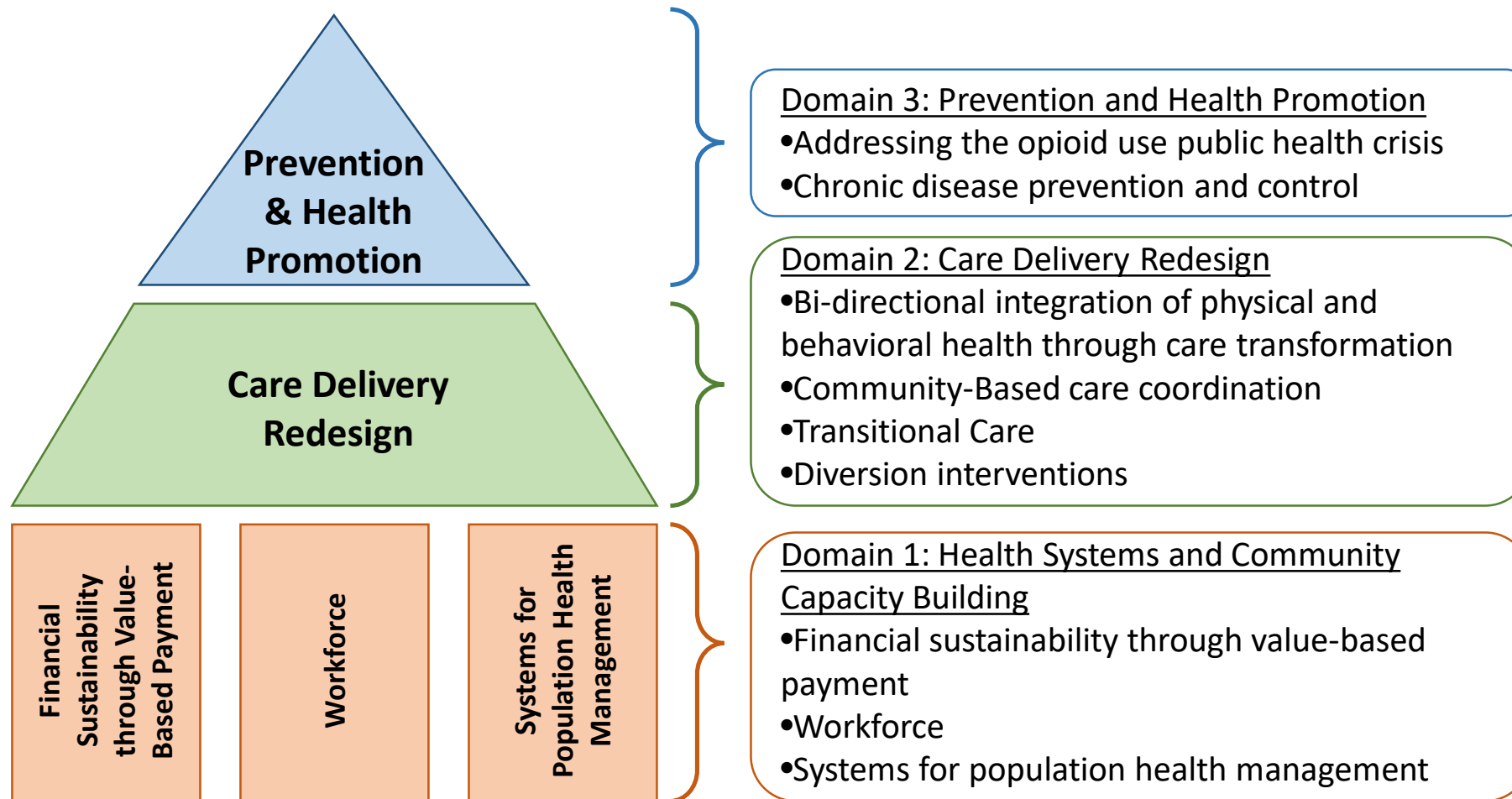
To achieve these goals, Healthier WA focuses on three goals:

1. Building healthier communities through a collaborative regional approach
2. Integrating how we meet physical and behavioral health needs so that **health care focuses on the whole person**
3. Improving how we pay for services by rewarding quality over quantity

In 2015, nine **Accountable Communities of Health** were formed to achieve these goals.



# Initiative 1: Care Transformation





# NCACH Projects & Workgroups

1. Bi-direction integration of physical and behavioral Health
2. Community-based care coordination
3. Transitional care
4. Diversion interventions
5. Addressing the opioid use public health crisis
6. Chronic disease prevention and control



# Approach to MTP Projects

## NCACH Projects

1. Bi-Directional Integration of Physical and Behavioral Health Care
2. Community-Based Care Coordination
3. Transitional Care
4. Diversion Interventions
5. Chronic Disease Prevention and Control
6. Addressing the Opioid Use Public Health Crisis

## NCACH Workgroups

- Whole Person Care Collaborative (WPCC) – Address all 6 projects**
- Community Based Care Coordination (Pathways HUB)**
- Transitional Care and Diversion Interventions Workgroup**
- Regional Opioid Stakeholders Workgroup**

## NCACH Estimated Revenue

Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)
Design Funds	\$6M	\$6M
FIMC Incentive	\$5.8M	\$5.8M
Project Plan Award	\$5.2M	\$5.2M
Pay for Reporting	\$15.9M	\$13.6M
Pay for Performance	\$5.8M	\$0M
High Performance DY1	\$1.4M	\$1.4M
VBP Incentives	\$2.2M	\$0M
Additional Revenue	\$0.7M	\$0M
<b>Total Funds</b>	<b>\$43.0M</b>	<b>\$32.0M</b>

***Approved  
January 2018***

## Board Approved MTP Estimated Expenditures 2017 - 2021

***Approved  
June 2018***

Funding Source	Board Approved Projections (6/2018)	Percentage (%)
Whole Person Care Collaborative	11.8M	49%
CBCC (Pathways Hub)	\$5.2M	22%
TCDI	\$2.6M	11%
Opioid Use Crisis & Recovery Response*	\$1.2M	5%
Community Engagement** (includes CHI funding)	\$0.0M	0%
Tribal Funding**	\$0.0M	0%
Operations	\$3.3M	13%
<b>Total Funds</b>	<b>\$24.1M</b>	<b>100%</b>

\*Recovery Work was added to this Line item after initial budgets where approved

\*\* Items that have been budgeted for in the annual-budgets just not in the long-term funding projections.



North Central Accountable  
Community of Health

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# Review of 2021 Budget Process

## 2021 Budget Objects

- Provide funding to achieve goals of MTP while making proposed changes in the budgeting process that aligns with a future ACH
- This includes a rationale to shift from a project –specific focus to a portfolio strategy where funding is based on alignment between NCACH’s various projects throughout 2021.

## Highlighted Comments/Questions from Board

### Overall Questions:

- Does our spending line up with our organization's priorities?
- How are we going to track success of our projects in 2021?
- How does the budget for 2021 compare to what we allocated and previous years?
- What results have we achieved to date and where has our funding gone (e.g. Sector, geographic location, etc.)

## Finance/Board Discussion – Additional Follow up items

### **Focus Areas to Consider Expanding Reach/Funding :**

- Workforce development and training support
- Facilitation for the Coalitions for Health Improvement (CHI)
- Grant funding for Opioid and Recovery work
- Improve how we share results/impact with Board in 2021



## NCACH Revenue Projections

Funding Source	Up to Revenue Estimates	Board Approved Projections (1/2018)	Revenue as of August 2020	Updated Projections
Design Funds	\$6M	\$6M	\$6M	\$6M
FIMC Incentive	\$5.8M	\$5.8M	\$5.8M	\$5.8M
Project Plan Award	\$5.2M	\$5.2M	\$5.2M	\$5.2M
Pay for Reporting	\$15.9M	\$13.6M	12.8M	\$15.6M
Pay for Performance*	\$5.8M	\$0M	\$0.0M	\$0.0M
High Performance DY1	\$1.4M	\$1.4M	\$1.4M	\$1.4M
VBP Incentives	\$2.2M	\$0M	\$0.7M	\$0.7M
Additional Revenue	\$0.7M	\$0M	\$0.4M	\$0.7M
<b>Total Funds</b>	<b>\$43.0M</b>	<b>\$32.0M</b>	<b>\$32.3M</b>	<b>\$35.4M</b>

## Estimated Expenditures 2017 - 2021

Funding Source	Board Approved Projections (6/2018)	Percentage (%)	Projected Expenditures	Percentage (%)
Whole Person Care Collaborative	11.8M	49%	\$8.2M	37%
CBCC (Pathways Hub)	\$5.2M	22%	\$3.1M	14%
TCDI	\$2.6M	11%	\$2.1M	10%
Opioid Use Crisis & Recovery Response*	\$1.2M	5%	\$1.4M	6%
Community Engagement ** (includes CHI funding)	\$0.0M	0%	\$2.6M	12%
Tribal Funding**	\$0.0M	0%	\$0.7M	3%
Operations	\$3.3M	13%	\$4.1M	18%
<b>Total Funds</b>	<b>\$24.1M</b>	<b>100%</b>	<b>\$22.2M</b>	<b>100%</b>

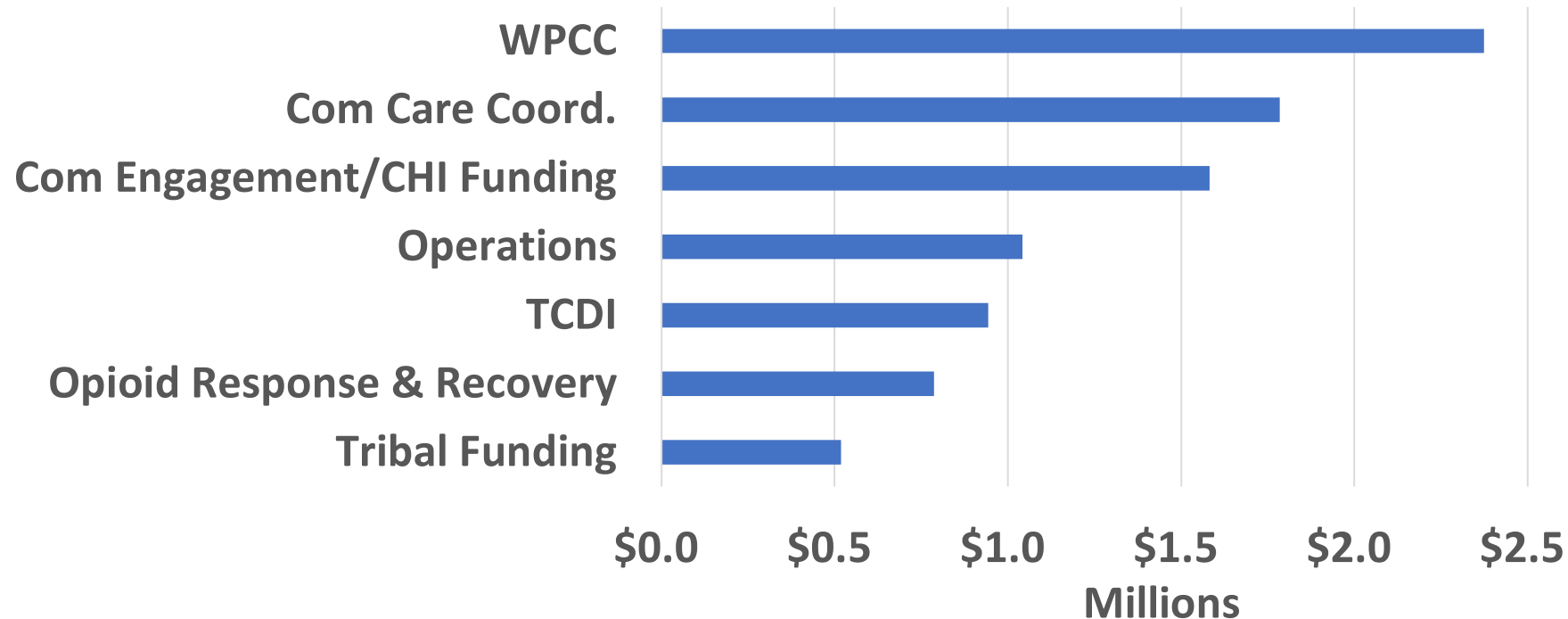
\*Recovery Work was added to this Line item after initial budgets where approved

\*\* Items that have been budgeted for in the annual-budgets just not in the long-term funding projections.

2017 – 2021 EXPENSES (Actuals 2018 – 2019; Estimates 2020 & 2021)						
	2017	2018	2019	2020	2021	2017-2021
Project Implementation						
Whole Person Care Collaborative	\$0	\$2.2M	\$1.9M	\$1.7M	\$2.4M	\$8.2M
Community Based Care Coordination (Project 2B)	\$0	\$0.5M	\$0.6M	\$0.3M	\$1.7M	\$3.1M
Transitional Care and Diversion Interventions	\$0	\$0.2M	\$0.5M	\$0.5M	\$0.9M	\$2.1M
Opioid Use Crisis Response & Recovery	\$0	\$0.1M	\$0.3M	\$0.2M	\$0.8M	\$1.4M
Community Engagement	\$0	\$0.1M	\$0.4M	\$0.5M	\$1.6M	\$2.6M
Tribal Funding	\$0	\$0	\$0	\$0.2M	\$0.5M	\$0.7M
Operations (Admin and data staff, non-project initiatives, hosting fee)	\$0.1M	\$1.2M	\$0.8M	\$0.9M	\$1.0M	\$4.1M
Total Expenses	\$0.08M	\$4.3M	\$4.5M	\$4.3M	\$9.0 M	\$22.2M

## 2021 Budget by Focus Area

### 2021 Budget by Focus Area



**TOTAL BUDGET**  
\$9M



# Project Specific Review

## Operations – 2020 Impacts

### 2020 Impacts

- Adopted a new mission statement, guiding principles, and value proposition
- Built on Board governance and engagement by initiating additional committees
- COVID-19 delayed SUDP Apprenticeship program

#### ***NEW Mission Statement:***

*Advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.*

## Operations – 2021 Goals and Funding

### Goals for 2021

- Complete NCACH's strategic plan and update Board governance model
- Embed health equity strategies across NCACH operations
- Position NCACH to be competitive in seeking funds after MTP

Budget Item	Amount	Details
Operations and Project Management (Org Cost)	\$1,535,994	NCACH Staffing costs, CDHD Hosting Fee, organization specific contractor support that cannot be paid out of FE portal.
Governance and Org Development	\$141,600	Consultant to support the Strategic Planning Workgroup and NCACH governance development
Program Evaluation & Data Analytics	\$70,000	Continued program evaluation and analytic support through 2021.
Workforce Development	\$63,250	Substance Use Disorder Professional apprenticeship program

## Whole Person Care Collaborative

The **Whole Person Care Collaborative** acts as the primary driver to move outpatient clinical partners toward new payment models that include value-based payment and promotes the alignment of provider transformation efforts with a shared vision of whole person health that includes bidirectional integration.



## Whole Person Care Collaborative Successes & Goals

### ***Learning Activities***

- Bi-Directional Integration
- Empanelment
- Team-Based Care
- Population Health Management

### ***Successes achieved:***

- Organizations are able to report data on specific metrics
- After empaneling patients, organizations were able to increase access and target specific populations to address gaps in care
- Organizations are screening regularly for SDoH and depression
- Behavioral health organizations are monitoring the seriously mental ill's metabolic panels, Hemoglobin A1c and blood pressure as a means toward integration.

## Whole Person Care Collaborative 2021 Goals and Funding

### ***Goals for 2021:***

- Cultivate a learning culture
- Strengthen county-level behavioral health systems
- Strengthen organizations capacity to collect and use data for improvement purposes.
- Cultivate strategies to improve organizations utilization of risk stratification
- Encourage patient engagement to design systems that meet the needs of patients.

WPCC Learning Community	\$1,780,000	Base and variable funding to support participation in quality improvement projects resulting in movement towards readiness for new payment models that include value-based payment.
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## CHI Community Initiatives Funding - 2020 Activities & Impact

### **2019 CHI Funded Partners – 8 projects total:**

While COVID-19 impacted some of their original plans, our partners remained adaptable & resilient, working to support critical needs and address the social determinants of health across the four-county region. All partners remain on track to achieve their outlined objectives and contribute to a healthier NCW.

### **2020 CHI Community Initiatives investment process:**

The 2020 community investment process opened to applicants in August. This year's process demonstrated an increased level of collaboration, innovation, and connection with the Coalitions and cross-sectoral partners.



*2019 Funded Partner: CDCAC's new mobile food pantry unit purchased with funds from NCACH, photo by Alan Walker*

## CHI Community Initiatives – 2021 Goals & Funding

### CHI Community Initiatives Funding

- Continue to use community investment process to fund grassroots efforts that address SDOH and community-clinical collaborations to improve health with input from the Coalitions as on-the-ground partners & local experts
  - Use 2021 process to identify proposals that have overlap with other NCACH project work and increase multi-disciplinary approaches to reduce silo'ing across NCACH's project portfolio
- Remain responsive to community needs and increase available funding to reflect that need

Budget Item	Amount	Details
<b>CHI Community Initiatives Funding</b>	\$1,150,000*	Payments will support projects that address SDOH, improve local health outcomes, and incentivize collaboration & innovation *\$900,000 for 2021 payments; budget includes anticipated carryover from 2020 partner payments

## Coalitions for Health Improvement - 2020 Activities & Impact

The CHIs remained a critical connection point for community members throughout 2020, hosting a variety of topics and conversations including: Providing food assistance for communities during COVID-19; Impacts of wildfire and COVID-19; 2020 election candidate forums; Reviewing 2020 CHI Community Initiatives proposals; and more. CHIs also helped increase support & collaboration with public health to curb COVID-19 impacts.

The CHI Leadership Council also served as important thought-leaders for the 2020 CHI Community Initiatives funding process, helping to develop structural updates including public-review sessions and providing advisory input & review support.



*Okanogan County CHI January 2020 meeting  
(one of the last in-person CHI meetings hosted in  
2020), photo by Christal Eshelman*



## Coalitions for Health Improvement – 2021 Goals & Funding

### CHI Goals

- Continue to serve as critical connection points for partners in each local health jurisdiction, providing support for public health during the COVID-19 pandemic, and identifying ways to address local gaps and social determinant of health needs
- Create purposeful connection to the other Coalitions across region, using resources & expertise to address regional needs and promote cross-county collaboration
- Develop strategy & infrastructure for post-MTP, including plans to support CHI activities beyond NCACH funding

Budget Item	Amount	Details
<b>CHI Lead Agency Support Funding</b>	\$225,000	Payments will support lead agency partners to facilitate CHI activities, including strategic planning for post-MTP and provide critical coordination support for 2021 CHI Community Initiatives community investment process

## Tribal Engagement

### 2020 Activities

- April: Finalized 2-year MOU with the Colville Tribes Health & Human Services (HHS) for up to \$669,000
- July: Made first disbursement of \$150,000 to Colville Tribes HHS
- Oct-Nov: Met with new HHS Director who affirmed continued relevance of overarching goals. Shifting budget priorities are being updated in MOU amendment.

### Goals & Funding for 2021

- Continued support of Colville Tribes HHS infrastructure and capacity building needs

Budget Item	Amount	Details
Tribal Investment	\$519,000	Continue to support the work of the Confederated Tribes of the Colville Reservation through 2021.

## Opioid Project 2020 – Activities and Impact

The Opioid project saw many delays in the work planned but throughout the year, Workgroup members came forward with new ideas on how to improve the project and engaged thoughtfully despite the pandemic and the challenges it has posed for all partners.

### **Successes and current progress:**

- Reducing harm through targeted Narcan trainings and distribution
- Opioid Awareness Campaign delayed but will be more important than ever
- Ongoing school-based prevention curriculum assessment/planning
- Pool of Recovery Coaches trained as trainers (2019 and 2020)
- Recovery Coach Network development
- Trainings for providers (MAT, dental prescribing guidelines)



## Opioid Project - 2021 Goals and Budget

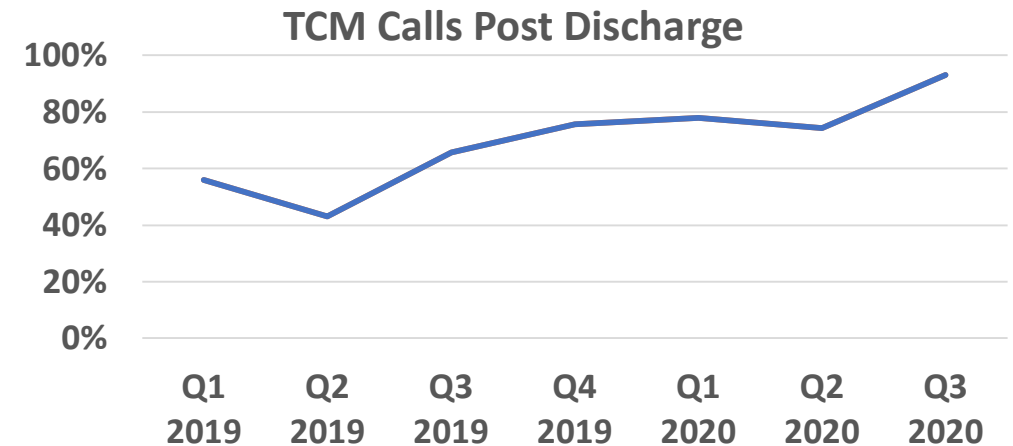
- Moving forward-Seeing the project “Through a Recovery Lens”
  - Develop professional pathways toward careers in 4 key focus areas: overdose prevention, SUD prevention, treatment, and recovery support
  - Develop and Pilot Recovery Coach Network

Budget Item	Amount	Details
<b>Recovery Coach Network and Recovery Corps</b>	\$399,000	Develop Recovery Coach Network; develop recovery corps mentoring program; support training and harm reduction activities through Recovery Coaching support or funding
<b>Opioid Partner Payments</b>	\$180,000	Re-imagined Rapid Cycle funding meant to address opioid and addiction in NCW, potentially as an extension of the CHI Community Initiatives Funding  Continue with the second year of funding for school-based prevention curriculum assessment and implementation, and Awareness and Education, and recovery stories

## Transitional Care & Diversion Intervention - 2020 Project Impacts

### Hospital Partners:

- Hospitals implementing TCM process ↑ post discharge calls
- These hospitals seen an ↑ in follow up after discharge and ↓ in readmission



### EMS Partners:

- EMS Partners have engaged in COVID-19 work utilizing lessons learned from CP
- COVID-19 has expanded partnerships between EMS, Public Health and some Healthcare Systems

## Transitional Care and Diversion Intervention – 2021 Goals & Funding

### TCDI Goals for 2021

- Place focus on transition and diversion tactics outside of healthcare facility.
- Provide larger investments of funding on community and EMS organizations
- Promote collaboration with the following: EMS, Healthcare System, and/or CBOs
  - Utilize NCACH to support partnership development

Budget Item	Amount	Details
TCDI Partner Payments	\$880,000	Payments will support collaborative agreements between healthcare systems, EMS, and community based organizations

## Community Based Care Coordination - 2020 Activities & Impact

- **March 2020** Board passed a motion to discontinue the Pathways Community HUB pilot.
- **April-Sep 2020**
  - Meetings with HCA to discuss process and expectations around project modification
  - Strategy sessions with neighboring Eastern WA ACHs
  - Ongoing ACH Executive discussions on CBCC and Community Information Exchange (CIE)
  - Regular check-ins with Action Health Partners
  - Health Home Demystified event
- **November 2020** Board passed motion to approve the proposed project modification plan (2-pronged approach).

## Community Based Care Coordination – 2021 Goal

### **Overarching Goal**

Strengthen the network of community-based care coordination programs across the region so that the network is more cohesive and better able to respond to the needs of North Central residents, especially those with significant behavioral health needs, those utilizing acute healthcare services frequently, and those struggling with incarceration.

## Community Based Care Coordination – 2021 Objectives

- Strengthen the Health Home program in the NCACH region
- Deepen awareness and understanding of regional care coordination efforts
- Expand reach of community-based care coordination models to rising risk populations
- Strengthen common resource inventory tools that can benefit all care coordination agencies across our region
- Strengthen data collection and sharing mechanisms across care coordination network
- Organize continuing education opportunities to promote broad-based community health workforce development
- Work with potential future funders and advocate for funding mechanisms to sustain CBCC programs

## Community Based Care Coordination – 2021 Funding

### CBCC Contracted Support for Partners Details

Budget Item	Amount	Details
Meeting Facilitation	\$9,680	Outside facilitator for quarterly strategy meetings and learning sessions.
Continuing Education	\$25,000	Sponsor local trainings benefiting regional community-based workforce (motivational interviewing, quality improvement, etc.)
Marketing & Communications	\$5,000	Support marketing/communication efforts raising awareness about great CBCC work happening in the region.
Evaluations	\$25,000	Sponsor evaluations for partners looking to articulate proof of concept and impact.
<b>TOTAL</b>	<b>\$64,680</b>	

## Community Based Care Coordination – 2021 Funding

### CBCC Partner Payments Details

### 1 Strengthen the Health Home program in our region

Budget Item	Amount	Details
Health Home expansion	\$225,000	Seed funding to bring on additional Health Home care coordinators (focus on Okanogan and Grant counties).
Platform Costs	\$200,000	New Health Home platform for Action Health Partners.
Platform Development and Training	\$125,000	Action Health Partners staff time for platform migration, development and training of CCO partners.
<b>TOTAL</b>	<b>\$550,000</b>	



## Community Based Care Coordination – 2021 Funding

### CBCC Partner Payments Details

**2** Invest in infrastructure that can support all care coordination

Budget Item	Amount	Details
Recovery Care Coordinators	\$300,000	Seed funding to expand capacity for CBCC to recovery population.
WA 211	\$100,000	Development costs for improved functionality of 211 web interface.
NCW 211	\$100,000	Invest in 211 resource management capacity, and prioritize staffing footprint in our region.
CBCC Programs - Rising Risk	\$500,000	Seed funding to expand capacity for CBCC to rising risk populations (proposals coming through the CHI community initiatives process.)
Platform Costs	\$100,000	Cover costs for CBCC partners who are interested in using trusted platforms.
<b>TOTAL</b>	<b>\$1,100,000</b>	



# Discussion – 2021 Budget

**Review 2021 budget spreadsheet and additional documents**

***Action* → Approve a budget for 2021 NCACH calendar year**

**FOR APPROVAL BY BOARD**

**2021 NCACH Budget**

Fiscal Year: Jan 1, 2021 - Dec 31, 2021

**NCACH Expenses**

Budget Line Item	Totals Budgeted	Jan-21	Feb-21	Mar-21	April-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
<b>Operations and Project Management</b>													
<i>Salary &amp; Benefits</i>	<b>\$942,981</b>	\$78,103	\$78,103	\$78,408	\$78,408	\$78,408	\$78,408	\$78,408	\$78,691	\$79,011	\$79,011	\$79,011	\$79,011
<i>Supplies</i>	<b>\$37,000</b>	\$6,067	\$1,967	\$2,467	\$6,067	\$1,967	\$2,467	\$4,567	\$1,967	\$2,467	\$2,567	\$1,967	\$2,467
<i>Services</i>	<b>\$165,439</b>	\$12,688	\$11,313	\$21,657	\$16,143	\$19,293	\$13,173	\$12,343	\$10,493	\$14,173	\$10,493	\$10,493	\$13,173
<i>Other Expenditures</i>	<b>\$190,227</b>	\$15,489	\$10,689	\$14,419	\$12,489	\$10,689	\$34,534	\$17,719	\$10,689	\$24,419	\$13,989	\$10,689	\$14,419
<i>CDHD Hosting Fee 15%</i>	<b>\$200,347</b>	\$16,852	\$15,311	\$17,543	\$16,966	\$16,554	\$19,287	\$16,956	\$15,276	\$18,010	\$15,909	\$15,324	\$16,360
<b>Operations, and Project Management Contracts</b>													
<i>Governance and Organizational Development</i>	<b>\$141,600</b>	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800	\$11,800
<i>Program Evaluation &amp; Data Analytics</i>	<b>\$70,000</b>	\$0	\$0	\$17,500	\$0	\$0	\$17,500	\$0	\$0	\$17,500	\$0	\$0	\$17,500
<i>Workforce Development</i>	<b>\$63,250</b>	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$1,750	\$1,500	\$30,750	\$750	\$750	\$750
<i>CHI Lead Agencies</i>	<b>\$225,000</b>	\$0	\$0	\$56,250	\$0	\$0	\$56,250	\$0	\$0	\$56,250	\$0	\$0	\$56,250
<i>CBCC Contracted Support for Partners</i>	<b>\$64,680</b>	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390	\$5,390
<i>WPCC Advising and Learning Contracted Support</i>	<b>\$366,809</b>	\$49,839	\$33,039	\$37,339	\$30,339	\$24,839	\$46,339	\$24,839	\$24,839	\$30,600	\$17,100	\$18,100	\$29,600
<i>Harm Reduction Fund</i>	<b>\$120,000</b>	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<i>Recovery Corps Mentorship Program</i>	<b>\$150,000</b>	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500
<i>Recovery Training and Support</i>	<b>\$129,000</b>	\$22,250	\$7,250	\$7,250	\$15,250	\$7,250	\$7,250	\$12,250	\$16,250	\$7,250	\$12,250	\$7,250	\$7,250
<b>Partner Payments:</b>													
<i>CHI Partner Payments</i>	<b>\$1,150,000</b>	\$0	\$0	\$0	\$250,000	\$0	\$0	\$0	\$0	\$900,000	\$0	\$0	\$0
<i>Tribal Investment</i>	<b>\$519,000</b>	\$150,000			\$150,000			\$150,000			\$69,000		
<i>CBCC Partner Payments</i>	<b>\$1,650,000</b>	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500	\$137,500
<i>WPCC Learning Community</i>	<b>\$1,780,000</b>	\$445,000	\$0	\$0	\$445,000	\$0	\$0	\$445,000	\$0	\$0	\$445,000	\$0	\$0
<i>TCDI Partner Payments</i>	<b>\$880,000</b>	\$220,000	\$0	\$0	\$220,000	\$0	\$0	\$220,000	\$0	\$0	\$220,000	\$0	\$0
<i>Opioid Partner Payments</i>	<b>\$180,000</b>	\$8,333	\$48,333	\$8,333	\$8,333	\$8,333	\$28,333	\$8,333	\$8,333	\$8,333	\$28,333	\$8,333	\$8,333
<b>Grand total</b>	<b>\$9,025,334</b>	<b>\$1,206,311</b>	<b>\$387,695</b>	<b>\$442,855</b>	<b>\$1,430,685</b>	<b>\$349,022</b>	<b>\$485,231</b>	<b>\$1,169,354</b>	<b>\$345,227</b>	<b>\$1,365,953</b>	<b>\$1,091,591</b>	<b>\$329,106</b>	<b>\$422,303</b>

## **Governance & Organizational Development Contracts:**

**Total Line Item Amount: \$141,600**

This line items contains 2 main contracts focused on supporting the Board to develop its Strategic Plan and establish a policy governance model that will operate under the new direction of the Board.

NCACH is seeking contracted expertise for this scope of work for the following reasons:

- Bringing in outside subject matter experts to support the Board in achieving both its strategic plan and governance goals
- Utilize consultants who can bring an outside non-biased perspective to the issue and allow Board members and staff to work with them through these issues without having to worry about community dynamics
- Provide additional staffing capacity to support the completion of this scope of work and allow NCACH staff members to participate fully in the workgroup or committee.

Each consultant will take full responsibility for managing these processes including facilitating meetings, collecting Board member input, preparing materials for any discussions and compiling final recommendations and documents for the Board. Contracts are expected to start January 1<sup>st</sup>, 2021 and go through December 31<sup>st</sup>, 2021.

### **1. Strategic Planning Support: \$99,600 [Contractor: Better Focus LLC]**

- a. Support the strategic planning workgroup who will develop a strategic plan for NCACH and the region. This scope of work would include:
  - i. Operate an effective and flexible Strategy Workgroup for as long as it's needed
  - ii. Formulate strategies
  - iii. Assess community needs and market demand – develop compelling value propositions
  - iv. Stringently evaluate proposed strategies and make revisions
  - v. Develop cost projections, define business logic, and model revenue sources
  - vi. Develop an integrated business plan
  - vii. Develop an implementation plan

### **2. Board Governance Support: \$42,000 [Contractor: Tenfold Consulting]**

- a. The goal is to choose a Governance model and develop a framework that would help provide structure and accountability to both the board and CEO. 2021 focus on building a foundation and educating board members around the model.

Final contracts will be negotiated upon approval of the 2021 budget by the Governing Board. The above does not outline the full scope of work for each contract but provides a summary of the work to be completed.

If the Board does not approve contracts, there will need to be additional capacity funded and developed within the organization to fulfil the deliverables outlined in both areas, and work will not be able to start until that capacity has been developed.

## NCACH 2021 Budget Overview

### Purpose

This document provides 2021 NCACH budget justification that calls out and summarizes broad organizational goals as required by the MTP and provides a thoughtful rationale to proposed changes in the budgeting process that will serve as a transition to the NCACH's future state.

NCACH recognizes that a primary goal of our organization is to strengthen and improve our networks and systems of care across partners and projects. Therefore, included in this rationale is a shift from a project – specific focus to a portfolio strategy where funding is based on alignment between NCACH's various projects (e.g. WPCC) and core functions (e.g. Community Engagement).

### NCACH 2021 Goals:

- The **Whole Person Care Collaborative** acts as the primary driver to move outpatient clinical partners toward new payment models that include value-based payment and promotes the alignment of provider transformation efforts with a shared vision of whole person health that includes bidirectional integration.
- **Community engagement** in our projects and initiatives is critical as we prioritize health equity and addressing the Social Determinants of Health. Examples of successful engagement strategies include the development of the Recovery Coach Network, a mechanism through which we engage, support, and incentivize peer-based Recovery Coaches in North Central Washington; and CHI Community Initiative Funding supporting grassroots efforts to address the needs of the most vulnerable in our communities.
- **Tribal engagement** continues as it relates to health system infrastructure and capacity building needs prioritized by the Colville Confederated Tribes (as outlined in our 2020-21 MOU), while also identifying additional partnerships opportunities in our broader work.
- **Community Based Care Coordination** shifts away from delivering a specific model (e.g. Pathways Hub), and instead focus on strengthening the network of community-based care coordination programs across our region, including Health Home, and investing in building blocks that can support broader community-based care coordination needs.
- Our **Regional Opioid and Transitional Care and Diversion Intervention Projects** support the project-specific objectives of the Medicaid Transformation Project while shifting focus to how these partners can support broader community goals, including but not limited to:
  - Clinical-community linkages
  - Addressing social determinants of health needs

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**“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”**

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## 2020 NCACH learning and adjustments through COVID-19:

From March to June, MTP work saw considerable delays throughout the pandemic. The ability of our partners to continue with NCACH-specific work varied widely across projects as organizations and clinical partners put considerable resources into COVID-19 response. Across the board, continued expansion and innovations in work were delayed, and this has made it difficult to use quality metrics/data to measure the success of projects in 2020. COVID-19, however, prompted an organizational shift and learning in the following key areas:

1. The NCACH Board was able to shift focus from project work and spent more time focusing on our organization's mission and strategic direction throughout the MTP and beyond.
2. NCACH's ability to connect with non-clinical partners increased through the COVID-19 funding process.
3. NCACH demonstrated ways to support the region as a convener of cross-sector stakeholders (e.g. regional Spanish messaging workgroup).

Moving into 2021, NCACH is working with current partners to move from a clinical focus to making those connections to address their clients' social determinants of health.

## Additional Considerations from Finance Committee

NCACH Finance committee met with staff on October 29<sup>th</sup> and called out the following focus areas where they felt the budget could be adjusted to fit the priorities of the organization:

- Workforce Development: This is a potential area where NCACH could make a greater impact. The finance committee recommends evaluating if NCACH should support a more cohesive plan for the region.
- Coalitions for Health Improvement (CHI) support and funding: The local engagement and grassroots efforts from the work done in the CHIs aligns well with NCACH's future plans. Based on feedback from the Coalitions, as well as the number of requests received in 2019 and 2020, we should review if we are adequately funding both the Coalitions themselves and partners through the CHI initiative funding.
- Community Based Care Coordination: NCACH's role around strengthening data collection and sharing mechanisms warrants further review and the finance committee agreed to dig into this and the overall CBCC goals and budget in more detail. We are planning a follow-up meeting in early November.
- Opioid and Recovery Work: The Opioid epidemic remains an ever present problem for our region and will continue to be an area our region needs address. As well, there are also resources outside of the NCACH funding that can support this work and maximize our efforts. The committee recommends NCACH should not only look at directly funding this work, but look at how we can capitalize on grant opportunities in 2021.
- Cross Project Collaboration: NCACH recognizes that a primary goal of our organization is to strengthen and improve our networks and systems of care across partners and projects. The finance committee supports movement from a project-specific focus to a portfolio strategy where funding is based on alignment between NCACH's various projects (e.g. WPCC) and core functions (e.g. Community Engagement).

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## NCACH Focus Area Budget Summary:

On the next few pages is a summary of current progress, key goals in 2021, and additional details behind budget line items, which were chosen to outline areas of partner and consultant funding.

### Operational/Board Budget:

**Current Progress:** The NCACH Governing Board approved a mission statement and guiding principles to shape continued work beyond the Medicaid Transformation. NCACH has 1 year left for the MTP so we need to accomplish the goals of the MTP while setting ourselves up for the future state.

### Operational Goals for 2021

- Complete NCACH's strategic plan and move the board into a policy governance model.
- Define how mission statement and guiding principles might shape Board Governance, including Board composition and the decision making process.
- Embed health equity strategies and principles across NCACH operations by the end of 2021.
- Develop a transition plan to move NCACH's operations into alignment with the new Board strategic plan, including identifying the best operational structure for a future NCACH.
- Position NCACH to be competitive in seeking funds after the Medicaid Transformation Project.

### Major Budget Line Items:

Budget Item	Amount	Details
Operations and Project Management (Organizational Cost)	\$1,535,994	NCACH Staffing costs, CDHD Hosting Fee, organization specific contractor support that cannot be paid out of FE portal such as CPA, legal, cross ACH support, and recovery Coach stipends and expense reimbursements
Governance and Organizational Development (Contractors)	\$141,600	Consultant support through 2021 to support the Strategic Planning Workgroup Consultant support for working with Governance committee to transition NCACH into Policy governance model.
Program Evaluation & Data Analytics	\$70,000	Continued program evaluation and analytic support through 2021.
Workforce Development	\$63,250	Support work in establishing a Substance Use Disorder Professional apprenticeship program that was delayed due to COVID-19

## Whole Person Care Collaborative (WPCC) Budget Summary:

**Current Progress:** Due to the coronavirus pandemic and the reduction of capacity to participate in a multitude of quality improvement projects, we have curtailed the process in an effort to allow our partners to focus on chronic disease prevention and bidirectional integration, specifically diabetes, depression, mental illness and substance use disorder.

### WPCC Goals for 2021:

- Cultivate a learning culture through peer-to-peer interactions during learning activities and collaborative meetings.
- Strengthen county-level behavioral health systems by improving partnerships between primary care and behavioral health organizations.
- Strengthen organizations capacity to collect and use data for improvement purposes.
- Cultivate strategies to improve organizations utilization of risk stratification to identify vulnerable and high risk patient populations.
- Encourage patient engagement to design systems that meet the needs of patients.

### Major Budget Line Items:

Budget Item	Amount	Details
WPCC Advising and Learning Contracted Support	\$366,809	Consultant support and focused learning activities to support peer-to-peer learning and forward progression of quality improvement projects.
WPCC Learning Community	\$1,780,000	Base and variable funding to support participation in quality improvement projects resulting in movement towards readiness for new payment models that include value-based payment.



## Communications/Community Engagement Budget Summary:

**Current Progress:** In September, NCACH board approved the development of a social media and communications plan to identify, create content for, and reach our target audience. CHI Community Initiatives has been successful over the last two funding cycles in creating a community-led process for funding local partners in their various-sized social determinant of health projects.

## Communications/Community Engagement Goals for 2021

- Establish a cloud-based storage platform NCACH to use to migrate documents and resources to, and can be managed in perpetuity of the organization.
- Investing in a comprehensive communications strategy that can reach all demographics across North Central Washington (e.g. Latinx community), including ongoing social media content development, platform management, and graphic design / video production.
- Support the CHI through CHI Lead Agency contracts, as well as provide facilitated support to help each Coalition work on future-planning that is responsive to the needs of each local health jurisdiction.
- Maintain and expand upon the success of the CHI Community Initiatives funding opportunity that identifies grassroots organizations and initiatives that help drive the mission of NCACH at a community level.

## Major Budget Line Items:

Budget Item	Amount	Details
CHI Lead Agencies	\$225,000	Provide contracted support to the Coalitions for Health Improvement through year 5 of the MTP.
CHI Partner Payments	\$1,150,000	Fund current CHI Initiative funding applicants that have applied in the 2020 cycle and will complete work through 2021 and provide another round of funding (\$450,000) for this work in 2021.

## Tribal Engagement

**Current Progress:** NCACH finalized its 2-year MOU with the Colville Tribes in April 2020, and made its first disbursement of \$150,000 to the Colville Tribes Health & Human Services in July 2020. Staffing turnover and COVID delayed the anticipated work, but the NCACH team recently connected with the new Director who confirmed continued relevance of overarching goals. A follow-up meeting scheduled in November will focus on needed adjustments, and the first progress report will be due in January 2021.

### Tribal Engagement Goals for 2021

- Support Colville Tribes HHS's continued progress on infrastructure and capacity building needs outlined in their operational plan, including: developing public health data systems; building critical infrastructure to promote a culture of evaluation and improvement; developing public health and health care workforce through recruitment and retention efforts; and increasing inter-departmental collaboration and external collaborations with regional partners that are part of the health and wellness system for residents of the CCT region.
- Promote communications and seek out additional partnership opportunities through MTP and CHI work, and through emerging statewide efforts.
- Continue outreach to Tribal Council and increase awareness of Colville Tribes efforts around whole person health by continuing Governing Board updates on a quarterly basis.

### Major Budget Line Items:

Budget Item	Amount	Details
Tribal Investment	\$519,000	Continue to support the work of the Confederated Tribes of the Colville Reservation through 2021.

## Community Based Care Coordination

**Current Progress:** Pathways Community HUB model, which was the intended focus of work in 2020, was discontinued by the NCACH Board in March, and efforts have focused on planning for a 2021 shift.

### Community Based Care Coordination Goals for 2021

Strengthen the network of community-based care coordination programs across the region so that the network is more cohesive and better able to respond to the needs of North Central residents, especially those with significant behavioral health needs, those utilizing acute healthcare services frequently, and those struggling with incarceration. Planned strategies will advance the following objectives:

- Strengthen the Health Home program in the NCACH region
- Deepen awareness and understanding of regional care coordination efforts
- Expand reach of community-based care coordination models to rising risk populations
- Strengthen common resource inventory tools that can benefit all care coordination agencies across our region
- Strengthen data collection and sharing mechanisms across care coordination network
- Organize continuing education opportunities to promote broad-based community health workforce development
- Work with potential future funders and advocate for funding mechanisms to sustain CBCC programs

### Major Budget Line Items:

Budget Item	Amount	Details
CBCC Contracted Support for Partners	\$64,680	Represents costs associated with facilitation of strategy meetings, trainers for continuing education opportunities, marketing/communications efforts to call attention to community-based care coordination efforts in our region, and evaluation activities to help partners build their case for sustained support.
CBCC Partner Payments	\$1,650,000	Represents disbursements to partners to increase number of community-based care coordinators in our region, increase usability and use of trusted platforms, and invest in 211 functions that will improve quality of resource directory and increase referrals and linkages across our region.

## Opioid and Recovery Budget Summary:

**Current Progress:** The progress of the opioid project was severely delayed throughout COVID-19 as many of the funded partners or workgroup members experienced reduced capacity to participate in meetings or invest in their opioid strategy to their fullest ability. In short, systems that were created to be ongoing saw delay and lack of interest (e.g. Rapid Cycle Funding). With the onboarding of our Recovery Coach Network Coordinator, Joey Hunter, recovery focused activities have been front and center and increasingly in demand from the Opioid Stakeholder community, especially as increased isolation from recovery supports, increase in overdose deaths, and a refocusing on connectivity became consistent topics of conversation.

## Opioid - Recovery Goals for 2021

- Develop a “Recovery Corps” program that braids CBCC funding and opioid funding to create more opportunities for people in recovery (from opioids and other drugs) to get involved in their community or work their individual recovery programs (e.g. Recovery Mentorship/Internship). Mentees would provide a number of project-specific supports, all through the lens of recovery. For example, mentees could provide naloxone distribution to areas where people use drugs in order to reduce opioid deaths.
- Invest in harm-reduction activities, as needed. This could be direct support of local Syringe Exchange programs, MAT access, etc.
- Ensure funding is available for projects targeting opioid stigma, education, and awareness of the changing landscape of opioid and drug use in North Central WA.

## Major Budget Line Items:

Budget Item	Amount	Details
Recovery Corps Program	150,000	<i>See first bullet above</i>
Recovery Training and Support	\$129,000	Support the establishment of Recovery Coach training and supporting partners. Additional contracted support to help with workload due to reduction in staffing and supporting opioid and recovery aware outreach campaigns
Opioid Partner Payments	\$180,000	School-based prevention, rapid cycle funding
Harm Reduction Capacity Building	\$120,000	SSP, MAT, Naloxone distribution

### Transitional Care and Diversion Intervention (TCDI) Budget Summary:

**Current Progress:** Current hospital program transitional care and ED Diversion plans submitted have been operational for 2 years and those who implemented successful programs need no further funding to build out their programs. EMS professionals have been able to test small scale treat and referral programs to gain a better understanding of Community Paramedicine, but have not had the funding to support creating a more robust programs in collaboration with other partners. TCDI stakeholders and funded partners had provided feedback that funding should focus on joint collaborations with particular attention to non-hospital partners. This decision also aligns with the 5<sup>th</sup> year goals of 5<sup>th</sup> Transformation project for TCDI.

### TCDI Goals for 2021

- Create a funding process that requires partners to collaborate together on Transitional Care, ED Diversion, and Community Paramedicine Initiatives with a particular focus on strengthening the linkages outside of the hospital.
- Focus larger investments of funding on community and EMS organizations so they have capacity to support transitions of care outside of the acute care setting.
- Promote collaboration by requiring joint applications to include at least two of the following: EMS, Healthcare System, and/or Community Based Organization

### Major Budget Line Items:

Budget Item	Amount	Details
TCDI Partner Payments	\$880,000	Funding will support collaborative agreements between healthcare systems, EMS, and community based organizations to support transitions of care and ED Diversion.



**STATE OF WASHINGTON  
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

November 24, 2020

**Subject: Approval of Project Modification Request**

Sen. Parlette,

As described by the DSRIP Funding and Mechanics Protocol, Accountable Communities of Health must seek state review and approval/denial for proposed Project Plan modifications. This letter is HCA's response to the NCACH request submitted on November 10, 2020.

After reviewing the modification request, HCA approves of the request recognizing NCACH will continue to address the goals under Project 2B Community-Based Care Coordination. We understand you will alter the activities and investments based on lessons learned and emerging priorities. We recognize the unique timing of this request as we approach DY5 and are still in the middle of the COVID-19 pandemic. Both of these factors support the notion of additional flexibility and discretion at the local level while also mitigating potential loss of critical funding.

There is no impact on project valuation as the commitment to Project 2B remains. We appreciate the clear rationale that was included in the request, including the examples of future activities and the need to align the DY4-5 scale and sustain milestones recognizing we are approaching the final DSRIP year (pending extension approval).

The state will coordinate with the Independent Assessor to explain the rationale and discuss future reporting and performance. It's important to note that the Independent Assessor retains full responsibility and independence for assessment of project progress according to the established milestones and reporting requirements. That being said, we believe the plan as described aligns with existing expectations and agree with the approach to align future activities with the scale and sustain milestones within the Project Toolkit to the extent possible.

Let us know if you have any questions.

Sincerely,

Chase Napier  
Medicaid Transformation Manager  
Washington State Health Care Authority