



North Central Accountable Community of Health

Governing Board Executive Session & Board Meeting 1:00 PM–3:30 PM, Sept 14, 2020

Location <i>Virtual Meeting Only</i>	Call-in Details Conference Dial-in Number: (253) 215-8782 US Meeting ID: 831 8445 6718 Passcode: 123456 One tap mobile: +12532158782,,83184456718# Join Zoom Meeting: https://tinyurl.com/NCACHWPCC
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	Introductions – Blake Edwards <ul style="list-style-type: none"> Board Roll Call Declaration of Conflicts Approval of Consent Agenda 		<ul style="list-style-type: none"> Agenda, Acronyms & Decision Funds Flow Chart Consent Agenda - Minutes 	1-4 5-8
1:10 PM	Executive Director Update – Linda Parlette		<ul style="list-style-type: none"> Executive Director Letter 	9-11
1:20 PM	NCACH Finance Update – Brooklyn Holton <ul style="list-style-type: none"> Monthly financial report 2021 Budget planning 		<ul style="list-style-type: none"> 2020 YTD Financial Summary Monthly Financial Report 2021 Budget Planning Timeline 	12 13-16 17
1:40 PM	Board Nominations – Rick Hourigan <ul style="list-style-type: none"> FQHC Seat 	Approve nomination for FQHC Board Seat	<ul style="list-style-type: none"> Board decision form – FQHC Seat 	18-19
1:55 PM	Strategic Planning – Chris Kelleher			
2:30 PM	Tribal Engagement Updates – Molly Morris		<ul style="list-style-type: none"> Colville Tribal Update 	20
2:45 PM	NCACH Staff Updates <ul style="list-style-type: none"> Social Media Proposal – Sahara Suval Telehealth Discussion – Wendy Brzezny 	Approve Social Media Proposal	<ul style="list-style-type: none"> Board decision form – Social Media 	21-23
3:30 PM	Adjourn			

A Handy Guide to Acronyms within the Medicaid Transformation Project

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



North Central Accountable Community of Health

SUD: Substance Use Disorder

TCDI: Transitional Care and Diversion Interventions

TCM: Transitional Care Management

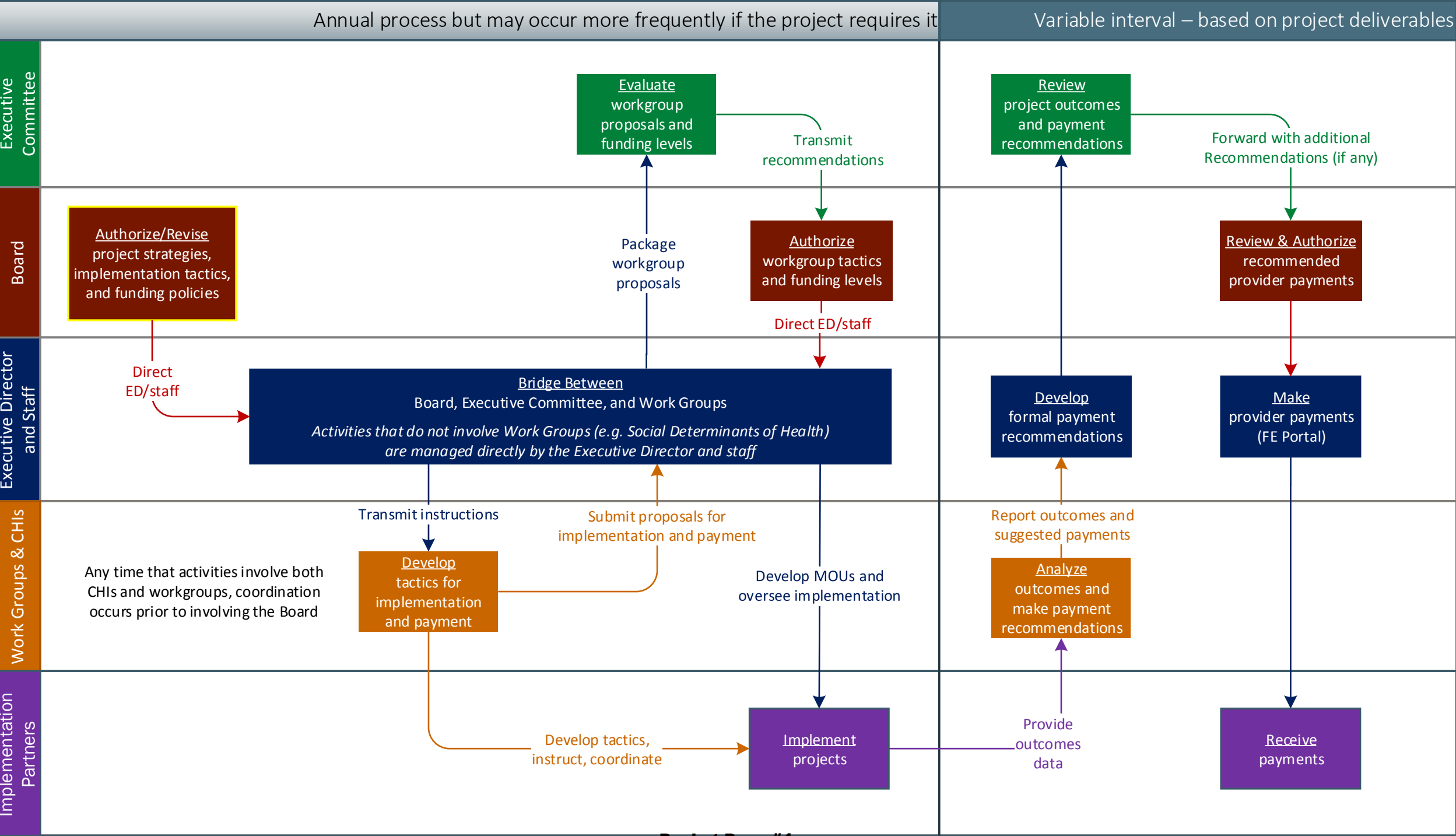
VBP: Value-Based Payment

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
Virtual Meeting	<p>Governing Board Members Present: Blake Edwards, Rick Hourigan, Doug Wilson, Cathy Meuret, Molly Morris, Jorge Rivera, Brooklyn Holton, Ray Eickmeyer, Senator Warnick, Carlene Anders, Rosalinda Kibby, Nancy Nash Mendez, Ramona Hicks, Ken Sterner, Deb Murphy</p> <p>Governing Board Members Absent: Nancy Nash Mendez</p> <p>NCACH Staff: Linda Parlette, John Schapman, Caroline Tillier, Wendy Brzezny, Tanya Gleason, Sahara Suval, Mariah Brown, Teresa Davis – Minutes</p>
Agenda Item	Minutes
<ul style="list-style-type: none"> Declaration of Conflicts 	<ul style="list-style-type: none"> Meeting called to order at 1:00 PM by Blake Edwards Declarations of Conflicts: Ken Sterner – Because Bruce Buckles is now the Administrator for the CDHD and Aging and Adult Care. He will abstain from any vote that will involve CDHD.
<ul style="list-style-type: none"> Executive Session – Board Members plus Linda Parlette and John Schapman 	<ul style="list-style-type: none"> 1:05 PM Blake announced that the Board will be moving into Executive Session until 1:40 pm to discuss Board nominations. 1:40 PM Board meeting resumed after Executive Session
<ul style="list-style-type: none"> Approval of Consent Agenda Public Comment 	<ul style="list-style-type: none"> ❖ Doug Wilson moved, Carlene Anders seconded the motion to approve the consent agenda, motion passed. Public Comment: None
<ul style="list-style-type: none"> NCACH Finance Update 	<p>Brooklyn said that they will start the 2021 budget discussions next month as well as provide a more detailed 2020 budget review.</p> <p>990 Filing-</p> <p>NCACH staff, in conjunction with Chelan Douglas Health District accounting staff, worked with Cordell Neher and Company over the course of the last 4 months to compile the 990 and ensure it accurately reflects the business of the NCACH. Revenue and expenses reflected in the 2019 990 document are a combination of transactions that have occurred in both the Chelan Douglas Health District account and the Washington State Financial Executor (Public Consulting Group) account. This includes payments to partners (NCACH Project and Shared Domain 1 partner payments) and contractors.</p> <ul style="list-style-type: none"> ❖ Rosalinda Kibby moved, Molly Morris seconded the motion to approve the NCACH 2019 990 document for filing with the Internal Revenue Service (IRS), motion passed. <p>Discussion:</p> <p>Cathy asked about responses on the 990 for documents. Are they required? We fall under the guidelines of the CDHD and we have adopted their policies. Are there any that need to be made? The governance committee will be looking to strengthen our bylaws but not in regards to the 990.</p> <p>Year to date budget – We are under in our expended year to date and will go into more detail next month. The biggest difference is due to COVID response and delay of ACH work. John noted that the main reason for our budget being under is due to eliminating the Pathways HUB. HCA has given extra time to complete an alternative project due to COVID.</p>

<ul style="list-style-type: none"> Executive Director Report 	<p>Linda Parlette –</p> <ul style="list-style-type: none"> We learned today that the Keynote Speaker for the HCA Symposium will be John Powell [SIC]. This will all be virtual. Last month we had volunteers to be on the Governance Committee to review the bylaws, we will start those meetings soon. Military will be giving masks to the ACH's to distribute. Other entities will also be receiving masks as well. NCACH will be receiving over 160,000 masks. Linda, John, Tanya and Amy Olson will begin interviews for the Recovery Coach Coordinator position. Vaccine campaign – this is an idea from some of the other ACH's that have been floated around. Still getting more information.
<ul style="list-style-type: none"> Board Governance 	<ul style="list-style-type: none"> The FQHC nomination has been delayed until September. ❖ Carlene Anders moved, Cathy Meuret seconded the motion to approve the nomination of Christal Eshelman to the Public Health sector seat on the NCACH Governing Board for the term that goes till December 31st, 2020, motion passed, Ken Sterner abstained. ❖ Ken Sterner moved, Deb Murphy seconded the motion to approve the nomination of Lisa Apple to the Okanogan Coalition for Health Improvement sector seat on the NCACH Governing Board for the term that goes till December 31st, 2022, motion passed.
<ul style="list-style-type: none"> NCACH Staff Updates 	<p>CHI Initiative Funding – Sahara Suval</p> <p>Working with NCACH staff, the Regional CHI Leadership Council has developed recommended process improvements for 2020 to increase local collaboration and deeper connection between the CHIs and the community investment process. The most notable update is a recommendation to allow the Coalitions to develop finalist recommendations (instead of a regional Award Committee appointed by NCACH's Executive Director) for a portion of the total award funds allocated for 2020 CHI Community Initiatives. As in 2019, all finalist recommendations generated will be presented to NCACH's Governing Board for approval and disbursement of funds. NCACH staff will manage contracting and reporting for all funded partners.</p> <p>Biggest change:</p> <ul style="list-style-type: none"> Size of project There was a missing piece of engagement with the coalition last year Last year the applications were scored by members of the coalition, but managed by the ACH. The proposal gives the coalition the opportunity to manage the applications. <p>If approved today, we will follow the timeline and remove the “*” from that line in the 2020 budget. Projects will not actually start until 2021. Linda noted that this is really to simplify the process and put the control into the local coalition's hands.</p> <p>❖ Ray Eickmeyer moved, Brooklyn Holton seconded the motion to approve recommended changes to the CHI Community Initiative funding process for the funding allocated in the 2020 NCACH Annual Budget, motion passed.</p>

Telehealth presentation – Wendy Brzezny

- The movement to implement telehealth was accelerated due to COVID in March.
- Telehealth was not a feasible option due to lack of reimbursement.
- COVID – CMS stated that they would reimburse for both phone and online visits.
- 14/16 of WPCC providers are conducting regular tele-video visits to some capacity, the other 2 were doing phone visits.

Organization needs:

- Technical Assistance - billing, scheduling, provider onboarding
- Laptops
- Software license
- Network upgrades
- Telemedicine carts for remote care

Resources:

- Loaner laptops
- Zoom licenses
- Multiple orgs provided focused trainings
- HCA/ MCO BH survey to understand patient needs for equip and broadband connection
- MCO's: phones, unlimited minutes, increased date for clients
- FCC grant: \$200 million dollars, 529 applications approved across the country

Wendy has become aware of some other grants available and can push those out. Even with all of these resources, there are still gaps.

Discussion: Should the ACH do more to support our partner in developing a sustainable model for telehealth?

- Ken – many aging adults are challenged with technology. What would the benefit be for those folks?
- Cathy - There is a huge need for more interactions with the medical providers in the community. Children have very limited access to a providers throughout the year. It is more than just setting up the system, but also need to look at the access to broadband etc.
- Ray - In person visits do provide great insight, supports telehealth as a tool in our toolbox. YES
- Rick – Telehealth is now a part of our tool box. Now we need to figure out a way of improving it. There are many opportunities out there for funding. Wifi and iPads have been working, he knows that this will change, but feels that providers need to look into other funding options. We need to start looking at the access, getting the word out to patients. Maybe hold some classes for the technology challenged to learn how to use an iPad.
- Ramona - It is difficult, but well worth it to keep patients home. Also need to look at payment models.
- Lisa – BH has not been given the free Zoom accounts. Another expense was programs like DocuSign.
- Jorge – YES but how big can the ACH go in sorting this out? Maybe it is more about coordinating telehealth programs. Result of a survey showed that people could use IT more than anything else.
- Sen Warnick – YES, the legislature has been trying to do this for years. It needs to be done safely – HIPPA and privacy concerns.

	<p>What is NCACH’s role in supporting our partners in developing a more sustainable model for telehealth and what are some key parameters/areas we want to support?</p> <ul style="list-style-type: none"> • Rick – It is hard to answer that if we do not know the funds we have available • Dr. Wilson - It is a priority issue. Telehealth deserves our attention to try figure out the obstacles. • Cathy - What would it look like? Can be visits, placing equipment in patients home. We need to define what we are trying to accomplish. • Dr. Wilson – There are many pieces that need to work together to make this work. • Lisa – For people that live in the outlying areas, telemedicine kiosks is an idea that she has heard. • Rosalinda – Provide loaner iPads to send to patients in advance of a visit • GWATA will be mapping hotspots for all 29 school districts. • Brooklyn – The Economic District is working on some internet access and NCRL has blood pressure stations. • Ray - WANDA the platform he uses has been a great platform. <p>Thoughts on next steps-</p> <ul style="list-style-type: none"> • Budget – Where would this fall? What is the expected budget? • Rick – We are missing the consumer voice. • Carlene – Rural access is challenging as it is. We need to make sure that we are not increasing risk to clients. Need to know the needs. Also, with fire season coming, people may not have access to telephones or internet. • Cathy – We need to find a target population. <p>Specific Next Steps – Staff will gather input from today and try to come up with a future plan.</p>
<ul style="list-style-type: none"> • Roundtable 	<ul style="list-style-type: none"> • Dr. Wilson – Saw the Multi payer model on the WPCC agenda. That indicates that the state is moving forward. • Carlene – Great discussion – telemedicine is absolutely essential • Sen Warnick - Loves that this group has different perspectives • Cathy – Telehealth will be a wonderful thing for our group to get behind • Ken – Cautiously a proponent of telehealth. Concern that it will become a replacement for in person visits. • Christal – have been talking about telehealth since the beginning of the ACH it is nice to talk about providing some tangible • Molly – Welcomed Lisa and Christal to the Board • Ray - Passionate about CIE. Hoping that we can refocus on that. • Deb - In Grant County they have put up the hot spots. There is a lot of potential for help with the broadband issue. • Lisa – Hopes that telemedicine and technology does not replace the provider. It is an exciting tool to add to our box. • Caroline – Asked Board members to think about what questions they want answered by staff in future meetings.
<ul style="list-style-type: none"> • Adjournment 	<ul style="list-style-type: none"> • Meeting adjourned at 3:27 PM by Blake Edwards • Next meeting Monday September 16th – Virtual

Executive Director's Report – September 2020

As strange as it feels to write, we are now in September. My team has been working remotely since March, and this month we welcome our new team member, Joseph Hunter, to join us as the Recovery Coach Coordinator. Like many of you, NCACH has been working to both reflect on the past work we've accomplished and how it's been impacted by COVID-19, as well as to evaluate our current work and try to visualize what it can look like in the future. As we have these discussions internally, I decided to focus this month's letter on our current work and initiatives, which, quite frankly, is for my own benefit as well.



Given that the Medicaid Transformation is slated to officially end in 2021, I wanted to take a moment to share a brief overview and update on our currently funded work. My hope is that the Board can identify which topics or initiatives should be prioritized for discussion over the next few months as we plan for the final year of the Transformation, and the future of NCACH after 2021. Please feel free to reach out to me or my team with any questions about the following. I look forward to connecting about these with you all at our September 14 meeting.

Project, Investment, or Initiative	Status	Notes
<i>Operations and Technical Assistance Investments by NCACH</i>		
Contract for Data Analytics and support	<i>Delayed but now active and ongoing</i>	<i>NCACH has an active contract with Public Health Seattle King County for data analytics and consultations. Due to COVID-19, their resources were redirected for much of 2019, but they remain available for discrete data needs. Evaluation activities were disrupted and staff are leveraging statewide initiatives to advance evaluation goals.</i>
Workforce Development – Substance Use Disorder Professional (SUDP) Apprenticeship program	<i>Delayed until fall of 2021</i>	<i>Due to COVID-19 the Washington Association for Community Health and the Wenatchee Valley College was unable to start the first SUDP apprenticeship program. This class is now projected to start in the fall semester of 2021.</i>
CHI Facilitator Contracts	<i>Active and ongoing</i>	<i>Chelan-Douglas and Okanogan County CHIs have been meeting regularly. Grant County CHI's lead agency has been impacted by COVID-19 response, which has affected their ability to facilitate CHI activities locally this year.</i>

2020 Annual Summit	<i>Cancelled</i>	<i>Cancelled due to COVID-19. Plan is to explore options (potentially remote) for 2021</i>
MTP Projects and Other NCACH Initiatives and Partner Investments		
Whole Person Care Collaborative Learning Community	<i>Active and ongoing</i>	<i>Despite the pause in WPCC meetings and reporting requirements so they could focus on COVID activities, WPCC partners continue to work on various parts of their change plan. Through lessons learned over the last 1.5 years and with high Covid-19 activities in our region, the WPCC Learning Community is realigning our efforts for practice transformation.</i>
Transitional Care and Diversion Interventions (TCDI) Partners	<i>Active and ongoing</i>	<i>Both hospital partners and Emergency Medical Service professionals continue to progress in their project plans. COVID-19 has specifically called attention to both transitional care and community paramedicine as processes that can help ensure COVID-19 patients receive appropriate follow up and are able to quarantine at home while receiving medical care. Moving into 2021, NCACH is working with partners to identify ways both healthcare systems and EMS can partner on transitional care and community paramedicine projects.</i>
Community Partnership for Transition Solutions (CPTS) and Recovery Coach Network efforts	<i>Active and ongoing</i>	<i>The CPTS and Recovery Coach networks are progressing forward with minor delays during the initial phases of COVID-19. Most work has moved remote, but efforts continue to build out programs for those in recovery and leaving incarceration. NCACH's Recovery Coach Network Coordinator Joseph Hunter started his first day on Tuesday September 8th.</i>
Community Based Care Coordination	<i>Planning efforts resumed</i>	<i>NCACH resumed planning efforts in June to outline an alternate approach to supporting community-based care coordination needs after NCACH's Board decided to discontinue the Pathways Community HUB model in March 2020.</i>
CHI Community Initiatives	<i>Active and ongoing</i>	<i>2019 partner work now occurring and funded; 2020 opportunity now open accepting applications</i>
Colville Confederated Tribes partner investment	<i>Active and ongoing</i>	<i>NCACH and the Colville Tribes executed an MOU in April outlining a partnership through the end of 2021. COVID-19 created significant disruptions for the Colville Tribes, but they remain committed to the capacity building activities outlined in the MOU. NCACH released the first investment in July.</i>

Opioid Project Specific Initiatives		
Rapid Cycle Applications	<i>Delayed but now active and ongoing</i>	<i>The second round of 2020 Rapid Cycle funding was opened in July and closed in August. One application was submitted and funded at \$13,200 for 2020-2021.</i>
2020 Distributed Model Conference	<i>Cancelled</i>	<i>Due to COVID and reduced capacity of communities to commit to opioid-specific planning and development efforts post conference, the conference and associated planning were discontinued in early spring.</i>
Recovery Coach Training	<i>Completed/potentially ongoing</i>	<i>NCACH supported 3 Recovery Coach trainings across the region. Originally in-person, these trainings were completed via Zoom and trained a total of 38 new coaches across North Central Washington.</i>
Public Awareness Contract	<i>Delayed but efforts resumed</i>	<i>While delayed, the contract awardee is planning to complete this project by the end of 2020.</i>
School Based Prevention Contracts	<i>Delayed but now active and ongoing</i>	<i>NCACH is working with current contracted partners in Chelan-Douglas and Okanogan Counties to modify/pivot work plans according to partner capacity to work with schools in the region. The Grant County contractor was unable to continue the work. NCACH is open to finding a new contractor to take on this work, if possible.</i>
Opioid Prescriber Coaching Pilot	<i>Cancelled</i>	<i>Due to COVID-19's effects on the healthcare system, this pilot has been suspended until capacity of healthcare partners recovers. May be cancelled indefinitely.</i>
Stories of Recovery	<i>Delayed but now active and ongoing</i>	<i>The contractor has been in contact with members of the Central Washington Recovery Coalition to schedule and safely document three local recovery success stories.</i>
Naloxone Distribution and Training	<i>Delayed but now active and ongoing</i>	<i>The Opioid Workgroup endorsed Family Health Centers proposal to develop and provide a regional strategy to naloxone distribution and training in the region. NCACH is drafting an MOU for this work to take place for the project period of Fall 2020 through Summer 2021.</i>

Charge on!

Linda Evans Parlette, Executive Director

— **"BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON"** —

NCACH Financial Summary Year to Date (YTD) for 2020

Below provides a financial summary of our NCACH budget YTD after closing out financials for 7 months (58%) of the calendar year. This will give a high level overview of the current financial status of projects. Project summary and status updates are also provided in Senator Parlette's Executive Director Letter for the September Board meeting. Please refer to that letter for specific project status updates.

Account	YTD Expended	YTD Budgeted	Variance from Budget	Summary of Expenses (approximations):
CDHD Account	\$664,285 41%	\$ 932,109 58%	\$267,000 17%	<p>The primary reason the CDHD Account being under budget is the COVID-19 pandemic causing the organization to move all meetings online, delaying major in person events, and minimizing individual outreach to partners. Major areas of underspend include:</p> <ul style="list-style-type: none"> <u>Salary and Benefits</u> is \$55,000 (6%) under budget YTD due to not filling previous project manager vacancy and a delay in the hiring of our Recovery Coach Network Coordinator position. <u>Mileage</u> is \$30,700 (54%) under budget YTD due to lack of travel during COVID-19 <u>Other Expenditures</u> is \$41,610 (41%) under budget YTD due to lack of in person trainings and conferences <u>Hosting Fee</u> is \$37,689 (17%) under budget YTD due to a decrease in overall expenditures made through CDHD.
FE Portal Account	\$2,464,058 37%	\$3,896,584 58%	\$1,432,526 21%	<p>Partner and contractor payments contribute to a significant amount of budget underspend for NCACH. Below highlights some key project line items that have contributed to that underspending.</p> <ul style="list-style-type: none"> <u>Operations</u> is \$40,527 (9%) under budget YTD due to putting a hold on basic operational work during COVID-19 pandemic (Data analytics, workforce development). <u>Whole Person Care Collaborative</u> is \$145,000 (6%) under budget YTD. This in part is because the pause in WPCC learning activities so partners could focus on COVID activities. This resulted in a reduction in learning community payments and consultant expenditures. WPCC partners continue to work on various parts of their change plan. <u>Community Engagement and SDOH Capacity Development</u> is \$528,112 (32%) under budget YTD. This is because the full amount of the tribal agreement is listed in 2020 but a number of expenses will extend through 2021, and the CHI Initiative Funding allocated for 2020 was delayed due to COVID-19, but is now proceeding forward Payments will go out closer to the end of 2020 and into 2021. <u>Pathways Hub</u> is \$413,290 (40%) under budget since the Board choose to discontinue the Pathways Hub in January 2020. <u>Transitional Care and Diversion Intervention</u> is \$161,920 (20%) under budget YTD. This is due to delays with some of the hospital partner reporting requirements and the workgroup not utilizing the technical assistance funds during COVID-19. <u>Opioid Project</u> is \$143,400 (39%) under budget YTD. A number of Opioid projects were delayed or put on hold for community partners causing less expenditures for the 1st half of the year. Opioid workgroup is looking at ways to utilizing funding for remainder of 2020.
TOTAL	\$3,128,343 38%	\$4,828,693 58%	\$1,700,351 20%	<p>Overall, the 20% under budget YTD has been due to our organization putting major contracts and organizational trainings on hold due the COVID-19 pandemic. Though some of these expense will potentially be made up the 2nd half of the year, it would be anticipated that we will still fall under budget for CY 2020.</p>

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
SIM Funding*	\$ 115,329	\$ 115,329	\$ -			
Transformation Project Funding						
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	\$ 241,674					
Transformation Total	\$ 6,468,635	\$ 3,394,740	\$ 3,073,895			
Workshop Registration Fees/Misc. Revenue*	\$ 24,445	\$ 13,720	\$ 10,725			
			\$ -			
Financial Executor Funding						
Project Incentive Funds				\$ 17,956,477	\$ 8,712,246	\$ 9,244,231
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				\$ 61,490		\$ 61,490
DY1 Shared Domain 1 Funds**				\$ 5,811,865	\$ 5,811,865	\$ -
Totals	\$ 6,608,409	\$ 3,523,788	\$ 3,084,620	\$ 31,717,654	\$ 14,582,533	\$ 17,135,121

*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	Jul-20	Totals YTD	% Expended YTD to Budget
^ Salary & Benefits	\$ 967,407	\$ 69,496	\$ 505,287	52%
Supplies				
^Office	\$ 9,420	\$ 11	\$ 91	1%
Drugs and Medicines	\$ 20,000		\$ -	0%
Furniture < \$500	\$ 2,400		\$ 538	22%
Books, References, & Videos	\$ -		\$ -	
^Software	\$ 2,500		\$ -	0%
Computer Hardware	\$ 6,000		\$ -	0%
Services				
Legal Services	\$ 8,400		\$ 1,938	23%
Computer	\$ 9,600		\$ -	0%
Misc. & Contracts	\$ 8,000		\$ -	0%
Mileage	\$ 57,000		\$ 2,361	4%
Professional Travel and Training	\$ 9,000		\$ 1,279	14%
Conference - Program Meals/Lodging	\$ 26,250		\$ 497	2%
Other (Train/Plane/Boat/Parking)	\$ 10,200		\$ 630	6%
Advertising - Newspapers	\$ 3,800	\$ 195	\$ 1,409	37%
Advertising - Other	\$ 5,400	\$ 2,820	\$ 12,412	230%
Insurance	\$ 6,000		\$ 6,324	105%
Printing - Office	\$ 6,250		\$ 792	13%
Printing - Copier	\$ 11,000	\$ 195	\$ 3,047	28%
Dues and Memberships	\$ 3,400		\$ 11	0%
Subscriptions	\$ 1,280	\$ 108	\$ 3,823	299%
^Other Expenditures	\$ 221,131	\$ 1,355	\$ 37,201	17%
^CDHD Hosting Fee 15%	\$ 212,647	\$ 11,127	\$ 86,646	41%
Grand total	\$ 1,607,086	\$ 85,307	\$ 664,285	41%

% of Fiscal Year

58%

Those *in red* were operational line items that have seen a significant reduction in expenditures because due to COVID-19.

FE Portal Account Expenses

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

Budget Line Item	Total Budgeted	Jul-20	Totals YTD	% Expended YTD to Budget
Operations				
Project Management and Organizational Development	\$ 70,000	\$9,788	\$26,606	38%
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)	\$ 60,755	\$24,108	\$60,755	100%
^ COVID Community Support Funding	\$ 150,000	\$8,450	\$142,894	95%
Community Engagement and SDOH Capacity Development				
Lead Agencies (CHIs)	\$ 150,000	\$16,415	\$94,857	63%
CHI Partner Payments (Carry over of \$450,000, Approved in 2019)	\$ 350,000	\$107,525	\$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	\$150,000	22%
Whole Person Care Collaborative				
Comagine Health	\$ 50,000		\$100	0%
CCMI - Advising	\$ 78,000		\$37,375	48%
Learning Activities	\$ 280,000		\$133,227	48%
CSI - portal & TA	\$ 36,000	\$2,917	\$27,083	75%
Learning Community - fixed	\$ 1,080,000	\$237,500	\$765,000	71%
Learning Community - variable	\$ 800,000		\$240,000	30%
Pathways Hub				
Action Health Partners - Hub Lead Agency(January - June 2020)	\$ 476,250		\$196,650	41%
* Community Based Care Coordination	\$ 575,544		\$0	0%
Transitional Care and Diversion Intervention				
TCDI Hospital Partner Work	\$ 520,000		\$150,000	29%
EMS Partner Work	\$ 230,000	\$57,500	\$166,000	72%
Technical Assistance/Training	\$ 65,000		\$0	0%
^ Community Partnership for Transition Solutions (Recovery Coach Network)	\$ 9,000		\$0	0%
Opioid Project				
Rapid Cycle Applications	\$ 100,000		\$5,750	6%
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%
Grand total	\$ 6,718,249	\$614,202	\$2,464,058	37%
				% of Fiscal Year 58%
Total Budget	\$ 8,325,334	\$699,510	\$ 3,128,343	38%

"*" 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

Those *in red* were project line items that have seen a significant reduction in expenditures because they were delayed and re-engaging, put on hold in 2020, or cancelled due to COVID-19.

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> <thead> <tr> <th>Proposal Budget Item Amount</th><th>CDHD Budget Line Item</th></tr> </thead> <tbody> <tr> <td>Salary and benefits \$62,400 (For remainder of 2020)</td><td>Salary & 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">Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities</td></tr> </tbody> </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	Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities	
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Total \$114,947 into CDHD Account. \$9,000 left in FE line item for evaluation activities																	
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.																

2021 and MTP Budget Planning timeline

September Board Update


Summary: This document is to outline the process our staff will follow in the Fall of 2020 internally and with the Board to develop the 2021 Budget and provide updated projections for the remaining funds to be earned over the course of the Medicaid Transformation Project (through 2023) for the Board to have a current understanding of overall Transformation Project revenue as we move into the last year of the waiver.

Date	Description	Aug	Sept	Oct	Nov	Dec
September 4 th	<ul style="list-style-type: none"> Met with Board treasurer (Brooklyn) to discuss the 2021 budget process (including discussing overall Medicaid Transformation Project (MTP) budget updates). Meet with staff to focus on what questions need to be answered to develop 2021 budget and any next steps. 					
September 14 th Board Meeting	<ul style="list-style-type: none"> Board Meeting – Update Governing Board on 2021 budget process & share specific questions Staff need additional direction from the board to proceed forward 					
September - October	<ul style="list-style-type: none"> NCACH staff members develop budgets for workgroups & other projects that will occur in 2021. Updates on specific request will be brought to board as needed throughout month either via email or at Board meeting 					
November 2 nd Board Meeting	<ul style="list-style-type: none"> Provide draft version of 2020 budget at Board meeting. Allow time for questions. Staff will take input to edit budget for final approval at the December meeting. 					
November 6 th	<ul style="list-style-type: none"> Finalize 2021 Budget with staff (include Brooklyn and Executive Committee as appropriate) based on input received by Board. Send final budget out to the board Craft updated MTP Budget projections 					
November Board Retreat (?)	<ul style="list-style-type: none"> Review current MTP funding projections to Board Review Final draft of 2021 budget and make final recommendations to workgroup budgets. 					
December 7 th Board Meeting	<ul style="list-style-type: none"> Board approves 2020 Budget 					

Key Board Questions: Below is a list of questions generated between NCACH Board Treasurer and Deputy Director to help us guide staff in developing their 2021 budget in a way that will make sense to the Board.

- Should we form an ad hoc finance committee (3-4 Board members) that would hold its own retreat and would bring the budget back to the board in a larger session? This would include:
 - Working with staff to develop appropriate details to present to the Governing Board for final approval of the 2021 budget
- Is there anything specific you feel you need to see this fall to help support approving the 2021 budget this year? For example:
 - Does Board need a refresher course/update on overall NCACH funds and potential earnings?
 - Is there specific data from each project that would help you in determining if we should continue funding that specific work in 2021?
 - Do you feel we need to review the 2021 budget as part of a Board retreat this fall?
- How should staff factor influences caused by COVID-19?

Board Decision Form

TOPIC: Nomination of FQHC Sector Seat
PURPOSE: Vote on the nomination to fulfill the FQHC sector seat on the board.
BOARD ACTION: <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove
BACKGROUND: <p>On Friday May 8th, the NCACH Board representative David Olson provided via email his notice to resign from the board due to his time commitment on other work obligations. At that point, he notified Blake Edwards that the sector had nominated Jesus Hernandez to the Governing Board to fulfill the remainder of the term as the FQHC representative.</p> <p>The NCACH Executive Committee, acting as the nominating committee, discussed the nomination in detail during regularly scheduled Executive calls</p> <p>The nomination committee is nominating Jesus Hernandez to fill the FQHC sector representation seat on the NCACH governing Board. Below is a bio for Jesus:</p> <p>Jesus Hernandez, MPA bio</p> <div style="display: flex; align-items: flex-start;">  <ul style="list-style-type: none"> • CEO at Family Health Centers since March of 2016. • Grew up in Wenatchee...BA in Business from WSU...Masters in Public Administration from UW • Served 20 years on Wenatchee School Board - passion for youth and education • 2 governor appointments leading to serving 9 years on state's Higher Education Coordinating Board • Extensive experience and insights in the Health and Education sectors • Two sons...one at WSU the other at UW • Dedicated to building & strengthening communities </div>
PROPOSAL: <p>Approve the nomination of Jesus Hernandez to the Federally Qualified Health Clinic Sector Seat on the NCACH Governing Board for the term that goes till December 31st, 2022</p>



North Central Accountable Community of Health

IMPACT/TIMELINE:

- If approved, Jesus Hernandez would fulfill the remaining term of the FQHC Board seat set to end December 31st, 2022

Submitted By:

Submitted Date:

Staff Sponsor:

Nominating Committee

9/14/2020

Linda Evans Parlette

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”

North Central Accountable Community of Health • 200 Valley Mall Parkway, East Wenatchee, WA 98802 • 509-886-6400

Please welcome our new Director of Health and Human Services



Dr. Dan Barbara (Dan) is a trained health scientist and researcher in evidence-based medicine and health services practices, having trained at Nova Southeastern University in Florida. Dan's career has been spent working to advance health and social services programs of tribal nations and local governments in Arizona, California, and North Carolina. Dan loves the outdoors and when not at work spends most of his time hiking trails with his four children (a girl, age 16, and boys ages 16, 9, and 7).

Board Decision Form

TOPIC: *Social media development and management for NCACH*

PURPOSE: *To approve the adoption of a social media presence and contract with media professionals for platform management and content development to help build and increase NCACH's reach and engagement.*

BOARD ACTION:

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

BACKGROUND:

NCACH brings together community members, cross-sector partners, and other experts to explore new approaches to improve health and wellness through healthcare transformation projects. A critical component of this work is successful community engagement. While NCACH has been successful at recruiting and engaging clinical partners, it has long struggled with engaging non-clinical partners and the broader community in its work, as evidenced by independent evaluations conducted by the Center for Community Health and Evaluation¹. Community engagement is a key metric that all ACHs must report on in their semi-annual reports to the Washington State Health Care Authority. While the organization historically has not had a social media presence, NCACH staff believe that establishing a presence would help increase community engagement with the work of NCACH.

Why should NCACH adopt a social media presence?

- **Increased regional community engagement:** It would allow us to engage new and wider populations in an accessible way – in particular, those that the organization hopes to serve through its programs and partnerships with clinical and non-clinical partners, especially those not already engaged with NCACH, such as healthcare consumers. These efforts may lead to new or deepened partnerships, or even future funding opportunities such as donor cultivation.
- **Data collection and impact sharing:** Social media will help NCACH augment data collection with more qualitative data (e.g. wider dissemination of survey tools); as well as allow NCACH to help share our impact through stories, build name recognition of the organization, and to increase community awareness of NCACH.
- **Increase health literacy:** The 2019 Community Health Needs Assessment listed “[health] education” as one of the region’s primary health needs². Increasing the amount of curated and accessible health information in English and Spanish would be one of the main outputs of this proposal, which would help advance the

¹ North Central ACH Participant Survey 2018 – CCHE

http://www.mydocvault.us/uploads/7/5/8/6/7586208/ncach_2018_participant_survey_report_for_board_meeting_2019-02-04.pdf

² 2019 Community Health Needs Assessment - <http://cdhd.wa.gov/wp-content/uploads/2019-CHNA-No-Appendices.pdf>

organization's goals of addressing social and health inequities through its work. A 2019 study published in Forbes indicated that 55% of American adults get their news from social media sites, such as Facebook³. If COVID-19 has taught us anything, it's that there is an increasing need for more health literacy education, which is most effective when delivered across a spectrum of mediums.

- **Advances health equity:** Adding social media to NCACH's communications tools will help us amplify voices that aren't normally heard in community health discussions, as well as providing opportunities for the organization to develop and promote more multi-lingual and multi-cultural content to support building a healthier NCW.

Finally, during the initial stages of the COVID-19 pandemic, NCACH transitioned our roles to be more supportive partners with public health, including developing several public-facing initiatives that required third-party support on partner social media channels.⁴ This recent experience demonstrated the value of a social media platform for NCACH's communications strategy, and NCACH staff believe that addressing this gap will be important as the organization considers its future after the Medicaid Transformation Project period ends and will need to develop its own brand (independent of MTP) and suite of programming.

PROPOSAL: To adopt a social media presence and approve \$9,000 to contract with an outside organization for content development and platform support for one year.

IMPACT/OPPORTUNITY (fiscal and programmatic):

NCACH would like to contract Digital Media Northwest, a longtime collaborative partner and professional media management company, to support content development and platform management. NCACH would retain creative control, content approval, and access to all platforms. Digital Media Northwest would work closely with NCACH communications staff to ensure that all messaging and partner-content promotion aligns with NCACH's brand and values.

NCACH would like to propose creating accounts on the following platforms:

- Facebook, Instagram, LinkedIn

The follow table outlines roles and leads for NCACH's proposed social media management:

³ Forbes article: <https://www.forbes.com/sites/petersuciu/2019/10/11/more-americans-are-getting-their-news-from-social-media/>

⁴ Example of NCACH's reliance on partners for social media exposure:
<https://www.facebook.com/ncsd171/photos/a.182839428544640/1581863645308871/?type=3&theater>

Social Media Management Roles	NCACH	Digital Media Northwest	
Researching and long-range content planning (e.g. “National Mental Health Awareness Week; National Nurses’ Day)	Primary	Secondary	
Developing graphic and video content based on guidelines created by NCACH	Secondary	Primary	
Scheduling weekly posts and engaging with partner profiles (e.g. “sharing” posts, “liking”, “commenting”, etc)	Secondary	Primary	
Reviewing and approving posts prior to publishing to ensure conformance to guidelines created by NCACH	Primary	NA	
Engaging with followers (e.g. responding to messages, comments, etc)	Primary	Secondary	
Monitoring platforms and performance, creating analytic reports	Secondary	Primary	
Reporting progress and performance metrics to NCACH Governing Board	Primary	NA	
Total estimated costs for 1 year of social media content development + platform management for DMNW		\$9,000	
TIMELINE: <ul style="list-style-type: none"> September 14, 2020: NCACH Board reviews motion for approval. If approved... September 2020: NCACH engages DMNW and signs contract By October 2020: Social media management plan outlined, content development guidelines established, NCACH has active social media accounts October 2020 and beyond... NCACH has active social media presence and works on engaging and building audiences. 			

Submitted By: NCACH Staff
Submitted Date: 09/09/2020
Staff Sponsor: Sahara Suval