

Executive Director's Report – November 2020

It has been another eventful month here in the North Central region! Last month, our Governing Board adopted a new mission statement. The new mission of the North Central Accountable Community of Health is to *Advance whole-person health and health equity in North Central Washington by unifying stakeholders, supporting collaboration, and driving systemic change, with particular attention to the social determinants of health.* While pausing all of NCACH's work due to COVID earlier this year certainly slowed our project work, it did give us a chance to meaningfully consider the future of NCACH and focus on strategic planning with the Board. It is gratifying to finally have a mission statement that is forward-thinking and represents the work of all our Board and staff. Kudos to our team!



In addition to the new mission statement, the staff and I spent a lot of time developing our annual budget this month, which will be presented to the Governing Board for review in December. While we are still planning to move “full-steam ahead” in 2021, we are still waiting for more direction from the State as to whether an extension to the Medicaid Transformation will be granted by the Centers for Medicaid / Medicare Services as a result of the impacts caused by COVID-19. Depending on what the federal government and the state legislature decide, there is a chance that our organization and partners will be able to extend our Transformation efforts into 2022. I will share more information about that as it becomes available.

Locally, one of our founding Board Members, Dr. Rick Hourigan, has recently accepted a new position that will be taking him out of the region, and off our Governing Board. While we are happy for him to have this exciting new opportunity, we will miss him as an important thought partner and asset to both our Board and Executive Committee. One of the things I've appreciated the most working with Dr. Hourigan is that he always has the courage to speak up and isn't afraid to voice his own opinions, even if they didn't align with those of the Executive Director... Confluence Health has nominated another representative to fill the Central Washington Hospital (CWH) seat, Rebecca Davenport, who is the Director for Home and Hospice Care at CWH. We look forward to voting on her at the November meeting and if approved to the board, working with her this next year.

While this is technically November's letter, it has been written ahead of time. My staff and I spent this week participating in the Health Care Authority's annual learning symposium event. The Symposium included presentations from John Powell [SIC] (who you may remember from NCACH's Annual Summit in 2019) and even featured a panel with Veronica Farias, the Communications Director at Chelan-Douglas Health District, who spoke about CDHD's partnership with NCACH during COVID-19 response. I appeared on a panel on the final day of the event

“BUILDING HEALTHIER COMMUNITIES ACROSS NORTH CENTRAL WASHINGTON”



North Central Accountable Community of Health

alongside Alison Poulsen, the Executive Director for Better Health Together, where we discussed some of the successes and challenges of the ACHs to date, as well as our vision of the future. I enjoyed participating in these discussions with statewide partners, and to sharing more with you when we next meet. Until then...

Charge on!

Linda Evans Parlette, Executive Director

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

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 29th 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).

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 | \$50,000 | 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 | \$150,000 | Provide contracted support to the Coalitions for Health Improvement through year 5 of the MTP. |
| CHI Partner Payments | \$700,000 | 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 | \$99,000 | 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 5th year goals of 5th 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. |