

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

<p>Location</p> <p>Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801</p>	<p>Call-in Details</p> <p>Conference Dial-in Number: (408) 638-0968 or (646) 876-9923 Meeting ID: 429 968 472# Join from PC, Mac, Linux, iOS or Android: https://zoom.us/j/429968472</p>
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TIME	AGENDA ITEM	PROPOSED ACTIONS	ATTACHMENTS	PAGE
1:00 PM	<p>Introductions – Barry Kling</p> <ul style="list-style-type: none"> Board Roll Call Review of Agenda & Declaration of Conflicts Public Comment 		<ul style="list-style-type: none"> Agenda 	1
1:10 PM	<ul style="list-style-type: none"> Approval of September 10th Minutes – Barry Kling 	<p>Motion:</p> <ul style="list-style-type: none"> Minutes September 2018 	<ul style="list-style-type: none"> Minutes 	2-5
1:15 PM	<p>Executive Director's Update – Senator Parlette</p> <ul style="list-style-type: none"> Introduction of Tanya Gleason Thank you, Sherrill Castrodale 	Information	<ul style="list-style-type: none"> Executive Director's Report 	6-7
1:25 PM	Treasurer's Report – Brooklyn Holton	<p>Motion:</p> <ul style="list-style-type: none"> August monthly financials 	<ul style="list-style-type: none"> Monthly Financial Report Budget Approval Process 	8-11 12
1:35 PM	Budget Deviation Policy – Barry Kling	<p>Motion:</p> <ul style="list-style-type: none"> Budget Deviation Policy 	<ul style="list-style-type: none"> Motion Form 	13
1:50 PM	<p>Supported Employment and Supportive Housing Presentation – Initiative 3</p> <p>Torri Canda, Amerigroup Jon Brumbach, HCA</p>	Information	<ul style="list-style-type: none"> Presentation (<i>separate handout</i>) 	
2:20 PM	Pathways HUB Governance Update – Deb Miller	Information	<ul style="list-style-type: none"> Pathways HUB Update Governance Overview Org Chart 	14-15 16-17 18
2:30 PM	<p>Staff Updates – NCACH Staff</p> <ul style="list-style-type: none"> CPTS Update – Christal FIMC Update – Christal Opioid Workgroup – Christal WPCC Update – Wendy & Peter TCDI Update – John 	Information	<ul style="list-style-type: none"> Written Workgroup Updates 	19-23
3:00 PM	<p>CHI Update – CHI Board Seats</p> <ul style="list-style-type: none"> CHI Stakeholder Survey Summary & Report Out 	Information	<ul style="list-style-type: none"> Copy of Survey Presentation Community Forum Flyer 	24-27 28-48 49

Location	Attendees
Confluence Technology Center 285 Technology Center Way #102 Wenatchee, WA 98801	<p>Board Member Attendance: In Person Barry Kling, Rick Hourigan, Rosalinda Kibby, Scott Graham, Michelle Price, Bruce Buckles, Winnie Adams (representing Andrea Davis & the MCO Sector), Brooklyn Holton, Kyle Kellum Via Phone Doug Wilson, Senator Warnick, Nancy Nash Mendez, Molly Morris, Ray Eickmeyer, Mike Beaver Absent Blake Edwards, David Olson, Carlene Anders, Andrea Davis</p> <p>Public Attendees: In Person Manual Navarro, Jerry Perez, Shirley Wilbur, Gwen Cox, Kris Davis, Caitlin Quirk, Leah Becknell, Jeff Davis, Deb Miller, Shirley Wilbur, Kelsey Gust, Kaylee Miller, Dan Sutton, Victoria Evans, Carly Levitz Via Phone Dina Goodman, Timothy Anderson, Amanda Rosales, Carmella Alexis, Sheila Chilson, Jim Wallace, Laina Mitchell, Tracy Miller, Suzie Keppner, Loretta Stover, Kay Sparks, Courtney Ward</p> <p>NCACH Staff: Linda Parlette, Peter Morgan, Wendy Brzezny, Caroline Tillier, John Schapman, Christal Eshelman, Sahara Suval, Teresa Davis-Minutes</p>
Agenda Item	Minutes
Introductions – Barry Kling Board Roll Call Review of Agenda & Declaration of Conflicts Public Comment	<ul style="list-style-type: none"> No additions to the agenda Conflicts of interest: None disclosed Public Comment: None
<ul style="list-style-type: none"> Approval of July 9th Meeting Minutes Approval of July 27th Retreat Minutes 	<p>❖ Scott Graham moved to approve the July 9th and July 27th meeting/retreat minutes, Bruce Buckles seconded the motion, motion passed</p>
<ul style="list-style-type: none"> Treasurer’s Report – Brooklyn Holton 	<p>Brooklyn Holton went over the monthly financial report. The B & O tax was not originally budgeted but we did have to pay it. CCMI & CSI contract will be paid out of the Financial Executor. We are paying B & O tax on the \$6M. Any dollars received after that initial payment are exempt. Rosalinda asked if there are any other large one time expenditures expected. We do not expect any other large unbudgeted payments. At the end of this year, the SIM grant will be done and will no longer show on monthly financials.</p> <p>❖ Nancy Nash moved, Rick Hourigan seconded the motion to approve the monthly financial statement, motion passed.</p>
Executive Director’s Update – Senator Parlette <ul style="list-style-type: none"> Learning Symposium 	<ul style="list-style-type: none"> Parkside update: Possible open date in October. Original plan was 16 crisis/ 16 residential housing. There is concern that this setup may not be financially sustainable. Looking into having it be an evaluation & treatment center. Premera Blue Cross will be receiving around \$250 M back from taxes that they paid, some of which they will supposedly will spend in the 4 rural areas of Washington. Will have various meetings setup in our region to visit MU1, Parkside, The Center, OBHC and Regional Hospital Meeting next week. HCA is offering a Learning Symposium: October 24th in Seattle, we will send more details when we have them. Tomorrow at the All ACH Executive Directors meeting in Seattle, Legislature & key staff will be attending to hear some of the issues that have arisen around clinical transformation in advance of the legislative session. October & November meetings will have presentations on initiative 2 and 3.

<p>CHI Update – CHI Board Seats</p>	<p>Chelan Douglas – How can we provide a benefit of transportation for employment? Did an activity to identify community solutions. Chelan Douglas CHI is looking at developing a summit to bring these community organizations together to develop a program.</p> <p>Grant – Hosted a Skills Source presentation at the last meeting.</p> <p>Okanogan - No report - Mike Beaver had to leave meeting for court hearing.</p> <p>Survey went out to all four counties and they are currently deciphering the data, will be reporting out at a future meeting. Received about 200 responses with over 20 sectors represented.</p>
<p>WPCC Updates – Peter Morgan & Caroline Tillier</p> <ul style="list-style-type: none"> • Introduction of Wendy Brzezny • Change Plan Overview • Coaching Network 	<ul style="list-style-type: none"> • Peter Morgan introduced Wendy Brzezny as the new WPCC Manager. She will be taking over Peter’s duties and some of Caroline’s. • Peter gave a change plan overview. All 17 organizations passed. We have given feedback to the organizations, we are opening the change plans back up for editing, with the final plan due December 31st. Right now we have coaches working with each organization to refine the measures to put some short term measures into the change plans. Stage 2 MOU’s will be going out soon. This MOU will be more substantial with more reporting requirements. Turnaround time for MOU’s? First of October is target time to have them back. We are emphasizing transparency in phase 2. • Coaching: We are finding that we have such diversity within our collaborative. It is becoming difficult to come up with learning activities that help everyone and meet everyone where they are at. There is a need for a more hands on approach to coaching. CCMI suggested a coaching network. CCMI & CSI have always said that it is not their intention to build and supervise a coaching network. • Coaching Network Funding Request: Board Members asked if this is an additional \$40K (plus travel expenses) request to the already approved budget or will this be an offset for learning activities that may not happen? Peter can’t answer that right now, but we should assume that it would be an addition to the budget. We are working to reconcile the CCMI/CSI contracts to make sure that the budget comes out correctly. Scott asked how much under budget we expect to be? It all depends on the timing of our learning activities. Rosalinda noted that the coaching need is tremendous right now, can see it paring down in the future. Rick, this amount seems to be a full-time salary (\$40K for 1 quarter of work). We hope to do a lot of this work in the next quarter. Barry noted that we need to work as policy Board. In the big scheme of things for the WPCC budget, \$40K is not much. Rick noted that this money could go very quickly. We need to be careful of small budgetary approvals as all of these small requests can soon add up. <p>❖ Rosalinda Kibby moved, Kyle Kellum seconded the motion to increase the WPPC budget by \$45,000 and authorize the WPCC to contract for up to \$40,000 plus travel expenses not to exceed \$5,000 for an additional practice coach to support the learning community during the next 4 months. Motion Passed.</p> <p>Action Item: Board decided that we need to come up with a written policy for the percentage that the staff can deviate from the original budget. We need to identify a material change vs non material change. Barry, Scott, Brooklyn and Rick will work with staff to develop a policy and bring it back to the Board for approval.</p>
<p>Pathways Community HUB – Christal Eshelman</p>	<p>Deb Miller – Action Health Partners has 2.4 FTE. Currently, staffing is adequate, Christal has been helping a lot as the Project Manager. Deb gave an update on titles associated with the HUB. CCS MOU’s are expected back soon. We are offering a stipend to those organizations. Issuing a small stipend to Rural Resources who is already working with BHT. Contracts are pretty much ready to send out. Working with Blue Orange on HIPAA Compliance. Current Google business platform is not compliant, working on fixing this. Upcoming presentation in Moses Lake in October. Working with Skills Source to get the diverse stakeholders to the meeting. Working on a training video for agencies to get an understanding of what the HUB is.</p> <p>Pathways Community HUB request for funding: Anticipated having the HUB launch next year but that has been moved up to October which results in more funding for 2018 (this is simply a shift from the 2019 budget allocation).</p>

Are we really ready to start on October 1st? We are still on for the launch date. The NCACH staff has been keeping track of the deliverables and withholding payment when necessary. If it does not launch on October 1st, will the IT Platform amount change? The annual contract starts on the launch date so it will remain the same.

Expense Allocation	Estimated Amount
Care Coordination Systems Annual License	\$100,000
CCS Advisory Services	\$18,000
HUB Operations, including CSSA expenses	\$124,000
Total	\$242,000

How to we guarantee other payers in future years? This is an ongoing discussion with the State and the ED's are working to rectify this.

- ❖ **Rick Hourigan moved, Brooklyn Holton seconded, the motion to approve disbursement of up to \$242,000 to Community Choice, the lead agency, for Pathways Community HUB operations from the launch date to December 31st, 2018. Funding will be adjusted based on actual launch date of the HUB. Motion approved.**

Opioid Workgroup – **Christal Eshelman**

Christal reviewed the Opioid Project funding allocations of \$1M through 2021 that were approved by the Board. Christal went over the planned strategies the Opioid Workgroup is recommending.

Prevention	Treatment	OD Prevention	Recovery	Strategy	Budget
				Rapid Cycle Opioid Application	\$100,000
				North Central Opioid Response Conference – DCM	\$10,000
				North Central Opioid Response Conference	\$40,000
				Dissemination of Dental Prescribing Guidelines	\$15,000
				Increase Awareness of Opioid Use and Addiction & Reduce Stigma	\$30,000
				School-based Prevention	\$50,000
				Naloxone Training and Distribution	\$20,000
				Recovery Initiatives and Events	\$20,000
TOTAL					\$285,000

	<p>There is \$15,000 of funding that is currently allocated to the Opioid Project but unaccounted for in the project plan. This funding will be available for emerging initiatives next year that the Opioid Workgroup would like to recommend for funding or could be used if proposed strategies exceed the budgeted amount. These funds will need to be approved by the NCACH Governing Board prior to distribution.</p> <ul style="list-style-type: none"> • Are we looking at having the rapid cycle awardees apply again next year? Yes • How are entities being notified of application? Stakeholders list, newspaper and CHIS, opioid stakeholders group. <p>❖ Scott Graham moved, Michelle Price seconded the motion to approve funding up to \$285,000 to the Opioid Project to implement the 2019 Proposed Opioid Project Plan which includes the above strategies and budgeted amounts.</p>
<p>TCDI Workgroup – John Schapman</p> <ul style="list-style-type: none"> • Hospital Application Evaluation Process • Community Care on Wheels (CCOW) Proposal – Dr. Hourigan <p>Community Paramedicine Update</p>	<p>John shared the timeline and evaluation process for the approved TCDI Application (see board packet). This is for projects implemented through 2019, this amount has already been approved.</p> <p>❖ Bruce Buckles moved, Rick Hourigan seconded the motion to approve the Transitional Care and Diversion Intervention hospital application evaluation process and scoring template presented. Motion approved.</p> <p>Community Care on Wheels Presentation: Confluence Health has presented this to the NCACH. We viewed this as an emerging initiatives and decided it would best fit with the TCDI workgroup. Barry noted that this is a modest request for something that we have been talking about for a long time. Dr. Hourigan gave a quick overview noting that it is a proven model. Ray noted that he supports this plan and hopes that the Community Para Medicine will do the same thing soon. They do embed into some of the paramedic teams.</p> <p>❖ Bruce Buckles moved, Senator Warnick seconded the motion to approve the recommendation of the TCDI workgroup that the NCACH Governing Board approves \$20,000 dollars for Confluence Health to complete a feasibility study to evaluate data and market analysis for a Community Care on Wheels program in the Wenatchee area. Motion approved. Rick Hourigan and Doug Wilson abstained</p> <p>EMS group that received funding in June is working on a report to present to the TCDI Workgroup in October or November, then will be presented to the Board.</p>
<p>Other Staff Updates – NCACH Staff</p> <ul style="list-style-type: none"> • HCA Reports • Capacity Development & Grant Specialist • Data analytic support – Caroline Tillier 	<ul style="list-style-type: none"> • Submitted Semi Annual Report at the end of July – will post report publicly after it is scored. • Implementation plan due at the end of this month. • Hired Tanya Gleason as the Capacity Development and Grant Manger, she will start on September 12th. • Decided to get assistance from Public Health King County for the APCD Database. We signed a \$4500 contract (see information only Board decision form in packet)
Meeting Adjourned	3:30 PM

Executive Director's Report -- October 2018



We are quickly approaching October! September was a whirlwind month for the NCACH team with meetings, events, summits, and conferences. The Executive Directors of the nine Accountable Communities of Health came together on September 11 to meet with the Governor's office, local state legislators, the Health Care Authority, and the Department of Health to give an overview of each ACH and to discuss the barriers (e.g. workforce shortages, coding, etc) to successful and sustainable integrated managed care across the state. This meeting was intentionally scheduled ahead of the next legislative session so that ACHs could address pressing issues ahead of the next decision-making period; I felt that we left with good results.

In addition to the September 11 meeting between the ACHs and the State, the ACH Executive Directors also convened for an in-person meeting in Snoqualmie, WA, on September 12. I sent John, Christal, Caroline, and Wendy, as I was travelling east to Spokane to attend the State of Reform Conference with Sahara. The meeting in Snoqualmie was facilitated by Oregon Health Sciences University (OHSU) and covered a variety of topics including funds flow, data, cross-ACH coordination, contracting, and HCA-reporting. Speaking of HCA-reporting, NCACH received just a few comments during the write back process for the Semi-Annual-Report submitted in July. Staff are now finalizing the Implementation Plan that is due to the HCA at the end of September. Following that will be another Semi-Annual Report documenting NCACH activities that happened during July 2018 through December 2018. That will be due to the HCA in January 2019. Accurate reporting helps accountability.

Following the ACH meetings on September 11 and 12, I then presented at the State of Reform Conference in Spokane on September 13. I provided an update on ACHs with Better Health Together Executive Director, Alison Poulsen, and Molina Healthcare's Vice President of Member and Community Engagement, Laurel Lee. We discussed integrated managed care as well as a look at the work accomplished and the work ahead of ACHs. After the presentation, we held a lively Q&A session and were able to directly connect with conference attendees about Medicaid Transformation work happening across the state.

Following the State of Reform Conference, we also hosted Premera executives in the North Central Region this month. You may recall that NCACH along with three other ACHs (Olympic, Better Health Together, Cascade Pacific Action Alliance) were invited to attend Premera's headquarters in Mountlake Terrace earlier this year to discuss rural healthcare initiatives and possibilities. On September 17, officials from Premera joined me on a tour of the North Central region, which included attending the regional hospital meeting at Three Rivers Hospital in Brewster. It is always an important opportunity to show visitors just how rural we are, and I look

forward to continued conversations about rural healthcare with Premera in the future.

In NCACH updates, we have welcomed Tanya Gleason to our team as the new Capacity Development and Grant Manager. She joined us on September 12 and is already digging into her role by assisting the Chelan-Douglas CHI as they prepare to host their upcoming event, "[Chelan-Douglas Rides to Work: An Employment and Transportation Forum](#)" on October 10th. We are pleased to have Tanya onboard and hope you all join us in welcoming her to the team. In other staffing updates, we are saying goodbye to Sherrill Castrodale, NCACH's first intern. Sherrill joined the NCACH team in early 2018 and has been working closely with the Transitional Care and Diversion Interventions Workgroup to research initiatives that could be implemented in our region. Sherrill will be leaving NCACH to pursue a data science certification program and degree, and we could not be happier for her. Happy Trails, Sherrill, and thank you for your work here at NCACH!

Looking ahead in October, we will be focusing on the 2019 budget and activities within the Medicaid Transformation projects and emerging initiatives within the ACH.

Lastly, I wanted to touch on the upcoming Medicaid Transformation Learning Symposium: *Managing Change and Advancing Equity*, hosted by the HCA on October 24, 2018. Annual learning symposiums are a part of the special terms and conditions outlined by the State and the Center for Medicaid Services, and are designed with ACH board members and partner organizations in mind. My staff and I are planning to attend and encourage anyone who is interested to join us for the event. More information about the event, including an agenda, can be found here: <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>

Charge on!

Linda Evans Parlette, Executive Director

NCACH Funding & Expense Summary Sheet

	SIM/DESIGN FUNDS (CDHD Account)			FINANCIAL EXECUTOR FUNDS		
	SIM/Design Funds Received	SIM/Design Funds Expended	SIM/Design Funds Remaining	NCACH Funds @ FE	FE Funds Expended	FE Funds Remaining
Original Grant Contract K1437	\$ 99,831.63	\$ 99,831.63	\$ -			
Amendment #1	\$ 150,000.00	\$ 150,000.00	\$ -			
Amendment #2	\$ 330,000.00	\$ 330,000.00	\$ -			
Amendment #3 (\$50k Special Allocation)	\$ 15,243.25	\$ 15,243.25	\$ -			
Workshop Registration Fees/Misc Revenue	\$ 19,155.00	\$ 19,155.00	\$ -			
Amendment #4 (FIMC Advisory Comm. Spcl Allocation 2016)	\$ 15,040.00	\$ 15,040.00	\$ -			
Amendment #5*	\$ -	\$ -	\$ -			
Amendment #6** (FIMC Adv Comm Spcl Alloc 2017)	\$ 30,300.45	\$ 30,300.45	\$ -			
Interest Earned on SIM Funds***	\$ 3,223.39	\$ 3,223.39	\$ -			
Original Grant Contract K2562	\$ 24,699.55	\$ 24,699.55	\$ -			
Amendment #1	\$ 70,629.00	\$ 60,280.46	\$ 10,348.54			
Original Contract K2296 - Demonstration Phase 1	\$ 1,000,000.00	\$ 1,000,000.00	\$ (0.00)			
Original Contract K2296 - Demonstration Phase 2	\$ 5,226,961.23	\$ 29,414.27	\$ 5,197,546.96			
Interest Earned on Demo Funds	\$ 65,783.77	\$ -	\$ 65,783.77			
Workshop Registration Fees/Misc Revenue	\$ 12,135.83	\$ 12,135.83	\$ -			
Financial Executor Funding -						
DY1 Project Incentive Funds (March 18)				\$ 3,922,723.01	\$ 2,204,323.33	\$ 1,718,399.68
DY1 Integration Funds (March 18)				\$ 2,312,792.00	\$ 35,871.66	\$ 2,276,920.34
DY1 Bonus Funds (March 18)				\$ 1,455,842.00		\$ 1,455,842.00
DY1 Project Incentive Funds (June 18)				\$ 1,228,827.00		\$ 1,228,827.00
DY1 Shared Domain 1 Funds (June 18)****				\$ 2,048,045.00	\$ 2,048,045.00	\$ -
Totals	\$ 7,063,003.10	\$ 1,789,323.84	\$ 5,273,679.26	\$ 10,968,229.01	\$ 4,288,239.99	\$ 6,679,989.02

* Funds allocated to NCACH but not yet in FE account

** Revenue outstanding. Funding is monthly cost reimbursement.

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

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

2015-16 Report	99,831.63	\$ 99,832.00
2016-17 Report	480,000.00	\$ 76,736.40
SIM Report	\$ 178,290.64	\$ 571,205.33
DEMO Report	\$ 6,304,880.83	\$ 1,041,550.10
	<u>\$ 7,063,003.10</u>	<u>\$ 1,789,323.84</u>

Variance \$ - \$ 0.00

SIM Funds Report on NCACH Expenditures to Date

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

Budget Line Item	Budgeted Allocation	Aug-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	\$ 80,313.00	22,215.02	\$ 71,281.05	88.8%
Office Supplies			\$ -	
Computer Hardware			\$ -	
Legal Services			\$ -	
Travel/Lodging/Meals		209.28	\$ 624.03	
Website Redesign			\$ -	
Advertising			\$ -	
Meeting Expense			\$ -	
Other Expenditures			\$ -	
Misc. Contracts (CORE)			\$ -	
Misc. Contracts (CHIs)			\$ -	
Subtotal	\$ 80,313.00	\$ 22,424.30	\$ 71,905.08	89.5%
15% Hosting fee to CDHD	\$ 12,046.95	3,363.65	\$ 10,785.76	89.5%
			\$ -	
Grand total	\$ 92,359.95	\$ 25,787.95	\$ 82,690.84	89.5%

% of Fiscal Year

58%

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

Demonstration Funds Report on NCACH Expenditures to Date
Fiscal Year: Jan 1, 2018 - Dec 31, 2018

Budget Line Item	Original Budgeted Allocation	Budgeted Allocation	Aug-18	Totals YTD	% Expended YTD to Budget
Salary & Benefits	\$610,857.72	\$ 636,358.00	36,819.98	339,234.87	53.3%
Office Supplies	\$ 18,000.00	\$ 18,000.00	6,895.98	17,697.64	98.3%
Legal Services	\$ 8,000.00	\$ 8,000.00		1,156.50	14.5%
Travel/Lodging/Meals	\$ 7,000.00	\$ 7,000.00	2,071.00	18,655.45	266.5%
Website	\$ -	\$ -		737.77	
Admin (HR/Recruiting)	\$ 7,500.00	\$ 7,500.00		330.86	4.4%
Advertising/Community Outreach		\$ -	250.00	3,489.04	
Insurance	\$ 5,000.00	\$ 5,000.00		5,530.37	110.6%
Meeting Expense	\$ 7,000.00	\$ 7,000.00	31.74	1,585.50	22.7%
Events		\$ 52,000.00		25,165.13	48.4%
Other Expenditures	\$ 3,000.00	\$ 3,000.00	3,091.30	12,437.39	414.6%
B&O Tax Payment		\$ 90,000.00		90,000.00	100.0%
Integration Funds		\$ 21,731.16		10,456.34	48.1%
Misc. Contracts (CHIs)	\$ 120,000.00	\$ 120,000.00	13,392.52	42,517.70	35.4%
Healthy Generations		\$ 75,000.00		75,000.00	100.0%
OHSU		\$ 150,000.00	7,399.75	59,117.44	39.4%
CCMI, CSI*		\$ 151,961.23		151,961.23	100.0%
Providence CORE		\$ 4,128.00	17,888.00	17,888.00	433.3%
Subtotal		\$ 1,356,678.39	\$ 87,840.27	872,961.23	64.3%
15% Hosting fee to CDHD	\$117,953.66	\$ 146,338.37	\$ 13,176.04	92,056.18	62.9%
Grand total	\$904,311.38	\$ 1,503,016.76	\$ 101,016.31	\$ 965,017.41	64.2%

% of Fiscal Year Complete 67%

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

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

Financial Executor Report on NCACH Expenditures to Date

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

Budget Line Item	Budgeted Allocation	Aug-18	Totals YTD	% Expended YTD to Budget
WPCC Stage 1	\$ 1,665,000.00		1,665,000.00	100.0%
WPCC Stage 2 Funding *	\$ 580,000.00		-	0.0%
Opioid Project	\$ 100,000.00		97,390.00	97.4%
TCDI - NCECC Project Funding	\$ 70,000.00		20,000.00	28.6%
TCDI Hospital Application Funding	\$ 312,500.00		-	0.0%
Integration - IT Assistance	\$ 42,700.00		20,871.66	48.9%
Integration - Provider Contracting	\$ 55,000.00		15,000.00	27.3%
Pathways Hub Project	\$ 380,000.00		30,000.00	7.9%
Asset Mapping (Board Approved 6.4.18)	\$ 7,500.00		-	0.0%
Program Evaluation	\$ 7,000.00		-	0.0%
CCMI, CSI	\$ 291,499.77	\$ 26,546.00	74,972.00	25.7%
UW AIMS Center	\$ 48,000.00		-	0.0%
WPCC Coaching Funds	\$ 45,000.00		-	0.0%
Emerging Initiatives - CCOW	\$ 20,000.00		-	0.0%
Payment to NCACH Demo Budget	\$ 226,961.23		226,961.23	100.0%
Grant Total	\$ 3,851,161.00	\$ 26,546.00	2,150,194.89	55.8%

Funds Earned (Date TBD)	\$ 8,920,184.00	% of Fiscal Year Complete	58%
Budgeted Amount (2018)	\$ 3,851,161.00		
Total Uncommitted Dollars	\$ 5,069,023.00		

*WPCC Stage 2 funding is an estimate based on approved funding process paid in quarterly installments (above allocation is based off of Q4 payments).

2019 Budget Approval Process

September, 2018

Key Updates:

- NCACH staff have been working with both the Chelan Douglas Health District (CDHD) accountant Kandis Boersema and NCACH Board treasurer Brooklyn Holton over the course of September to develop the 2019 budget template. This has consisted of the following meetings:
 - September 6th: Met with Brooklyn to review current goals of the budget in 2019 with the 2 main goals:
 - Ensure that the budget line items are in better alignment with the reporting software that comes from both CDHD and Public Consulting Group. This will reduce duplication of entry and reduce the potential of errors in reporting.
 - Ensure we can approve a budget that reduces the number of individual requests NCACH staff needs to bring to Board members.
 - September 14th: Met with Kandis, Brooklyn, and NCACH staff to review draft templates and provide recommended changes.
 - September 19th: NCACH Staff meeting review budget templates and producing a final template to build out for all workgroups.
- NCACH Staff are now working to populate budgets for their individual workgroups. This will be done in October with the following key dates:

Upcoming Meetings/Key Dates

October 18 th	Staff Meeting to review 2019 budget projections
October 26 th	NCACH Board Retreat to review 2019 budget recommendations
November 5 th	Board meeting to review 2019 budget
December 3 rd	Board meeting to approve 2019 budget.

Attachments: None

Board Decision Form

TOPIC: Budget Deviation Policy
PURPOSE: Approve a budget deviation policy for NCACH. This will allow the NCACH Executive Director to make smaller budget adjustments that will minimize disruptions to operations.
BOARD ACTION: <input type="checkbox"/> Information Only <input checked="" type="checkbox"/> Board Motion to approve/disapprove
BACKGROUND: At the September 10 th , 2018 Governing Board meeting, Board members discussed the need to create a budget deviation policy to allow the Executive Director to spend a defined dollar amount above budget on current budget line items (i.e. contracts) approved by the Governing Board. In September, the NCACH executive committee developed a draft policy for discussion. On Friday September 21 st , executive committee members met via phone to review and approve recommendation of the policy. The below policy is recommended by the Executive committee to the Governing Board.
PROPOSAL: <u>Move to approve the following Board Deviation Policy:</u> The NCACH Executive Director (ED) is authorized to deviate up to 10% or \$100,000, whichever is less, from any spending decision or budget allocation made by the Governing Board without further action by the Board, <u>provided that any additional funds are used for the same purpose as the original allocation</u> . The ED must approve such deviations in writing, and they must be reported (like any other expenditure) in NCACH monthly financial statements. The ED would be accountable to demonstrate that any additional spending of this sort is subjected by the staff to the same degree of oversight and accountability as any other NCACH spending.
IMPACT/OPPORTUNITY (fiscal and programmatic): This will allow the NCACH Executive Director to manage operations when additional funding is needed to complete work under current budget items and or contracts.
TIMELINE: October 2018 - Governing Board approves policy October 2018 – NCACH Staff utilizes policy for any future budget spending deviations
RECOMMENDATION: The executive committee reviewed the above Budget Deviation Policy and recommends that the Governing Board approve as written.

Submitted By:
Submitted Date:
Staff Sponsor:

Executive Committee
09/25/2018
John Schapman

NCACH Project Workgroup Update

Pathways Community HUB

September 2018

Key Outcomes

- September 14th-Pathways Community HUB presentation at NCW Care Coordinator Summit
- September 21st-Action Health Partners Pathways Community HUB staff and Health Gen invited WSDOH program staff to present at the first monthly PCS meeting held in Moses Lake. A big thanks to the WSDOH staff for helping to educate the PCS on available programs for clients!!
- Moses Lake Community Health Center and Rural Resources have signed MOU agreements to become Community Specialist Services Agencies in Grant County. Legal documents including CSSA agreements have been sent to current MOU partners as well as Grant Integrated Services for review and signatures.
- CCS Platform for Pathways HUB reporting and data collection contract confirmed and configuration in process
- Pathways Community HUB General and HIPAA P&P manuals complete.
- The three Grant County area Pathways Community Specialists have been working on practicums and are completing week two onsite training this week.
- HUB staff met with Samaritan Healthcare ED staff and finalized the referral processes for go live.
- Pathways Community HUB informational learning tool is in the final stages of development and will be launched soon.

- HUB has engaged in a contract with Blue Orange Compliance for HIPAA assessment and support.
- Initial funder conversation began this week.
- September 21st-Action Health Partners Pathways Community HUB staff and Health Gen invited WSDOH program staff to present at the first monthly PCS meeting held in Moses Lake. A big thanks to the WSDOH staff for helping to educate the PCS on available programs for clients!!

Upcoming Meetings

October 19th	Pathways Community HUB Informational Meeting for Grant County Social Service and CHI Partners
TBD	HUB Advisory Board Meeting

Attachments

None

COMMUNITY CHOICE, dba, ACTION HEALTH PARTNERS

GOVERNANCE OVERVIEW

HUB NEUTRALITY

Community Choice, a non-profit 501(c)3, dba Action Health Partners, (AHP) recognizes maintaining “neutrality” between the AHP Pathways Community HUB (HUB) and AHP’s existing Health Homes Community Choice Care Coordination services will be an important factor in achieving HUB certification. “Neutrality” means the HUB will have no incentive to steer HUB clients to AHP’s own care coordination services.

Neutrality is assured in three ways. First, as discussed in the HUB proposal AHP developed for the North Central Accountable Community of Health (NCACH), AHP is creating a new organizational structure where Health Homes Care Coordination is performed by a separate Limited Liability Company (LLC) called Community Choice Care Coordination Services, LLC (CCCCS). In other words, the HUB work and Health Homes Care Coordination will be performed by different companies. Both companies will be wholly owned subsidiaries of AHP, but otherwise have no relationship to one another.

The second factor in preserving neutrality is a very practical reality. Health Homes Care Coordination is **not** Pathways Community Specialist Services. Health Homes Care Coordination follows a very different methodology, as well as having significant differences in personnel, training, tracking and payment methodologies. Further, Health Homes is offered to a very discrete population of Medicaid Enrollees that require a strict eligibility requirement for services. AHP Health Homes Lead program serves dually eligible, Medicare and Medicaid clients under the WA State Health Care Authority contract; and Amerigroup Managed Care clients under the Amerigroup Health Homes Deligated Lead contract. Bottom line, CCCC is not equipped to accept Pathways Community Specialist referrals. Therefore, even if AHP wished to refer HUB clients to CCCC, (which it does not), it would not make sense to do so. AHP has no plans to staff CCCC with Pathways Community Specialists.

The third factor in preserving neutrality is the HUB has created, and will make readily available, the criteria by which it will assign HUB clients to Community Specialist Services Agencies (CSSA). The criteria will make no provision for referrals to CCCC. It will be standard business practice for HUB to adhere to the established and published criteria.

The remainder of this document describes the governance structure which will soon be completed. Please also refer to the attached AHP organization chart. Further, AHP has engaged Cordell Nehr to guide the creation and implementation of a “chart of accounts”. As spelled out in AHP’s HUB proposal to NCACH, AHP will ensure that HUB startup funding is segregated and accounted for separately from AHP’s other operations using the chart of accounts being developed. The chart of accounts will also support on-going financial reporting for the HUB.

AHP is governed by a volunteer Board of Directors, (Board), who are charged with following the Restated Articles of Incorporation in a manner consistent with the Bylaws adopted by the Board. The central function of the Board is to be the fiduciary of AHP. The Board carries out this role primarily by hiring and monitoring the performance of the Executive Director, approving the organization's strategic plan and approving and monitoring the annual budget and financial performance.

As described above AHP is in the final stages of creating CCCCS which will perform Health Homes Care Coordination. The second wholly owned subsidiary LLC being formed is called "Action Health Partners Integrated Network, LLC", (AHPIN). AHPIN is where the HUB will be located. AHPIN also contains the Health Home Lead, (which does no Care Coordination), SMEC Education and Outreach Services, Health Benefits Services and Network Support Services, (please refer to the attached organizational chart). These businesses have the common characteristic of carrying out their work through "networks" of agencies or individuals just as the HUB carries out its work through a network of CSSAs.

The LLCs will be "Manager Managed" by the AHP Executive Director with oversight/governance by the AHP Board. Both entities have only one "member", which is AHP. The LLCs will not have separate Boards or Executive Leadership. The Executive Director, (Manager), is charged with operating them according to their distinct purposes under the direction of the AHP Board. There is no direct financial relationship between CCCCS and AHPIN. The only financial relationship for both LLCs is with the parent, AHP.

The HUB has one feature which is unique from the other operations within AHPIN. Specifically, the HUB has a Community Advisory Board made up of volunteers who have a particular interest in the work and success of the HUB. The HUB Advisory Board is completely separate from the AHP Board. The only common link is the AHP Executive Director who plays leadership and liaison roles for both Boards. The roles of the Advisory Board including promoting the success of the HUB through oversight, communication to the AHP Board and by providing important linkages to the communities served.

In summary, AHP will ensure neutrality in its assignment of HUB clients to CSSAs through organizational, financial and operational separation of the HUB from CCCCS.

Community Choice d.b.a.
Action Health Partners
"Building bridges to optimal health"

Action Health Partners
 (a 501c3 organization)
Board of Directors

Executive Director
DEB MILLER

Mission: We educate, support, and empower individuals to improve quality of life and well-being.
Vision: To be collaborative leaders who build relationships that reduce barriers to healthy communities.

Care Coordination Network
Director
KAYELEEE MILLER

Office Manager
Yuriko Robles

Bookkeeping
IT/Software Support
Billing Support

Community Choice
Care Coordination
Services, LLC

CCCCO

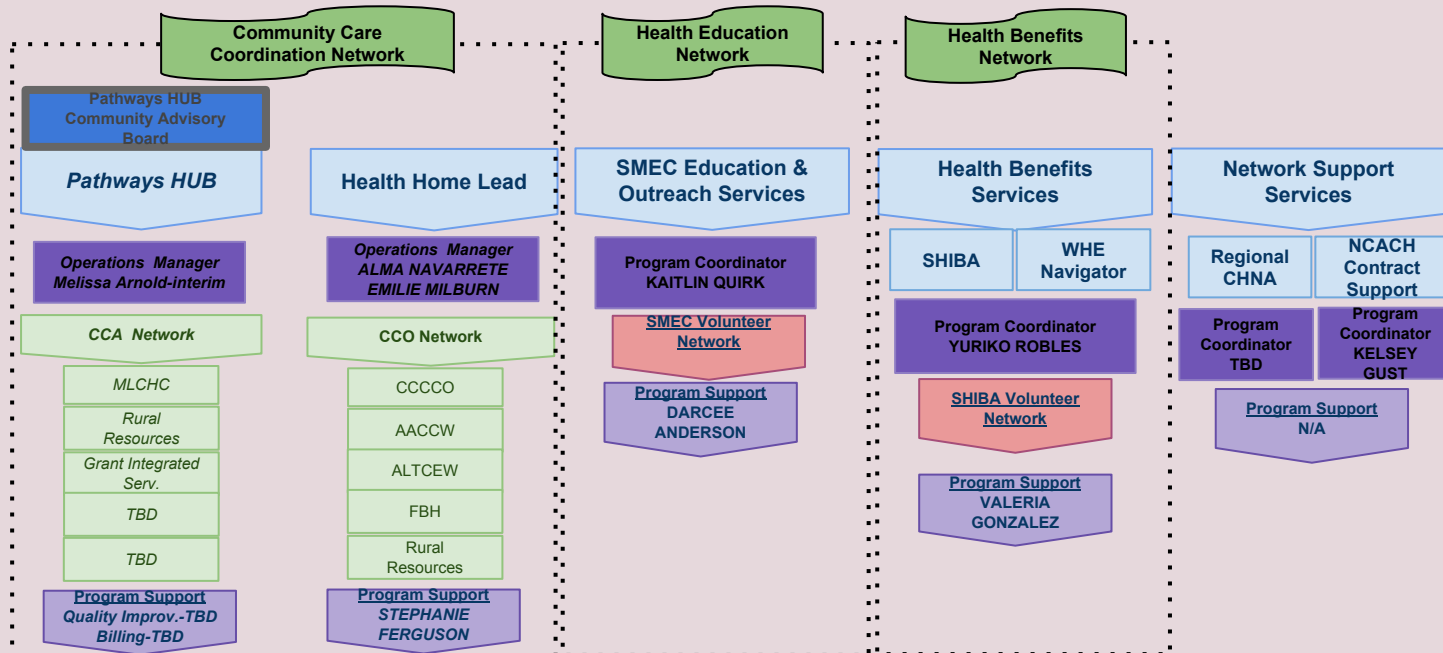
CCCCO Clinical Manager
Elaine Bandy

Care Coordinators

Alicia Kramar
 Bill Murray
 Cari Magnussen
 Darcee Anderson
 Gladys French
 Irene Sanchez
 Jill Milner
 Maribel Garibay
 Vicki Seabrook

Program Support
Brandi Larson

Action Health Partners Integrated Network, LLC



Admin Team

Managers & Prog. Coord

Programs

Staffing

Volunteers

Network

Contracted Support

Background

In the Medicaid Transformation, ACHs are being held accountable to a number of pay for performance measures. While most are healthcare metrics, two reflect the Health Care Authority's expectations that we address social determinants of health specific to homelessness and arrests. Based on workgroup feedback, NCACH did not select any of the evidence-based approaches linked to transitions from jail or law enforcement assisted diversion. However, regional data indicate underlying needs for individuals experiencing incarceration.

In 2012, the adult recidivism rate for Okanogan and Douglas Counties according to the Department of Corrections (DOC) was 46% and 53%, respectively, vs 32.4% for the State of Washington. In 2016, the NCACH region had the second highest arrest rates of Medicaid individuals at 7.0% (range: 5.5-7.3%). Additionally, Native American youth (Okanogan County) and Latino youth (Chelan and Grant Counties) are significantly overrepresented in youth detention in North Central Washington as compared to Caucasian youth.

Opportunity - Community Partnership for Transition Solutions

In May 2018, the North Central Accountable Community of Health and WorkSource partnered to bring stakeholders together to explore the Community Partnership for Transition Solutions (CPTS) model. There are currently 10 CPTSs around Washington State using a comprehensive approach that addresses all needs of an individual in order promote successful reentry into the community and reduce recidivism.

This model draws on evidence-based assessments and strategic collaborations with vested partners to target criminogenic needs. This program helps participants progress towards self-sufficiency, promotes intergenerational change in their families, reduces the social and financial costs of recidivism in our region, and creates safer and healthier communities.

North Central CPTS Formation

After several preliminary meetings, the North Central CPTS formed on August 30th, making North Central the 11th formation. The purpose of the North Central CPTS is to bring together various stakeholders who are committed to working together to support successful transitions and better coordinate services for people reentering communities after incarceration.

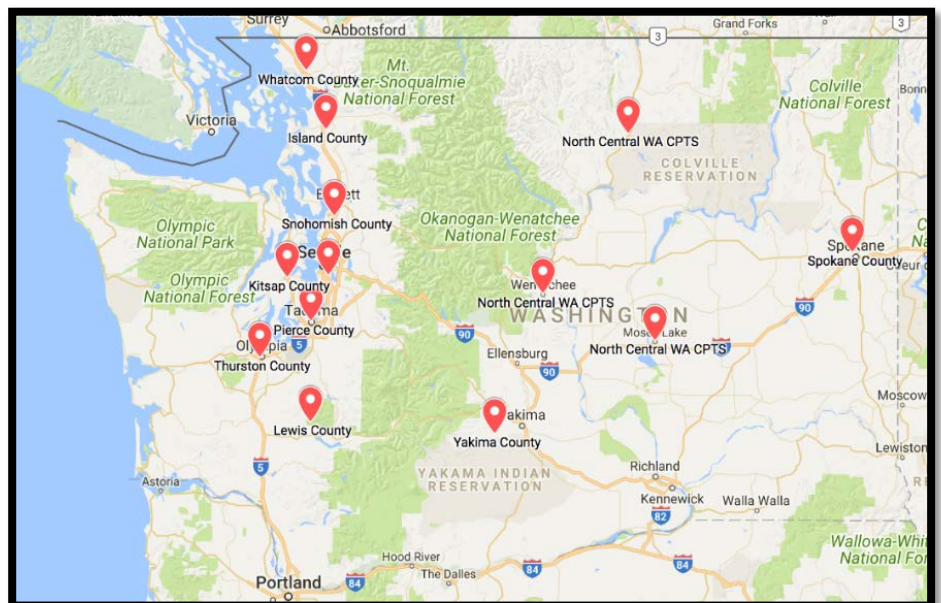
NCACH and Okanogan County WorkSource have partnered to provide staff support to coordinate and facilitate this group. We have engaged many essential partners including K-12, Community Colleges, Criminal Justice, Law Enforcement, Local Elected Officials, Healthcare, Behavioral Health, Drug Court, Workforce Development, DSHS, Division of Child Support, and others. We are continuing to work to expand the network to engage critical partners.

This is an exciting and relevant opportunity that aligns with the NCACH Whole Person Care vision; for a patient to reach a state of complete physical, mental, and social well-being. This community partnership also directly supports objectives associated with three of our six selected Medicaid Transformation Projects:

- Transitional Care Project
- Diversion Interventions Project
- Opioid Project

Next Meeting:

**October 4th 10am – 12pm at the
Confluence Technology Center**



Okanogan County FIMC Update

September, 2018

Key Outcomes

- Monthly provider meetings continue to be held in Okanogan County to plan for the transition to Integrated Managed Care. These are attended by physical and behavioral health providers, MCOs, and the BH-ASO. Topics that have been covered to date include, the Early Warning System, client communications, presentations by the MCOs and BH-ASO, Tribal Crisis Coordination Plan, and a presentation by the Behavioral Health Ombudsman.
- NCACH continues to utilize the Okanogan County Coalition for Health Improvement to communicate with stakeholders around the upcoming transition. In August, the MCOs presented at the CHI and communication materials were distributed to attendees.
- Okanogan County has selected the same indicators that the State will be collecting to be used for the Early Warning System. Starting in January, HCA will be facilitating monthly Early Warning System monthly monitoring calls. In addition, HCA will host weekly calls specific to Okanogan County to enable regular and quick communication between HCA, NCACH, Okanogan County providers, MCOs, and the BH-ASO.
- NCACH has worked with HCA to create a ½ page flyer for clients and a one-pager for providers explaining the changes that will take place in Okanogan County Jan. 1, 2019. Contact Christal Eshelman (christal.eshelman@cdhd.wa.gov) for copies of these.
- NCACH created a Media Kit to assist providers in communicating with the public around the FIMC transition. The Media Kit includes FAQs, sample social media posts, a sample press release, and sample website language.

Upcoming Meetings

October 30, 2018	Okanogan County Coalition for Health Improvement
November 13	Okanogan County FIMC Provider Meeting
December 11	Okanogan County FIMC Provider Meeting

NCACH Project Workgroup Update

Regional Opioid Stakeholders Workgroup

September, 2018

September Key Outcomes

- The September Opioid Workgroup meeting was cancelled due to scheduling conflicts.
- NCACH staff attended State Agency and ACH/Tribal Opioid Lead Meeting in Burien on Sept. 14th with the intent of sharing information, surfacing potential synergies, and best processes for state/local/Tribal collaboration.
- NCACH staff conducted a Narcan training with two PCAP (Parent/Child Assistance Program) case managers focusing specifically on chemically dependent pregnant women and mother with babies 12 months and under.
- NCACH staff attended Okanogan County's Recovery Event on September 22nd and provided Narcan training to those who were interested and Narcan kits to those who qualified.
- The NCW Opioid Stakeholders Group has requested to be hosted by NCACH. This group will continue to meet quarterly and coincide with the NCACH Regional Opioid Stakeholders Workgroup Meetings.
- The next round of the Rapid Cycle Opioid Application will open the week of Oct 1st. The application will be open for about one month with funding announced the beginning of December. The funding period will be January – June 2019.

Upcoming Meetings

October 19 th , 1-2:30 PM	Regional Opioid Stakeholders Workgroup
November 16 th , 1-2:30 PM	Regional Opioid Stakeholders Workgroup
December 21 st , 1-2:30 PM	Regional Opioid Stakeholders Workgroup

NCACH Project Workgroup Update

Whole Person Care Collaborative

September 2018

Key Meeting Outcomes

Broader WPCC Stakeholder Group (9/10/2018)

- Summarized results of change plans that were submitted by 17 member organizations at the end of July.
 - Shared major takeaways as well as next steps, which include signing of Stage 2 MOUs.
 - Also previewed how agencies will be asked to submit quarterly quantitative and qualitative reports through the portal.
- Provided an overview of coaching that is being provided in the immediate future around measure specifications. Also discussed the role of coaches and our need for longer-term coaching by building a coaching network in our region.
- Reviewed upcoming learning activity schedule, expectations around participation, and registration process.
- Discussed leadership engagement and intention to shift some of the discussions at WPCC meetings to be more strategic.

WPCC Workgroup (*cancelled*)

The September 13th workgroup meeting was cancelled given the meeting of the broader WPCC on September 10th.

Upcoming Meetings

10/1/2018	WPCC Meeting (open to the public)
10/11/2018	WPCC Workgroup Meeting
11/5/2018	WPCC Meeting (open to the public)
11/8/2018	WPCC Workgroup Meeting

NCACH Project Workgroup Update

Transitional Care and Diversion Interventions Workgroup

September, 2018

Key Updates:

- TCDI Hospital Application – Hospital applications were due Friday September 28th (Full list of applicants will be verbally provided at meeting). A technical assistance session was provided to applicants August 28th and partners have been able to ask application questions through the month of September. The application review process will begin October 1st with final scores provided to partners no later than November 2nd.
- September 27th TCDI Meeting cancelled – Meeting was cancelled and updates provided to partners in lieu of meeting. No major workgroup decisions and updates were needed at this time to justify holding a meeting.
- Transitional Care Management (TCM) – Developing a contract with Confluence Health to provide training and technical assistance for all hospitals that implement the TCM model. This includes the following:
 - Onsite training for TCM nurses at Confluence Health Call Center
 - Support for monthly learning webinars
 - Site visits to see progress of hospital partners.
- Emergency Department Diversion (Emergency Department Information Exchange (EDie) Training/Integration) – NCACH Staff has been working with Collective Medical Technologies to outline the process of EDie integration into hospital partner's EMRs and what a regional training schedule to better integrate EDie into clinical workflows would look like for organization's staff.
- North Central Emergency Care Council has been working with EMS partners to better define how they quantify patient volumes of their providers. This will help create a funding model for the EMS proposal. A full proposal is expected to be presented in October to the TCDI Workgroup.

Upcoming Meetings/Key Dates

September 28 th	TCDI hospital applications due
October 25 th	TCDI workgroup meeting Family Health Centers Omak, WA
November 2 nd	Final scores provided on hospital application

Attachments: None

Coalitions for Health Improvement - 2018 Community Feedback Survey

The Coalitions for Health Improvement (CHI) are comprised of community partners in health interested in transforming the health care delivery system. This work is occurring across the state and our region of Chelan, Douglas, Grant, and Okanogan Counties. We are conducting interviews on behalf of the Coalitions to explore the opinions and goals of those who are interested in improving the health of our community. As an important stakeholder in the community, it is critical for us to hear from you.

This survey will be open for responses until July 31, 2018.

The information obtained through this survey will be used to create a regional strategic plan. To learn more about us, please visit NCACH.org/CHI

*** Required**

1.

County represented: *

Check all that apply.

- ☐ Chelan
- ☐ Douglas
- ☐ Grant
- ☐ Okanogan

2.

Zip code where you live?

3.

Are you or someone in your household currently insured through Apple Health (Medicaid)? *

Mark only one oval.

- ☐ Yes
- ☐ No

4.

Which area or sector do you represent? *

Check all that apply.

- ☐ Aging and Adult services provider (includes senior centers, AACCW, etc)
- ☐ Agriculture/food
- ☐ Behavioral Health (Mental Health, Chemical Dependency Professional -CDP, social worker/case management etc)
- ☐ Business Owner/Business Community
- ☐ Community-based organization
- ☐ Community member
- ☐ Community center or gym (e.g. YMCA)
- ☐ Education (includes Early Learning)
- ☐ Elected Official
- ☐ Employment (e.g. WorkSource)
- ☐ Emergency Services (EMS)
- ☐ Faith-based
- ☐ Housing (includes shelter and homeless services providers)
- ☐ Humane Society/Animal welfare
- ☐ Law enforcement/legal services/justice
- ☐ Library or other public service (e.g. post office, public lands, parks, etc)
- ☐ Philanthropic organization
- ☐ Primary Care (Hospital and/or healthcare clinic)
- ☐ Public Health
- ☐ Tribal Member
- ☐ Transportation
- ☐ Tourism
- ☐ Other: _____

5.

Where do (or could) you see your or your organization's role in supporting a healthier community?

6.

How does your organization serve or impact those who receive Medicaid (Apple Health) or other social assistance (e.g. WIC/TANF, housing waivers, etc)?

Check all that apply.

- ☐ We provide direct services or social assistance
- ☐ We provide referrals to clients to receive direct services or social assistance
- ☐ Many of our clients receive direct services or social assistance, but it does not affect my organization's role or relationship with the client
- ☐ This question does not apply to me
- ☐ Other: _____

7.

Where do people go to receive information about social support and clinical services (could include any of the following: health care, mental health, nutrition, addiction support, housing, employment, child care/welfare, legal, etc) in your community?

8.

When you think about things that are going on in your community to promote good health and well-being for all, what is going right?

9.

Our goal is for everyone to have a fair and equitable opportunity to be as healthy as possible. What barriers to health currently exist in your community?

10.

Which of the barriers to health identified above do you believe are the most important to address?

11.

If you were to join the Coalition tomorrow, what would you like to see the Coalition focus on to improve health in your community?

12.

One of our goals is to meaningfully connect with those who receive Apple Health (Medicaid) benefits to inform and advise our work. What recommendations do you have for us to reach and hear from people who receive Apple Health in your community?

13.

As a "thank-you" for participating, please enter your email or phone number below to be entered in a drawing for a \$100 Walmart gift card or a \$50 Safeway gift card (Winners announced August 6, 2018)

2018 Stakeholder Survey Report

October 1, 2018

NCACH Governing Board Members
Brooklyn Holton, Chelan-Douglas CHI
Kyle Kellum, Grant County CHI
Michael Beaver, Okanogan County CHI



2018 Stakeholder Survey Recap

- Open for responses between June 30, 2018 – July 31, 2018
- Open to anyone living, working, or practicing in Chelan, Douglas, Grant, or Okanogan Counties
- 13 questions – most were open-ended
- Goal to understand barriers, challenges, opportunities, and current state of health and health-related resources in NCACH region
- Distributed electronically in both English and Spanish
- Included incentive – drawing for \$150 worth of gift cards



Survey Respondents

Stakeholder Survey Preliminary Report Out

Number of survey respondents – 215

County represented

Chelan – 90 (41.9%)

Douglas – 50 (23.3%)

Grant – 39 (18.1%)

Okanogan – 91 (42.3%)

Are you or someone in your household currently insured through Apple Health (Medicaid)?

Yes – 19.5%

No – 80.5%

Respondents by County



■ Chelan ■ Douglas ■ Grant ■ Okanogan

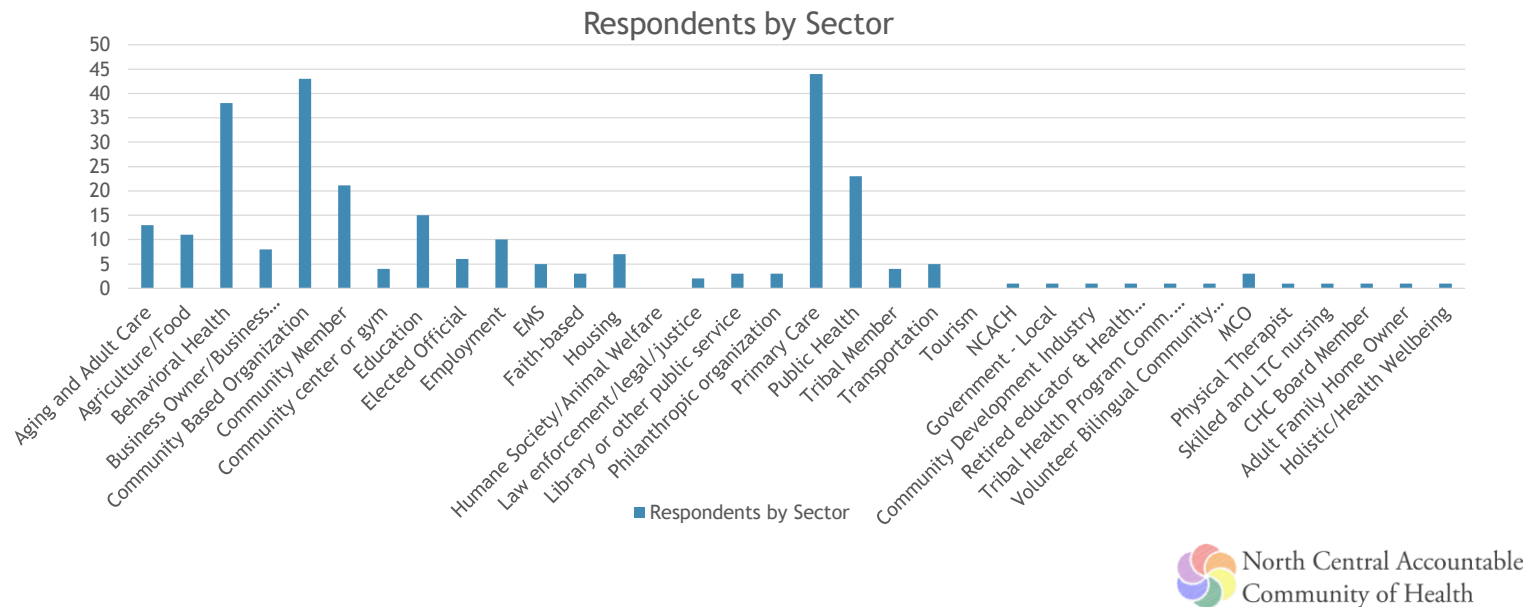
- 215 total responses
- 36 unique zip codes identified
- **19.5%** of respondents (n=42) that they or someone in their household are currently insured through Apple Health (Medicaid)



Survey Respondents by Sector

Stakeholder Survey Preliminary Report Out

Which area or sector do you represent? – 215 Responses



215 total responses

Top response categories:

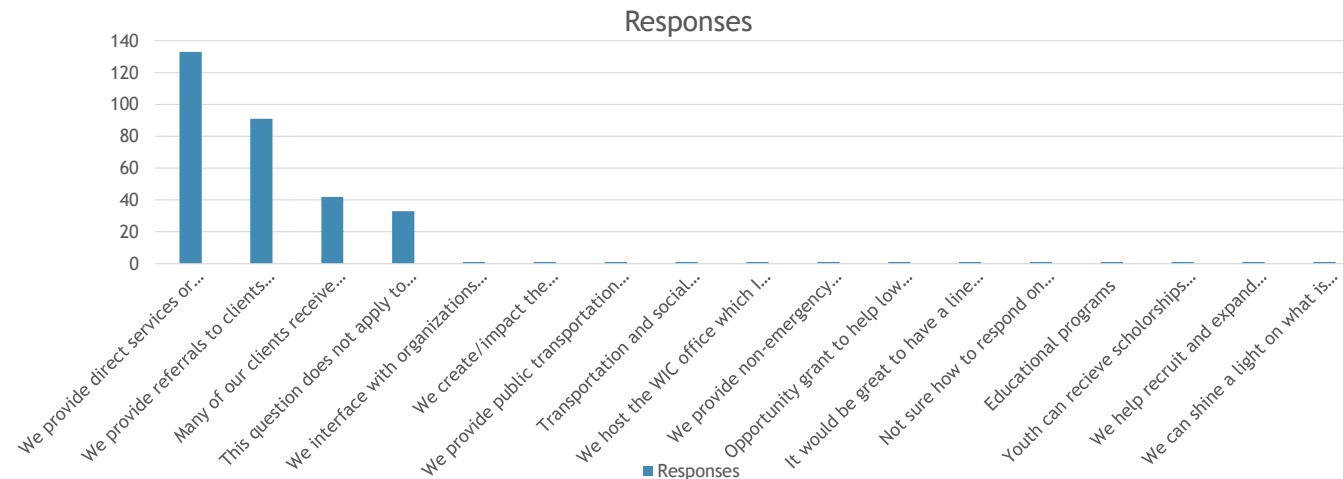
- **Community member** (23.3%)
- **Community-based organization** (20%)
- **Primary Care** (19.5%)
- **Behavioral Health** (17.2%)
- **Public Health** (10.7%)
- **Other** (8.8%)
- **Education** (7%)



How does your organization serve or impact those who receive Apple Health (Medicaid) or other social assistance?

Stakeholder Survey Preliminary Report Out

How does your organization serve or impact those who receive Apple Health (Medicaid) or other social assistance (e.g. WIC/TANF, housing waivers, etc)?– 213 Responses (12 write-in responses)



North Central Accountable
Community of Health

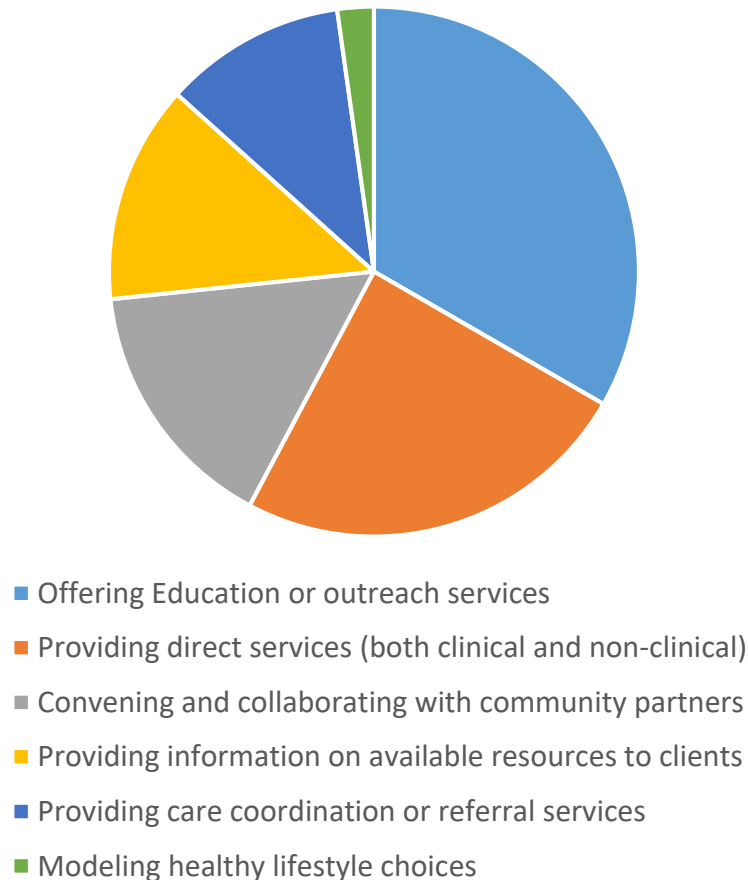
213 total responses

- “We provide direct services or social assistance” **(62%)**
- “We provide referrals to clients to receive direct services or social assistance” **(42.3%)**
- “Many of our clients receive direct services or social assistance, but it does not affect my organization’s role or relationship with the client” **(19.7%)**
- “This question does not apply to me” **(15.5%)**
- “Other” **(9.5%)**



Where do (or could) you see your or your organization's role in supporting a healthier community?

Respondents' Perceived Role in Supporting a Healthier Community

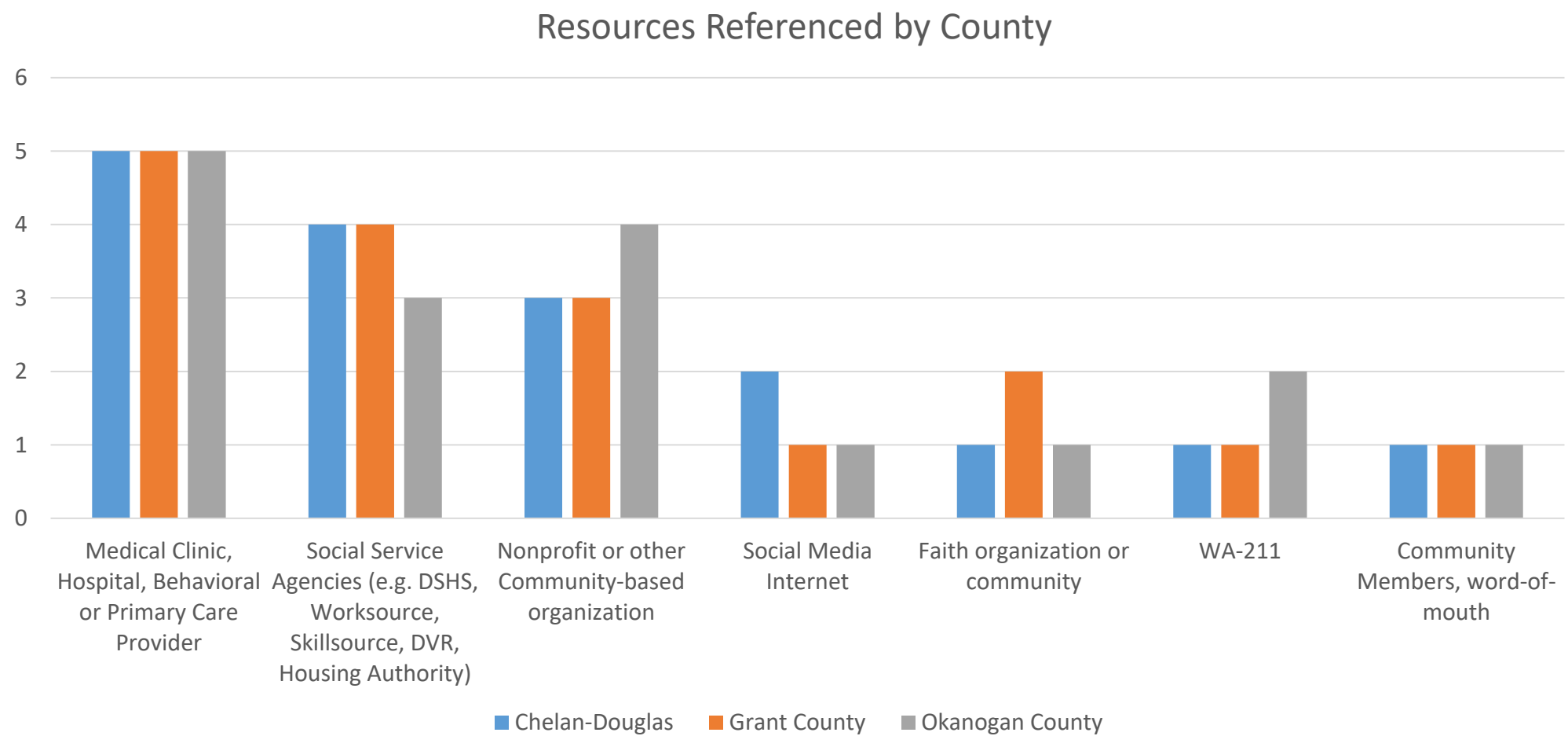


Key Themes

- Convening and collaborating with community partners
- Modeling healthy lifestyle choices (e.g. nutrition and exercise) and making them more accessible to the community
- Offering education or outreach services
- Providing direct services (both clinical and non-clinical)
- Providing information on available resources to clients
- Providing care coordination or referral services



Where do people go to receive information about social support and clinical services in your community?



Top Resources Identified by County

Chelan-Douglas Counties
Medical Clinic, Hospital, Behavioral or Primary Care Provider
Nonprofits or other Community-Based Organization
Social Service Agencies
Internet/Social Media
Community members or word-of-mouth

Grant County
Medical Clinic, Hospital, Behavioral or Primary Care Provider
Social Service Agencies
Nonprofits or other Community-Based Organization
Internet/Social Media
Faith organization or community

Okanogan County
Medical Clinic, Hospital, Behavioral or Primary Care Provider
Nonprofits or other Community-Based Organization
Social Service Agencies
WA-211
Community members or word-of-mouth; Internet/Social Media



Resources with Unique Mentions by County

(> 6 unique mentions per dataset)

Chelan-Douglas Counties
Catholic Charities
Columbia Valley Community Health
Confluence Health
Department of Health and Human Services (DSHS)

Grant County
Department of Health and Human Services (DSHS)
Confluence Health*
Grant County Health District*
Grant Integrated Services*
Samaritan Hospital*

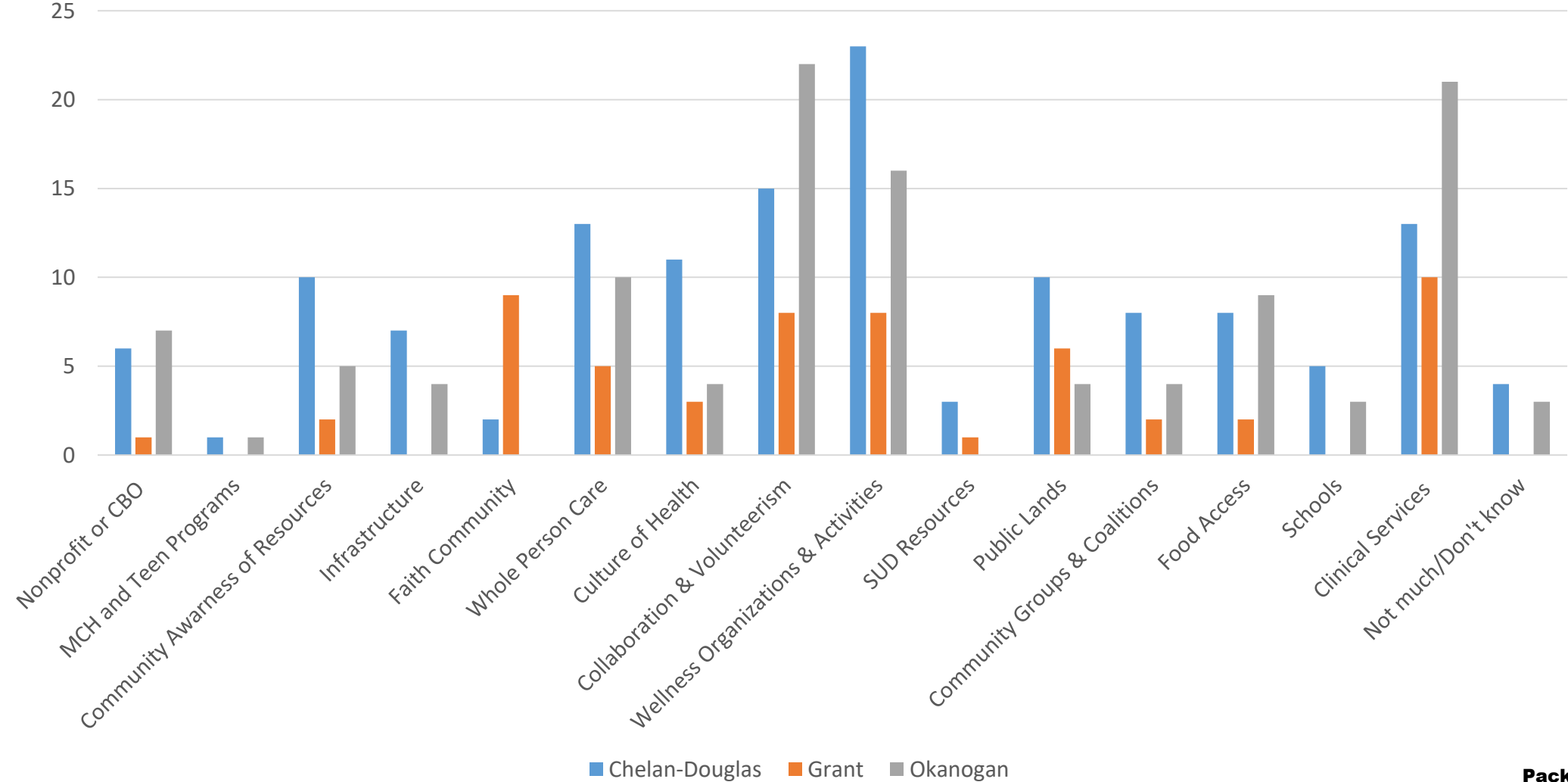
Okanogan County
Department of Health and Human Services (DSHS)
Family Health Centers
Okanogan Behavioral Health Care
Okanogan County Community Action Council
Room One

** Indicates that the parameters were shifted to ">2 unique mentions" because Grant County's dataset was smaller than the Chelan-Douglas or Okanogan*



When you think about things that are going on in your community to promote good health and well-being for all, what is going right?

Assets to Health Identified by Respondents



When you think about things that are going on in your community to promote good health and well-being for all, what is going right?

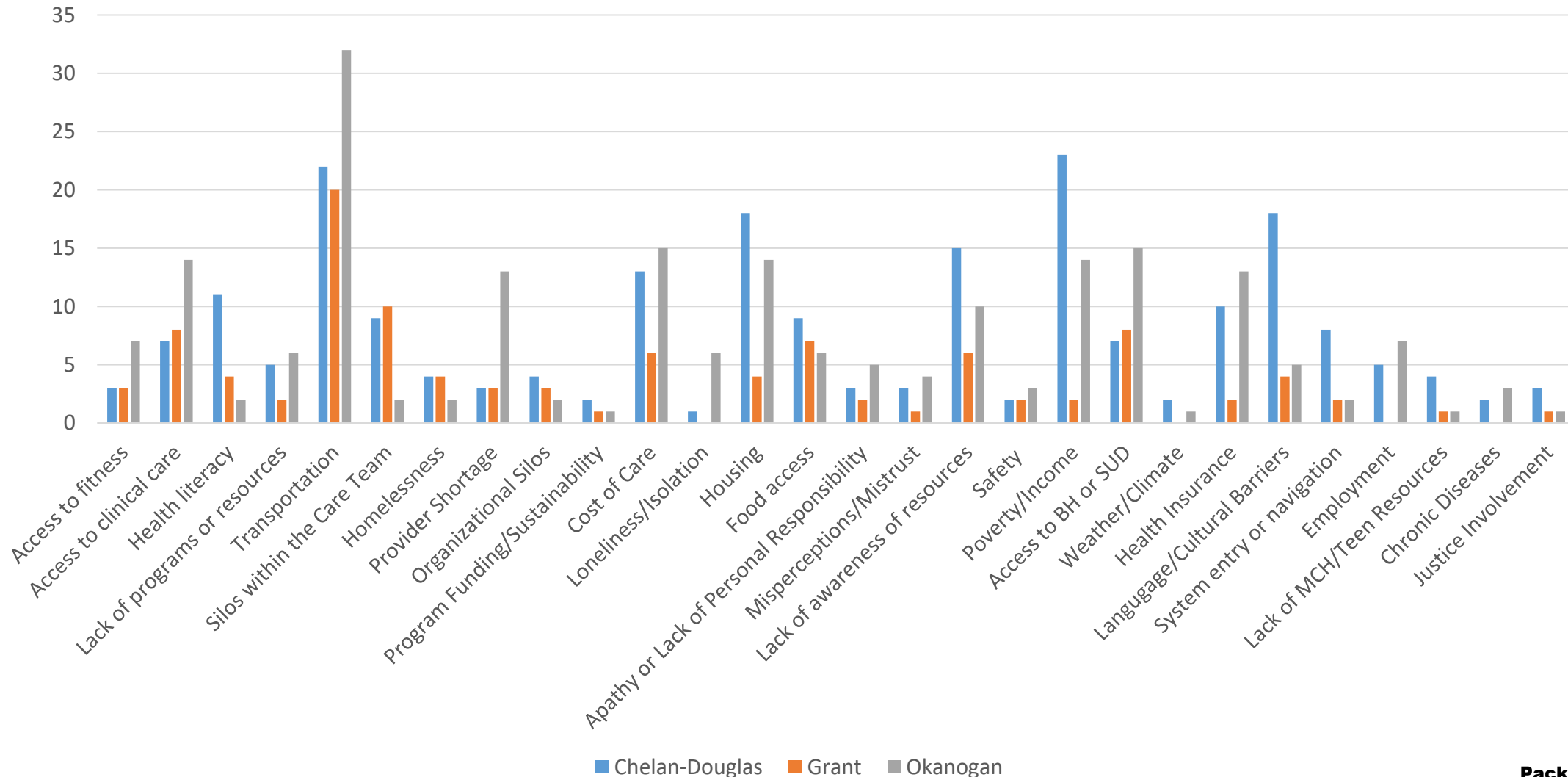
Top Assets to Health Identified by County

Chelan-Douglas Counties	Grant County	Okanogan County
Wellness-focused organizations, activities, clubs, or education	Clinical services offered	Culture of collaboration and volunteerism
Culture of collaboration and volunteerism	Wellness-focused organizations, activities, clubs, or education	Clinical services offered
Whole Person Care (includes Integrated Managed Care, care coordination, and continuity of services)	Culture of collaboration and volunteerism	Wellness-focused organizations, activities, clubs, or education
Clinical services offered	Access to public lands and outdoor recreation	Whole Person Care (includes Integrated Managed Care, care coordination, and continuity of services)
Culture of Health – health literacy and actively accesses resources available	Whole Person Care (includes Integrated Managed Care, care coordination, and continuity of services)	Food access and Farmer's Markets
Community awareness of resources	Culture of Health – health literacy and actively accesses resources available	Nonprofit or Community-Based-Organization (support, programs, assistance, etc)



Our goal is for everyone to have a fair and equitable opportunity to be as healthy as possible. What barriers to health currently exist in your community?

Barriers to Health Identified by Respondents



Our goal is for everyone to have a fair and equitable opportunity to be as healthy as possible. What barriers to health currently exist in your community?

Top Barriers to Health Identified by County

Chelan-Douglas Counties

Poverty and Income Barriers

Transportation

Language & Cultural Barriers

Housing

Lack of awareness of available resources and programs

Grant County

Transportation

Silos within the Care Team (specific references to coordination efforts between providers and specialties, incl. follow-up care)

Access to Behavioral Health (incl. SUD services)

Access to Clinical Care Services

Access to Food

Okanogan County

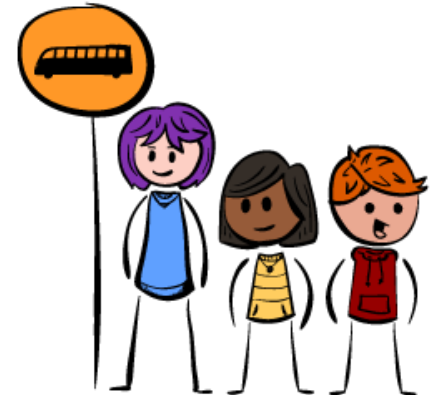
Transportation

Access to Behavioral Health (incl. SUD services)

Cost of Care

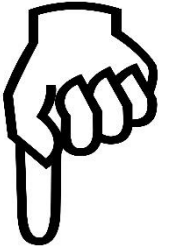
Housing

Poverty or Income Barriers



Which of the barriers to health identified above do you believe are the most important to address?

Which barriers to health respondents believe are most important to address, by County



***Integrated and Appropriate Care Models** references Integrated Managed Care, diversion tactics to appropriate care, transitional care, having appropriate and experienced providers available, community-based care coordination models, etc

Chelan-Douglas Counties
Affordable and Accessible Care
Affordable and Available Housing
Nutrition, Exercise, Food and Wellness Programs and Education
Poverty and Income Barriers
Health Literacy

Grant County
Affordable and Accessible Care
Transportation
Integrated and Appropriate Care Models*
Access to Behavioral Health (incl. SUD services)
Poverty and Income Barriers

Okanogan County
Transportation
Affordable and Accessible Care
Provider Shortage
Integrated and Appropriate Care Models*
Access to Behavioral Health (incl. SUD services)



If you were to join the Coalition tomorrow, what would you like to see the Coalition focus on to improve health in your community?

Chelan-Douglas Counties

Health Programs, Education, and Outreach

Provide access to care; remove barriers to care

Networking and Collaboration

Address the Social Determinants of Health

Empower the Individual

Grant County

Provide access to care; remove barriers to care

Access to Behavioral Health (incl. SUD services)

Address the Social Determinants of Health

Address and treat Chronic Diseases

More resources and programming for youth

Okanogan County

Access to Behavioral Health (incl. SUD services)

Health Programs, Education, and Outreach

Address the Social Determinants of Health*

*Respondents in Okanogan County overwhelmingly identified “Transportation” and “Housing” as priority issues for the CHI to focus on



If you were to join the Coalition tomorrow, what would you like to see the Coalition focus on to improve health in your community?

Sample Responses

- *"Community sponsored health and wellness programs offered to middle and elderly age groups with free transportation options."*
- *"Outreach to educate and motivate at risk groups to help address barriers to care"*
- *"Reduce costs-more affordable for people with insurance"*
- *"Mobile HealthCare"*
- *"Target activities that support largest Medicaid demographic."*
- *"More outreach to the community especially areas of lower income"*
- *"Individual responsibility for our overall well-being"*
- *"Advocacy, representative government, community organizing and health data"*
- *"Development of congregated affordable housing"*
- *"Parent engagement"*
- *"Homeless and veterans"*
- *"Affordable housing for seniors and financially challenged individuals"*
- *"Poverty"*
- *"Transportation"*
- *"Access to activities that promote healthy living"*



One of our goals is to meaningfully connect with those that receive Apple Health (Medicaid) benefits to inform and advise our work. What recommendations do you have for us to reach and hear from people who receive Apple Health in your community?

Chelan-Douglas Counties

Social Media, Digital Advertising, Text Message Services

Relationship Building and Community Outreach

Leave resources or information with clinical providers and social service agency partners

Community events (attend and host)

Use surveys and mail campaigns

Grant County

Relationship Building and Community Outreach

Use surveys and mail campaigns

Leave resources or information with clinical providers and social service agency partners

Community events (attend and host)

Social Media, Digital Advertising, Text Message Services

Okanogan County

Social Media, Digital Advertising, Text Message Services

Community events (attend and host)

Relationship Building and Community Outreach

Use surveys and mail campaigns



One of our goals is to meaningfully connect with those that receive Apple Health (Medicaid) benefits to inform and advise our work. What recommendations do you have for us to reach and hear from people who receive Apple Health in your community?

Sample Responses

- *"Go to Walmart, advertise where people are."*
- *"Be a presence at food banks or at farmers market"*
- *"Outreach at transitional housing units and food banks"*
- *"Week long table in the lobby to meet with clients as they come in for appointments"*
- *"Emails and newsletters often do not get read. Possibly something they would receive at each visit. Maybe something they get with their intake paper."*
- *"Maybe providers can promote participation by front desk people."*
- *"More outreach to migrant workers in their setting."*
- *"Health fairs; car seat give-away programs; free nutrition classes; free or inexpensive child care; bus voucher giveaways"*
- *"Churches, sporting event, civic groups"*
- *"Educate and inform the public who are you, marketing and make yourself more visible."*
- *"Depends on the age and social group of the client. Social media, getting into the orchards with the information, food banks, check cashing venues, grocery stores. Anywhere people will frequent who don't have access to TV, newspaper and radio"*



Conclusions

- Data must be taken in context: Respondent demographics indicate that the majority of respondents *work* in clinical or social service settings (as opposed to being clients themselves)
- While each county has similar challenges and assets, they differ in prioritization of those challenges and assets
- Transportation is a shared challenge across all three CHIs and has significant potential to be addressed at a regional level
- To better reach Medicaid recipients, we must meet them where they are at and be more creative and inclusive with outreach efforts



Next Steps

- Share findings with each Coalition (Chelan-Douglas, Grant, Okanogan)
- Reach out to those who may be 'missing' from CHI table but participated in CHI survey
- Develop action plan for each Coalition – use to develop into a regional strategic plan

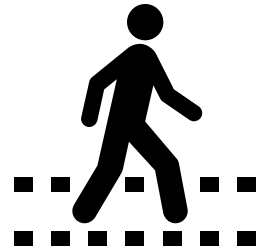
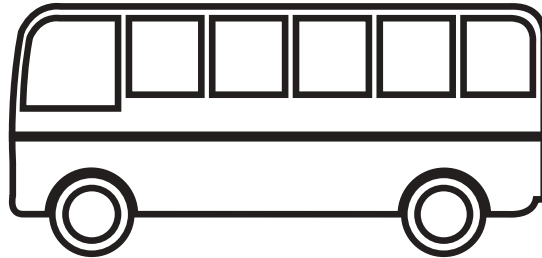


Next Meetings

- Chelan-Douglas CHI - Chelan-Douglas Rides to Work: An Employment and Transportation Forum, [October 10](#), 4:00 pm – 6:00 pm, Confluence Technology Center (Wenatchee)
- Grant County CHI – Pathways HUB Informational Meeting, [October 19](#), 2:00 pm – 4:00 pm, SkillSource (Moses Lake)
- Okanogan County CHI, [October 30](#), 12:00 pm – 2:00 pm, Family Health Centers (Omak)



Chelan-Douglas Rides to Work: An Employment and Transportation Forum



Finding solutions to transportation as a barrier to employment in Chelan and Douglas Counties

Join us for a community forum on solutions to employment-related transportation challenges in Chelan and Douglas Counties.

We will look at current programs, barriers, and opportunities to increase access to transportation in our community. Open to anyone working, living, or commuting in Chelan and Douglas Counties.

Free to attend. Food provided.

Be part of the solution.

Wednesday, October 10

Confluence Technology Center - Wenatchee
4:00 pm - 6:00 pm

More information: NCACH.org/CHI



Hosted by the Chelan-Douglas
Coalition for Health Improvement
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