Olympic Community of Health

Agenda

Board of Directors Meeting

October 8, 1 pm to 3 pm

Location: Kitsap Regional Library; 700 NE Lincoln Rd, Poulsbo

Web: https://global.gotomeeting.com/join/937538149

Phone: +1 (872) 240-3311

Access Code: 937-538-149

KEY OBJECTIVE

- Shared understanding of the CBOSS Change Plan and approval of a 2018 CBOSS MTP payment strategy

AGENDA (Action items are in red)

#	Time	Topic	Purpose	Lead	Attachment	Page #
1	1:00	Welcome and Approve Agenda	Action	Roy		
2	1:05	Consent Agenda	Action	Roy	1. DRAFT: Board Minutes: September 10, 2018 2. MTP Payment Report 3. Opioid Summit Agenda 4. Executive Director's Report	2-3 4-5 6 7-9
3	1:10	Draft 2019 Budget	Discussion	Hilary Margaret Nathanael	5. Draft 2019 Budget 6. Draft 2019 Budget Narrative	10 11-12
4	1:30	Indian Health Care Provider MTP Update	Information	Lena Nachand		
5	1:45	CBOSS Change Plan and Fund Allocation Strategy	Discussion	Elya	7. CBOSS Change Plan 8. SBAR: CBOSS Fund Allocation	14-24 25
6	2:15	Summary Natural Community of Care Convening	Information	Daniel		
7	2:30	Board Retreat Planning	Discussion	Elya	9. Board Retreat Discussion Guide	26-27
8	3:00	Adjourn		Roy		

Acronyms
CBOSS: Community-Based Organization Social Service
MTP: Medicaid Transformation Project
SBAR: Situation. Background. Action. Recommendation.

Olympic Community of Health

Meeting Minutes

Board of Directors

September 10, 2018

Date: 9/10/18	**Time:** 1:03pm-3:07pm	**Location:** Kitsap Regional Library, Poulsbo Community Room

Chair: Roy Walker, *Olympic Area Agency on Aging*

Members Attended: Andrea Davis, *Coordinated Care*; Brent Simcosky, *Jamestown S'Klallam Tribe;* David Schultz, *CHI Franciscan Harrison Medical Center;* Gill Orr, *Cedar Grove Counseling;* Jennifer Kreidler-Moss, *Peninsula Community Health Services;* Katie Eilers, *Kitsap Public Health District*; Thomas Locke, *Jamestown Family Health Clinic/Jefferson County Public Health;* Vicki Kirkpatrick, *Jefferson County Public Health;* Mane Dunn, *Quails Health*

Members Attended by Phone: Libby Cope, *Makah Tribe*

Non-Voting Members Attended: Mike Maxwell, *North Olympic Health Network;* Laura Johnson, *United Healthcare;* Susan Turner, *Kitsap Public Health District*

Guests and Consultants: Allan Fisher, *United Healthcare;* Stephanie Lewis, *Salish Behavioral Health Organization;* Kerstin Powell, *Port Gamble S'Klallam Tribe;* Matt Morris, *Puget Sound Fire;* Aaron Tyerman, *Puget Sound Fire;* Michelle Chaplelaine, *CCHE;* Dale Wilson, *Olympic Community Action Plans;* Rick Hahn, *North Olympic Health Network;* Wendy Sisk, *Peninsula Behavioral Health;* Sue Birch, *Health Care Authority*

Contractors: Maria Klemesrud, *Qualis Health*; Amy Etzel, *Department of Health*

Staff: Elya Moore, Lisa Rey Thomas, Margaret Moore, JooRi Jun, Grace McCallister, Miranda Burger, Daniel Schafer

Person Responsible for Topic	Topic	Discussion/Outcome	Action/Results
Roy Walker	**Welcome and Introductions**	Meeting called to order at 1:03 pm.	
Roy Walker	**Consent Agenda**	Board approval of consent agenda and minutes from August 13, 2018 Board meeting.	August 13, 2018 Meeting Minutes and Consent Agenda APPROVED unanimously.
Hilary Whittington	**OCH Financials**	The Board reviewed the OCH financial statements through July 2018. OCH is under-budget in almost all categories, and overall underbudget for the year.	
Pilot/Statewide Partners	**Olympic Digital HIT Commons**	– Pilot Partners presented a brief overview of the Commons to the OCH Board. The Board also heard	Motion to authorize an additional $50,000 to continue Commons

		comments from statewide partners from Puget Sound Fire, UW Valley Medical, and Greater Columbia ACH. – The HIT Commons is in compliance with HIPAA. Board recommends that contracts, agreements, and other documents be reviewed by a lawyer specializing in 42 CFR Part 2. – Information regarding referrals, etc. will live in the Commons. There is Board concern over who will have ownership of data. Data will have to be accessible according to legal requirements, even if the Commons is no longer in operation.	development through 2018 APPROVED.
JooRi Jun	**NCC Convening Summary and Change Plan Update**	– NCC convening summary will take place at October Board meeting. – Change Plan update: – All three NCC groups have created and signed their Shared Change Plans. – PHBH Change Plans were released in July and submitted in August. 24 partners have submitted contracts with 30 total Change Plans. – Change Plans integrated the six project areas into four domains, creating a more provider-centric format. – CBOSS Change Plans are currently being developed. Will include domains Care Coordination and Care Infrastructure.	
Elya Prystowsky, Dan Vizzini	**MTP Allocation: First Installment**	Staff presented projections for first MTP payment. Considerable work remains to be done.	
Roy Walker	**Adjourn**	The meeting adjourned at 3:07 PM.	

Acronym Glossary

CBOSS: Community-based organizations and social services
Commons: Olympic Digital HIT Commons
MTP: Medicaid Transformation Project
NCC: Natural Community of Care
PHBH: Physical Health, Behavioral Health

Payments to Providers

Generated On: 9/20/2018 10:53:50 PM (UTC)
Generated By: elya@olympicch.org
From Date: 9/1/2018 To Date:9/21/2018
ACH: Olympic Community of Health

Tran #	Date	Payment Amount ($)	Use Category	Provider Name	Provider Type	Address/ Zip	EIN	Provider Contact Name	Provider Contact Email	Provider Contact Phone	Transaction Status	Transaction Reason
1353	9/18/2018 2:00:57 PM	$11,081.37	Administration	Olympic Community of Health	ACH	834 Sheridan Street, Port Townsend, WA - 98368					Payment Approved	
1348	9/18/2018 2:00:57 PM	$468,620.00	Provider Engagement, Participation and Implementation	Peninsula Community Health Services	Traditional Medicaid Provider	PO box 960, Bremerton, WA - 98337					Payment Approved	
1345	9/18/2018 2:00:57 PM	$91,240.00	Provider Engagement, Participation and Implementation	North Olympic Healthcare Network	Traditional Medicaid Provider	240 W Front St, Port Angeles, WA - 98362					Payment Approved	
1339	9/18/2018 2:00:57 PM	$69,270.00	Provider Engagement, Participation and Implementation	Clallam County Hospital District 1	Traditional Medicaid Provider	530 Bogachiel Way, Forks, WA - 98331					Payment Approved	
1341	9/18/2018 2:00:57 PM	$63,050.00	Provider Engagement, Participation and Implementation	Jefferson Community Counseling Center	Traditional Medicaid Provider	884 W. Park Avenue, Port Townsend, WA - 98368					Payment Approved	
1347	9/18/2018 2:00:57 PM	$95,300.00	Provider Engagement, Participation and Implementation	Peninsula Behavioral Health	Traditional Medicaid Provider	118 E 8th Street, Port Angeles, WA - 98362					Payment Approved	
1344	9/18/2018 2:00:57 PM	$199,630.00	Provider Engagement, Participation and Implementation	Kitsap Mental Health Services	Traditional Medicaid Provider	5455 Almira Dr NE, Bremerton, WA - 98311					Payment Approved	
1340	9/18/2018 2:00:57 PM	$58,470.00	Provider Engagement, Participation and Implementation	Jamestown Family Health Clinic	Tribal Provider (Tribe)	1033 Old Blyn Hwy, Sequim, WA - 98382					Payment Approved	
1351	9/18/2018 2:00:57 PM	$21,500.00	Provider Engagement, Participation and Implementation	West Sound Treatment Center	Traditional Medicaid Provider	1415 Lumsden Rd, Port Orchard, WA - 98367					Payment Approved	
1337	9/18/2018 2:00:57 PM	$29,050.00	Provider Engagement, Participation and Implementation	Beacon of Hope	Traditional Medicaid Provider	686 Lake Street, Suite 400, Port Townsend, WA - 98368					Payment Approved	
1349	9/18/2018 2:00:57 PM	$17,410.00	Provider Engagement, Participation and Implementation	Reflections Counseling Services Group	Traditional Medicaid Provider	3430 E HWY 101, STE 3, Port Angeles, WA - 98362					Payment Approved	
1350	9/18/2018	$13,490.00	Provider	Rich Enterprises	Traditional	390 E. Cedar St,					Payment Approved	

Tran #	Date	Payment Amount ($)	Use Category	Provider Name	Provider Type	Address/ Zip	EIN	Provider Contact Name	Provider Contact Email	Provider Contact Phone	Transaction Status	Transaction Reason
	2:00:57 PM		Engagement, Participation and Implementation	dba Olympic Personal Growth Counseling	Medicaid Provider	Sequim, WA - 98382						
1343	9/18/2018 2:00:57 PM	$107,410.00	Provider Engagement, Participation and Implementation	Kitsap Childrens Clinic LLP	Traditional Medicaid Provider	9951 Mickelberry Rd. Ste 101, Silverdale, WA - 98383					Payment Approved	
1338	9/18/2018 2:00:57 PM	$72,370.00	Provider Engagement, Participation and Implementation	CHI Franciscan St Joseph	Traditional Medicaid Provider	16251 Sylvester Road SW, Burien, WA - 98166					Payment Approved	
1342	9/18/2018 2:00:57 PM	$201,450.00	Provider Engagement, Participation and Implementation	JEFFERSON GENERAL HOSPITAL	Traditional Medicaid Provider	834 Sheridan , Port Townsend, WA - 98368					Payment Approved	
1352	9/18/2018 2:00:57 PM	$35,920.00	Provider Engagement, Participation and Implementation	Makah Tribe	Tribal Provider (Tribe)	PO Box 115, Neah Bay, WA - 98357					Payment Approved	
1346	9/18/2018 2:00:57 PM	$127,250.00	Provider Engagement, Participation and Implementation	Olympic Medical Physicians	Traditional Medicaid Provider	939 Caroline Street, Port Angeles, WA - 98362					Payment Approved	

Olympic Community of Health

3CCORP 2018 Annual Opioid Summit

October 17, 2018, 12:00-4:30

AGENDA

1	12:00	Registration and lunch	
2	1:00	Welcome from Suquamish Elder/Leader	Suquamish
3	1:10	3 County Coordinated Opioid Response Project • History • 3CCORP Steering Committee • 3CCORP Prevention WG • 3CCORP Treatment WG • 3CCORP Overdose Prevention WG	Susan Turner, Kathleen Kler, Lisa Rey Thomas
4	1:30	Prevention of Opioid Misuse and Abuse and Six Building Blocks	Susan Turner, 6BB team, Jamestown Family Health Center
5	1:55	Improving Access to the Full Spectrum of Best Practices for the Treatment of Opioid Use Disorder • MAT prescribers and SUD providers • Olympic HIT Commons • Regional Opiate Treatment Network	Wendy Sisk, Kate Weller, Kristina Bullington, Rob Arnold, Brian Burwell, Albert Carbo
6	2:40	Prevention of Opioid Overdose • ODMAP • Overdose Notification Pilot	Jean Riquelme, Mike Lasnier, Scott Kennedy, Jeb Shepard
7	3:05	Tribal Healing Opioid Response - THOR	Jolene George, Port Gamble S'Klallam Tribe
8	3:30	Regional Data	Siri Kushner
9	3:50	3CCORP and the Medicaid Transformation Project	Elya Prystowsky and JooRi Jun
10	4:00	Questions, discussion, next steps, evaluation	Susan Turner and Lisa Rey Thomas
11	4:30	Adjourn	Susan Turner

Top 2 Things to Track #KeepingMeUpAtNight

1. We are all about the CBOSS. CBOSS is occupying a lot of energy to make sure CBOSS Change Plans are aligned with PHBH Change Plans and that CBOSS payments are timely and fair.
2. Board retreats are a once-a-year opportunity to come together, be present, dig deep into the issues and plan. We have a one-month runway to plan for the most effective retreat possible – making this top on my priority list.

OCH Meetings

- Regional Opioid Summit, October 17, 12:30 to 4:30 pm, Suquamish Clearwater Casino Resort (RSVP here)
- Board Retreat (for Board Members and Alternate Members), November 2, 11:00 am to 4:30 pm, Port Gamble S'Klallam Tribe ***note that the November 12 Board meeting is cancelled in lieu of the retreat***
- Performance, Measurement and Evaluation Committee, October 12, 9:00 to 11:00 am, Poulsbo
- Executive Committee, October 23, 12:00 to 2:00pm, Virtual
- Finance Committee, October 25, 1:00 to 2:00 pm, Virtual
- Performance, Measurement and Evaluation Committee, October 29, 2:00 to 3:00 pm, Poulsbo

Opening the office in Poulsbo

After six months of construction, OCH has finally moved into Vibe in Poulsbo, a shared co-working space. Not only will this space accommodate our larger staff, it is beautiful, hip and full of natural light. See pictures of the new space here. We still have three offices at Jefferson Healthcare in Port Townsend. We are a nomadic team!

Board Retreat Facilitator

OCH identified an excellent facilitator who is familiar with the ACH work and closely monitors movements in Olympia. We are fortunate to have Brian Enslow from Arbutus Consulting gift his time and talent to OCH! As Principal of Arbutus Consulting, Brian provides advocacy in executive and legislative processes and strategic consulting and strategy development for clients. Prior to Arbutus Consulting, Brian served as the Senior Policy Director at the Washington State Association of Counties.

Committee Updates

- The Community and Tribal Advisory Committee (CTAC) currently has a chair and five members representing multiple sectors from Clallam, Jefferson, and Kitsap counties. With the Implementation Plan completed and submitted Lisa Rey will complete recruitment by the end of October and schedule the initial meeting in November. Currently CTAC is the primary mechanism to provide consumer input to the Board.
- The Performance, Measurement and Evaluation Committee (PMEC) has met three times and has begun the work of identifying process and intermediary measures on which to base performance and monitor compliance for Implementation Partners.
- The Contract Management and Compliance Committee (CMAC) is being rescheduled due to poor attendance. We are looking for a third member, preferably from an organization with no Change Plan. Please send recommendations to margaret@olympicCH.org.

OCH Earns 100% on the 1st Semi-Annual Report (SAR)

The SAR is the 1st of two pay-for-reporting (P4R) milestones for 2018. Up to $2,627,680 in P4R revenue will arrive in the OCH Financial Executor portal this month (October). Depending on all ACHs contributing to inter-governmental transfers (IGT), OCH may earn up to an additional $666,675. OCH budgeted 90% of P4R in the

model, $2,934,500. If all ACHs participate in IGT, OCH will earn $3,294,355. All earned revenue above and beyond 90% of P4R is considered "bonus" and will be set aside as predetermined by the Board. OCH will develop bonus payment plan for Implementation Partners. You can read the 1st SAR by clicking on the following links:

- July 2018 Deliverables: Semi-Annual Report
  - Attachment A
  - Attachment B
  - Attachment C
  - Attachment D
  - Report Workbook

Implementation Plan Submitted!

OCH submitted the Implementation Plan to the HCA. This fulfills our Pay-for-Reporting requirements for 2018. We should be hearing back soon from the Independent Assessor if further information is needed on this deliverable. You can read the Implementation Plan by clicking on the following two links:

- Implementation Plan Portfolio Narrative
- Implementation Work Plan

First round of MTP payments

The first round of MTP payments is complete. The summary report is included in the Consent Agenda.

Community-based organization social service (CBOSS) Change Plan

Staff completed a draft CBOSS Change Plan and piloted it with three CBOSS partners, representing all three counties and three unique types of organizations: local health jurisdiction, community action agency and small nonprofit. The results from the pilot were used to revise the CBOSS Change Plan and inform the staff recommendation for CBOSS funding. In the first week of October, OCH is hosting two CBOSS orientation webinars and releasing the CBOSS Change Plan and contract. The CBOSS Change Plan is included in your board packet this month.

OCH team retreat

OCH is holding its annual team retreat on October 26.

Opportunity for behavioral health agencies

OCH is co-hosting a two-part learning event for behavioral health agencies—November 1st and 14th—as Washington State prepares for value-based payments and integrated managed care with the Practice Transformation Support Hub and Cascade Pacific Action Alliance, the ACH to the south of us. Click the links below for registration and additional information. Please note that you must register for each date separately.

- Day 1, November 1st
- Day 2, November 14th

Olympic Digital HIT Commons

OCH is exploring legal counsel options to address the concerns regarding 42 CFR part 2. In the meantime, we are working on an F.A.Q. to provide responses to other questions that arose at the last Board meeting. Kaiser Permanente has awarded a $24,000 grant to help create the Commons Learning Collaborative.

Three County Coordinated Opioid Response Project (3CCORP)

The 3 County Coordinated Opioid Response Project (3CCORP) was launched in September 2016. 3CCORP was very active in 2017 and we are excited to share our accomplishments to date at the 2nd Annual Olympic Regional Opioid Summit on October 17, noon-4:30pm at the Suquamish Clearwater Conference Center. To register please click here: http://bit.ly/2x8ly40. As of October 1, we have just over 200 people registered! With the Project Plan and Implementation Plans behind us, 3CCORP will resume meeting after the Summit. Two additional updates!

- Lisa Rey along with Vic Coleman from Pierce County ACH and Jason McGill from the governor's office convened a statewide meeting for ACHs, Tribes/ICHPs, DOH, HCA, UW ADAI, and the governor's office to discuss our opioid projects and better align the work across the state both within MTP and beyond MTP.
- We are pleased to announce that the Northwest Family Medicine Residency and Forks Hospital/Bogachiel Clinics are working with the 6 Building Blocks team as the second and third clinics in the OCH region!

Community and Tribal Partnership

OCH is committed to meeting with, listening to, and learning from community and tribal/IHCP partners. Lisa Rey attends meetings throughout the region to provide OCH updates, answer questions, and learn how OCH can best partner with and serve the region. Most recently Lisa Rey attended the 29th Annual Centennial Accord which affirms the government to government relationship between WA State and Tribes/Urban Indian Health.

- September 11, SBHO Providers meeting, Sequim
- September 12, Mason County Opiate Stakeholders meeting, Union
- September 13, Statewide Criminal Justice Opioid Workgroup, webinar
- September 14, ACH/Tribe/State leadership opioid meeting, Burien
- September 18, Jefferson County CHIP MH/SUD meeting, Port Townsend
- September 18, Kitsap Public Health District meeting, Bremerton
- September 19, Olympic Peninsula Health Communities Coalition, Port Angeles
- September 20, UW Alcohol and Drug Abuse Institute Opioid research meeting, webinar
- September 25, Centennial Accord, Suquamish
- September 26, Monthly OCH Regional Opiate Treatment Network meeting, Port Orchard
- September 27, Molina Community Champions Award Ceremony, Renton
- September 28, Anders Edgerton retirement celebration, Port Orchard

Olympic Community of Health 2019 Budget

Board Approval Date - Not Yet Approved	
Expenses	
Personnel	**Total**
Personnel	$ 552,000
Benefits (17%)	$ 93,840
Subtotal Personnel Costs	**$ 645,840**
Non-Personnel	**Total**
Professional Services & Contracts:	
Audit	$ 8,000
CSI Reporting Tool (ORCA)	$ 45,000
Data Analytics, Evaluation and Reporting (KPHD & PHSKC)	$ 150,000
Financial Advisory and Bundled Financial Services	$ 20,000
Olympic Digital HIT Commons	$ 110,000
HR	$ 2,000
Legal Counsel	$ 10,000
MTP Implementation and Sustainability Planning	$ 75,000
Practice Coaching	$ 193,000
University of Washington Six Building Blocks Program	$ 220,000
Other	$ 75,000
Non-Contract Expenses:	
Supplies	$ 6,000
Communications	$ 4,000
Equipment	$ -
Subscriptions	$ -
Information Technology	$ 9,060
Travel/Mileage	$ 36,000
Partner Travel	$ 15,000
Training/Professional Development	$ 7,000
Meetings and Events	$ 7,000
Food and Beverage	$ 6,000
Lease & Occupancy	$ 36,090
Liability Insurance	$ 5,000
Miscellaneous	$ 10,000
Subtotal Non-Personnel Costs	**$ 1,049,150**
TOTAL EXPENDITURES	**$ 1,694,990**

Anticipated drawdown of DSRIP funding to cover these expenses.

Olympic COMMUNITY of HEALTH

834 Sheridan Street
Port Townsend, WA 98368

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Budget Narrative [DRAFT]

Fiscal Year: 2019

Expenses

A. Personnel - $552,000

Costs for continued full staffing in 2019, including anticipated merit-based increases for all staff.

B. Benefits - $93,840

Industry standard benefit rate of 17% personnel costs.

C. Professional Services & Contracts - $908,000

Estimates based on anticipated needs for contracting services for planned project work and organizational operating needs.

i. Audit - $8,000: Costs as estimated in original audit bid from DZA.

ii. CSI Reporting Tool (ORCA) - $45,000: 2019 contract costs for continued services with CSI.

iii. Data Analytics, Evaluation and Reporting - $150,000: $140,000 for continued services through Kitsap Public Health District. $10,000 for Public Health Seattle King County APCD work.

iv. Financial Advisory and Bundled Financial Services - $20,000: Continued financial services through Gooding, O'Hara & Mackey. Continuing contract work to maintain internal controls for clean audit.

v. Olympic Digital HIT Commons - $110,000: Continued contract with Quad Aim Partners (Rob Arnold) and Strata Health to continue work for HIT Commons. Some expenses may potentially be offset by Premera revenues. The remainder will be paid for with DSRIP funding.

vi. HR - $2,000: Contract for Human Resources organizational growth and development counsel.

vii. Legal Counsel - $10,000: Continued work with Heather Erb to review contracts and other legal matters.

viii. MTP Implementation and Sustainability Planning - $75,000: Continued contract with OHSU Center for Health Policy for funds flow modeling and modifications in 2019 and 2020. Paid for with DSRIP funding.

ix. Practice Coaching - $193,000: New contract for continued fully bundled partner coaching through Qualis, which includes travel, equipment and access to up to .75 FTE of two technical experts. These expenses may be offset by Salish BHO revenues. The remainder will be paid for with DSRIP funding.

x. University of Washington Six Building Blocks (6BB) Program - $220,000: Contract to provide 6BB training to 10 clinics in the Olympic region. Paid for with DSRIP funds.

xi. Other - $75,000: Allowance for unanticipated contract expenses.

D. Non-Contract Expenses - $141,150:

Estimates based on known costs or expenses for 2018 with increases for additional staffing costs.

i. Supplies - $6,000: $500 per month for 2019. Supplies expense averaged $380 for the first half of 2018. Anticipated increase in expense based on full staffing.

ii. Communications - $4,000: $350 cellphone expense, $50 per month postage.

iii. Equipment - $0: Placeholder for equipment expense. No equipment expenses anticipated in 2019. In this case, "equipment" refers specifically to tangible property which equals or exceeds $5,000 per 2 CFR 200.

iv. Subscription - $0: Line item moved to "Information Technology."

v. Information Technology - $9,060: $500 for hardware needs. Subscriptions for GoToMeeting, Adobe, Microsoft Office, Slack, Harvest. Additional $220 for unanticipated software needs.

vi. Travel - $36,000: Employee travel allowance of $600 per month for Executive Director and Director of Community and Tribal Partnership, $300 per month for all other employees. Based on 2018 per month travel expenses.

vii. Partner Travel - $15,000: Costs to send implementing partners to state trainings, travel costs for contracting partners not covered in contracts.

viii. Training and Professional Development - $7,000: $1000 allowance per employee.

ix. Meetings and Events - $7,000: $300 per month for non-food meeting costs (including staff/contractor meetings held at paid venues), plus $3000 for 3 large convenings at $1000 per meeting. Some costs offset by MCO contributions.

x. Food and Beverage - $6,000: Meeting food and beverage expenses at $500 per month. Expense paid for with DSRIP funding.

xi. Lease and Occupancy - $36,090: Lease with JHC (Port Townsend) at $1287.50 per month. Lease with Vibe Coworks (Poulsbo) at $1720 per month (includes 5 hours of conference room time, offsets meeting and events line item).

xii. Liability Insurance - $5,000: Commercial general liability insurance, directors and officer's liability, and umbrella insurance policy. No anticipated change from 2018 expense.

xiii. Miscellaneous - $10,000: Allowance for unanticipated expenses.

Olympic COMMUNITY of HEALTH

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Community Based Organizations and Social Services Health Change Plan:

Please read this document in its entirety before completing the Change Plan document

All Implementation Partners are required to submit a Change Plan. The Community Based Organizations and Social Services Change Plan (CBOSS CP) is for organizations offering **complimentary community services to the Physical Health Behavioral Health Change Plan.** **Completed Change Plans are due by 5:00pm Tuesday October 23, 2018.** *

The Change Plan includes Outcomes and Tactics that Implementation Partners can sign up for to meet Medicaid Transformation Project goals. It will be an attachment to an Implementation Partner's contract with Olympic Community of Health (OCH) detailing their scope of work. This contract with OCH will run through December 2021 with an option to extend to 2023. Implementation Partners may elect to modify their Change Plan each year if proposed modifications are justifiable.

The OCH board has adopted a Medicaid Transformation Payment Policy outlining guidelines and expectations of Implementation Partners. Please refer to this policy to determine whether your organization will be able to meet the expectations set forth, and therefore, eligible to submit a Change Plan. Also, please review the **required** Outcomes in the CBOSS Change Plan to ensure your organization will be able to fulfill its responsibilities as an Implementation Partner.

OCH will be scheduling on-site visits with interested Implementation Partners to discuss their Change Plans prior to the October 23 deadline. If you are interested in an on-site visit with OCH staff to discuss your Change Plan please contact Miranda Burger, Program Coordinator miranda@olympicch.org.

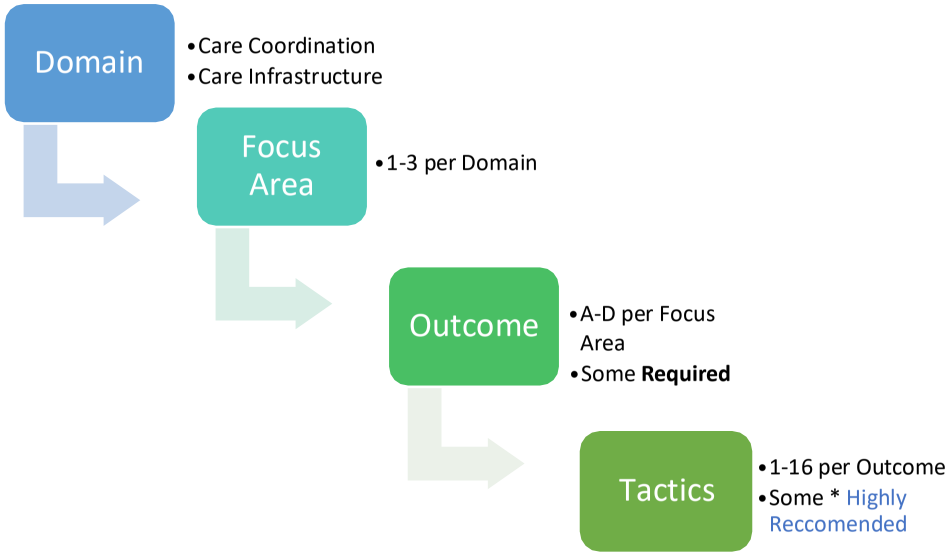
To maximize meeting time, please come to your one-on-one meeting with OCH with your organization's Change Plan completed, or at least with a high-level understanding of your organization's intended scope of work.

Helpful Definitions:

- **Implementation Partner:** Partnering provider organization that serves Medicaid beneficiaries within the three-county region with a completed Change Plan and signed Implementation Partner Specific Agreement (also referred to as "contract")
- **Behavioral Health:** For the purposes of MTP, the term "Behavioral Health" as defined by Washington State Health Care Authority (HCA) encompasses both Mental Health and Substance Use Disorder (SUD) services
- **Domain:** Four high level groupings of transformation activities: Care Coordination, Care Integration, Care Transformation, and Care Infrastructure
- **Focus Area:** Specific areas of concentrated effort within each Domain (Focus Areas range 1-5 per Domain)
- **Outcome:** Desired sustainable results at the end of the transformation period; some include components of evidence-based programs (Outcomes range A-D per Focus Area)
- **Tactic:** Strategies, workflows, and transformation activities to achieve full implementation of Outcomes; some Tactics include components of evidence-based programs (Tactics range 1-16 per Outcome)
- **Start Date:** The date your organization started/will start working towards a specific Outcome (earliest Start Date of Jan 1, 2017)
- **Target Date:** The date by which your organization anticipates fully implementing a specific Outcome (latest Target Date of December 31, 2021)

Change Plan Structure *(see image)*:

- Each Domain is divided into specific Focus Areas.
- Each Focus area comprises comprehensive Outcomes *(some outcomes are **required**)*.
- Each Outcome details various Tactics an organization may employ to reach the desired Outcome *(some Tactics are highly recommended)*.



Instructions:

1. Review the Change Plan in its entirety to gain a full understanding of the potential scope of work detailed in the document. It may be helpful to look closely at the listed Outcomes and Tactics to gain a clear picture of what activities your organization is already implementing, as well as additional transformation activities your organization intends to do/is interested in doing.
2. Make note of the **required Outcomes** that are in **BOLD**. **Implementation Partners must commit to fully implementing these Outcomes by the end of the MTP period (2017-2021) as part of their contract**. Tactics that are highly recommended to fully implement a required Outcome are marked with an * and in BLUE.
3. Please mark the Outcomes you would like to choose as part of your scope of work by marking with an **'X'** in the column labeled **"CheckO"**.
   Note: Only Outcomes started on or after January 1, 2017 (new or expanded upon) may be marked and considered for purposes of the MTP. Note: Only select Outcomes and Tactics your organization is committing to as part of the MTP.
4. For the Outcomes you select, please specify the date your organization started or intends to start this Outcome in the column labeled **"Start Date"**.
5. For the Outcomes you select, please specify the date by which your organization anticipates fully implementing a specific Outcome in the column labeled **"Target Date"**.
6. For the Outcomes you select, mark the Tactics you would like to choose to assist in full implementation of the selected Outcome by marking with an **'X'** in the column labeled **"Check T"**.
   a. Certain Tactics may have "drop down" lists underneath them where you are asked to further specify your scope of work. Please mark with an **'X'** in the rows applicable to your scope of work.
   b. Certain Tactics may have text fields associated with them where you are asked to provide additional information. Please provide additional text in the rows applicable to your scope of work.

   Note: Only Tactics started on or after January 1, 2017 (new or expanded upon) may be marked and considered for purposes of the MTP.

CBOSS Change Plans are due to Olympic Community of Health by 5:00pm Tuesday October 23, 2018! *

Please contact Olympic Community of Health to schedule your organization's one-on-one meeting to review the Change Plan.

To maximize meeting time, please come to your organization's one-on-one meeting with your organization's Change Plan completed, or at least with a high-level understanding of your organization's intended scope of work.

Contact Information:

CBOSS Partners:

JooRi Jun, ND
Clinical Transformation Manager
joori@olympicch.org
360-900-3539

Miranda Burger
Program Coordinator
miranda@olympicch.org
360-633-9579

Community Based Organizations and Social Services Change Plan

Key: Required Outcomes in **BOLD**
Highly Recommended Tactics are indicated with an * and in BLUE

Domain	Focus Area	Outcome	Check O 'X'	Start Date	Target Date	Tactics	Check T 'X'	Notes
1. Care Coordination	**1. Population Health Management**	**A. Organization participates in an NCC bi-directional referral network for at-risk subpopulations**				* 1. Receive referrals from NCC partners for the following subpopulations:		List Partner(s) for each selected subpopulation: _____
						a) Inidividuals with asthma		
						b) Inidividuals with diabetes		
						c) Inidividuals with hypertension		
						d) Inidividuals with cardiovascular disease		
						e) Historical trauma and Adverse Childhood Experiences (ACEs)		
						f) Women of childbearing age (15-44)		
						g) Post partum women		
						h) Pregnant women		
						i) Low-income families		
						j) Children (0-18)		
						k) High utilizers of the ED		
						l) High utilizers of the criminal justice system		
						m) High utilizers of the 9-1-1 system		
						n) Individuals experiencing homelessness		
						o) Individuals experiencing food insecurity		
						p) Individuals experiencing unemployment		
						q) Individuals experiencing isolation		
						r) Individuals experiencing barriers to transportation		

							s) Individuals with a substance use disorder		
							t) Other		
						2. Utilize screening tools and protocols to identify client physical, behavioral, and/or oral health needs and inform appropriate referrals		
						3. Review data by subpopulations to identify inequities by category such as race, gender, age, zip code, other(s)		
		B. Social determinants of health (SDOH) are assessed and integrated into standard practice				1. Train staff about the impacts of SDOH on health		
						2. Integrate SDOH screening tool in intake process and routine client interactions		
						* 3. Clients are screened for specific SDOH needs		
							a) Housing status/needs	
							b) Employment status/needs	
							c) Transportation status/needs	
							d) Food status/needs	
							e) Syringe exchange needs	
							f) Other	
		C. Care coordination protocols that include screening, appropriate referal, and closing the loop on referrals are developed to connect specific subpopulations to clinical or community services				1. * Organization refers specific subpopulations to appropriate clinical or community services		List Partner(s) for each selected subpopulation: _____
							a) Children who are overdue for well-child visits and/or immunizations to primary care or pediatrics	
							b) Individuals with housing, transportation, employment support, and/or food needs to other appropriate community-based organizations	
							c) Individuals managing one or more chronic disease to primary care	

	d) Families, women, and children to other appropriate community-based organizations
	e) Coordinate with host agency to offer mobile dental services on site
	f) Pregnant women to appropriate prenatal care providers and/or other community-based organizations
	g) Women with risky health behaviors (alcohol use, tobacco use, illicit drug use, disordered eating, etc.) to community support programs and/or specialty care
	h) Women with prior adverse pregnancy outcomes and women with other identified risks (including social determinants) to community-based programs that provide intensive services during the prenatal and interconception periods (NFP, Healthy Start)
	i) Adults requiring syringe exchange services to exchange programs
	j) Individuals with no medical home to primary care
	k) Individuals needing primary care services to primary care
	l) Individuals needing behavioral health services to behavioral health care (including SUD and MH services)
	m) Individuals needing oral health care to oral health care services
	n) Individuals without health insurance coverage to enrollment specialist services
	o) Women of child-bearing age for contraception education and services

						p) Other		
						* 2. Sign Business Associate Agreements or equivalent with clinical partners involved with the client's care to support referrals OR contract with clinical partners to ensure shared patients/clients receive appropriate clinical services		List Partner(s): _____
						* 3. Create and implement protocol to follow-up with referral partner after referral is made		
						4. Create and implement protocol to facilitate ongoing sharing of information to referring provider(s) about shared client(s)		
		D. Organization provides care coordination services, social services and consumer education services for referred clients				1. Provide effective chronic care services such as Diabetes Prevention Program (DPP), Chronic Disease Self-Management (CDSM), Whole Health Action Management (WHAM), exercise programs, and/or other		List Program(s): _____
						2. *Clallam NCC:* Community paramedics or EMTs perform home visits and/or alternative transports (e.g., other than the ED)		
						3. Kitsap *NCC:* In-home asthma interventions for low-income families where at least one person is diagnosed with asthma		
						4. Assist those with reccurent ED utilization to identify barriers to accessing primary care, identify solutions and resolve issues		

			5. Partner with public health and clinical partners to develop social marketing campaigns to promote healthy pre-conception care		
			6. Provide evidence-based prenatal or early childhood interventions to promote optimal health outcomes (Early Head Start, Head Start, Early Childhood Education and Assistance Program, Parents as Teachers, Parent Child Assistance Program, Nurse Family Partnership, Maternity Support Services)		
			7. Provide information or education to clients about appropriate clinical care settings		
			8. Ensure clients and their caregivers have access to instructions on how to get clinical advice after hours		
			9. Educate clients/school/ children/ organizations/ community on healthy eating and active living		
			10. Raise public awareness about obesity through programs such as 5-2-1-0		
			11. Educate clients on safe medication return and disposal programs (also called “drug take back”)		
			12. Raise public awareness programs about opioid misuse and abuse prevention through data and programs such as *It Starts with One*		
			13. Needle exchange program or syringe exchange program		

						14. Educate clients on safe storage of opioids		
						15. Offer chronic pain groups		
						16. Other		
4. Care Infrastructure	1. Capacity Infrastructure	**A. Information is exchanged securely, appropriately, timely and efficiently**				1. Implement protocol to obtain shared client records		
						2. Sign inter-organizational agreements for access to records of referred and/or shared clients		
						3. * Participate in a technology platform (such as Olympic Digital HIT Commons or PreManage) that allows necessary client information to be exchanged between the referee and referral organization		
		B. Community-based services and supports are timely and accessible				1. Offer open-access/same-day/walk-in appointments		
						2. Offer after-hours access		
						3. Expand services, hire new workforce or expand capital to meet client demand		
		C. Workforce is trained in best practices to provide appropriates services to client population of focus				1. Staff is provided with resources to refer to crisis intervention		
						2. Staff is trained in teach-back and/or motivational interviewing		
						3. Staff is trained in de-escalation		
		D. All staff understand the impact of trauma and health inequities on health				1. Offer training in health equity		
						2. Offer training in LGBTQ-inclusive care		
						3. Offer training in NEAR sciences, historical trauma, and trauma-informed care		

	2. Sustainability	**A. Transformation is sustained beyond the Medicaid Transformation Project**				* 1. Implement value-based payment arrangements with MCOs and/or partners in your NCC		
						* 2. Offer organization financial or in-kind match of DSRIP funding		
						3. Support all-payer collaboration to foster system-wide transformation		
	3. Administrative	**A. Organization can exercise effective leadership, management, transparency and accountability of MTP activities throughout the duration of its Change Plan**				* 1. Establish and maintain an effective governance structure, and public access/reporting protocols regarding all MTP-related planning and decision-making		
						* 2. Implement reporting policies and practices to ensure complete and timely reporting of change plan activities to OCH		

Olympic Community of Health

S.B.A.R. CBOSS Funds Allocation Recommendation

Presented to the OCH Board of Directors October 8, 2018

Situation

This SBAR presents a recommendation from staff for 2018 MTP payments for Implementation Partners submitting a community-based organization social services (CBOSS) Change Plan under the Medicaid Transformation Project (MTP). The breadth and scope of CBOSS services range dramatically and are highly specialized. This SBAR incorporates the same MTP payment principles used for physical health and behavioral health (PHBH) Implementation Partners, while also taking into consideration the diversity and specification of services of our CBOSS partners.

Background

The Board authorized a carve out for MTP payments for CBOSS Implementation Partners. As with PHBH payments, CBOSS payments are pooled by Natural Community of Care. The 2018 CBOSS payments must be scheduled by November 9 for payment on November 16, 2018.

Action

The amount of the MTP payment to a CBOSS Implementation Partner will depend on two drivers: partnerships and performance (defined below).

- **Partnerships**: the number of new and expanded partnerships with PHBH Change Plan Implementation Partners that are required to achieve Outcomes in the CBOSS Change Plan
    - In 2018, the entire MTP CBOSS payment is based on partnerships
- **Performance**: process and intermediary measures reported by CBOSS Implementation Partners that track progress towards achieving the Outcomes in the CBOSS Change Plan and the 14 selected OCH Core Measures

Payment will vary by whether the organization is a direct service provider or a coordinating center for services.

As was the case of PHBH MTP payments, the payment drivers for CBOSS partners will change over time, with higher weights awarded for performance each subsequent MTP year.

CBOSS Implementation Partner MTP payments will be once per year.

Staff Recommendation

The Board approves the above methodology for 2018 CBOSS Implementation Partner MTP payments.

Olympic Community of Health

Board Retreat Proposal

Presented to the September 25, 2018 Executive Committee Meeting
Revised and presented to the October 8, 2018 Board of Directors Meeting

Retreat details

Friday November 2, 2018; Port Gamble S'Klallam Tribe; 12:30-4:00 pm *(immediately following the Board meeting)*

Retreat Goal

A plan for a renewed direction of Olympic Community of Health; Forecasting 2019- 2023

Retreat Agenda

(1) HISTORICAL PERSPECTIVE AND REFLECTION

Lead: Elya Prystowsky
Proposed time: 30 minutes

1. **Historical perspective -** A timeline of the past 3 years
2. **Reflection**
    - **Purpose** (*approved November 2016*): to tackle health issues that no single sector or Tribe can tackle alone
    - **Vision** (*approved November 2016*): a healthier, more equitable three-county region
    - **Mission** (*approved November 2016*): to solve health problems through collaborative action
    - **Assumptions** (*reviewed November 2016*)
        - Health is local and 90% of it is driven by factors outside of the health care delivery system.
        - Health care is local. We rely on it. We receive high quality care, but at a high cost.
        - We can accomplish much more together, across sector and county lines, together with the Tribal nations, than we can separately.
    - **Values** (*reviewed November 2016*)
        - Health equity
        - Transparency and accountability
        - Responsive
        - Being an organization that adds value
    - **Functions** (*approved January 2017*)
        - Coordinate, convene and engage people and organizations
        - Perform regional health assessment and planning
        - Promote integration, improvement and transformation of care delivery
        - Coordinate and support health improvement projects
        - Collect, monitor, and analyze data to track performance and savings
        - Identify strategies to sustain promising projects
        - Advocate for policy change
    - **Strategic Priorities** (*approved January 2017*)
        - <u>Short-term (2017-2018):</u> Implement the Medicaid Transformation Project
        - <u>Mid-term (2017-2019):</u> Cultivate strategic partnerships with payers to support strategic priorities
        - <u>Long-term (2017-2020):</u>
            1. Coordinate a tri-county effort to identify new and build on existing strategies that will increase the availability of affordable, supportive housing in the region
            2. Support local networks working to address obesity
            3. Increase access to oral health services
            4. Work toward a more connected and engaged community

(2) REFINE FOCUS FOR FUTURE

Lead: Facilitator

Proposed time: 90 minutes

Starting point for discussion – yellow highlights are additions and ~~strikethrough~~ are deletions

1. **Potential to keep the same** - Purpose, Vision, Mission, Assumptions and Values
2. **Potential revised slate of OCH Functions**

Potential OCH Function	Rationale for revision
1. Coordinate, convene and engage Tribes, people and organizations for collaborative action	More inclusive of Tribes and ties back to organization mission
2. ~~Perform~~ Support county and partner efforts for health assessment and planning	This is a local health jurisdiction function that can be supported by OCH, not led by OCH
3. Promote integration, improvement and transformation of care delivery	NA
4. Coordinate and support health improvement projects	NA
5. Collect, monitor, analyze and report to track progress towards shared goals	More accurately reflects the future role the OCH may take in quality improvement
6. Identify strategies to sustain promising ~~projects~~ practices	Migration away from "projects" towards sustainable practices
~~Advocate for policy change~~	Captured in function 7
7. Policy advancement, advocacy and education	More comprehensive than previous function
8. Spread best practices and leverage resources	Acknowledges the potential value-add of the Natural Communities of Care

3. **Potential revised slate of OCH Strategic Priorities**

Potential OCH Strategic Priority	Rationale for revision	Secured funding
1. Cultivate strategic partnerships with payers to support strategic priorities	NA	MTP
2. Coordinate a tri-county effort to identify new and build on existing strategies that will increase the availability of affordable, supportive housing in the region	NA	None
Coordinate a tri-county effort to accelerate and expand community-based efforts to change consumer beliefs and behaviors around 3. Advance care planning 4. Chronic disease prevention	Strong community need and willingness to support	MTP (for priority 4 only)
5. Increase access to oral health services	NA	MTP & Arcora Foundation
6. Continue coordinating a tri-county effort to address the opioid epidemic in the region	Strong community need and willingness to support	MTP
~~Work toward a more connected and engaged community~~	Captured in OCH values	
~~Support local networks working to address obesity~~	Captured in priority 4	

(3) EARLY PLANNING - SUPPORTING THE RENEWED DIRECTION OF OCH

Proposed time: 60 minutes

Lead: Facilitator

1. **Board composition –** Reflect on the current Board composition. How can it be changed to best support the renewed direction of OCH?
2. **Financial sustainability –** Explore various strategies.
3. **Next Steps –** Staff will bring a proposed budget and strategic development plan to the Board that will support the Board's renewed direction.