

Phase I Certification Submission Template

ACH Certification Phase I: Submission Contact	
ACH	North Sound Accountable Community of Health
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Theory of Action and Alignment Strategy

Description

Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.

Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.

References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30

Instructions

Please ensure that your responses address of the questions identified below. Total narrative word-count range for entire section is 400-800 words.

ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives

What are the region's priorities and what strategies are in place to address these priorities across the region?

Using data from the region's county and hospital community health assessments, two priorities were identified – care coordination and behavioral health, along with embedding an equity lens. These priorities were identified:

- Behavioral health, citing lack of providers and youth suicide as urgent
- Care coordination
- Oral health
- Primary Care, including after-hours access
- SDOH, including ACES and disparities correlated to race/class
- Access to affordable housing

New priorities may be identified through the RHNI data, by partners, and/or through public input. The Program Council will solicit this information, and leverage partnership among board members/sectors to either build these into the Demonstration Project Plans and/or collectively seek outside resources to address needs outside of demonstration funds. The ACH Board is broader than the Demonstration, and is committed to identifying strategies that address the upstream SDOH. The Program Council will continue to use the Work Groups to facilitate development of ideas, that the Program Council will in turn, recommend to the Board.

Describe how the ACH will consider health disparities to inform regional priorities.

The North Sound ACH has reached out to Multnomah County (Ben Duncan, Chief Equity Officer) to build capacity to embed an equity lens in programs and decision making. Training will be required for Board, Program Council and staff, while open to partners and community leaders.

In addition, the Program Council, with the leadership role to recommend projects for Board approval, will leverage work groups and partners to address health disparities in tangible and explicit ways. Examples that apply to the ACH and its partners include:

- Identify how community members, especially those experiencing disparities, can influence and impact programs and strategies
- Identify how proposed programs will enhance equity and reduce disparities among communities experiencing disparities, including enhancing effective data collection and analysis.

Describe strategies for aligning existing resources and efforts within the region. How is the work oriented toward an agreed upon mission and vision that reflects community needs, wants and assets?

The North Sound counties have a long history of collaboration, and the ACH will leverage and optimize these relationships, calling upon sector leaders, coupled with content expertise and geographic reach, and the eight federally recognized tribes in our region, to stay true to the mission and vision.

Our core belief is that the ACH work is only sustainable if community leaders are in front, shaping the work and deliverables ahead. Without that commitment we are adding one more burden to an already overburdened set of providers.

By mid-July we will complete activities (Board, Program Council and staff) that ground our common beliefs on mission, vision, and strategy, including:

- Project-specific workgroups that are inclusive of leadership from multiple sectors and counties, and draw in public input.
- Program Council meetings with responsibility for navigating the project selection while assuring that broad engagement has occurred throughout the planning phase.
- A retreat with Board and Program Council leadership to set the intended focus for the ACH in vision and approach, answering the question “to what end?”

Describe how the ACH will leverage the unique role of DSRIP and consider the needs of Medicaid partners and beneficiaries to further the priorities identified above.

The North Sound ACH is driven by the voices and direction of the Board and community. We act as a convener and facilitator, providing a common table for regional discussion, priority setting, and decision making. The ACH does not determine that role alone - partners and stakeholders must find a value in us playing that role in order to be successful.

The group of leaders who have been meeting for two+ years continue to do so because they see an opportunity to combat challenges such as diminished resources in primary care and behavioral health, oral health and others. They understood that the most effective strategies to improve health occur outside of the health care delivery system –education, safe and accessible green spaces, walkable streets, and affordable housing and food. These leaders also understand that **more** is not always what is needed; sometimes what we need is **different** - including permission to use currently available funds differently. DSRIP allows for infrastructure investment that can be sustained during and after the demonstration.

Describe how the ACH will leverage the Demonstration to support the ACH’s theory of change and what other opportunities the ACH is considering to provide value-add to the community.

The North Sound ACH will continue leveraging the neutral, convening role to take on tougher issues where partners and stakeholders have unique, often long held and disagreements. Even

though we know there is contention, we will use the opportunity of drawing down the mid-adopter incentive to bring together county electeds, BHO, and tribal representatives to agree on a strategy, while acknowledging that only counties get to vote. The ACH is in a unique position to facilitate this discussion.

Launched prior to the Demonstration, the ACH Board has forged relationships that encompass the demonstration, and go beyond the Demonstration to improve health across the region. The ability to braid philanthropic funds, community benefit, health system and health plan investments, will allow further innovation beyond the Demonstration.

Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.

The North Sound ACH currently receives in-kind contributions: office space from PeaceHealth; data support from the health departments; meeting and technology from partners across the region, HR interview support. Sharing staff and infrastructure have been discussed as we look toward the Phase 2 Application.

Attachment(s) Required

Not Applicable

Governance and Organizational Structure

Description

The ACH is a balanced, community-based table where health care, social, educational, and community entities influence health outcomes and align priorities and actions. To support this, the ACH must clarify roles and responsibilities, adopt bylaws that describe where and how decisions will be made, and describe how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

References: ACH Decision-Making Expectations, Medicaid Transformation STC 22 and STC 23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

ACH Structure

What governance structure is the ACH using (e.g., Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.)?

North Sound ACH incorporated as a nonprofit corporation with the State of Washington with a Board of Directors for the corporate entity.

The Board elects four officers - Chair, Vice-Chair, Secretary and Treasurer. Their duties are:

- *The Chair* convenes regularly scheduled Board meetings, presides or arranges for other members of the Executive Committee to preside at each meeting. The Chair serves on and chairs the Executive Committee, and serves as an ex-officio member of all other Board committees.
- *The Vice-Chair* chairs committees on special subjects as designated by the Board, and act as Chair in the absence of the Chair.
- *The Secretary* is responsible for keeping records, with of Board actions, including overseeing the taking of minutes at all Board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each Board member, and assuring that corporate records are maintained.
- *The Treasurer* makes a financial report at each Board meeting. The Treasurer chairs the Finance Committee, assist in the preparation of the budget, help develop fundraising plans, and make financial information available to Board members and the public.

Board standing committees include:

- *Executive Committee*: The officers and at least one additional Board member serve as the the Executive (Steering) Committee. Except for the power to amend the articles of incorporation and bylaws, the Executive Committee has all the powers and authority of the Board of Directors in the intervals between meetings of the Board of Directors, and is subject to the direction and control of the full Board.
- *Finance Committee*: The Treasurer chairs the Finance Committee, which includes three other Board members, and can include non-Board members at the discretion of the Board Chair. The Finance Committee is responsible for developing and reviewing fiscal procedures, fundraising plan, and annual budget with staff and other Board members. The financial records of the organization are public information and shall be made available to Board members and the public.

- *Governance Committee:* The Board Chair appoints a Board member to serve as Chair of the Governance Committee, which can include Board and non-Board members. The Governance Committee is responsible for the Board’s effectiveness and continuing development, including recommending nominees for Board membership, setting an annual board calendar, Board self-evaluation, and annual review of the bylaws.
- *Program Council:* The Board Chair appoints a Board member to serve as Chair of the Program Council, which will include Board and non-Board members. The Program Committee is responsible for making program and project priority recommendations to the Board for consideration, recommending policies and guidelines to the Board within which the Chief Executive can enter into collaborative relationships with other organizations.

The Program Council has the authority to form workgroups. Currently there are the following workgroups supporting development of the ACH projects for the Medicaid Demonstration:

- Behavioral Health Bi-directional Integration
- Opioids Intervention
- Care Coordination, Care Transitions and Diversion
- Oral Health
- Reproductive and Maternal Child Health
- Chronic Disease

The Work Groups make recommendations to the Program Council; the Program Council considers and votes on the projects it will recommend to the Board; the Board has overall authority to approve the projects the Demonstration projects.

Describe the process for how the ACH organized its legal structure.

The Governing Body of the North Sound ACH discussed the governance structure over the course of several board meetings in early 2016, resulting in a vote to incorporate as a nonprofit at a Governing Body meeting on April 22 2016. This was done by motion, second and vote of the Governing Body. Articles of Incorporation were filed on June 23, 2016.

Decision-making

What decisions require the oversight of the decision-making body? How are those decisions made? (E.g. simple majority, consensus, etc.)

While not adhering strictly to Robert’s Rules of Order, decisions by the Board and its standing committees use a motion/second and voting process for all decisions. These motions and votes are recorded in meeting minutes. We are currently compiling a Board Policy Manual to ensure that there is a single place to document decisions that are agreed to, and develop a calendar to review and update those decisions. Decisions are made using simple majority, asking for ayes, opposed and abstentions.

Each Standing committees reports to the Board. Only the Board has authority to hire and review the performance of the Executive Director, to approve budgets and budget revisions, to elect new Board members, to revise bylaws, and to create/disband ad-hoc committees.

How and when was the decision-making body selected? Was this a transparent and inclusive process? Include decision-making body’s term limits, nominating committees, and make-up, etc.

The current configuration of the Board (with sector and tribal representation) has been in place since the ACH first formed more than two years ago. Additions and changes have been made by vote of the Board as individuals have changed jobs, and as tribes formally appoint members to serve on the Board. Multiple sectors, as identified by HCA and the STCs have been represented, along with county perspectives.

All 2016 Board members were listed in the Articles of Incorporation. Term limits were included in the bylaws, and have since been restated by vote of the Board in March 2017.

After restatement of the bylaws, the Board asked the Governance Committee for a slate of nominees that meet the HCA sector requirements, plus add regional and SDOH perspectives. The opportunities to submit names for was shared in our newsletter, and the opportunity to nominate was shared broadly with Board and Program Council members, asking them to share with their networks. We have explicitly asked each County authority (Commissioners/Councils) to nominate a Board member to serve in a bi-directional communication role between county electeds and the ACH.

We have eight seats open on The Board for appointees from each of the region's eight federally recognized tribes. Their participation is voluntary and held in high regard and importance. To date, five tribal governments have appointed representatives.

If a board seat is vacant, how will the ACH fill the vacancy?

The Governance Committee's charter includes responsibility for nominations. The Governance Committee will consider the sector seats, county reach, and the Tribal appointees then vote to select the nominee; then carry that recommendation to a subsequent board meeting for vote. The exception is that Tribal appointees are at the direction of each tribe, and are not elected by the Board.

How is decision-making informed? What are the documented roles and communication expectations between committees and workgroups to inform decision-making?

Each committee has staff support to provide background information that supports all discussions and decisions. Minutes are kept for all standing committees, including the Program Council and notes are kept for all work groups. The work groups report to the Program Council (public); the Program Council reports to the monthly public board meetings. Staff support any research for documents and data that are needed throughout the work group, committee and board decision making processes.

What strategies are in place to provide transparency to the community?

The North Sound ACH is committed to transparency and engagement with the public. The ACH has conducted community meetings in San Juan, Whatcom, Skagit, and Island counties, and partnered in two community landscape assessments in Snohomish. Over 165 attendees participated. Attendees requested updates in the form of monthly emails and/or future forums. In response, the North Sound ACH created a website, and a monthly newsletter that provides updates on current activities, decisions and opportunities to engage.

In February 2017 the public-facing website was updated and simplified, and both Board and Program Council meetings were made open to the Public. Public input is solicited at each public meeting. In addition, the Executive Director seeks input and engagement at all events and meetings.

The Program Council (open to the public) is "where program and policy discussions are happening" and includes both Board and non-Board members. The Workgroups chartered by the Program Council include Board and non-Board members. The Workgroups will bring recommendations to the Program Council after engaging partners, stakeholders, and community members.

- Board meetings are open to the public and held at a set time each month. The meetings are accessible via the web, conference call or in-person.
- Public forums, or community engagement events will be held during day-time and evening hours.

- Documents that describe the role of the Board and Program Council are shared publicly.

If the decision-making body makes a decision that is different from recommendations presented by committees and/or workgroups, how does the ACH communicate how and why that decision was made?

The Board’s leaders have been working together for several years. They are excellent at questioning decisions that they don’t feel comfortable with, and/or delaying decisions until further input is solicited. As we move toward the project selection decisions, it will be incumbent on the Board, during its public meeting process, to articulate any concern with recommendations from the Program Council.

Since both bodies are public meetings, with opportunities for public input, and the materials and minutes are available on the public facing website, we have intentionally opened the door for anyone from across the region to ask questions and raise concerns about decisions being made.

Describe how flexibility and communication strategies are built into the ACH’s decision-making process to accommodate nimble decision-making, course corrections, etc.

The Steering Committee was designed to provide flexibility of decision-making and assure that the organization could be nimble as needed between board meetings. The restated bylaws allow the Steering Committee to act on behalf of the Board when decisions are needed between meetings; allow electronic meetings and electronic voting as necessary.

Describe any defined scope, financial accountability or other limits placed on staff or the Executive Director regarding decision-making outside of board approval.

At the April 2017 board meeting the Board passed a Delegation of Authority resolution articulating the relationship of decisions between the board and the Executive Director.

Executive Director

Provide the below contact information for the ACH’s Executive Director.

How long has the Executive Director been in that position for the ACH? Provide anticipated start date if the Executive Director has been hired but has not yet started.

Name	Liz Baxter, MPH
Phone Number	360.386.5745
E-mail	liz@northsoundach.org
Years/Months in Position	7 months

Data Capacity, Sharing Agreement and Point Person

What gaps has the ACH identified related to its capacity for data-driven decision making and formative adjustments? How will these gaps be addressed?

No gaps have been identified to date.

Has the ACH signed a data sharing agreement (DSA) with the HCA?

Data Sharing Agreement with HCA?

YES	X	NO	
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Provide the below contact information for the ACH point person for data related topics.

Data Point Person	
Name	Nicole Willis, MPH CHES
Phone Number	360.788.6509
E-mail	Nicole@northsoundach.org

Attachment(s) Required

- A. Visual/chart of the governance structure.
- B. Copy of the ACHs By-laws and Articles of Incorporation.
- C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees and workgroups.
- D. Decision-making flowchart.
- E. Roster of the ACH decision-making body and brief bios for the ACH’s executive director, board chair, and executive committee members.
- F. Organizational chart that outlines current and anticipated staff roles to support the ACH.

Tribal Engagement and Collaboration

Description

ACHs are required to adopt either the State's Model ACH Tribal Collaboration and Communication policy or a policy agreed upon in writing by the ACH and every Indian Health Service, tribally operated, or urban Indian health program (ITU) in the ACH's region. In addition, ACH governing boards must make reasonable efforts to receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Provide a narrative of how ITUs in the ACH region have been engaged to-date as an integral and essential partner in the work of improving population health. Describe and demonstrate how the ACH complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy.

References: Medicaid Transformation STC 24, Model ACH Tribal Engagement and Collaboration Policy, workshops with American Indian Health Commission

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 700-1,300 words.

Participation and Representation

Describe the process that the ACH used to fill the seat on the ACH governing board for the ITUs in the ACH region to designate a representative.

While we understand that the HCA requires the ACH to have one seat on the governing board for the ITUs in our region, the North Sound ACH considers all eight tribes in the region essential partners in health innovation. Therefore, we have designated eight seats available, allowing each tribal government to appoint a representative for their tribe, recognizing that as sovereign entities no tribal representative can speak for another tribe.

Each tribal government follows its process for considering and voting on its tribal representative, then notifies the ACH of its decision. At that time, the Board is notified and the roster updated to include the Tribal representative to the Board.

Describe whether and how the ACH has reached out to regional ITUs to invite their participation in the ACH.

As the governance structure has solidified, and the North Sound ACH has incorporated the ACH recommendations and requirements for board representation, the Tribes expressed concern that one seat at the table did not meet their needs. No tribal appointee can speak for another tribe, as each is its own sovereign nation. Each tribe's participation is voluntary, and the ACH, being an on government entity, is not on an even relationship with the tribal nations.

The Governance Committee examined the HCA recommendations and what was included in the STCs, and carried a recommendation to the March 2017 Board meeting recommending one seat on the Board for a tribal representative. Our tribal partners did not approve the HCA recommendations, and so the Governance Committee, at the April 2017 meeting, recommended that the ACH retain 8 seats – one for each tribal nation. This was passed by the full Board.

On May 8th a meeting was held with the North Sound Executive Director and representatives of the tribes to discuss how they want to approach their relationship with the North Sound ACH Board. The Board has asked for a report to the board at the May Board meeting.

During our May 8th discussion, we made additions to the Draft Policy provided by the HCA, adding language to reflect our discussion that there will be eight seats on the Board, one for each tribe, and that those will remain voting seats. The policy will go before the Board at its May meeting.

Describe, with examples, any accomplishments the ACH has realized in collaborating and communicating with ITUs, including when in the planning and development process the ACH first included or attempted to include ITUs.

The North Sound ACH has been successful in engaging the eight tribes in our region, and five of the eight tribes have nominated a representative to sit on the board. In September 2014, the Chairs of the eight federally recognized tribes were invited to each designate a representative to join the North Sound ACH Organizing Committee. Lummi Nation, the Swinomish Tribe, and the Upper Skagit Tribe each appointed a delegate to the Governing Body. North Sound followed up with additional letters to Chairs and Administrators of the Nooksack, Stillaguamish, Tulalip, Samish, and Sauk-Suiattle tribes in May 2015. North Sound staff have presented at the Northwest Washington Indian Health Board, the Tribal Health Experience of Care Committee at PeaceHealth St. Joseph's Hospital, and DSHS' Regional Tribal Coordinating Council.

In August 2015 Samish Nation appointed a delegate. Stillaguamish Tribe of Indians appointed a delegate July 2016 at the meeting. The Tulalip Tribes appointed a delegate in February 2017.

In March 2017 the North Sound ACH Executive Director was asked to join the Tribal BHO quarterly meeting, and the Regional Tribal Coordinating Council meetings; discussing the ACH is now a standing agenda item at both gatherings.

In addition, the Executive Director of the Northwest Indian Health Board has just been appointed by her leadership to join the Program Council.

Describe key lessons the ACH has learned in its attempts to engage with ITUs and the next steps the ACH will take to support meaningful ITU engagement and collaboration.

North Sound ACH recognizes that each tribe is a sovereign nation and therefore our relationships are uniquely important. We also recognize the many demands on our tribal partners in terms of time, and multiple meeting commitments. Because of their input of our tribal partners, we will require that all Board members, Program Council members and staff be required to take a training on the sovereign nation status of the tribes, and to learn about each of the tribes and their strengths.

We have also learned that we cannot require the tribes to take part in the ACH activities or governance, regardless of the HCA expectations, therefore we must find ways to maintain and grow the positive relationships that we have, and find ways to include tribes in our project development.

The primary learnings that have influenced our accomplishments to date:

- That there is inherent imbalance in requiring consultation between the tribes and the ACH; consultation is a term that has significance for the tribes that applies to government-to-government relations.

- That the North Sound ACH will require all Board, Program Council and staff members take part in training to understand the history and significance of the sovereign nation status, and how that obligates the government to provide certain services to the tribes.
- Tribal partners need to be included in every level of decision making related to any actions of the ACH that may impact the tribes, the people served by the tribes and tribal members.
- The ACH is on a journey of learning, and our tribal partners want to see evidence that we have learned and acting on what we have learned.

Policy Adoption

Describe the process the ACH used to adopt the Model ACH Tribal Collaboration and Communication Policy. If the ACH has not yet adopted the Model ACH Tribal Collaboration and Communication Policy, what are the next steps, including anticipated dates, to implement the requirements?

After discussion with tribal representatives on May 8th the ACH Tribal Collaboration and Communication Policy will be considered by the Steering Committee on May 19th and brought to the board for a vote on May 25th. We are hopeful of approval of the policy on May 25th but will allow more time if the tribes request it.

Board Training

Describe how the ACH governing board will receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

An annual board calendar has been developed by the Governance Committee and training about Tribal sovereignty, IHS care delivery systems, needs and assets, will be required for Board, Program Council and staff members. Tribal representatives have offered to host the training, or provide the training. In addition, Board, Program Council and staff members will learn about the specific tribes in the North Sound region as part of their training.

Attachment(s) Required:

A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence or other written documentation.

Attachment(s) Recommended:

B. Statements of support for ACH certification from every ITU in the ACH region.

Community and Stakeholder Engagement

Description

ACHs are regional and align directly with the Medicaid purchasing boundaries. This intentional approach recognizes that health is local and involves aspects of life and community beyond health care services. The input of community members, including Medicaid beneficiaries, is essential to ensure that ACHs consider the perspectives of those who are the ultimate recipients of services and health improvement efforts.

Provide a narrative that outlines how the ACH will be responsive and accountable to the community.

*References: Medicaid Transformation STC 22 and 23, Midpoint Check-Ins for Accountable Communities of Health, [NoHLA's](#)
"Washington State's Accountable Communities of Health: Promising Practices for Consumer Engagement in the New Regional Health Collaboratives," DSRIP Planning Protocol*

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

Meaningful Community Engagement

Describe the ACH vision for fostering an authentic relationship with the community members, including Medicaid beneficiaries.

Our approach to community engagement has been shaped by the following definitions and resources:

- "Community engagement refers to the process by which community benefit organizations and individuals **build ongoing, permanent relationships** for the purpose of applying a collective vision for the benefit of a community." Wikipedia
- "The process of **working collaboratively with** groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being of those people." CDC
- The Executive Summary and Chapter 2 of Principles of Community Engagement, an NIH publication that was last updated in 2011;
- The section on Community Engagement from The Community Planning Toolkit, produced in Scotland;
- The Frequently Asked Questions section of the Community Engagement Guide for Sustainable Communities, produced by PolicyLink, which emphasizes equitable outcomes to its summary; and
- The Resource Guide on Public Engagement

While many community members don't speak the language of policy makers, that doesn't mean they don't know how to define what their needs are, where their community assets are and what would support better health. Both of the above definitions of community engagement focus on building relationships, which takes time – the most precious commodity. The North Sound ACH is invested in taking the necessary time to build those relationships. At a conference in Portland OR in December 2014, Don Berwick stated that "...*the best architect is the patient, the family, the community... the people who have the need know how those needs should be met.*"

The onus is on to demonstrate that we are prepared to listen to what the community has to say and incorporate their input.

In order for the North Sound ACH to be successful in meaningful and authentic engagement with consumers – both Medicaid and broadly – the ACH has to articulate questions that only consumers can answer. If we aren't asking the right questions the engagement will fail, no matter what strategies are put in place.

What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful community and Medicaid beneficiary engagement?

The biggest barrier we have is the calendar. Having robust community engagement during the period between release of the protocol and work group recommendations on projects will be challenging, so we will build in smaller opportunities along the way and use our partners, newsletter and website as major points to engage.

Another significant barrier is the overwhelming belief that there is an “us and them.” We look at our respective tables and will say out loud that “there are no consumers in the room” before asking each other whether that is indeed true. We believe that consumers look different than professionals, speak differently, bring different levels of knowledge. We do not recognize the consumers among us because we presume they will look different. For example, we don't acknowledge the board member with BH challenges, or the Program Council member with children on Medicaid as ‘consumers.’

In addition, we classify consumers as “hard to reach” – a label that we would like to do away with in our region. No one is hard to reach, simply because we have not found a way to connect with them. The problem is ours, not theirs.

The STCs defined the ACH as “the ACH and its partners” so we are using that definition when we strategize how to reach community and Medicaid enrollees. If our partners have that kind of reach, we will use them as points of contact and outreach, rather than assuming that the ACH is a separate entity from our partners. People don't need to come to the ACH; we should be going to them, using our partners as entrée and hosts.

What opportunities are available for bi-directional communication, so that the community and stakeholders can give input into planning and decisions?

North Sound ACH is committed to maintaining open channels of engagement with the public. In the fall of 2014 community meetings were held in San Juan, Whatcom, Skagit, and Island, and Snohomish counties. Over 165 people participated across the six gatherings. Attendees were asked how they wanted to engage with the ACH and most requested updates in the form of monthly emails and/or future forums.

The North Sound ACH uses our website, public meetings (both Board of Directors and Program Council) and easy links to emailing the Executive Director with any questions or comments. Our newsletter publishes updates of progress to date each month and we get multiple responses each month after the newsletter goes out.

How is that input then incorporated into decision making and reflected back to the community?

The information is shared with Steering Committee, Program Council and, as appropriate, the Board. Any person or group who gives input is added to our newsletter list, and receives individual reports back about how their information was shared and how they can join meetings to hear how their input will be discussed.

Partnering Provider Engagement

What strategies does the ACH employ, or plan to employ, to provide opportunities for engagement beyond the decision-making body to ensure that community partners are addressing local health needs and priorities?

The Executive Director has presented to multiple entities across the five counties, including Medical Associations, County Boards of Health and Commissioners/Councils, community coalitions and to leadership of partner organizations. Focus has been on progress to date and opportunities for them to engage, to share in identifying methods for that engagement, and to give input on barriers that they see.

What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful engagement of a broad spectrum of partnering providers?

There have not been significant barriers to engagement of partnering providers, other than time and staff capacity. We are using entities such as the Hospital Association, Medical Association, partner hospitals in our region, FQHCs and other Community Health Centers that serve Medicaid enrollees as an entrée to provider engagement. Getting attention of providers is complicated by multiple demands on their time along with making sense of competing initiatives, several coming from Healthier Washington, such as the Portal Hub and Practice Coaches. We are attempting to work collaboratively with those efforts to provide a more coherent message to providers about engagement opportunities.

What opportunities are available for bi-directional communication to ensure that partnering providers can give input into planning and decisions?

As we add staff through early summer our capacity to engage providers will therefore increase. Partnering providers are part of each work group and sometimes multiple work groups that are focused on fleshing out projects and implementation strategies, therefore they are part of the process of recommending projects to the Program Council and Board, in addition to identifying opportunities to be part of those projects.

Transparency and Communications

Describe how the ACH does or will fulfill the requirement for open and transparent decision-making body meetings. Please include how transparency will be handled if a decision is needed between public meetings.

All meetings of the Board of Directors and Program Council are open to the public, shared in our newsletter and posted on the North Sound ACH website. The meetings are open for participants to attend in person or to join by phone and listen in. There are multiple opportunities for public input during each meeting.

What communication tools does the ACH use? Describe the intended audience for any communication tools.

The North Sound ACH website is open to the public and recently updated. Its intended audience is professional and lay community members who want to learn more about the work of the ACH. In addition, we have a monthly e-newsletter, which currently has a list of about 600 and growing each month. The intended audience for the newsletter is community members across the region.

Prior to each Board and Program Council meeting, the agenda and attachments are posted to encourage participation by any interested community members; after the meetings, the agendas are replaced with minutes and any presentation materials, so that community members can see what was discussed, voted on and decided upon.

Attachment(s) Required:

A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information.

Budget and Funds Flow

Description

ACHs will oversee decisions on the disbursement of Demonstration incentive funds to partnering providers within the region. This requires a transparent and thoughtful budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Demonstration funds and funds from other federal sources (e.g., State Innovation Model sub-awards) should be aligned but ACHs cannot duplicate or supplant funding streams.

Provide a description of how Project Design funding will support Project Plan development.

References: Medicaid Transformation STC 31 and STC 35, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.

Project Design Funds

Describe how the ACH plans to use the Project Design funds to support Project Plan development and other capacities or infrastructure.

The North Sound ACH is in very early discussions about how to use Project Design funds. We have only had the projected funds flow information for about two weeks, and Board and Program Council members are awaiting direct training on the Funding and Mechanics Protocol so they can assure better informed decisions are made.

Our planning discussions have so far considered:

- Core infrastructure, including space, furniture, equipment (phones, computers, printers);
- Staff who will coordinate, facilitate, and support governance and administration, data analysis and research, finance, contracting, project management to support the project plan development and implementation processes;
- Contract support for the negotiation to finalize partner agreements;
- Strategic consultation (TA) to lead discussions re: funding approaches with partners;
- Setting funds in reserve for Years 2-5 as sustainability options take shape; and
- Exploring seeding of a wellness or prevention focused trust account.

As the work groups identify additional needs that could help potential partners commit to the projects, the North Sound ACH will add those supports.

We have a 2017 board approved budget that includes SIM and philanthropic funds. The Board has recommended not revising the budget until after Phase 1 certification. We anticipate finalizing a high level budget plan for use of Design funds by the time of our July Board meeting, but is somewhat dependent on and influenced by the Project Selection process.

The Board approval process includes getting Finance Committee approval, then forwarding the budget to the Board. Board discussion can often take two Board meetings before a vote for approval by the Board at a public meeting. The budget would be shared as part of the ACH Board packet and therefore open to the public for input as well. (There are opportunities for public comment at every Board meeting.)

Fiscal Integrity

Provide a description of budget and accounting support, including any related committees or workgroups.

The North Sound ACH is in process of interviews for a Finance Director, but is also considering contracting for this executive level financial support, depending on caliber of candidates. The Executive Director has extensive experience in budget design and management, so initial budgets have been designed internally. The ACH is currently using APLOS, an online financial accounting system designed for nonprofits, and they provide accountants to assist with account set up, include fund and cost centers, allocating administrative costs and assuring that the chart of accounts is set up in the most efficient and effective manner to meet GAPS and be audit-ready.

The North Sound ACH is contracting for TA with Point B Management Consultants. Aaron Lones, Senior Manager, will provide strategic consultation on approaches for use of design funds and the structuring incentive payment discussions within the work groups.

The Board's Finance Committee has already had one design session to discuss use of the Design Funds, and will have another on June 12th to further explore options. The Finance Committee reports monthly to the Board of Directors.

We anticipate that each Work Group will make recommendations regarding funding for individual projects, but we have not yet discussed the level of funds available through the Demonstration per project. We are awaiting training on the Funding and Mechanics Protocol from the Manatt team to occur first.

Define the levels of expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and the decision-making body.

The Board at its April 2017 meeting passed a Delegation of Authority resolution distinguishing between Board and ED authority, and it included the following expenditure authority, with the agreement to re-evaluate as needed. Board approval is required for:

- Capital and/or operating expenditures in excess of \$10,000
- Disposal of assets in excess of \$10,000
- Contracts in excess of \$50,000
- Staff hires or contracts outside of the approved budget
- Opening of bank accounts

The board has ultimate decision making authority as only the Board can approve the budget.

Provide a description of the tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration).

Using the APLOS software platform, we have separate cost centers set up to track expenses in the following:

- SIM Administration and Governance
- SIM Health Data and Measurement
- SIM System Transformation
- LARC (early win project funded by SIM and philanthropic dollars)
- Demonstration Design/Project wide support
- Demonstration RHNI
- Demonstration BH Integration
- Demonstration Opioids
- Demonstration Projects (TBD)

APLOS directly connects to our checking account transactions, and embeds our chart of accounts, so that we can charge each transaction to one or more cost centers and to the appropriate line item in real time. In addition, we use Harvest Time tracking, which allows our team to track time using the same cost centers, so that we can allocate direct costs accurately for reporting purposes.

In addition to cost centers, APLOS allows us to tag transactions, so that we can run reports for significant activity categories, such as fundraising, community engagement, and information technology and others that may come up.

Describe how capacities for data, clinical, financial, community and program management, and strategic development (specified in STC 22) will be met through staffing, vendors or in-kind support from board/community members.

The North Sound ACH will be using a combination of staffing, vendors and in-kind support. Since standing up the organization on February 1 our focus has been on building the core team. In addition to the Executive Director and support staff, we have hired a Data Analyst and Deputy Director to lead efforts in data and clinical and program management. While the Executive Director is an expert in community engagement, the North Sound ACH is actively recruiting/interviewing for additional positions:

- Community Engagement
- Finance and Administration
- Project Management
- Project Support

The North Sound ACH will actively utilize TA available through the Manatt contract for SMEs and financial modeling. We have also engaged the following to provide consultation to the Board, staff and partnering providers:

- John Kitzhaber, MD, focused strategic development, provider and health system engagement
- Aaron Lones, MPH, Senior manager at Point B Management Consulting, focused on financial strategies toward sustainability of the core infrastructure and partner organizations
- Ben Duncan, MPH, Chief Equity Officer for Multnomah County, to train board, staff and partners on embedding an equity lens in our culture and projects

Our partners, especially those who sit on the Board, are actively engaged in providing leadership in clinical and program-focused strategic development. Several board members (partner hospitals and county PH leadership) provide significant in-kind hours to support the direction of the work groups and Program Council. Leadership from all five of our county PH departments are engaged in support of the RHNI and continued data needs related to the projects.

Attachment(s) Required:

A. High-level budget plan (e.g., chart or excel document) for Project Design funds to accompany narrative required above.

Clinical Capacity and Engagement

Description

The demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.

References: Medicaid Transformation STC 36, DSRIP Planning Protocol

Instructions

Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 500-1,000 words.

Provider Engagement

Provide a summary of current work or plans the ACH is developing to engage clinical providers. Include a summary of input the ACH has already received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.

This is an area that is in development and where TA support would be valuable. While we do have clinical providers on each of the project-specific work groups, strategies to engage providers broadly are still a work in progress. The Executive Director has met with BH providers who contract with the North Sound BHO, and with physician leaders from the Snohomish Medical Society and Washington State Medical Association. The hospital leadership in the region – Providence, PeaceHealth, Whidbey General, Skagit Regional – have all committed to work on outreach to providers within their systems to engage them; we are considering forming a Provider Engagement Ad-hoc work group to map out that strategy.

Our new Deputy Director, Kyle Davidson, is coming to the ACH from SeaMar, where he has been the Director of Population Health Management. A key role for him has been provider engagement relationships, so he adds an asset to our team that will be critical in this area.

Describe how the ACH is approaching provider engagement, as well as identification of provider champions within the ACH. Include any targeted committees, panels or workgroups.

Overall our approach to provider engagement is to go where they go, meet them where they might already be going, and identify opportunities for them to engage with minimal disruption of their daily schedule, which lends itself to email updates and newsletters. To do that, we need champions who will get updates into materials and newsletters that providers already read, rather than necessarily adding our own materials to the mix. In addition to the five MCOs who participate on our Board and Program Council, our champions to date include:

- Connie Davis, Skagit Regional Health
- Linda Gipson, Whidbey General
- Kim Williams, Providence
- Chris Phillips, PeaceHealth
- Federico Cruz-Uribe, SeaMar
- Joe Valentine, North Sound BHO
- Tom Sebastian, Compass Health

Providers have limited time available for things outside of their clinical practice hours, so we hope to engage them in/at places that they would typically already be going – i.e., grand rounds, CME/CEU conferences, then via email and newsletters. We are also engaged with the Portal Hub, and the Practice Transformation Coaches who have additional direct ways of reaching providers, hoping to collaborate with them as they see individual providers.

Partnerships

Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).

The North Sound ACH is working with the WA State Hospital Association, as it has played a lead role in convening ACHs statewide, the WA Medical Association as it has done the same. The Executive Director has met with leadership in four of the five counties – electeds and community leaders, to discuss how the ACH can enhance, partner and augment their work. These meetings include:

- Washington State Hospital Association
- Washington Medical Association
- Snohomish Medical Society
- Whatcom Alliance for Health Advancement
- Whatcom County Provider Council
- Snohomish Health Leadership Council
- Everett CHART (high utilizers)
- Island County Board of Health, and PH department
- San Juan County Board of Health and CHIC (Community Health Improvement Coalition)
- Alzheimer’s Society
- Opportunity Council (covers 4 of the 5 counties)
- Northwest Regional Council (covers 4 of the 5 counties)
- Project Access Northwest (providing access to clinicians in part of our region)

Attachment(s) Required:

A. Bios or resumes for identified clinical subject matter experts or provider champions

Attachments Checklist

Application Section	Required Attachments	Recommended Attachments
Theory of Action & Alignment Strategy	None	None
Governance & Organizational Structure	<ul style="list-style-type: none"> A. Visual/chart of the governance structure B. Copy of the ACH’s By-laws and Articles of Incorporation C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees, and workgroups D. Decision-making flowchart E. Roster of the ACH decision-making body and brief bios for the ACH’s executive director, board chair, and executive committee members F. Organizational chart that outlines current and anticipated staff roles to support the ACH 	None
Tribal Engagement Expectations	<ul style="list-style-type: none"> A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence, or other written documentation 	<ul style="list-style-type: none"> B. Statements of support for ACH certification from every ITU in the ACH region
Community & Stakeholder Engagement	<ul style="list-style-type: none"> A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information 	None
Budget & Funds Flow	<ul style="list-style-type: none"> A. High-level budget plan (e.g. chart or excel document) for Project Design funds to accompany narrative required above. 	None
Clinical Capacity & Engagement	<ul style="list-style-type: none"> A. Bios or resumes for identified clinical subject matter experts or provider champions 	None