

EXHIBIT A: APPLICATION COVERSHEET
Mandatory: Pilot and Design Applicants

1. Applicant's Organization Name;

Chelan-Douglas Health District

2. Applicant's authorized representative for this GOA (this representative shall also be named the authorized representative identified in the Application);

Barry Kling

3. Title of authorized representative;

Administrator

4. Address;

Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802

5. Telephone number;

509-886-6480

6. Email address;

Barry.kling@cdhd.wa.gov

7. A statement of applicant's intent to submit a Grant Application, including intent to apply for a Pilot Grant or Design Grant;

Chelan-Douglas Health District (CDHD) is submitting this Design Grant Application to serve the North Central RSA.

8. The intended RSA served by the applicant and any potential sub-awardees;

North Central RSA, which includes Okanogan, Grant, Chelan and Douglas Counties.

9. A statement reflecting the applicant's approach to incorporating and/or partnering with an existing COH or other recognized convener within the same RSA, if applicable.

This application is submitted on behalf of the partners who have participated in the Community of Health effort in Chelan, Douglas, Okanogan and Grant Counties under HCA funding during the last half of 2014, and builds directly on that work. That funding was provided through a planning grant to Okanogan County Public Health. We are not aware of any other COH effort or health care reform partnership within this region.

10. Please describe how you meet the minimum requirements:

- a. Status as an organization or entity with the ability to enable public-private partnership and cross-organizational priority setting. Eligible entities may be engaged in a quasi- governmental arrangement, a 501(c)3 or (c)4 non-profit corporation or cooperative, or another model that enables cross-sector engagement, commitment, and decision making.**

Chelan-Douglas Health District, as a local public health jurisdiction, is a local governmental entity created under the authority of 70.46 RCW through a cooperative agreement between Chelan and Douglas Counties established in the 1960's. Like other local health jurisdictions in the state, it routinely operates through public-private and cross-organizational partnerships. As a partner in the HCA Planning Grant it participated actively in regional planning and was the primary convener of the Chelan-Douglas workshops.

- b. Ability to receive and manage funding and learning assistance within the represented RSA.**

Chelan-Douglas Health District routinely manages substantial grants and contracts from state agencies. It is audited annually by the State Auditor's office and has a strong record of responsible fiscal management. As the Region 7 Lead for the Public Health Emergency Preparedness and Response (PHEPR) program, the Health District has worked effectively with the NC RSA counties since 2002. Training and learning assistance has been an integral part of the PHEPR effort, as it is in many public health initiatives. Activities supported by the 2014 HCA Planning Grant further strengthened the RSA-wide relationships that will be instrumental in the proposed Design Grant activities.

- c. Plans to serve an entire RSA and coordinate with existing COHs and other recognized conveners in the RSA, if applicable, to ensure COH plans are authentically incorporated into the regional approach.**

The proposed effort would build directly on the RSA-wide effort supported by the 2014 Planning Grant. This effort included a wide range of partners in each county ranging from elected officials to health care providers, behavioral health care providers, community based organizations, public health jurisdictions, schools and others. Chelan-Douglas Health District is applying on behalf of this region-wide partnership. We are not aware of any other efforts or conveners in NC RSA aimed at development of an ACH.

Kittitas County was a part of the 2014 Planning Grant but was included in the Greater Columbia RSA and is not a part of this proposal. The North Central RSA counties do have ties to Kittitas, however, in part because that county is included in the same Public Health Emergency Preparedness region as the NC RSA counties. We remain open to working with Kittitas County partners if they believe that would be helpful.

- d. Existence of a community partnership.**

During the second half of 2014 each of the North Central RSA counties worked under the HCA Planning Grant to develop an active community partnership in order to set the stage for development of a regional Accountable Community of Health. The partnerships included elected officials, health care providers, major insurers, behavioral health care and

substance abuse treatment providers, community based organizations, public health jurisdictions, schools, consumers and many others. Although further expansion of the partnerships will be an important objective of the Design Grant, we believe the existing partnerships provide a very good base for development of a North Central ACH.

In each county, the public health jurisdiction acted as the primary convener for Planning Grant discussions. Community Choice Health Care Network facilitated the work at a regional level (under a subcontract from Okanogan County Public Health) with the help of a regional leadership group. This county-up approach has been effective in producing the strong base of support needed for a viable regional effort. We believe this was more effective for our region than a top-down approach, beginning with a regional proto-ACH organization, would have been. As a result of this county-up approach, we are well positioned to move ahead in developing a strong ACH for this RSA.

11. If applying for a Pilot Grant, please provide a list of the contacts and email addresses that HCA will use to distribute the survey required as part of the Pilot application (refer to Exhibit E, section 3).

Not applying for a Pilot Grant.

EXHIBIT B: Application Narrative

Scored: Pilot and Design Applicants (Max 80 Points)

These questions are designed to allow for an honest assessment of your organization and the level of development within the community partnership.

1. Population Served: the Counties/population represented by the community partnership.

- a. Please describe the RSA represented by the partnership. If the partnership is proposing any sub-award to facilitate RSA adjustments that impact the ACH design, please describe.**

The partnership submitting this application includes the four counties that make up the North Central RSA: Chelan, Douglas, Grant and Okanogan. The following chart gives some demographic highlights:

North Central RSA Demographic Highlights									
	2013 Pop	% < 18 yrs	% >= 65 yrs	% < HS Grad	% < Fed'l Poverty Level	% Hispanic	PerCap Annual Income	Sq. Miles	Persons per Sq. Mile
Chelan	73,967	24.4%	17.0%	16.8%	13.2%	27.1%	\$25,893	2,921	25
Douglas	39,471	26.6%	15.3%	19.6%	15.8%	30.1%	\$22,467	1,819	21
Grant	91,878	30.5%	12.4%	23.8%	20.3%	39.4%	\$19,738	2,679	33
Okanogan	41,193	23.4%	19.4%	18.3%	20.7%	18.8%	\$20,735	5,268	8
NC-RSA	246,509	26.9%	15.4%	20.1%	17.5%	30.8%	\$22,188	12,686	19
State	6,971,406	11.9%	13.6%	10.0%	13.4%	11.9%	\$30,742	66,456	101
RSA vs WA	4%	226%	113%	201%	131%	259%	72%	19%	19%
<i>Source: US Census</i>									

These figures illustrate several important characteristics of the North Central RSA. The area is large, covering almost 20% of the state's land while including only 4% of its population. Even in good weather it can take two hours to drive from one corner of the RSA to the other. The area is largely rural, with a population density only 19% of the state average. Educational levels are relatively low, with the percentage of residents having less than a high school diploma twice that of the state. The area is relatively poor, with the poverty rate (using the Federal Poverty Level) 31% higher than the state's and with *per capita* annual income only 72% of the state average. Hispanics, who make up 30.8% of our community, are by far the most significant minority group in the RSA. It is likely that the census figures underestimate the size of this group. There is also a significant population of Native Americans, mainly in Okanogan County where they comprise 12.2% of the population. The percentage of children in the area is significantly higher than for the state, due mainly to the youthfulness of the Hispanic population, and the percentage of elderly residents is slightly higher than for the state.

b. Please describe any unique challenges or opportunities within the population.

As mentioned above, the area is big. But a second characteristic helps explain why this large area works as an RSA. When it comes to health care, these counties have functioned as a regional market for decades. Most of the smaller hospitals in the area tend to transfer patients needing a higher level of care to Confluence Health's Central Washington Hospital in Wenatchee, unless they need to go directly to Seattle or Spokane. Confluence Health, though headquartered in Wenatchee, is an important provider of outpatient service in each of the counties, as are FQHCs and some smaller hospitals. The public health jurisdictions in the area have a long history of working together on initiatives such as emergency preparedness and health promotion. Although the area's size will be a challenge, and governance will be more complicated than in a single-county ACH, we believe the fact that NC-RSA corresponds to an actual regional health care market will make an effective ACH possible.

The fact that a significant proportion of NC-RSAs residents live in poverty has direct consequences for our local health care system. High poverty rates mean that patients with chronic disease are more likely to have non-medical challenges such as unstable housing. These challenges affect their capacity to effectively cope with a chronic disease, and make whole-person community-based care even more important. The high poverty rate also means that the payer mix in the area is heavily skewed toward Medicaid and Medicare. No RSA will be more strongly affected by HCA's payment reform initiatives than this one.

The importance of our Hispanic population also has implications for health transformation. Hispanic families and churches are often strong, providing social networks that can be an important asset in whole-person health care. At the same time, poverty is more common in the Hispanic community. The fact that many of our Hispanic residents came to this country recently, and with relatively low educational levels, also influences the way health care is delivered and prevention services must be organized.

2. Governance Structure: the structure and process for decision making, leveraging community and multi-sector stakeholder input.

a. Please describe your partnership's recent efforts to develop or consider the development of a governance structure to leverage broad multi-sector community and stakeholder input toward a common agenda of achievement of better health, better care at a lower cost.

North Central Health Partnership has approached the development and governance of a Community of Health differently from some of the state's other multi-county regions. Rather than beginning with a regional structure and working to acquire support from local partners, we emphasized a county-up approach which began with the formation of broad partnerships at the county level. HCA's COH Planning Grant supported a series of local discussions in each area during the second half of 2014. These discussions have created a readiness to establish a viable regional governance structure and engagement strategy, as reflected in the 2014 COH

Planning Grant's Community Health Plan (included as Proposal Attachment A).

COH work in 2014 was coordinated by a Leadership Group. This group will continue to manage the process until the establishment of a governance structure. The Leadership Group will include representatives from the following partners:

- Aging & Adult Care of Central Washington
- Assoc. of Wash. Pub. Hosp. Districts
- Chelan/Douglas Co. Public Health
- Community Choice
- Confluence Health
- Critical Access Hospital Network
- FQHC Representative
- Grant Co. Public Health
- Grant Integrated Services
- Initiative for Rural Innovation and Stewardship
- Okanogan County Public Health

The Leadership Group will develop a written Draft Governance Plan by March 1, 2015, for the North Central Health Partnership (as the ACH will be known). The Draft Governance Plan is expected to:

- define the Partnership's **Governing Board**;
- include a broad multi-sector **Coalition for Health Improvement** (CHI) in each of the RSA's public health jurisdictions (Okanogan County, Grant County and Chelan-Douglas), and;
- include an **Advisory Council** consisting of sector representatives (medical, hospital, outpatient clinic, behavioral health, community based organizations, etc.). The Advisory Council would provide input to the Governing Board from the point of view of important health care partners or sectors, as distinct from the county-oriented perspectives of the county Coalitions.

The Governing Board must include adequate representation from multiple sectors and the four counties while remaining small enough to function effectively as a decision making body. The Coalitions for Health Improvement will include a broad range of partners and will be designed to provide a broad base of support for the partnership and its health improvement initiatives at the community level. Public health jurisdictions in each county will serve as CHI conveners, at least initially. (Other partners may assume more leadership as the coalitions develop.) The Draft Governance Plan will include charters describing the membership and functions of the Governing Board, Advisory Council and Coalitions. The proposal will be widely distributed, including all of the partners invited to the 2014 discussions. Members of the Leadership Group will individually contact a wide range of partners to assure that they are aware of the proposal and to acquire their comments and suggestions.

Based on this feedback, the leadership group will adopt a revised Governance Plan, and appoint the Governing Board's initial members, by April 30, 2015. From that time

forward the Governing Board will oversee implementation of this grant (collaborating on administrative matters with the grantee, Chelan-Douglas Health District) and will oversee the further development of a North Central Health Partnership ACH. The Partnership Governing Board and the Coalitions for Health Improvement will hold initial meetings during May of 2015, during which initial leadership will be elected. The Advisory Council is expected to have its first meeting in June of 2015. The Partnership Governing Board will adopt bylaws by July 31, 2015.

b. Please describe how you have built upon existing community based health improvement coalitions, leveraged and enhanced the existing relationships, commitments and initiatives already in place to ensure a diverse, multi-sector approach to health and health care.

Our work during the past year, especially the work conducted with the help of the COH Planning Grant, has focused above all on leveraging existing relationships, commitments and initiatives involving a diverse group of partners. This is strongly reflected in the COH Planning Grant Final Report (Proposal Attachment A) which details the partners and activities involved.

We engaged a total of 88 organizations in county level conversations and in the leadership group that helped guide the process. Parallel to this planning process, our North Central Washington region was engaged in a different but relevant conversation around redefining the geographic boundaries of the Regional Support Network (RSN) system. This conversation created some hesitation in the Community of Health planning process, but in the end these parallel discussions resulted in the following:

- A Regional Service Area (RSA) that includes the NCW counties of Okanogan, Chelan, Douglas and Grant was created. Kittitas County was assigned to the Yakima RSA.
- The Chelan/Douglas RSN will dissolve and these two counties will join Grant and Okanogan as part of the Spokane RSN.
- The RSNs are being recreated as Behavioral Health Organizations (BHO) and in the near future the North Central RSA will include its own BHO.
- Each county COH coalition accepted the need to be part of a regional ACH with the understanding that its definition was a work in progress and would evolve as more perspectives were gained and as the state clarified AHC requirements and deliverables.
- The consensus was reached across all COH county coalitions that as a region, we are not ready to pursue the ACH pilot grant opportunity, but that we would pursue the Design Community grant to continue this planning process.
- The aim of integration of resources through greater multi-sector collaboration that would increase our collective impact on improving health in measurable terms was by far the most enthusiastically supported part of the vision that emerged.

- Although participation of community-based non-clinical health partners was good in many of the county discussions, broader engagement of these partners was recognized as a challenge and as an important priority for work in the coming year.
- Although payer representatives participated in several of the county coalition meetings, further engagement of payers in future discussions about sustainability and payment reform was identified as a key part of the work for the coming year.

c. Please describe the existing or planned decision-making process for the partnership. Include a description of any existing or planned policies or strategies to address conflicts of interest.

The Governing Board will be the partnership's primary decision making body. It will be advised and informed by the county Coalitions for Health Improvement and the Advisory Council. More details of the decision making process will be developed as part of the Draft Governance Plan which will be widely shared and discussed beginning in March of 2015, leading to creation of the Governing Board by the end of April, 2015.

We have not formally adopted a policy or strategy on conflicts of interest and it is expected that this will be addressed by the Governing board after its formation by April 30, 2015. In the COH work to date an important tool used to deal with potential conflicts of interest has been an insistence by the Leadership Group on openness and frequent communication among the members. An equally important tool has been to assure that decision making is shared among representatives from a broad range of partners, so that no one sector could dominate decision making. This approach has already been tested on several issues and has worked well. We believe these tools will also be important in the operation of the Governing Board, although there will also be a need for a more formal policy.

d. Please describe the existing or planned committees/sub-committees and the scope of each.

Committees for the Governing Board, county Coalitions for Health Improvement and Advisory Committee have not yet been defined. The need for committees and subcommittees will be assessed after formation of the Governing Board, which will occur by April 30, 2015.

e. Please describe the existing or planned mediation and conflict resolution strategy that supports the decision making strategy and the ACH's voluntary compact.

We have not formally adopted a mediation or conflict resolution strategy and it is expected that this will be addressed by the Governing board after its formation by April 30, 2015. In the COH work to date an important tool used to deal with potential conflicts has been an insistence by the Leadership Group on openness and frequent communication among the members. An equally important tool has been to assure

that decision making is shared among representatives from a broad range of partners, so that no one sector could dominate decision making. This approach has already been tested on several issues and has worked well. We believe these tools will also be important in the operation of the Governing Board, although there will also be a need for a more formal policy.

f. Please describe additional strengths and/or challenges regarding your existing and/or proposed governance model.

Our biggest strength is that our region is in fact a functioning regional health care market. Though we are like every community in having local interests and rivalries, health care and social service providers and their managers work with colleagues in other parts of the region routinely and realize we have an interconnected system because they experience it often. There is also a long history of collaboration among the NC-RSA counties on matters such as EMS, emergency preparedness and public health.

Perhaps our biggest challenge is our sheer geographic size. It will be a genuine challenge to produce and sustain a high level of engagement across this large area. That is the primary reason for a leadership structure that includes county-level coalitions as a key element.

It is also worth mentioning that this is a culturally and politically conservative area that includes relatively few early enthusiasts for health care reform. One of the reasons we needed to begin with the development of a county-level base of support is that caution and concern were much more prevalent than enthusiasm for health transformation. This was especially true among local leaders outside the clinical provider organizations. For many non-providers, engagement has been a matter not so much of aching to achieve transformation as a realization that, with so many changes coming, it is critical for our communities to have a voice in the process. We believe this outlook will continue to be important in engaging many local leaders.

g. Describe what mechanisms are in place or planned for keeping committees, sub- committees and other involved entities, including the ACH, accountable.

Our emphasis on county-level engagement and coalition building will have to be balanced by a strong central decision making capacity to assure adequate accountability among committees and partners involved in the ACH. This will be one of the primary considerations in the development of our Draft Governance Plan in early 2015.

It will also be important as we develop some initial health improvement initiatives to incorporate measurable and practical metrics. It is helpful to focus on health outcomes, but these may take years or decades to play out. They are not always effective as guides to year-by-year program development. Intermediate metrics, involving shorter-term health impacts and countable performance measures, are also needed. The Governing Board will assure that such metrics are an integral part of our health improvement initiatives.

3. Engagement: representation and participation of community members and multi-sector stakeholders, either as members of the partnership or as informants at the community level.

a. If applicable, please describe your partnership's recent efforts to develop or consider the development of an engagement strategy to increase multi-sector representation and participation.

Our COH work in 2014 has emphasized multi-sector outreach, but more needs to be done. One of the conclusions expressed in our Planning Grant final report (included as Proposal Attachment A) is that our outreach efforts, especially those aimed at non-traditional health care partners, must be more active. Plans for the work in 2015 include active outreach that emphasizes not just inviting partners to meetings, but face-to-face visits in which key ACH partners visit leaders and governing boards to explain why they should spend some of their scarce time on health transformation.

Partner engagement activities will be conducted by the Coalition for Health Improvement (CHI) in each county in the course of convening additional sessions in 2015. This effort will begin with a core group of partners who are already well engaged due to the direct impacts of health care reform on their work – a core group that includes hospitals, clinics, providers and some community partners. Those active partners will work on individual outreach to other partners, with emphasis on the following sectors:

- Social service providers
- Community based organizations active in Hispanic and Native American Communities
- Schools
- Consumers
- Businesspeople
- Elected officials and local government
- Long term care providers
- Pharmacies
- Community-based non-profits and philanthropic organizations
- Behavioral health providers
- Dental providers
- EMS providers
- Faith based organizations
- Tribal government (where applicable)

By “individual outreach” we mean that active partners will meet directly with key people or groups (such as agency boards) in the targeted sectors to explain the importance of the CHI work and engage their participation – or encourage its continuation if already engaged. Email invitations and other forms of publicity will also be used.

An important engagement strategy will be the development of focused health

improvement initiatives during 2015. Partners get involved in the COH process for various reasons, but lasting engagement usually occurs only when partners believe the process has a direct impact on their work or lives. A fully functioning ACH, with its many roles -- including community health assessment and data analysis, payment reform, monitoring and evaluation, health improvement initiatives, provider education, etc. -- will offer many partner engagement opportunities. In the meantime, however, attending meetings on state reform initiatives and the development of related plans is not enough to maintain engagement for the many partners who are not health policy wonks and do not see payment reform as a major business issue. Focused health improvement initiatives can provide compelling reasons for many community partners to stay involved.

During February of 2015, the Leadership Group will establish two initiative workgroups. The workgroups will include members from each NC-RSA county. Payers and other potential risk bearing entities will be invited to participate. One workgroup will develop a diabetes patient care improvement pilot project emphasizing a whole-person approach, the use of community as well as clinical resources to support effective care, and the integration of the physical and behavioral health aspects of treatment. The second workgroup will develop a complementary community-based primary prevention effort intended to prevent diabetes in the first place. Diabetes works well as the focus of these efforts because its treatment and prevention encompass behavioral health, physical health, the obesity epidemic, all age groups, and a wide range of partners. Improved diabetes care and prevention offer important opportunities for cost reduction. Both initiatives will build on existing community resources and projects to the extent possible. Because these initiatives will have to be developed without significant new resources, they are not intended to be full-scale region-wide interventions capable of major population health improvements, but they will be useful proof-of-concept projects that catalyze further partnership development and lay the groundwork for more definitive interventions in the future.

Each initiative workgroup will develop during March, April and May of 2015 an implementation plan for consideration by the Governing Board at its initial meeting in May, 2015. The implementation plans will include clear metrics and objectives. The Board will adopt the plans or initiate any revisions considered necessary. The workgroups will implement these initiatives during the remainder of 2015 under the Governing Board's oversight.

- b. To the extent possible, indicate if there is a sense of urgency in your region around health improvement, including commitment from champions who are willing to make a commitment to addressing the issue. Have you identified any relevant successes or barriers?**

North Central Washington is a culturally and politically conservative area that includes relatively few early enthusiasts for health care reform. One of the reasons we needed to begin with the development of a county-level base of support is that caution and concern were more prevalent than enthusiasm for health transformation. This was especially true among local leaders outside the clinical provider organizations. For many non-providers,

engagement has been a matter not so much of aching to achieve transformation as a realization that, with so many changes coming, it is critical for our communities to have a voice in the process. We believe this outlook will continue to be important in engaging many local leaders.

The relatively high poverty rates in North Central Washington communities make Medicaid an especially important part of the local payer mix. This means that the state's role as First Mover, implemented largely through Medicaid payment reform, will have especially significant impacts in our region. Local provider organizations are very well aware of this. The leaders of hospitals and clinics in this area know that their futures depend in part on constructive engagement in the transformation process. Because they are respected as health care leaders, their views have been and will continue to be very influential in encouraging engagement by other partners, including non-traditional health care partners and local elected officials.

Health problems in the region, along with the fragility of our rural health care system, work to increase interest in and concern about upcoming changes in health care. Okanogan County, for example, ranks 38th among Washington's 39 counties in health status. Smaller hospitals in the region are under extreme economic stress, with related instability in local provider networks. Although we are concerned in NC Washington about the impact of system changes, these problems also create a sense in health care circles that something different must be done if we are going to improve the overall health and well-being of our residents.

c. Please list the sectors and stakeholders currently engaged in your community partnership, including any committees or workgroups they are engaged in.

The following table lists the stakeholders and sectors that were engaged in the 2014 COH effort and will continue to be part of the effort in 2015.

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in BOLD attended one or more of the respective meetings)	SECTOR REPRESENTATION
NCHP Lead Group	<i>Assoc. of Wash. Pub. Hosp. Districts</i>	Hospital Districts
	<i>Chelan/Douglas Co. Public Health</i>	Public Health
	<i>Community Choice</i>	Healthcare Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Critical Access Hospital Network</i>	Hospitals
	<i>FQHC Representative</i>	Health Care
	<i>Grant Co. Public Health</i>	Public Health
	<i>Grant Integrated Services</i>	Behavioral Health/Social Services

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in BOLD attended one or more of the respective meetings)	SECTOR REPRESENTATION
	<i>Initiative for Rural Innovation and Stewardship</i>	Community Organization
	<i>Kittitas Co. Public Health</i>	Public Health
	<i>Okanogan Co. Public Health</i>	Public Health
Chelan - Douglas County Community Coalition	NW Justice Project	Legal/Social Services
	<i>12th Legislative District</i>	Government
	<i>Aging and Adult Care of Central Washington</i>	Social Services
	Apple Valley Red Cross	Social Services
	Bridgeport School District	Education
	<i>Cascade Medical Center</i>	Hospital/Health Care
	Cascade Schools District	Education
	<i>Cascade Unitarian Universalist Fellowship</i>	Faith-Based Organizations
	Cashmere School District	Education
	<i>Catholic Family and Child Services</i>	Behavioral Health
	<i>Chelan Co. Sheriff</i>	Law/Local Government
	<i>Chelan County Commissioners</i>	Local Government
	<i>Chelan Douglas Health District</i>	Public Health
	<i>Chelan Douglas RSN</i>	BH/Local Government
	Chelan-Douglas Land Trust	Philanthropy
	City of Bridgeport	Local Government
	City of Cashmere	Local Government
	City of Chelan	Local Government
	City of East Wenatchee	Local Government
	<i>City of Entiat</i>	Local Government
	City of Leavenworth	Local Government
	City of Mansfield	Local Government
	City of Rock Island	Local Government
	City of Waterville	Local Government

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in BOLD attended one or more of the respective meetings)	SECTOR REPRESENTATION
	City of Wenatchee	Local Government
	Coalition For Children and Families	Social Services
	Colonial Vista/Local Resident	Senior Consumer
	Columbia Valley Community Health	Health Care
	Community Action	Social Services
	Community Choice Health Improvement Collaborative	Healthcare Collaborative
	Community Health Plan of Washington	Payer
	Community Members	Consumers
	Confluence Health	Hospital/Health Care
	CWH Foundation	Philanthropy
	Davitt Law	Legal/Business
	Douglas County Commissioners	Local Government
	Douglas County Planning Department	Local Government
	Douglas County Sheriff	Law/Local Government
	DSHS Regional Office	Social Services
	East Wenatchee Police	Law/Local Government
	Eastmont Metropolitan Park District	Local Government
	Eastmont School District	Education
	Empire Health Foundation	Philanthropy
	Entiat & Pallisades School District	Education
	Family Planning NCW	Health Care
	Genesis HealthCare	Health Care/Long-Term Care
	Housing Authority	Housing
	Initiative for Rural Innovation and Stewardship	Community Organization
	Juvenile Justice	Law/Local Government
	Lake Chelan Chamber of Commerce	Business
	Lake Chelan Community Hospital	Hospital/Healthcare
	Lake Chelan School District	Education

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	<i>Lighthouse Clinic</i>	Health Care
	Mansfield School District	Education
	Manson School District	Education
	<i>Molina Healthcare of Washington</i>	Payer
	Mt. Stuart Physical Therapy	Health Care
	NCW Community Foundation	Philanthropy
	NCW Hispanic Chamber of Commerce	Business
	<i>NCW Integrative Health Network</i>	Integrative Health Care
	<i>North Central Education Service District</i>	Education
	<i>North Central EMS Council</i>	Health Care
	Orondo School District	Education
	Pybus Market/Wenatchee Farmer's Market	Business/Food Systems
	Run Wenatchee	Business/Community Org
	<i>SAGE (Domestic and Sexual Violence Center)</i>	Social Services
	<i>The Center for Alcohol & Drug Treatment</i>	Behavioral Health
	<i>Together for Drug-Free Youth</i>	Social Services
	<i>United Way of Chelan Douglas</i>	Social Services
	Van Doren Sales	Business
	Waterville School District	Education
	Wellness Place	Social Services
	<i>Wenatchee Chamber of Commerce</i>	Business
	Wenatchee Downtown Business Association	Business
	Wenatchee Outdoors	Community Organization
	Wenatchee Police	Law/Local Government
	Wenatchee School District	Education
	Wenatchee Valley College	Education
	Wenatchee Valley Lutheran Latino Leadership	Faith-Based Organization
	Wenatchee Valley Transportation Council	Transportation
	<i>Women's Resource Center</i>	Social Services

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Worksource	Social Services
Okanogan County Community Coalition	7th Legislative District	Government
	Aero Methow EMS	Health Services
	<i>Blackbird Clinic</i>	Integrative Health Care
	<i>Colville Tribes</i>	Tribal Agency
	Community Action Council-Veterans Rep	
	<i>Community Choice Health Improvement Collaborative</i>	Health Care Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Douglas-Okanogan County Fire District 115</i>	Local Government
	<i>Family Health Centers</i>	Health Care
	<i>Frontier Home Health and Hospice</i>	Health Care
	<i>Harmony House</i>	Health Care/Long-Term
	HeadStart, Early HeadStart, ECEAP	Social Services
	<i>Lifeline Ambulance</i>	Health Care
	<i>Mid Valley Hospital</i>	Hospital/Health Care
	<i>Molina Healthcare</i>	Payer
	<i>North Valley Hospital</i>	Hospital/Health Care
	<i>Okanogan Behavioral Healthcare</i>	Behavioral Health
	Okanogan County Commissioners	Local Government
	<i>Okanogan County Community Coalition</i>	Social Services
	Okanogan County Sheriff	Local Government
	<i>Okanogan Public Health</i>	Public Health
	<i>Three Rivers Hospital</i>	Hospital/Health Care
	<i>Tonasket VA Clinic</i>	Health Care
	<i>Tonasket Community/Retired RN NVH</i>	Consumer
Grant County Community	<i>Adult and Aging Care of Central Washington</i>	Social Services

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
Coalition		
	<i>Association of Washington Public Hospital Districts</i>	Hospital District
	Big Bend Community College	Education
	City of Ephrata	Local Government
	City of Moses Lake	Local Government
	<i>City of Quincy</i>	Local Government
	City of Soap Lake	Local Government
	City of Warden	Local Government
	<i>Columbia Basin Foundation</i>	Philanthropy
	Columbia Basin Health Association-Wahluke Clinic	Health Care
	<i>Columbia Basin Hospital</i>	Hospital/Health Care
	<i>Community Choice Health Improvement Collaborative</i>	Health Care Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Coulee Medical Center</i>	Health Care
	Ephrata School District	Education
	Family Services of Grant County	Health Care
	<i>Grant County Commissioners</i>	Local Government
	Grant County Coroner	Local Government
	Grant County Emergency Management	Local Government
	<i>Grant County Health District</i>	Public Health
	<i>Grant County Public Hospital District 7</i>	Hospital District
	<i>Grant Integrated Services</i>	Behavioral Health/Social Services
	Mattawa Community Medical Clinic	Health Care
	<i>Moses Lake/Quincy Community Health Center</i>	Health Care
	Moses Lake School District	Education
	Prevention and Recovery Center	Behavioral Health Care
	<i>Parkview Pediatrics</i>	Health Care

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in BOLD attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Quincy School District	Education
	Quincy Valley Medical Center	Hospital
	Rep. Manweller 13th Legislative District	Government
	Rep. Warnick 13th Legislative District	Government
	Samaritan Healthcare	Hospital/Health Care
	Sen. Holmquist 13th Legislative District	Government
	Serve Moses Lake	Social Services
	Wahluke School District	Education

- d. If not included above, please provide a list of the sectors that are expected to engage in your community partnership in the future. How do you propose to engage them?

Listed above.

- e. Please describe the existing or planned community mobilization plan, including the bidirectional process to inform and learn from activities across the region and in individual communities.

One important aspect of community mobilization is the partner engagement effort described above. This work will include active outreach to a wide range of partners in each county. But it is important to recognize that partners have different reasons for involvement. Health care providers, whose very livelihood may be at stake in upcoming health care system changes, need not look far for reasons to care about health transformation. Other partners, who may not find long meetings on state health transformation plans especially stimulating if they are not already health policy wonks, often need other reasons to stay involved. As whole-person community-based health care is implemented many such reasons will become apparent. In the meantime, it will be helpful for the partnership to offer other constructive ways to participate. For that reason health improvement initiatives will be organized not only for their intrinsic value but also because of the engagement opportunities they will provide, especially for non-clinical partners.

A related effort is the inventory of community health initiatives and resources in the region, initiated as part of the COH effort in 2014. This sort of asset assessment is just as important as needs assessment in developing community engagement and health improvement plans. The asset assessment will be completed by Design Grant project staff during 2015 as part of the Regional Health Needs Inventory.

f. Please describe strategies to engage underserved and underrepresented communities/populations within your region.

One of the important elements of the partnership's work in 2015 will be to improve participation from members of the Hispanic community. Efforts to reach out to the Native American community will also be made, especially in Okanogan County. Plans for this effort will be developed by each of the county Coalitions for Health Improvement in the three months after their formation.

g. Please describe strategies you will employ to engage health care consumer populations in your efforts.

One of the important elements of the partnership's work in 2015 will be to improve participation from consumers. Engagement of local media, insurers and provider organizations will be part of this. Plans for this effort will be developed by each of the county Coalitions for Health Improvement in the three months after their formation.

h. In light of recently established RSAs (Attachment F), please describe your partnership's recent efforts to consider or begin the development of a Regional Health Needs Assessment or inventory of existing assessments. Please include a description of the relationship to elements to be included in the Community of Health Plan (if applicable). If you have not begun the effort, describe what your first steps would be.

Based on the information HCA provided during the Pre-Application Conference Call on November 24, 2014, the Regional Health Needs Inventory is understood as an inventory and synthesis of existing and planned community health needs assessments, as a step toward developing the Regional Health Improvement Plan that will be produced after ACH designation. Several Community Health Needs Assessments were developed in recent years by partnership members covering all or part of the RSA. These include CHNAs from hospitals, FQHCs and public health jurisdictions. Their results have already figured in many of the 2014 COH discussions.

The COH effort in 2014 also included initial work on an inventory of community health initiatives and resources in the region. This sort of asset assessment is just as important as needs assessment in developing health improvement plans. The asset assessment will be completed by Design Grant project staff as part of the Regional Health Needs Inventory.

Project staff will develop a Draft Regional Health Needs Inventory with the advice and support of Governing Board members and other partners having relevant expertise, such as the public health jurisdictions, Community Choice and provider organizations. The Draft Regional Health Needs Inventory will:

- describe and synthesize the results of available community health assessments which apply to NC-RSA;
- include the results of the health asset inventory;

- include an assessment of any additional kinds or levels of assessment that would be helpful in developing the Regional Health Improvement Plan, and;
- to the extent possible describe options for completing such additional assessment work.

The Coalitions for Health Improvement will be engaged in identifying available assessments and interpreting their meaning. The Draft will be presented to the Board by the end of October, 2015, and a final version will be prepared (with revisions based on Board and CHI input) by December 31, 2015.

- i. **How will you engage existing regional and/or local collaborative efforts within your RSA? If there is an existing COH within your RSA, how will you partner and engage with this entity to promote cross regional collaboration and coordination, including alignment with their COH plan?**

During our COH work in 2014 we have reached out to every known regional or other health collaborative in the RSA and will continue to do so as we work to broaden the partnership. There is no other COH effort within the region.

4. Backbone Support: the necessary administrative and coordinating functions and processes that support the partnership. Refer to Attachment A for additional information.

- a. **If applicable, please describe your partnership's recent efforts to implement or develop a backbone support function or shared functions, including the relationship with the governance and engagement models.**

Our governance structure is still under development and, as explained elsewhere in this proposal, will be one focus of our work early in 2015. Similarly, our approach to backbone support functions has been discussed but has not yet been resolved. This will be one of the key items on the agenda of the Governing Board after its creation in April of 2015.

- b. **Please describe the existing or planned backbone support for the partnership. If these functions are or will be shared or subcontracted, please describe this process and identify the contributing organizations.**

Our governance structure is still under development and, as explained elsewhere in this proposal, will be one focus of our work early in 2015. Similarly, our approach to backbone support functions has been discussed but has not yet been resolved. This will be one of the key items on the agenda of the Governing Board after its creation in April of 2015.

- c. **Please describe the distinction between the backbone support function and the governing body, including safeguards that are in place to protect any organization or sector from dominating the agenda.**

This relationship has not yet been determined, since our governance structure is still under development, as explained elsewhere in this proposal. With regard to safeguards against domination by any one party, we believe the surest safeguard is the makeup of

the Governing Board. The Leadership Group, which will be developing the Draft Governance Plan early in 2015, will assure that the proposal involves Governing Board membership from the widest possible range of partners.

d. To what extent has the partnership assessed and subsequently tapped the strengths and assets of those partnering entities?

This has not yet occurred on any formal basis, though the major partners in this area are well acquainted with one another due to decades of interaction. A more complete discussion on this subject, especially as it applies to governance and backbone issues, will be an early part of the Leadership Group's and Governing Board's work in developing specific plans for backbone functions.

5. Governance and Operational Image:

a. Please provide a visual representation of your community partnership's governance structure and backbone support, and please indicate whether this is an existing or planned structure. This visual should identify the decision-making council or committee, sub-committees, community engagement functions, the operational arm or shared operational functions, etc. Please insert within this section or add as an attachment.

See next page for a visual representation of our preliminary discussions regarding governance structure. Note that this is a preliminary concept and has not yet been widely vetted by our partnership. It will, however, be the starting point for discussions beginning early in 2015.

North Central Health Partnership ACH Conceptual Design **DRAFT**

Community/Healthcare Consumer

Healthy thriving communities are possible when there is a culture of health that promotes healthy lifestyles, local leadership and ownership of the health at the individual and community level. Community Health initiatives happen via collaborative engagement of local healthcare providers, non-profits, faith-based entities, schools, local governments via local multi-sector partnerships informed and supported by local knowledge, culture and empowerment. Funding mechanisms: Structured and supported by measurable impact on target populations, directed by ACH and staffed by RHIC Organization.

Community Health Needs Assessments & Important Shared Knowledge: (example)

Key factors impacting health - Health behaviors (30%), Clinical Care (20%), Social & Economic Factors (40%), Physical Environment (10%); Highest Cost Sectors: Seniors, other high risk populations? (find data); Best Practices/Proven Models/Innovation: Care Coordination, HIE, etc.;

Okanogan
COH
Coalition

Chelan-
Douglas
COH
Coalition

Grant
COH
Coalition

Scope: Propose Reps to ACH Board and ACH Advisory Council, Multi-sector engagement, local problem solving & facilitation of collaborative efforts. Feedback to ACH. Staffing support by RHIC.

North Central Health Partnership ACH Board

Scope: Facilitate a Collective Impact via regional multi-sector governance, leadership, vision & direction towards regional goals. Interpret data. Organize and present a framework that inspires confidence in risk-bearing entities, payers & providers.

North Central Health Partnership ACH Advisory Council

Scope: Regional multi-sector engagement of non-traditional partners in health, feedback mechanism to ACH Board, Advise on vision & direction towards regional goals. Assist with relevant data gathering and analysis.

Backbone Organization

Scope:(Staffing role for ACH & COH Coalitions) Data Access & Robust Data Analytics. Use Comm. Health Impact Assess's on HICs. Inform payers distribution of PPP or shared savings \$\$\$\$. Assist w integration with other resources (Soc. Det. Of Health \$s), Consumer-centric Health Education, (Data tools: Payer data, PRISM, EDIE, HAP-ADL Scores, PHQ,, other)

6. Sustainability and Support:

a. Please describe the level of existing community support and commitment, inside and outside of the partnership.

So far the main form of support and commitment we have requested consists of the involvement of partners in the COH discussions. We have also received some letters of support in the process of developing this application, and they are included as Proposal Attachment B. Beyond this we have not yet reached the point of requesting specific forms of support and commitment.

b. Please demonstrate how you have sought and captured participant resource commitment.

Our COH work in 2014 involved considerable participant resources in the form of the time and energy of leaders from our many community partners. Beyond this we have not yet sought and captured participant resources.

c. Please describe any in-kind support that is or will be provided, including the types of organizations providing support.

Substantial in-kind support will be provided in the form of the valuable and expensive time of leaders from partner organizations.

d. Please describe the extent to which any discussions or agreements have been sought to share data and/or resources.

The North Central Washington region has been on the leading edge of data sharing and health information exchanges with the testing and adoption of various means of data sharing. Over the last decade, we've had the following data sharing and related accomplishments:

- Expanding broadband to all Critical Access Hospitals allowed for multiple new IT modalities to be introduced in patient care.
- Multiple tele-medicine investments in tele-radiology, tele-pharmacy and video interpreting were possible at remote rural locations with broadband access. Grant Integrated Services, for example, uses tele-health with ARNPs and to provide access to child psychiatry services.
- Bi-directional data sharing agreements between in-patient and outpatient partners allowed for providers to have access to multiple EHR systems relevant to the patients being served.
- Hospitals are connected to the EDIE system allowing for better tracking of ER utilization and hospitalizations in relative real time.
- The region piloted a consumer-centric Health Record Bank system. While it was not fully deployed, the system is being used as a care coordination platform.
- Some real-time health information exchange is happening in specialty areas and some systems are connected to the State Health Information Exchange.
- For the purpose of Community Health Needs Assessments (CHNA), health systems

- have been collaborative in generating data on health indicators.
- Public Health and other partners in health such as treatment centers and Aging and Adult Care organizations have collaborated in generating data for our CHNA work.
- Our region has had ongoing participation in the work of the All Payer Database effort led by the Washington Health Alliance and will continue to have access to their data source.
- Our region's Health Homes Care Coordination participants have access to the state PRISM database which allows for significant utilization data on high risk patient assignments.
- Collaborative relationships with our regional Educational Service District (ESD), school districts and colleges have resulted in data sharing on relevant indicators for target populations.

Going forward, there is a strong consensus among COH partners that we need to improve our capacity to measure the impact and quality of health improvement initiatives. It will be paramount to insure this is done in a transparent collaborative manner with effective communication to all interested parties in all relevant sectors.

e. Please describe the level of existing or anticipated community support to promote the partnership (e.g., philanthropy).

Although philanthropy was among the partners invited to participate in the 2014 COH process, we have not yet reached the point of requesting philanthropic or other community support, beyond the time and effort of leaders from partner organizations. We expect this to be a significant part of our work after our governance structure is created in early 2015, and with regard to the health improvement initiatives planned for 2015.

Sustainability of the ACH after designation will be difficult to plan until ACH activities and operating costs are better known. The development of reformed payment models, progress toward physical/behavioral health care integration and other elements of the state's innovation plans will work to motivate the participation of many key partners. This may produce opportunities for future support. Local savings due to reduced health care costs may become available. Finally, when ACH functions are better defined it will be more feasible to engage local philanthropy in support for some aspects of the ACH effort, especially efforts related to community-based prevention. The Governing Board will develop a Sustainability Options document by the end of the grant period, outlining promising strategies and options for sustainability and the development of philanthropic and other regional support for ACH initiatives.

f. Please demonstrate existing involvement of philanthropy within your partnership.

Beyond attendance at some COH discussions there has not yet been significant involvement of philanthropy in our partnership.

EXHIBIT C: WORK PLAN AND TIMELINE
Exhibit C.1, Scored: Pilot Applicants (Max 10 Points)
Exhibit C.2, Scored: Design Applicants (Max 10 Points)

Every applicant will need to provide a work plan and timeline (Exhibit C.1). In addition, each Pilot applicant must provide a Pilot work plan and timeline (Exhibit C.2). Each set should reflect the proposed work in alignment with the performance periods of the two funding opportunities. This process guarantees fair assessment of the applications if Pilot Applicants do not qualify and/or get selected as a pilot.

While there are shared deliverables for Pilot ACHs and Design Regions, the required Exhibits within this GOA should reflect each applicant's existing progress and next steps to meet the deliverables. For example, a Pilot work plan will likely focus on the formalization, testing and evaluation of existing governance and engagement strategies, while Design applicants will likely focus on development.

Instructions:

1. Enter activities, tracking methods, and milestones/timelines.
2. Use the key objectives and deliverables in the work plan to crosswalk to the budget narrative and budget form.
3. These deliverables and the corresponding objectives, activities and milestones should reflect the deliverables within this GOA, ACH resources outlined in Attachment A, and responses in Exhibit B.

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
1. ACH governance model that represents the entire RSA	<ul style="list-style-type: none"> • Draft Governance Plan – March 1, 2015 • Feedback/discussion on Draft Plan – March 1 through April 15, 2015 • Adopt Governance Plan – April 30, 2015 • Initial Governance and CHI meetings – May 31, 2015 • Advisory Council initial meeting June, 2015 	2014 COH Leadership Group will develop Draft Governance Plan, vet it widely among partners, revise as needed, adopt a plan and appoint members of the Board. From that point on the Governing Board will manage the process of ACH development in cooperation with the grantee. The Advisory Council and county Coalitions for Health Improvement will hold initial meetings.	Project reports and minutes of meetings.	<ul style="list-style-type: none"> • Draft Governance Plan – March 1, 2015 • Feedback/discussion on Draft Plan – March 1 through April 15, 2015 • Adopt Governance Plan – April 30, 2015 • Initial Governance and CHI meetings – May 31, 2015 • Advisory Council initial meeting June, 2015

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
2. ACH Engagement Strategy	<ul style="list-style-type: none"> • Appointment of Health Improvement Initiative Workgroups – February, 2015 • Development of Initiative Plans – March, April, May 2015 • Review/adoption/modification of initiative plans by Governing Board – May, 2015 • Implement Pilot Health Improvement Initiatives – June through December 2015 • Report on Pilot Health Improvement Initiatives – included in grant final report. • CHI partner engagement initiative – begins February 2015 and ongoing 	County Coalitions for Health Improvement will conduct individualized outreach to a broad spectrum of partners. Health Improvement Initiative workgroups will develop initiative plans by end May 2015, and implement the initiatives beginning in June 2015.	Project reports, CHI reports to Governing Board, meeting minutes.	<ul style="list-style-type: none"> • Appointment of Health Improvement Initiative Workgroups – February, 2015 • Development of Initiative Plans – March, April, May 2015 • Review/adoption/modification of initiative plans by Governing Board – May, 2015 • Implement Pilot Health Improvement Initiatives – June through December 2015 • Report on Pilot Health Improvement Initiatives – included in grant final report. • CHI partner engagement initiative – begins February 2015 and ongoing

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
3. Capacity Development, including the backbone support needed for community engagement and community mobilization	<ul style="list-style-type: none"> • Governing Board defines backbone support options – June 30, 2015 • Partnership discussions on backbone options – July, 2015 • Governing Board adopts ACH Organizational Plan – August 30, 2015 	Basic organizational framework for the NC-RSA ACH will be developed by the Partnership Governing Board. Options will be explored by the Board by June 30, 2015, discussed throughout the Partnership during July, and the Governing Board will adopt an ACH organizational framework by August 30, 2015.	Project reports, GB minutes, ACH Org Plan	<ul style="list-style-type: none"> • Governing Board defines backbone support options – June 30, 2015 • Partnership discussions on backbone options – July, 2015 • Governing Board adopts ACH Organizational Plan – August 30, 2015

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
4. Development of the backbone support within the ACH, including community support and endorsement	<ul style="list-style-type: none"> After Governing Board adoption of ACH Org Plan, the Board will establish by December 31, 2015, any inter-organizational agreements necessary to prepare for ACH backbone operations. (Actual backbone support within the ACH cannot begin prior to the ACH's existence and funding.) 	The ACH organizational framework will clarify what arrangements for backbone support can be made prior to actual designation and funding of the ACH. The Board will pursue those arrangements during 2015.	Project reports, GB minutes, ACH Org Plan, backbone support agreements.	<ul style="list-style-type: none"> ACH Organization Plan Board discussion clarifies actions that can be taken prior to ACH designation to prepare for backbone support, and takes those actions by the end of 2015.
5. Regional Health Needs Inventory to reflect the RSA and plans to create a Regional Health Improvement Plan	<ul style="list-style-type: none"> Development of Draft Regional Health Needs Inventory, With CHI Input – April – October, 2015 Review of Draft by Governing Board – October, 2015 Adoption of Inventory by Board – by December 31, 2015. 	Grant staff will compile and assess available health needs assessments, and will complete the health initiatives and resources inventory started in 2014. A Draft Regional Health Needs Inventory will be written, reviewed by the GB with input from county Coalitions and Advisory Council, and adopted by end 2015.	Project reports, Draft Regional Health Needs Inventory, GB minutes	<ul style="list-style-type: none"> Development of Draft Regional Health Needs Inventory, With CHI Input – April – October, 2015 Review of Draft by Governing Board – October, 2015 Adoption of Inventory by Board – by December 31, 2015.

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
6. Initial plan for sustainability	<ul style="list-style-type: none"> Active engagement by Governing Board with HCA on the further definition of ACH activities and operating costs – Ongoing. Sustainability Options document developed by Governing Board by end 2015. 	<p>Sustainability during 2015 will be based on the use of grant funds to support staffing and on the commitment partnership members to contribute extensive valuable leadership time to this effort. Philanthropic support for health improvement initiatives will be explored.</p> <p>Sustainability of the ACH after designation will be difficult to plan until ACH activities and operating costs are better known. The Governing Board will develop a Sustainability Options document by the end of the grant period, outlining promising strategies and options for sustainability and the development of philanthropic and other regional support for ACH initiatives.</p>	Project reports, GB minutes and Sustainability Options document.	<ul style="list-style-type: none"> Further definition of ACH activities, allowing estimate of operating costs. Sustainability Options document developed by Governing Board by end 2015.

Exhibit C.2 (Design Applicants Only)

Deliverable	Objectives	Activities	Tracking Methods	Milestones / Timelines
7. ACH Readiness Proposal	<ul style="list-style-type: none"> • Participate actively in HCA process to define ACH requirements – ongoing. • Submit ACH Readiness Proposal for NC-RSA by end 2015 	The Governing Board and project staff will closely track and participate in HCA's efforts to define requirements for an ACH Readiness Proposal and will actively work to develop a successful ACH Readiness Proposal for the North Central RSA.	Project reports, GB minutes, ACH Readiness Proposal	<ul style="list-style-type: none"> • Participation in HCA meetings/webinars/input-opportunities regarding ACH requirements – ongoing. • GB discussions of ACH development options for NC-RSA. • Submission of ACH Readiness Proposal for NC-RSA.
8. Other	None.			

EXHIBIT D: BUDGET
Scored: Pilot and Design Applicants (Max 10 Points)

Instructions:

1. Complete the budget template and the corresponding budget narrative.
2. If applicable, describe sub-award relationship with existing Community of Health planning grantees.
3. Unsuccessful Pilot applicants will be asked to submit a revised budget and work plan after the apparently successful applicants are announced. To expedite this process, Pilot applicants may choose to prepare these materials ahead of the January 2, 2015 announcement.
4. Please ensure the line items provided within the budget(s) align with the budget narrative and the work plan. The line items should clearly support the required deliverables.
5. Include costs for the grant recipient (fiscal agent), including internal staff, in Salaries & Wages, Fringe, Supplies, Travel, and Other categories.
6. Include contractor costs (contracts with vendors that will be providing a specific service such as IT, group facilitation, or consultation).

Note: Matching funds are not required but will be considered as part of the application review and evaluation process.

Budget Line Item	Pilot/Design Grant Budget	Matching Funds Estimate	Total Budget
Personnel (<i>Internal Staff</i>)	\$4,652.38	\$	\$4,652.38
Fringe Benefits (<i>Internal Staff</i>)	\$1,353.65	\$	\$1,353.65
External Consultants/Contracts:	\$48,250	\$	\$48,250
COH / Backbone Sub-award(s)	\$20,000	\$	\$20,000
Travel	\$8,500	\$	\$8,500
Supplies	\$0	\$	\$0
Event Expenses	\$4,000	\$	\$4,000

Other (e.g., community / regional initiative)	\$4,000	\$	\$4,000
Total Direct Costs	\$90,746.03	\$	\$90,756.03
Indirect	\$9,075.60	\$	\$9,075.60
Total (Direct & Indirect)	\$99,831.63	\$	\$99,831.63

**Design Grant Budget: For applicants who are applying for Design Grant funding, please fill out this budget worksheet, not to exceed a total of \$100,000. For Pilot Grant applicants, please fill out this budget worksheet in addition to the Pilot budget worksheet to reflect your work plan and timeline, in the event you are not awarded a Pilot Grant.*

Budget Narrative:

The budget narrative should provide clear linkages between the work plan (Exhibit C) and the budget (Exhibit D).

Personnel and Fringe Benefits (Internal) These items would support 5% of the time of the Chelan-Douglas Health District Administrator for work in overseeing the Design Grant, in coordinating an outreach effort in Chelan and Douglas Counties intended to improve partner engagement, and in convening the Chelan-Douglas Coalition for Health Improvement.

External Consultants/Contracts During our 2014 COH work Community Choice of North Central Washington worked under subcontract with the COH grantee (Okanogan County Public Health) to provide staff support. The staff member who did most of that work, Deb Miller, would continue to do so under the proposed funding on a half-time basis. That work includes event planning and management, meeting facilitation, development of documents (agendas, meeting minutes, project reports) and outreach to COH partners. Miller also began in 2014 the inventory of regional health initiatives and resources that will be completed in 2015. This contract between CDHD and Community Choice would cover her salary, fringe benefits and travel costs as follows:

Salary – 0.5 FTE @ \$30/hour	\$36,400
Fringe Benefits @ 25%	9,100
Travel	3,000

Contract total	\$48,500

COH/Backbone Sub-awards As indicated in the narrative, the region's three public health jurisdictions will serve as conveners of the county Coalitions for Health Improvement. These sub-awards cover costs associated with that work, including meeting expenses, local travel and staff time for partner engagement work, and other CHI-related costs. Sub-awards of \$10,000 each are included for Grant and Okanogan County Public Health Districts, while comparable costs for similar activities by Chelan-Douglas Health District (CDHD) are included elsewhere in this budget since CDHD is the primary grant applicant.

Travel Costs in this category include:

Governing Board mileage to attend grant related meetings \$3,000
Governing Board members, who live throughout this large region, must attend numerous COH related meetings in the region and in some cases outside the region. This item provides travel reimbursement at the state-approved rates used by CDHD.

Partnership members to attend training/conferences \$5,000
During 2014 the only partnership members able to attend health transformation conferences and training programs were those working for organizations capable of absorbing this expense. Many key partners are unable to do this. These funds will be used to assure that a wide variety of partnership members have access to health transformation learning opportunities.

Mileage for Chelan-Douglas partnership engagement travel \$1,000
The other two public health jurisdictions in the region will be receiving COH Sub-awards to support their work as county Coalition for Health Improvement conveners. This budget item pays for part of CDHD's CHI related costs – local mileage for CDHD leaders and county partners involved in CHI work.

Event Expenses This line includes \$2,000 for Governing Board meeting costs such as room rental and catering, and an additional \$2,000 for meeting costs involving the Chelan-Douglas Coalition for Health Improvement sessions. (Comparable CHI meeting costs for the other counties are covered by their COH Sub-awards.)

Other Printing costs in the amount of \$1,000 are covered by this budget category. It also includes a cost for \$3,000 of legal service, which will be needed for legal advice on various options for an ACH and/or backbone organization.

Indirect Costs Chelan-Douglas Health District has established a state-approved indirect cost rate of 26.41% but has chosen to request indirect costs of 10% for this program. These funds will support the administrative cost of managing grant funds and subcontracts.

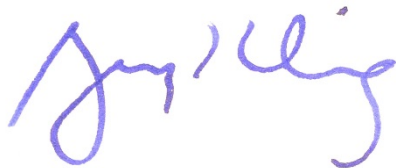
EXHIBIT F

CERTIFICATIONS AND ASSURANCES GOA #14-028 – ACH Pilot and Design Grants (Mandatory)

I/we make the following certifications and assurances as a required element of the Application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the Application are true and correct.
2. In preparing this Application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this Application or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this Application. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document).
3. I/we understand that the HCA will not reimburse me/us for any costs incurred in the preparation of this Application. All Applications become the property of the HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this Application.
4. No attempt has been made or will be made by the Applicant to induce any other person or Applicant to submit or not to submit an Application for the purpose of restricting competition.

On behalf of the firm submitting this Application, my name below attests to the accuracy of the above statements.



Signature of Applicant

Administrator
Title

January 8, 2015
Date

**North Central RSA GOA #14-028 Application
Proposal Attachment A
North Central WA 2014 COH Grant Final Report**

Responds to Question 2 and 3 in the Application Narrative (Exhibit B)

North Central Health Partnership

Community of Health Planning Process

Final Report

December 22, 2014

Grantee: Okanogan County Public Health

Coordination Organization: Community Choice Health Improvement Collaborative

Contract #: K1229

EXECUTIVE SUMMARY

In a quest to develop a hopeful, yet realistic vision of a healthier community, our planning process engaged 88 organizations in county level conversations and a regional leadership group that helped guide the process. Parallel to this grant planning process, our North Central Washington (NCW) region was engaged in a different but relevant conversation to align the historically different geographic boundaries of the Regional Support Network (RSN) system and the NCW Communities of Health Coalition. This required considerable work and initially slowed the Community of Health planning process but ultimately resulted in the following:

- A new designation of a Regional Service Area (RSA) that included the NCW counties of Okanogan, Chelan, Douglas and Grant was created with the expectation that this RSA boundary would align with the future Accountable Community of Health (ACH) geographic region. Kittitas County was assigned to the Greater Columbia RSA.
- The Chelan/Douglas RSN will be dissolved and these two counties joined Grant and Okanogan as part of the Spokane RSN.
- The RSN are being renamed as Behavioral Health Organizations (BHO) and the outlook is that at some date in future the North Central RSA will become its own BHO.

The Community of Health (COH) planning process leveraged the most recent Community Health Needs Assessments (CHNAs) and health improvement plans to generate the vision of integrated multi-sector collaboration (ACH) for improving community health across all the counties.. These conversations and the county decisions related to the RSNs led to the following conclusions:

- Each county COH coalition accepted the need to be part of a regional ACH with the understanding that its definition is a work--in--progress and would evolve as more voices and perspectives were gained.
- The COH county coalitions reached the consensus that the NCW region is not ready to pursue the ACH pilot grant opportunity, but is committed to pursue a Design Community grant to continue this planning process.
- The aim of integration of resources through greater multi-sector collaboration that would reduce duplication of efforts and increase our collective impact on improving health in measurable terms was by far the most enthusiastically supported part of the vision that emerged.
- The engagement of payers and the state in future discussions about sustainability and payment reform was identified as a key part of the pending work for the coming year.
- The conversation about the governance of ACH was started with an initial proposal to begin gaining input and is expected to be a key focus of work in early 2015.

The formation of the NCW ACH will require continued trust building, transparency and well-facilitated dialogue. It will also need bold leadership from all sectors especially those that currently influence the regional health care landscape because of their size and investment. Leadership and innovation from the state and the relevant payers in our region will also be sought for support and guidance. The end goal is achieving the Triple Aim by making “health” the collective responsibility of all sectors to an appropriate and relevant degree.

Authentically engage a broad range of stakeholders and government entities in the community planning process.

The following table represents the number of meetings, which convened around the North Central Health Partnership (NCHP) Accountable Communities of Health (ACH) discussion during the grant period.

The NCHP Leadership group represents the originally committed stakeholders during the ACH grant application period. The original stakeholders were joined by other diverse community leaders once the grant was awarded. This group met monthly to discuss local meeting progress, assess the potential to form an ACH within this region, and to draft a regional health plan. The following table includes the makeup of this group and the dates of the meetings during the grant period.

Table 1. NCHP Leadership Group

NCHP Leadership Group	
NCHP Meeting Dates	June 17, 2014 June 25, 2014 July 22, 2014 August 27, 2014 September 24, 2014 October 22, 2014 November 25, 2014 December 17, 2014
Members	Sector
Lauri Jones	Okanogan County Public Health (Grantee)
Jeff Ketchel	Grant County Public Health
Robin Read,	Kittitas County Public Health
Barry Kling	Chelan/Douglas Counties Public Health
Bruce Buckles	Aging and Adult Care of Central Washington
David Olson	Confluence Health
Erin Hafer	Community Health Plan of Washington
Florentino Alonso	Molina Health
Peter Morgan	Federally Qualified Health Centers
Nancy Warner	IRIS (Initiative for Rural Innovation and Stewardship)
Renee Hunter	Chair Coalition for Children and Families of NCW
Gail Goodwin	Grant Integrated Services
Ben Lindekugel	Assoc. of Wash. Public Hospital Districts
Deb Miller	Community Choice Health Improvement Collaborative
Jesus Hernandez	Community Choice Health Improvement Collaborative

As proposed in the original project plan, the NCHP County Coalitions work was carried out at the local level with County Public Health Districts convening local stakeholders for a series of coordinated local level conversations on health action planning. The meeting schedules varied by county in an effort to create a safe, trusted dialogue that built understanding and developed relationships in order to move the focus from health care to broader population health discussions.

Working under a MOU with Okanogan County Public Health (grantee), Community Choice staff provided progress reports to the Community Choice board throughout the grant process.

Table 2. Community Choice Board of Directors

Community Choice Board of Directors	
Board Meeting Dates	May 2, 2014 July 11, 2014 September 5, 2014 November 7, 2014 January 9, 2014
Board Members	Sector
Pat Malone, Chair	Community (consumer)
Melodie White, Vice Chair	FQHC
Mary Darlington, Sec./Treas.	Confluence
Barry Kling	Public Health
Lauri Jones	Public Health
(Currently vacant)	Critical Access Hospital
(Currently vacant)	Mental Health
Peggy Vines	Community (consumer)
Kristen West	Community (philanthropic)

Additional meetings and conversations occurred among members of the NCHP coalition, leadership of the various partner organizations as well as some of the health plans. While these meetings were expected, the grassroots conversations at the county level generated the broadest participation and it was continually acknowledged that local control of the process was a strong, shared value. Additionally, the issue of trust was voiced in relation to continuing to have bottoms up input into the process instead of a top down approach where all decisions are made at the regional level with no local input.

Table 3. NCHP County COH Meeting Dates

NCHP County Community of Health Coalition Meetings			
Okanogan	Chelan/Douglas	Grant	Kittitas
August 28, 2014	August 29, 2014	October 28, 2014	September 16, 2014
September 25, 2014	September 26, 2014	November 13, 2014	October 8, 2014
October 30, 2014	October 31, 2014		November 3, 2014
November 20, 2014	November 21, 2014		December 8, 2014

The following table represents local leadership efforts to bring stakeholder voices to the table. Each represented county developed its own list of potential stakeholders and sent them meeting invitations via e-mail. Additionally, leaders continued to actively engage other partners at all county meetings and throughout the COH grant process. There were some minor variations in multi-sector stakeholder meeting attendance among the individual counties. Based on overall observation, factors that may contribute to these variations might be:

- Flexibility in Meeting times helped to engage non-traditional health care partners.
 - i.e.: Kittitas County was the only county to hold their county coalitions in the evening over dinner in order to have consistent participation by the local school districts.)
- Non-traditional partners engaged through other activities.
 - i.e.: Grant County Health District engagement of city governments via outreach at respective council meetings.
- Stakeholder belief that agency is already represented.
 - i.e.: Wenatchee Valley Transportation Council views County Commissioners as appropriate representative of the agency.
- Stakeholder belief that ongoing health promoting actions represent buy-in of the COH process without the need to attend the meetings.
 - i.e.: Chelan-Douglas COH work supported by Wenatchee School District as indicated through written letter of support.

While opinions on issues, priorities, and potential solutions varied, there was universal engagement and a belief that collectively we have a greater opportunity to improve the health of our communities through collaboration than any organization or agency has individually.

Table 4. NCHP Stakeholder Representation

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
NCHP Lead Group	<i>Assoc. of Wash. Pub. Hosp. Districts</i>	Hospital Districts
	<i>Chelan/Douglas Co. Public Health</i>	Public Health
	<i>Community Choice</i>	Healthcare Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Critical Access Hospital Network</i>	Hospitals
	<i>FQHC Representative</i>	Health Care
	<i>Grant Co. Public Health</i>	Public Health
	<i>Grant Integrated Services</i>	Behavioral Health/Social Services
	<i>Initiative for Rural Innovation and Stewardship</i>	Community Organization
	<i>Kittitas Co. Public Health</i>	Public Health
	<i>Okanogan Co. Public Health</i>	Public Health
Chelan - Douglas County Community Coalition	NW Justice Project	Legal/Social Services
	<i>12th Legislative District</i>	Government
	<i>Aging and Adult Care of Central Washington</i>	Social Services
	Apple Valley Red Cross	Social Services
	Bridgeport School District	Education
	<i>Cascade Medical Center</i>	Hospital/Health Care
	Cascade School District	Education
	<i>Cascade Unitarian Universalist Fellowship</i>	Faith-Based Organizations
	Cashmere School District	Education
	<i>Catholic Family and Child Services</i>	Behavioral Health
	<i>Chelan Co. Sheriff</i>	Law/Local Government
	<i>Chelan County Commissioners</i>	Local Government
	<i>Chelan Douglas Health District</i>	Public Health
	<i>Chelan Douglas RSN</i>	BH/Local Government
	Chelan-Douglas Land Trust	Philanthropy

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	City of Bridgeport	Local Government
	City of Cashmere	Local Government
	City of Chelan	Local Government
	City of East Wenatchee	Local Government
	<i>City of Entiat</i>	Local Government
	City of Leavenworth	Local Government
	City of Mansfield	Local Government
	City of Rock Island	Local Government
	City of Waterville	Local Government
	<i>City of Wenatchee</i>	Local Government
	<i>Coalition For Children and Families</i>	Social Services
	<i>Colonial Vista/Local Resident</i>	Senior Consumer
	<i>Columbia Valley Community Health</i>	Health Care
	<i>Community Action</i>	Social Services
	<i>Community Choice Health Improvement Collaborative</i>	Healthcare Collaborative
	<i>Community Health Plan of Washington</i>	Payer
	<i>Community Members</i>	Consumers
	<i>Confluence Health</i>	Hospital/Health Care
	CWH Foundation	Philanthropy
	Davitt Law	Legal/Business
	Douglas County Commissioners	Local Government
	Douglas County Planning Department	Local Government
	Douglas County Sheriff	Law/Local Government
	<i>DSHS Regional Office</i>	Social Services
	East Wenatchee Police	Law/Local Government
	<i>Eastmont Metropolitan Park District</i>	Local Government
	Eastmont School District	Education
	Empire Health Foundation	Philanthropy
	Entiat & Pallisades School District	Education
	<i>Family Planning NCW</i>	Health Care
	<i>Genesis HealthCare</i>	Health Care/Long-Term Care

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Housing Authority	Housing
	<i>Initiative for Rural Innovation and Stewardship</i>	Community Organization
	Juvenile Justice	Law/Local Government
	Lake Chelan Chamber of Commerce	Business
	<i>Lake Chelan Community Hospital</i>	Hospital/Healthcare
	Lake Chelan School District	Education
	<i>Lighthouse Clinic</i>	Health Care
	Mansfield School District	Education
	Manson School District	Education
	<i>Molina Healthcare of Washington</i>	Payer
	Mt. Stuart Physical Therapy	Health Care
	NCW Community Foundation	Philanthropy
	NCW Hispanic Chamber of Commerce	Business
	<i>NCW Integrative Health Network</i>	Integrative Health Care
	<i>North Central Education Service District</i>	Education
	<i>North Central EMS Council</i>	Health Care
	Orondo School District	Education
	Pybus Market/Wenatchee Farmer's Market	Business/Food Systems
	Run Wenatchee	Business/Community Org
	<i>SAGE (Domestic and Sexual Violence Center)</i>	Social Services
	<i>The Center for Alcohol & Drug Treatment</i>	Behavioral Health
	<i>Together for Drug-Free Youth</i>	Social Services
	<i>United Way of Chelan Douglas</i>	Social Services
	Van Doren Sales	Business
	Waterville School District	Education
	Wellness Place	Social Services
	<i>Wenatchee Chamber of Commerce</i>	Business
	Wenatchee Downtown Business Association	Business
	Wenatchee Outdoors	Community Organization
	Wenatchee Police	Law/Local Government

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Wenatchee School District	Education
	Wenatchee Valley College	Education
	Wenatchee Valley Lutheran Latino Leadership	Faith-Based Organization
	Wenatchee Valley Transportation Council	Transportation
	<i>Women's Resource Center</i>	Social Services
	Worksource	Social Services
Okanogan County Community Coalition		
	7th Legislative District	Government
	Aero Methow EMS	Health Services
	<i>Blackbird Clinic</i>	Integrative Health Care
	<i>Colville Tribes</i>	Tribal Agency
	Community Action Council-Veterans Rep	
	<i>Community Choice Health Improvement Collaborative</i>	Health Care Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Douglas-Okanogan County Fire District 115</i>	Local Government
	<i>Family Health Centers</i>	Health Care
	<i>Frontier Home Health and Hospice</i>	Health Care
	<i>Harmony House</i>	Health Care/Long-Term
	HeadStart, Early HeadStart, ECEAP	Social Services
	<i>Lifeline Ambulance</i>	Health Care
	<i>Mid Valley Hospital</i>	Hospital/Health Care
	<i>Molina Healthcare</i>	Payer
	<i>North Valley Hospital</i>	Hospital/Health Care
	<i>Okanogan Behavioral Healthcare</i>	Behavioral Health
	Okanogan County Commissioners	Local Government
	<i>Okanogan County Community Coalition</i>	Social Services
	Okanogan County Sheriff	Local Government
	<i>Okanogan Public Health</i>	Public Health
	<i>Three Rivers Hospital</i>	Hospital/Health Care
	<i>Tonasket VA Clinic</i>	Health Care

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	<i>Tonasket Community/Retired RN NVH</i>	Consumer
Kittitas County Community Coalition	<i>Aging and Long Term Care</i>	Social Services
	<i>Alcohol and Drug Dependency Services</i>	Behavioral Health Care
	<i>Central Washington Comprehensive Mental Health</i>	Behavioral Health Care
	<i>Central Washington University-Public Health Program</i>	Education
	<i>Central Washington University-Student Health and Counseling Services</i>	Behavioral Health Care/Education
	<i>City of Ellensburg</i>	Local Government
	City of Cle Elum	Local Government
	Cle Elum Police Department	Local Government
	Cle Elum Roslyn School District	Education
	<i>Community Choice Health Improvement Collaborative</i>	Health Care Collaborative
	<i>Community Health of Central Washington</i>	Health Care
	Easton School District	Education
	<i>Ellensburg Police Department</i>	Law/Local Government
	<i>Ellensburg School District</i>	Education
	<i>Elmview (DD Services)</i>	Social Services
	Head Start/ECEAP	Social Services
	<i>Entrust Community Services</i>	Social Services
	<i>Hope Source</i>	Social Services
	Kittitas County Commissioners	Local Government
	<i>Kittitas County Community Network & Coalition</i>	Social Services
	<i>Kittitas County Public Health Department</i>	Public Health
	<i>Kittitas County Sheriff</i>	Local Government
	<i>Kittitas Public Hospital District #1</i>	Hospital District
	<i>Kittitas Public Hospital District #2</i>	Hospital District
	<i>Kittitas School District</i>	Education
	<i>Kittitas Valley Fire and Rescue</i>	Local Government

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in BOLD attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Kittitas Valley Healthcare	Hospital/Health Care
	Thorp School District	Education
Grant County Community Coalition	Adult and Aging Care of Central Washington	Social Services
	Association of Washington Public Hospital Districts	Hospital District
	Big Bend Community College	Education
	City of Ephrata	Local Government
	City of Moses Lake	Local Government
	City of Quincy	Local Government
	City of Soap Lake	Local Government
	City of Warden	Local Government
	Columbia Basin Foundation	Philanthropy
	Columbia Basin Health Association-Wahluke Clinic	Health Care
	Columbia Basin Hospital	Hospital/Health Care
	Community Choice Health Improvement Collaborative	Health Care Collaborative
	Confluence Health	Health Care
	Coulee Medical Center	Health Care
	Ephrata School District	Education
	Family Services of Grant County	Health Care
	Grant County Commissioners	Local Government
	Grant County Coroner	Local Government
	Grant County Emergency Management	Local Government
	Grant County Health District	Public Health
	Grant County Public Hospital District 7	Hospital District
	Grant Integrated Services	Behavioral Health/Social Services
	Mattawa Community Medical Clinic	Health Care
	Moses Lake/Quincy Community Health Center	Health Care
	Moses Lake School District	Education

COALITION	INVITED COMMUNITY STAKEHOLDER (Stakeholders listed in <i>BOLD</i> attended one or more of the respective meetings)	SECTOR REPRESENTATION
	Prevention and Recovery Center	Behavioral Health Care
	<i>Parkview Pediatrics</i>	Health Care
	Quincy School District	Education
	Quincy Valley Medical Center	Hospital
	Rep. Manweller 13th Legislative District	Government
	<i>Rep. Warnick 13th Legislative District</i>	Government
	<i>Samaritan Healthcare</i>	Hospital/Health Care
	Sen. Holmquist 13th Legislative District	Government
	Serve Moses Lake	Social Services
	Wahluke School District	Education

Develop, or plan to develop, the community’s lead organization, including its governance, structure, shared measurement mechanisms, communication framework, and sustainability.

The work of this Community of Health planning grant was led by a regional leadership group (See Table 1 for list of members) or “think tank” group that included multi-sector representation. The grantee, Okanogan Public Health, subcontracted the majority of the work to Community Choice, an established health care collaborative organization that has a history of facilitating multi-sector regional collaboration in North Central Washington over the last fifteen years. Community Choice acted as the staffing component of the regional leadership group and of the more local County Community of Health Coalitions that were convened by the Public Health Administrators in each respective county. The engagement, input and ideas flowed in both directions but mostly in a bottoms up manner. The insight gathered at the county level informed the direction of the work as this input was reported to the regional leadership group, to the grantee Okanogan Public Health and ultimately to the state Health Care Authority.

The topic of a regional governance and lead organization was intentionally postponed to the latter part of the grant work. This became necessary as it became very apparent that our region was not ready for such a conversation for the following reasons:

- The concept of a regional ACH, its purpose and intended scope was not well understood or it did not agree with the views of established leadership in some sectors.
- Feedback from certain sectors in some counties indicated that a regionalization of health care was a threat to the desired or perceived local control.

- The parallel decision making process to re-define RSN (Mental Health Regional Support Network) regions posed a particular challenge to starting this conversation.
- It was deemed wise to focus on the intent of the planning process at a grassroots level to create the necessary awareness and understanding that would then support a regional conversation about an ACH formal structure.

Toward the middle of the second half of the planning process we had created much engagement and awareness about the concept and intended role of a regional ACH entity and how it would interact/engage with established health care sectors and institutions. By this time more people were “tuned in” to the developing body of literature from other communities and complementary state initiatives that indicated the relevance and significance of having or not having an ACH in our region. Consequently, we began introducing the topic of a governance structure. We also had the benefit of borrowing governance models being considered in other regions of the state that were working through their own Community of Health planning process. Currently, we have an initial draft governance model that will stimulate future conversations on our regional ACH lead organization, its governance, structure, shared measurement mechanisms, communication framework, and sustainability. Once the governance questions are settled, this governing/leadership body will address the other questions. A first draft of a governance structure has been proposed and will receive much input in order to arrive at the desired consensus. This is a key part of the pending work for the coming year.

Consider the recent designation of RSAs within the context of your planning process and HCA’s intent to designate no more than one ACH per RSA in the future. *Example: the plan could outline any barriers you identified during the planning process and resolution strategies going forward. In addition, the plan could describe a proposed engagement and governance model that takes into account any regional adjustments.*

The parallel decision making process led by county commissioners, state representatives, and other relevant parties on re-defining geographic boundaries of the established RSNs (Mental Health Regional Support Networks) was one significant reason the COH planning process deferred the governance topic to a later time. For better or for worse, it was deemed that until that question was addressed, it would be difficult to initiate the ACH governance conversation. The unique circumstances of the Chelan/Douglas RSN in relation to our other NCW counties posed a particular dilemma. Ultimately, it was decided that the Chelan/Douglas RSN would dissolve and those two counties would join Grant and Okanogan counties as part of the Spokane RSN. Kittitas County will remain with the Yakima RSN. This RSN configuration has been

characterized as a temporary step allowing the newly recognized NCW RSA (Regional Service Area) to establish a firm footing. The leading idea is that the four NCW counties of Okanogan, Chelan, Douglas and Grant are a naturally defined health care market with established and referral patterns. Given the HCA's goal of integrating medical and behavioral health care, it naturally follows that a functional RSA could and should be created with the same boundaries. Anything else would create barriers to integration and be counter to our goals.

Identify shared community health and health care priorities that align with State transformation priorities as outlined in the State Health Care Innovation Plan and related transformation efforts (e.g., Prevention Framework, Public-Private Transformation Action Strategy, clinical-community linkages, bi-directional integration of physical-behavioral health care, value-based payment, etc.).

Example: the plan should describe existing or emerging community and/or regional priorities as part of the COH planning process.

There were a number of available Community Health Needs Assessments (CHNA) that could be used to leverage community and/or regional priorities during the COH planning process. Such assessments have been published by hospitals (e.g.: Lake Chelan Community Hospital; Cascade Medical Center), health care organizations (e.g.: Confluence Health; Columbia Valley Community Health), and public health districts (e.g.: Kittitas County Public Health Department)

The regional Community Health Needs Assessment (CHNA), published in December 2013, was the joint effort of Community Choice and Chelan Douglas Health District (CDHD) on behalf of Confluence and CDHD. Because of the regional scope of this joint effort, the regional CHNA provided an overarching foundation to initiate county/community priority planning discussions at the County Coalition meetings. The local public health districts supplemented the county discussions with more focused data from locally drafted needs assessments. Counties used both CHNA and social determinants of health information to lead discussions with multi-sector partners to align with the state prevention framework.

The following County Coalition meeting summaries describe the county level use of these available plans as each county independently outlined priorities related to transformation efforts:

- **Chelan-Douglas** (see Appendix A: Chelan-Douglas County Coalition Final Report, page 22)

Early consensus among the stakeholders attending these meetings was an agreement of the need to choose a single initiative that will provide focus in order to enable collaborative efforts by multi-sector stakeholders. The regional CHNA was the primary assessment referenced during these discussions and of which the priorities were used to lead a breakout discussion specific to the social

determinants of health. During that breakout session participants agreed there are a number of positive initiatives happening in the area which makes narrowing the focus a difficult task. It was agreed that measuring impact could pose a challenge. While this breakout group discussion did not identify a specific health initiative to focus on, in its final report/action plan, the group did agree that one or two health initiatives should be identified in order for work to begin in early 2015.

- **Okanogan** (see Appendix B: Okanogan County Coalition Final Report, page 24)
Early consensus among the stakeholders attending these meetings was an agreement of the need to choose a single initiative that will provide focus in order to enable collaborative efforts by multi-sector stakeholders. The regional CHNA was the primary assessment referenced during these discussions and of which the priorities were used to lead a breakout discussion specific to the social determinants of health. During that breakout session participants agreed there are a number of positive initiatives happening in the area which makes narrowing the focus a difficult task. It was agreed that measuring impact could pose a challenge. While this breakout group discussion did not identify a specific health initiative to focus on, in its final report/action plan, the group did agree that one or two health initiatives should be identified in order for work to begin in early 2015.
- **Grant** (see Appendix C: Grant County Coalition Final Report, page 26)
Consensus among the Grant County Coalition stakeholders was to choose one or two initiatives to be adopted by the regional partners. These could be aimed at integration of physical and mental health population health care and/or primary prevention. The regional CHNA as well as information gathered for a Grant County health needs assessment were referenced during these county coalition discussions. During the breakout session, the group considered the four determinants of health categories when responding to questions regarding the development of a county wide ACH communication plan, governance, and work plan. While the group did not identify a specific health initiative to focus on, a list of potential initiatives was generated. The group has suggested the opportunity to use recently received adult chronic disease grant funds for the purpose of supporting this regional work.
- **Kittitas** (see Appendix D: Kittitas County Coalition Final Report, page 28)
Early consensus among the Kittitas County Coalition stakeholders, based on the geographic alignment of the county, was to focus the efforts of three planned COH meetings around a single health initiative that would provide a focus and opportunity to test a multi-sector collaborative effort of population health improvement. Because the regional CHNA used in the COH process was not inclusive of Kittitas County data, the Kittitas County Coalition used the 2012, *The Health of Kittitas County*, community health needs assessment as the guiding document for COH community priority planning. Kittitas Valley Healthcare facilitated the series of meetings by guiding the multi-sector stakeholders a collective impact process. A core group of stakeholders were engaged throughout the entire process which included the three originally scheduled meetings and one additional meeting where the group collectively agreed to a single health initiative

with an action plan to continue moving forward with the work in 2015.

Develop a pathway to achieve community aims through a mutually reinforcing plan of action that includes specific commitments from a broad range of stakeholders and government entities throughout the community, ideally building upon existing community priorities and efforts.

The COH county coalitions have been reviewing recent community health needs assessments. Health improvement plans and health priorities have been part of every county coalition conversations. These local and regional conversations build on the previous and ongoing work Community Choice, its members and partners have been doing as part of the ACA required CHNA and Health Improvement initiatives that are ongoing. These conversations have included perspectives from diverse stakeholders beyond the traditional health care sector. There exist in our counties a number of health initiatives that can help form the basis for successful ACH population health improvement activities in the future. The following lists represent an early inventory of such initiatives:

- Regional Initiatives and coalitions identified during County Coalition meetings:
 - Chelan-Douglas:
 - Diabetes Support Group-Columbia Valley Community Health
 - Diabetes Prevention-YMCA
 - Get it Chelan-Lake Chelan Community Hospital
 - I Am Moving Program-Chelan Douglas Healthstart
 - Fighting Poverty-Chelan Douglas Community Action Council
 - Okanogan
 - Colville Confederated Tribes-Health Programs
 - Colville Confederated Tribes-PALS Prevention
 - Colville Confederated Tribes-Head Start
 - Classroom in Bloom-Methow Schools
 - Natural Helpers-Colville Tribes
 - Suicide Prevention-Colville Tribes and Room One
 - School Nutrition Programs-WSU Extension
 - Healthy Relationship Class-Room One
 - Red Shed Gardening and Cooking Class-Room One
 - Fit For Life Coalition-Omak
 - Okanogan County Community Coalition
 - Grant
 - Quincy Communities that Care
 - Moses Lake Prevention Council
 - Healthy Communities-Grant County Health District
 - Moses Lake Trail Planning Team
 - Boys and Girls Club

- Leading Edge Advance Practice Topics (LEAPT)
 - Emergency Department Information Exchange (EDIE)
 - Multiple disease prevention/intervention programs
- Kittitas
 - Food Access Coalition for Kittitas county
 - KittFam
 - Breastfeeding Coalition
 - Cascade Prevention Coalition
 - Kittitas County Community Network and Coalition
- Initiatives led by Community Choice.
 - One of the established efforts that is ongoing and will now partner with our regional NCW CHNA and Health Improvement efforts is Initiative for Rural Innovation and Stewardship (IRIS). IRIS supports vibrant, healthy, sustainable rural communities in North Central Washington by building knowledge, confidence, and positive community dialogue. The organization's successful programs foster cooperative solutions to complex issues by connecting people, place and possibility. Among other efforts and partnerships, Community Choice members and partners will be engaged in the regional summits that IRIS coordinates. Community Choice will help sponsor these summits and assist with its coordination and planning.
 - A second relevant initiative that aligns and supports the interests and priorities of the COH grant planning is the Healthy Living Wenatchee Valley coalition which is co-facilitated by Community Choice and Chelan Douglas Health District. The Healthy Living Wenatchee Valley coalition is made up of a diverse cross sector membership which is dedicated to creating healthier communities full of opportunities that promote and support healthy living. The group's action planning process aligns with the Washington State Health Improvement Priorities and Strategies/Prevention Framework. Careful review of the Chelan Douglas County Health Needs Assessment data helps the coalition plan strategies and goals.
 - A third current initiative that also aligns and supports the COH grant planning priorities is an initiative that Community Choice has been developing borrowing from best practices and models in other states such as Maine. We are borrowing the model called 5210 Challenge which promotes healthy lifestyles and good nutrition. This national childhood obesity initiative promotes 5 servings of vegetables or fruits daily; 2 hours or less of leisure screen time; 1 hour of daily physical activity; and 0 sweetened beverages. One exciting part of this initiative is that it links well with other grassroots health promotion initiatives by various communities. Some of these include: the Get Fit Chelan in the city of Chelan; the Healthy Living

Coalition in Wenatchee; and the Farm to School program in the Wenatchee School District. The COH planning process served to help us identify other such initiatives that we can now link up to a regional network of efforts that promote a culture of health which aligns with the overarching goal of the Triple Aim.

- Regional Initiatives with multiple partners:
 - Health Homes program where Community Choice as a Lead Organization contracts with various partners for care coordination of high risk, high cost individuals in eleven counties including the four NCW counties
 - Chronic Disease Self-Management Education programs that leverages trained volunteers to provided CDSME courses in pain management, diabetes and other chronic diseases
 - SHIBA (Statewide Health Insurance Benefit Advisors) and IPA (In-Person Assistance) programs which together provide outreach, education and assistance in reviewing, selecting and enrolling in health care insurance programs from Medicare to qualified health plans through the State Health Benefit Exchange.

The above inventory lists of initiatives is not representative of the many ongoing health initiatives in the NCHP region, they primarily represent those initiatives discussed during county coalition meetings. A preliminary process for inventorying the regional health initiatives began early in the COH grant process. Further development of ACH capacity for community health initiatives, including some pilot initiatives, is part of the work proposed for 2015.

Partner with the State in identifying opportunities for alignment, barriers to achieving shared aims, and barrier resolution strategies. *Example: Beyond describing this partnership, the plan could describe specific barriers, opportunities and strategies or next steps identified.*

It's helpful and necessary to point out and remind ourselves of previous successfully implemented collaborative efforts in our region. In the interest of "celebrating what we want more of". The Community Choice consortia has over fifteen years of experience with successful collaborative efforts. Some of these include: collaboration among Critical Access Hospitals in bringing broadband to all CAH in Okanogan and Chelan counties; over five million dollars in federal USDA Telemedicine funding to introduce tele-radiology, tele-pharmacy and video-interpreting to NCW hospitals. More recently, we brought 1.2 million in funding to assist with practice transformation technical assistance in EHR selection, deployment and achieving "meaningful use" of such health information technology. Work on Health Information Exchange is ongoing.

In keeping with the overarching purpose of the relevant state and local initiatives leading towards achieving the Triple Aim, it remains of paramount importance for the state and

the various ACH regions of the state to continue to work in partnership in taking thoughtful steps that support an effective gradual transformation of health care that minimizes harm to vital existing health care infrastructure. The state has exercised good restraint in not dictating a one-size-fits-all approach to transforming health care and instead listening and learning the unique cultures, local dynamics relevant to each region. While it is understood that regionalization desired by the state is necessary for contracting and other population driven aspects of the transformation process, it is also important to understand that the truly meaningful work envisioned on prevention, chronic disease interventions and consumer engagement can better happen in the context of local initiatives. It has also been acknowledge in our coalition meetings that the payers input and operational parameters will need to be part of the pending conversation and implementation of regional health care reform steps. The State Health Care Authority will be look at as a partner in the transformation of health care and also as the “first mover” payer in the steps ahead.

Identify potential roles in driving community and State transformation, including:

- **Partnership and engagement with HCA in regional Apple Health (Medicaid) purchasing (note: HCA would retain ultimate responsibility for selection and oversight in procurement and bear legal and financial responsibility).**
Example: the plan should articulate the potential role in Apple Health purchasing and could articulate the potential role in purchasing beyond Apple Health, including BHO contracts for transition regions (non-Early Adopter regions).

While we have reached out to Molina and CHPW in the COH planning process, and their representatives did attend meetings at both the county and lead group levels, this remains pending work for the future Accountable Community of Health.

- **Completion of region-wide health assessments and development of regional health improvement plans.**

A key component of our COH planning process was to lead with the gathering and sharing of the most recent Community Health Needs Assessments and Health Improvement Initiatives in our region. Community Choice has collaborated with public health districts and other health care institutions in completing the most recent four-county Community Health Needs Assessment (CHNA) on behalf of the two regional hospitals and two public district hospitals. Each of the county Public Health Districts have also been doing excellent work in health needs assessments and collaboratively prioritizing health needs in their respective counties.

The Health Improvement Initiatives that followed the CHNA work has already identified numerous initiatives that focus on various aspects of population health. This has been the “safe” topic of conversation across the board in all counties. This is where we find grass-root efforts by passionate people on most areas of health...from mental health, to

smoking cessation, to transportation and the built environment that facilitates active living and a culture of health.

The COH planning process has included not only the need for more robust CHNAs with more current and relevant data, but also mechanisms to measure and evaluate the health improvement impact of current and future health improvement initiatives. This is also part of the “pending” work that will be led by a regional ACH leadership and multi-sector collaborative infrastructure in our region.

- **Acting as a forum for harmonizing payment models, performance measures, and investments.**

We have reached out to and had some participation from the two main Medicaid Payers (Molina and CHPW) in the COH planning process, however, this remains pending work for the future Accountable Community of Health.

- **□Using innovative aligned data (e.g., geographic information system [GIS] mapping, use of data sharing agreements, etc.).**

The last CHNA completed in December of 2013, gave our region experience with coordinating a collaborative approach to accessing and interpreting data to complete regional community health needs assessments, identifying local and regional health priorities and implementing health improvement initiatives. This effort was led by Community Choice and Chelan/Douglas Health District and primarily funded by Confluence Health. However, the CHNA work was inclusive of all four NCW counties. This work is ongoing in the following ways: identifying additional health indicators to track and report on; identifying additional relevant data sources; accumulating an inventory of health improvement initiatives in each of the four counties; identifying synergies and supporting these grassroots health improvement initiatives; researching best practices and mechanisms for tracking and measuring the health improvement impact of the various health improvement initiatives that can lead to sustainability models relevant to each initiative.

The COH planning process included the acknowledgement and the shared value in minimizing the silos by sectors through various means including sharing data more fluidly and additional collaboration in interpreting data to “tell our story” in the context of the realities of a sparsely populated region with long driving distances to access services, a significant Spanish speaking population and a high level of poverty across the NCW region.

- **Facilitating practice transformation support and linking clinical and community sectors and resources.**

In the last three years, NCW was beneficiary of about 1.2 million in funding to assist with practice transformation technical assistance in EHR selection, deployment and achieving “meaningful use” of such health information technology. Additional work in Health

Information Exchange continuous. In this instance, the focus was on re-evaluating workflows in primary outpatient practices and addressing “gaps” in data transfers from one system to another. The new phase of “practice transformation” will likely focus on the mechanics of shifting billing and contracting activities from a fee-for-service contracting model to an “outcome based” or value-based funding model of health care services. The need to learn from other communities that have successfully made this shift and bringing that technical assistance to our region will be part of that future focus.

- ☐ **Identifying and facilitating shared community workforce resources (e.g., community health workers, care coordination, tele-health, etc.).**

While we have reached out to Wenatchee Valley College and North Central ESD 171 in the COH planning process, this remains pending work for the future Accountable Community of Health.

North Central Health Partnership

Community of Health Planning Process

APPENDICES

- Appendix A: Chelan-Douglas County Coalition Final Report
- Appendix B: Okanogan County Coalition Final Report
- Appendix C: Grant County Coalition Final Report
- Appendix D: Kittitas County Coalition Final Report

COH APPENDIX A: CHELAN-DOUGLAS COALITION FINAL REPORT

Chelan-Douglas Workshops on Health Care Reform 2014

Final Report Outline

November 21, 2014

I. Summary of Chelan-Douglas Workshops

A. Participant Lists (on file*)

B. Workshop Agendas and Notes (on file*)

II. Workshop Results

A. Consensus Statements

1. The Chelan-Douglas health partners involved in these discussions agree that we should move forward with Okanogan and Grant County toward the creation of a North Central Washington Accountable Community of Health. The next step in this process would be to become recognized as a Design Community by submitting a grant proposal on behalf of the four counties to the Health Care Authority under GOA #14-028, the Accountable Community of Health Pilot and Design Grants program.

2. It will be critical to expand and deepen the involvement of partners in this effort, especially those who are not traditionally seen as part of the health care system. This will require active outreach, not just invitations to meetings.

B. Key Upcoming Decisions

1. A governance structure and an administrative structure for the NCW Accountable Community of Health must be defined. Partners are already having discussions on this.

2. One or two health improvement initiatives should be adopted by the NCW partners based on existing community health needs assessments:

a. One initiative could address an important improvement in patient care, such as the integration of mental and physical health care or the more effective care of high-utilizing chronic disease patients.

b. Another initiative could be a primary prevention effort aimed at population health improvement, such as a healthy eating/active living initiative. It may make sense to base this initiative on existing efforts in the community, perhaps expanding or enhancing the current effort. If a new initiative is developed careful consideration should be given to the way the new effort complements and reinforces existing

programs.

c. These initiatives could begin during the first half of 2015.

*Chelan-Douglas County Coalition meeting docs filed at:
<http://www.mydocvault.us/chelandouglas-coh.html>

COH APPENDIX B: OKANOGAN COALITION FINAL REPORT

Okanogan County Community of Health Workshops 2014 Draft Final Report Outline November 20, 2014

I. Summary of Okanogan Workshops

- A. Participant Lists (on file)
- B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Consensus Statements

1. The Okanogan Community of Health partners involved in these discussions agree that we should move forward with Chelan and Grant County toward the creation of a North Central Washington Accountable Community of Health. The next step in this process would be to become recognized as a Design Community by submitting a grant proposal on behalf of the four counties to the Health Care Authority under GOA #14-028, the Accountable Community of Health Pilot and Design Grants program.
2. It will be critical to expand and deepen the involvement of partners in this effort, especially those who are not traditionally seen as part of the health care system. This will require active outreach, not just invitations to meetings.

B. Key Upcoming Decisions

1. A governance structure and an administrative structure for the NCW Accountable Community of Health must be defined. Partners are already having discussions on this.
2. One or two health improvement initiatives should be adopted by the NCW partners based on existing community health needs assessments:
 - a. One initiative could address an important improvement in patient care, such as the integration of mental and physical health care or the more effective care of high-utilizing chronic disease patients.

b. Another initiative could be a primary prevention effort aimed at population health improvement, such as a healthy eating/active living initiative. It may make sense to base this initiative on existing efforts in the community, perhaps expanding or enhancing the current effort. If a new initiative is developed careful consideration should be given to the way the new effort complements and reinforces existing programs.

c. These initiatives could begin during the first half of 2015.

*Okanogan County Coalition meeting documents filed at:

<http://www.mydocvault.us/okanogan-coh.html>

COH APPENDIX C: GRANT COALITION FINAL REPORT

Grant County Workshops on Health Care Reform 2014 Final Report Outline December 17, 2014

I. Summary of Grant County Workshops

A. Participant Lists (on file)

B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Consensus Statements

1. The Grant County health partners involved in these discussions agree that we should move forward with Okanogan, Chelan, and Douglas Counties toward the creation of a North Central Washington Accountable Community of Health. The next step in this process would be to become recognized as a Design Community by submitting a grant proposal on behalf of the four counties to the Health Care Authority under GOA #14-028, the Accountable Community of Health Pilot and Design Grants program.

2. It will be critical to expand and deepen the involvement of partners in this effort, especially those who are not traditionally seen as part of the health care system. This will require active outreach, not just invitations to meetings.

3. Each step of the Design process should take into consideration:

- a. Achieving the Triple Aim
- b. The rural aspects of Grant County
- c. Existing systems and natural partnerships

B. Key Upcoming Decisions

1. A governance structure and an administrative structure for the NCW Accountable Community of Health must be defined. Partners are already having discussions on this. This process will be one of the most critical of the entire process and must be inclusive as possible, with consideration of and representation by underrepresented and vulnerable populations.

2. One or two health improvement initiatives should be adopted by the NCW partners based on existing community health needs assessments:

a. One initiative could address an important improvement in patient care, such as the integration of mental and physical health care or the more effective care of high-utilizing chronic disease patients.

b. Another initiative could be a primary prevention effort aimed at population health improvement, such as a healthy eating/active living initiative (chronic disease prevention). It may make sense to base this initiative on existing efforts in the community, perhaps expanding or enhancing the current effort. If a new initiative is developed careful consideration should be given to the way the new effort complements and reinforces existing programs. Utilization of the recently received by the Grant County Health District for adult chronic disease prevention grant could fund this activity.

c. These initiatives could begin during the first half of 2015.

*Grant County Coalition meeting documents filed at: <http://www.mydocvault.us/grant-coh.html>

COH APPENDIX D: KITTITAS COALITION FINAL REPORT

Kittitas County Community of Health Workshops 2014

Final Report Outline December 15, 2014

I. Summary of Kittitas Workshops

- A. Participant Lists (on file)
- B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Initial Consensus Statements

1. The Kittitas County Community of Health (COH) stakeholders involved in these discussions agree that geographic alignment in the designated RSA regions will likely result in Kittitas County joining counties to the south and will not align with the current North Central Washington Health Partnership.
2. Planning efforts will be focused on county health initiatives. It is important to identify a single health initiative that will engage all stakeholders.

B. Key Decisions

1. Participation in Accountable Communities of Health (ACH) governance structure is dependent upon RSA designation, therefore the Kittitas County Coalition will wait to engage in the ACH discussions.
2. Based on a collective impact process the group determined to move forward with mental health as the health initiative.
3. The following health action plan was drafted and the work will begin during the first half of 2015.

North Central Health Partnership
Kittitas County Community of Health
Action Plan – DRAFT 12/3/2014

Action	Purpose	Timeline	Person/Organization Responsible
1. Develop an actionable and measureable plan based on the following activities: <ul style="list-style-type: none"> • Review of the Kittitas County Health Assessment • Community identified priority areas and problem statement • Root cause analysis to identify and prioritize the work. 	Collectively work on a project that we can engage the group and make an impact	December 8, 2014	
2. Kittitas County community of health plan sent to our regional lead organization	Keep us involved; Keep Kittitas County visible at a state and regional level; Increase funding potential; important for the community	December 31, 2014	
3. Launch the Kittitas County Initiative by assigning leadership and officially acquire 'opt in' process	Successfully address a problem collectively Build a collective/collaborative model that we can build on	January 2015	
4. Set meeting structure and expectations	Contract with agencies to ensure expectations and process boundaries are clear Engage members in the process quickly	January 2015	
5. Pilot project	Keep momentum Small test of change to test our change model	March/April 2015	

*Kittitas County Coalition meeting docs filed at: <http://www.mydocvault.us/kittitas-coh.html>

North Central RSA GOA #14-028 Application
Proposal Attachment B – Selected Letters of Support

Responds to Questions 2, 3 and 6 in the Application Narrative (Exhibit B)

Please see the selected letters of support included in the following pages.

KEN STANTON
1ST DISTRICT

DALE SNYDER
2ND DISTRICT

STEVEN D. JENKINS
3RD DISTRICT

DOUGLAS COUNTY COMMISSIONERS

December 8, 2014

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

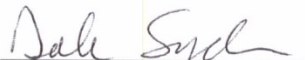
As Douglas County Commissioners we are writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.


Knowing that upcoming health care system changes will have significant effects in our communities, we are committed to having a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.


Please do not hesitate to contact us if we can provide any further information.

Sincerely,

DOUGLAS COUNTY BOARD OF COMMISSIONERS


Dale Snyder, Chair


Ken Stanton, Vice Chair


Steven D. Jenkins, Member



BOARD OF COMMISSIONERS
CHELAN COUNTY
STATE OF WASHINGTON
COUNTY ADMINISTRATION BUILDING
400 DOUGLAS STREET, SUITE #201
WENATCHEE, WA 98801
PHONE (509) 667-6215 FAX (509) 667-6599

CATHY MULHALL
County Administrator
cathy.mulhall@co.chelan.wa.us

CARLYE BAITY
Clerk of the Board
carlye.baity@co.chelan.wa.us

December 10, 2014

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Chelan County Commissioners we are writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, we are committed to having a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact us if we can provide any further information.

Sincerely yours,

A blue ink signature of Ron Walter.
Ron Walter

RON WALTER
1st District
ron.walter@co.chelan.wa.us

A blue ink signature of Keith Goehner.
Keith Goehner

KEITH GOEHNER
2nd District
keith.goehner@co.chelan.wa.us

A black ink signature of Doug England.
Doug England

DOUG ENGLAND
3rd District
doug.england@co.chelan.wa.us



Wenatchee Valley Hospital & Clinics
820 N. Chelan Ave.
Wenatchee, WA 98801
509 663 8711

January 5, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Vice President for Confluence Health, I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Confluence Health acknowledges the need for a wide range of partners to come together in reaching the goals of increasing the quality of our residents' and communities' health, improving the experience of care, and lowering the cost of providing that care. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This grant proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Confluence Health is committed to partnering with the State and regional stakeholders to transform Healthcare in North Central Washington. We believe that this Design Grant will allow us to accomplish this goal and the sooner we can move forward, the sooner our residents and communities can reap the benefits of living in a healthier state.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'David Olson', with a long horizontal flourish extending to the right.

David Olson, Vice President
Confluence Health



**Columbia Valley
Community Health**

Administration

600 Orondo Avenue, Suite 1
Wenatchee, WA 98801-2800
509-662-6000 • fax 509-664-4590

January 5, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As the CEO of Columbia Valley Community Health I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information. You may reach me at pbucknum@cvch.org.

Sincerely,

Patrick Bucknum
Chief Executive Officer

"Providing access to improved health and wellness with compassion and respect for all."



January 7, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As CEO of Lake Chelan Community Hospital I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely,

Kevin Abel



January 6, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As General Manager / Paramedic of Lifeline Ambulance Inc. I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

A handwritten signature in black ink that reads "K. Wayne Walker". The signature is fluid and cursive.

K. Wayne Walker – General Manager / Paramedic
LifeLine Ambulance Inc.

December 6th, 2015

Florentino C. Alonso
Community Engagement Coordinator
Molina Healthcare of Washington

Dear Ms. Derickson:

As the Community Engagement Coordinator for Molina Healthcare of Washington, I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Florentino C. Alonso', written over a horizontal line.

Florentino C. Alonso B.S., L.C.M.

Enc: 0



GRANT COUNTY
OFFICE OF THE
BOARD OF COUNTY COMMISSIONERS
P O Box 37
EPHRATA WA 98823
(509) 754-2011

January 8, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:


The Grant County Board of Commissioner would like to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

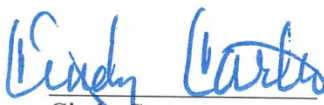
Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

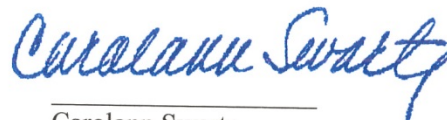
Please do not hesitate to contact our office if we can provide any further information.

Sincerely,

BOARD OF COUNTY COMMISSIONERS


Richard Stevens, Chair


Cindy Carter


Carolann Swartz

:bjv

Cc: LeRoy Allison, Executive Director, Grant Integrated Services
Jeff Ketchel, Administrator, Grant County Health District

Richard Stevens
District 1

Carolann Swartz
District 2

Cindy Carter
District 3

"TO MEET CURRENT AND FUTURE NEEDS, SERVING TOGETHER WITH PUBLIC AND PRIVATE ENTITIES, WHILE FOSTERING A RESPECTFUL AND SUCCESSFUL WORK ENVIRONMENT."

January 7, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

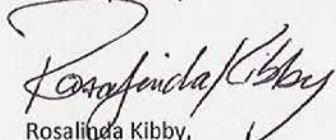
Dear Ms. Derickson:

As Administrator/Superintendent of Grant County Public Hospital District No. 3 d/b/a Columbia Basin Hospital, Columbia Basin Family Medicine and Garden Oasis Assisted Living located in Ephrata, WA, I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Providing necessary services as a critical access hospital, rural health clinic, long term care and assisted living for our community is a significant duty. The upcoming changes are expected to have great impact for us. It is vital that our community is represented well in how these changes are designed and implemented. We have participated with our partners in local discussions about the formation of a plan which is now this proposal before you. The efforts behind this planning have been great and numerous entities involved as discussed in the proposal. I am in agreement and in support of this Design Grant as a means for our community to continue playing a role in the HCA's Community of Health process.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,


Rosalinda Kibby,
Administrator/Superintendent

January 5, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Administrator of the Grant County Health District, I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information at jketchel@granthealth.org or (509) 766-7960 X28.

Sincerely yours,



Jefferson Ketchel, MA RS
Administrator
Grant County Health District

Phone: 509-766-7960 • FAX: 509-766-6519 • granthealth.org



Public Health
Prevent. Promote. Protect.



QUINCY VALLEY MEDICAL CENTER

GRANT COUNTY PUBLIC HOSPITAL DISTRICT #2

Don Condit, Commissioner
Randy Zolman, Commissioner
Robert Poindexter, Commissioner
Anthony Gonzalez, Commissioner
Darrell Van Dyke, Commissioner

Mehdi Merred, CEO

January 7, 2015

Missy Derickson

Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As the Chief Executive Officer of Quincy Valley Medical Center I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

Mehdi Merred

908 TENTH AVENUE SW QUINCY, WASHINGTON 98848 TELEPHONE (509) 787-3531 FAX (509) 787-2016



January 8, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

On behalf of Grant County Public Hospital District #1 (dba Samaritan Healthcare), I wish to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Our organization was a strong advocate behind formation of the North Central Regional Service area, and has been significantly involved in the broad stakeholder development effort to date for this collaboration. We are very excited about the potential of this work and look forward to success in this grant application to continue these efforts.

Please do not hesitate to contact me if I can provide any further information.

Sincerely,

A handwritten signature in black ink, appearing to read 'TR Thompson', is written over a faint circular stamp.

Thomas R. Thompson
President and CEO

cc: Jeff Ketchel, Grant County Health District
Barry Kling, Chelan – Douglas Health District

Safety & Quality Compassion Integrity Teamwork Stewardship

January 8, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As CEO of Moses Lake Community Health Center, I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely,



Sheila Chilson, CEO



Okanogan County Public Health

<http://www.okanogancountv.org/ochd/index.htm>

1234 South 2nd Avenue
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140
TDD (800) 833-6388

January 8, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Community Health Director for Okanogan County Public Health, and grantee of the Community of Health planning grant, I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. With our Community of Health planning grant we were able to mobilize key stakeholders and leaders in health and community to begin the necessary steps that would allow continuation and continuity by obtaining a Design Grant. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

Lauri Jones, MN
Community Health Director
Okanogan County Public Health
ljones@co.okanogan.wa.us

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Mid-Valley Medical Group
Caribou Trail Orthopedics

509.826.1760

Thursday, January 08, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Chairman of the Board of Commissioners of Mid-Valley Hospital I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

Gary Oestreich
Chairman of The Board

Mb/kp



O K A N O G A N

COUNTY COMMUNITY
COALITION

January 6, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As Executive Director of Okanogan County Community Coalition, I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028. As a member of our local area Community of Health workgroup, I support this application and find that it is in keeping with the local goals that we have established. Okanogan County Community Coalition is a regular partner with Okanogan Public Health and we have a long history of working collaboratively to accomplish our goals and strategies to impact overall public health including: prescription drug and opioid abuse prevention, prevention of child abuse and neglect, and substance abuse and underage drinking prevention.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

Andi Ervin

ANDI ERVIN, CPP / EXECUTIVE DIRECTOR
Po Box 1688 / OMAK WA 98841
(509) 322.8436 / occcandi@yahoo.com / www.okcommunity.org



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January 6, 2015

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

Dear Ms. Derickson:

As CEO of Family Health Centers I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,

Michael Hassing, CEO
Family Health Centers

Administration
716 1st Ave./PO Box 1340
Okanogan, WA 98840
(509) 422-7629 t
(509) 422-7680 f

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January 7, 2015

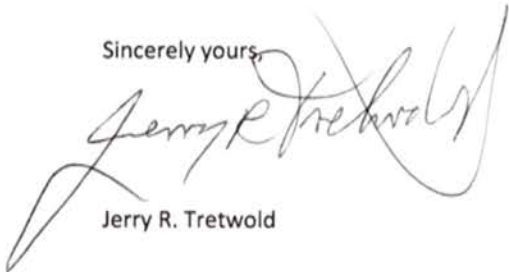
Dear Ms. Derickson:

As the Owner Administrator at Harmony House, I am writing to express our support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

This grant will allow our region to take the next step after our Community of Health planning grant process. Knowing that upcoming health care system changes will have significant effects in our communities, it is important for those of us who live here to have a strong voice in shaping those changes. This proposal reflects a great deal of work with a very wide range of community partners in this county and in the North Central Washington RSA during the past year. A series of stakeholder workshops have established a strong base for the Design Grant effort. The proposed Design Grant would greatly enhance our capacity to continue playing a role in HCA's Community of Health process, and would significantly enhance the strong stakeholder collaboration already in place.

Please do not hesitate to contact me if I can provide any further information.

Sincerely yours,



Jerry R. Tretwold

Jerry Tretwold, Administrator

P.O. Box 829 ~ River Plaza ~ Brewster, WA 98812 ~ 509-689-2546

Initiative for Rural Innovation & Stewardship

Connecting People, Place and Possibility

December 29, 2014

Missy Derickson
Grant Opportunity Announcement #14-028 Coordinator
Washington State Health Care Authority

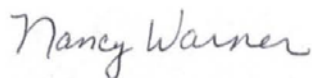
Dear Ms. Derickson:

I am writing to express support for the Design Grant proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement #14-028.

We recognize that upcoming health care system changes will have significant effects in our communities and we feel that it is important for those of us who live here to have a strong voice in shaping those changes. Work that the Chelan-Douglas Health District and others have done to gather input from regional partners during the past six months provides a strong foundation for designing a system that is responsive to local needs and capacity.

The proposed Design Grant will enhance our capacity to contribute to the HCA's Community of Health process and will significantly enhance the strong stakeholder collaboration already in place. We urge you to support this proposal that will help people in North Central Washington have a voice in designing their future.

Sincerely,



Nancy Warner
IRIS Executive Director

IRIS fosters sustainable rural communities by gathering and sharing success stories that enhance a sense of belonging, inspire action, and build community. We believe that thriving communities in a healthy environment create success.



Initiative for Rural Innovation & Stewardship

509-888-7374 • PO BOX 4563, WENATCHEE, WA 98807 • WWW.IRISNCW.ORG



50 Simon Street S.E. · East Wenatchee, WA 98802-7727
Telephone: 509-886-0700 Toll-Free: 800-572-4459 Fax: 509-884-6943

January 6, 2015

Missy Dickerson

Grant Opportunity Announcement

Washington State Health Care Authority

State of Washington

Dear Ms. Dickerson,

As Executive Director of Aging and Adult Care of Central Washington, I would like to express enthusiastic support for the Design Grant Proposal submitted by Chelan-Douglas Health District on behalf of the North Central Regional Service Area in response to the Washington State Health Care Authority's Grant Opportunity Announcement # 14-028.

As anticipated changes in Washington State's health care systems are going to significantly affect health care organizations in our local communities, it is vital for regional stakeholders to have key roles in defining responses and transforming the future of rural health care. This proposal showcases the efforts and work products of a number of community partners through stakeholder workshops. They have served to establish a strong base for the Design Grant effort.

The Grant encourages the capacity of North Central Washington to continue to play a pivotal role in HCA's Community of Health process, and it will significantly enhance the future collaboration of our Region's stakeholders. Please contact me at (509) 886-0700 if I can be of service or provide additional information.

Yours in Health,

Bruce Buckles

*Serving Older Adults and Persons with Disabilities of Adams, Chelan, Douglas, Grant, Lincoln, and Okanogan Counties.
Member of the National and Washington State Associations of Area Agencies on Aging.*