



North Central Accountable Community of Health

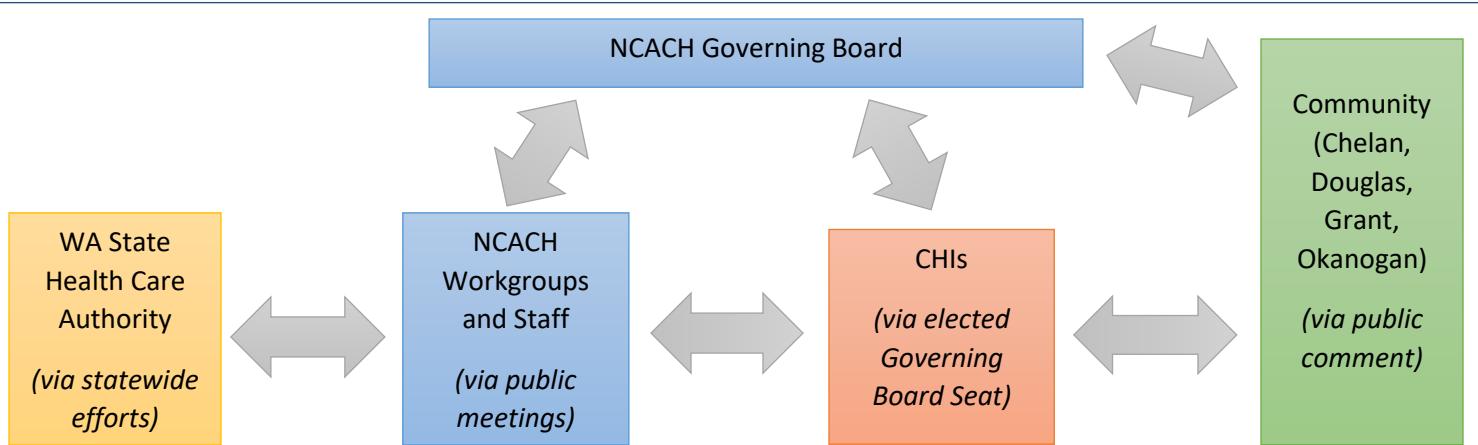
Coalitions for Health Improvement Vision, Purpose, and Possibilities

The purpose of this document is to create a shared understanding around the intention, purpose, and roles that Coalitions for Health Improvement (CHI) play in each of their local communities, and within the Medicaid Transformation projects that the North Central Accountable Community of Health (NCACH) is implementing across Chelan, Douglas, Grant, and Okanogan Counties.

History

Coalitions for Health Improvement (CHI) were formed in 2014 in each public health jurisdiction (Chelan-Douglas, Okanogan, and Grant) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. CHIs originally provided input regarding the formation of an ACH in this region, and development of the NCACH Leadership Group. They were utilized to distribute information about Design Grants and upcoming State Innovation Model Transformation efforts. In 2016, the North Central Accountable Community of Health was officially formed as a standalone organization, and entered the Design phase of the Medicaid Transformation, including the adoption of a Governing Board. In April 2017, the NCACH Governing Board determined that the CHIs should be NCACH's primary means for community-level input and representation in NCACH's work. In July 2017, a voting seat for each CHI was established by the Governing Board which ensures that each Coalition's voice is heard. In 2018, NCACH formally contracted with three hosting organizations to facilitate each Coalition with operational funding from the NCACH.

The North Central Accountable Community of Health *Information Flow*





Vision

To foster connectedness, resiliency, and collective impact to support whole person care among our community members through cross-sector, solution-oriented approaches.

Purpose

Coalitions for Health Improvement (CHI) are the critical access point for the voice of our community to be reflected in NCACH's Medicaid Transformation work. They are open to anyone interested in improving whole person care at a local level through education, outreach, and coordinated efforts. Partners whose sectors represent the social determinants of health, behavioral and physical health, criminal justice system, education, and others are encouraged to participate. As CHIs engage with local project implementation efforts, they ensure that county-level priorities and needs are not lost in regionalization and are uniquely positioned to help address social determinants of health based on their expertise and knowledge of local resources.

Structure and Governance

There are three Coalitions for Health Improvement (Chelan-Douglas, Grant, Okanogan). Each are open to anyone living or practicing within Chelan, Douglas, Grant, and Okanogan counties. Each are managed through a hosting agreement with a local partner in public health within each health jurisdiction. Each Coalition has a representative seat as a voting member of the NCACH Governing Board for a term of three years. To support the efforts of each Coalition and its Governing Board member, each Coalition is led by a local leadership body, who comprise the Coalitions for Health Improvement Leadership Council.

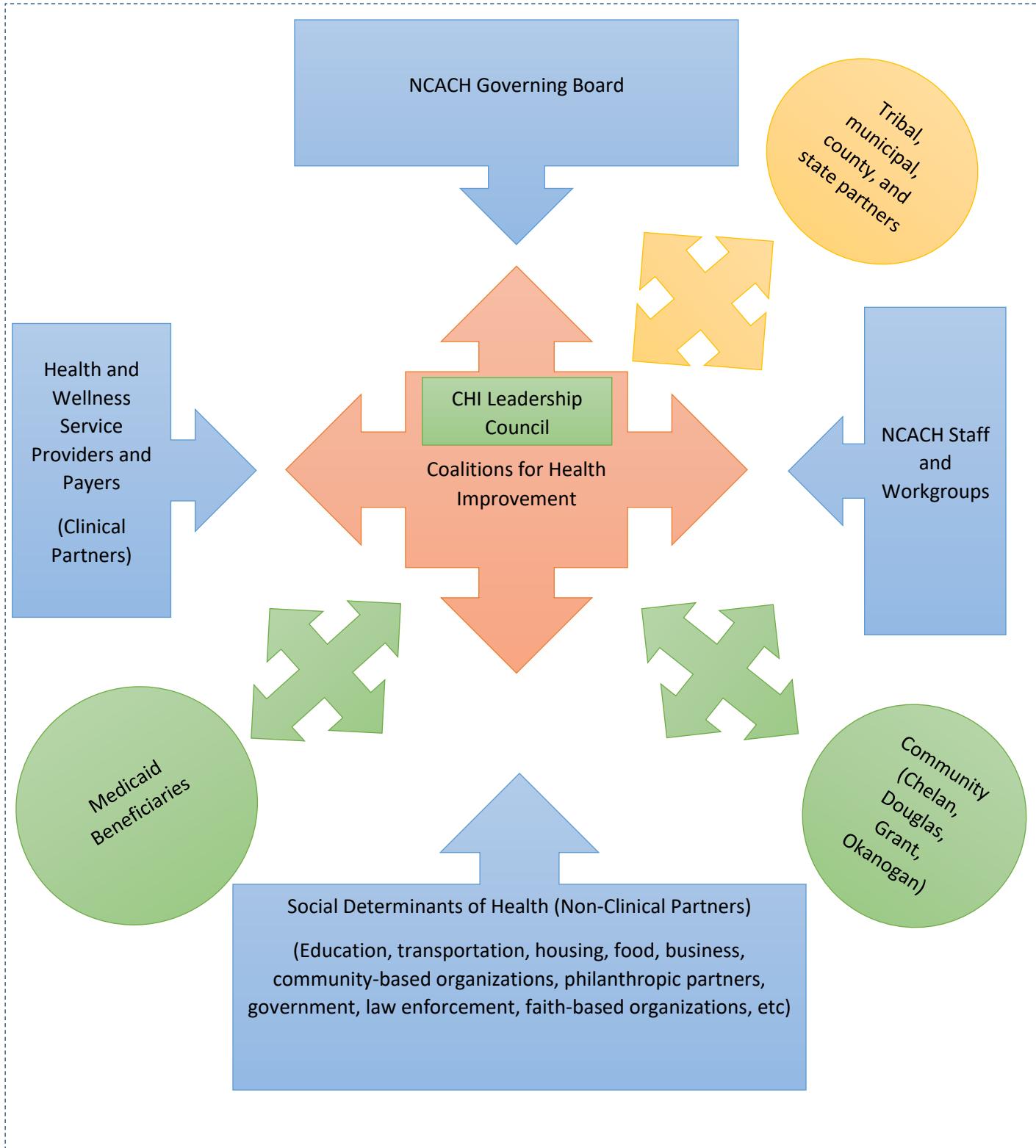
The Coalitions for Health Improvement Leadership Council consists of locally selected CHI members who have signed a membership agreement and are committed to facilitating and coordinating their local Coalition's efforts and goals. The CHI Leadership Council meets on a monthly basis and convenes with the Governing Board as needed.

While anyone can attend a Coalition for Health Improvement, voting is reserved for members and organizations who sign a "Coalitions for Health Improvement Charter and Membership Agreement."



Coalitions for Health Improvement

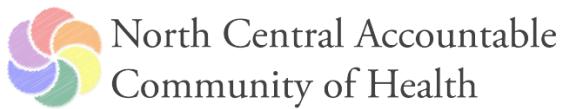
(Within the work of the NCACH Medicaid Transformation Projects)



Medicaid Transformation Project Interactions



The six selected Medicaid Transformation Projects for the North Central Accountable Community of Health were identified through community surveys implemented in 2016. After identifying the projects, the NCACH formed Workgroups consisting of local leaders, providers, and agencies to inform, advise, and design processes to ensure successful and sustainable project delivery across the North Central Region. In 2018, the projects all entered their implementation stages, and are currently on track to receive funding and begin operating as early as June. All of the projects are intended to promote Whole Person Care as a guiding tenant, while improving access and quality of services while reducing excess per capita costs of health care across Chelan, Douglas, Grant and Okanogan counties. The Coalitions for Health Improvement are a critical voice in the project implementation process, and in some cases, can even apply to receive project implementation funding. As the projects progress, the Coalitions for Health Improvement will be a key voice in continuous monitoring and improvement efforts.



North Central Accountable Community of Health's Six Selected Transformation Projects

1. **Bi-Directional Integration** – Address physical and behavioral health needs in one system through an integrated network of providers, offering better coordinated care for patients and more seamless access to the services they need.
2. **Community-Based Care Coordination** – Promote care coordination across the continuum of health for Medicaid beneficiaries, including coordinating with sectors and service providers within the Social Determinants of Health.
3. **Transitional Care** – Improve transitional care services of Medicaid beneficiaries moving from intensive medical care or institutional settings (including correctional or in-patient facilities.) Improvement to these services will lead to a reduction of avoidable hospital utilization and ensure people are getting the right care in the right place.
4. **Diversion Interventions** – Implement diversion strategies to promote more appropriate use of emergency care services and person-centered care through increased access to primary care and social services, especially for medically underserved populations. Target populations include those who present at the Emergency Department or access EMS systems for a non-emergency condition, or Medicaid beneficiaries with mental health and/or substance abuse conditions coming into contact with law enforcement.
5. **Addressing the Opioid Use Public Health Crisis** – Reduce opioid-related morbidity and mortality through strategies that target prevention of opioid misuse, abuse, treatment of opioid use disorder, overdose prevention programs, long-term recovery, and whole person care.
6. **Chronic Disease Prevention and Management** – Improve chronic disease (e.g. heart conditions, asthma, diabetes, obesity, etc.) management and control through the Chronic Care Model (CCM), an organizational approach to caring for people with chronic diseases in a primary care setting.

Possibility Matrix

The “Possibility Matrix” is intended to serve as a guiding tool outlining the realm of possibilities that the CHIs have within their scope, focus, and vision. This is a dynamic list, not comprehensive by any means, and is intended to serve as a strategy resource.

CHI Possibilities	Support from NCACH
Apply for grant funding or other project funding outside of Transformation funding (any chartered member organization can apply for funding with support from the CHI).	<ul style="list-style-type: none">• Support grant funded projects• Write letters of support
Use NCACH to leverage and support passage of local policy and measures that improve population health across the 4 counties, in accordance with our mission, vision, and values.	<ul style="list-style-type: none">• Formalized letters of support from the NCACH Governing Board*• Use our projects and P4P/P4R metrics as evidence to back and support
Leverage CHI Governing Board members to ensure that CHI voice is being represented	<ul style="list-style-type: none">• CHI Board Members can schedule time to review Board motion forms as released in the “Public Packet” with CHI members. Voting CHI members can make recommendations to the CHI Governing Board Member before they vote at the Governing Board level
Engage with Implementation funding (including, but not limited to: applying for Implementation funds; partnering with other organizations receiving Implementation funding)	<ul style="list-style-type: none">• Funding
Serve as local conveners by: <ul style="list-style-type: none">• Fostering strong linkages between local clinical and social service partners through organized trainings, featured partner presentations, identifying gaps in partnership, etc.	<ul style="list-style-type: none">• Site hosting – serve as a robust community resource• Funding• Data



- Promoting education and awareness of what services are provided in your community especially where they intersect and impact each other (to foster collaboration across agencies.)
- Assist with identifying universe of local resources and improving resource directories, to improve access to services for community members. These asset maps could also be built into NCACH's care coordination resources.
- Identifying local social determinants of health opportunities that NCACH should invest in.
- Through community conversations, surface local barriers to whole person care and identify local capacity building investments that NCACH's projects and resources could support
- Build awareness of local Medicaid Transformation implementation efforts by inviting NCACH funded partners from your county to make presentations. Invite feedback from the community to promote continuous improvement.
- Request NCACH staff to provide progress updates around projects, share and explore data (including anecdotal on-the-ground information) to track impact and provide input where we might need to adjust and course correct (in other words, CHI's are a key voice in NCACH's continuous monitoring and improvement efforts)

**To be issued and decided at the discretion of the NCACH Governing Board*