



Chelan-Douglas Health District

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Public Health “Always Working for a Safer and Healthier Chelan County and Douglas County”

November 19, 2015

Chase Napier
Office of Health Innovation and Reform
Washington State Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5502

Dear Chase:

Attached is the North Central Accountable Community of Health Readiness Proposal. It describes in considerable detail the work we have been doing to prepare for designation as an official Accountable Community of Health for the North Central RSA.

As we have often discussed, our region did not begin this journey as early as some of the others. Although a governing structure is up and running, we are still working on issues such as backbone functions and the creation of a non-profit entity to eventually provide them. But I think you will see that we are far enough along to have established a strong foundation for our next steps, along with solid plans on how to achieve them. Key partners are strongly engaged and we have plans for further efforts on engagement as our capacity increases. Small-scale health improvement initiatives were implemented successfully this year, and at its last meeting our Governing Board provided strong direction on the development of broader health improvement initiatives for the coming year. The resource assessment work done in 2015, along with our partners' existing community health needs assessments, puts us in a good position for additional assessment and regional planning in 2016. We have concerns about sustainability, like all the ACHs, but we believe we have established the kind of collaboration among partners that will be an important key to ACH success in the coming years.

If you or others at the Health Care Authority have any questions or need any further information, please do not hesitate to contact me.

All the best –

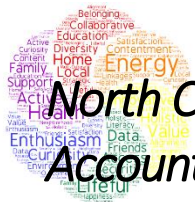
A handwritten signature in blue ink, appearing to read "Barry Kling".

Barry Kling, MSPH
Chair, NCACH Governing Board



ACH Readiness Plan

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CATEGORY 1: GOVERNANCE

A. North Central Accountable Community of Health (NCACH) Governance Narrative

Overview

The current health care system is not designed to optimally use resources to support and maintain individual and community health. Nationally, the United States has the dubious distinction of spending more per capita than any other country on health care while ranking last among industrialized countries in access, equity, quality and healthy lives. In rural areas such as North Central Washington, the shortcomings of the health system are exacerbated by low population density, long distances between services and limited personal income which conspire to make it more difficult to support and maintain healthy people and healthy communities.

Committed to improving the health of their communities and recognizing that fundamental system change is necessary in order for that to happen, local leaders—including health leaders, elected leaders, business leaders and others—were drawn to the state’s Healthier Washington initiative. Built on the Triple Aim and designed around the twin concepts of incentivizing value (health) over volume and focusing on local community engagement through accountable communities of health, Healthier Washington offered a framework for addressing the health needs of the communities of North Central Washington.

To create the organizational capacity for system change, we brought together a coalition of leaders from a broad array of organizations and communities committed to improving community health. Those leaders—with ongoing input from the larger community—designed a three-pronged governance structure that is both broadly inclusive and yet able to make decisions and get work done. Key elements of that structure are:

- **Board of Directors** that strikes the balance of broad health sector and geographic representation while remaining small enough (15 members) to be nimble;
- **Coalitions for Health Improvement (CHI)**. Three coalitions, one in each of the three public health jurisdictions in North Central Washington, will both provide the vehicle for development of local health improvement initiatives and inform the broader regional health conversation; and the
- **Leadership Council** of community members who represent perspectives that impact the health of the community (such as housing, education, business, transportation) and without whom real health status improvement would be impossible.

The Board of Directors has been formed and all but two members have been appointed. The Coalitions for Health Improvement have been meeting regularly with several health improvement initiatives underway and plans for the Leadership Council are being finalized. This Readiness Proposal outlines the work ahead to formally establish the organization



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(Incorporation, 501(c) (3) status, bylaws) fill out and populate the structure, and formalize the work plan, budget and funding sources for the improvement work ahead.

Additional detail can be found in the following documents:

- NCACH Governance Charter
- NCACH Organizational Chart
- NCACH **DRAFT** Bylaws

B. NCACH Governance Charter-Original

July 8, 2015

Purpose of This Charter

This North Central Accountable Community of Health (NCACH) Governance Charter was developed by the Leadership Group after an earlier version was shared and discussed widely among NCACH partners in the spring of 2015. This charter does not address every important issue related to NCACH governance; for example, it does not include complete by-laws for the Governing Board or Leadership Council. Many of those issues are best addressed by the Governing Board and Leadership Council once they are in place. This document is meant to provide a good basis on which the Leadership Group can establish the Governing Board as soon as possible. At that point the Leadership Group will disband and the Governing Board will take over leadership of the NCACH. The primary objectives of the Governing Board for the rest of 2015 will be to firmly establish the governance structure and prepare for official designation as an ACH in late 2015.

NCACH Purpose and Rationale

The purpose of the North Central Accountable Community of Health is to improve the health of our communities in Okanogan, Grant, Chelan and Douglas Counties through achievement of the Triple Aim, which includes:

- Improving patient care, including quality and satisfaction;
- Reducing the *per-capita* cost of health care, and;
- Improving the health of the population.

There is a diversity of opinion in North Central Washington about health care reform, but one common principle informs NCACH's work: major changes are coming to our health care system, and it is critical for our communities to have a strong voice in that process. NCACH is the primary vehicle through which our communities can be heard and can participate in the process of change.



North Central **Accountable Community of Health**

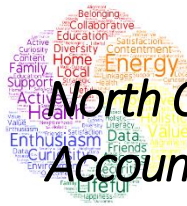
Guiding Principles

1. To achieve the changes needed for improvement in the health and health care of our communities, purposeful collaboration between health care, social service, government, education, business and community-based sectors is required.
2. To be successful, communities must be engaged to shape their goals and strategies for community health improvement. Thus, our governing and decision making bodies will include substantial representation from outside the medical care delivery sector. Members will be drawn from public health, education, social services, community-based organizations, business, government, tribes and other community leaders, as well as from the long-term care, medical, and behavioral health care delivery systems, including health plans and purchasers, hospitals, primary care and specialty providers.
3. Significant, even disruptive change is already beginning in our health care system. The way health care is currently organized and delivered will not be effective in achieving our shared aims. We recognize that in order to be successful as an ACH some of our strategies must focus on: a) improving connections between health care systems and the community, and b) giving people the tools needed to help them make informed and responsible decisions about managing their own health. The region already includes provider organizations that are leading these changes and are committed to providing continued leadership in transforming our care delivery system.
4. Reform efforts will present serious challenges, and in some cases even survival threats, to health care organizations in this region. Providers in rural areas face challenges different from those seen in more densely populated areas. An important purpose of NCACH is to assure that rural providers and health care organizations in this region have a voice in upcoming health system changes, and that the needs of rural communities are recognized as state, regional and local health care system decisions are made.
5. To improve overall community health we need to address upstream determinants of health and health disparities, and strengthen the system of home and community based supports that can stabilize the health of our most vulnerable community members. Given that most drivers of health occur outside the health care delivery system, significant improvements in community-based prevention are needed if we are to sustain health care savings in the long run.
6. A substantial percentage of the savings from population health improvement and health care delivery system improvement should be invested in effective community-based prevention programs and initiatives identified at the local level through community health improvement plans and other efforts.



- ## Governance Structure

1. The **Governing Board** will be the primary decision making body of the ACH. The Governing Board will establish standing committees for critical functions.
2. The **Leadership Council** will consist of region-wide representatives from relevant constituencies such as primary care, specialty medicine, dentistry, behavioral health, social services, long term care, the business community, consumers and others. The purpose of the Leadership Council is to provide to the Governing Board advice from a broad range of stakeholders on matters that affect the health of people in the region. The Governing Board is required to consult the Leadership Council on significant decisions, and the Governing Board will also include two non-voting Leadership Council representatives to assure that the Leadership Council has a voice in all Governing Board discussions. Any interested partner will be able to join the Leadership Council by signing an agreement accepting basic member responsibilities.



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3. **The Coalition for Health Improvement** in each public health jurisdiction (Okanogan, Grant and Chelan-Douglas) is a broad-based local community coalition intended to assure the engagement of a wide variety of partners in the work of the ACH. Its functions will include input to the Governing Board on major ACH activities including needs assessment and the meaning of local health data; community health improvement plans and priorities; health improvement initiatives; delivery system transformation; and other aspects of the ACH's efforts to achieve the triple aim.

A Backbone Organization will be formed or identified during 2015 to provide administrative support and infrastructure for the work of the ACH. If an existing organization is selected to function as the backbone organization, it will be necessary for the host organization to agree that the Governing Board will control ACH functions, funds and staffing. The Governing Board will establish the process and criteria for backbone selection soon after its establishment.

Governing Board Membership

Initial board membership will include the types of members listed below. Governing Board terms will last for three years, but initial appointments will be for terms of different lengths to avoid simultaneous turnover of the entire board. Before the end of each term, the group making the initial appointment will be asked to select a member for the next term. No member may serve more than three consecutive three-year terms.

Behavioral Health (1 representative, two-year initial term. Nominated by the Medicaid mental health and chemical dependency treatment contractors from the four counties, selected by Leadership Group.)

Confluence Health (2 representatives, one for Central Washington Hospital, one for primary care, selected by Confluence CEO; three year initial term for CWH representative, one year initial term for primary care representative.)

Public Hospitals (2 representative, selected by the CEOs of NCACH public hospitals, one seat with an initial term of three years and the other with an initial term of one year.)

Federally Qualified Health Clinics (1 representative, selected by NCRSA FQHC CEOs, two year initial term.)

Business Community (1 representative, selected by the Leadership Group with input from business leaders in the region, initial term three years.)



Education (1 representative, selected by NCESD Superintendent, 3-year initial term.)

Area Agency on Aging (1 representative, selected by Aging and Adult Care director, 2-year initial term.)

Medicaid Managed Care Organizations (1 representative, selected by MCOs doing business in the region, two year initial term.)

At-Large Seat (1 representative, initial 1 year term, selected to help balance the board in terms of geographic representation or other important factors)

Total Voting Members: 15

The Governing Board will elect officers (Chair, Vice-Chair, Treasurer and Secretary) who will form an Executive Committee, which will make operational decisions for the ACH on a week-by-week basis. Policy and major priority decisions will be made by the Governing Board. Terms for Executive Committee positions are two years, with no members serving in the same position for more than two consecutive terms.

Once established, the Governing Board will assume responsibility for achieving the objectives of the HCA Design Grant in 2015. These include establishment of the Leadership Council, continued development of the Coalitions for Health Improvement, implementation of two small health improvement initiatives related to diabetes care and prevention, the



By-Laws

- Establish board membership and selection as described above, including terms and term limits.
- Establish an executive committee as described above, including terms and term limits.
- Require regular attendance (in person or via remote connections approved by the board) by members at Board meetings and provide for replacement of members not able to attend regularly. Attendance by a non-voting alternate will be encouraged when a regular member cannot attend. An absent member may arrange for a proxy vote by notifying another member in writing in advance, but the absence will still be counted against the attendance record of the absent member.
- Establish the principle of open meetings and transparency.
- Establish the following decision process:
 1. Every effort will be made to resolve Governing Board decisions by consensus. Consensus is defined as the unanimous agreement of the members.
 2. If a Governing Board members cannot support an emerging agreement of the group, the member is obligated to make his or her concerns known, and the rest of the group is obligated to listen with an interest in resolving these concerns. Members are expected to work to address the concerns, including asking the concerned party to clarify any underlying interests or other dynamics that could be interfering with an agreement. All Committee members are obligated to try to find an alternative that meets the interests of the concerned party as well as their own.
 3. If the Governing Board makes a good faith effort to achieve consensus but finds that consensus is not possible, the decision will be submitted to a vote of the Board and decided by a simple majority of members present, provided there is a



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quorum. Robert's Rules of Order will be used to facilitate Governing Board decision making.

4. The Governing Board shall seek Leadership Council input on matters of substance prior to making decisions. Leadership Council input will be provided by vote of the Council whenever that can be achieved within a reasonable period of time, and in other cases will be provided by the non-voting Leadership Council representatives on the Governing Board. Leadership Council input may include one or more minority reports on an issue, to assure that the views of all groups are heard. Matters of substance include, but are not limited to, allocation of NCACH or other resources, by-laws changes, changes in the make-up of the Governing Board, and the approval of major contracts.
- The Governing Board will oversee development of appropriate by-laws or charters for the Leadership Council and the Coalitions for Health Improvement.

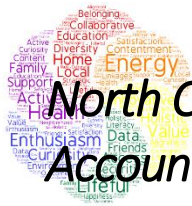
Re-evaluation in late 2015

Because the roles and functions of an ACH are evolving, the Governing Board will re-evaluate its composition by the end of 2015 and annually thereafter, and will include a revised plan for the Board's composition in its ACH designation proposal to HCA.

Governing Board Member Obligations and Group Norms

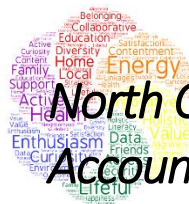
Members of the Governing Board must agree to:

1. Participate in Board decisions with the health of the region's people uppermost in mind, rather than narrowly representing a sector, employer or geographical area.
2. Be open with other members of the Board when professional or personal commitments complicate or affect decisions faced by the Board.
3. Fairly and respectfully consider the views and perspectives of others on the Board and others involved in the ACH effort.
4. Work to communicate regarding Board decisions and issues with stakeholder groups, and especially with any group or sector the board member represents on the Board.
5. Attend meetings as regularly as possible, sending an appropriate non-voting alternate when unable to attend.



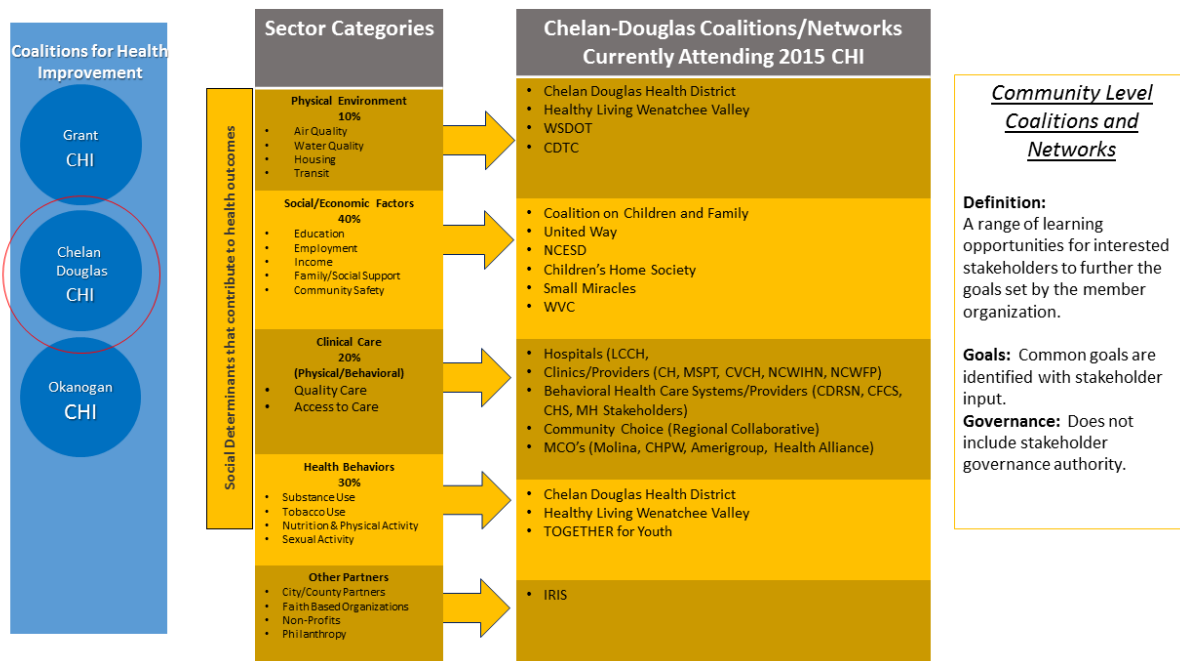
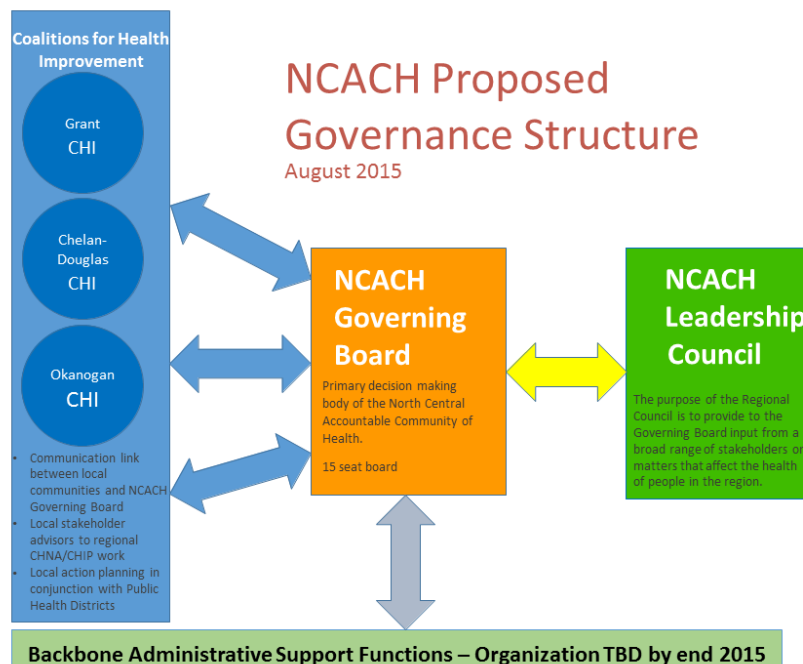
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6. Come to Board meetings having prepared by reading related materials and consulting colleagues and others as needed about issues addressed by the Board.



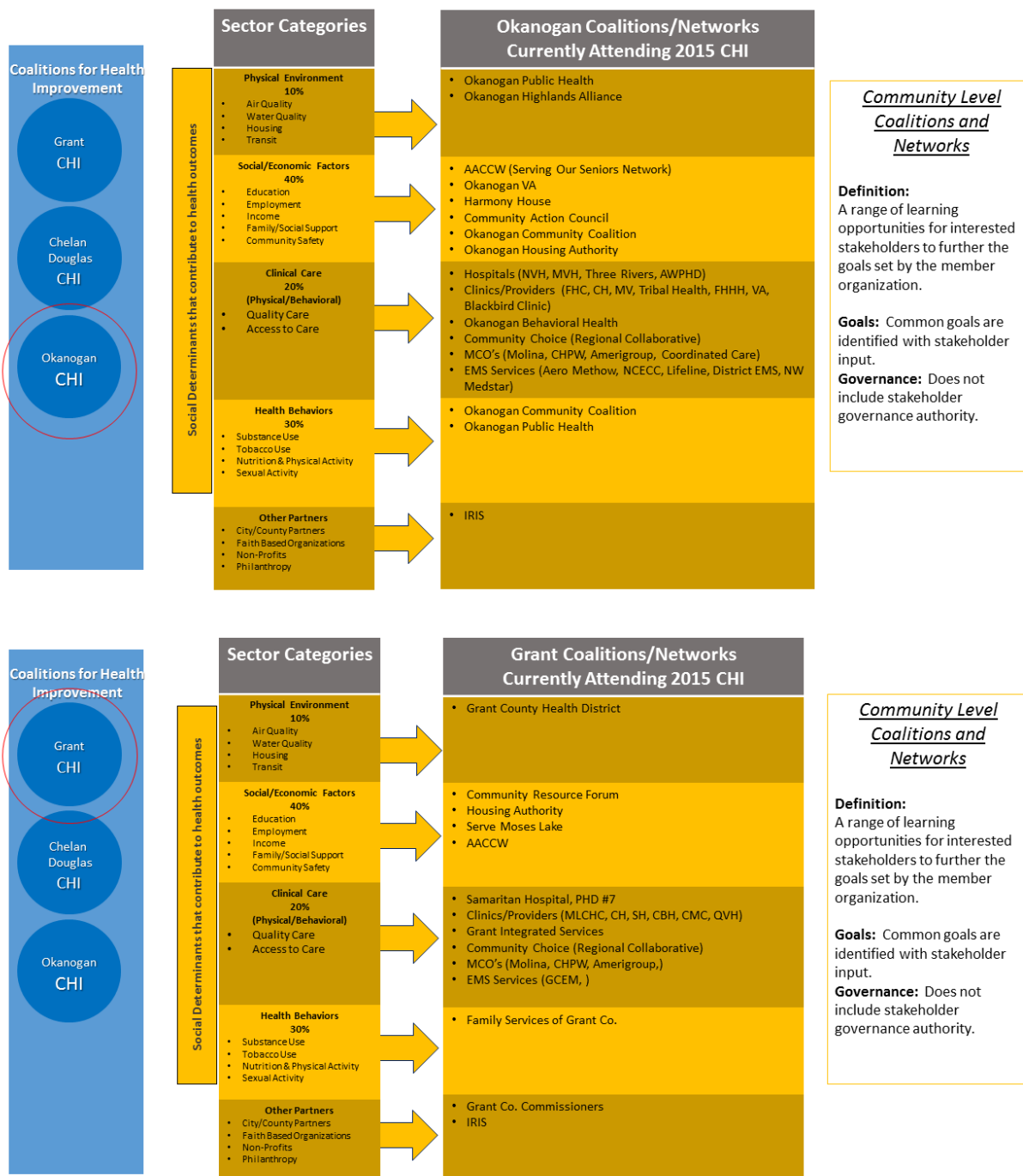
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C. NCACH Organizational Chart





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Community Level Coalitions and Networks

Definition:
A range of learning opportunities for interested stakeholders to further the goals set by the member organization.

Goals: Common goals are identified with stakeholder input.

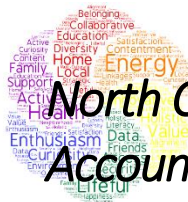
Governance: Does not include stakeholder governance authority.

Community Level Coalitions and Networks

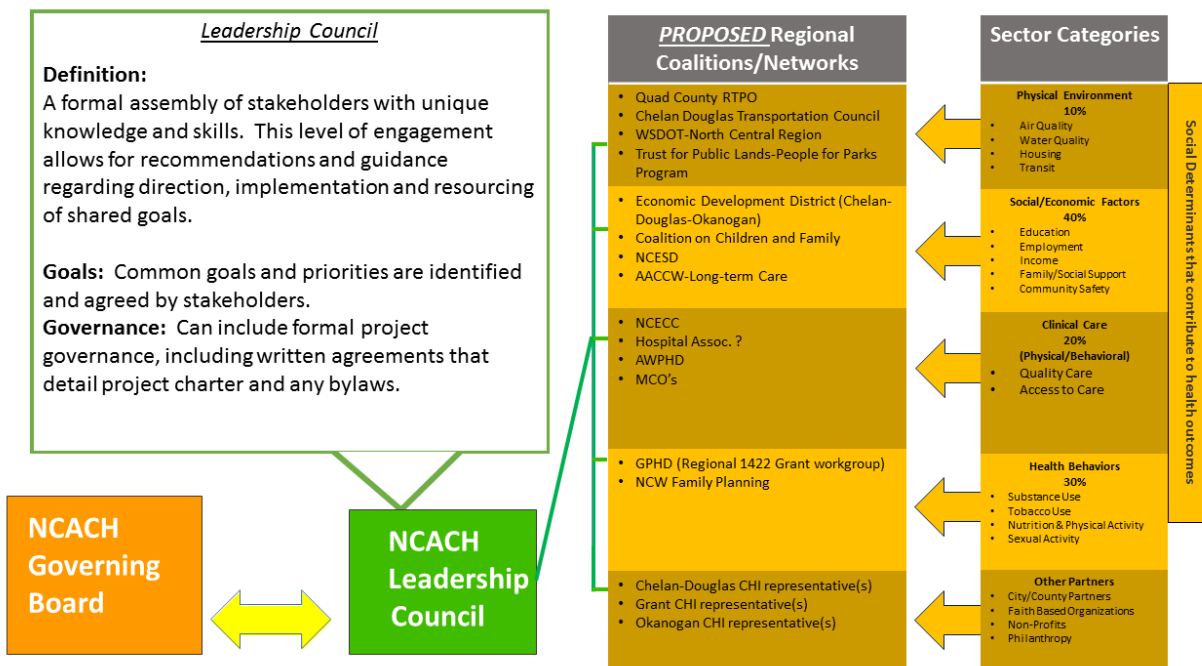
Definition:
A range of learning opportunities for interested stakeholders to further the goals set by the member organization.

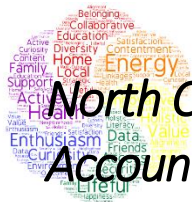
Goals: Common goals are identified with stakeholder input.

Governance: Does not include stakeholder governance authority.



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D. NCACH **DRAFT** By-Laws:

DRAFT BYLAWS OF

The North Central Accountable Community of Health (North Central ACH).

Adopted _____, 2015

ARTICLE I OFFICES

1.1 Registered Office. The registered office of the North Central ACH shall be located in the State of Washington at such place as may be fixed from time to time by the Board of Directors known as the Governing Board upon filing of such notices as may be required by law. The North Central ACH is legally organized as a XXXXX. (TBD by the Board. Language regarding filing should also be included once a decision on form is made.)

ARTICLE II ORGANIZATION MISSION

To continually improve the health of our communities and the people who live in them, improve health care access, quality, and the experience of care, and lower per capita health care costs in the North Central region which includes Chelan, Douglas, Grant and Okanogan counties.

ARTICLE III NO MEMBERS

The North Central ACH shall have no members but shall be governed by the Governing Board.

ARTICLE IV GOVERNANCE

4.1 GOVERNANCE STRUCTURE

NCACH's governance structure has three main components: A Governing Board, a Leadership Council and Coalitions for Health Improvement in each public health jurisdiction.

The Governing Board will be the primary and ultimate decision making body of the North Central ACH.

The Leadership Council will consist of region-wide representatives from relevant sectors such as primary care, specialty medicine, dentistry, behavioral health, social services, long term care, the business community, consumers and others. The purpose of the Leadership Council is to provide to the Governing Board advice from a broad range of stakeholders on matters that affect the health of people in the region. The Governing Board is required to consult with the Leadership Council on significant decisions. The Governing Board will include two non-voting Leadership Council representatives to insure that the Leadership Council has a voice in all Governing Board discussions. Any interested partner will be able to join the Leadership Council by signing an agreement accepting basic member responsibilities.

The Coalition for Health Improvement in each Public Health jurisdiction (Okanogan, Grant, and Chelan-Douglas) is a broad-based local community coalition intended to assure the engagement of a wide variety of partners in the work of the North Central ACH. Its functions will include input to the Governing Board on major ACH activities including needs assessment and the meaning of local health data; community



health improvement plans and priorities; health improvement initiatives; delivery system transformation; and other aspects of the ACHs efforts to achieve the triple aim.

Designated Staff: The Board shall make provision for staff required to carry out the work of the North Central ACH.

4.2 GOVERNING BOARD MEMBERSHIP POWERS AND NUMBER

Membership on the Governing Board will be drawn from organizations and communities and will include substantial representation from outside the medical care delivery sector. Members will be drawn from public health, education, social services, community based organizations, business, government, tribes and other community leaders, as well as from the long-term care, medical and behavioral health care delivery systems, including health plans and purchasers, hospitals, primary care and specialty providers.

Power. Management of all the affairs, property and interest of The North Central ACH shall be vested in the Governing Board. In addition to the powers and authorities expressly conferred upon it by these Bylaws and any future Articles of Incorporation, the Governing Board may exercise all such powers of the North Central ACH and do all such lawful acts and things as are authorized by HB 2572. Whenever applicable, the Governing Board will endeavor to create Bylaws, policies, procedures and strategies which are consistent with the Governance Charter and Guiding principles which, although not a part of the Bylaws, are attached for reference.

Number. The number of members shall be determined from time to time by a vote of the Governing Board but shall never be less than eleven (11) nor more than nineteen (19). The number of the Governing Board may, at any time, be increased or decreased by amendment of these Bylaws, but no decrease shall have the effect of shortening the term of any incumbent Governing Board member.

Appointment of Governing Board Membership. The Executive Committee, or a nominating group appointed by the Executive Committee of the Governing Board, shall nominate potential members to the Governing Board and shall forward the list of nominees to the Governing Board for consideration. The Governing Board approves membership to the Governing Board.

4.3 GOVERNING BOARD: MEMBERSHIP COMPOSITION

Governing Board shall consist of community leaders, representatives of key community institutions and others who are considered representative of the North Central region and interested in community healthcare access improvement issues. The Governing Board shall reflect the breadth and diversity of the community and will include representatives from a variety of sectors. The Governing Board composition includes representation from the sectors listed below, although, if appropriate, can be expanded to include additional sectors by a vote of the Governing Board.

The sectors represented on the Governing Board are:

- a) Behavioral Health (1 representative; two-year initial term)
- b) Confluence Health (2 representatives; one for Central Washington Hospital – three year initial term; and one for Primary Care – one year initial term).
- c) Public Hospitals (2 representatives; one seat with an initial term of three years and the other with an initial term of one year).
- d) Federally Qualified Health Clinics (1 representative; three year initial term)
- e) Business Community (1 representative; three year initial term)
- f) Elected Officials (1 Ex Officio voting member; no term limit)
- g) Education (1 representative; three year initial term)
- h) Public Health (1 representative; one year initial term)



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- i) Area Agency on Aging (1 representative; two year initial term)
- j) Hispanic Community (1 representative; three year initial term)
- k) Medicaid Managed Care Organizations (1 representative; 1 year initial term)
- l) Tribal Representative (1 representative; two year initial term)
- m) At-large Seat (1 representative; 1 year initial term)
- n) Leadership Council Representative (2 representatives; non-voting, one seat for a three year initial term; the other for a one year initial term).

Governing Board members may be assigned to represent more than one sector.

Vacancies. All vacancies in the Governing Board, whether caused by resignation, change in employment, death or otherwise, may be filled by an affirmative vote of the majority of the remaining members, even though less than a quorum of the Governing Board. A member elected to fill any vacancy in the Governing Board shall hold office for the unexpired term of his or her predecessor and until a successor is elected and qualified.

North Central ACH staff will maintain a list of Governing Board Membership by Sector, and notify the Nominating Committee in the event of vacancy or lack of appropriate sector representation, as directed by the North Central ACH Health Policy and Procedure Manual.

4.4 GOVERNING BOARD: ROLES AND RESPONSIBILITIES

Governing Board members are chosen in part because of the organizations or communities they represent. It is appropriate for them to assure that the views and interests of those they represent are included in North Central ACH discussions. When making decisions, Governing Board Members must consider issues from a regional perspective, rather than from the narrower perspective of their organization, affiliations or localities.

Sector representation is primary but Chelan, Douglas, Grant & Okanogan counties will each have at least one member on the Governing Board who lives and works in that county.

Removal. Governing Board members are expected to regularly attend Governing Board meetings. Members shall notify North Central ACH Staff if they will not be able to attend scheduled meetings of the Governing Board. Absences from one-half of the regularly scheduled meetings in any given calendar year may be grounds for removal at the discretion of the Governing Board.

North Central ACH Staff will maintain a list of Governing Board Member attendance, and report, as necessary to the Steering Committee, as directed by the North Central Accountable Community of Health Policy and Procedure Manual.

ARTICLE V GOVERNING BOARD: TERMS IN OFFICE

Term of Office. Governing Board members other than Medicaid Managed Care Organization representatives shall be elected to serve for a term of three (3) years, provided however initial terms for members shall be for one (1), two (2) and three (3) years, as described in Section 4.2. With the exception of Medicaid Managed Care Organization sector, terms are renewable up to three consecutive terms, and members may serve no more than three consecutive terms unless they have been appointed by a Tribe. Medicaid Managed Care Organizations have agreed to rotate their sector representative on an annual basis.



ARTICLE VI

Voting and Non-Voting Members. Non-Voting Members have the same duties and rights as all other members of the Governing Board with the exception of voting. Non-Voting Members are bound by the same procedures and rules as all other members of the Governing Board.

Medicaid Managed Care Organization Representation. Medicaid MCOs, as a sector, are limited to one (1) vote. The Plans will assume responsibility for developing internal voting mechanisms to allow participation without impacting the dynamics of Governing Board meetings. The Governing Board reserves the right to change this arrangement if at any time it is deemed to not be in the best interest of effective governance of the North Central ACH.

North Central ACH Staff will maintain a list of Voting and Non-Voting Members by sector, as directed by the North Central Accountable Community of Health Policy and Procedure Manual.

Governing Board Decision Making: Every effort will be made to achieve Governing Board decisions by consensus. Consensus is defined as the unanimous agreement of the members.

If a Governing Board Member cannot support an emerging agreement of the group, the member is obligated to make his or her concerns known, and the rest of the group is obligated to listen with an interest in resolving these concerns. Members are expected to work to address the concerns, including asking the concerned party to clarify any underlying interests or other dynamics that could be interfering with an agreement. All Governing Board Members are obligated to try to find an alternative that meets the interests of the concerned party as well as their own.

If the Governing Board makes a good faith effort to achieve consensus but finds that consensus is not possible, the decision will be submitted to a vote of the Governing Board and decided by a simple majority of Governing Board Members present, providing there is a quorum.

Rules of Procedure. The rules of procedure at meetings of the Governing Board and committees of the Governing Board shall be rules contained in Roberts' Rules of Order on Parliamentary Procedure, Newly Revised, so far as applicable and when not inconsistent with these Bylaws, the Articles of Incorporation or any resolution of the Board.

Regular Meeting. Regular meetings of the Governing Board shall be held within the State of Washington at such place as may be designated by the Governing Board from time to time. The Governing Board shall be required to meet a minimum of four (4) times per year. Provisions for electronic participation in Governing Board meetings shall be determined by the Governing Board.

Special Meeting. Special meetings of the Governing Board may be called at any time by the Chair or upon written request by any five (5) Governing Board members. Such meeting shall be held at such place as the Governing Board may, from time to time, designate.

Annual Meeting. The Governing Board will designate one of its meetings as the “Annual Meeting”. Annual appointment of Governing Board members to fill expiring terms and the election of officers will occur at the Annual Meeting.

Notices. Notices of all regular and special meetings of the Governing Board shall be given to each Governing Board member with no less than three (3) days' prior notice of the same by e-mail, fax, letter or personally. Such notice need not specify the business to be transacted at, or for the purpose of the meeting. Whenever possible, notice at least 30 days prior to Governing Board meetings will be provided.



Proxy. Voting can be executed by utilization of Limited Proxy in the event that a Governing Board member is unable to attend a meeting. North Central ACH Staff will develop a procedure for voting by proxy to be approved by the Governing Board.

Documentation of Governing Board member electronic votes shall be maintained by North Central ACH Staff, and be made available for review, upon request by any Governing Board member. Governing Board approved policies with respect to Quorum and Proxy are also applicable in the event of electronic transmission of votes.

Action by Governing Board Members Without a Meeting. Any action required or permitted to be taken at a meeting of the Governing Board or a Committee thereof may be taken without a meeting through written notification, setting forth the action so to be taken, signed by all of the Governing Board members or all the members of the relevant Committee, as the case may be.

Additional Governing Board Responsibilities. The Governing Board shall also have the discretion, responsibility and powers to address at least the following when establishing policy and direction for the North Central ACH:

- A. Oversee and facilitate a community based process intended to improve healthcare access in Chelan, Douglas, Grant & Okanogan counties.
- B. Assess health care issues from a community-wide perspective, with the health of the region's people uppermost in mind, rather than narrowly representing a sector, employer, or geographic area.
- C. Approve an annual budget and provide financial oversight
- D. Insure legal and ethical integrity in all its dealings and maintain accountability with regard to its purposes.
- E. Determine, carry out, evaluate and revise the North Central ACH's strategic priorities to fulfill the North Central ACH's mission and purpose.
- F. Enhance the North Central ACH's public awareness
- G. Respond to requests from State Agencies, such as the Health Care Authority, and elected officials in ways that are consistent with these Bylaws, the Mission of the North Central ACH and the best



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health interests of the people of Okanogan, Grant, Douglas and Chelan Counties,

ARTICLE VII

OFFICERS The officers of the North Central ACH shall be the Chair, Vice-Chair, Secretary, and Treasurer. All officers shall be elected for a term of two (2) years by the majority vote of the Governing Board. Such officers shall hold office until their successors are elected and their terms begin.

Chair. The Chair shall preside at all meetings of the Governing Board and shall have general supervision of the affairs of the North Central ACH, including the Staff. The Chair shall plan Governing Board agendas and programs. The Chair shall preside at all Governing Board and Executive Committee meetings. The Chair shall act as a spokesperson for the North Central ACH as required and shall carry out such other duties as are incident to the office or are properly required of an effective Chair or the Governing Board.

Vice-Chair. During the absence or disability of the Chair, the Vice-Chair shall exercise all of the functions of the Chair. The Vice-Chair shall have such powers and discharge such other duties as may be assigned to him or her, from time to time, by the Governing Board.

Secretary. Shall insure issuance notices for meetings, retain minutes of said meetings and shall make such reports and perform such duties as are incident to the office.

Treasurer. The Treasurer shall have oversight responsibilities of all monies and insure regular books of accounts. They shall help insure the fiscal integrity of the North Central ACH by overseeing financial activities and advising the Governing Board on its fiscal responsibilities.

Executive Committee: The officers (Chair, Vice-Chair, Treasurer and Secretary) will constitute the Executive Committee which will make operational decisions for the North Central ACH on a week-by-week basis. A majority of the Executive Committee membership shall be sufficient to constitute a quorum for the transaction of business.

The Executive Committee is responsible for:

- working with the Chair and North Central ACH Staff to carry out the ongoing issues business of the organization, including follow-up on any matters as requested by the Governing Board, and,
- deciding on pressing matters of business which may arise between regularly scheduled North Central ACH Governing Board meetings which require a decision before the next meeting.
- additional duties as delegated by the North Central ACH Governing Board

The Executive Committee shall meet on a regular basis and shall inform the governing board of all decisions made, and shall present all recommendations and actions for review and approval by the North Central ACH's Governing Board at their next meeting.

Delegation. If any officer of the North Central ACH is absent or unable to act and no other person is authorized to act in such person's place by the provision of these Bylaws, the Governing Board may, from time to time, temporarily delegate the power or duties of such officer to any other Governing Board member. If the officer is permanently unable to carry out the assigned duties, the Governing Board will appoint an individual to fill the remainder of the unexpired term as soon as reasonably possible.

Vacancies. Vacancy in any office arising from any cause may be filled by the Nominating Committee putting forth a candidate to serve through the remainder of the unexpired term for temporary approval by the Executive Committee. Such appointments must subsequently be approved by a majority vote of the Governing Board at its next scheduled meeting.



Removal. The officers of the North Central ACH shall hold office until their successors are chosen and their terms begin.

Governing Board members are expected to serve on standing committees or workgroups as required to carry out the duties of the North Central ACH. The Governing Board may appoint, from its own numbers, standing or temporary committees. No Committee or workgroup shall have the authority of the Governing Board in reference to amending, altering or appealing Bylaws, electing, appointing or removing any members of the Governing Board; amending the Articles of Incorporation; authorizing sale, lease or exchange of assets of the organization; or authorizing the involuntary dissolution of the organization.

NOMINATING COMMITTEE ROLE & RESPONSIBILITIES

GENERAL COMMITTEES OR WORK GROUPS

All Committees or workgroups so appointed shall be chaired by a member of the Governing Board. North Central ACH Staff will keep regular minutes of their meetings and shall insure that their records are maintained in a central location and available to the North Central ACH. The designation of any such Committee and the delegation of authority shall not relieve the Governing Board, or any member thereof, of any responsibility imposed by law.



ARTICLE VIII FINANCIAL POLICY

Remuneration. No salary or other compensation shall be paid to Governing Board members or Committee members. However, with the prior approval of the Executive Committee, Governing Board members may be reimbursed for reasonable travel, food and lodging expenses when traveling on pre-authorized business of the North Central ACH. The Governing Board shall approve policies and procedures for the reimbursement of travel expenses.

Loans. No loans shall be made on behalf of the North Central ACH and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Governing Board. Such authority may be general or confined to specific instances.

Loans or Extensions of Credit to Governing Board or Committee Members. No loans shall be made and no credit shall be extended to any Governing Board or Committee member or member of any of the governance structures of the North Central ACH.

CONFLICT OF INTEREST POLICY

Conflict of Interest. The North Central ACH shall at all times have a conflict of interest policy and statement which shall be approved by the Governing Board. All Governing Board members will be required to sign the approved Conflict of Interest Statement on an annual basis. The Governing Board, at its discretion, may require signed Conflict of Interest Statements from other persons participating in governance or other work of the organization. Failure to provide a signed form may be considered by the Board as grounds for dismissal from the Governing Board or other North Central ACH sanctioned duties.

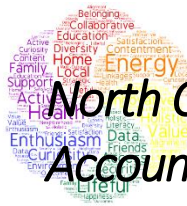
North Central ACH Staff will maintain the signed Conflict of Interest Statements, as directed by the Governing Board and the North Central ACH Policy and Procedure Manual.

ARTICLE IX AMENDMENTS

The Governing Board shall have the exclusive power to make, alter, amend and/or repeal any or all of the sections of the Bylaws of the North Central ACH. However, the Governing Board may not approve any such alteration, amendment or repeal without approval of two-thirds of the entire Governing Board.

Attest:

_____, Secretary



North Central Accountable Community of Health

CATEGORY 2: MEMBERSHIP ROLES AND RESPONSIBILITIES

A. NCACH Membership Narrative

North Central ACH continues to approach development and governance of the Accountable Community of Health differently from some of the state's other multi-county regions. It is recognized that the local, community level is where innovation is possible, where new healthcare delivery solutions can be tested, improved and achieve success in this geographically large Regional Service Area. Therefore, local level stakeholder engagement continues to be the core strategy of the North Central ACH.

Stakeholder engagement is most broad at the county level Coalitions of Health Improvement (CHI) where 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 meet quarterly. This county-up approach has been effective in producing the strong base of support needed for a viable regional effort and we believe this continues to be more effective for our region than a top-down approach.

In 2014 the Community of Health work was coordinated by a Leadership Group made up of diverse regional stakeholders. This group continued to manage the 2015 Design Grant process up until a more formal governance structure was established. The NCACH Governing Board was established in the first half of the 2015 work. This board includes representation of multiple sectors yet remains small enough to function effectively as a decision making body. The Leadership Group held a board orientation in early July 2015 after which time the NCACH Governing Board assumed the governance of the NCACH. The 15-voting and 2-non-voting member board meets monthly and continues the planning and implementation that was begun in 2014.

With a regional governing board in place and the three county level CHIs established, the final step for NCACH organizational development is to create a regional Leadership Council. The two non-voting seat representatives for the NCACH Governing Board, both members of the original COH Lead Group, are in the process of leveraging existing relationships and reaching out to new partners to form the NCACH Leadership Council. This council will ensure diverse stakeholder participation in further NCACH planning and development.

Future modifications to the governance structure of NCACH will continue to be iterative in nature and driven by the broad membership base of the NCACH. The increased



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collaboration needed for success in creating lasting change in our locally delivered network of health.

Additional detail can be found in the following documents:

- NCACH Membership Roster
- NCACH Conflict of Interest Section of the NCACH *DRAFT* Bylaws
- Leadership Council Charter
- County CHI Charter
- Membership Rosters

B. Leadership Council Charter

Leadership Council *DRAFT* Charter

Purpose

The purpose of the Regional Council is to provide to the Governing Board support and recommendations from a broad range of stakeholders on matters that affect the health of people in the region.

Size/Composition/Member Selection:

It will consist of region-wide representatives from relevant constituencies such as medicine, hospitals, dentistry, behavioral health, social services, long term care, housing, education, local governments, public health, the business community, consumers and others. Members will be selected from each of the Coalitions for Health Improvement (CHI) and other pre-existing coalitions operating in North Central Washington with the goal of creating comprehensive geographic and sector representation. In addition, any interested partner will be able to join the Leadership Council by signing an agreement accepting basic member responsibilities will be invited to attend.

Role of the Leadership Council

The Governing Board is required to consult the Leadership Council on significant decisions, and the Governing Board will also include two non-voting Leadership Council representatives to assure that the Leadership Council has a voice in all Governing Board discussions. In addition, the Leadership Council will:

- a) Support/facilitate the development of Community Health Needs Assessments in each CHI and to collaborate on an ACH-wide CHNA
- b) Help in interpreting health indicator data and identifying high-priority needs to be addressed
- c) Contribute to the development of an ACH-wide Community Health Improvement Plan and in the implementation of that plan



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- d) To represent the CHIs and other coalitions at the ACH board by bringing information, requests, and advice to the ACH board
- e) To support/facilitate collaboration and coordination efforts led by the CHIs and other regional coalitions

C. CHI Charter

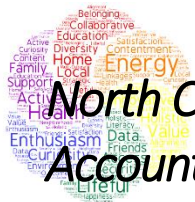
Coalitions for Health Improvement (CHI) Charter

In order to improve health at the community level, it is important for the regional ACH to secure local community buy-in and support. This will be accomplished in part through regularly planned county-level Coalitions for Health Improvement meetings. The NCACH will consist of **three** CHI, one in each public health jurisdiction of Grant, Chelan-Douglas and Okanogan counties.

It will be important for these CHI to have local autonomy and to coordinate their collective efforts closely with regional efforts to maximize our investments and learning opportunities in the NCACH. Each county coalition will strive to include diverse representation of multi-sector and non-traditional partners, i.e., those beyond the health care community. It is also important that towns/communities be represented on each CHI.

Role of CHI:

1. Communication link between local communities and Regional NCACH councils and board is advised to have 3 or more representatives from each county CHI sit on the Leadership Council.
2. Bundle data and stories for use in the Community Health Assessment completed every 3 years with Community Health Improvement Plan advisors and data analysts.
 - a. With the ACA requirement of CHNA/CHIP by non-profit hospitals moving forward, these CHIs will serve as the natural stakeholder advisors for each local CHNA/CHIP process.
 - b. It should be considered to coordinate future CHNA/CHIP timelines to align with a regionally published CHNA/CHIP. This collective effort will eliminate any duplication of efforts and will be useful in informing the work of the health improvement project workgroups and provide a “purpose” for the groups that will be more tangible in the near-term.



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3. Local action planning in partnership with Public Health Districts that aligns with Shared Regional Priorities

North Central Accountable Communities of Health *County Coalition for Health Improvement Meetings*

Timing: 2-hour meetings will be scheduled in Mar, July, Sept, and Dec

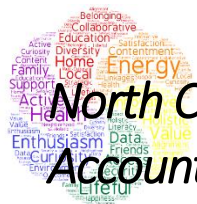
Invitees: Past attendees plus others invited to participate in NCACH at local/regional level.

General Agenda template for consistent communication:

1. Welcome/introductions
2. ACH Process Updates
 - a. Reports from Lead Group/Governance Process
 - b. Reports from Leadership Council/Regional Health Improvement Planning
3. Local Health District Updates/Projects requiring support of CHI
4. Whole person health training; exploration of what constitutes HEALTH and elements, experienced at 3 levels that can be monitored over time.

PERSONAL COMMUNITY ENVIRONMENT

5. Next meeting assignment - bring back a success story on some aspect of whole person health and the person who can tell that story.

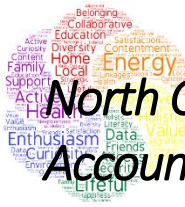


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D. Membership Rosters

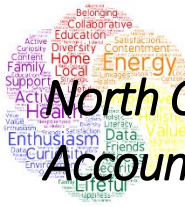
NCACH MASTER STAKEHOLDER LIST

NCACH Governing Board Seat	Voting/Non-Voting	Initial Term	Representative	Organization
BEHAVIORAL HEALTH	Voting	2 years	Gail Goodwin	Grant Integrated Services
CONFLUENCE HEALTH-CWH	Voting	3 years	Jeff Davis	Confluence Health
CONFLUENCE HEALTH-PRIMARY CARE	Voting	1 year	Douglas Wilson	Confluence Health
PUBLIC HOSPITALS-POSITION 1	Voting	3 years	Theresa Sullivan	Samaritan Healthcare
PUBLIC HOSPITALS-POSITION 2	Voting	1 year	Kevin Abel	Lake Chelan Community Hospital
FEDERALLY QUALIFIED HEALTH CLINICS	Voting	2 years	Patrick Bucknum	Columbia Valley Community Health
BUSINESS COMMUNITY	Voting	3 years	pending	
ELECTED OFFICIAL	Voting	ex officio-no term limit	Linda Evans Parlette	Washington State Senator
EDUCATION	Voting	3 years	Winnie R Adams	NCESD 171
PUBLIC HEALTH	Voting	1 year	Barry Kling	Chelan Douglas Health District
AGING AND ADULT CARE	Voting	2 years	Bruce Buckles	AACCW
HISPANIC COMMUNITY	Voting	3 years	Nancy Nash-Mendez	Okanogan Housing Authority
MEDICAID MANAGED CARE ORGANIZATIONS	Voting	2 years	Laurel A. Lee	Molina Healthcare
TRIBAL REPRESENTATIVE	Voting	2 years	pending	
AT-LARGE SEAT	Voting	1 year	Ray Eickmeyer	North Central Emergency Care Council
LEADERSHIP COUNCIL-POSITION 1	Non-Voting	3 years	Jesus Hernandez	Community Choice
LEADERSHIP COUNCIL - POSITION 1	Non-Voting	1 year	Peter Morgan	Family Health Centers



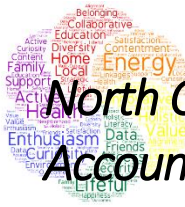
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<u>COUNTY CHI Invitee List</u> <u>(Alphabetized by</u> <u>Invitee/sorted by County)</u>	<u>Email</u>	<u>Organization</u>	<u>Stakeholder/Sector</u>	<u>County</u>
Beck, Suzy	beckse@nwmedstar.org	NW MedStar	Pre-hospital Services	All
Cantrell, Laura	lflores@deltadentalwa.com	Washington Dental Service Foundation	Oral Healthcare	All
Cook , Rinita	rcook@ncecc.org	NCECC	Emergency Services	All
Ferguson-Mahan Latet, Kat	kat.latet@chpw.org	CHPW	MCO	All
Guajardo, Brisa	brisa.guajardo@chpw.org	CHPW	MCO	All
Hernandez, Jesus	jesus.hernandez@communitychoice. us	Community Choice		All
Madsen, Marya	maryamadsen@yahoo.com	Amerigroup	MCO	All
Mayo, Trini	tmayo@charter.net	USDA	Government	All
Miller, Deb		Community Choice	Healthcare Collaborative	All
Ostrom, Marcy	mrostrom@wsu.edu	WSU-Small Farms Program	Education	All
Reich, Elise	elise.reich@molinahealthcare.com	Molina Healthcare of Washington	MCO	All
Safford, Caitlin	CSAFFORD@coordinatedcarehealth.c om	Coordinated Care Health	MCO	All
Suchoski, Amina	amina_suchoski@uhc.com	United Health Care	MCO	All
Walker, Wayne	wwalker@lifelineambulance.net	Lifeline Ambulance	Healthcare Service	All
Warner, Nancy	irisncw@gmail.com	IRIS	Non-Profit	All
Warrick, Lauren	Lauren.Warrick@chpw.org	CHPW	MCO	All
Able, Kevin	kabel@lcch.net	Lake Chelan Comm. Hospital	Healthcare	Chelan- Douglas
Adams, Winnie	winniea@ncesd.org	NCESD	Education	Chelan- Douglas



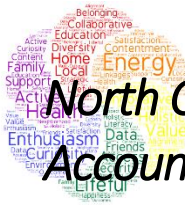
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Angilley, Debbie	Coordinator@gmail.com	Coalition for Children & Families	Social Services	Chelan-Douglas
Angilley, Debbie	togetherda@nwi.net	Together For Drug-Free Youth	Social Services	Chelan-Douglas
Armburo, Alberto	aaramburo6930@student.wvc.edu	Wenatchee Valley College	Education	Chelan-Douglas
Arnold, Dr. John	jarnold@lcch.net	Sanctuary at the Lake	Behavioral Healthcare	Chelan-Douglas
Barnett, Lori	Lbarnett@east-wenatchee.com	City of East Wenatchee	Local Government	Chelan-Douglas
Beck, Suzy	suzanne.beck417@gmail.com	NCECC	Emergency Services	Chelan-Douglas
Bellamy, Reagan	rbellamy@wvc.edu	Wenatchee Valley College	Education	Chelan-Douglas
Belton, Linda	linda.belton@gmail.com	Small Miracles	Social Services	Chelan-Douglas
Benegas, Augustin	abenegas@lcch.net	Lake Chelan Comm. Hospital	Healthcare	Chelan-Douglas
Bills, Jack		Colonial Vista/Local Resident	Long Term Care	Chelan-Douglas
Blake, Diane	Diane@cascaedmedical.org	Cascade Medical	Healthcare	Chelan-Douglas
Branlund, Mark	markbramlund@gmail.com	Retired	Consumer	Chelan-Douglas
Brawley, Sally	sbrawley@eastmontparks.com	Eastmont Metropolitan Parks District	Local Government	Chelan-Douglas
Bucknum, Patrick	pbucknum@cvch.org	Columbia Valley Comm. Health	Healthcare	Chelan-Douglas



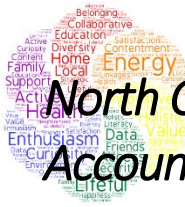
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Bugert, Bob	bob@cdlandtrust.org	Chelan Douglas Land Trust	Non-Profit	Chelan-Douglas
Burnett, Brian	brian.burnett@co.chelan.wa.us	Chelan County Sherriif	Law Enforcement	Chelan-Douglas
Bywater, Nancy	nancy@mtstuartpt.com	Mt. Stuart Physical Therapy	Healthcare	Chelan-Douglas
Callison, Kristen	callison.k@wenatcheeschools.org	Wenatchee School District	Education	Chelan-Douglas
Cantu, Mario	Mario.Cantu@molinahealthcare.com	Molina Healthcare of Washington	MCO	Chelan-Douglas
Cardwell-Burns, Tamara	tcardwell-burns@cdrsn.org	Chelan Douglas RSN	Behavioral Healthcare	Chelan-Douglas
Carmack, Edwin	edwin.carmack@cwhs.com	Confluence Health	Healthcare	Chelan-Douglas
Cass, Erin	Erin@WellnessPlaceWenatchee.org	Wellness Place	Social Services	Chelan-Douglas
Charlton, Christine	christine@vandorensales.com	Van Doren Sales	Business	Chelan-Douglas
Charlton, Matt	mcharlton@manson.org	Manson School District	Education	Chelan-Douglas
Christiansen, Garn	christenseng@eastmont206.org	Eastmont School District	Education	Chelan-Douglas
Clark, Russ	mayorri@nwi.net	City of Rock Island	Local Government	Chelan-Douglas
Collier, Kris	Kristin.Collier@chs-wa.org	Childrens Home Society	Behavioral Healthcare	Chelan-Douglas
Collins, Heidi	shkcc.randy@gmail.com			Chelan-Douglas



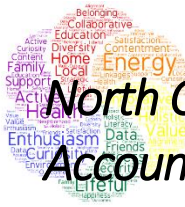
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Condotta, Cary	cary.condotta@leg.wa.gov		Government	Chelan-Douglas
Conklin, Janet	mayor@nwi.net	City of Bridgeport	Local Government	Chelan-Douglas
Crawford, Jenn	crawfordj@wsu.edu	WSU Extension Service	Education	Chelan-Douglas
Dappen, Andy	adappen@charter.net	Wenatchee Outdoors	Non-Profit	Chelan-Douglas
Darnell, Darlene	ddarnell@ccyakima.org	Catholic Fam. & Child Srvs.	Behavioral Healthcare	Chelan-Douglas
Davis, Jeffrey	jdavis2@wvmedical.com	Confluence	Healthcare	Chelan-Douglas
Davis, Kris	kris.davis@ccyakima.org	Catholic Fam. & Child Srvs.	Behavioral Healthcare	Chelan-Douglas
De Vaney, Royal	waterville@nwi.net	City of Waterville	Local Government	Chelan-Douglas
Detoma, Frank	Dustwo1352@yahoo.com	Center for Drug & Alcohol Treatment	Behavioral Healthcare	Chelan-Douglas
Eickmeyer, Ray	reickmeyer@lcch.net	Lake Chelan Community Hospital/EMS	Pre-hospital Services	Chelan-Douglas
England, Doug	Doug.England@CO.CHELAN.WA.US	Chelan County Commissioner	Local Government	Chelan-Douglas
Farajdo-Perez, Misael	mfajper@gmail.com	Wenatchee Valley Lutheran Latino Ministry	Faith Organization	Chelan-Douglas
Farivar, Cheryl	mayor@cityofleavenworth.com	City of Leavenworth	Local Government	Chelan-Douglas
Flones, Brian	flones.b@wenatcheeschools.org	Wenatchee School District	Education	Chelan-Douglas



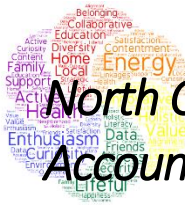
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Friedrich, Beulah		Local Resident	Consumer	Chelan-Douglas
Gjesdal, Harvey	hgjesdal@co.douglas.wa.us	Douglas County Sherrif	Law Enforcement	Chelan-Douglas
Gnomes, Jeff	Jeff.gomes@cityofcashmere.org	City of Cashmere	Local Government	Chelan-Douglas
Goedde, Bob	bgoedde@cityofchelan.us	City of Chelan	Local Government	Chelan-Douglas
Goehner, Keith	Keith.Goehner@CO.CHELAN.WA.US	Chelan County Commissioner	Local Government	Chelan-Douglas
Gonzalez, Alejandra	alejandrag@chs-wa.org	Childrens Home Society	Behavioral Healthcare	Chelan-Douglas
Green, Yvonne	yvonneg712@gmail.com	Local Resident	Consumer	Chelan-Douglas
Guy, Amber	guyae@dshs.wa.gov	DSHS	Social Services	Chelan-Douglas
Hafer, Erin	erin.hafer@chpw.org	CHPW	MCO	Chelan-Douglas
Hagland, Linda	Linda@wendowntown.org	Wenatchee Downtown Business Assoc.	Business	Chelan-Douglas
Halle, Dena	denahalle@therapyworkswa.com	Therapy Works	Healthcare	Chelan-Douglas
Hankins, Brad	bhankins@lcch.net	Lake Chelan Clinic	Healthcare	Chelan-Douglas
Harrison, Randy	rharrison@eastwenatcheepolice.com	East Wenatchee Police	Law Enforcement	Chelan-Douglas
Hawkins, Brad	brad.hawkins@leg.wa.gov		Government	Chelan-Douglas



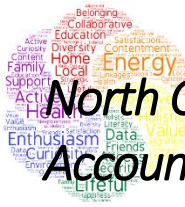
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Hedges, Marilyn	mjhedges@aol.com	Community Members	Consumer	Chelan-Douglas
Hoersch, Julie	julie.hoersch@genesishcc.com	Genessis Healthcare	Long Term Care	Chelan-Douglas
Hunter, Renee	togetherrh@nwi.net	Together For Drug-Free Youth	Social Services	Chelan-Douglas
Jans, Phil	phil.jans@co.chelan.wa.us	Juvenile Justice	Law Enforcement	Chelan-Douglas
Jenkins, Steve	sjenkins@co.douglas.wa.us	Douglas County Commissioner	Local Government	Chelan-Douglas
Johnson, Glenn	gjohnson@cashmere.wednet.edu	Cashmere School District	Education	Chelan-Douglas
Kagele, Julie	JulieK@cdcac.org	Community Action	Social Services	Chelan-Douglas
Kasnic, Tracey	TKasnic@CWHS.com	Confluence	Healthcare	Chelan-Douglas
Kempff, LaDora	lkempff@cwhs.com	Confluence Health	Healthcare	Chelan-Douglas
King, Steve	sking@wenatcheewa.gov	City of Wenatchee	Local Government	Chelan-Douglas
Kling, Barry	Barry.Kling@cdhd.wa.gov	Chelan Douglas Public Health District	Public Health	Chelan-Douglas
Kulaas, Mark	mkulaas@co.douglas.wa.us	Douglas County Planning	Local Government	Chelan-Douglas
Kuntz, Frank	fkuntz@wenatcheewa.gov	City of Wenatchee	Local Government	Chelan-Douglas
Lacey, Steve	slacy@east-wenatchee.com	City of East Wenatchee	Local Government	Chelan-Douglas



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Lafleur, Nicole				Chelan-Douglas
Lane, Andy	alane@cityofleavenworth.com	Leavenworth Planning Commission	Local Government	Chelan-Douglas
Lee, Laurel	laurel.lee@molinahealthcare.com	Molina Healthcare of Washington	MCO	Chelan-Douglas
Leveque, Amanda	AmandaL@cascadiacd.org	Cascadia Conservation District	Environmental	Chelan-Douglas
Lutz, Curt	curt.lutz@co.chelan.wa.us	Chelan County Regional Justice Center	Law Enforcement	Chelan-Douglas
Lynch, Karen	klynch@ccyakima.org	CFCS	Behavioral Healthcare	Chelan-Douglas
Lynch, Mike	mikel@ncesd.org	NCESD	Education	Chelan-Douglas
Lyons, Kari	kari@ncwihn.com	NCW Integrative Health Network	Healthcare Network	Chelan-Douglas
Maher, Steve	stephenmaher67@yahoo.com	Run Wenatchee	Business	Chelan-Douglas
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McBride, Chad	Chad.Mcbride@confluencehealth.org	Confluence Health	Healthcare	Chelan-Douglas
McBride, Rich	richm@ncesd.org	NCESD	Education	Chelan-Douglas

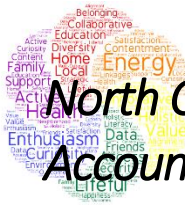


North Central Accountable Community of Health

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Morrow, Irene	imorrow@cvch.org	Columbia Valley Comm. Health	Healthcare	Chelan-Douglas
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Murphy, Mary	jocreek@rmtw.com	consumer/RN	Consumer	Chelan-Douglas
Napier, Chase	chase.napier@hca.wa.gov	HCA	Government	Chelan-Douglas

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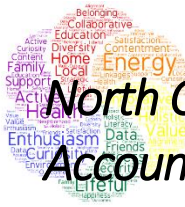
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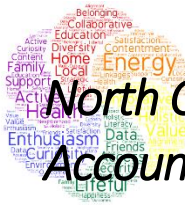
Schauer, Shiloh	shiloh@wenatchee.org	Wenatchee Chamber of Commerce	Business	Chelan-Douglas
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Final Draft 11-23-15



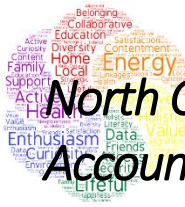
North Central Accountable Community of Health

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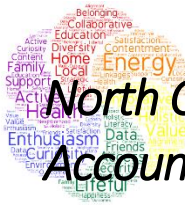
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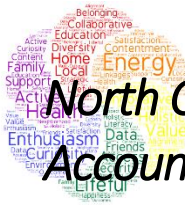
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North Central Accountable Community of Health

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North Central Accountable Community of Health

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Rogers, Frank	frogers@co.okanogan.wa.us	Okanogan County Sheriff	Local Government	Okanogan
Rosenthal, Skip	srosenthal@okbhcc.org	Okanogan Behavioral Healthcare	Behavioral Health	Okanogan
Schimpf, Karen	cosmoschimpf@gmail.com	Okanogan VA	Healthcare	Okanogan
Short, Shelly	short.shelly@leg.wa.gov	State Legislature	Government	Okanogan
Stewart, Michael	michaelstewart169@gmail.com	Okanogan VA	Healthcare	Okanogan
Thompson, Kathleen	thompk@dshs.wa.gov	Aging and Adult Care	Social Service	Okanogan
Thornton, George	thorntong@me.com	Okanogan Highlands Alliance/IRIS	Non-Profit	Okanogan
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CATEGORY 3: ENGAGEMENT STRATEGIES

A. Community Engagement Narrative

During the past year the NCACH Leadership Group and subcommittees began developing strategies for engaging a variety of audiences in the process of transforming healthcare in our region. A big part of our focus has been on conceptualizing and beginning to develop the structures that will facilitate communication flow through the three levels of organization of the NCACH: 1) the Governing Board, 2) Coalitions for Health Improvement, and the, 3) Leadership Council. At the same time we worked to define the function of each level and to imagine how their work could complement and strengthen that of the other two levels. Finally, we began to develop and test some engagement tools in this formative year and to identify key questions we will need to pose to engage different audiences in transformation.

With the composition of the first NCACH Governing Board nearly in place, and functional Coalition for Health Improvement groups actively involved in the 4-county area, we are now ready to launch a more formal and systematic process that will provide opportunities for everyone from healthcare professionals to customers to engage in the topic of transforming the approach we take to fostering population health.

We aim to use a framework such as the attached draft communications plan to coordinate our efforts. In January 2016 we plan to seek approval from the NCACH Governing Board for this framework and to begin implementing and adapting it as we work with various partners to develop multiple messaging formats and to assess their effectiveness. Interest in this topic is expanding rapidly so having a good set of tools, i.e., print materials, slide shows, web pages, and more that are suitable for sharing with particular audiences are needed soon. We are in a good position to take action on these needs quickly given the work we have accomplished over the past year.

B. NCACH Communication **DRAFT** Plan

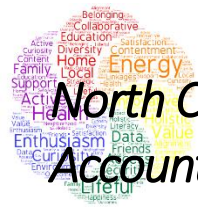
NCACH 6 month Communication *DRAFT* Plan

This is a limited, six-month plan intended to provide initial direction to communication efforts until the NCACH Governing Board and identified backbone agency assume responsibility for NCACH communications through a formal, long-term communication plan.

6 Month Plan Objectives:

1. Provide a clear, consistent, and audience-appropriate message for the purposes of building region-wide community and other sector awareness and engagement, building NCACH recognition, and recruiting participants for multiple NCACH teams and workgroups.
2. Through audience communications, obtain feedback on concerns, suggestions, and ideas for NCACH.

Strategies	Metrics	Activities	Governing Board
Identify and prioritize the criticality of potential audiences, both by audience type (such as a service group or provider group) and by specific businesses and organizations.	Critical and important audiences are identified for presentation prioritization.	Create a list of all audience types, differentiating critical, important, and NA audiences. Identify content depth or content specialty based on audience type.	Audience prioritization approval.
Develop effective communication messages and message delivery systems targeting the information needs of different audience types and organizations.	Presentations incorporate key adult learning principles, evidence-based delivery recommendations, and cultural considerations. Messages will be built around learner-based objectives (e.g., inform, engage, motivate, maintain).	Create scripted presentations and printed messages applicable to targeted audiences. Create English and Spanish-language print materials. Develop multiple messaging formats (face-to-face presentations, print materials, webpages, online newsletters, email marketing).	Presentation content approval. Printed message and materials approval. Webpage development and approval. Provide face-to-face presentations to target audiences.
Prioritize message delivery; schedule and deliver presentations.	Audiences identified as “critical” receive the presentation by 12/2015.	Request invitations to connect with critical target audiences; offer presentations to non-critical audiences.	Appropriate presenters available for scheduled events.



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		Develop an electronic calendar of outreach presentations.	
Monitor and review communication effectiveness, gathering input from community members and organizations.	<p>Participants understand information presented - can recall key messages.</p> <p>Participants provide feedback and suggestions and report timely response.</p> <p>Participants report information as timely.</p>	<p>Record input during and immediately following presentations.</p> <p>Follow-up survey of representative participants.</p>	Approve mechanism (e.g., NCACH-specific email address) for participant feedback delivery and acknowledgement (currently Barry Kling's email via ACH webpage or Community Choice email via MyDocVault webpage).

NCACH 6 Month Communication *DRAFT* Plan: Target Audience Identification and Prioritization

Category	Importance of Communication			Timeline Priority	Content Level*
	Low	Moderate	Critical	1 = First Priority 3 = Lowest Priority	1 = Most Detail 3 = Least Detail
NCACH Governing Board			X	1	1
WA State Partners (e.g., HCA, DOH)			X	1	1
NCACH Leadership Council/Regional Workgroup Members			X	1	2
Risk-Bearing Entities (e.g., MCOs, ACOs, Health Plans)			X	1	2
Government Officials / Policy Makers			X	1	2



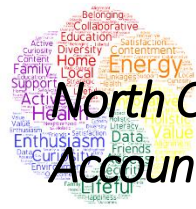
Reporters, Editors, and Media Outlets			X	1	3
NCACH CHI Members			X	2	2
Colville Business Council (Tribal Council)			X	2	2
Regional Networking Groups			X	2	2
Medical/Behavioral/Dental Providers and Healthcare Systems			X	2	2
Public Health Entities			X	2	2
Community Organizations (e.g., nonprofit agencies, service clubs, community foundations)			X	2	3
Organizations or individuals that oppose NCACH work.		X		2	2
Health Improvement Coalitions		X		2	3
Businesses/Chambers of Commerce/Downtown Associations/Ports		X		2	3
Social Service Agencies		X		2	3
Faith Organizations	X			3	3
Food Systems	X			3	3
Transportation Agencies	X			3	3
Housing Service Agencies	X			3	3



Level 2: Communications target partners who will be involved at some level in NCACH efforts and outcomes. Content depth and detail is modified to meet for the specific audience (e.g., current plans, projects, timelines, assignments, meeting schedules, events, etc.).

C. NCACH Completed Outreach

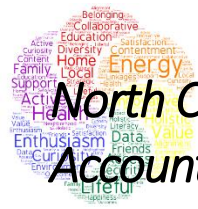
NCACH Organizational Meetings/Dates			
Lead Group	01-29-2015	Chelan-Douglas CHI	04-10-2015
	02-12-2015		10-02-2015
	02-26-2015		12-11-2015
	03-12-2015		
	03-26-2015		
	04-23-2015		
	05-07-2015		
	05-21-2015		
	06-04-2015		
	06-18-2015		
NCACH Governing Board	07-14-2015	Grant CHI	04-21-2015
	08-21-2015		07-15-2015
	10-05-2015		10-21-2015
	11-02-2015		12-16-2015
	12-07-2015		
		Okanogan CHI	03-27-2015
			06-16-2015
			10-20-2015
			12-15-2015



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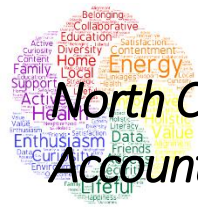
NCACH Regional Workgroups Meetings/Dates

Population Health Regional Workgroup	07-21-2015	Care Transformation Regional Workgroup	06-10-2015
	07-29-2015		06-24-2015
	08-06-2015		07-10-2015
	08-18-2015		08-11-2015
	08-27-2015		08-24-2015
	09-14-2015		09-02-2015
	10-05-2015		09-24-2015
	11-04-2015		10-14-2015
			11-05-2015
			11-18-2015



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Organization/Agency	Communication Level	Organization Contact and/or Lead	Meeting Date	ACH delegate
NCACH REGION-Presentations				
Senior Services Network-Chelan/Douglas	Level 3	Dianne Tribble	01-20-2015	Deb Miller
Community Resource Forum-Moses Lake	Level 3	Wendy Hanover	02-03-2015	Deb Miller
Chelan Round Table	Level 3	Rich Watson	04-17-2015	Deb Miller
Wenatchee School Board	Level 2		05-12-2015	Jesus Hernandez
Wenatchee Downtown Rotary	Level 3	Jesus Hernandez	05-28-2015	Barry Kling
Wenatchee School District-Family Advocates	Level 3	Melissa Hernandez	06-03-2015	Jesus Hernandez
WA Health Alliance-Wenatchee Stakeholder Meeting	Level 2		06-09-2015	Jesus Hernandez
Coalition of Children and Families-Board Meeting	Level 2		06-15-2015	Jesus Hernandez
Medicaid Providers Meeting	Level 2	Aimee White	06-17-2015	Jesus Hernandez
Together for Youth-Board Meeting	Level 3	Renee Hunter	07-01-2015	Jesus Hernandez
Economic Leadership Roundtable	Level 3	Ron Cridlebaugh	07-16-2015	Deb Miller
Sunrise Rotary	Level 3	Jim Huffman	07-28-2015	Deb Miller



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Serving Our Seniors-Omak	Level 3	Lisa Forrer	07-30-2015	Deb Miller
United Neighborhood Association-Wenatchee	Level 3		09-02-2015	Jesus Hernandez
NCESD-Nurse Corp	Level 2	Winnie Adams	09-23-2015	Barry Kling
NCESD-Migrant Physical Education Staff-Wenatchee	Level 3	Rosie Martin	09-29-2015	Jesus Hernandez
Coalition of Children and Families-Annual Retreat	Level 2		10-02-2015	Jesus Hernandez
Binational Health Week Event-Wenatchee	Level 3		10-03-2015	Jesus Hernandez
NCESD-Migrant Physical Education Staff-Omak	Level 3	Rosie Martin	10-09-2015	Deb Miller
Coalition of Children and Families-Legislative Forum	Level 3		11-04-2015	Jesus Hernandez
Washington State				
2015 WSPHA Conference	Panel Presenter	WSPHA	10-11-2015 10-12-2015	Barry Kling
Media				
NCW Community Success Summit	Supplement Article: <i>Building a Culture of Health</i>		11-12-2015	Deb Miller
Binational Health Week Event-Wenatchee	Radio Guest (Spanish)		10-03-2015	Jesus Hernandez

D. NCACH Meeting Document Storage

All NCACH meeting documentation is stored on a publicly accessible website: www.mydocvault.us



CATEGORY 4: BACKBONE FUNCTIONS

E. Backbone Narrative

The North Central Accountable Community of Health (NCACH) elected to create its own backbone organization for administrative support and related services. The selection of a self-directed backbone organization was the result of a unanimous decision by the board based on the recommendation of the NCACH Backbone Organization Subcommittee's review of letters of interest submitted by several organizations. By the NCACH creating its own backbone organization the mission of the NCACH can be carried out in a way which allows for the collaboration of a wide variety of partners in a neutral, efficient and transparent manner.

The NCAH Backbone Organization Subcommittee’s selection process involved a solicitation of letters of interest in July of 2015 and an objective, criteria based evaluation process. Four governmental or non-profit organizations responded to the call for providing support functions and the North Central Washington Hospital Council submitted a letter requesting the consideration of the development of a separate nonprofit entity to serve as the backbone organization. Chelan-Douglas Health District maintains the current contract for backbone services and did not submit a letter of interest.

The NCACH believes its own backbone organization best fits the four county region over the long term. Direct control by the NCACH allows the backbone organization to focus all its efforts on work related to measureable population health improvement without the risk of conflicts of interest that could exist if the backbone organization and its governance were a part of another organization with a mission separate from the NCACH mission. The NCACH control over executive director and administrative functions eliminates risks associated with the backbone organization being too focused on a single sector rather than needed collaboration of all medical and non-medical partners. Potential savings exists if the backbone organization is a part of the NCACH creating alignment with the state's goals around reducing total costs of caring for a healthier population.

The NCACH is moving forward with the hiring of an executive director and the plan for support functions. In 2015 the board has successfully been able to operate with all support functions including administrative support, facilitation, technology and communications. The Chelan-Douglas Health District will extend the current contract for backbone services to allow for sufficient time to create, fund, and implement the necessary services of the NCACH.



Additional detail can be found in the following documents:

- ## F. NCACH Backbone Functions and Roles

1. As a public nonprofit entity, apply for, manage and be accountable for funding from state agencies and other sources to address NCACH objectives.
2. Hire and supervise NCACH staff.
3. Provide executive staff support to the Governing Board, Leadership Council, Coalitions for Health Improvement and to other workgroups or committees that are part of the NCACH effort.
 - a. Prepare materials for and attend Governing Board and other ACH meetings.
 - b. Propose annual and long term goals and objectives for the ACH.
 - c. Ensure that plans, goals and objectives adopted by the Board are implemented, and provide regular monitoring and reporting to the Board in this regard.
4. Facilitate effective relationships among NCACH stakeholders and with state agencies and programs.
5. Support NCACH's participation in monitoring and evaluation efforts regarding ACH functions, care improvement, and population health improvement.
6. Develop proposals for funding and for other purposes.
7. Produce reports on Community Health Needs Assessments, Community Health Improvement Plans, and other NCACH topics.
8. Support the Governing Board in developing options for sustainability and fundraising as Federal start-up funding diminishes.
9. Develop communication tools and documents for use in communicating about ACH purposes and initiatives with stakeholders and with the public.



- Any qualified public or nonprofit entity could provide these services given appropriate agreements with NCACH allowing effective oversight of ACH functions by the NCACH Governing Board. More than one organization could be involved in providing these services. For example, one organization could provide data collection and analysis services while a second organization could provide the other backbone services. Another option is to form a new nonprofit entity to provide ACH Backbone Support Services. It is important that any backbone support organization be considered a neutral party capable of convening the wide variety of partners involved in the ACH's work.



CATEGORY 5: INVENTORY

A. Inventory Narrative

Initiated as part of the Communities of Health effort in 2014, NCACH has been developing an inventory of regional community health initiatives and resources. This type of asset assessment is an important building block of a regional health improvement plan. Work has continued on inventory development, an effort that now has spread beyond NCACH to include multiple regions served by the WIN 211 network.

Following a literature review on asset inventory development and a comparison of existing web based health and human services inventories, the NCACH Asset Inventory Team began collaborating with Greater Columbia WIN 211 in 2015. GC WIN 211, based in Yakima, WA, serves as the regional lead for WIN 211 services and data maintenance for North Central ACH counties. Our goals in this collaborative effort are to:

1. Expand our existing regional asset inventory in the WIN 211 system.
2. Identify service gaps.
3. Assist in efforts to improve web site navigation and functionality for all users in WA State.
4. Avoid replication of work efforts and waste resulting from creating a separate web based inventory.

Additional detail can be found in the following documents:

- NCACH Asset Inventory
- NCACH Regional Health Needs Inventory

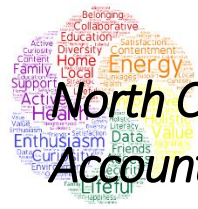


B. NCACH Asset Inventory

NCACH Asset Directory/Inventory Resources

Resource/Website	Sponsoring Agency	County Served
Chelan Douglas Social Service Directory	Together for Youth	Chelan, Douglas
Grant County Community Resource Guide	Columbia Basin Hearld	Grant
Room One Resource Guide 2014	Room One	Okanogan
Community Living Connections	Area Agencies on Aging	Statewide Resource
WIN 211-Greater Columbia Region	People for People	Statewide Resource

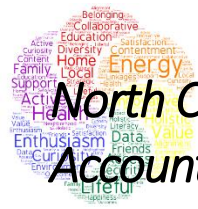
The following tables represent the current asset inventory list available via WIN211 for the NCACH region:



North Central Accountable Community of Health

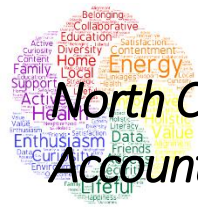
Chelan County Asset Inventory 80 Agencies 259 Services

<u>AgencyName</u>	<u>ServiceName</u>	<u>SiteCounty</u>
Aging and Adult Care of Central Washington	Access Service	Chelan, WA
	Case Management and Nursing Services	Chelan, WA
	Gatekeeper Program	Chelan, WA
	Long-Term Care Ombudsman	Chelan, WA
	Support Groups	Chelan, WA
	Volunteer Services	Chelan, WA
American Red Cross, Apple Valley Chapter	Armed Forces Emergency Services	Chelan, WA
	Blood Donor Services	Chelan, WA
	Disaster Services	Chelan, WA
	First Aid and CPR Classes	Chelan, WA
American Red Cross, North Cascades Chapter	Red Cross	Chelan, WA
Boy Scouts of America, Grand Columbia Council	Scouting Programs	Chelan, WA
Cascade Medical Center	Hospital	Chelan, WA
	Family Practice	Chelan, WA
	Physical and Occupational Therapy	Chelan, WA
Cascade School District	Public School District	Chelan, WA
	Public Elementary School	Chelan, WA
	Alternative High School	Chelan, WA
	Public High School	Chelan, WA
	Public Middle School	Chelan, WA
Cashmere Ministerial Association Food Bank	Food Pantry	Chelan, WA



North Central Accountable Community of Health

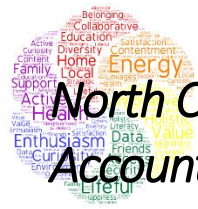
	Thanksgiving Programs	Chelan, WA
	Christmas Program	Chelan, WA
Cashmere School District	Public School District	Chelan, WA
	Public Elementary School	Chelan, WA
	Public High School	Chelan, WA
	Public Middle School	Chelan, WA
Cashmere, City of	Administration	Chelan, WA
	Water/Wastewater/Garbage Utility	Chelan, WA
	Street repair and maintenance	Chelan, WA
Catholic Family and Child Service of Wenatchee	Volunteer Chore Services	Chelan, WA
	Record Suspended 8/17/2015 - Counseling and Case Management	Chelan, WA
	Kinship Services	Chelan, WA
	Child Care Aware of Central WA	Chelan, WA
	PACT	Chelan, WA
	Valley Intervention Program (VIP)	Chelan, WA
	Community Crisis Service	Chelan, WA
Center for Alcohol and Drug Treatment	Outpatient Chemical Dependency Services	Chelan, WA
	Detoxification	Chelan, WA
Central Washington Hospital	Cardiac Rehabilitation Program	Chelan, WA
	Home Care and Hospice Services	Chelan, WA
	Safe Place for Newborns	Chelan, WA
	Primary Care	Chelan, WA
	Dialysis Center	Chelan, WA
	Clinic	Chelan, WA
	Women's Healthcare Center	Chelan, WA



North Central Accountable Community of Health

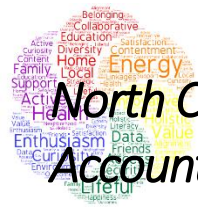
Chelan County District Court	District Court	Chelan, WA
Chelan County Government	Administration	Chelan, WA
	Marriage License	Chelan, WA
Chelan County Regional Justice Center	Chelan County Regional Justice Center	Chelan, WA
Chelan County Sheriff	Sheriff	Chelan, WA
	Emergency Management	Chelan, WA
Chelan County Superior Court Clerk	Superior Court Clerk	Chelan, WA
Chelan Douglas Child Services Association	Early Head Start/Head Start/ECEAP	Chelan, WA
Chelan Douglas Community Action Council	Legal Aid	Chelan, WA
	Weatherization and Home Repair	Chelan, WA
	Energy Assistance	Chelan, WA
	Community Voice Mail	Chelan, WA
	Housing	Chelan, WA
	Literacy Council of Chelan and Douglas Counties	Chelan, WA
	HEN - Housing and Essential Needs	Chelan, WA
	Food Distribution	Chelan, WA
	Emergency Crisis Intervention - Energy assistance	Chelan, WA
	Senior or Disabled Energy Discount	Chelan, WA
	Intermountain Americorps	Chelan, WA
	Washington Asset Building Coalition	Chelan, WA
	Retired Senior Volunteer Program (RSVP)	Chelan, WA
Chelan Douglas County CASA/GAL, Court Appointed Special Advocates for Children	Chelan Douglas CASA/GAL	Chelan, WA
Chelan, City of	Administration	Chelan, WA

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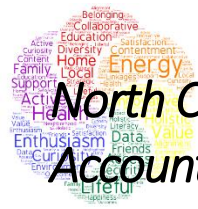
North Central Accountable Community of Health

	Medical Coverage Programs	Chelan, WA
	Washington Basic Food Program	Chelan, WA
	Working Connections Child Care	Chelan, WA
	DSHS - Developmental Disabilities Administration - ESIT	Chelan, WA
	DSHS - Children's Administration - Child Protective Services	Chelan, WA
	DSHS - Children's Administration - Foster Care	Chelan, WA
	DSHS - Children's Administration - Adoption	Chelan, WA
	DSHS - Children's Administration - Child Welfare Services	Chelan, WA
	DSHS - Children's Administration - Family Reconciliation	Chelan, WA
	DSHS - Developmental Disabilities Administration - ESIT	Chelan, WA
	DSHS - Developmental Disabilities Administration - EDPS	Chelan, WA
	DSHS - Developmental Disabilities Administration - IFSP	Chelan, WA
	DSHS - Developmental Disabilities Administration - RPS	Chelan, WA
Educational Service District 171	Administrative Office	Chelan, WA
Entiat School District	Public School District	Chelan, WA
Entiat Valley Community Services FoodBank	Entiat Valley Food Bank	Chelan, WA
	Community and Family Support Services	Chelan, WA



North Central Accountable Community of Health

	Youth Support Services and Programs	Chelan, WA
	Senior Support Services and Programs	Chelan, WA
	Volunteer Opportunities & Community Engagement!	Chelan, WA
	Entiat Regional Health Clinic	Chelan, WA
Entiat, City of	Administration	Chelan, WA
Family Planning of North Central Washington	Birth Control, Contraception, and Emergency Contraception	Chelan, WA
	Family TALKS (Talking and Listening to Kids about Sexuality)	Chelan, WA
	STI check up	Chelan, WA
Goodwill Industries of the Columbia, Inc	Community Jobs Program	Chelan, WA
	DDD Program Services	Chelan, WA
	Goodwill Thrift Stores	Chelan, WA
	L&I Skills training	Chelan, WA
	Offender Employment Services	Chelan, WA
	Facility-Based Program Services	Chelan, WA
Greater Wenatchee Mended Hearts, Chapter 91	Heart Disease Patient and Family Visiting Program	Chelan, WA
	Support Group Meetings and Heart Health Educational Speakers	Chelan, WA
Habitat for Humanity - Lake Chelan Valley	Habitat Homes	Chelan, WA
	Thrift Shop	Chelan, WA
Heritage Heights at Lake Chelan	Assisted Living	Chelan, WA
Housing Authority of Chelan County & the City of Wenatchee	Low Income Housing	Chelan, WA
In-Home Care of Central Washington	In Home Care Assistance	Chelan, WA

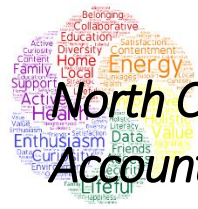


North Central Accountable Community of Health

Intermountain AmeriCorps	AmeriCorps	Chelan, WA
Lake Chelan Community Hospital	Hospital	Chelan, WA
	Childbirth Services	Chelan, WA
	Community Wellness Programs	Chelan, WA
	Inpatient Substance Abuse Treatment - Sanctuary at the Lake	Chelan, WA
	Detoxification - Sanctuary at the Lake	Chelan, WA
Lake Chelan Food Bank	Food Pantry	Chelan, WA
Lake Chelan School District	Public School District	Chelan, WA
	Public Middle School	Chelan, WA
	Alternative High School	Chelan, WA
	Public High School	Chelan, WA
	Public Elementary School	Chelan, WA
	ECEAP (Early Childhood Education Preschool)	Chelan, WA
Leavenworth, City of	Administration	Chelan, WA
Life Choices of Wenatchee Valley	Real Options Pregnancy Clinic	Chelan, WA
	Earn While You Learn	Chelan, WA
	Post Abortion Support Sisters	Chelan, WA
Lighthouse Christian Ministries	The Lighthouse Soup Kitchen	Chelan, WA
	Family/Individual Emergency Shelter	Chelan, WA
	Women and Children Transitional Home	Chelan, WA
	Men's Group Home	Chelan, WA
	Christian Preschool	Chelan, WA
	Community Medical and Dental Clinic	Chelan, WA
Lilac Services for the Blind	Independent Living Program	Chelan, WA
	Adaptive Computer Program	Chelan, WA

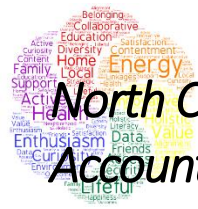


	Main Office	Chelan, WA
	Support Groups	Chelan, WA
	Braille Books/Texts Program	Chelan, WA
Link Transit	Public Transportation	Chelan, WA
	Linkplus--ADA Service	Chelan, WA
Manson School District	Public School District	Chelan, WA
	Public High School	Chelan, WA
	Public Middle School	Chelan, WA
	Public Elementary School	Chelan, WA
Mobile Meals	Home Delivered Meals	Chelan, WA
NAMI - Chelan/Douglas	Support Meetings	Chelan, WA
New Hope Recovery, LLC	Outpatient Substance Abuse Treatment	Chelan, WA
North Central Regional Library	Community Library	Chelan, WA
	Library Services	Chelan, WA
	Literacy Council	Chelan, WA
	Literacy Program	Chelan, WA
North Central Washington Council of Camp Fire Boys and Girls	Camp Fire	Chelan, WA
Northwest Justice Project - Wenatchee	Legal Counseling	Chelan, WA
	Relicensing Program	Chelan, WA
OIC of Washington	Educational Opportunities	Chelan, WA
	Employment Training	Chelan, WA
	Construction and Repairs	Chelan, WA
	Weatherization Assistance Program	Chelan, WA
	Food Bank	Chelan, WA
	Utility Bill Assistance	Chelan, WA
	Thanksgiving Baskets	Chelan, WA



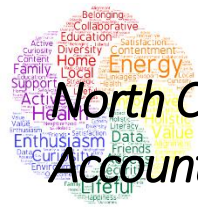
North Central Accountable Community of Health

	The Prosperity Center	Chelan, WA
	WIA 167 Farmworkers Investment Program	Chelan, WA
SAGE	Domestic Violence Services	Chelan, WA
	Parent and Caregiver Support Group	Chelan, WA
	Sexual assault services	Chelan, WA
	Child and Family Advocacy Center	Chelan, WA
	Crime Victim Service Center	Chelan, WA
Salvation Army - Wenatchee	The Salvation Army Thrift Store - Truck Pick-up	Chelan, WA
	Family Service Center	Chelan, WA
	Help with Basic Needs	Chelan, WA
	Christmas	Chelan, WA
	Thanksgiving Baskets	Chelan, WA
Shipowick-Smith Counseling & Positive Living Center	Outpatient Treatment Services	Chelan, WA
SkillSource	Career Information Workshops	Chelan, WA
	Basic Skills/Computer Literacy/Pre Vocational	Chelan, WA
	Vocational Education	Chelan, WA
	On-the-job Training/ Work Experience	Chelan, WA
Social Security Administration - Wenatchee	Social Security Administration	Chelan, WA
St Joseph's Catholic Church - Wenatchee	St. Vincent de Paul Society	Chelan, WA
	School	Chelan, WA
	Food Pantry	Chelan, WA
United States Postal Service	Post Office	Chelan, WA
United Way of Chelan and Douglas Counties	United Way	Chelan, WA



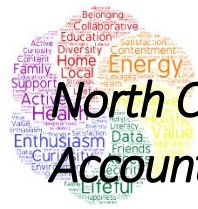
North Central Accountable Community of Health

	Volunteer Opportunities	Chelan, WA
Upper Valley MEND	Community Cupboard	Chelan, WA
	Holiday Program	Chelan, WA
	The Upper Valley Free Clinic	Chelan, WA
USDA Rural Development - Central Northeastern Washington	Farm Labor Housing	Chelan, WA
	Home Repair Loans and Grants	Chelan, WA
	Housing Preservation Grants	Chelan, WA
	Home Ownership Loans	Chelan, WA
Washington State Department of Early Learning - Wenatchee	Department of Early Learning	Chelan, WA
Washington State Department of Licensing	Drivers Licenses	Chelan, WA
Washington State Patrol - District 6	State Patrol	Chelan, WA
Washington Veterans Will Clinic	Estate Planning	Chelan, WA
Wenatchee 911 Driving School	Driving Instruction	Chelan, WA
Wenatchee Area AA	AA Meetings	Chelan, WA
Wenatchee School District	Public School District	Chelan, WA
	Public Elementary School	Chelan, WA
	Alternative High School	Chelan, WA
	Public Middle School	Chelan, WA
	Public High School	Chelan, WA
Wenatchee Valley College	Adult Basic Education	Chelan, WA
	Tutor Center	Chelan, WA
	Wenatchee Valley College Continuing Education	Chelan, WA
Wenatchee Valley Senior Center	Senior Center	Chelan, WA
Wenatchee Valley YMCA	YMCA	Chelan, WA



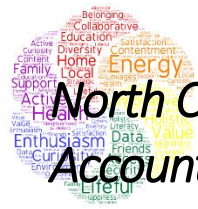
North Central Accountable Community of Health

	Aquatic Center	Chelan, WA
	Lake Wenatchee YMCA Camp	Chelan, WA
	Youth and Teen Program	Chelan, WA
	Diabetes Prevention Program	Chelan, WA
Wenatchee, City of	Department of Community Development	Chelan, WA
	Administration	Chelan, WA
	Public Works	Chelan, WA
	Parks and Recreation	Chelan, WA
	Fire and Rescue	Chelan, WA
	Police	Chelan, WA
Women's Resource Center of North Central Washington	Community Services	Chelan, WA
	Transitional Shelter	Chelan, WA
	Emergency Services	Chelan, WA
	Drop In Child Care	Chelan, WA
WorkSource Wenatchee	FarmWorkers Employment Assistance	Chelan, WA
	Unemployment Insurance	Chelan, WA
	Employment Center	Chelan, WA
WSU Chelan and Douglas Extension	4-H Clubs	Chelan, WA
	Agricultural Assistance	Chelan, WA
	Food Sense Nutrition Education Program/Human Nutrition	Chelan, WA
	Parent and Family Education	Chelan, WA
YWCA Wenatchee Valley	Estate Sales	Chelan, WA
	Glad Rags	Chelan, WA
	Emergency Shelter and Transitional Housing	Chelan, WA



North Central Accountable Community of Health

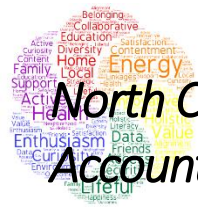
	YWCA Cafe AZ's	Chelan, WA
	Housing Advocacy	Chelan, WA
	Empty Bowls Fundraiser	Chelan, WA
	Second Beginning Fashion Show	Chelan, WA
	WOW Networking	Chelan, WA
	Be A Board Member	Chelan, WA
	YWCA Annul SoupPorters Event	Chelan, WA
	YWCA Second Beginning Treasures	Chelan, WA



North Central Accountable Community of Health

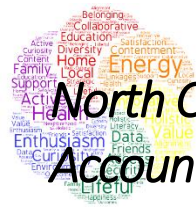
Douglas County Asset Inventory 26 Agencies 83 Services

<u>AgencyName</u>	<u>ServiceName</u>	<u>SiteCounty</u>
Ambitions of Washington	Day Program Services	Douglas, WA
	Employment Services	Douglas, WA
	Adult In-Home Support	Douglas, WA
	Positive Behavior Services	Douglas, WA
	Main Office	Douglas, WA
	Children In Home Support	Douglas, WA
Bridgeport Community Food Bank	Food Pantry	Douglas, WA
Bridgeport School District	District Office	Douglas, WA
	Public Elementary School	Douglas, WA
	Public High School	Douglas, WA
	Public Middle School	Douglas, WA
Chelan Douglas Health District	Immunizations	Douglas, WA
	Sexually Transmitted Diseases	Douglas, WA
	Tuberculosis Screening & Treatment	Douglas, WA
	Drinking Water	Douglas, WA
	Food Safety	Douglas, WA
	Land Use - Septic Systems	Douglas, WA
	Solid Waste Program	Douglas, WA
	Access to Baby and Child Dentistry (ABCD) Program	Douglas, WA



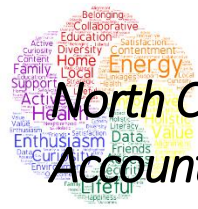
North Central Accountable Community of Health

	Children with Special Health Care Needs	Douglas, WA
	Vital Records	Douglas, WA
	Women, Infants, and Children Nutritional Supplement (WIC)	Douglas, WA
	Communicable Disease Prevention	Douglas, WA
	Emergency Preparedness	Douglas, WA
Community Developmental Institute (CDI) Head Start	Head Start	Douglas, WA
	Early Childhood Education and Assistance Program (ECEAP)	Douglas, WA
	Migrant and Seasonal Head Start	Douglas, WA
	Administration	Douglas, WA
Confluence Health	Early Head Start	Douglas, WA
	Acute Rehabilitation Inpatient Center	Douglas, WA
	Breastfeeding Basics	Douglas, WA
	Childbirth Education Classes	Douglas, WA
	Chronic Conditions Support Group--Wenatchee	Douglas, WA
	Medical Center	Douglas, WA
	Occupational Medicine	Douglas, WA
	Primary Care Family Medicine Clinic	Douglas, WA
	Breast and Cervical Health Program	Douglas, WA



North Central Accountable Community of Health

	Wenatchee Valley Hospital	Douglas, WA
Douglas County District Court	District Court	Douglas, WA
Douglas County Government	Administration	Douglas, WA
	Marriage License	Douglas, WA
Douglas County Sheriff	Sheriff	Douglas, WA
	Emergency Management	Douglas, WA
DSHS Region 1 - Wenatchee Office of Division of Child Support	Division of Child Support	Douglas, WA
East Wenatchee, City of	Administration	Douglas, WA
	Police	Douglas, WA
	Municiple Court	Douglas, WA
Eastmont School District	Public School District	Douglas, WA
	Public Elementary School	Douglas, WA
	Public Intermediate School	Douglas, WA
	Public High School	Douglas, WA
	Public Junior High School	Douglas, WA
Mansfield School District	Public School District	Douglas, WA
Mansfield, Town of	Administration	Douglas, WA
North Central Regional Library	Community Library	Douglas, WA
	Library Services	Douglas, WA
	Literacy Council	Douglas, WA
	Literacy Program	Douglas, WA
Palisades School District	Public School District	Douglas, WA
Regional Support Networks (RSNs) in Washington State	Regional Support Network	Douglas, WA



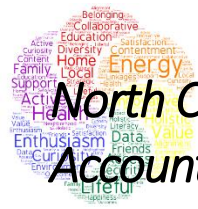
North Central Accountable Community of Health

Rock Island, City of	Administration	Douglas, WA
United States Postal Service	Post Office	Douglas, WA
Washington State Department of Labor and Industries	Worker's Compensation	Douglas, WA
	Electrical Inspections	Douglas, WA
	Factory Assembled Structures Inspections	Douglas, WA
	Contractor Compliance	Douglas, WA
	Wage, Hours and Breaks	Douglas, WA
	Master Business License	Douglas, WA
	Workplace Safety and Health	Douglas, WA
	Apprenticeship	Douglas, WA
Washington State Department of Licensing	Drivers Licenses	Douglas, WA
Waterville School District	Public School District	Douglas, WA
Waterville, Town of	Administration	Douglas, WA
Wenatchee Valley YMCA	YMCA	Douglas, WA
	Aquatic Center	Douglas, WA
	Lake Wenatchee YMCA Camp	Douglas, WA
	Youth and Teen Program	Douglas, WA
	Diabetes Prevention Program	Douglas, WA
WSU Chelan and Douglas Extension	4-H Clubs	Douglas, WA
	Agricultural Assistance	Douglas, WA
	Food Sense Nutrition Education Program/Human Nutrition	Douglas, WA
	Parent and Family Education	Douglas, WA



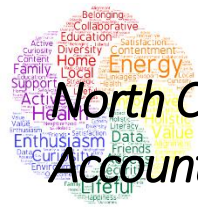
Grant County Asset Inventory
81 Agencies
264 Services

<u>AgencyName</u>	<u>ServiceName</u>	<u>SiteCounty</u>
Adult Protective Services	Adult Protection Services	Grant, WA
Aging and Adult Care of Central Washington	Access Service	Grant, WA
	Case Management and Nursing Services	Grant, WA
	Gatekeeper Program	Grant, WA
	Long-Term Care Ombudsman	Grant, WA
	Support Groups	Grant, WA
	Volunteer Services	Grant, WA
Alcohol Drug Dependency Service	Outpatient Treatment Services	Grant, WA
Big Bend Community College	Community College	Grant, WA
	Adult Basic Education	Grant, WA
	ESL Classes	Grant, WA
	GED Program	Grant, WA
	College Bound	Grant, WA
Boys and Girls Club of the Columbia Basin	Youth Club	Grant, WA
	Youth Club	Grant, WA
Care and Share of Grand Coulee	Food Bank	Grant, WA
	Emergency Shelter	Grant, WA
	Emergency Transportation	Grant, WA
	Utilities Assistance	Grant, WA



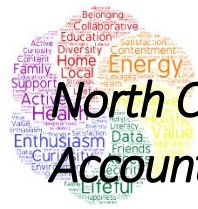
North Central Accountable Community of Health

Catholic Family and Child Service of Yakima	Rental Assistance	Grant, WA
	Outpatient - Counseling Services	Grant, WA
	VIP - Valley Intervention Program	Grant, WA
	Maternity Services - Pathways to Parenting	Grant, WA
	Foster Care/Adoption Services	Grant, WA
	Volunteer Chore Services - Elder Services	Grant, WA
	Foster Grandparents Program - Elder Services	Grant, WA
	Foster Teen Programs	Grant, WA
	Senior Companion Program	Grant, WA
	Child Care Nutrition Program	Grant, WA
	Parents as Teachers (PAT)	Grant, WA
	Kinship Navigator	Grant, WA
	Carroll Children's Center	Grant, WA
	Respite Care (Specifically for the Memory Challenged)	Grant, WA
	Child Care Aware of Central WA	Grant, WA
	Early Childhood Intervention & Prevention Services (ECLIPSE)	Grant, WA
	ECAP (Early Childhood Education Assistance Program)	Grant, WA
Columbia Basin Health Association	Primary Healthcare	Grant, WA
	Dental Services	Grant, WA
	Eye Care	Grant, WA
Columbia Basin Hospital	Hospital	Grant, WA
	Nursing Home	Grant, WA



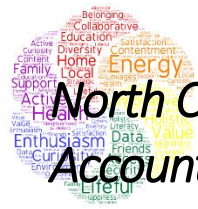
North Central Accountable Community of Health

	Family Medicine	Grant, WA
Confluence Health	Acute Rehabilitation Inpatient Center	Grant, WA
	Breastfeeding Basics	Grant, WA
	Childbirth Education Classes	Grant, WA
	Chronic Conditions Support Group--Wenatchee	Grant, WA
	Medical Center	Grant, WA
	Occupational Medicine	Grant, WA
	Primary Care Family Medicine Clinic	Grant, WA
	Breast and Cervical Health Program	Grant, WA
	Wenatchee Valley Hospital	Grant, WA
Coulee City, Town of	City Administration	Grant, WA
	Police	Grant, WA
	Senior Center	Grant, WA
	Fire and Ambulance Service	Grant, WA
Coulee Medical Center	Hospital	Grant, WA
	Emergency Department	Grant, WA
	Family Medicine	Grant, WA
	Surgery Center	Grant, WA
Coulee-Hartline School District	Public School District	Grant, WA
Crossroads Resource Center	Pregnancy Services	Grant, WA
	Post Abortion Counseling	Grant, WA
	Parenting Skills Program	Grant, WA
	OB ultrasound	Grant, WA
DSHS Region 1 - Moses Lake Community Services Office	DSHS - Community Service Office - Financial Assistance	Grant, WA



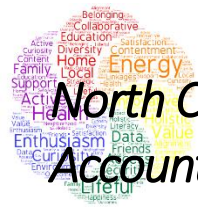
North Central Accountable Community of Health

	DSHS - Community Service Office - Medicare Savings	Grant, WA
	DSHS - Community Service Office - Basic Food Program	Grant, WA
	DSHS - Community Service Office - Working Connections	Grant, WA
	DSHS - Community Service Office - ID Card Assistance	Grant, WA
DSHS Region 1 - Moses Lake Office of Developmental Disabilities Administration	DSHS - Developmental Disabilities Administration - ESIT	Grant, WA
	DSHS - Developmental Disabilities Administration - EDPS	Grant, WA
	DSHS - Developmental Disabilities Administration - IFSP	Grant, WA
	DSHS - Developmental Disabilities Administration - RPS	Grant, WA
DSHS Region 1 - Moses Lake Office of Division of Children and Family Services	DSHS - Children's Administration - Child Protective Services	Grant, WA
	DSHS - Children's Administration - Adoption	Grant, WA
	DSHS - Children's Administration - Child Welfare Services	Grant, WA
	DSHS - Children's Administration - Family Reconciliation	Grant, WA



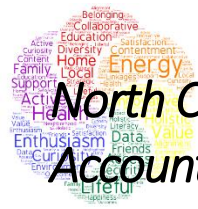
North Central Accountable Community of Health

	DSHS - Children's Administration - Foster Care	Grant, WA
DSHS Region 1 - Moses Lake Office of Division of Vocational Rehabilitation	Division of Vocational Rehabilitation	Grant, WA
Ephrata Consolidated Food Bank	Food Pantry	Grant, WA
Ephrata School District	Public School District	Grant, WA
	Public High School	Grant, WA
	Public Elementary School	Grant, WA
	Public Middle School	Grant, WA
Ephrata, City of	City Administration	Grant, WA
	Fire Protection Services	Grant, WA
	Law Enforcement Services	Grant, WA
Family Planning of North Central Washington	Birth Control, Contraception, and Emergency Contraception	Grant, WA
	Family TALKS (Talking and Listening to Kids about Sexuality)	Grant, WA
	STI check up	Grant, WA
Family Services of Grant County	Head Start	Grant, WA
	Family Planning Services	Grant, WA
	Early Head Start	Grant, WA
George, City of	Administration	Grant, WA
Grand Coulee Dam School District	Public School District	Grant, WA
	Public Elementary School	Grant, WA
	Public High School	Grant, WA
	Public Middle School	Grant, WA
Grand Coulee, City of	Administration	Grant, WA



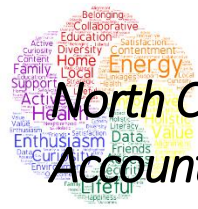
North Central Accountable Community of Health

	Fire Department	Grant, WA
	Police Department	Grant, WA
	Public Works Department	Grant, WA
Grant County District Court	District Court	Grant, WA
Grant County Emergency Management	Grant County Emergency Management	Grant, WA
Grant County Government	Marriage License	Grant, WA
	Assessors Office	Grant, WA
	Auditors Office	Grant, WA
	Office of the Clerk- Court Facilitator	Grant, WA
	District Court	Grant, WA
	Prosecutors Office	Grant, WA
	Sheriff's Office	Grant, WA
	Superior Court	Grant, WA
	Treasurer's Office	Grant, WA
Grant County Health District	Immunizations	Grant, WA
	Disease Control	Grant, WA
	HIV/AIDS Information	Grant, WA
	Tobacco Prevention	Grant, WA
	Food Protection	Grant, WA
	Vital Records	Grant, WA
	Safe Kids	Grant, WA
	Emergency Response and Preparedness	Grant, WA
Grant County Prevention & Recovery Center	Outpatient Treatment Services	Grant, WA
Grant County Public Works	Right-of-Way Permits and Development Review.	Grant, WA



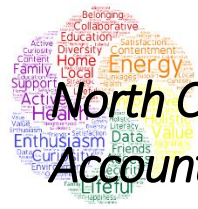
North Central Accountable Community of Health

	Solid Waste	Grant, WA
Grant County Sheriff	Sheriff	Grant, WA
Grant Integrated Services	Grant Mental Healthcare	Grant, WA
	Crisis Line	Grant, WA
	Directions in Community Living	Grant, WA
	Prevention and Recovery Center	Grant, WA
	New Hope Domestic Violence and Sexual Assault Services	Grant, WA
Grant Transit Authority	Bus Services	Grant, WA
Habitat for Humanity of Greater Moses Lake	Habitat for Humanity	Grant, WA
Housing Authority of Grant County	Affordable housing	Grant, WA
	HEN - Housing and Essential Needs	Grant, WA
	Homeless Rental Assistance	Grant, WA
In-Home Care of Central Washington	In Home Care Assistance	Grant, WA
Maternity Closet	Pregnancy Counseling	Grant, WA
Mattawa Community Medical Clinic	Family Practice	Grant, WA
Mattawa Food Bank	Food Bank	Grant, WA
Mattawa, Town of	Administration	Grant, WA
	Police Department	Grant, WA
	Fire Protection	Grant, WA
Moses Lake Chamber of Commerce	Chamber of Commerce	Grant, WA
Moses Lake Community Health Center	Medical	Grant, WA
	Dental	Grant, WA
	WIC (Women, Infants and Children Nutrition Program)	Grant, WA



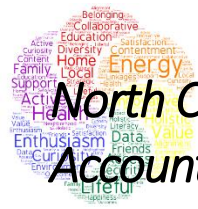
North Central Accountable Community of Health

	Maternity Support Services	Grant, WA
Moses Lake Food Bank	Food Pantry	Grant, WA
	Distribution Center	Grant, WA
	Thanksgiving Holiday Baskets	Grant, WA
Moses Lake School District	Public School District	Grant, WA
	Public Middle School	Grant, WA
	Public Elementary School	Grant, WA
	Public High School	Grant, WA
	Endeavor Middle School	Grant, WA
Moses Lake Senior Center	Pre-School	Grant, WA
	Senior Center	Grant, WA
	Home Delivered Meals	Grant, WA
Moses Lake, City of	Administration	Grant, WA
	Fire Protection	Grant, WA
	Law Enforcement	Grant, WA
	Parks and Recreation	Grant, WA
New Hope Domestic Violence Services	Domestic Violence & Sexual Assault Crisis Line	Grant, WA
	Domestic Violence and Sexual Assault Services	Grant, WA
North Central Regional Library	Community Library	Grant, WA
	Library Services	Grant, WA
	Literacy Council	Grant, WA
	Literacy Program	Grant, WA
Northwest Immigrant Rights Project	Legal Services	Grant, WA
	Deportation/Removal Defense	Grant, WA
	DACA/DAPA Workshops and Clinics	Grant, WA



North Central Accountable Community of Health

OIC of Washington	Educational Opportunities	Grant, WA
	Employment Training	Grant, WA
	Construction and Repairs	Grant, WA
	Weatherization Assistance Program	Grant, WA
	Food Bank	Grant, WA
	Utility Bill Assistance	Grant, WA
	Thanksgiving Baskets	Grant, WA
	The Prosperity Center	Grant, WA
	WIA 167 Farmworkers Investment Program	Grant, WA
People for People	Community Connector	Grant, WA
	Employment Training	Grant, WA
	Medicaid Transportation Brokering	Grant, WA
	Greater Columbia 211	Grant, WA
	Senior Transportation	Grant, WA
	Employment/Employment Services Transportation	Grant, WA
	Basic Food Outreach	Grant, WA
	Mobility Management Program	Grant, WA
	DSHS Seasonal Child Care Application Assistance	Grant, WA
	Meals on Wheels	Grant, WA
	Senior Nutrition	Grant, WA
	Senior Community Service Employment (SCSEP)	Grant, WA
	Gang Free Initiative	Grant, WA
Quincy Community Food Bank	Quincy Community Food Bank	Grant, WA
Quincy School District	Public School District	Grant, WA

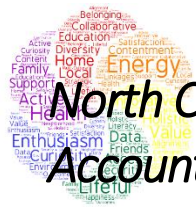


North Central Accountable Community of Health

	Public Elementary School	Grant, WA
	Public High School	Grant, WA
	Public Middle School	Grant, WA
Quincy Valley Medical Center	Medical Clinic	Grant, WA
	Hospital	Grant, WA
Quincy, City of	Administration	Grant, WA
	Car Seat Checks	Grant, WA
Royal City Food Bank	Food Bank	Grant, WA
Royal City, City of	Administration	Grant, WA
	Police Department	Grant, WA
	Fire Protection	Grant, WA
Royal School District	Public Elementary School	Grant, WA
	Public High School	Grant, WA
	Public Middle School	Grant, WA
	Public School District	Grant, WA
Salvation Army - Moses Lake	Emergency Services	Grant, WA
	Giving Tree Program	Grant, WA
	Summer Camp	Grant, WA
Samaritan Healthcare	Hospital	Grant, WA
	Urgent Care Center	Grant, WA
	Health Library	Grant, WA
	Samaritan Clinic	Grant, WA
	Diabetes Education and Support	Grant, WA
	Pediatric Clinic	Grant, WA
SkillSource	Career Information Workshops	Grant, WA
	Basic Skills/Computer Literacy/Pre Vocational	Grant, WA



	Vocational Education	Grant, WA
	On-the-job Training/ Work Experience	Grant, WA
Soap Lake Food Bank	Food Pantry	Grant, WA
Soap Lake School District	Public School District	Grant, WA
	Alternative High School	Grant, WA
	Public High School	Grant, WA
	Public Middle School	Grant, WA
Social Treatment Opportunity Programs	Outpatient Treatment	Grant, WA
United Methodist Church	Souper Saturday	Grant, WA
	Clothing Closet	Grant, WA
United States Postal Service	Post Office	Grant, WA
United Way of Grant County	United Way	Grant, WA
Wahluke School District	Public Elementary School	Grant, WA
	Public High School	Grant, WA
	Public Middle School	Grant, WA
	Public School District	Grant, WA
Warden School District	Public School District	Grant, WA
Warden, City of	Administration	Grant, WA
	Police	Grant, WA
Washington State Department of Labor and Industries	Worker's Compensation	Grant, WA
	Electrical Inspections	Grant, WA
	Factory Assembled Structures Inspections	Grant, WA
	Contractor Compliance	Grant, WA
	Wage, Hours and Breaks	Grant, WA
	Master Business License	Grant, WA



North Central Accountable Community of Health

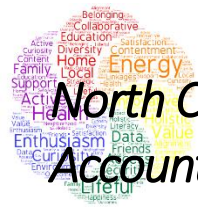
	Workplace Safety and Health	Grant, WA
	Apprenticeship	Grant, WA
Washington State Department of Licensing	Drivers Licenses	Grant, WA
Washington State Patrol - District 6	State Patrol	Grant, WA
Wilson Creek School District	Public School District	Grant, WA
Wilson Creek, Town of	Administration	Grant, WA
WorkSource of Adams and Grant County	Employment Center	Grant, WA
	Adult Program	Grant, WA
	Dislocated Worker Program	Grant, WA
	Unemployment Information	Grant, WA
	Youth Program	Grant, WA
WSU Grant and Adams County Extension	4-H	Grant, WA
	Family Consumer Science	Grant, WA
	Master Gardener Volunteers	Grant, WA
	Diabetes Prevention Program	Grant, WA
Yakima County Prosecuting Attorney	Criminal Division	Grant, WA
	Yakima County Child Support	Grant, WA
	Grant County Child Support	Grant, WA

Okanogan County Asset Inventory 56 Agencies 162 Services

<u>AgencyName</u>	<u>ServiceName</u>	<u>SiteCounty</u>
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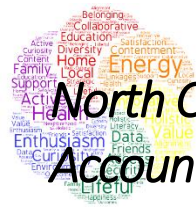


Aging and Adult Care of Central Washington	Access Service	Okanogan, WA
	Case Management and Nursing Services	Okanogan, WA
	Gatekeeper Program	Okanogan, WA
	Long-Term Care Ombudsman	Okanogan, WA
	Support Groups	Okanogan, WA
	Volunteer Services	Okanogan, WA
Brewster School District	Public School District	Okanogan, WA
Brewster, City of	Administration	Okanogan, WA
	Police	Okanogan, WA
	Fire Protection	Okanogan, WA
Career Path Services	Workforce Development Services	Okanogan, WA
	Transitional Jobs	Okanogan, WA
Confederated Tribes of the Colville Reservation	Substance Abuse Treatment	Okanogan, WA
	Diabetes Education and Support	Okanogan, WA
	Mental Health Treatment	Okanogan, WA
Confluence Health	Acute Rehabilitation Inpatient Center	Okanogan, WA
	Breastfeeding Basics	Okanogan, WA
	Childbirth Education Classes	Okanogan, WA
	Chronic Conditions Support Group--Wenatchee	Okanogan, WA
	Medical Center	Okanogan, WA
	Occupational Medicine	Okanogan, WA
	Primary Care Family Medicine Clinic	Okanogan, WA
	Breast and Cervical Health Program	Okanogan, WA
	Wenatchee Valley Hospital	Okanogan, WA



North Central Accountable Community of Health

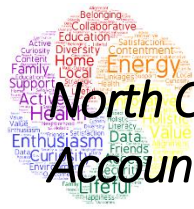
Coulee Dam, Town of	City Services	Okanogan, WA
	Police	Okanogan, WA
	Fire/Ambulance	Okanogan, WA
Cove, The	Food Pantry	Okanogan, WA
	Aid and Assistance	Okanogan, WA
	Faith in Action, Guardian Angels	Okanogan, WA
DSHS Region 1 - Omak Community Services Office	DSHS - Community Service Office - Financial Assistance	Okanogan, WA
	DSHS - Community Service Office - Medicare Savings	Okanogan, WA
	DSHS - Community Service Office - Basic Food Program	Okanogan, WA
	DSHS - Community Service Office - Working Connections	Okanogan, WA
	DSHS - Community Service Office - ID Card Assistance	Okanogan, WA
DSHS Region 1 - Omak Office of Developmental Disabilities Administration	DSHS - Developmental Disabilities Administration - ESIT	Okanogan, WA
	DSHS - Developmental Disabilities Administration - EDPS	Okanogan, WA
	DSHS - Developmental Disabilities Administration - IFSP	Okanogan, WA
	DSHS - Developmental Disabilities Administration - RPS	Okanogan, WA
DSHS Region 1 - Omak Office of Division of Children and Family Services	DSHS - Children's Administration - Child Protective Services	Okanogan, WA



North Central Accountable Community of Health

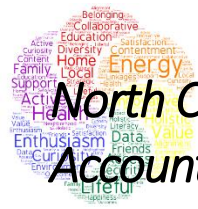
	DSHS - Children's Administration - Adoption	Okanogan, WA
	DSHS - Children's Administration - Child Welfare Services	Okanogan, WA
	DSHS - Children's Administration - Family Reconciliation	Okanogan, WA
	DSHS - Children's Administration - Foster Care	Okanogan, WA
DSHS Region 1 - Omak Office of Division of Vocational Rehabilitation	Division of Vocational Rehabilitation	Okanogan, WA
Family Health Centers of Okanogan County	General Medical Care	Okanogan, WA
	WIC	Okanogan, WA
	Dental Care Services	Okanogan, WA
Grand Coulee Dam School District	Public School District	Okanogan, WA
	Public Elementary School	Okanogan, WA
	Public High School	Okanogan, WA
	Public Middle School	Okanogan, WA
Housing Authority of Okanogan County	Section 8 Housing Choice Voucher Program	Okanogan, WA
	Section 8 Housing Choice Voucher Program	Okanogan, WA
	HOME Tenant Based Rental Assistance (TBRA)	Okanogan, WA
	Low-Income/Subsidized Apartments	Okanogan, WA
	Low-Income Senior Housing	Okanogan, WA
	IronStraw Agricultural Housing	Okanogan, WA
In-Home Care of Central Washington	In Home Care Assistance	Okanogan, WA
Methow Valley School District	Public School District	Okanogan, WA
Mid Valley Hospital	Hospital	Okanogan, WA
	Medical Clinic	Okanogan, WA
Nespelem School District	Public School District	Okanogan, WA

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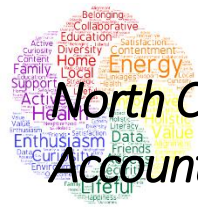
North Central Accountable Community of Health

Okanogan County Public Health	Public Health	Okanogan, WA
	Environmental Health	Okanogan, WA
Okanogan County Sheriff	Sheriff	Okanogan, WA
	County Emergency Management	Okanogan, WA
Okanogan County Transportation and Nutrition (OCTN)	Senior Meals	Okanogan, WA
	Transportation	Okanogan, WA
Okanogan Family Planning	Family Planning Services	Okanogan, WA
Okanogan School District	Public School District	Okanogan, WA
	Public Middle School	Okanogan, WA
	Public High School	Okanogan, WA
	Public Elementary School	Okanogan, WA
Okanogan, City of	Administration	Okanogan, WA
	Fire Services	Okanogan, WA
Omak Chamber of Commerce	Chamber of Commerce	Okanogan, WA
Omak Food Bank	Food Pantry	Okanogan, WA
Omak School District	Public School District	Okanogan, WA
	Public Elementary School	Okanogan, WA
	Alternative High School	Okanogan, WA
	Public High School	Okanogan, WA
	Public Middle School	Okanogan, WA
	Early Childhood Education	Okanogan, WA
Omak Senior Center	Senior Center	Okanogan, WA
	Senior Meals	Okanogan, WA
Omak, City of	Administration	Okanogan, WA
	Fire Services	Okanogan, WA
	Police	Okanogan, WA



North Central Accountable Community of Health

	Parks and Pool	Okanogan, WA
	Municipal Court	Okanogan, WA
	Public Works	Okanogan, WA
Oroville Housing Authority	Housing Authority	Okanogan, WA
	Homeless Shelter	Okanogan, WA
	Migrant Housing	Okanogan, WA
Oroville, City of	Administration	Okanogan, WA
	Police	Okanogan, WA
	Fire Services	Okanogan, WA
Pateros School District	Public School District	Okanogan, WA
Room One	Community Services	Okanogan, WA
	Crisis Management	Okanogan, WA
	Mental Health Support	Okanogan, WA
	Suicide Response	Okanogan, WA
	Family Planning Clinic	Okanogan, WA
	DSHS and Washington Connection Virtual Access	Okanogan, WA
	Lookout Coalition	Okanogan, WA
	Health Insurance Assistors	Okanogan, WA
	Food Access and Nutrition Program	Okanogan, WA
	Domestic Violence Prevention	Okanogan, WA
	Parenting Classes and Support	Okanogan, WA
SkillSource	Career Information Workshops	Okanogan, WA
	Basic Skills/Computer Literacy/Pre Vocational	Okanogan, WA
	Vocational Education	Okanogan, WA
	On-the-job Training/ Work Experience	Okanogan, WA



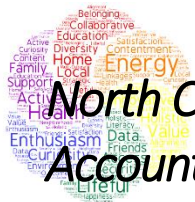
North Central Accountable Community of Health

Support Center	Domestic Violence and Sexual Assault Support	Okanogan, WA
	General Crimes	Okanogan, WA
Three Rivers Hospital	Hospital	Okanogan, WA
	Assisted Living Facility	Okanogan, WA
Tonasket Food Bank	Food Pantry	Okanogan, WA
Tonasket School District	Public School District	Okanogan, WA
Tonasket, City of	Administration	Okanogan, WA
	Police	Okanogan, WA
Twisp, Town of	Administration	Okanogan, WA
United States Postal Service	Post Office	Okanogan, WA
Washington State Department of Licensing	Drivers Licenses	Okanogan, WA
Washington State Patrol - District 6	State Patrol	Okanogan, WA
Wenatchee Valley College	Adult Basic Education	Okanogan, WA
	Tutor Center	Okanogan, WA
	Wenatchee Valley College Continuing Education	Okanogan, WA
Winthrop, Town of	Administration	Okanogan, WA
	Police	Okanogan, WA
WorkSource Okanogan County	Employment Center	Okanogan, WA
	WIA Training	Okanogan, WA
	Unemployment Information	Okanogan, WA
WSU Okanogan County Extension	4-H	Okanogan, WA
	WSU Extension	Okanogan, WA
	Master Gardener Program	Okanogan, WA
	Food Preservation Program	Okanogan, WA

C. NCACH Regional Health Needs Inventory

NCACH Regional Health Needs Assessment Inventory

CHA & CHNA	Central Washington Hospital	Grant County Health District(GCHD)	Columbia Valley Community Health (CVCH)	Moses Lake Community Health Center	Cascade Medical Center	Lake Chelan Community Hospital	Children and Youth with Special Healthcare Needs
Document Type	CHNA	CHA	CHNA	CHNA	CHNA	CHNA	HNA
Lead Organization	Community Choice Healthcare Network/Chelan Douglas Health District	GCHD	CVCH/Alissa R. Mork	Moses Lake Community Health Center	Community Choice Healthcare Network/Chelan Douglas Health District	Lake Chelan Community Hospital/Community Choice Healthcare Network	United Way
Date Released	12-01-2013	2015	10-2013	May 2011	12-01-2013	12-01-2013	July 2014
County Health Rank in WA State	Chelan=13/29 Douglas=9/39 Grant=23/39 Okanogan=37/39	Grant=23/39	Chelan=13/29 Douglas=9/39	Grant=23/39	Chelan=13/29	Chelan=13/29	Chelan=13/29 Douglas=9/39
Region Covered	Chelan, Douglas, Grant, Okanogan Counties	Grant County	Chelan, Douglas Counties	West and Central Grant County	Chelan County PHD #1	Chelan County PHD #1	Chelan & Douglas Counties



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D. Initial Priorities Narrative

In 2015, the Leadership Group established two initiative work groups, inviting NC-RSA, payers and other potential risk bearing entities to participate. Because these initiatives were developed without significant new resources, they were not intended to be full-scale region-wide interventions capable of major population health improvements, but to serve as proof-of-concept projects that could catalyze further partnership development and lay the groundwork for future definitive interventions.

Additional detail can be found in the following documents:

- NCACH Care Transformation Implementation Plan
- NCACH Population Health Initiative Implementation Plan

E. NCACH Work Group Tools/Templates

All work group tools and templates are located on the NCACH docvault and can be accessed on the [Regional Work Groups](#) page.

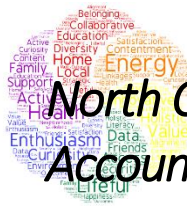
F. NCACH Care Transformation Implementation Plan

A **Care Transformation Work Group** began meeting in May 2015 with a focus on Diabetes Care Transformation. Input from regional diabetes educators identified a lack of enrollment in evidence-based programs, with frequent program cancellations and inefficient use of resources due to low enrollments. Following a literature review, the team elected to collect data on regional Diabetes Self-Management Education efforts and outcomes.

The regional team came to consensus on the project focus, requirements, strategies, reach, outputs, and anticipated short and long-term outcomes (see attached Care Transformation Project Logic Model).

Two data-collection survey tools were developed:

- A client-focused survey targeting DSME clients throughout the NCACH region who had completed a program of diabetes instruction within the past 24 months. Data to be collected included feedback on the completed program, knowledge retention, self-management compliance, and continuing education needs. This survey was conducted in face-to-face interviews and phone interviews by agency staff where the education took place. The survey was conducted in either English or Spanish. On survey completion, surveyors entered



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client responses in an electronic survey tool (Survey Monkey) for overall analysis. Patient names and addresses were obtained to provide a small incentive check (\$15.00) for participation, but client identification was excluded from data reporting to maintain confidentiality.

- A provider-focused survey targeting regional physicians and mid-levels, seeking input on regional DSME program awareness, identified barriers to DSME referrals, provider notification of DSME completion, reinforcement of self-management education post program completion, and office-based diabetes education barriers or needs. Survey information was distributed to providers in the NCACH service area through their healthcare agency representatives. Provider surveys were conducted electronically using Survey Monkey. Provider names and addresses were obtained for those providers who wanted the survey data, but names and contact information were excluded from data reporting to maintain confidentiality.

These surveys were launched in October. The client survey will conclude 11/20/15 and the provider survey will conclude 12/4/15. The team is currently involved in data collection, contacting clients and providers to encourage participation. Twenty-four patients and forty-two providers have participated as of 11/18.

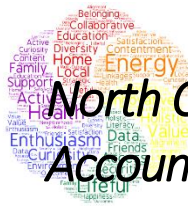
Project metrics included regional marketing and communication outcomes, volume of participants and location of participants, and gap identification (e.g., service, knowledge, or resource gaps). Colville Tribal Health Diabetes Program staff were made aware of the surveys and are considering participation. Delays and barriers to tribal participation included the massive NCW wild fires in the summer of 2015, which closed Indian Health Clinics, and staff unavailability.

Survey data will be compiled and shared with the Governing Board, the backbone organization, and interested healthcare providers. A process improvement plan will be developed based on survey results with emphasis on a whole-person approach, a combination of community and clinical resources to support effective care, and the integration of the physical and behavioral health aspects of treatment.

Project Regional Partners and Contributors:

Accurate Language Systems
Amerigroup
Catholic Family and Child Services
Chelan-Douglas Health District
Columbia Valley Community Health

Community Choice
Confluence Health
Coulee Medical Center
Family Health Centers
Frontier Home Health and Hospice



North Central Accountable Community of Health

Grant County Health District
Housing Authority of Grant County
Mid Valley Hospital
Molina Healthcare

North Central Educ. Service District
Samaritan Healthcare

Developing Standard Tools

As this was the first NCACH Work Group launched, time was spent developing replicable tools for future use, including agenda and minute templates, standard ground rules, a logic model template, a decision matrix template, and a document repository accessible to all participants (see attached Ground Rule, Logic Model, and Matrix templates).

Project Conclusions:

1. **Provider data collection** is underway. Results indicate that providers were serious in their responses and hopeful that the survey would result in improvements. A full summary will be compiled following survey closure.

Preliminary provider data indicates:

- Concerns re: program costs to patient
- Concerns re: program costs to agency (in response to no-show registrants, cancelled programs)
- Lack of access to services (issues related to distance, program scheduling, lack of transportation, lack of area access to knowledgeable educators)
- Lack of access to educational materials
- Lack of communication between healthcare team members
- Lack of awareness of regional programs
- Lack of patient interest/desire to attend DSME

2. **Client/patient data collection** is underway. A full summary will be compiled following survey closure.

Preliminary client data indicates:

- Diet and food planning were identified as the top education needs, followed by weight management.
- DSME class attendance, individual DSME sessions, and cooking classes were identified as the top three preferred learning methods, followed by instructions from the client's provider.



- ## G. NCACH Population Health Initiative Implementation Plan

Two elementary schools were approached as pilot sites. One school declined the pilot due to a potential conflict of interest related to the schools after-school program funding. The second school requested two sessions per day to double program enrollment. The pilot program, a series of 6 classroom sessions, was incorporated into the school's after-school program and targeted 3 – 5th grade students.

- Recurring messages focused on personal choices, self-control, and self-management.
- Weekly lesson plans and classroom activities were developed based on the “Walk the Walk” program topic outline and MyPlate curriculum.
- Class materials included take home “assignments” to be done with a family member to expand the reach of program information and help cement new learning.
- Class materials included adult-centered topic support materials.
- Class materials included both English and Spanish language information.



The project metrics included pre- and post-program knowledge testing and continuous classroom evaluation of students (direct observation of student retention, responsiveness, engagement, and interactions) and instructors.

Final metrics (a student exam, school personnel interviews) to assess retention, identify any changes in student behavior, and any staff feedback regarding the class coordination or curriculum will be conducted in December within 30 days of program completion.

Project Regional Partners and Contributors:

Amerigroup
Chelan-Douglas Health District
City of Wenatchee
Columbia Basin Hospital
Columbia Valley Community Health
Community Choice
Confluence Health
Crunch Pak
Delta Dental
Diabetic Community Member
Eastmont High School
Family Health Centers
Frontier Home Health and Hospice

Gold's Gym
Grant County Health District
Integrative Health Network
Mid Valley Hospital
Mission View Elementary School
Molina Healthcare
Mt. Stuart Physical Therapy
North Central Educ. Service District
Rock Island Elementary School
Room One
Small Miracles
Wenatchee Valley College MA
Program

Project Conclusions:

This program will conclude with post-testing and school staff interviews in December. A full summary will be compiled following program completion.

H. NCACH Overall Work Group Process Evaluation

Team members from both work groups evaluated the overall work group processes and project work.

Clarity of Purpose	<p>Key: Members must have a clear understanding of the group’s purpose.</p> <p>Majority of team members stated they understood the team purpose. Later arriving members, introduced after the project and planning were underway, were less sure of purpose.</p>
Commitment to Participate	<p>Key: When an agency is identified as a key stakeholder, its representative member(s) must commit to participate or identify a replacement. Participating agencies need to support staff by allotting time for project work. Teams must identify and target key agencies and membership competencies needed to ensure success when developing the team.</p> <p>11 of the overall 25 Care Transformation team members participated from start to finish.</p> <p>6 of the overall 22 Population Health team members participated from start to finish.</p> <p>Member turnover occurred when members took new positions and were not replaced, were replaced late in the project process, or when a participant believed that the project did not relate to their expertise or area of interest and dropped off. Turnover created a need for frequent “new member orientation” to goals, plans, and processes which was not consistently provided. There was not always a good handoff between the agency member leaving and the replacement. In a few cases, members signed on to participate during a team’s initial development, but never participated in any way. Members noted limited staff capacity at partner organizations as a challenge for future work groups.</p>
Common Agenda	<p>Key: Members must agree on a common, shared agenda: a commitment to move in the same direction, toward the same identified goal.</p> <p>Majority of team members felt that the work groups operated with a shared agenda. The shared agenda needed to be reviewed periodically to keep the group on track and not going down rabbit holes.</p>
Collaborative Project Selection	<p>Key: Members must work collaboratively, using a measurement tool and referencing data, when selecting a project.</p> <p>Majority of team members felt that the groups used a collaborative process to select a project. A decision matrix tool was developed to provide support in cases where a selection must be made from multiple project requests and requests must be prioritized.</p>
Shared Data	<p>Key: Agencies must commit to sharing their data with other agencies, even in competitive situations.</p>

	<p>Majority of team members felt that the groups shared data when requested to do so. However, members did not always seem to be aware of or readily offer up data or information that would be helpful to the team. Requests for data needed to be very clear, specific and timely.</p>
Shared Accountability	<p>Key: Members must accept accountability for the success and or failures of the team's efforts.</p> <p>Majority of team members felt that the work groups shared accountability for project success.</p>
Collaborative Project Planning	<p>Key: All member voices should be heard and respected in the planning process.</p> <p>Majority of team members felt that the groups planned their projects in a collaborative way. Members needed to be directed to seek out project feedback from their own agency experts and bring it back to the team. An interactive project planning tool would be helpful in planning and communicating project status.</p>
Collaborative Metrics Selection	<p>Key: All participating agencies should agree on the metrics that will be used to measure project success. All must agree to gather data in a way that supports metrics reporting.</p> <p>Majority of team members felt that the groups identified metrics in a collaborative way.</p>
Equitably Shared Workload	<p>Key: Sufficient staffing is necessary to keep projects on track; ensuring communications and work tasks are completed. The work effort required to complete a project should be projected and the team needs to ensure that the appropriate human resources are available and committed to support the effort and the coordination of the team itself.</p> <p>Majority of team members on the Care Management team felt that the group shared the workload equitably. Work effort hours reported by members ranged from 1 hour to >25 hours, but most identified work effort within a similar time range of 20 – 25 hours.</p> <p>The Population Health team responses indicated lower level of workload equality, with comments indicating that some members, particularly the facilitator, had taken on a heavier workload than others. Work effort hours reported by members ranged from 1 hour to > 60 hours, with 3 reporting less than 5 – 6 hours and 3 reporting more than 20 – 25 hours. For various reasons, members who took on project tasks did not follow-through, but the work still needed to be completed on schedule and was picked up by others. Much of the workload of the project fell to one agency.</p>
Communication Effectiveness	<p>Key: Frequent communication is necessary to keep regional team members engaged in the project and to develop and maintain team relationships. Selecting and maintaining a standard meeting date and time at the team's outset would eliminate constant work to schedule around multiple conflicts. Members who cannot attend must be accountable for reporting task status. An interactive project planning tool would help members stay on top of tasks and deadlines.</p>



	<p>Both teams identified face-to-face meetings and work meetings as the most effective methods of communication, followed by electronic, verbal and written communications.</p> <p>The initial face-to-face start-up meetings were followed by phone conference calls. New replacement members were at a disadvantage having not met others in a face-to-face meeting. Phone conversations were not always clear and were not conducive to group interaction, discussion, or consensus building. Members noted that the geographic size of the NCACH region created challenges for both work groups and for future work groups. More effective distance meeting tools will be helpful (e.g., Go-To-Meeting or other distance-meeting format, interactive project management tools).</p>
Work Group Processes	<p>Team members want to work in an environment of mutual commitment to the project goals, where all can openly express opinions and ideas and there is mutual trust of all members.</p> <p>Team members want everyone's abilities, knowledge and experiences used fully.</p>
Budget	<p>Key: A project budget needs to be developed of anticipated revenue (donations, grants, etc.) and anticipated human and materials expenses.</p> <p>These were relatively small-scale projects and both were completed within anticipated material expenses.</p>



Category 6: Sustainability Planning

A. Sustainability Narrative

The NCACH Governing Board will be discussing a sustainability plan for the region beginning with the December 2015 board meeting.

B. Sustainability Plan

NCACH Sustainability Plan to be determined by NCACH Governing Board in early 2016.