

North Central Health Partnership

Community of Health Planning Process

Final Report

December 22, 2014

Grantee: Okanogan County Public Health

Coordination Organization: Community Choice Health Improvement Collaborative

Contract #: K1229

EXECUTIVE SUMMARY

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

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

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

- Each county COH coalition accepted the need to be part of a regional ACH with the understanding that its definition is a work-in-progress and would evolve as more voices and perspectives were gained.
- The COH county coalitions reached the consensus that the NCW region is not ready to pursue the ACH pilot grant opportunity, but is committed to pursue a Design Community grant to continue this planning process.
- The aim of integration of resources through greater multi-sector collaboration that would reduce duplication of efforts and increase our collective impact on improving health in measurable terms was by far the most enthusiastically supported part of the vision that emerged.

- The engagement of payers and the state in future discussions about sustainability and payment reform was identified as a key part of the pending work for the coming year.
- The conversation about the governance of ACH was started with an initial proposal to begin gaining input and is expected to be a key focus of work in early 2015.

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

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

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

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

Table 1. NCHP Leadership Group

NCHP Leadership Group	
NCHP Meeting Dates	June 17, 2014 June 25, 2014 July 22, 2014 August 27, 2014 September 24, 2014 October 22, 2014 November 25, 2014 December 17, 2014
Members	Sector
Lauri Jones	Okanogan County Public Health (Grantee)

Jeff Ketchel	Grant County Public Health
Robin Read,	Kittitas County Public Health
Barry Kling	Chelan/Douglas Counties Public Health
Bruce Buckles	Aging and Adult Care of Central Washington
David Olson	Confluence Health
Erin Hafer	Community Health Plan of Washington
Florentino Alonso	Molina Health
Peter Morgan	Federally Qualified Health Centers
Nancy Warner	IRIS (Initiative for Rural Innovation and Stewardship)
Renee Hunter	Chair Coalition for Children and Families of NCW
Gail Goodwin	Grant Integrated Services
Ben Lindekugel	Assoc. of Wash. Public Hospital Districts
Deb Miller	Community Choice Health Improvement Collaborative
Jesus Hernandez	Community Choice Health Improvement Collaborative

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

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

Table 2. Community Choice Board of Directors

Community Choice Board of Directors

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

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

Table 3. NCHP County COH Meeting Dates

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

November 20, 2014	November 21, 2014		December 8, 2014
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The following table represents local leadership efforts to bring stakeholder voices to the table. Each represented county developed its own list of potential stakeholders and sent them meeting invitations via e-mail. Additionally, leaders continued to actively engage other partners at all county meetings and throughout the COH grant process. There were some minor variations in multi-sector stakeholder meeting attendance among the individual counties. Based on overall observation, factors that may contribute to these variations might be:

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

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

Table 4. NCHP Stakeholder Representation

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

	<i>Grant Integrated Services</i>	Behavioral Health/Social Services
	<i>Initiative for Rural Innovation and Stewardship</i>	Community Organization
	<i>Kittitas Co. Public Health</i>	Public Health
	<i>Okanogan Co. Public Health</i>	Public Health
Chelan - Douglas County Community Coalition	NW Justice Project	Legal/Social Services
	<i>12th Legislative District</i>	Government
	<i>Aging and Adult Care of Central Washington</i>	Social Services
	Apple Valley Red Cross	Social Services
	Bridgeport School District	Education
	<i>Cascade Medical Center</i>	Hospital/Health Care
	Cascade School District	Education
	<i>Cascade Unitarian Universalist Fellowship</i>	Faith-Based Organizations
	Cashmere School District	Education
	<i>Catholic Family and Child Services</i>	Behavioral Health
	<i>Chelan Co. Sheriff</i>	Law/Local Government
	<i>Chelan County Commissioners</i>	Local Government
	<i>Chelan Douglas Health District</i>	Public Health
	<i>Chelan Douglas RSN</i>	BH/Local Government
	Chelan-Douglas Land Trust	Philanthropy
	City of Bridgeport	Local Government
	City of Cashmere	Local Government
	City of Chelan	Local Government
	City of East Wenatchee	Local Government
	<i>City of Entiat</i>	Local Government
	City of Leavenworth	Local Government
	City of Mansfield	Local Government
	City of Rock Island	Local Government
	City of Waterville	Local Government

	<i>City of Wenatchee</i>	Local Government
	<i>Coalition For Children and Families</i>	Social Services
	<i>Colonial Vista/Local Resident</i>	Senior Consumer
	<i>Columbia Valley Community Health</i>	Health Care
	<i>Community Action</i>	Social Services
	<i>Community Choice Health Improvement Collaborative</i>	Healthcare Collaborative
	<i>Community Health Plan of Washington</i>	Payer
	<i>Community Members</i>	Consumers
	<i>Confluence Health</i>	Hospital/Health Care
	CWH Foundation	Philanthropy
	Davitt Law	Legal/Business
	Douglas County Commissioners	Local Government
	Douglas County Planning Department	Local Government
	Douglas County Sheriff	Law/Local Government
	<i>DSHS Regional Office</i>	Social Services
	East Wenatchee Police	Law/Local Government
	<i>Eastmont Metropolitan Park District</i>	Local Government
	Eastmont School District	Education
	Empire Health Foundation	Philanthropy
	Entiat & Pallasades School District	Education
	<i>Family Planning NCW</i>	Health Care
	<i>Genesis HealthCare</i>	Health Care/Long-Term Care
	Housing Authority	Housing
	<i>Initiative for Rural Innovation and Stewardship</i>	Community Organization
	Juvenile Justice	Law/Local Government
	Lake Chelan Chamber of Commerce	Business
	<i>Lake Chelan Community Hospital</i>	Hospital/Healthcare
	Lake Chelan School District	Education
	<i>Lighthouse Clinic</i>	Health Care
	Mansfield School District	Education
	Manson School District	Education

	<i>Molina Healthcare of Washington</i>	Payer
	Mt. Stuart Physical Therapy	Health Care
	NCW Community Foundation	Philanthropy
	NCW Hispanic Chamber of Commerce	Business
	<i>NCW Integrative Health Network</i>	Integrative Health Care
	<i>North Central Education Service District</i>	Education
	<i>North Central EMS Council</i>	Health Care
	Orondo School District	Education
	Pybus Market/Wenatchee Farmer's Market	Business/Food Systems
	Run Wenatchee	Business/Community Org
	<i>SAGE (Domestic and Sexual Violence Center)</i>	Social Services
	<i>The Center for Alcohol & Drug Treatment</i>	Behavioral Health
	<i>Together for Drug-Free Youth</i>	Social Services
	<i>United Way of Chelan Douglas</i>	Social Services
	Van Doren Sales	Business
	Waterville School District	Education
	Wellness Place	Social Services
	<i>Wenatchee Chamber of Commerce</i>	Business
	Wenatchee Downtown Business Association	Business
	Wenatchee Outdoors	Community Organization
	Wenatchee Police	Law/Local Government
	Wenatchee School District	Education
	Wenatchee Valley College	Education
	Wenatchee Valley Lutheran Latino Leadership	Faith-Based Organization
	Wenatchee Valley Transportation Council	Transportation
	<i>Women's Resource Center</i>	Social Services
	Worksource	Social Services
Okanogan County Community Coalition		
	7th Legislative District	Government
	Aero Methow EMS	Health Services

	<i>Blackbird Clinic</i>	Integrative Health Care
	<i>Colville Tribes</i>	Tribal Agency
	Community Action Council-Veterans Rep	
	<i>Community Choice Health Improvement Collaborative</i>	Health Care Collaborative
	<i>Confluence Health</i>	Health Care
	<i>Douglas-Okanogan County Fire District 115</i>	Local Government
	<i>Family Health Centers</i>	Health Care
	<i>Frontier Home Health and Hospice</i>	Health Care
	<i>Harmony House</i>	Health Care/Long-Term
	HeadStart, Early HeadStart, ECEAP	Social Services
	<i>Lifeline Ambulance</i>	Health Care
	<i>Mid Valley Hospital</i>	Hospital/Health Care
	<i>Molina Healthcare</i>	Payer
	<i>North Valley Hospital</i>	Hospital/Health Care
	<i>Okanogan Behavioral Healthcare</i>	Behavioral Health
	Okanogan County Commissioners	Local Government
	<i>Okanogan County Community Coalition</i>	Social Services
	Okanogan County Sheriff	Local Government
	<i>Okanogan Public Health</i>	Public Health
	<i>Three Rivers Hospital</i>	Hospital/Health Care
	<i>Tonasket VA Clinic</i>	Health Care
	<i>Tonasket Community/Retired RN NVH</i>	Consumer
Kittitas County Community Coalition	<i>Aging and Long Term Care</i>	Social Services
	<i>Alcohol and Drug Dependency Services</i>	Behavioral Health Care
	<i>Central Washington Comprehensive Mental Health</i>	Behavioral Health Care
	<i>Central Washington University-Public Health Program</i>	Education
	<i>Central Washington University-Student Health and Counseling Services</i>	Behavioral Health Care/Education
	<i>City of Ellensburg</i>	Local Government

	City of Cle Elum	Local Government
	Cle Elum Police Department	Local Government
	Cle Elum Roslyn School District	Education
	Community Choice Health Improvement Collaborative	Health Care Collaborative
	Community Health of Central Washington	Health Care
	Easton School District	Education
	Ellensburg Police Department	Law/Local Government
	Ellensburg School District	Education
	Elmview (DD Services)	Social Services
	Head Start/ECEAP	Social Services
	Entrust Community Services	Social Services
	Hope Source	Social Services
	Kittitas County Commissioners	Local Government
	Kittitas County Community Network & Coalition	Social Services
	Kittitas County Public Health Department	Public Health
	Kittitas County Sheriff	Local Government
	Kittitas Public Hospital District #1	Hospital District
	Kittitas Public Hospital District #2	Hospital District
	Kittitas School District	Education
	Kittitas Valley Fire and Rescue	Local Government
	Kittitas Valley Healthcare	Hospital/Health Care
	Thorp School District	Education
Grant County Community Coalition	Adult and Aging Care of Central Washington	Social Services
	Association of Washington Public Hospital Districts	Hospital District
	Big Bend Community College	Education
	City of Ephrata	Local Government
	City of Moses Lake	Local Government
	City of Quincy	Local Government
	City of Soap Lake	Local Government

	City of Warden	Local Government
	Columbia Basin Foundation	Philanthropy
	Columbia Basin Health Association-Wahluke Clinic	Health Care
	Columbia Basin Hospital	Hospital/Health Care
	Community Choice Health Improvement Collaborative	Health Care Collaborative
	Confluence Health	Health Care
	Coulee Medical Center	Health Care
	Ephrata School District	Education
	Family Services of Grant County	Health Care
	Grant County Commissioners	Local Government
	Grant County Coroner	Local Government
	Grant County Emergency Management	Local Government
	Grant County Health District	Public Health
	Grant County Public Hospital District 7	Hospital District
	Grant Integrated Services	Behavioral Health/Social Services
	Mattawa Community Medical Clinic	Health Care
	Moses Lake/Quincy Community Health Center	Health Care
	Moses Lake School District	Education
	Prevention and Recovery Center	Behavioral Health Care
	Parkview Pediatrics	Health Care
	Quincy School District	Education
	Quincy Valley Medical Center	Hospital
	Rep. Manweller 13th Legislative District	Government
	Rep. Warnick 13th Legislative District	Government
	Samaritan Healthcare	Hospital/Health Care
	Sen. Holmquist 13th Legislative District	Government
	Serve Moses Lake	Social Services
	Wahluke School District	Education

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

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

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

- The concept of a regional ACH, its purpose and intended scope was not well understood or it did not agree with the views of established leadership in some sectors.
- Feedback from certain sectors in some counties indicated that a regionalization of health care was a threat to the desired or perceived local control.
- The parallel decision making process to redefine RSN (Mental Health Regional Support Network) regions posed a particular challenge to starting this conversation.
- It was deemed wise to focus on the intent of the planning process at a grassroots level to create the necessary awareness and understanding that would then support a regional conversation about an ACH formal structure.

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

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

The parallel decision making process led by county commissioners, state representatives, and other relevant parties on redefining geographic boundaries of the established RSNs (Mental Health Regional Support Networks) was one significant reason the COH planning process deferred the governance topic to a later time. For better or for worse, it was deemed that until that question was addressed, it would be difficult to initiate the ACH governance conversation. The unique circumstances of the Chelan/Douglas RSN in relation to our other NCW counties posed a particular dilemma. Ultimately, it was decided that the Chelan/Douglas RSN would dissolve and those two counties would join Grant and Okanogan counties as part of the Spokane RSN. Kittitas County will remain with the Yakima RSN. This RSN configuration has been characterized as a temporary step allowing the newly recognized NCW RSA (Regional Service Area) to establish a firm footing. The leading idea is that the four NCW counties of Okanogan, Chelan, Douglas and Grant are a naturally defined health care market with established and referral patterns. Given the HCA’s goal of integrating medical and behavioral health care, it naturally follows that a functional RSA could and should be created with the same boundaries. Anything else would create barriers to integration and be counter to our goals.

Identify shared community health and health care priorities that align with State transformation priorities as outlined in the State Health Care Innovation Plan and related transformation efforts (e.g., Prevention Framework, Public-Private Transformation Action Strategy, clinical-community linkages, bi-directional integration of physical-behavioral health care, value-based payment, etc.). *Example: the plan should describe existing or emerging community and/or regional priorities as part of the COH planning process.*

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

The regional Community Health Needs Assessment (CHNA), published in December 2013, was the joint effort of Community Choice and Chelan Douglas Health District (CDHD) on behalf of Confluence and CDHD. Because of the regional scope of this joint effort, the regional CHNA provided an overarching foundation to initiate county/community priority planning discussions at the County Coalition meetings. The local public health districts supplemented the county discussions with more

focused data from locally drafted needs assessments. Counties used both CHNA and social determinants of health information to lead discussions with multi-sector partners to align with the state prevention framework.

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

- **Chelan-Douglas** (see Appendix A: Chelan-Douglas County Coalition Final Report, page 22)
Early consensus among the stakeholders attending these meetings was an agreement of the need to choose a single initiative that will provide focus in order to enable collaborative efforts by multi-sector stakeholders. The regional CHNA was the primary assessment referenced during these discussions and of which the priorities were used to lead a breakout discussion specific to the social determinants of health. During that breakout session participants agreed there are a number of positive initiatives happening in the area which makes narrowing the focus a difficult task. It was agreed that measuring impact could pose a challenge. While this breakout group discussion did not identify a specific health initiative to focus on, in its final report/action plan, the group did agree that one or two health initiatives should be identified in order for work to begin in early 2015.

- **Okanogan** (see Appendix B: Okanogan County Coalition Final Report, page 24)
Early consensus among the stakeholders attending these meetings was an agreement of the need to choose a single initiative that will provide focus in order to enable collaborative efforts by multi-sector stakeholders. The regional CHNA was the primary assessment referenced during these discussions and of which the priorities were used to lead a breakout discussion specific to the social determinants of health. During that breakout session participants agreed there are a number of positive initiatives happening in the area which makes narrowing the focus a difficult task. It was agreed that measuring impact could pose a challenge. While this breakout group discussion did not identify a specific health initiative to focus on, in its final report/action plan, the group did agree that one or two health initiatives should be identified in order for work to begin in early 2015.

- **Grant** (see Appendix C: Grant County Coalition Final Report, page 26)
Consensus among the Grant County Coalition stakeholders was to choose one or two initiatives to be adopted by the regional partners. These could be aimed at integration of physical and mental health population health care and/or primary prevention. The regional CHNA as well as information gathered for a Grant County health needs assessment were referenced during these county coalition discussions. During the breakout session, the group considered the four determinants of health categories when responding to questions regarding the development of a county wide ACH communication plan, governance, and work plan. While the group did not identify a specific health initiative to focus on, a list of potential initiatives was generated. The group has suggested the opportunity to use recently received adult chronic disease grant funds for the purpose of supporting this regional work.

· **Kittitas** (see Appendix D: Kittitas County Coalition Final Report, page 28)

Early consensus among the Kittitas County Coalition stakeholders, based on the geographic alignment of the county, was to focus the efforts of three planned COH meetings around a single health initiative that would provide a focus and opportunity to test a multi-sector collaborative effort of population health improvement. Because the regional CHNA used in the COH process was not inclusive of Kittitas County data, the Kittitas County Coalition used the 2012, *The Health of Kittitas County*, community health needs assessment as the guiding document for COH community priority planning. Kittitas Valley Healthcare facilitated the series of meetings by guiding the multi-sector stakeholders a collective impact process. A core group of stakeholders were engaged throughout the entire process which included the three originally scheduled meetings and one additional meeting where the group collectively agreed to a single health initiative with an action plan to continue moving forward with the work in 2015.

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

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

- Regional Initiatives and coalitions identified during County Coalition meetings:
 - Chelan-Douglas:
 - Diabetes Support Group-Columbia Valley Community Health
 - Diabetes Prevention-YMCA
 - Get it Chelan-Lake Chelan Community Hospital
 - I Am Moving Program-Chelan Douglas Healthstart
 - Fighting Poverty-Chelan Douglas Community Action Council
 - Okanogan
 - Colville Confederated Tribes-Health Programs
 - Colville Confederated Tribes-PALS Prevention
 - Colville Confederated Tribes-Head Start
 - Classroom in Bloom-Methow Schools
 - Natural Helpers-Colville Tribes
 - Suicide Prevention-Colville Tribes and Room One

- School Nutrition Programs-WSU Extension
 - Healthy Relationship Class-Room One
 - Red Shed Gardening and Cooking Class-Room One
 - Fit For Life Coalition-Omak
 - Okanogan County Community Coalition
- Grant
 - Quincy Communities that Care
 - Moses Lake Prevention Council
 - Healthy Communities-Grant County Health District
 - Moses Lake Trail Planning Team
 - Boys and Girls Club
 - Leading Edge Advance Practice Topics (LEAPT)
 - Emergency Department Information Exchange (EDIE)
 - Multiple disease prevention/intervention programs
- Kittitas
 - Food Access Coalition for Kittitas county
 - KittFam
 - Breastfeeding Coalition
 - Cascade Prevention Coalition
 - Kittitas County Community Network and Coalition
- Initiatives led by Community Choice.
 - One of the established efforts that is ongoing and will now partner with our regional NCW CHNA and Health Improvement efforts is Initiative for Rural Innovation and Stewardship (IRIS). IRIS supports vibrant, healthy, sustainable rural communities in North Central Washington by building knowledge, confidence, and positive community dialogue. The organization's successful programs foster cooperative solutions to complex issues by connecting people, place and possibility. Among other efforts and partnerships, Community Choice members and partners will be engaged in the regional summits that IRIS coordinates. Community Choice will help sponsor these summits and assist with its coordination and planning.
 - A second relevant initiative that aligns and supports the interests and priorities of the COH grant planning is the Healthy Living Wenatchee Valley coalition which is co-facilitated by Community Choice and Chelan Douglas Health District. The Healthy Living Wenatchee Valley coalition is made up of a diverse cross sector membership which is dedicated to creating healthier communities full of opportunities that promote and support healthy living. The group's action planning process aligns with the Washington State Health Improvement Priorities and Strategies/Prevention Framework. Careful review of the Chelan Douglas County Health Needs Assessment data helps the coalition plan strategies and goals.
 - A third current initiative that also aligns and supports the COH grant planning priorities is an initiative that Community Choice has been developing borrowing from best practices and models in other states such as Maine. We are borrowing the model called 5210 Challenge which promotes healthy lifestyles and good nutrition. This

national childhood obesity initiative promotes 5 servings of vegetables or fruits daily; 2 hours or less of leisure screen time; 1 hour of daily physical activity; and 0 sweetened beverages. One exciting part of this initiative is that it links well with other grassroots health promotion initiatives by various communities. Some of these include: the Get Fit Chelan in the city of Chelan; the Healthy Living Coalition in Wenatchee; and the Farm to School program in the Wenatchee School District. The COH planning process served to help us identify other such initiatives that we can now link up to a regional network of efforts that promote a culture of health which aligns with the overarching goal of the Triple Aim.

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

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

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

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

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

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

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

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

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

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

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

people on most areas of health...from mental health, to smoking cessation, to transportation and the built environment that facilitates active living and a culture of health.

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

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

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

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

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

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

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

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

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

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

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

North Central Health Partnership

Community of Health Planning Process

APPENDICES

Appendix A: Chelan-Douglas County Coalition Final Report

Appendix B: Okanogan County Coalition Final Report

Appendix C: Grant County Coalition Final Report

Appendix D: Kittitas County Coalition Final Report

APPENDIX A: CHELAN-DOUGLAS COALITION FINAL REPORT

Chelan-Douglas Workshops on Health Care Reform 2014

Final Report Outline

November 21, 2014

I. Summary of Chelan-Douglas Workshops

A. Participant Lists (on file*)

B. Workshop Agendas and Notes (on file*)

II. Workshop Results

A. Consensus Statements

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

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

B. Key Upcoming Decisions

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

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

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

b. Another initiative could be a primary prevention effort aimed at population health improvement, such as a healthy eating/active living initiative. It may make

sense to base this initiative on existing efforts in the community, perhaps expanding or enhancing the current effort. If a new initiative is developed careful consideration should be given to the way the new effort complements and reinforces existing programs.

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

*Chelan-Douglas County Coalition meeting documents filed at:

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

APPENDIX B: OKANOGAN COALITION FINAL REPORT

Okanogan County Community of Health Workshops 2014

Draft Final Report Outline

November 20, 2014

I. Summary of Okanogan Workshops

A. Participant Lists (on file)

B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Consensus Statements

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

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

B. Key Upcoming Decisions

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

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

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

b. Another initiative could be a primary prevention effort aimed at population health improvement, such as a healthy eating/active living initiative. It may make sense to base this initiative on existing efforts in the community, perhaps

expanding or enhancing the current effort. If a new initiative is developed careful consideration should be given to the way the new effort complements and reinforces existing programs.

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

*Okanogan County Coalition meeting documents filed at:

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

APPENDIX C: GRANT COALITION FINAL REPORT

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

I. Summary of Grant County Workshops

A. Participant Lists (on file)

B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Consensus Statements

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

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

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

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

B. Key Upcoming Decisions

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

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

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

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

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

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

APPENDIX D: KITTITAS COALITION FINAL REPORT

Kittitas County Community of Health Workshops 2014

Final Report Outline

December 15, 2014

I. Summary of Kittitas Workshops

A. Participant Lists (on file)

B. Workshop Agendas and Notes (on file)

II. Workshop Results

A. Initial Consensus Statements

1. The Kittitas County Community of Health (COH) stakeholders involved in these discussions agree that geographic alignment in the designated RSA regions will likely result in Kittitas County joining counties to the south and will not align with the current North Central Washington Health Partnership.

2. Planning efforts will be focused on county health initiatives. It is important to identify a single health initiative that will engage all stakeholders.

B. Key Decisions

1. Participation in Accountable Communities of Health (ACH) governance structure is dependent upon RSA designation, therefore the Kittitas County Coalition will wait to engage in the ACH discussions.

2. Based on a collective impact process the group determined to move forward with mental health as the health initiative.

3. The following health action plan was drafted and the work will begin during the first half of 2015.

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

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

	Engage members in the process quickly		
5. Pilot project	Keep momentum Small test of change to test our change model	March/April 2015	

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