Olympic COMMUNITY of HEALTH

Go-To-Meeting:
Join the meeting from your computer:
https://global.gotomeeting.com/join/820447885

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Access Code: 820-447-885

Interim Leadership Council Agenda
January 11, 2016

Port Gamble General Store
32400 Rainier Ave NE - Port Gamble, WA
1:00 p.m. - 4:00 p.m.

Agenda

Regional Vision, Local Action

1:00 **Welcome and Introductions** — Jean Baldwin

Thank you! We are Officially Designated!

- Celebrating OCH Designation – what does it mean to our region and the work ahead?
- Resignation of Project Co-Manager, Barb Malich
- **Action Item:** Approve December 11, 2015 meeting minutes

1:15 **Sustainability: Focus on What Matters** — Dale Jarvis, TA Consultant

- Next steps, next sub-committee meeting

2:00 **Community Assessment/Planning** — Siri Kushner, Epidemiologist

- Review sub-committee work
- Set priorities for Stakeholder concurrence at the January 26, 2016 meeting
- Consider establishment of OCH Action Groups (build on existing, new, local/regional)

2:45 **HCA Contract, Budget and Staffing Discussion** — Eric Lewis, Scott Daniels

Action Items: Approve budget, position descriptions and staff hiring process/timeline

3:00 **Governance** — All Sub-Committee Members

Discussion Items: Governance Sub-Committee scheduled to meet in February 2016 (previously supported by Co-Project Manager, Barb Malich)

- Acknowledge sector representative changes
- Stakeholder, "Widening Sectors". Timeline is January/February, 2016 – Is this feasible?
- Tribal Nations have requested ILC seats for each Sovereign Tribal Nation, rather than as Sector.
- The Charter anticipates that the ILC switch to yet a more formal, wider Governing Body in February/March, 2016, with dissolution of the ILC. Are we on target, do we need to adjust timeline?
- Requires Governance Committee review and possible update to Charter. Can this be done before OCH/ILC Subcommittees are fully staffed?
- Set next Governance Committee meeting date

3:20 Medicaid Waiver Discussion

- What we know to date.
- Projects submitted for review if any.
- Areas OCH will support as OCH Priorities emerge, and as CMS project list evolves.

3:50 Other Business

- Participatory Leadership Conference
- Public comment
- ACH model funding

4:00 Adjourn

Feedback Network
Mass Distribution
December 23, 2015

Dear Feedback Network Member,

Two additional regions reached a milestone in their journeys to achieve healthy populations.

The Olympic Community of Health and Southwest Washington Regional Health Alliance both received designation as Accountable Communities of Health on December 22.

There are nine ACH regions that collectively cover the entire state and now six have achieved official designation status.

Designation means the ACH has:

- Demonstrated a governance structure that reflects balanced multi-sector engagement,
- Strong backbone support to perform financial, administrative and other collaborative functions,
- Identified priority areas and strengths based on ongoing regional health needs,
- Established an operating budget with an eye toward sustainability.

The Olympic Community of Health includes Clallam, Jefferson and Kitsap counties.

The Southwest Washington Regional Health Alliance includes Clark and Skamania counties.

Read more about recent activities in community transformation.

Thank you for your interest in a healthier Washington.

The Healthier Washington Project Team
healthierwa@hca.wa.gov
(360) 725-1980
www.hca.wa.gov/hw

Olympic Community of Health
Sustainability Subcommittee Meeting Notes
December 21, 2015

P	Kirsten Jewell	P	Susan Turner	P	TA Presenter, Dale Jarvis
P	Hilary Whittington	P	Siri Kushner		
P	Rochelle Doan	A	Katie Eilers		
P	Barbara Malich	A	Jody Moss		
P	Jennifer Kreidler Moss	A	Joe Roszak		
Recorder: Malich					

TOPICS	**Tasks/Decisions**
Discussion	
Members participated both at the KPHC, Sinclair Conference Room and by webinar. New Members were introduced and apology offered for meeting so close to Christmas. **Review of Charge for the Sustainability Subcommittee and reference to Sustainability Pathway document submitted as part of the Readiness Proposal to the HCA.** **Introduction of Dale Jarvis, CPA. Dale provided a comprehensive webinar approach to "What the Olympic Community of Health can Learn from the state of Healthcare Transformation". This initial presentation was focused at the committee level but it was agreed it should also be shared with the Interim Leadership Council, and the Stakeholders. The terms from the HCA TA also included 10 hours for his work on writing a Sustainability Plan. The agreement is from November through the end of January, 2016.** **Kristen Jewell requested that we identify the values and key components for sustainability at a future meeting. It was agreed that being synchronous in defining sustainability was an important first step. Dale noted and will incorporate into the presentation to the ILC and Stakeholders.** **The conversation was engaged and focused on Dale's approach to adopt Patient, Step by Step efforts to address improvement with a focus on highest cost and as a result "sickest patients". The discussion also embraced the University of Washington MHIP (Mental Health Integration Program) as an example of such an effort. Ideas were expressed regarding housing, homelessness, and other "big win" efforts that could be implemented.**	. Rochelle will share the In-Flight Simulator model Dale used in his presentation.

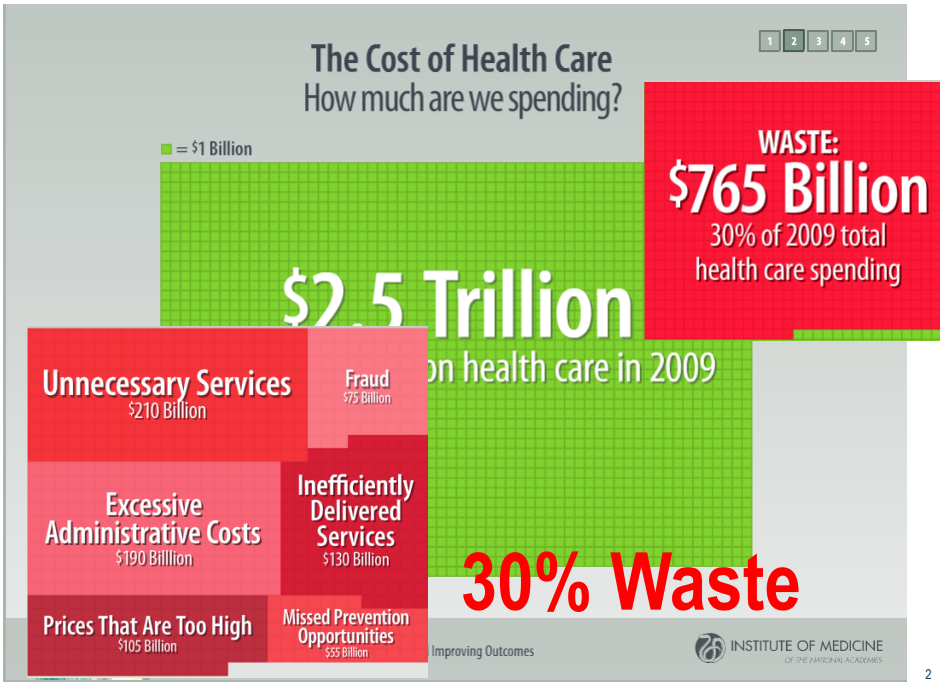
We agreed the approaches to true sustainability for OCH need to embrace approaches that will provide for simple wins. Dale shared that he believed integration in behavioral health or support systems for the elderly populations are good places to start. **We ran out of time before deciding on another meeting time. Barb shared this was her last meeting with OCH.**	
Next Meeting: Pending - previously it was important to committee members to establish a regular schedule for 2016.	

What the Olympic Community of Health Sustainability Subcommittee can Learn from the state of Healthcare Transformation

Dale Jarvis, CPA

DALE JARVIS & ASSOCIATES, LLC

1



2

Our Nation is at a Crossroad

- "Our nation is at a crossroad. The care we have simply cannot be sustained. It will not work for health care to chew even more deeply into our common purse."
- "If it does, our schools will fail, our roads will fail, our competitiveness will fail. Wages will continue to lag, and, paradoxically, so will our health."
- The choice is stark: chop or improve." (Don Berwick, former CMS Administrator)

3

3 Health Reform Trajectories

- No Change, No Improvement
  - The Status Quo is working for those in power
  - Or they can't get their act together
  - Get ready to be disrupted or chopped

- Change Without Improvement
  - The Wrong Initiatives
  - Or the Right Initiatives Not Executed
  - Get ready to be disrupted or chopped

- Patient, Step By Step Improvement
  - The Right People
  - The Right Initiatives
  - The Right Number of Initiatives
  - The Right Execution
  - The Path to Sustainability

4

Which Brings Us To Olympic

- The Bad News
  - You haven't made a ton of progress yet.
- The Good News
  - You haven't crushed everyone's spirit with dozens of meetings that haven't gone anywhere (No Change).

  - You haven't picked the wrong initiatives or failed at the one's you've attempted.

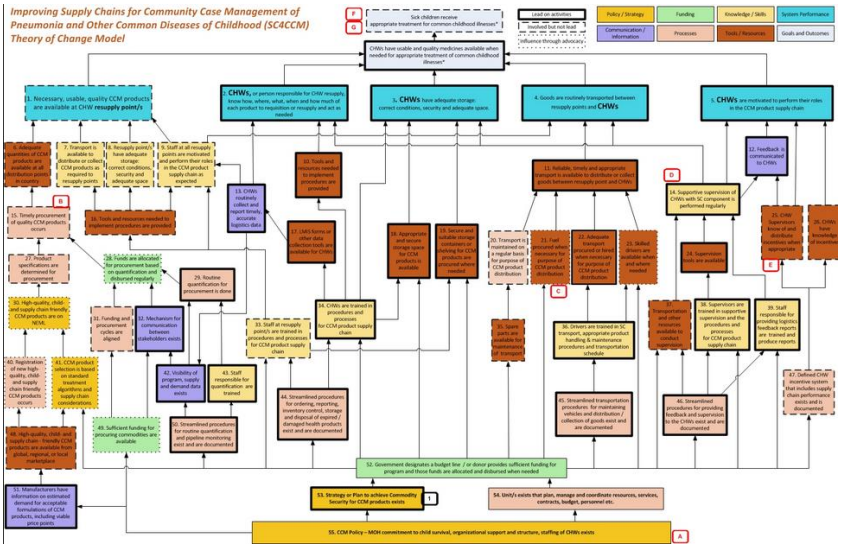
5

How To Accomplish

- Patient, Step By Step Improvement
  - The Right People
  - The Right Initiatives
  - The Right Number of Initiatives
  - The Right Execution
  - The Path to Sustainability

6

Complex Theory of Change



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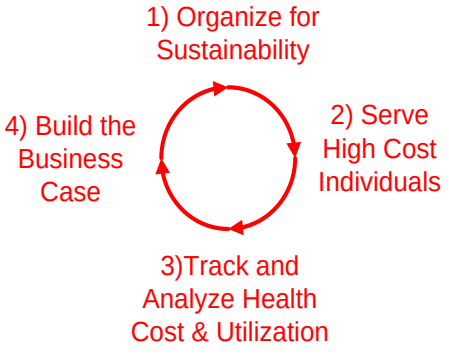
Simple Theory of Change



8

4-Step Sustainability Plan

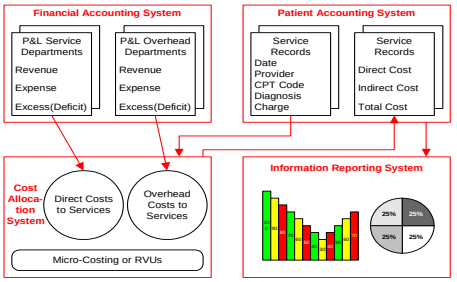
1. **Organize for Sustainability**
   - Obtain Seed Money
   - Identify High Cost Individuals
   - Develop one or more Quick Win Initiatives
   - Develop Tracking Systems

2. **Serve High Cost Individuals**
   - Successfully wrapping care around those with high healthcare costs
   - Becoming emergency room and hospital prevention systems

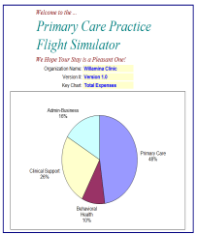
9

4-Step Sustainability Plan

3. **Track and Analyze Cost and Utilization Data**
   - Triple Aim Initiative Utilization & Cost
   - ER, Inpatient, Outpatient Hospital, Specialty Medical Utilization & Cost

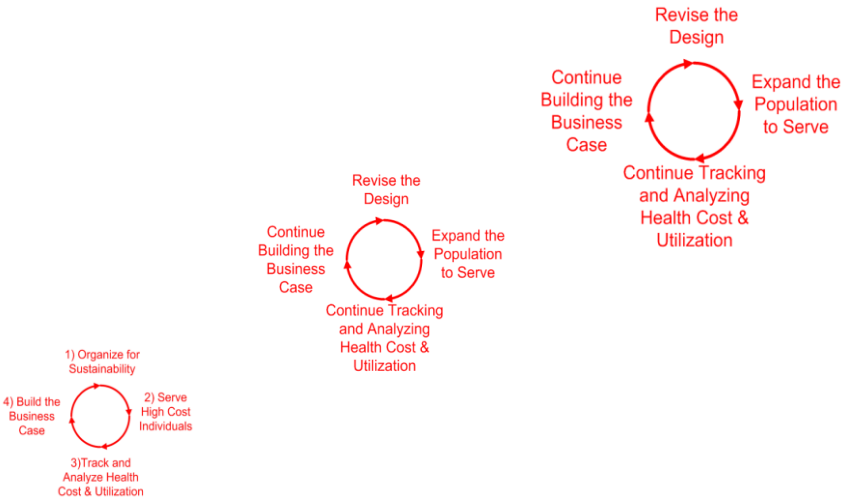


4. **Build the Business Case**
   - Compute the Actual and Projected Cost Savings
   - Develop a Return On Investment (ROI) Analysis
   - Pitch the Business Case to Payors to Fund the Program Shortfall on an Ongoing basis through the Healthcare Savings



10

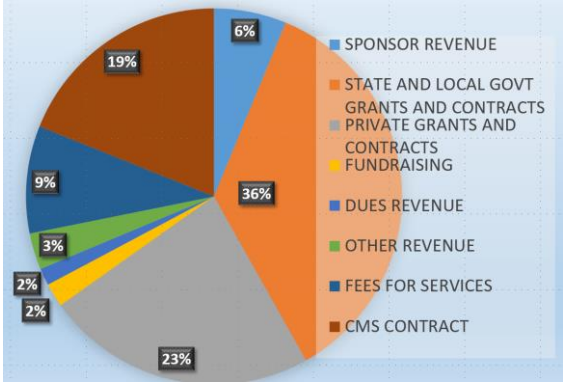
Expand the Program
(and keep building)



11

But What About a Sustainability Plan for OCH?

- Don't make the mistake of developing a long range funding plan for an organization that hasn't proven it's worth.
- Sooner or later, no one will fund an ACH this is a Cost-Add to the System.
- You have to demonstrate that you have the DNA to Bend the Cost Curve.

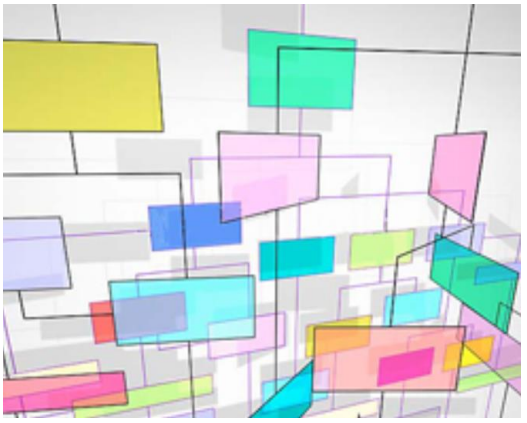


Definition of **Cost Add**: A new category of activity has a return on investment that is less than the budget for new activity.

12

But What About a Sustainability Plan for OCH?

- Don't make the mistake of developing spending too much time and money developing an OCH "bureaucracy"…
- Without putting at least as much time and money into your triple aim initiatives.



13

Kickstarting Your Work

Welcome to the ...

Integration Modeling Flight Simulator

We Hope Your Stay is a Pleasant One!

Washington State Health Care Authority and Dale Jarvis & Associates

Version 1.0 Beta Testing Model

Why this Flight Simulator?

This tool has been designed to assist communities in Washington State to estimate the potential savings that could result from implementing a set of health - behavioral health integration initiatives that are supported by integrated financing.

Integration Modeling Flight Simulator: North Sound RSA

Menu of Integration-Related Triple Aim Strategies

This tab provides a menu of the various strategies a region can employ to lower costs and improve outcomes. By reading the detailed descriptions you will gain an understanding of the operations that need to be put in place to achieve success with a strategy. There is also room to develop additional strategies.

Strategy 1: MHIP Program or Lookalike

Description: The Mental Health Integration Prog
AIMS Centers. It is a best practice program that

Switch to Excel

Integration Modeling Flight Simulator: North Sound RSA Sample Model

Summary	Initiative 1	Initiative 2	Initiative 3	Initiative 4	Initiative 5	Totals
Initiative Name	Strategy 1: MHIP Program or Lookalike	Strategy 1: MHIP Program or Lookalike	Strategy 2: BHC-Based Care Management Program	Strategy 3: BHC-Based Primary Care Clinic	Strategy 5: Community Health Worker (CHW) Program for Adults	
Population:	Disabled Adult	Disabled Youth	Disabled Adult	Disabled Adult	Disabled Adult	
Cost Group:	High Utilizers	General Population	High Utilizers	High Utilizers	High Utilizers	
Year 1						
Number to Serve	100	125	200	250	100	775
Total Savings	$111,273	$42,951	$278,184	$591,140	$41,728	$1,065,276
Additional Program Costs	$100,000	$50,000	$75,000	$500,000	$50,000	$775,000
Net Savings	$11,273	-$7,049	$203,184	$91,140	-$8,272	$290,276
Return on Investment	$1.11	$0.86	$3.71	$1.18	$0.83	$1.37

14

Questions and Discussion Notes

15

Olympic COMMUNITY of HEALTH

Sustainability Planning November, 2015

The purpose of this document is to further the conversation regarding developing a pathway to sustainability for the Olympic Community of Health (OCH) infrastructure and later program initiatives. The OCH Committee for Sustainability will inform and shape the conversation that will then be undertaken by the Interim Leadership Council (ILC). The goals, working together with the Governance Committee, will be to identify necessary next steps to assure a successful organizational launch and subsequently to create stability and infrastructure development. Program initiatives and projects will be identified, but specific funding streams for such will be considered as they are approved. It should be noted that no specific governance model has been adopted and all the options are in consideration.

The Charge of the Sustainability Committee is to research and recommend an OCH sustainability plan and subsequently engage in the role of health care payment models as part of the on-going work.

Currently there are three competing priorities to guide our thinking around sustainability:

1. OCH has established existing contracts for the development of deliverables to submit with the ACH Readiness Proposal due November 30, 2015. The current HCA grant for Readiness Planning will expire January 31, 2016—with a subsequent final report due by February 29, 2016.
2. Following Designation as an Accountable Community of Health, the OCH will continue working toward a viable organizational model that will require a firm and diversified financial platform. While it is expected the State of Washington Health Care Authority (HCA) will continue to support the development of regional ACHs with grant dollars, to truly be effective and community based, additional resources will need to be garnered from throughout the region.
3. The “Right” work will be undertaken by the OCH as the organization matures, the health planning and assessment committee will identify targeted opportunities, and then resources will be identified sufficient to impact community health, quality of care, and strive to reduce costs.

The current direction from the Interim Leadership Council is not prescriptive. The committee is urged to consider the following broad questions: What does it mean to be sustainable? What are we sustaining? How can goals be defined and achieved? Is Sustainability as a concept evolutionary or revolutionary?

Consider these steps to achieve sustainability—the "Sustainability Pathway":

Step 1. What is the "Value Proposition"? A critical first step in the path to sustainability for OCH infrastructure and activities is to develop a value proposition that resonates with all the partners and stakeholders.

- The OCH is considered to be an "asset" to all involved
- OCH is a driver in other regional initiatives providing funding or financial resources
- OCH is one potential avenue for consumer-driven care
- One goal of the OCH is to reduce administrative complexity for partner organization in the tracking and monitoring of performance/quality measures
- By centralizing duplicative tasks within the region, could the OCH deliver cost savings to partner organizations?

Step 2. Resources (Identify a list of possible financial resources)

- State and federal funds
- Philanthropic grants, major gifts and donations
- Social Impact Bonds
- Health Plans and Hospitals
- City/County Funds
- Private business
- In-kind investments
- Venture capital
- Others to be identified

Step 3. Possible mechanisms (Identify a list of possible revenue-generating mechanisms that align with the goals of the OCH.)

- We must be accountable in order to expect investments to flow to the OCH.
- Partner with health plans on projects of mutual benefit such as jail/institutional transitions, community health workers, or other strategies to address our regional health needs priorities and in doing so reduce costs and improve care.
- Shape health care purchasing to align with OCH priorities and include specific language related to shared savings for OCH
- Contracts or fees for services with entities benefiting from such services
- Engage with Federal Reserve of San Francisco for community building and engagement especially in relationship to engagement with Tribal Nations
- Leverage membership in the OCH for in-kind donations such as space, equipment, supplies, and personnel. Track these donations.
- Create an OCH membership fee structure
- Research through the Practice Transformation Hub and share ideas with other ACHs across the state to identify opportunities for resource development, shared savings, or other value-based reimbursement mechanisms.

Step 4. What are we doing together and what will it cost to sustain?

The concept of the Accountable Communities of Health is new. We do not have any idea about what we want the OCH to ultimately look like. Financial projection to one year is difficult and a five year projection is impossible. The immediate next step is to achieve designation as an ACH and then build the organization to respond to our regional health priorities. Achieving early wins will be optimal and then building on success will foster trust in the partners and in the process.

Continuing with contracted staff at least for the short term is optimal. Building an authentic budget process will require time and some determination of programs and opportunities.

Step 5. Continue to expand community engagement by mobilizing Stakeholders and generating enthusiasm for the opportunities represented by the creation of the OCH. As the community becomes engaged in the OCH, the desire to sustain it will be generated and resources can be identified sufficient to the tasks.

Step 6. The OCH is evolutionary as it defines goals and opportunities, but the OCH must also be **revolutionary** to secure resources sufficient to impact our regional health priorities.

OLYMPIC COMMUNITY OF HEALTH

Community Assessment & Planning Minutes Subcommittee– Meeting Notes

December 18, 2015 2:00 – 3:30 pm

P	Jean Baldwin	P	Kurt Wiest	A	Gay Neal
P	Rochelle Doan	P	Justin Seville	A	
P	Larry Eyer	P	Roy Walker		
P	Siri Kushner	P			
Recorder: Rochelle Doan/Siri Kushner					

Topics	Tasks/Decisions
Introductions: All committee members at location or on GotoMeeting. **RHIP:** Siri reviewed the RHIP timeline, and its relationship to Transformation Project timeline. The RHIP timeline anticipates finalization of regional priorities by May 2016 that will provide focus for the OCH going forward. The Health Initiatives Inventory was reviewed, Rochelle added one health initiative, KC4TP for older and vulnerable adults. Assessments and the DRAFT "Synthesis of Gaps, Current and Emerging Initiatives" was also reviewed. We are on track for where we were anticipating we would be, however, the RHIP process timeline and purpose is different than the Medicaid Waiver Transformation Project Timeline and process and that has been somewhat confusing. One of the values in participating in the RHIP process, beside shared vision and work, is that it will facilitate collaborations on initiatives, programs, services, and possible funding outside of the Medicaid Transformation Project. **The Medicaid Waiver Transformation Project** timeline and process was discussed at length. The timeline requires Project proposals to the HCA by January 15, 2016 for HCA consideration in developing a HCA Project List that will be used in Waiver discussions with CMS beginning February 2016, ending with agreement with CMS on Transformation Projects by April or May 2016. Projects may be submitted by an ACH or submitted independent of the ACH. Projects for which proposers that would like to have OCH review	Siri will continue to work on the Inventory, Assessments and the Synthesis documents. Updated versions will be reviewed 1/11/16 in an assessment meeting prior to the ILC to support OCH ILC priorities discussion to follow. There were no suggested changes to the timeline. Individual or collaborative OCH constituents and/or statewide proposals may be shared with the ILC for discussion and comment on

may be sent to Rochelle Doan or Barb Malich prior to 1/8/16 to be shared at the OCH/ILC. The OCH will not vet projects, but will have opportunity to discuss and offer comment if desired. Regardless of submittals, ACH's and constituents will have opportunity following approval of the Global Medicaid Waiver to consider participation in projects ultimately included in the final Waiver Project List. **Planning for Jan 11 ILC Meeting: Setting Regional Priorities** Discussed a process for selecting priorities based on the various documents the Sub-committee has reviewed, and referencing that the ILC has already defined overall focus areas within its Leadership Charter. Larry suggested a simple but effective scoring chart with a criteria process to help prioritize the large amount of information we have secured so that the committee can come forward with priority recommendations to the ILC. Following ILC review, priorities will be used to engage Stakeholders in discussion 1/26/16. **Next Steps:** Finalize process for engaging Stakeholders in RHIP Priorities. Review priority setting criteria documents from other ACHs.	1/11/16 prior to their submittal to the HCA by the proposers. Rochelle to update list of possible projects to the extent we are aware and share with the ILC 1/11/16. The subcommittee will review the updated Initiatives Inventory, Assessments/Plans Matrix, Synthesis document on 1/11 using a scoring process to make recommendations for priorities to the ILC. Siri to present RHIP information to the ILC. Presentation by committee members and discussion on priority recommendations to follow.

Kitsap Public Health District

OLYMPIC COMMUNITY OF HEALTH
2016 PROPOSED OPERATING BUDGET
December 23, 2015

REVENUES

Description	Total
HCA ACH Phase 1 Grant	378,000
Clallam County	10,000
TOTAL REVENUES	**388,000**

EXPENDITURES

Personnel	Salaries	Benefits	Total
Director: 1.0 FTE for 10 months	88,180	26,454	114,634
Project Coordinator 2: 1.0 FTE for 9 months	53,721	16,116	69,837
Epidemiologist: 0.5 FTE for 12 months	40,668	12,200	52,868
Secretary: 0.4 FTE for 12 months	18,634	5,590	24,224
Subtotal Personnel Costs	**201,203**	**60,361**	**261,563**
Non-Personnel			**Total**
Professional Services: Interim Project Manager (Jan. - Feb. 2016)			14,080
Professional Services: Communications Support			25,000
Travel			4,000
Supplies			3,000
Event/Meeting Expenses			5,000
Other			2,119
Subtotal Non-Personnel Costs			**53,199**
Indirect Costs (28% of salaries & benefits)			73,238
TOTAL EXPENDITURES			**388,000**

KITSAP PUBLIC HEALTH DISTRICT

CLASSIFICATION

OLYMPIC COMMUNITY OF HEALTH DIRECTOR

DEFINITION

The Olympic Community of Health Director is responsible for planning, organizing, directing, and administering the operations of a small team within the Kitsap Public Health District that effectively and efficiently supports a large, highly complex and politically nuanced population health improvement project across a three-county region, called the Olympic Community of Health (OCH). The OCH Director may serve as a member of the District's Executive Leadership Team and works collaboratively to advise the Team on how best to carry out the mission of the District as it relates to the work of the OCH. The OCH Director contributes to the goal of creating and maintaining an integrated, comprehensive health service delivery system through effective collaboration with stakeholders, employees, other government agencies, community organizations, and contractors. The incumbent makes professional and technical decisions, exercising considerable independence in decision making on complex and significant issues which impact overall OCH operations and may have a significant impact on health system reform on a long-term basis. The OCH Director serves at will and is directly responsible to the OCH's governing body and the Administrator. Because the incumbent is a highly professional and effective leader, he/she operates generally independently, while receiving broad, long-term, administrative direction in terms of system-wide policy and advice for dealing with potentially major controversies, emergencies, or crises.

DISTINGUISHING CHARACTERISTICS

Support and Guide the Governing Body as It Leads the OCH

The OCH Director's work involves interaction with a culturally diverse population of employees, consumers, educational institutions, governmental agencies, businesses, healthcare providers, and community-based coalitions to address health and environmental issues affecting the public's safety and welfare. The OCH Director acts as a resource for setting strategy for the OCH. The position leads engagement of the Board, and all constituencies. As an agent of the Board, the position monitors work and ensures that all contract expectations are met along expected timelines. The position sets a tone of understanding, and uses sensitivity in addressing cultural differences and health disparities. The position advocates for the interests of the region.

Support Committees and Activities

The OCH Director will work to support various committees, and prepare materials for use by committees and constituents. The OCH Director supports OCH design and policy development, and duties require related professional expertise, knowledge of managerial principles, and extensive management experience. Duties require advanced expertise in broadly evaluating options, presenting plans, and uniting others in support of programs critical to key goals and objectives to ensure the OCH's success.

Engagement and Communications

The OCH Director organizes and carries out public engagement for the OCH and serves as the public voice of the OCH. Incumbent is a key resource in communicating OCH activities to external audiences, gathering input from constituencies, and keeping OCH stakeholders informed of health system reform work. The position organizes and carries out the OCH's communications strategy and activities.

Coordinate and Develop Plans and Analyze Options for Action
The OCH Director provides data analysis or uses existing data analysis. The incumbent develops and steward planning processes and plans as required, emphasizing synthesis of existing plans. The position assists with prioritization and staffs planning committees. The Director conducts research and policy assessment with an eye toward understanding local perspectives and needs, and reflecting these forward to policy makers.

Manage One or More Implementation Projects
The OCH Director will manage collective impact projects related to OCH goals, concordant with regional health improvement priorities. The incumbent will staff relevant committees and engage needed project partners.

Management and Supervision
The OCH Director has responsibility for a work unit supporting a complex three-county public health improvement effort with significant interactions with key community and business leaders, and having critical impact upon the public's health. The position is responsible for ensuring that deliverables are met and budget monitored and managed. The supervision administered by the OCH Director includes leading, directing and coaching staff; responsibility for such personnel actions as hiring, formal progressive discipline, responding to employee grievances, conducting performance evaluations, and making effective recommendations on termination of employment. The OCH Director promotes and contributes to positive, collaborative District relationships based on the District's organizational values and interest-based decision making.

This description reflects the general concept and intent of the classification and should not be construed as a detailed statement of all the work requirements that may be inherent in the position.

ESSENTIAL FUNCTIONS

- The OCH Director's work balances contributions to the District's mission with the complex work required to bring together multiple stakeholders and interested parties to create forward progress in transforming the public's health in a three-county region. The incumbent assures that team members (whether District co-workers or OCH collaborators) are clear on their specific roles, deliverables, and accountabilities relative to the overall OCH work plan. The incumbent fosters effective communication among members of these teams and participates in team meetings to support strong communication across the larger portfolio of Healthier Washington-related initiatives.
- Coordinates the start-up and functioning of a cross-sector governing body and associated committees and work groups. Assures the development and use of effective charters or operating agreements, work plans, and deliverables. Supports the work of the governing body to create a formal legal structure that will ensure the sustainability of the entity as the work of Healthier Washington moves forward, to ensure maximum population health impact across the region.
- Develops strong working relationships with governing body members; works to understand perspectives and create an environment of mutual respect, trust, and buy-in. Supports the governing body in identifying potential conflicts of interest and methods for addressing them. Guides the governing body as it leads the OCH, leading them in strategic planning, priority-setting, sustainability and assessment activities.
- Conceptualizes critical paths for achievement of deliverables, gathers and analyzes feedback and information, develops outcome-based agendas, and facilitates meetings. Supports the governing body in having effective discussions regarding future governance structures and other decision

making. Strategizes with OCH members, colleagues, and stakeholders on effective pathways to move the work forward.

- Develops and manages the OCH budget, ensuring budget compliance, monitoring, tracking, and ensures that all work stays within budgetary constraints. Works to develop other sources of funding, including potential membership contributions. Manages subcontracts when external expertise is required, within budget, ensuring that the contractor performs as agreed.
- Assesses needs for technical expertise and consultation throughout the project. Makes recommendations for and procures consultant services, within available budget. Manages consultant work in support of OCH governing body objectives.
- Provides the chief public presence and voice of the OCH as empowered to do so by the governing body, and acts as the lead spokesperson and public presence for the OCH and its community initiatives.
- Creates, reviews and approves summaries and/or reports which provide information, status updates and program justification for all components of the work. Provides regular status reports to internal and external audiences. Flags issues that need attention from colleagues, District leadership, or the OCH members to remove barriers.
- Engages a wide range of stakeholders to ensure full representation and participation of groups and demographics associated with the work, including healthcare and public health consumer involvement. Ensures the sustained collaborative involvement of the right local and state partners.
- Brings stakeholders together to analyze data, evaluate evidence-based projects, and implement projects that can effectively improve the public's health across the region.
- Prepares straw proposals, briefing documents, speaking points, presentations, reports, applications, budgets and/or other documents associated with moving work plans forward.
- Liaisons with the Washington State Health Care Authority, and other agencies involved in the Healthier Washington work, to ensure maximum coordination between the various arms of the effort in the OCH. Participate in planning and technical assistance sessions with other Accountable Community of Health projects across the state, as appropriate.
- Oversees grant funding procurement and develops proposals based on OCH governing body guidance; monitors and ensures OCH design grant implementation, funding, milestone achievement, evaluation, and reporting.
- Provide direction, administration and short- and long-term planning and evaluation for the OCH team. Plans, organizes, and supervises the work of staff. Recommends selection of staff, develops procedures and performance standards, provides training, monitors progress, provides discipline and evaluates employee performance. Collaborates in staff development, communications, program planning, implementation, and evaluation, including community partners as appropriate.
- Investigates citizen complaints regarding staff, policies, etc., and in conjunction with the Administrator, plans and initiates appropriate actions to resolve problems.
- Serves as a resource person for staff; motivates and mentors staff in providing quality and appropriate quantity of work in assigned area utilizing resources efficiently; models and promotes team building skills among assigned staff.
- Coordinates, reviews and evaluates the program work plan(s); meets with staff to identify and resolve problems; assigns work activities and projects; monitors work flow; reviews and evaluates work products; methods and procedures.
- Prepares a variety of letters, memos, minutes, contracts, forms, reports, and other documents; operates computers to produce documents with clearly organized thoughts using proper sentence construction, punctuation, and grammar.
- Establishes and maintains cooperative, effective working relationships with a diverse population of government officials, community-based agencies, coworkers, other District employees, and the

general public using principles of good customer service.
- Responds to public health emergencies as required by the District.
- Reports for scheduled work with regular, reliable and punctual attendance.
- Performs other related duties as assigned.

REQUIRED KNOWLEDGE, SKILLS & ABILITIES

Knowledge of:
- Theories, principles, techniques, and practices of carrying out complex multi- and cross-sector planning in the health, human services and/or community development fields, and managing groups with multiple perspectives and interests. This includes data analysis, and the ability to lead others in priority setting.
- Grant, project and contract management.
- Effective leadership principles, managerial practices and group/organizational dynamics.
- Principles and practices of management, including budgeting, personnel, planning, program analysis, and evaluation.
- Principles of public relations and customer service.
- Current literature, trends, and developments in healthcare and health system reform in Washington State.
- Project management, including planning, scheduling, monitoring, and problem solving.

Skill and Ability to:
- Establish and maintain effective working relationships with diverse populations of stakeholders and customers, community based organizations, agencies, businesses, healthcare providers and coworkers.
- Communicate effectively verbally and in writing, presenting complicated issues in understandable ways, using tact and diplomacy to gain collaboration. This includes public speaking and presentations.
- Use and create computer-based documents, email, calendars, and other electronic tools to ensure efficient, accessible, accountable work.
- Market public health interventions and prevention work effectively.
- Manage and facilitate events and meetings.
- Lead, direct, manage and evaluate the work of staff efficiently and effectively.
- Provide effective guidance to staff through coaching, mentoring, training and delegation.
- Communicate effectively both orally and in writing to include giving public presentations, addressing governing boards and community forums, and compiling written reports and speeches.
- Plan and organize activities to meet established objectives.
- Use systems thinking; understand, interpret, explain and apply best practices, laws, rules and regulations within assigned specialized areas.
- Make timely decisions considering relevant factors and evaluating alternatives, exercising discretion and sound independent judgment.
- Gather and analyze data and develop clear, concise and comprehensive reports, correspondence and other written materials.
- Create and meet schedules, time lines and work independently with little direction.
- Utilize computers and related software and automated equipment to produce documents and reports, typing with sufficient speed and accuracy to accomplish assignments in a timely manner.

- Perform duties in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times.
- Work effectively in a dynamic environment that is constantly changing, resulting in continually re-evaluating and shifting priorities.
- Work both independently and within a collaborative team-oriented environment; contribute openly, respectfully disagree, understand the ideas of others, listen well and work for consensus.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with frequent travel to meet with regional stakeholders, and to attend meetings, conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, and climbing (to stack, store or retrieve supplies or various office equipment).
- Frequently assigned to respond to on-call coverage, including evenings, weekends and holidays.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends and holidays.
- This is an overtime-exempt position, which may require working beyond the normally scheduled workweek, modifying existing work schedules, or flexing hours.
- Exposure to individuals from the public who are upset, angry, agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

EDUCATION & EXPERIENCE REQUIREMENTS

- Master's degree from an accredited institution in a job-related field which includes an administrative component and eight (8) years of progressively responsible and relevant professional experience, of which at least three years have been of recent relevant management experience.
- Alternatively, an equivalent combination of education, experience and professional certification may be qualifying, provided the individual's background demonstrates evidence of the knowledge, skills and abilities required to perform the duties of the position.

LICENSES, CERTIFICATIONS & OTHER REQUIREMENTS

- A valid Washington State driver's license and proof of appropriate auto insurance are required at the time of appointment or at a time set by the District.

- All required licenses must be maintained in an active status without suspension or revocation throughout employment.

JOB CLASS INFORMATION & DISCLAIMERS

FLSA Status	Exempt
EEO Category	Officials and Administrators
Bargaining Unit Status	Executive Management
Classification History	New
Adopted	February 2, 2016

The statements contained herein reflect general details as necessary to describe the principal functions for this job, the level of knowledge and skill typically required and the scope of responsibility, but should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned including work in other functional areas to cover absences or relief, to equalize peak work periods, or to balance the workload.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

KITSAP PUBLIC HEALTH DISTRICT

POSITION DESCRIPTION

Employee's Name:	Vacant
Class Title:	Program Coordinator 2
Location:	Kitsap Public Health District
Immediate Supervisor:	Vacant
Immediate Supervisor's Title:	OCH Director
Program Manager:	Scott Daniels
Program Manager's Title:	Administrator

DEFINITION

Under the guidance of the Olympic Community of Health (OCH) Governing Board, under the direct supervision of the Olympic Community of Health (OCH) Director, with oversight from the District's Administrator, this position provides program leadership and coordination in the daily operations of the OCH program. Work focuses on the coordination, planning, evaluation and operation of the OCH efforts. The incumbent coordinates and monitors assigned program activities: reviews and analyzes data; provides technical assistance, guidance, and advice to assigned District staff and others; and acts as a liaison between various internal and external contacts. Duties include complex project management, integrating research and best practices into specific program areas and providing program consultation and expertise. Key contacts for incumbents include local, state, and federal agency staff, stakeholders, program partners, external vendors and contractors, and the general public. This positions requires the ability to work under broad instruction and objectives involving frequently changing conditions and problems, requiring considerable judgment, initiate, creativity, and/or ingenuity. Personnel in this position must have excellent verbal and written communication skills because of daily contact with local and regional personnel, partners, stakeholders, and the public.

Support and Guide the Governing Body of the Olympic Community of Health

The OCH Program Coordinator 2 works under the direction of the OCH Director to support and guide the work of the OCH Governing Board. The incumbent acts as a resource for the Director, the Governing Board, and the OCH committees. The incumbent monitors contract compliance, and ensures that milestones and timelines are met. The incumbent will manage the scheduling, preparations, logistics and successful accomplishment of stakeholder and committee meetings. At times, this may mean representing the OCH Director at the meetings if unavailable, and/or when delegated by the OCH Director.

Support Committees and Activities

The OCH Program Coordinator 2 works under the direction of the OCH Director to support various OCH committees and their work, preparing materials for use by committees and constituents, and managing the preparations and logistics of meetings. At times, the incumbent may represent the OCH Director in these activities.

Engagement and Communications

The OCH Program Coordinator 2 works to organize and carry out OCH plans for public engagement and other communication strategies and communicating with OCH stakeholders and other interested parties concerning the work of the OCH. This includes obtaining and managing resources needed to carry out the plans, monitoring the performance of any contractors, and ensuring subcontract deliverables are met. The incumbent may often act as a key resource for communicating OCH activities to stakeholders and interested parties, communicating with OCH stakeholders, and gathering input from constituencies.

Coordinate and Develop Plans, and Analyze Options for Action

The OCH Program Coordinator 2 supports the OCH Director in the synthesis and analysis of data, including presentation to OCH stakeholders, Board, committees, other interested parties, and the public. The incumbent assists the OCH Director in developing and stewarding planning processes and plans, assisting with prioritization. The OCH Program Coordinator 2 staffs the OCH committees, providing clerical, research, materials and other support.

Management of Implementation Projects

The OCH Program Coordinator 2 will assist the OCH Director in the management, monitoring, reporting and progress of implementation projects the OCH selects. This may often include subcontract development, management and monitoring to ensure reporting and documentation are in compliance with applicable rules, laws, and requirements associated with the projects.

ESSENTIAL JOB FUNCTIONS

- Supports in the development, implementation and monitoring of Washington State Health Care Authority guidance and contracts.
- Monitors program activities, including records and reports submitted by stakeholders, Board and committee members, subcontractors, and grantees to ensure effective operations and compliance with applicable laws, regulations, policies, and standards.
- Staffs and provides logistical support for Board and committee activities and meetings. Provides materials and resources as appropriate.
- Supports regional health assessment and improvement planning, including logistics, synthesis and analysis of data, priority setting, and planning.
- Researches and acquires knowledge of policies, guidelines and regulations. Provides information and updates.
- Assesses program needs and purchases, in accordance to budget constraints, required supplies to facilitate program effectiveness and efficiency; tracks time and expenses and monitors expenditures.
- Collects, compiles and analyzes program data/information; and creates and produces comprehensive qualitative measurement/status reports on various program aspects to inform stakeholders and other interested parties of program activities and progress and to evaluate overall effectiveness and efficiency.
- Maintains accurate and organized records, databases, systems and files; archives records; inputs data into electronic systems to assure records and confidential information are current, organized, accessible for future review and protected in compliance with laws and policies; conducts database queries to provide information to District staff and external contacts.
- May carry out project-related administration such as scheduling, maintaining records, and producing/filing general documentation.
- Identifies methods and approaches that will increase collaboration and communication within program team and externally with key partners and stakeholders.
- May serve as a liaison between various stakeholders and District personnel; interaction is often to influence or motivate; exchanges information; resolves problems; and/or identifies the appropriate communication channel or person to resolve issues and support efficient operations.
- Provides technical assistance, guidance, and advice to District staff and others regarding assigned program to address complaints, concerns, or programmatic questions, and to ensure compliance with applicable laws, regulations, and established policies, procedures, and standards.
- Prepares grant and other funding applications, including preparation of letters of intent, requests for proposals, and other related supporting documentation.

- Serves as contract administrator for federal and/or state contract(s); abides by contract requirements and keeps abreast of any changes in such requirements, laws, and regulations; utilizes appropriate methods for procurement (e.g., invitations to bid, requests for proposals, sole source, and emergency procurement) in preparing, revising and executing contracts.
- Prioritizes and plans own work activities. Uses work time and resources effectively, continually seeking to improve processes and procedures.
- Prepares a variety of letters, memos, forms, reports, and other documents; operates computers utilizing a variety of software programs, including database and word processing applications, to produce documents with clearly organized thoughts using proper sentence construction, punctuation, and grammar.
- Monitors, reviews, analyzes, and evaluates various data, including financial information, concerning program activities to determine progress and effectiveness; recommends changes in procedures, guidelines, etc., and formulates methods of accomplishing program objectives within budget.
- Reviews and analyzes changes to legislation and regulations that have direct impact on program operations; provides recommendations and guidance to management on steps to take to ensure compliance with changes.
- Confers with management and other District staff to determine program requirements and availability of resources and to develop the criteria and standards for program evaluation.
- Receives and synthesizes vast and diverse amounts of data and converts it to understandable information for various audiences; prepares educational materials including video and slide presentations.
- Contacts and works with representatives of community and government agencies in disseminating information, resolving problems and cooperatively promoting and marketing programs of mutual interest.
- Provides support in the development, implementation and monitoring of associated contract compliance. Ensures timely completion of associated deliverables.
- Monitors program activities, including required records and reports to ensure effective operations and compliance.
- Provides logistical support for activities and meetings. Provides materials and resources as appropriate.
- Completes electronic timecard on a weekly basis.
- Responds to public health emergencies as required by the District. Assists in coordinating with other agencies and emergency providers.
- Establishes and maintains cooperative, effective working relationships with coworkers, other District employees, and the general public using principles of good customer service.
- Reports for scheduled work with regular, reliable and punctual attendance.
- Performs other duties as assigned.

EDUCATION & EXPERIENCE REQUIREMENTS

- A bachelor's degree in a job related field; and
- Three years of closely related work experience.
- Alternatively, an equivalent combination of education, experience and professional certification may be qualifying provided the individual's background demonstrates the required knowledge, skills and abilities.
- Degrees must be from appropriately accredited institutions.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of:

- Principles, procedures, functions and practices in healthcare and/or public health management/administration.
- Effective, efficient contract management based on applicable laws, rules and guidelines.
- Project management and evaluation, including continuous quality improvement.
- Administrative support necessary to multi-task in support of multiple work teams.
- Professional and correct English usage including grammar, spelling, and punctuation.
- Business practices in regard to communication, including electronic, telephone or direct public contact.
- Computer operation and a variety of software including word processing, spreadsheet, database and other applications related to the area of assignment.
- Trends in healthcare and public health reform.
- Population health and the impacts of social conditions on health, especially as it relates to certain population groups, including the social determinants of health.

Ability to:

- Interpret public health subjects in an effective manner to communicate population health needs and program effectiveness.
- Organize, prioritize and coordinate work assignments effectively and efficiently. Work effectively in a multi-task environment. Take appropriate initiative. Apply good judgment, creativity and logical thinking to obtain potential solutions to unique problems and to make reasoned decisions within the scope of knowledge and authority or refer to the appropriate person.
- Be attentive to detail, consistently follow written and oral instructions and guidelines, maintain a high degree of accuracy and complete records, check data, and prepare and review material in reports and correspondence.
- Proficiently and accurately operate office and other equipment standard to the area of assignment.
- Assess community public health needs.
- Obtain public media coverage of health problems and programs.
- Gather and analyze data and develop clear, concise and comprehensive reports, correspondence and other written materials.
- Work collaboratively with others to develop quality proposals for grant and other special funding.
- Work effectively with multiple stakeholders, constituents and coworkers, respecting cultural differences and interacting with respect, dignity and professionalism at all times.
- Listen attentively and communicate effectively and persuasively, both orally and in writing, in clear, concise language appropriate for the purpose and parties addressed, concerning complex or sensitive matters, including making presentations to diverse audiences.
- Use tact, discretion, respect and courtesy to gain the cooperation of others and establish and maintain effective working relationships with rapport with co-workers, volunteers, other programs, representatives of other agencies and businesses, and diverse members of the public.
- Read, understand, interpret and apply appropriately the terminology, instructions, policies, procedures, legal requirements and regulations pertinent to the area of assignment.
- Assure that absolute confidentiality is maintained as required and sensitive information is handled appropriately.
- Fulfill the commitment of the District to provide outstanding customer service.
- Utilize computers, databases and related software and automated equipment to produce worksheets and reports, typing with sufficient speed and accuracy to accomplish assignments in a timely manner.

- Communicate orally and in writing to a variety of audiences in a clear, comprehensive, effective and professional manner.
- Exercise discretion and sound independent judgment in decision making.
- Coordinate, organize, and prioritize work, follow directions, instructions and protocol in the course of duties assigned.
- Work both independently and cooperatively within a collaborative team-oriented environment.
- Maintain current knowledge for assigned areas and adapt to new technologies, keeping technical skills up to date.

LICENSES, CERTIFICATES & OTHER REQUIREMENTS

- Performance of job duties requires driving on a regular basis, a valid Washington State driver's license, the use of the incumbent's personal motor vehicle when a District fleet vehicle is not available for use, and proof of appropriate auto insurance.

WORK ENVIRONMENT & PHYSICAL DEMANDS

- Work is performed primarily indoors in an office environment, with frequent travel to attend make presentations, facilitate meetings, or attend conferences, seminars, etc.
- Requires the ability to communicate with others orally, face to face and by telephone. Requires manual and finger dexterity and hand-eye-arm coordination to write and to operate computers and a variety of general office equipment. Requires mobility to accomplish other desktop work, retrieve files, and to move to various District locations. Requires visual acuity to read computer screens, printed materials, and detailed information. Essential duties may involve occasional kneeling, squatting, crouching, stooping, crawling, standing, bending, climbing (to stack, store or retrieve supplies or various office equipment).
- May occasionally be required to work a varying schedule which may include evenings and weekends.
- Duties require carrying a cell phone or other electronic device as well as being available to work as needed to meet District needs, which may include evenings, weekends and holidays.
- Requires the ability to alternatively sit and stand for sustained periods of time for meeting facilitation or training activities.
- May be exposed to individuals from the public who are upset, angry, agitated and sometimes hostile, requiring the use of conflict management and coping skills.
- Frequently required to perform work in confidence and under pressure for deadlines, and to maintain professional composure and tact, patience and courtesy at all times.
- The environment is dynamic and constantly changing, resulting in continually re-evaluating and shifting priorities.
- Occasionally, the incumbent may be required to lift and/or carry object and materials up to twenty pounds. Rarely, the incumbent may be required to lift and/or carry objects and materials weighing up to fifty pounds to move educations displays; set up training areas, meeting venues, etc.
- May be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

The physical demands described above are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

_____ _____

Employee Signature/Date Supervisor Signature/Date

_____ _____

Division Director Signature/Date Human Resources Signature/Date

1.1.5 Interim Leadership Council (ILC) Membership

As the Olympic Community of Health, we strive for balance across the region to make equitable policy decisions in which we all have a piece of the vision. Therefore we seek to achieve a balance of representation by each county. Nomination to the ILC is to be made among and by stakeholders of the sector for whom the individual serves as representative. Stakeholders are to be inclusive of their peers within the tri-county region in making the selection for representation, and to inform their representative by meeting regularly and independently of the OCH. Representatives are expected to communicate on behalf of and represent the sector as a whole and to ensure a system for regular communication and feedback within their sector and as a responsibility of their ILC membership. Sector stakeholders may identify an alternate if their representative is unable to attend. Each sector will constitute one "vote" in decision making.

Terms for the Interim Leadership Council will be one year or less, by which time the transition to a Governing Board will be complete and the ILC will disband. Immediate focus for developing the Interim Leadership Council includes Stakeholder Sectors identified by the Cambridge Management Group as representing a Health and Recovery Services focus within a systems framework for health (Formative Focus). Wider representation from the Community Services System Sectors will be sought out and developed late Fall 2015 through Spring 2016. These additional sectors will then be considered for inclusion in the OCH Governing Board which replaces the ILC. After the governance structure is formalized in early 2016, sector membership composition will be reviewed the first quarter of each subsequent year for geographic balance, sector inclusion, community voice, and membership terms.

Interim Leadership Council membership will include one representative for each sector as listed below:

Formative Focus: Health & Recovery Services

- Behavioral Health Organization (Staff, by Executive Committee Appointee)
- Chemical Dependency (Medicaid Provider)
- Chronic Disease Prevention Across the Lifespan
- Community Action Program/Social Service Agency
- Dental Health
- Federally-Qualified Health Clinic
- Private/Not for Profit Hospital
- Housing/Homeless
- Long-Term Care/Area Agency on Aging/Home Health
- Medicaid Managed Care Representative
- Mental Health (Medicaid Provider)
- Primary Care
- Public Health
- Public Hospital
- Rural Health
- Tribes

Total Voting Members: 16

The following sectors are identified as important to be developed and invited for representation on the Interim Leadership Council and/or Governing Board.

Widening Focus: Community Services System

- Economic Development
- Education (early learning through higher education)
- Law & Justice
- Nutrition & Active Living
- Philanthropy
- Transportation
- Workforce Development
- Other sectors yet to be identified

1.1.6 Functioning of the OCH Interim Leadership Council

The Governance Subcommittee is recommending to the existing Steering Committee and OCH stakeholders as a whole that an Interim Leadership Council be established to serve in a transitional role prior to adopting a more permanent Governing Board structure in early 2016. Early planning for the OCH has continued through existing stakeholder interactions, and as the ILC takes on its role, the governance structure will become more formalized, although it will continue to evolve as the ILC, supported by the Governance Subcommittee, works to hone a governance model late 2015 through early 2016. The ILC will convene October 2015 and meet at least once monthly to begin its role in moving the OCH to readiness for ACH designation and to ensure the expectations and deliverables associated with being an accountable community of health are underway and ultimately, met. At this juncture, the initiating Steering Committee will cease, and turn its role over to the ILC. Recognizing the need to meet the tight timelines involved in creating a rapidly functioning governance structure, OCH Stakeholders approved the ILC structure in principle at their July 2015 meeting, so that the ILC could begin its initial work in September 2015. OCH Stakeholders will convene in November to review and comment on progress, and to formally adopt the ILC governance structure. OCH Stakeholders as a whole will convene at least twice annually.

The Interim Leadership Council is convened now for the purpose of supporting Olympic OCH Stakeholders, overseeing the work of OCH staff and consultants, managing the Work Plan and Budget, maintaining project momentum, developing an engagement strategy and community mobilization plan, and resolving problems and issues. In addition to assuring the OCH is focused on regional planning and projects that will substantively meet the Triple Aim, the ILC is expected to assure that the OCH includes as its focus regional health system supports regarding health care financing, practice changes, workforce development, and the regulatory environment. Its work must also develop and begin implementation of a long-term plan for administration, financing and sustainability of the OCH.

Possible Waiver Projects ***(as of 12-18-2015)***	**Counties**	**Organizations**	**Contact/Template Writer if known**
ACES/Nurse Family Partnership	Clallam, Jefferson, Kitsap	Jefferson Health Dept – Jean Baldwin Kitsap Public HD (KPHD)- Katie Eilers Statewide conversation re home visiting scale, connecting to DEL's & Thrives work; Parents as Teacher, PCAP, Family Spirit, Health Connect One. Also Healthy Gen may submit home visiting/CHW proposal.	Jean Baldwin/Katie Eilers Also several Statewide possibilities 1. Caitlin Safford of Coordinated Care, Siohab Mahorter lead; 2)Robby Kay Norman from Health Gen.
Long Acting Reversable Contraceptives to PCP	Statewide	Planned Parenthood & State per Jean Baldwin	
School based health clinics with Behavioral Health/Primary Care	Statewide	?	?
Behavioral Health/Primary Care Integration – Collaborative Care	Statewide	Organizations affiliated with WA BH Council, possible others (UW?)	Statewide CHPW working on Collaborative Care template – Kat Latet
Behavioral Health/Primary Care TBD post Dec 30	Clallam Jefferson, Kitsap	Interest: Kitsap Mental Health Services – Joe Roszak, Peninsula BH, Westsound BH – Peter Casey, Peninsula Community Health Services, Harrison Health Partners – Gary Kriedberg, Olympic Medical Center-Eric Lewis, CHPW-Kat Latet	Peter Casey w/OCH area CBHCs, partners
Workforce: Training for Caregivers re Complex Behaviors, especially Behavioral Health	Statewide	DSHS	
Chronic Disease: 1) Seniors/Home Care 2) Hypertension/Diabetes 3) Self-Management	Clallam, Jefferson, Kitsap	KPHD-Katie Eilers Olympic Area Aging –Roy Walker	Katie Eilers
Care Transitions	Statewide	Area Agencies on Aging	See
Care Coordination: 1) Older Adults to Health Home	Statewide	WSMA (?) Area Agencies on Aging (?)	See list of LTC/Aging page 2 below
Choosing Wisely	Statewide, Clallam, Jefferson	AMA Olympic Medical Center – Eric Lewis Olympic Area Aging – Roy Walker	Eric Lewis/Roy Walker
Dental – preventative and intervention, child & adult	Clallam, Jefferson, Kitsap	Tom Locke – Tribal dental Delta Dental – Chad Lennox Smiles for Life (Clallam) PCHS/KMHS (Kitsap) Sea Mar (Clallam)	1. Chad Lennox/Delta 2. Siri Kushner, Jean Baldwin and Rochelle Doan share with providers to engage OCH
Housing/Case Management	Clallam, Jefferson, Kitsap	Pen. Housing Auth-Kay Kassinger Kitsap Community Resources (KCR), Bremerton Housing Authority-Kurt Weist Kitsap Public Health-Katie Eilers Kitsap Mental Health Services-Stephanie Lewis EMS (several jurisdictions Kitsap)	KCR-Monica Bernard lead

12/15/15 Statewide LTC Long Term Care & Aging: Project Ideas – 12.15.15 Initiative 1 1115 Waiver

Dementia Care: Improve health outcomes and increase community supports Two models discussed: • Focus on early detection/services • Create a menu of services depending on the stage of diagnosis	• Focus on screening & early diagnosis- talk about symptoms • Create access for early diagnosis services • Include services that are evidence based • Include Adult Day Health and Adult Day Care • Nursing visits at the time of diagnosis • End of life planning • Should have a community health worker or navigator • Provide early education to the family and the individual both on the disease and how to plan.
First Responder: Care transitions and Care coordination	• Use of first responders for home visits & some preventative care. • Use of first responders to identify individuals who need additional services and/or follow up. • Home visits after 911 calls for specific identified reasons. • Create communication strategies between first responders, Medical and LTSS care providers, include care coordinators that could be the intermediate care team.
Connecting the in home worker with the health care team	• Use of technology to provide daily updates • Ensure medical goals are being worked on in the home.
Use of telemedicine	• Assist with early diagnosis and frequent communication • Include Medical providers/recipient/care workers in the engagement • Increase availability of services/coordination to recipients • Ability to track and collect data • Assist with better care transitions • Enable better Care coordination
Care Coordination	• Look for ways to identify the various care coordinators and coordinate between. • Look at cross system assessments and ways to link • Need to engage across systems including jails, MH/CD, LTSS, and Medical. • Discussed EDIE and how this service could be utilized to assist in this coordination of care coordinators.
Developing an LTC workforce with specific skills and career paths	
Leveraging the LTSS worker to create Medicaid Transformation	• Could include a menu of topics including connecting the in home worker with the health care team, telemedicine, developing an LTC workforce with skills/career path. • Include engaging clients in importance of involving care workers in apt.
Value Based purchasing for LTSS workers	• Explore options

Accountable Health Communities Model Announced

The Department of Health and Human Services today announced a new funding opportunity of up to $157 million to test whether screening beneficiaries for health-related social needs and associated referrals to and navigation of community-based services will improve quality and affordability in Medicare and Medicaid.

The five-year program, called the Accountable Health Communities (AHC) Model, is a Centers for Medicare & Medicaid Services (CMS) Innovation Center model to focus on the health-related social needs of Medicare and Medicaid beneficiaries, including building alignment between clinical and community-based services at the local level.

The Accountable Health Communities Model will support up to 44 bridge organizations, through cooperative agreements, which will deploy a common, comprehensive screening assessment for health-related social needs among all Medicare and Medicaid beneficiaries accessing care at participating clinical delivery sites. The model will test three scalable approaches to addressing health-related social needs and linking clinical and community services – community referral, community service navigation, and community service alignment.

Please save the dates for webinars on the AHC Model application process:

- Thursday, January 21, 2016 from 2:00 – 3:30pm EST | Registration is now open
- Wednesday, January 27, 2016 from 3:00 – 4:30pm EST | Registration is now open

For more information on the AHC Model and upcoming webinars, please visit the Accountable Health Communities Model web page.