Olympic Community of Health

Interim Leadership Council

October 19, 2015

CDC Chart, Investing in Community

http://www.cdc.gov/chinav/docs/chi_nav_infographic.pdf

III. INTERIM LEADERSHIP COUNCIL CREATION

- ✓ 9/15 ILC Charter document completed by Governance Group
- ✓ 9/22 Steering Committee approves ILC Charter, directs OCH consultant to convene ILC sector stakeholders as identified at the July 22, 2015 Stakeholder meeting. Directed to continue discussion to secure yet unidentified stakeholder representation, include Tribal, rural health, private/not for profit hospital, chemical dependency.
- ✓ 10/1 ILC meeting scheduled for 10/19. Steering committee disbands 10/19/15 as ILC takes on governance role.

ILC Charter Review

1.1.1 History and Purpose of this Charter

- Supports formation of an Accountable Community of Health (ACH); future formal OCH designation in 2016 by the Health Care Authority (HCA)
- developed by Governance Subcommittee of OCH Steering Committee to move us to next stage; documents work to create/implement a regional health improvement plan.
- prepared based on review of existing HCA guidance, other regional ACH governance documents. Draft shared with stakeholders for comment in summer 2015.
- reviewed and approved by the initiating OCH Steering Committee
- provides guidance for OCH Interim Leadership Council, and will be recommended for adoption by OCH stakeholders as a whole in November 2015.
- is a work in progress, not yet inclusive of all elements we may address in future.
- establishes a basis by which ILC can meet its primary objectives to prepare for official designation as an ACH by 11/30/15; make recommendation by year end to OCH stakeholders for adoption of a more permanent governance structure through an OCH Governing Board.
- Council meets beginning fall 2015 and as frequently thereafter as necessary. OCH Governing Board replaces the ILC, leads the Olympic Community of Health by February 2016.
- consists of a multi-sector group of leaders to build on work accomplished through prior OCH planning conversations with short timeline for deliverables.
- This leadership council is an “interim” one because its work includes recommending, by end of 2015, an ongoing governance structure. To assure testing and adjustment of the governance structure, the Governance Subcommittee will continued its review.

OCH INTERIM LEADERSHIP COUNCIL

CHARGE: Support formation of an Olympic (Accountable) Community of Health and its future designation, serving in a transitional role October 2015 – February 2016 until a yet more formal Governing Board with additional sectors and deeper representation is in place. Provide 1-2 ILC members each subcommittee to chair and report back to ILC.

•Create a regional pathway to improving patient care, reducing the per-capita cost of health care and improving health of the population.

•Guide a regional vision by bringing the voice of sectors and the stakeholders they represent to the table to work collectively toward common areas of focus: access to care, population health improvements, access to "Whole Person" Support and promoting data sharing and a region-wide infrastructure. Collaborate across systems to improve our community safety and well being. Adhere to the OCH Guiding Principles.

•Intentionally work now to deepen stakeholder participation 1) within each sector so that representation on the Governing Board is rich with the experience and voice and 2) bring additional sectors and representation yet to be identified from Community Services System.

MEETINGS:

1st	October 19	2:30 pm – 5:00 pm	Silverdale
2nd	November 2	10:00 am – 1:00 pm	Port Gamble
3rd	December 7	1:00 pm – 4:00 pm	TBD
4th	January 11	1:00 pm – 4:00 pm	TBD

ILC GOVERNANCE SUBCOMMITTEE

CHARGE:

- Research/recommend evolving governance structure for OCH.
- Research/recommend legal form of OCH to ILC including bylaws. Act on legal form if indicated.

MEETINGS:

- 1st TBD Oct 20-31
- 2nd TBD Nov/Dec
- 3rd TBD January

COMMUNITY HEALTH ASSESSMENT & PLANNING SUBCOMMITTEE

CHARGE:

- ✓ Facilitate service gap analysis, priority setting; include review of local CHIP summary;
- ✓develop approach for Regional Health Improvement Plan by 11/9
- ✓Review statewide performance measures to apply regionally
- ✓ recommend service innovations.
- ✓ Support OCH in carrying out Regional Health Improvement Plan via collective impact.

MEETINGS:

- 1st TBD Oct 20 - 31
- 2nd TBD Oct 26-Nov 5
- 3rd TBD Nov 5-Nov 15
- Monthly thereafter

SUSTAINABILITY SUBCOMMITTEE

CHARGE:

- ✓ Research and recommend OCH sustainability plan
- ✓ Research and recommend health care payment models

MEETINGS:

- 1st Oct 20 – 31
- 2nd Nov 1 – 15
- Monthly thereafter

READINESS PROPOSAL

The intent of the ACH Readiness Proposal is to assess if the emerging Structure is developing into a functional ACH with a strong foundation for collaboration on regional health improvement efforts, in partnership with the State.

Submission by November 23. portfolio, with documentation and supporting narrative. ILC to review by 11/15, prior to submittal. Categories for designation align with ACH Pilot/Design contract, show:

- ✓ **Demonstration of operational governance structure**, interim or otherwise, includes a plan for testing/adjustment. DONE, TO BE APPROVED BY ILC.

- ✓ **Governing body membership reflects balanced, multi -sector engagement.** At a minimum, balanced engagement refers to the participation of key community partners that represent systems that influence health; public health, the health care system and systems that influence the Social Determinants of Health (SDOH) , with the recognition that this includes different spheres of influence. The governance model includes a process for adjusting as the environment changes. Note: We are waiting confirmation from the MCO sector on their representative (required). There has been and continues to be conversation with leadership of several of the Tribes in the region, needed discussion regarding the FQHC representation, and dental representation. These conversations will continue.

- ✓ **Community engagement activities are underway and additional community engagement activities are planned** in addition to engagement that occurs through the governance structure (e.g., ILC & committee meetings). Area to strengthen.

READINESS PROPOSAL

- ✓ **Established backbone functions to perform financial and administrative functions.** These functions can be performed by one or more organizations, interim or otherwise, and must demonstrate accountability to the ACH. There must be a process for ongoing evaluation and confirmation of the backbone organization(s). Currently Kitsap Public Health District (KPHD).

- ❑ **Initial priority areas (service gaps and/or health priorities) & strengths identified** as part of ongoing regional needs inventory & assessment development. **By 11/15**
  - Rapid action on part of Community Assessment/Planning Committee required to build on local CHIP process as presented at Nov 2014 Stakeholders meeting;
  - Need ID of and access to existing Assessments/Plans conducted within counties or region that address issue specific or cross system gaps/priorities for Committee review/mapping;
  - Committee to develop and conduct Stakeholder discussion for November 2nd to further ID priority areas necessary to further develop priorities for regional collective action
- ❑ **Initial regional health improvement project(s) or plan identified, plan in place** to continue development aligned with forthcoming ACH TA opportunities i.e. frame regional initiatives inventory, priority identification. **By 11/15 (**Assessment Comm.)

- ❑ **Initial operating budget established By 11/15** (KPHD/Sustainability).

- ❑ **Initial sustainability planning strategy documented** includes, not limited to, initial considerations for enhancing revenue base. Strategy could include a summary that outlines early efforts to consider Federal, State, local and private philanthropic resources to sustain the ACH. By 11/15 (Sustainability Subcommittee)