

## ACH Project Development

Center for Community Health and Evaluation  
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An Accountable Community of Health (ACH) is a regional coalition consisting of representatives from a variety of sectors, working together to improve population health. There are nine ACHs operating across the state as part of the Healthier Washington initiative, which are currently funded through a State Innovation Models (SIM) federal grant. ACHs are intended to strengthen collaboration, develop and implement regional health improvement efforts, and provide feedback to state agencies about their regions' health needs and priorities.

A key responsibility of the ACHs in Healthier Washington is to facilitate and coordinate projects that bring together multiple sectors to collaboratively address a health priority within their region. In July 2016, all nine ACHs submitted initial project proposals to the Health Care Authority (HCA) and have since moved forward with further planning and preparation for project implementation.



This report discusses the role these health projects are playing in ACH development as coalitions, the preliminary details of the ACH projects in each region, and the opportunities for capacity building as a result of the ACH projects.

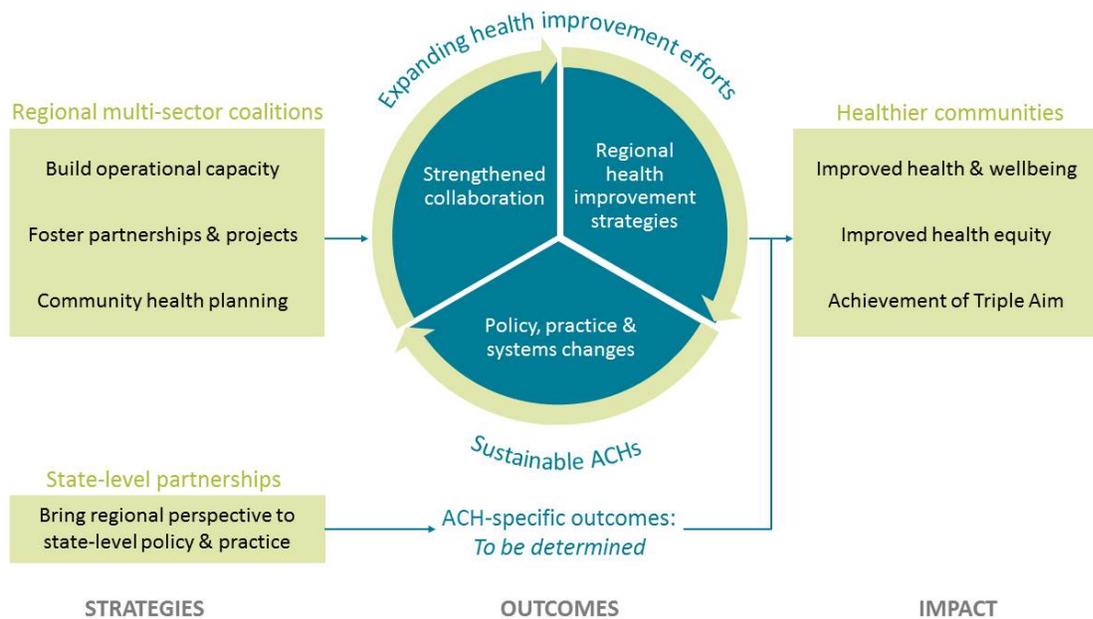
### Projects are a key step in ACH development

The projects ACHs are engaged in now are the first iteration of continuous regional health improvement efforts, as envisioned in the ACH Theory of Change (p. 2), which was developed by the Center for Community Health and Evaluation (CCH) in partnership with the HCA and with input from the ACHs.

Reading from left to right, in 2015 the ACHs began organizing and engaging stakeholders from many sectors and community perspectives across their regions—some of which had never worked together before. Much of the ACHs' first year focused on building their coalitions, including operational and governance structures, decision-making processes, and shared regional agendas with health improvement priorities.

In 2016, ACHs have started work on the center of the Theory of Change, with selection of their first projects, and will begin to lead their regions through a continuous cycle of implementing health improvement projects and strategies that will grow, spread, and hopefully be sustained over time.

## Accountable Communities of Health | Theory of Change



### ACHs are moving to action

With the selection of their first projects, ACHs have shifted their focus to collective action. Central to that shift is selecting a regional health improvement project that will demonstrate their coalition's capacity to facilitate collaboration and coordinate activities across stakeholders to advance a common goal. ACHs were required by the HCA to select and submit a proposal for their project by July 31, 2016. All nine ACHs successfully submitted proposals by the deadline and received approval and \$50,000 additional funding for their project ideas from the HCA, marking a key milestone for ACH development.

Approaches to the project selection process varied in scope, intensity, and transparency across the regions. Identifying and agreeing on a project took significant time and deliberation for many ACHs. Examples of steps taken by these ACHs include:

- Calling for project ideas from ACH member organizations and community stakeholders
- Developing a review process for project submissions, with assessment criteria that consider ACH regional priorities, opportunities for cross-sector engagement, and feasibility of activities
- Deliberation by a committee of ACH members to select a project for recommendation to the ACH's decision-making body
- Review and selection of a project by the ACH's decision-making body

**Capacity Building In Action** The process of selecting and planning their first collaborative health improvement projects is a critical exercise for ACHs. They will need to continue making collective decisions and commit to joint activities to carry out their projects. The lessons learned about priority setting and transparent decision making will help ACHs make process improvements and inform future efforts coordinated by the ACHs, such as spreading projects or policy and systems level changes that contribute to health systems transformation.

## ACHs are building collaborative partnerships

The development of project proposals and the continued work around planning and implementation has brought together a number of stakeholders in collaborative efforts. The HCA requires that all ACH projects engage individuals or organizations from more than one sector. As a result, many ACH projects are bringing together health care and non-health care stakeholders within their regions.

**Capacity** Some stakeholders have collaborated previously, but for many stakeholders the ACHs are helping to foster new partnerships, where organizations are working together for the first time, or more intentionally and more in-depth than before. Further developing these partnerships, as well as determining how all ACH members can support project efforts, will help strengthen each ACH's ability to work collectively.

Sectors and organizations contributing to ACHs' projects vary across regions, and include:

- Behavioral health
- Community health clinics
- Education (K-12 and college/university)
- First responders
- Hospitals
- Housing
- Medicaid managed care (MCOs)
- Primary care providers
- Public health
- Social services
- Substance abuse treatment

ACHs are also engaging with Tribes and Urban Indian Health Programs. The interest and engagement of a wide variety of organizations in ACH projects signifies that stakeholders recognize that many sectors influence population health and that ACHs have the potential to bring the right people together to affect meaningful change.

## ACH projects vary by region

No two ACHs are implementing the same project. Each ACH's project is slightly different, based on regional context, priorities, stakeholders, and resources—but there are themes in the health issues addressed and strategies being implemented across multiple regions.

Consistent across all ACHs is the theme of improving access to needed services. Ranging from primary care to chronic disease management, behavioral health, and non-clinical or social services, each ACH is striving to improve access to services that will improve health in their regions.

**Capacity** Each ACH's project topic is also relevant to future statewide population health improvement and health care delivery transformation. As such, projects are an opportunity for shared learning and idea exchange across the regions in addition to capacity building within individual ACH regions. At cross-ACH meetings, there has already been discussion of keeping each other informed of project progress, so strategies that are proven to be successful can be shared and scaled-up across multiple ACHs.

Below are brief summaries of each ACH's project. Similar details, as well as a short description of each ACH's governance structure and regional health priorities can be found in the appendix.

### Five ACHs are focusing on care coordination

Care coordination is the focus of five ACHs' projects, but the target population for each ACH varies, from chronic disease patients or individuals at-risk of hospital readmissions, to those living in public or affordable housing.

Four of these ACHs are utilizing Community Health Worker (CHW) strategies: Better Health Together, Greater Columbia ACH, King County ACH, and Pierce ACH. Greater Columbia is also using a nursing (RN-BSN) care transition/coordinator role as part of their activities. Although each ACH is implementing slightly different tactics, these projects aim to build clinic-community linkages, help patients access appropriate health care, and connect patients to social services and community resources that address their non-clinical needs related to the social determinants of health. The other ACH doing care coordination, Cascade Pacific Action Alliance, has already moved to action with a school-based strategy to connect students with behavioral health services in the community.

#### **Better Health Together (BHT)**

Project title: Pathways Hub Pilot

The ACH will implement two community pilots to “coordinate the coordinators,” using a model that has been implemented elsewhere across the U.S. One will be a jail transition pilot to connect people transitioning out of the Ferry County jail and their families to stabilizing services. The second focus is still to be finalized. Within these pilots, the ACH will coordinate five Medicaid Managed Care Plans, four primary care clinics/health systems, and three social determinants of health organizations to implement a standardized process to identify and address the needs of 150 at-risk individuals by connecting them to community based, coordinated services.

Going through our regional priorities planning, an issue emerged about coordinating the coordinators. Each of the health-related sectors has a version of care coordinators. The Pathways Model creates a framework for centralizing community referrals.

– ACH backbone staff member

#### **Cascade Pacific Action Alliance (CPAA)**

Project title: Youth Behavioral Health Coordination Pilot Project

The ACH project is addressing adverse childhood experiences (ACEs) through prevention and mitigation using school-based behavioral health referrals. In four pilot sites across four counties, the ACH is coordinating with school districts, clinicians, and behavioral health care providers to identify students with behavioral challenges as early as possible and connect the children and their families to community-based interventions and treatment services.

*Capacity Building In Action* CPAA was the first ACH to implement their project. The ACH engaged school districts and designed the project to place new care coordinators or licensed behavioral health providers in schools. The pilot project launched at Monticello Middle School in Cowlitz County in September 2015. In its first year, the project served over 60 students and the school reported improvements in attendance and disciplinary actions resulting from the program. The ACH is leveraging the lessons learned as they work to spread the project to three additional school districts and provide behavioral health therapy in some rural schools.

### Greater Columbia ACH

Project title: Readmission Avoidance Pilot

The ACH project will coordinate the clinical care and social supports for patients at risk for hospital readmission using a combination of care transition support and connections to social services. Nursing students (RN-BSN) will help with discharge planning for patients to assess follow-up medical and social needs and to improve care transitions and communication across care settings. CHWs will connect patients to community resources to address non-clinical patient needs. Patients in the program will be geocoded to identify community ‘hotspots’.

### King County ACH

Project title: Prevention and Management of Chronic Disease in Low-Income and Immigrant Populations through Housing-based and Community Health Worker Interventions in King County

The ACH project will leverage existing CHW initiatives operating at 10 public and affordable housing properties with the goal of strengthening and spreading this intervention. Currently, CHWs work with the housing residents to coordinate care for Medicaid enrollees from historically underserved communities with or at risk of chronic disease. The ACH will analyze the impact of the CHW programs, while also working with ACH partners to increase investment and build institutional relationships.

### Pierce County ACH

Project title: Blood Pressure Project to Link Community Health Workers and Health Care Systems

The ACH project will utilize CHWs to offer chronic disease prevention in non-clinic settings, including educating patients about blood pressure self-monitoring, collecting blood pressure data, and connecting patients to chronic disease treatment services. The project will coordinate recruiting, hiring and training people with appropriate cultural and linguistic skills as CHWs. The project has a longer term goal of creating a multi-agency CHW “Hub”.

The ACH provides the opportunity for these agencies from different sectors to focus on health equity, prevention and health promotion - major components of the transformed health system.

– ACH project submission

### Four ACH projects are developing diverse strategies

The four remaining ACHs are working on a variety of other health improvement issues through a diverse set of strategies. This variation of approaches to health improvement provides an early glimpse into the broad range of health improvement topics and tactics that ACHs could tackle in future endeavors.

### North Central ACH

Project title: Whole Person Care Collaborative

The ACH is supporting care transformation by forming a whole person care collaborative to help health care providers implement delivery system changes. The goal is to improve the capacity of provider organizations across the North Central region to define and implement effective Whole Person Care in primary care clinics through collaboration and sharing resources.

### North Sound ACH

Project title: Prevention via Increasing Awareness and Accessibility of Long-Acting Reversible Contraception (LARC)

The ACH project works to improve maternal health, with a specific focus on activities that will increase awareness about long-acting reversible contraception (LARC) as an effective contraceptive method, as well as increasing access to LARC. The ACH will bring together health care, Medicaid Managed Care, and community organizations to train providers and educate consumers about LARC to increase contraceptive options and decrease unintended pregnancy.

### Olympic Community of Health (OCH)

Project title: Olympic Peninsula Coordinated Opioid Response

The ACH project is the beginning of a comprehensive initiative to coordinate and implement a community response to the regional opioid crisis, including opioid abuse, dependence, and overdose. The ACH is engaging the Salish Behavioral Health organization, tribal nations, and Kitsap, Jefferson, and Clallam counties in this work. The project will first focus on an assessment and planning phase before the ACH develops and coordinates implementation of a multi-strategy, region-wide effort.

No single sector or county can solve this problem alone.

– ACH project submission

### Southwest Washington Regional Health Alliance (SWWA RHA)

Project title: Co-location of Primary Care in Behavioral Health Settings

The ACH project will help connect behavioral health patients to primary care by addressing obstacles and implementing strategies to develop a nontraditional, reverse co-location model where physical health services will be provided by nurse practitioners, in-house at two behavioral health sites. A key goal is to identify barriers for behavioral health patients who need access to primary care and help those individuals connect with a provider.

### ACHs are learning to measure progress and outcomes

A key component of a successful project is the development of concrete measures to understand progress and to provide continuous learning opportunities as the project grows. As part of their project proposals to HCA, the ACHs were required to identify potential outcomes, indicators, and data sources for measuring progress. Project submissions varied widely in the level of detail and types of outcomes and indicators suggested. Some ACHs provided broad, high-level indicators to track project progress, while other ACHs articulated specific metrics tied to existing public health or health care data sources. In addition, some only focused on short-term process measures related to project implementation, while others focused on long term impact measures to assess population health improvement.

**Capacity Building In Action** Measuring project progress and success may be a challenging component of health improvement projects, but it is the ACHs' first opportunity to concretely demonstrate their value-add to their regions. Developing an evaluation framework will require stakeholders to agree on clear outcomes and indicators to assess project progress, as well as key milestones

to help hold each other accountable during project implementation. This will facilitate data-driven decision-making as the projects move forward and help ACHs communicate about their projects with key partners, regional stakeholders, other ACHs, and state agencies.

ACHs will need to develop strong process measures and milestones to understand their incremental progress toward long term goals, since health improvement projects can take years to reach the scope and impact necessary to improve regional population health measures. This will allow ACHs to highlight project effectiveness and ACH value-add to their respective regions in the short-term, and help demonstrate the positive impact of project activities on target sub-populations. Although several ACHs have cited it as a challenge within current resources, developing the infrastructure and capacity to collect and interpret data across their regions will allow ACHs to coordinate and implement current and future projects and activities.

As an evaluation partner, the Center for Community Health and Evaluation (CCH) is providing coaching services to the ACHs specifically on data and measurement, to help ACHs expand upon their initial measurement ideas and form evaluation plans that will track key milestones, assess early outcomes, and inform project development, improvement, and reporting. CCH is working with several of the ACHs on designing project logic models, selecting indicators, and developing data collection strategies. This includes identifying existing data sources the ACHs can partner with, such as Healthier Washington’s AIM (Analytics, Interoperability, and Measurement) team.

### Long term outcomes are aligning with broader Healthier Washington measures

CCH is also working with ACHs to map their projects to the long term health outcomes elevated in Healthier Washington’s [Common Measure Set](#). The HCA has adopted a set of 55 metrics as a standard way to measure the impact of the Healthier Washington initiative. The common measures are being incorporated into other state contracts, including those with health plans and providers, with the expectation that adoption of these measures will grow over time. The ability to understand regional ACH impact on these measures will demonstrate the role ACHs play in moving the Healthier Washington initiative forward. However, it is likely to take years of activities, as well as spreading and scaling successful projects, to achieve impact on a regional or state-level population health metric.

The figure to the right categorizes the Common Measure Set into three areas of focus and highlights (in bold) areas of overlap with potential long term outcomes for ACH projects. While some ACH projects map directly to the common measure set, others will be more challenging to align given the social determinants of

Mapping long term ACH project goals and areas of focus in the Common Measure Set

Prevention	Acute Care	Chronic Illness
<b>Access to primary care</b>	Avoidance of overuse/ <b>potentially avoidable care</b>	Appropriate use of medications
Adult screening(s)	<b>Behavioral health</b>	Asthma
<b>Childhood: early and adolescent</b>	Cardiac	Depression
Immunizations	<b>Hospital readmissions</b>	<b>Hypertension and cardiovascular disease</b>
Obesity/ Nutrition/ Physical activity	Obstetrics	<b>Diabetes</b>
Oral health	Patient safety	
Tobacco cessation	Stroke	
<b>Unintended pregnancy</b>		
Cross cutting: Patient experience and <b>cost of care</b>		

health focus that projects have, which is not fully represented in the Common Measures set. It will be important to capture additional long-term measures to demonstrate the ACH value in their regions.

## Next steps: Implementation, evaluation and continuous learning

### ACHs moving forward with project implementation

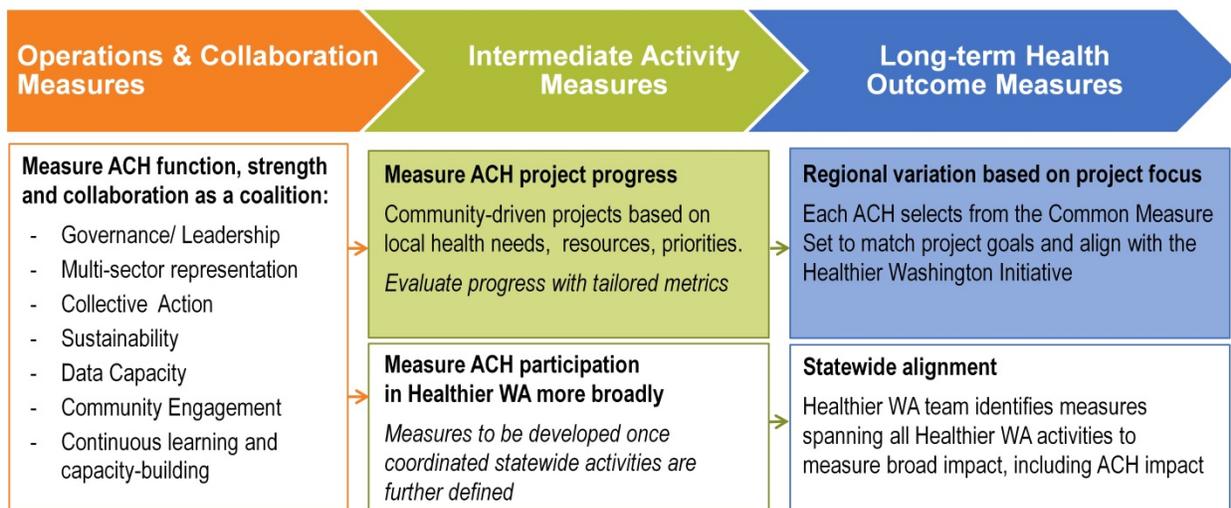
Project selection and planning are important ACH milestones, but they are only the beginning of the health improvement process. In the coming months, ACHs will need to continue with regional assessments, baseline data collection, action planning, stakeholder engagement, and activity implementation. ACHs will launch their projects in earnest and begin measuring preliminary outcomes and communicating progress to key audiences.

Maintaining project momentum will be vital for ACHs to demonstrate their role as conveners and coordinators of regional population health efforts. Each of the ACHs’ projects highlights how that role can take a variety of forms. Some ACHs are focusing on a short-term early win project to demonstrate collaboration. Some ACHs have projects that are complementary to other Healthier Washington activities, such as the Practice Transformation Hub, to showcase how alignment of resources can advance regional and state goals. Other ACHs are developing regional initiatives or comprehensive models that highlight the ACHs’ potential as key contributors to other health innovation initiatives in the future. All these approaches are important in strengthening the ACHs, reinforcing cross-sector partnerships, and proving the ACHs’ value.

### Ongoing evaluation of the ACH initiative

Development of the ACH projects and associated measures is a key step in understanding the impact of the ACHs overall. As an evaluation partner, CCHE will continue to work with ACHs and the HCA to evaluate the ACHs’ impact as depicted by the ACH Chain of Impact below. Each ACH’s progress on their projects provides a concrete example of their contributions to health improvement within their region, as well as an opportunity to develop their capacity to take collective action.

#### The ACH Chain of Impact



### Leveraging lessons learned will be essential

As highlighted throughout this report, implementing projects provide a wealth of capacity building opportunities for ACHs, such as improving their collaborative and transparent decision-making processes, bringing new stakeholders to the table, taking collective action on project activities, and holding each other accountable for project success.

Leveraging the lessons learned from this process will help ACHs develop more effectively as individual regions and as members of a statewide initiative. The incorporation of continuous learning and capacity building into both individual ACH operations and the ACH initiative as a whole is essential. The following initial lessons learned and key considerations are emerging based on project proposals, cross-ACH learning opportunities and conversations with individual ACHs:

- **Collaborative, transparent decision-making is central to the development and success of ACHs.** The decision-making process used by ACHs to select their projects should inform adjustments to decision-making in the future so they can continue to strengthen regional commitment and implementation of collective decisions. For example, some ACHs are discussing the processes they used to select a project, reflecting on what worked well and what did not, so they can refine the process.
- **Relationship-building, trust, and partnership takes time.** ACH projects are an opportunity to bring together multi-sector stakeholders and form lasting partnerships that can be leveraged in the future, especially when addressing the social determinants of health, but **adequate time and effort must be invested in continuous learning.** As projects move forward, ACHs have the opportunity to regularly discuss project successes and barriers, to help refine activities and identify opportunities for all ACH members to be involved, either by implementing activities or helping inform the community about project efforts.
- **Thoughtful data collection and measurement of activities and outcomes will help ACHs** monitor project success and communicate results to regional partners, state agencies, and future potential funders. It will also help build infrastructure and capacity within their regions that will be critical to future regional efforts.
- **Promoting peer-to-peer learning between regions has already proved valuable to ACH development.** Existing ACH discussion forums can be leveraged to facilitate cross-ACH discussion, peer-support, and sharing of best practices. The HCA can also leverage technical assistance and evaluation partners to support peer learning and address emerging issues in ACH development.
- **Oversight of Healthier Washington more broadly puts HCA in a unique position to help elevate lessons learned and areas for growth across ACHs,** as well as opportunities for synergy between ACH development, regional projects, and other Healthier Washington activities. By communicating these insights and any expectations or requirements in a clear and timely fashion to ACHs, HCA can help guide and enhance ACH development and project implementation.

I heard from other regions some ideas that I'd love to bring to our region and scale up...learning from what other regions are doing on health priorities that we have, too.

– ACH backbone staff member

## Appendix: ACHs At-a-glance Handout

ACH	Counties	Backbone	Governance (decision-making in bold)
<b>Better Health Together</b> (BHT) <a href="#">website</a>	Adams, Ferry, Lincoln, Pend Oreille, Stevens, Spokane	Better Health Together	<b>15-member Board of Directors</b> that governs both ACH and BHT programs. 80 regional organizations participate in an ACH Leadership Council. Rural county coalitions are emerging for local activation.
<b>Cascade Pacific Action Alliance</b> (CPAA) <a href="#">website</a>	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum	CHOICE Regional Health Network	<b>44-member Regional Coordinating Council</b> which uses a consensus decision-making model. Seven county level forums convene local stakeholders.
<b>Greater Columbia</b> (GC ACH) <a href="#">website</a>	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, Yakima	Benton-Franklin Community Health Alliance	<b>17-member Board of Directors</b> as well as an open participation Leadership Council that regularly includes 30-50 regional participants.
<b>King County</b> <a href="#">website</a>	King	Public Health-Seattle & King County	<b>25-member Interim Leadership Council</b> with an Interim Steering Committee. Workgroups include Council and community members.
<b>North Central</b> (NCACH)	Chelan, Douglas, Grant, Okanogan	Chelan-Douglas Health District	<b>17-member Governing Board</b> and three county-level Coalitions for Health Improvement (CHIs) that convene local stakeholders.
<b>North Sound</b> (North Sound ACH) <a href="#">website</a>	Island, San Juan, Skagit, Snohomish, Whatcom	Whatcom Alliance for Health Advancement	<b>29-member Governing Body</b> that includes regional stakeholders from all five counties. A Steering Committee.
<b>Olympic Community of Health</b> (OCH) <a href="#">website</a> <a href="#">Facebook</a>	Clallam, Jefferson, Kitsap <a href="#">Instagram</a> <a href="#">Twitter</a>	Kitsap Public Health District	<b>22-member Governing Board</b> includes 15 sectors and seven tribes. Executive Committee and Regional Health Assessment and Planning Committee reviews health assessments and advise board on regional priorities.
<b>Pierce County</b> <a href="#">website</a>	Pierce	Tacoma-Pierce County Health Department	<b>23-member Board of Trustees.</b> Pierce Health Innovation Partnership that engages 30-40 regional stakeholders.
<b>Southwest Washington Regional Health Alliance</b> (SWWA RHA) <a href="#">website</a>	Clark, Skamania	Southwest Washington RHA	<b>22-member Board of Directors</b> that governs both ACH and Early Adopter Behavioral Health activities. A Community Advisory Council includes 13 Medicaid enrollees.

ACH	Regional Priorities	Regional Projects (under the State Innovation Model (SIM) grant)
<b>Better Health Together</b> (BHT) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to oral health care</li> <li>• Community-based care coordination</li> <li>• Linkages in housing, food security &amp; income stability systems</li> <li>• Obesity reduction &amp; prevention</li> <li>• Whole-person care</li> </ul>	<b>Pathways Hub Pilot:</b> For two pilots, the ACH will coordinate five Medicaid Managed Care Plans, four primary care clinics/health systems, and three social determinants of health organizations to implement a standardized process to identify and address the needs of 150 at-risk individuals by connecting them to community based, coordinated services.
<b>Cascade Pacific Action Alliance</b> (CPAA) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to care &amp; provider capacity</li> <li>• Adverse childhood experiences (ACEs) prevention &amp; mitigation</li> <li>• Chronic disease prevention &amp; management</li> <li>• Economic &amp; educational opportunities</li> <li>• Health integration &amp; care coordination</li> </ul>	<b>Youth Behavioral Health Coordination Pilot Project:</b> In four pilot sites across four counties, the ACH is coordinating with school districts, clinicians, and behavioral health care providers to identify students with behavioral challenges as early as possible and connect these children and their families to community-based interventions and treatment services.
<b>Greater Columbia</b> (GC ACH) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Behavioral health</li> <li>• Care coordination</li> <li>• Healthy youth &amp; equitable communities</li> <li>• Obesity/diabetes</li> <li>• Oral health: primary caries prevention</li> </ul>	<b>Readmission Avoidance Pilot:</b> The ACH will coordinate the clinical care and social supports for patients at risk for hospital readmission. Nursing students (RN-BSN) will help with discharge planning for patients to assess follow-up medical and social needs and to improve care transitions and communication across care settings. Patients in the program will be geocoded to identify community ‘hotspots’.
<b>King County</b> <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Care coordination for complex needs</li> <li>• Health equity</li> <li>• Housing-Health intersections</li> <li>• Prevention: chronic disease &amp; social determinants of health</li> <li>• Physical/behavioral health integration</li> </ul>	<b>Prevention and Management of Chronic Disease in Low-Income and Immigrant Populations through Housing-based and Community Health Worker Interventions in King County:</b> The ACH will leverage three organizations’ Community Health Worker (CHW) initiatives in 10 public and affordable housing properties to coordinate care for Medicaid enrollees from historically underserved communities with or at risk of chronic disease.
<b>North Central</b> (NCACH)	<ul style="list-style-type: none"> <li>• School-based obesity prevention</li> <li>• Whole Person Care health care transformation</li> </ul>	<b>Whole Person Care Collaborative:</b> This initiative will improve the capacity of provider organizations across the North Central region to define and implement effective Whole Person Care in primary care clinics through collaboration and sharing resources.
<b>North Sound</b> (North Sound ACH) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Behavioral health integration &amp; access</li> <li>• Care coordination</li> <li>• Dental &amp; primary care access</li> <li>• Health disparities</li> <li>• Housing</li> <li>• Prevention</li> </ul>	<b>Prevention via Increasing Awareness and Accessibility of Long-Acting Reversible Contraception (LARC):</b> The ACH will bring together health care, Medicaid Managed Care, and community organizations to train providers and educate consumers about LARC to increase contraceptive options and decrease unintended pregnancy.
<b>Olympic Community of Health</b> (OCH) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Behavioral health integration &amp; access</li> <li>• Chronic disease prevention &amp; management</li> <li>• Healthy aging: safety &amp; support</li> <li>• Prevention: lifelong health for children</li> </ul>	<b>Olympic Peninsula Coordinated Opioid Response:</b> The ACH will lead a comprehensive initiative to assess, plan, coordinate and implement a multi-sector, community response to the regional opioid crisis, including opioid abuse, dependence, and overdose. The ACH is engaging the Salish Behavioral Health Organization, Tribes, and Kitsap, Jefferson, and Clallam counties in this effort.
<b>Pierce County</b> <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Behavioral health</li> <li>• Chronic disease</li> <li>• Health equity &amp; social determinants of health</li> </ul>	<b>Blood Pressure Project to Link Community Health Workers (CHWs) and Health Care Systems:</b> The ACH will coordinate recruiting, hiring and training people with appropriate cultural and linguistic skills as CHWs. CHWs will offer chronic disease prevention in non-clinic settings. The project will create a multi-agency CHW ‘Hub’.
<b>Southwest Washington RHA</b> (SWWA RHA) <a href="#">website</a>	<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Behavioral health integration</li> <li>• Care coordination</li> </ul>	<b>Co-location of Primary Care in Behavioral Health Settings:</b> The ACH will help address obstacles and implement strategies to develop a nontraditional, reverse co-location model where physical health services are provided in-house at two behavioral health sites.