VERSION 1: JULY 2015

REVISIONS:

VERSION 2, 2015 RESULTS: APRIL 1, 2016

VERSION 3, 2016 WORK PLAN

VERSION 4, 2016 RESULTS, 2017 WORK PLAN

VERSION 5, 2017 RESULTS, 2018 WORK PLAN

2014 KITSAP COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

PREPARED BY: KITSAP PUBLIC HEALTH DISTRICT

2014 KITSAP COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

CONTENTS

BACKGROUND

WHAT IS KITSAP COMMUNITY HEALTH PRIORITIES

Kitsap Community Health Priorities (KCHP) is a collaborative, community-driven process to improve health and well-being in Kitsap County. The process involves broad participation of diverse sectors of the community in setting community health and well-being priorities, taking action on those priorities, and monitoring progress. KCHP began in December 2010 and is intended to be a cyclical, dynamic, and long-term process.

GOALS

- Improve health and well-being status and opportunities for all.
- Improve collaboration and planning among community agencies.
- Increase public awareness of and engagement around improving health and well-being.
- Increase access to and use of data.

TIMELINE

PARTICIPANTS

KCHP is led by a Sponsor Group comprised of three founding members: Kitsap Public Health District, Harrison Medical Center, and United Way. Two additional members joined in 2014: Kitsap Community Foundation and Kitsap County Human Services Department. The Sponsor Group defines and monitors the KCHP process and provides financial support. Participation in KCHP is open to any county residents and individuals working within the county. The distribution list includes over 250 individuals, many of whom serve as primary contact for community organizations/agencies. Levels for participation for the 2014 KCHP process were as follows:

47 individuals representing 27 agencies/communities participated in 6 meetings to review data, identify key findings, and propose priorities.

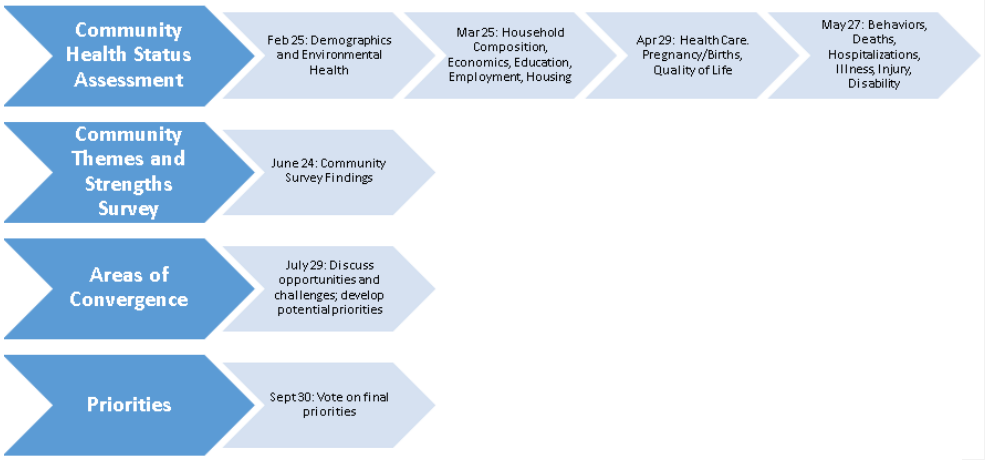
1,600 Kitsap residents completed a community survey; 79 individuals participated in a community meeting on September 30th to select the final health and well-being priorities.

Community members will develop and implement strategies to address each of the selected priorities; progress will be monitored and evaluated.

DATA REVIEW AND PRIORITIZATION PROCESS

The 2014 KCHP data review process was based on a modification of the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP)

model.[1] The KCHP process included review of findings from a Community Health Status Assessment and Community Themes and Strengths Survey and input on forces of change and the community capacity in the public health, health care, and social services systems. Kitsap Public Health District Epidemiologists presented assessment findings to the KCHP Advisory Group in a large group format which was followed by discussions in small groups to identify key findings, forces of change, system capacity, and missing data. Key findings were summarized into "Areas of Convergence" from which Advisory Group members identified potential priorities. Final priorities were selected by Community Representatives from the list of potential priorities.



COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment (CHSA) included over 260 indicators of health and well-being. Indicators were derived from standard quantitative public health data sources. Rates or percentages were presented for Kitsap County with a trend over time and comparison to Washington State. When possible, Kitsap rates or percentages were presented for sub-groups: sub-county areas, age groups, gender, race/ethnicity, income level, education level, among others. The CHSA was compiled by Epidemiologists at the Kitsap Public Health District and presented in topical modules to the Advisory Group at 4 meetings.

[1] http://www.naccho.org/topics/infrastructure/mapp/

COMMUNITY THEMES AND STRENGTHS SURVEY

The Community Themes and Strengths Survey (Survey) included 31 questions and a participant demographics section. The survey was a convenience sample obtained through wide dissemination of both electronic and paper surveys. In total, 1,897 surveys were completed of which, 1,600 were used for analysis based on participant reported Kitsap County zip code. Questions were designed to collect information beyond the CHSA indicators and include qualitative input. Epidemiologists at the Kitsap Public Health District administered and analyzed the survey and presented findings to the Advisory Group.

INPUT ON FORCES OF CHANGE AND COMMUNITY CAPACITY

The Advisory Group identified and provided input on key issues including differences by sub-groups, missing data or other information that would be important to know, community capacity to address the issue, opportunities/factors/events/barriers in the community that may affect the issue.

AREAS OF CONVERGENCE AND POTENTIAL PRIORITIES

Fourteen "Areas of Convergence" resulted from the overlap in key findings identified by Advisory Group small groups at each data review meeting. Each Area of Convergence included relevant data from the CHSA and Survey. To establish the list of potential priorities, the Advisory Group reviewed the Areas of Convergence and then each individual wrote down their top 10 priority issues on sticky notes which they placed on a topic-specific poster. On each poster and between posters, sticky-notes with similar issues were consolidated. Advisory Group members were given 5 sticky dots to vote on the consolidated issues – they could place all dots on one issue or divide them up. Using this method, 6 potential priorities were identified.

FINAL PRIORITIES

For each of the six potential priorities, data, disparities and impact were presented to Community Representatives by the Kitsap Public Health District Epidemiologist. Following an Advisory Group led small group discussion of the process and findings, Community Representatives were given 3 sticky dots to vote on the final priorities – they could place all dots on one issue or divide them up. Using this method, 4 final community health and well-being priorities were selected.

AREAS OF CONVERGENCE (14)	POTENTIAL PRIORITIES (6)	FINAL PRIORITIES (4)
Adverse Childhood Experiences	Adverse Childhood Experiences	**Adverse Childhood Experiences (ACEs):** Prevent ACEs and reduce the negative impact of ACEs
Aging Population		
Bremerton (as an outlier)		
Education		
Food Access/Insecurity*		
Housing/Homelessness	Affordable Housing	**Affordable Housing:** Increase affordable housing and make homelessness a one-time brief event
Living Wage Jobs, Workforce Education/Training	Living Wage Jobs	
Mental Health/Emotional Well-Being/Stress	Mental Health	**Mental Health:** Ensure mental health care is accessible, available, and timely for all
Overweight/Obesity/Chronic Disease	Obesity	**Prevent/Reduce Obesity:** Make it easy for all residents to be physically active and ensure all residents have healthier food options
Parenting		
Physical Activity/Active Living*		
Prenatal Care		
Substance Use	Youth substance use/abuse	
Transportation		

*Integrated into obesity potential and final priority

PRIORITIES

ADDRESSING HEALTH AND WELL-BEING PRIORITIES

Working groups comprised of community representatives will work on strategies to address the priorities. Progress will be monitored and evaluated from objectives that are specific, measurable, attainable, relevant, and time-bound (SMART). Annual work plans for the four priorities are detailed on the pages that follow.

ADVERSE CHILDHOOD EXPERIENCES (ACEs): Prevent ACEs and reduce the negative impact of ACEs.

~~Health Indicator: Increase the percentage of Kitsap residents with 0, 1, or 2 ACEs~~

Health Indicator: The percentage of Kitsap residents with 0 ACEs (Source: Adult self-report, Behavioral Risk Factor Surveillance System)	Baseline	Year1	Year2	Year3	Year4	Year5
	34% (2011)	n/a	n/a	n/a	n/a	

Responsible Parties: KPHD, Kitsap Community Foundation, United Way, Suquamish Tribe, Kitsap County Human Services, and Olympic Educational Services District

Objective	Strategies	Measurement	Target Date	Year 1 (2015)	Target Date	Year 2 (2016)	Target Date	Year 3 (2017)	Target date	Year 4 (2018)	EBP	Policy Change
Prevent ACEs & Promote resiliencies to mitigate the effects of ACEs	Establish key elements of CI approach	Backbone agency structure established by 6/30/15	6/30/15	Funders Committee comprised of KPHD, Kitsap Community Foundation, United Way and Suquamish Tribe established December 2014; Project Director for CI Hired April 2015	N/A	N/A	N/A	N/A	N/a	n/a		
		At least 5 sectors represented in steering committee for CI by 7/15/15 Establish frequency of Steering committee meetings	7/15/15	Steering committee established, participating sectors include OESD, Kitsap County Human Services, Olympic College, Emmanuel Apostolic Church, KPHD, Kitsap	N/A	N/A	N/A	N/A	N/A	n/a		

				Community Foundation; monthly meetings held beginning 7/16/15								
		Establish common agenda and goals	8/15/15	Common agenda *identified as:* *Improve the overall health & well-being of Kitsap & its residents, through the reduction of ACEs and building of resilience.*	N/A	N/A	N/A	N/A	N/A	n/a		
		Establish key measurements	6/15/16	N/A	N/A	Shared measures identified. By 2025: A 10% decrease in the proportion of Kitsap County Residents	N/A		N/A	n/a		

						reporting 3 or more ACEs A 20% increase in the percentage of adults in Kitsap County who report they feel socially and emotionally supported A 20% increase in the % of children in Kitsap County who report they have someone to turn to when feeling sad or hopeless about the future A 10% increase in the % of children in Kitsap County who report they live in a home with good family management A 50% increase in post-						

						secondary completion for Kitsap & Mason students, through a focus on reducing gaps in equity and opportunity for minority and special education students and young adults						
	Educating diverse sectors in the NEAR sciences	At least 15 agencies from diverse sectors trained in NEAR sciences by 12/15/15 Extend Collaborative Leadership Academy for additional 6 months to allow for at least 20 agencies to engage in increased application of NEAR concepts in organizational	12/15/15	Established Collaborative Learning Academy, which trained 25 local non-profits from diverse sectors in NEAR	9/30/16	23 organizations continued involvement in Collaborative Learning Academy to allow more time for integration of NEAR into agency culture and policies	12/31/2017	Complete and evaluate CLA.	2018-19	Develop and initiate next CLA cohort focused on sub-sector, possibly housing.		

		structures by 9/30/16										
	Integrate NEAR into agency policies and systems	At least 3 sectors modify existing or implement new policies by 9/30/16	N/A	N/A	~~9/30/16~~ 12/31/16	The Healthy Eating Active Living Coalition formally adopted a NEAR lens to their work and is developing a strategic plan to specifically identify strategies and activities where HEAL and NEAR overlap. Georgia's House, a homeless shelter in Kitsap County, has begun training staff and volunteers in	12/31/17	As of June 2017, Housing Kitsap is exploring how to make changes to their eviction policy and procedures to be more trauma-informed. Specifically, the agency is shifting their case conference with potential eviction clients to earlier in the process to ensure clients have more time to problem-solve.	12/31/18	Facilitating CLA 2.0 providing financial awards to 4 collaborative projects by members of the original cohort to apply the NEAR sciences to their work.		X

Commented [KE1]: Revision to work plan determined February 2016

						the NEAR research as fundamental to informing their client engagement.		The Salvation Army integrated Hope Survey as tool for assessing overnight shelter participant well-being.				

~~MENTAL~~ BEHAVIORAL HEALTH: Ensure ~~mental~~ behavioral health care is accessible, available, and timely for all.

Commented [KS2]: Change from "mental" to 'behavioral' approved by KCHP partners at KCHP Summit 10/2015.

Responsible Parties: KPHD, KMHS, Kitsap County Human Services, Kitsap Community Resources

Health Indicator:	Baseline (2014 CHA)	Year1 2015	Year2 2016	Year3 2017	Year4 2018	Year5
Mental health provider shortage areas (http://hpsafind.hrsa.gov/HPSASearch)	**Entire county**		**Entire county (6/10/16)**	Entire county	Entire county (8/28/17)	
Adults report mental distress (14 or more days of poor mental health during the past 30 days) (BRFSS)	14% (2011-12)	13% (2013)	15% (2014)	11% (2015)	9% (2016)	
Alcohol or drug related deaths (DSHS Risk Profile)	11.5 per 1,000 (2012 not in CHA)	10.9 per 1,000 (2013)	12.8 per 1,000 (2014)	13.0 per 1,000 (2015)	No data (2016)	

~~Health Indicator:~~

Objective	Strategies	Measurement	Target Date	Year 1 2015	Target Date	Year 2 2016	Target Date	Year 3 2017	Target Date	Year 4 2018	EBP	Policy Change
Strengthen local initiatives that promote mental health care	Identify opportunities with Kitsap Human Services and Kitsap Mental Health to promote behavioral health integration and efforts	Convene KHS and KMHS to identify opportunities by 3/15/15	3/15/15	Sector leaders prioritized educating community about pending BH integration and 1/10th of 1% funding opportunities to expand BH interventions across the lifespan	N/A	N/A	N/A	N/A	n/a	n/a		
	Conduct at least 1 community event annually at which information on	Presentation to broad group of stakeholders on behavioral	12/31/15	100 community members participated in annual KCHP	12/31/16	Partner meeting with the Olympic Community of Health on June	12/31/17	Partner meeting with the Olympic Community of Health held on January 30, 2017 and focused on the	5/31/18	KCHP will disseminate KPHD Health		

	BH integration will be provided	health integration changes as part of health care reform		Summit on 10/26/15, at which KC RSN presented on proposed behavioral health integration for M/Caid population & timeline		14, 2016 focused on lessons learned from Southwest WA Early Adopter Region bidirectional integration; 115 community members participated		require Medicaid Waiver demonstration project on bidirectional integration; 100 community members participated December 13, 2017 hosted KCHP Community Convening to review disparities data including behavioral health.		Disparities report to community partners.		
	Solicit feedback from KCHP participants on whether objective should expand from "mental health care" focus to "behavioral health care focus" by 12/31/15	Health priority voted to be changed to *Ensure behavioral health care is accessible, available and timely for all*	12/31/15	10/26/15	N/A	N/A	N/A	N/A	n/a	n/a	N/A	N/A
	Explore opportunities to leverage cross-over of behavioral health priority with other priorities to maximize impact with limited resources by 3/1/16	Discuss with behavioral health partners, KCHP Sponsor Group, and Housing working group opportunities for cross-leverage	N/A	12/30/15 discussion with Housing Working Group – concept approved to pursue projects that service homeless/housing unstable persons with behavioral health issues	3/1/16	2/8/16 discussed with sponsor group; concept approved of pursuing joint ACEs and Housing projects which help address behavioral health objectives	3/1/17	Medical respite care identified as significant gap in service for persons being discharged from hospital setting into homelessness but who require some level of medical support to recover.	n/a	n/a		

Identify new funding opportunities for combined housing/behavioral health programs	Develop program concept for combined housing/behavioral health project that would benefit most vulnerable members of community by 1/31/16	Submit Medicaid Transformation Project and competitive application to 1/10th of 1% funding opportunity to provide intensive care coordination to persons with behavioral health issues in need of housing and other social services; and access to medical, chemical dependency and mental health care	N/A	N/A	1/31/16	Submission to Health Care Authority for Medicaid Waiver on 1/14/16	N/A	N/A	n/a	n/a	N/A	N/A
					3/15/16	Submitted 1/10th of 1% Crisis Response Team ("Kitsap Connect") proposal to Kitsap County for intensive care coordination services to chronically homeless, mentally ill, chemically dependent population on 3/11/16 May 11, 2016: Received funding confirmation for Kitsap Connect July 1, 2016 – June 30, 2017.						
Launch Kitsap Connect – integrated behavioral health/afford	Finalize subcontract, hire staff, develop referring processes with	Staff hired, project design established	N/A	N/A	9/1/16	Program Coordinator, public health nurses, Housing Outreach/Stabili	N/A	n/a	n/a			

able housing/homeless reduction program	partner organization, develop MOUs, intake forms, care plan forms, data tracking tools					zation Coordinator, and mental health professional hired; intake and care plan forms developed; Nightingale Notes selected as electronic medical record;						
	Team receives referrals from partner agencies; care coordination conferences established; outreach, crisis response, care coordination activities begin; baseline data collected for individual participants	Individual baseline data established per care plans	N/A	N/A	12/31/16	Referrals of high utilizers made to Kitsap Connect by partner agencies; staff conducted baseline assessment for each eligible referral using the Vulnerability Assessment Tool; additional baseline data on health, ED usage, housing, etc collected and input into EMR	N/A					
	Ongoing outreach, crisis response and care coordination activities;	50 highly vulnerable, costly clients with intensive crisis response and care				By June 2016, 26 clients participated in Kitsap Connect and received	12/31/17	From July 2016-December 2017, 49 intakes, 41 eligible for participation, 39	12/31/18	From July 2016-March 2018, 50 intakes, 42 eligible for participation, 40		

	individual-level data behavioral and satisfaction outcomes tracked and recorded;	coordination services				intensive care coordination and referral services. 79% of these had complex/chronic medical needs, 58% had chemical dependency & mental illness;		accepted services with Kitsap Connect.		accepted services with Kitsap Connect.		
		50% of enrolled clients remain engaged in the program and make progress on their tailored care plan					12/31/17	85% (22/26 individuals)	12/31/18			
		~~7~~50% of clients report moderate to high level of satisfaction with program as measured by a quarterly patient satisfaction survey					12/31/17	69% (9/13 individuals)	12/31/18			
		~~7~~50% of clients decrease use of costly services compared to their baseline and according to their care plan.					12/31/17	70% (7/10 individuals)	12/31/18			
		~~R~~educe calls by 30% from baseline. Of inappropriate					12/31/17	50% (5/10 individuals) decrease calls	12/31/18			

		or high emergency department utilizers, reduce Ed admits by 15% from baseline						60% (6/10 individuals) decrease ED admits				
		The number of jail bed days for enrolled participants (at least non/consecutive three months) statistically significantly decreased compared to year prior to services.							12/31/18			
	Advisory Committee established ~~and meets 2-4 times;~~.	Advisory Committee meets 2-4 times per year.				Advisory committee established and met May 201~~7~~6	12/31/17	Met 1 time in 2017	12/31/18			
	Partnership survey administered; data analyzed	90% of agencies participating in care conference and the Advisory Committee will report improved collaboration via a systems assessment survey					12/31/17	100%	12/31/18			

AFFORDABLE HOUSING: Increase affordable housing and make homelessness a one-time brief event.

Responsible Parties: KPHD, KMHS, Kitsap County Human Services, Kitsap Community Resources, Harrison Medical Center.

Health Indicator:	**Baseline** 2014 CHA	**Year1** 2015	**Year2** 2016	**Year3** 2017	**Year4**	**Year5**
Households spending more than 30% of income on housing (Source: American Community Survey)	39% (2012)	35% (2013)	34% (2014)	31% (2015)	30% (2016)	
Rate of individuals receiving services from Kitsap homeless programs (rate per 1,000 Kitsap County residents) (Source: Housing Management Information System)	31 per 1,000 (2013)	19 per 1,000 (2014)	18 per 1,000 (2015)	17 per 1,000 (2016)	21 per 1,000 (2017)	

Objective	**Strategies**	**Measurement**	**Target Date**	**Year 1**	**Target Date**	**Year 2**	**Target Date**	**Year 3**	**Target Date**	**Year 4**	**EBP**	**Policy Change**
Identify opportunities to increase affordable housing opportunities in Kitsap County	Convene housing sector leaders to collectively identify and prioritize affordable housing gaps and potential solutions	Convene at least 5 housing sector leaders by 3/1/15 Establish priorities by 6/30/15	3/1/15	Housing Kitsap, Bremerton Housing Authority, Housing Solutions, Benedict House, Kitsap Mental Health and Kitsap County Housing met to identify affordable housing gaps and assets on 4/20/15 & 5/18/15 Priority opportunities identified as: Improving housing placement options for youth aging out of foster care, inmates being released from prison,	N/A	N/A		N/A				

				and chronically ill hospitalized persons Top priority identified as: need for medical respite care for persons discharged from hospital into homelessness								
	Establish baseline assessment of top priority opportunity	Convene Hospital Case Manager and housing sector leaders to gather information data on hospital discharge in to homelessness by 9/1/15 Develop baseline data by ~~3/1/16~~ 9/30/16	9/1/15	Meeting convened on 7/27/15	9/30/16							
	Identify potential solutions to housing placement of persons discharged from hospital	Visit respite care medical models in King County as potential solution by ~~12/31/15~~ 3/31/16	N/A	N/A	3/31/16	Visit to Jefferson Terrace and Union Gospel Mission respite programs conducted on by team of 7 people from working group (2 KPHD, 1 KMHS, 1 Housing Kitsap, 1 BHA, 1 Housing Solutions Center, 1 KC Homelessness and Housing Program) on 3/25/16						
	Identify funding opportunities for top housing	Discuss funding potential with KCHP Sponsor Group (Harrison Medical Center, United Way,	N/A	N/A	2/8/16	Discussed funding opportunities with KCHP Sponsor Group – Jeanell Rasmussen agreed to meet with David Schultz of HMC						

Commented [KE3]: Modified d/t unanticipated emerging priority for working group around high utilizers

	priorities by 6/30/16	and Kitsap Community Foundation)				to follow up for potential hospital support of project						
	Identify site and clinical partners for pilot medical respite program	1-2 sites identified; 1-2 clinical partners identified	N/A	N/A	N/A	N/A	6/30/17	Benedict House identified as potential pilot site; Housing Kitsap proposal to develop new site for 5-bed medical respite facility; Peninsula Community Health and Harrison Health Partners identified as potential clinical partners. Fall 2017. Identified sponsor for pilot respite care – Catholic Community Services, Benedict	6/30/18	Pilot respite beds to open by summer 2018.		

								House for 3 bed respite medical care provided by Peninsula Community Health Services.				
	Support local efforts to expand respite care beyond the pilot.						12/31/18	Planning around options for permanent supportive housing to include additional 10 respite beds.				

PREVENT/REDUCE OBESITY: Make it easy for all residents to be physically active and ensure all residents have healthier food options.

Responsible Parties: KPHD, Harrison Medical Center, Schools

Health Indicator:	Baseline 2014CHA	Year1 2015	Year2 2016	Year3 2017	Year4 2018	Year5
Youth (grade 8) report engaging in 1 or more hours of physical activity five or more days per week (Source: Healthy Youth Survey)	62% (2012)	64% (2014)	n/a	58% (2016)	n/a	
Adults report engaging in 1 or more hours of physical activity on average each day per week (Source: BRFSS)	n/a	38%(2013)	n/a	41% (2015)	n/a	
Youth (grade 8) report eating 5 or more fruits/vegetables daily (Source: Healthy Youth Survey)	~~71~~29% (2012)	~~76~~24% (2014)	n/a	22% (2016)	n/a	

Commented [KS4]: Incorrect % was reported, changed to be the % eating 5+ to match indicator wording.

Objective	Strategies	Measurement	Target Date	Year 1 (2015)	Target Date	Year 2 (2016)	Target Date	Year 3 (2017)	Target Date	Year 4 (2018)	EBP	Policy Change
Promote Healthy Eating/Active Living (HEAL) among low-income children	Partner with Harrison Medical Center and local elementary schools to implement a HEAL project utilizing pedometers	# steps taken (pre/post-test)	~~June 1, 2015~~6/1/15	Implemented a HEAL pedometer program at 3 Naval Elementary School classrooms for 67 kids. Students tracked steps on average 3.5 weeks (5 week program). Total steps for students: week 1: 6377; week 2: 6011; week 3: 6436; week 4: 5722; week 5: 5920. Students increased fruit/vegetable intake 2.6 to 3.2 average servings. More students reported limiting to 2 hours or less of daily screen time. Students reported drinking fewer sugar-sweetened beverages per day (0.9 to 0.7).	N/A	N/A	N/A	n/a	n/a	n/a		

	Expand HEAL pedometer program to addition low-income schools	# schools introduced to program	12/31/15	Implemented a HEAL pedometer program at 2 South Colby Elementary School classrooms for 51 kids. Students tracked steps on average 5.2 weeks (6 week program). Total steps for students: week 1: 5879; week 2: 6390; week 3: 6174; week 4: 5130; week 5: 6310; week 6: 4338. Students increased fruit/vegetable intake 2.6 to 2.9 average servings. More students reported limiting to 2 hours or less of daily screen time. Students reported drinking fewer sugar-sweetened beverages per day (1.1 to 0.8)	June 2016	Implement a HEAL pedometer program at West Hills Elementary Schools. .						
	Develop a HEAL resource guide for early childcare settings	Completion of guide; number of trainings conducted with early learning educators/care takers	N/A	N/A	~~Dec~~ 12/31/16~~201 6~~	**Resource guide completed;** trained a total of three agencies (OESD, KCR, Suquamish Tribe Early Learning Center) with over 100 teachers and staff combined covering all of the Head Start, Early Headstart classrooms in Kitsap. All of	N/A	n/a	N/A	n/a		

						the agencies implement the guide; partner agencies meet together quarterly to discuss best practices and new ideas						
Build and support HEAL capacity across Kitsap County.	Use NEAR research to inform HEAL coalition strategies	Formal affiliation established between HEAL Coalition and Kitsap Strong	N/A	N/A	N/A	N/A	6/30/17	HEAL Coalition subcontracted by Kitsap Strong to develop HEAL strategies that are trauma-informed and founded on NEAR science principles				
							12/31/17	HEAL Coalition steering committee builds coalition structure (steering committee, work groups, general members, stakeholders). Researched PSE, finalized	6/30/18	Develop coalition charter and form workgroups. Increase membership to include school and library. Increase understanding of community		

								vision and goals and developed strategies to address goals.		HEAL activities, community needs and capacity measurement.		
									12/31/18	Beginning in August 2018, HEAL coalition to meet quarterly; two workgroups meet in-between (develop policy agenda, mapping data/ resource).		