# KITTITAS COUNTY HEALTH NETWORK Planning Grant 2017-2018

#### KITTITAS COUNTY HEALTH NETWORK

#### **STEERING COMMITTEE**

#### **MEMORANDUM OF AGREEMENT**

This Memorandum of Agreement sets out the terms by which the Steering Committee for the Kittitas County Health Network (KCHN) commits to management and leadership of the Planning Grant awarded by the Health and Human Services, Human Resource and Services Administration effective July 1, 2017 through May 31, 2018. We understand that grant funds will be used for the development of the Network and are not to be used for the exclusive benefit of any one Network member or to provide clinical services.

**I. Network Purpose and Activities:** The Network will improve population health through cross- sector collaboration and systems integration. Members will participate in the following activities:

- 1. Identifying and recruiting additional members;
- 2. Developing and implementing an operations plan;
- 3. Conducting a community health assessment, developing a community health improvement plan, and developing a care coordination system plan;
- 4. Identifying and implementing communication strategies;
- 5. Assessing sustainability and viability; and
- 6. Developing support/buy-in.

II. Member Benefits: Member benefits will include:

- 1. Cross-sector collaboration through collaborative contracts and grants;
- 2. Systems integration through collaborative community health assessment, community health improvement plan, and care coordination;
- 3. More equitable communities through collaborative care coordination; and
- 4. Healthier communities through collaborative information sharing.

**III. Duration of the Agreement:** This agreement will be in effect from July 1, 2017 to May 31, 2018 and may be updated at any time through written agreement of all parties.

**IV. Signatures of Parties' Principals:** We agree with the terms of this Memorandum of Agreement.

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Richard DeShields, Dean of Student Success, CWU

9/14/2017 Date

Julie Petersen, CEO, Kittitas Valley Healthcare

9 Date

Rich Elliott, Mayor, City of Ellensburg

John Sinclair. Chief, KV Fire & Rescue

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Michael Maples, OEO, CW Community Health

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Robin Read, Administrator, Public Health Department

TC Teague McKa

Bill Hinkle, Hinkle & Associates

John Raymond, COO, HopeSource

Dr. Lisa Martin, Psychologist Private Practice

cardmosh

Carol Moser, CEO, Greater Columbia ACH

Jorge Arturo Rivera, Molina Healthcare

Date

Date

14/

Date

Date

9/14

Date

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Date

9-14-17

Date

G	Kittitas County Review Form Grants & Contract Agreement	HITTAN COLUMN
Today's Date 09/19/2017	Agenda Date	10/3/17
Fund/Department 116-Public Health		

### **Contract/Grant Information**

Contract /Grant Agency: Kittitas County Health Network Steering Committee MOA				
Period Begin Date: July 1, 2017	Period End Date: May 31, 2018			
Total Grant/Contract Amount: None				
Grant/Contract Number:				
Contract/Grant Summary:				
The Kittitas County Health Network Steering Committee Memorandum of Agreement sets out the terms				
by which the Steering Committee for the Kittitas count leadership of the Planning Grant awarded by the Healt Services administration.				

# Recommendation for Board of Health and Board of Health Review on \_

Department Head Signature: RTANN	_, Administrator	Date: 10/3/17
Department Head Signature:	_, Administrator	Date: 10 3 17

Kittitas County Prosecutor, Auditor, and	d Board of Health R	eview and Comment:	
APPROVED AS TO FORM:			
Stephand Marsung	9.25-17		
Signature of Prosecutor's Office	Date		
Ady Pleas	9/27/17		
Signature of Auditor's Office	Date		
Signature of Board of Health member	Date		

### **Financial Information**

Total Amount \$	State Funds \$	Federal Funds \$	
Percentage County Funds	Matching Funds \$	CFDA#	

	In-Kind \$ Explain	
Is Equipment being purchased?	Who owns equipment?	
New Personnel being hired?	Contact HR hiring – reporting requirements	
Future impacts or liability to Kittita	s County:	

# **Budget Information**

Budget Amendment Needed?	Yes 🔲 attach budget form	No 🗌 Why not
New Division Created?		
Revenue Code		

## **Pass Through Information**

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### **Prosecutor Review**

Has the Prosecutor reviewed this agreement? Yes	□ No □
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#### **County Departments Impacted**

Auditor	Facilities Maintenance	
Information Services	Human Resource	
Prosecutor	Treasurer	

#### Submitted

Signature:	Date:
Department:	

# Assignment of Tracking Information

Auditor's Office		
Human Resource		
Prosecutor's Office		
Who Signed the grant application		

Reviewer	Date