HOSPITAL TRANSFORMATION PROGRAM COMMUNITY AND HEALTH NEIGHBORHOOD ENGAGEMENT

ACTION PLAN

# Instructions and Timeline

Hospitals interested in participating in the Hospital Transformation Program (HTP) must engage organizations that serve and represent the broad interests of the community, including clinical providers, to identify community needs and resources to inform their applications to the HTP. Hospitals should utilize existing forums and collaborations already in place, such as health alliances, when possible, rather than establishing new forums of engagement.

Potential program participants must submit a Community and Health Neighborhood Engagement (CHNE) Action Plan, to outline how they will conduct the CHNE process. In completing this document, hospitals should review the requirements for CHNE outlined in the CHNE Requirements document and the CHNE Hospital Guidebook to ensure compliance.

In particular, the State will be reviewing proposed Action Plans to ensure:

* The process will be adequately inclusive of organizations that serve and represent the broad interests of the community and that no key stakeholders are excluded;
* There is a plan for proactive recruitment as needed and addressing any gaps in participation;
* The hospital has obtained letters from its local RAE at least two other community organizations expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in obtaining these letters);
* Existing forums and collaborations already in place will be leveraged as reasonably feasible and the hospital has obtained letters from coalition and meeting coordinators expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process (hospitals will be expected to reach out to the Department to seek assistance if they experience difficulties in leveraging existing coalitions and meetings);
* A diverse enough range of venues, locations, times and manners for engagement will be provided to ensure a meaningful opportunity for participation;
* Opportunities for engagement will be held at regular intervals;
* The venues for engagement will provide opportunities for information to be shared out and input to be received;
* There is a plan for providing adequate notice of engagement opportunities and for providing updates; and
* The program participants have identified or have a process planned for identifying existing Community Health Needs Assessments or other data to complete an evidence-based environmental scan, including identifying community needs and existing resources and gaps.

Action Plans must be submitted in .pdf form with all supporting documentation via e-mail by November 30, 2018 at 5pm to the CO HTP email address COHTP@state.co.us. Plans received after this deadline will not be considered and hospitals will be expected to begin implementing their plans immediately following submission, or earlier.

Following the submission date, the State will review the Action Plans. The plans will not be scored. However, the State will work collaboratively with participants in December 2018 to refine plans as needed to reflect a CHNE process with which both the participant and the State are comfortable.

# Contact Information

Please provide the legal name, address and Medicaid ID number for the hospital for which this Action Plan is being submitted, as well as a name, address and title for a hospital executive with signatory authority to whom official correspondence should be addressed.

Hospital Name:

Hospital Medicaid ID Number:

Hospital Address:

Hospital Executive Name:

Hospital Executive Title:

Hospital Executive Address:

Hospital Executive Phone number:

Hospital Executive Email Address:

Please provide a primary and secondary point of contact for this Action Plan

Primary Contact Name:

Primary Contact Title:

Primary Contact Address:

Primary Contact Phone Number:

Primary Contact Email Address:

Secondary Contact Name:

Secondary Contact Title:

Secondary Contact Address:

Secondary Contact Phone Number:

Secondary Contact Email Address:

# Engagement Strategy

With the following responses, please outline your strategy for engaging community organizations as you identify community needs and plan for your participation in the Hospital Transformation Program. Hospitals are required to solicit and incorporate into their planning and applications input from a broad cross-section of the community and Health Neighborhood[[1]](#footnote-1), including clinical providers and organizations that serve and represent the broad interests of the community and those specific to HTP priority populations and project topics, including but not limited to:

* Regional Accountable Entities (RAEs);
* Local Public Health Agencies (LPHAs);
* Mental Health Centers;
* Community Health Centers, including Federally Qualified Health Centers and rural health centers;
* Primary Care Medical Providers (PCMPs);
* Regional Emergency Medical and Trauma Services Advisory Councils (RETACs);
* Long Term Service and Support (LTSS) Providers;
* Community organizations addressing social determinants of health;
* Health Alliances; and
* Consumer advocates/advocacy organizations

III.a. Please use the space below to explain how organizations that serve and represent the broad interests of the community will be engaged in the CHNE process. The following Please include in your response:

* What community organizations you intend to engage and how you will ensure participation aligns with HTP priority populations and project topics;
* Your plan for outreach;
* Any gaps you expect as you engage the community and your plan for addressing those gaps; and
* What existing coalitions and meetings you intend to leverage and your collaborative plan for doing so (hospitals should develop this plan collaboratively with the coalition and / or meeting coordinator). If you do not plan to leverage existing forums, please provide an explanation. Please submit letters from the coalition or meeting coordinators of any coalition / meeting you intend to leverage expressing that they are aware of the Action Plan and that they intend to participate in the CHNE process;

Response (Limited to 250 words or less)

Please include letters from your local RAE and at least two other, different types of community organizations, such as:

* LPHAs;
* Mental Health Centers;
* Community Health Centers;
* PCMPs;
* RETACs;
* LTSS Providers;
* Consumer advocates or advocacy organizations; and
* Community organizations addressing social determinants of health.

The letters should express that they are aware of the Action Plan and that they intend to participate in the CHNE process.

III.b. Please use the space below to describe strategies you will undertake to maximize participation. Please include in your response:

* An outline of the types of activities you have planned and their expected frequency;
* How participation will be facilitated;
* Your plan for noticing activities; and
* Your plan for sharing out updates.

Response (Limited to 250 words or less)

III.c. Please use the space below to provide an overview of the process and methods that will be used to conduct community assessments, including the sources and information that will be used to identify community health needs and service levels available. Please address in your response:

* Known CHNAs and other data sources you can utilize, noting any known or expected gaps specific to HTP priority populations and project topics;
* Data sources available from partners; and / or
* Where you intend to find data sources specific to HTP priority populations and project topics.

Response (Limited to 250 words or less)

III.d. Please use the space below to describe expected challenges and potential solutions to engaging community organizations in the CHNE process.

Response (Limited to 250 words or less)

# Additional Information (Optional)

You may use the space below to provide any additional information about your planned CHNE process.

Response (Limited to 250 words or less)

1. Health Neighborhood providers include: specialty care, LTSS providers, Managed Service Organizations and their networks of substance use disorder providers, hospitals, pharmacists, dental, non-emergency medical transportation, regional health alliances, public health, Area Agencies on Aging, Aging and Disability Resources for Colorado, and other ancillary providers such as Colorado Crisis Services vendors. [↑](#footnote-ref-1)