2026-2028 Community Health Needs Assessment Implementation Plan

After thoughtful consideration of the data and community input from the 2026-2028 Mason County Community Health Needs Assessment, Mason Health identified the following four priority focus areas for the period of 2026-2028:

- ***Priority 1: Access to primary care, preventive healthcare, and chronic disease management.***

- ***Priority 2: Access to behavioral health services.***
  (Mental health professionals, substance use disorder services, and support for youth mental and behavioral health needs.)

- ***Priority 3: Healthier environment for children, youth, and families.***
  (Preventive medicine and education, barriers to access for marginalized communities, school-based support, and activities/programs to support youth connection and resilience.)

- ***Priority 4: Services to support seniors aging in place.***

These four priorities will inform Mason Health's strategic planning efforts and are the focus of this Implementation Plan. The below tables delineate, by priority, the implementation strategies adopted for each priority. We are confident that the selected implementation strategies will move the needle on each priority and that Mason Health will be able to demonstrate quantifiable improvements over time.

Mason Health CHNA Implementation Plan & Outcomes			
Priority 1: Increase access to primary care to support preventative healthcare and chronic disease management			
Initiative	**Internal Alignment**	**Goal**	**2027 – 2028 Outcomes**
Primary Care new patient appointment: Average number of days to "3rd next available"	Strategic Initiative	55 days	
Primary Care established patient appointment: Average number of days to "3rd next available"	Strategic Initiative	30 days	

<u>Implementation strategies for increasing access to primary care</u>:

1) Standardize provider templates to optimize daily patient volume
Goal*: MD/DO's – 18 patients per day; Advance Practice Clinicians (APCs) – 16 patients per day*

2) Conduct regular provider meetings to discuss barriers, reinforce expectations, and promote data transparency

3) Establish monthly Access Council meetings with provider participation to include identify barriers and implement targeted workgroups to address them

4) Enhance provider satisfaction to support long-term retention by piloting a primary care provider program, Q3 2026 that includes performance metrics, defined expectations, and a focus on work-life balance—while maintaining daily patient access goals

5) Monitor and report key performance metrics to track progress and drive accountability

Mason Health CHNA Implementation Plan & Outcomes			
Priority 2: Access to behavioral health services			
Initiative	**Internal Alignment**	**Goal**	**2027 – 2028 Outcomes**
New patient appointment: average number of days for first availability for PMHNP (prescriber)	Behavioral Health Scorecard	90 days	
New patient appointment: average number of days for first availability for LICSW (therapist)	Behavioral Health Scorecard	90 days	
Established patient appointment: average number of days for next available appointment established PMHNP (prescriber)	Behavioral Health Scorecard	42 days	
Established patient appointment: average number of days for next available appointment established LICSW (therapist)	Behavioral Health Scorecard	30 days	

Implementation Strategy: For Behavioral Health expansion, our immediate priority is to fully onboard our newly hired provider to fill an existing vacancy. Once core staffing levels are stabilized, we plan to strategically expand the care team over the next one to two years to meet growing community demand. While specific hiring targets may evolve, our goal is to incrementally increase the number of behavioral health providers to improve access, reduce wait times, and broaden offerings.

In parallel with workforce development, we anticipate building out and optimizing clinical space through planned construction to better support integrated behavioral health services and accommodate future growth. We also plan to leverage telehealth to expand access, with the intention of adding one to two additional providers as community needs increase. As capacity grows, we aim to improve timely access to care, with a goal of scheduling new patient intake evaluations within 90 days, which is faster than many community partners, where wait times for uninsured or underinsured patients can exceed six months. Additionally, we aim to offer follow-up appointments within six weeks for prescribing providers and within one month for therapists.

Partnership Strategy: While we do not offer substance use disorder services, we recognize that comprehensive care often extends beyond the scope of what we can directly provide. We will continue to strengthen referral pathways and partnerships with established community organizations, including Charlie Health, Northwest Resources, Boulder Care, and other local providers. Mason County Public Health also provides a syringe services program on their mobile medical unit and partners with the North Mason Regional Fire Authority's Mobile Integrated Health Program (MIHP) to provide wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use disorder. These partnerships help ensure patients have access to a full continuum of care.

Mason Health CHNA Implementation Plan & Outcomes			
Priority 3: Healthier environment for children, youth, and families			
Initiative	**Internal Alignment**	**Goal**	**2027 – 2028 Outcomes**
Improve barriers to access by helping patients get covered under insurance	Patient Financial Services (IPA) goal	Self-pay dollars converted to insured dollars increased 5%/year	
Provide school-based support and youth connection by offering job shadows for high school students	Strategic Initiative (Societal Contribution)	>20 student job shadows/year	
Provide school-based support and youth connection by offering scholarships to high school seniors.	Strategic Initiative (Societal Contribution)	1-3 Nursing scholarships/year	

IPA Implementation Strategy:

The Mason Health In-person Patient Financial Advocate (IPA) Department provides the community with a resource to find an appropriate insurance to cover medical costs. Multiple workflows are in place to identify patients who are under or uninsured to get contacted by the IPA office including:

1. When patients check in for appointments and are flagged as not having insurance
2. After patient appointments, a report generates referrals for the IPA office to contact patients whose bill is left with a significant coverage gap
3. During outreach at community events

School based support Implementation Strategy:

Mason Health's continued partnership with the Shelton High School Health Science Academy has created a pipeline for workforce development. The high school students sign up to do a 20-hour job shadow at Mason Health, rotating departments, exposing them to not only careers they are interested in but also careers they might not know about that are entry level and available after graduation. This exposure is intended to promote career opportunities for our local Mason County youth, setting them up to earn a livable wage. Mason Health also benefits by building a workforce reflective of our local communities' diverse population.

Mason Health also provides nursing scholarships to graduating seniors of Shelton High School and in return, the students work for Mason Health for (at least) 2 years. This allows youth who might not have the opportunity to afford an advanced education to pursue a degree in nursing.

Partnership Strategies:

Mason County Public Health is piloting a hands-on food education program, the Charlie Cart Project, with elementary students at Southside School. Using the portable, compact mobile kitchen equipped with all the tools, lessons, and recipes, students will learn to prepare and try new, healthy foods while building skills in science, math, English, and social studies. This program strives to improve local food system coordination and advance local food access and infrastructure by establishing farm-to-institution connections to support program expansion. The Mason County Substance Abuse Prevention Coalition engages youth, community stakeholders, and key leaders in marijuana and tobacco prevention messaging and policy development and education of nontraditional substances such as kratom.

Mason Health CHNA Implementation Plan & Outcomes			
Priority 4: Services to support seniors aging in place			
Initiative	**Internal Alignment**	**Goal**	**2027 – 2028 Outcomes**
Annual Wellness Visit for 65+	Quality Dashboard	60% by 2026 Continued top decile	
Breast Cancer Screening rate	Strategic Initiative	60% by 2026 75% by 2028	
Colon Cancer Screening rate	Strategic Initiative	60% by 2026 75% by 2028	
Lung Cancer Screening rate	Strategic Initiative	30% by 2026 60% by 2028	

Scope: Expanding preventative care and wellness services to help seniors stay healthy and independent at home.

Implementation Strategy:

Expanding access to annual wellness visits is a foundational strategy for supporting seniors to age safely and independently in their homes. These visits provide regular touchpoints for preventive care, chronic disease monitoring, and early identification of health risks. They also create consistent opportunities for providers to educate patients on the importance of routine cancer screenings and other preventive services.

Providing cancer screening is a key component of this approach. Early detection allows for less intensive treatment and reduces the risk of complications that can lead to functional decline or the need for higher levels of care. In contrast, late-stage cancer is a significant contributor to loss of independence and relocation from the home.

Improving cancer screening rates has been a multi-year priority. In 2025, the Mason Clinic team focused on establishing standardized processes to identify patients due for screenings and to reduce referral turnaround times.

In 2026, efforts will expand to include proactive patient outreach through multiple channels, including text message reminders to encourage timely scheduling of screening appointments.

From 2026 to 2027, the strategy will continue to build on these efforts by increasing the number of annual wellness visits, strengthening chronic care management, and expanding access to preventive services (as mentioned in priority #1). Together, these actions support better health outcomes, reduce avoidable hospitalizations, and help seniors maintain their independence and ability to age in place.

Partnership Strategy: Mason Health also continues to support the Mobile Integrated Health Program (MIHP). Along with support for substance use disorder, the MIHP services provide comprehensive care including medical diagnosis and treatment, referrals, lab services, etc. MIHP services are available for community members who have frequent 911 or emergency department use, are recovering from hospitalization, live with chronic conditions, experience mental health challenges, or otherwise need additional support to remain safe, stable, and independent at home.