



2025 Community Health Improvement Plan

Implementation Strategies
2026–2028



Valley Hospital

2025 Community Health Improvement Plan (CHIP)

Implementation Strategy Narrative for 2026–2028

Organizational Commitment

MultiCare Valley Hospital is committed to improving the health and well-being of the communities it serves through strategic, measurable, and equity-focused community benefit investments. This Community Health Improvement Plan (CHIP) translates findings from the 2025 Community Health Needs Assessment (CHNA) into actionable implementation strategies designed to address identified priority health needs across Spokane County.

This CHIP reflects both hospital-specific accountability and coordinated system alignment within MultiCare Health System. While MultiCare Valley Hospital maintains its own implementation strategy, its approaches are intentionally aligned with broader MultiCare initiatives and informed by the 2025 Spokane County Community Health Needs Assessment. The assessment was developed through a collaborative partnership between MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and the Spokane Regional Health District, and incorporates community input, public health data, and demographic trends. Through this coordinated approach, Valley Hospital seeks to maximize community impact, reduce duplication of efforts, and strengthen partnerships that support the health and wellbeing of individuals and families across Spokane County.

Community Health Needs Assessment Foundation

The 2025 CHNA identified significant health priorities across the Spokane County service area through quantitative data analysis and sustained community engagement. Priority health needs selected for focused action during this CHIP cycle include:

- Substance Use
- Mental Health
- Impacts of Housing and Homelessness

The CHIP builds directly upon this assessment and is designed to meet federal community benefit requirements while advancing MultiCare's mission and long-term strategic objectives.

Health Equity Framework

Advancing health equity is central to MultiCare Valley Hospital implementation strategy. Data from the CHNA demonstrate persistent disparities in life expectancy, maternal health outcomes, chronic disease burden, and behavioral health indicators among historically underserved populations.

This CHIP incorporates an equity lens through:



- Stratified data monitoring by race, ethnicity, language, disability, gender identity, veteran status, payer, and geography
- Culturally responsive and developmentally appropriate clinical programming
- Expanded language access services and bilingual workforce support
- Partnerships with trusted community-based organizations
- Investment in upstream social drivers of health

By integrating clinical care delivery with community-based interventions, MultiCare Valley Hospital aims not only to improve outcomes but to reduce inequities that contribute to preventable morbidity and mortality.

Strategic Implementation Approach

The CHIP organizes implementation across a phased planning horizon:

- **Now (2026)** – Immediate actions and infrastructure strengthening
- **Near (2027)** – Program expansion and partnership scaling
- **Far (2028)** – Sustainable systems change and long-term impact

Across all priority areas, implementation strategies emphasize:

- Early identification and screening
- Improved timeliness and coordination of care
- Workforce development and provider recruitment
- Community partnership investment (cash and in-kind)
- Policy advocacy aligned with community health priorities
- Integration of social determinants of health screening and referral workflows

Strategies will be operationalized through multidisciplinary collaboration across Women's Services, Behavioral Health, Primary Care, Emergency Services, Population Health, Care Management, Government Relations, Community Partnerships, and system-level leadership teams.

Substance Use Strategy Overview

MultiCare Valley Hospital will focus on strengthening prevention, treatment, and recovery supports to address the growing impact of substance use across Spokane County. Recognizing the sharp rise in opioid-related overdoses and the complex factors contributing to substance use disorders, the hospital will work to expand access to evidence-based treatment and strengthen coordination across healthcare and community systems.

Key strategies include improving screening and early identification of substance use disorders in clinical settings, strengthening referral pathways to treatment and recovery services, and expanding partnerships with community organizations that support prevention and harm reduction. MultiCare Valley will also collaborate with regional partners to improve care coordination and reduce barriers to treatment for individuals and families affected by substance use.

Through these efforts, the hospital aims to reduce overdose risk, improve access to treatment, and support long-term recovery for Spokane County residents.



Mental Health Strategy Overview

Mental health challenges continue to affect individuals and families throughout Spokane County, with increasing demand for services and limited availability of behavioral health resources. MultiCare Valley Hospital will work to strengthen access to mental health services, improve early identification of mental health needs, and support coordinated systems of care that respond to individuals across the full continuum of behavioral health.

Strategies include expanding screening and assessment for mental health conditions, strengthening partnerships with community-based behavioral health providers, and improving referral pathways that connect patients with appropriate levels of care. The hospital will also support collaborative efforts that address crisis response, prevention, and early intervention services.

By strengthening access to timely and coordinated mental health care, MultiCare Valley Hospital seeks to improve patient outcomes, reduce preventable crises, and support the overall wellbeing of the Spokane County community.

Impacts of Housing and Homelessness Strategy Overview

Housing stability is a critical factor influencing health outcomes across Spokane County. Rising housing costs, displacement, and homelessness create significant challenges for individuals and families and can contribute to worsening physical and behavioral health conditions.

MultiCare Valley Hospital will work with community partners to address the health impacts associated with housing instability and homelessness. Strategies include strengthening screening for housing-related needs within healthcare settings, improving referral pathways to housing and supportive services, and partnering with community organizations that provide housing assistance and social support.

By supporting coordinated efforts that address housing stability and related social determinants of health, the hospital aims to improve health outcomes, reduce preventable healthcare utilization, and promote greater stability for individuals and families across the community.

Community Partnerships & Cross-Sector Alignment

MultiCare Valley Hospital recognizes that sustainable community health improvement requires cross-sector collaboration. The CHIP prioritizes partnerships with:

- Public health agencies
- Federally Qualified Health Centers
- Behavioral health providers
- Community-based organizations
- Workforce development initiatives
- Transportation and policy stakeholders

Grant making, sponsorships, in-kind support, volunteer engagement, and advocacy efforts will align with identified priority health needs and measurable objectives.



Evaluation, Accountability & Reporting

The Spokane County CHNA identified three priority health needs: housing cost burden, substance use, and mental health. For the purposes of implementation planning, housing cost burden was incorporated into a broader priority addressing the impacts of housing instability and homelessness. This approach reflects the interconnected nature of housing affordability, housing stability, and health outcomes in Spokane County.

Valley Hospital will monitor implementation progress through defined process and outcome metrics associated with each priority area. Metrics will include screening rates, referral completion rates, utilization trends, and health outcome indicators such as early prenatal care initiation and asthma-related emergency department visits.

Performance will be reviewed regularly by leadership and reported to the Regional Board. Mid-cycle adjustments will be made as needed to ensure effective resource allocation and measurable community impact.

Annual reporting related to community benefit activities will be completed in compliance with Internal Revenue Service (IRS) guidelines, including the required Schedule H reporting associated with Form 990.

Governance & Board Oversight

The Regional Board provides governance oversight for the Community Health Improvement Plan and affirms its commitment to addressing identified priority needs. Board feedback will inform prioritization, sequencing, and resource allocation as strategies move from planning to implementation.

Through this CHIP, MultiCare Valley Hospital demonstrates its commitment to measurable, equity-centered, and community-informed action designed to improve health outcomes across Spokane County.

Board Approval

This Implementation Strategy was reviewed and formally adopted by the Board of Directors of MultiCare Valley Hospital on March 23, 2026.

Implementation Grids

Initiatives Legend (Implementation Year)

- Now (2026)
- Near (2027)
- Far (2028)

All initiatives are considered Now (2026) unless otherwise labeled as Near (2027) or Far (2028).

Substance Use

Health Need: Substance Use

Goals: Reduce substance use risk and overdose.

Strategy or Program	Initiatives (Now, Near, Far)
Enhance Screening and Early Identification	<ul style="list-style-type: none"> • Administer the "5 P Questionnaire" for pregnant people in selected clinics
Provide timely access and support	<ul style="list-style-type: none"> • Near (2027): Explore methods to provide Naloxone kits to community, in partnership with external organizations • Near (2027): In partnership with community, seek grants or donor support to implement a Behavioral Health Homeless Outreach program in Spokane County, similar to that funded by the HCA in Pierce County
Provide advocacy, grants, sponsorships and in-kind support	<ul style="list-style-type: none"> • Support policies expanding access to care for patients with substance use disorder • Provide funding and sponsorship contributions to selected community partners with shared goals through grants

Anticipated Impacts (Objectives)
<ul style="list-style-type: none"> • Increase early identification of substance use concerns • Strengthen ecosystem for patient and community with substance use disorder
Objective Metrics
<ul style="list-style-type: none"> • Substance use screening rates by demographic groups. • # of positive screens • # of referrals to providers • # of Naloxone Kits distributed and # sites of distribution established • # of individuals served in MHS Community Partnership grant funded programs • # of related policies supported or opposed
Potential External Collaborators & Community Partners
<p>WSHA, community-based organizations, Pioneer Health, STARS, Consistent Cares, Compassionate Addiction Treatment, Ideal Options, Camas Health & Recovery, Bloom Psychiatry, Inland Behavioral Health, City of Spokane, CHAS, Community Court, Native Health, Yakima Valley Farmworkers Clinic, Providence Teaching Clinic, Frontier Behavioral Health, Veteran's administration, fire departments, school districts, Kalispel, Spokane, Colville, Coeur d'Alene and other local tribes, public health.</p>

MHS Responsible Parties & Internal Partners
Behavioral Health Network, Women's Services, Primary Care, ED, Marketing/ Communications/ Community Relations, Center for Health Equity and Wellness, Government Relations, INW clinical leaders.

Mental Health

Health Need: Mental Health

Goal: Improve mental health, reduce depression and suicide risk

Strategy or Program	Initiatives (Now, Near, Far)
Enhance Screening and Early Identification	<ul style="list-style-type: none"> Administer universal mental health screening in primary care settings. Suicide Screening for patients presenting with Behavioral Health needs in the Emergency Department Screen for Intimate Partner Violence/ Domestic Violence through the use of the HARK screening tool related to Emergency Department and Birthing admissions.
Deliver Culturally and Developmentally Responsive Clinical Care	<ul style="list-style-type: none"> Offer Culturally Informed Care 1.0 to all new employees and trauma-informed care training to all behavioral health providers Provide language access services Support Qualified Bilingual staff Support MASH camp, workforce development pathways Near (2027): Provide evidence informed training around reducing stigma for substance use disorders to MHS staff and the wider community through the HOPE forum and Health Equity Speaker series. Far (2028): Expand trauma-informed care training beyond behavioral health staff.
Provide timely access and support	<ul style="list-style-type: none"> Near (2027): Explore sites and ways to pilot collaborative care in select Women's Health clinics Near (2027): Continue partnership with Bridge Beds and explore how to effectively refer patients
Provide advocacy, grants, sponsorships and in-kind support	<ul style="list-style-type: none"> Support policies expanding access for patients with behavioral health needs Provide in-kind and volunteer support to community partners with shared goals Provide grants and sponsorship contributions to selected community partners with shared goals

Anticipated Impacts (Objectives)
<ul style="list-style-type: none"> Increase early identification of mental health concerns Strengthen ecosystem for patient and community with mental health disorders

Objective Metrics
<ul style="list-style-type: none"> • Depression, suicide risk and intimate partner violence/ DV screening rates by demographic groups. • # of positive screens • Number of suicides • Treatment Access Rates • # of referrals to providers • # of individuals served in MHS Community Partnership grant funded programs • # of related policies supported or opposed
Potential External Collaborators & Community Partners
FQHCs, Veteran’s Administration, City of Spokane, retail pharmacies Valera Health, Northeast Community Center, Charlie Health, fire departments, school districts, local tribes, public health. community-based organizations.
MHS Responsible Parties & Internal Partners
Behavioral Health Network, Marketing/Communications/Community Relations, Center for Health Equity and Wellness, Government Relations, Care Management/Social Work.

Housing and Homelessness

Health Need: Address the Impacts of Inadequate Housing and Homelessness

Goals: Improve housing security for patients and community members

Strategy or Program	Initiatives (Now, Near, Far)
Universal Screening for Housing Insecurity	<ul style="list-style-type: none"> • Continue universal screening during inpatient admission process • Near (2027): Explore ways to standardize universal screening in ED, primary care, and within our employee population • Far (2028): Research tools with automated referral capabilities to community resources; consider using z-codes for tracking and coding SDOH needs
Provide support to patients	<ul style="list-style-type: none"> • Refer to housing resources • Refer to Bridge Beds • Near (2027): Explore implementation of a Medical/ Legal Partnership
Provide advocacy, grants, sponsorships and in-kind support	<ul style="list-style-type: none"> • Support policies that address safe and affordable housing • Offer in-kind and volunteer support to community partners with shared housing goals • Offer grants and sponsorship contributions to selected community partners with shared housing goals

Anticipated Impacts (Objectives)

<ul style="list-style-type: none">• Reduced recidivism, increased stability and support to community members experiencing housing insecurity
Objective Metrics
<ul style="list-style-type: none">• Universal Screening for Housing Needs:<ul style="list-style-type: none">◦ Screening rate (% of patients screened).◦ Number and % of positive screens.• Referral rates for resources• Bridge Bed utilization• # of new housing units created in the local area
Potential External Collaborators & Community Partners
House of Charity, Avalon, Family Promise of Spokane, Hope House, Union Gospel Mission, Catholic Charities of Eastern Washington, SNAP, Habitat for Humanity, Community Frameworks, Spokane Housing Authority, City of Spokane, Spokane County.
MHS Responsible Parties & Internal Partners
Government Relations, Marketing/ Communications/ Community Relations/ Center for Health Equity and Wellness, Primary Care, Inpatient, ED, Care Navigators/ Case Management, Clinics.