Olympic Community of Health

Agenda (Action items are in red)

Board of Directors

January 12, 1:00-3:00 pm | 7 Cedars Hotel & Casino

Key Objective: To collaboratively advance the work of Olympic Community of Health

#	Time	Topic	Purpose	Lead	Attachment
1	1:00	Welcome & introductions Happy New Year!	Welcome	Heidi Anderson	
2	1:08	Consent agenda	Action	Heidi Anderson	1. DRAFT minutes November 10 Board meeting 2. January Executive Director report (not in packet, will be provided separately)
3	1:12	Public Comments (2-minute max)	Information	Heidi Anderson	
4	1:15	Committee updates: - Executive - Finance - Advocacy - Strategic Planning - Governance	Information & Discussion	Celeste + Committee members	
5	1:25	Olympic Connect Data Dashboard	Information & Discussion	Miranda Burger	
6	1:40	Olympic Connect Updates	Information & Discussion	Miranda Burger, Celeste Schoenthaler	
7	1:55	Data Updates	Information & Discussion	Celeste Schoenthaler	
8	2:10	Olympic Connect – hub eligibility	Action	Miranda Burger	3. SBAR 4. Draft Letter to HCA
9	2:40	Olympic Connect – evaluation plan	Action	Miranda Burger	5. SBAR 6. Evaluation Plan
10	2:55	Good of the Order	Information	Heidi Anderson	
11	3:00	Upcoming meeting & adjourn: • March 9, 1-3 at 7 Cedars with optional networking lunch	Information	Celeste Schoenthaler & Heidi Anderson	

Olympic COMMUNITY of HEALTH

CLALLAM • JEFFERSON • KITSAP

Board of Director's Meeting Minutes

Date: 11/10/2025	Time: 1:01 PM	Location: Zoom

Chair Virtually: Heidi Anderson, *Forks Community Hospital*

Voting Members Attended Virtually: Brent Simcosky, *Jamestown S'Klallam Tribe;*
Jennifer Kreidler-Moss, *Peninsula Community Health Services;*
Apple Martine*, Jefferson County Public Health;*
Beth Johnson, *Coordinated Care;*
Jolene Kron, *Salish Behavioral Health Administrative Services Organization;*
G'Nell Ashley, *Reflections Counseling;*
Stacy Mills*, Port Gamble S'Klallam Tribe;*
Stephen Kutz*, Suquamish Tribe;*
Stormy Howell*, Lower Elwha Klallam Tribe;*
Tammy Reid*, North Olympic Healthcare Network;*
Tanya MacNeil, *West End Outreach Services;*
Susan Buell, *YMCA of Pierce and Kitsap Counties;*
Rosie Apalisok, *St. Michael Medical Center;*
Roy Walker
Holly Morgan, *Olympic Community Action Programs*;
Bobby Stone, *Olympic Medical Center*

Non-Voting Members Attended Virtually:
Lori Kerr*, St. Michael Medical Center;*
Jake Davidson, *Jefferson Healthcare;*
Jenny Oppelt, *Clallam County Health & Human Services;*

Guests and Consultants Attended Virtually:
Symetria Gongyin, *Coordinated Care;*
Nanine Nicolette, *Office of Behavioral Health Advocacy*
Laura Johnson, *United Healthcare Community Plan*

OCH Staff: Celeste Schoenthaler, Miranda Burger, Yvonne Owyen, Christopher Hamilton

Minutes

Facilitator	Topic	Discussion/Outcome	Action/Results
Heidi Anderson	Welcome & Introductions		

Heidi Anderson	Consent agenda	1. DRAFT minutes October 13 Board Meeting 2. November Executive Director report 3. Hub Eligibility SBAR (approved by EC 11/4)	Motion to approve the consent agenda. Approved unanimously.
Heidi Anderson	Public Comments (2-minute max)		
Celeste Schoenthaler	Committees and Board membership - Welcome to Stacy Mills (Port Gamble S'Klallam Tribe) - Seeking one or two more members for the Governance committee (4 meetings Feb-May) Seeking a Kitsap rep for the Advocacy committee – First Thursday 10-11 every other month starting January	Stacy Mills will be joining us as the new representative for the Port Gamble S'Klallam Tribe. There is no voting required as Tribes select their own representatives for the board. Brian Burwell will be Stacy's alternate; he's also the alternate for the Substance Use Disorder Treatment Sector. Committee groups have been scheduled for 2026 except for the Governance Committee. The Governance Committee will review our by-laws, board configuration, and other internal board matters. Stephen Kutz and Tanya MacNeil have volunteered and we're looking for 1 or 2 other volunteers. The Advocacy Committee will look at how we can communicate with state & federal delegations so elected officials are more informed about the work of OCH and the impact in our region. There will be meetings on the 1st Thursday of every other month starting in January. A representative from Kitsap is needed for the Advocacy Committee.	Celeste will follow up with Rosie and Jolene.

		Jolene Kron stated that she's interested in the Governance Committee. Rosalie Apalisok stated that she could join either one.	
Brent Simcosky	Q3 2025 Financials	4. SBAR Quarterly Financial update, Q3 2025 5. Q3 Financial Statements 6. Spending notes through Q3 Celeste walked through the finances for the year, highlighting that our finances are on track for the year – we are underspending in the hub area, as all budget items were an approximation at the beginning of the year, without having done CCH work before. We will have a better idea on how to budget for 2026. Finances are on track for the year, we had underspending in the hub area, all budget areas were an approximation. We will have a better idea on how to budget for 2026. It was noted by the board that the notes column is very much appreciated!	The Board of Directors accepts the Q3 2025 financial statements as presented. Approved unanimously.
Brent Simcosky	Fiscal Policy & Procedures	7. SBAR Fiscal Policies and Procedures 8. Fiscal Policies & Procedures Celeste presented the changes to the fiscal policy and procedures. It required some	The Board of Directors approves the OCH Fiscal Policies and Procedures as presented. Approved unanimously.

		cleanup because of the current operational cadence, staff and title changes, and other changes internally. It aligns to the current organizational chart and cleans up some information – for example, we don't issue paper checks at OCH anymore. The Board was generally supportive and there were no questions.	
Celeste Schoenthaler	Retirement Contribution	9. SBAR Retirement Contribution Celeste reviewed the SBAR for the increased retirement contribution, reviewing the approval by the board in October and now actual percentage increase is presented to the board for approval. The retirement contribution increase is based on research of other Washington ACHs which range from 3% to 8%. Question: Do we have an idea of what the actual dollar amount would be? Answer: Not really but it will be low, in the hundreds to low thousands.	The Board of Directors approves the increase in retirement contribution for employees with 5+ years of service as presented. Approved unanimously.
Celeste Schoenthaler	2026 MCO Sector Representation	10. SBAR MCO Sector Representative MCO sectors are on a different cycle and have a 1-year term from January to December. Kate Mundell and Carin Moritz will be the new primary and alternative for MCO Coordinated Care.	The Board of Directors approves Kate Mundell and Carin Moritz as the MCO Sector representatives to the OCH Board of Directors effective January 1, 2026 through the end of 2026. Approved unanimously.

Brent Simcosky, Celeste Schoenthaler, Miranda Burger	2026 Budget and Workplan	11. SBAR 2026 Workplan 12. 2026 Workplan 13. SBAR 2026 Budget 14. 2026 Budget Celeste presented the 2026 Workplan and 2026 Budget to the board. They were presented separately for ease of understanding. The first document was the workplan. Celeste reviewed the SBAR and mentioned the context of the workplan – internal staff work, then presenting at the board retreat, and further work based on the October board meeting. The workplan is intentionally high level as to not bog down the board with details and minutiae. Question: What is meant by potential partners and workforce? Answer: This is a part of the learnings and convenings which includes both contracted partners, and organizations we don't currently partner with since these convenings are open. It could be anybody in the health-serving workforce, and the primary focus is the community-based workforce (Community health workers, case managers, care coordinators, etc.). Comment from Stephen Kutz: We're all wrestling with workforce issues and how we handle it as an ACH is going to be an interesting process as	The Board of Directors approves the proposed 2026 workplan as presented. Approved unanimously. The Board of Directors approves the proposed 2026 budget as presented and directs staff to implement accordingly. Approved with one opposed.

		we move forward. If there were any magic bullet we could solve with this we would've done it a long time ago. After the workplan was approved, Celeste went into the 2026 budget. Budget can be difficult because budget items are categorized by our projects but have many requirements, and money within a category can't be used for another category. The budget does not take into account unspent dollars from prior years. Dollars from the HCA / MTP 2.0 roll forward until the end of the award. The difference with our dollars with MTP 2.0 from MTP 1.0 is that if we don't spend them by the end of the award period, the money goes back to the funder. Celeste continued through the budget, walking through the different HCA categories, the EDA, and the Regional Challenge Grant. Question: What is PMPM rate for case management? Answer: A little over $3 per month for the approximately 86,000 Medicaid lives in the region, which comes out to about $220,000 per month. Celeste continued walking through the SBAR and budget and there were several questions and discussions.	

		Comment from Brent Simcosky: Over the next 2 years we will be under very close scrutiny, with large cuts to the HCA. In looking at cost per referral, costs have been about $5000 per client, and the national average is about $900-1200 per client. This is our first year of doing it, we're working on getting costs down to the national average. Care coordination partners have much higher caseloads, so we won't be able to sustain it unless we get the cost per life down to the $900-$1200 average. Discussion: The board discussed whether to invest grant funds into local community colleges to support workforce development. JKM expressed concern about directing funds to colleges. She noted that colleges have more capacity than member organizations to increase the workforce and emphasized that OCH cannot recoup investments when trainees leave for other jobs, unlike colleges that can collect tuition or other revenue. She stated that investing money into colleges does not resonate with her given these limitations. Brent disagreed, stating that member organizations do not have the resources or state-recognized authority to provide required certifications. He emphasized that community colleges are	

		currently the only viable pathway to grow the regional workforce. He added that the alternative would be seeking legislative changes in Olympia to redefine workers. Question: Are the Community College workforce investments targeting students specifically, e.g. tuition, books, etc. or are they targeting college staff for wages or other classroom needs? Answer: We're partnering with colleges for the dollars to go where they need to go based on budget cuts and their current priorities and needs. We've had lots of correspondence with leadership from both colleges and they're experiencing funding cuts, cuts to staff, and other cuts, and colleges will be able to put it to their best use. Question: Could the contract be structured in a way that we would have a deliverable of a placement in one of our member organizations? Answer: That seems very specific and possibly not realistic. The intention is for people to take jobs within the local community. Celeste will work with them to see what's possible. The colleges partner with many different organizations for internships, externships, etc. It may be possible to talk and ask for a report of where the money is going.	

		Budget is over $9,000,000 which is more than what's coming in, it takes into many aspects such as incoming dollars from the HCA, partner income, and others.	
Celeste Schoenthaler	Food Bank Donation	15. SBAR Food Bank Donation Celeste reviewed the SBAR for a food bank donation for approval by the board. This is in light of the government shutdown, cuts being made to food access programs, and that food is a key determinant of health. Community members in our area are experiencing urgent problems with food needs. Discussion: The board discussed the concerns about allocating a one-time financial contribution to local food banks. Brent noted that there are very few opportunities where donated funds directly translate 100% into helping people, emphasizing this as uniquely direct-impact investment. Steve reported that potential congressional action may eventually address the federal-level issue but that current challenges have already strained local food banks to the point of emptying their reserves. He expressed support for OCH providing assistance.	The Board of Directors approves a one-time, emergency allocation of $150,000 in board reserve funds to donate to Olympic region food banks to purchase healthy foods. Approved with one opposed.

		JKM cautioned against establishing a pattern of responding financially to every emerging crisis. She emphasized that this is likely the beginning of several years of widespread budget pressures, and that OCH cannot resolve every issue as it arises. She highlighted that SNAP was backfilled by Washington State and WIC is now back on track and stated concern that acting primarily out of emotion could put the organization at financial risk over time. She underscored the need to balance compassion with long-term organizational sustainability. Question: What dollar amount is in the board reserve funds? Answer: A little over $6,000,000. Stormy expressed support for the SBAR, noting the ample organizational reserves and that holiday-season demands will increase reliance on local food banks. She emphasized that this is clearly a one-time contribution and within the board's purview. Susan Buell supported a "both/and" viewpoint, acknowledging financial headwinds and also viewing it as an opportunity to enhance OCH's reputation and strengthen the hub's community presence. Heidi stated that the action aligns with the work of the	

		Hub and corresponds directly with needs surfacing in her community. Roy supported the proposal while also acknowledging the "slippery slope" concern. He noted that while food and housing are critical needs, the original intention behind the reserve funds was to support health transformation and in a way, we're purchasing health transformation.	
Miranda Burger	Olympic Connect Data Dashboard & Updates	Miranda presented the data dashboard update. She reviewed the presentation, stopping along the way to explain the slides. We shared this with the most recent advisory group and we will continue to do keep receiving feedback, considerations, and recommendations. We're currently working to get data dashboards on the Olympic Connect website, on the story and impact section of the website. This will have qualitative and quantitative data and will include the Voices of Olympic Connect campaign. Miranda noted that these dashboards are not an evaluation. She compared it to the dashboard of a car – it gives us up to date information and helps us make course corrections, but it's not intended to be the entirety of data and evaluation. An full evaluation plan is coming soon.	

		Question: Do you know what the stimuli was for the jump in referrals as of September? Also, when you count referrals is that a person referred to one resource or as many as the person needs? Answer: When we're talking about incoming referrals, this data the data is citing referrals to Olympic Connect, not to specific services. Enrollment refers to those clients enrolled into Olympic Connect services, Question: Is there any indication of if people's needs are being met? Answer: We don't quite have that yet. Since we're a rural region we don't have enough discharge data. We're currently gathering data and have some data about what needs are being met, but we currently have too small of a number to provide analysis. Question: On Slide 25 you talked about Medicaid recipients and eligibility and you mentioned you're moving into ProviderOne access. In 2026, quite a lot of Medicaid recipients will be taken off their plan, there will be complications getting back on, and I'm curious how we or the hub may have built in ability to reaccess their benefits. The beginning days of the ACA was a big push. The need for health insurance is going to be huge. Answer: We have some staff members who are	

		experienced in this, with some partners, part of their work is to get people enrolled in health care plans. We're recognizing we need to do more training for our CBWs. Yvonne just hosted a team from PCHS helping clients get connected to Medicare.	
Heidi Anderson	Good of the Order		
Celeste Schoenthaler	Upcoming meeting & adjourn: • January 12, 1-3 at 7 Cedars with optional networking lunch	Adjourn 2:55	

SBAR: Hub Eligibility

Presented to the OCH Board of Directors on January 12, 2025

Situation

Olympic Community of Health (OCH) launched Olympic Connect with a *"no wrong door"* approach, based on guidance from HCA during 2022–2023 waiver renewal discussions that hubs would be able to serve all clients regardless of insurance status. In October 2025, HCA communicated that effective **11/1/25**, HCA case management funds (Note: not infrastructure funds) may only be used to serve **Medicaid-enrolled and Medicaid-eligible clients**.

Staff communicated this with the Executive Committee in October, November, and December, and the Executive Committee guided staff to continue operating the hub as usual and to collect and provide data to the full OCH Board in January for decision-making.

Starting in November, OCH implemented Medicaid eligibility verification processes as required while continuing to serve all referred hub clients. Staff are now bringing updated data, operational impacts, and recommendations to the Board to determine how the hub should move forward in alignment with funder requirements, sustainability goals, and OCH's core principles.

Background

Provider One context

- OCH staff gained access to **Provider One (P1)** on October 7, 2025.
- As of November 1, 2025:
    - OCH must check Medicaid eligibility for all Olympic Connect clients **upon referral** and **monthly until discharge**.
    - HCA has not granted P1 access to partner organizations, requiring OCH staff to perform all checks.
- The eligibility-check process is:
    - **Manual**
    - Time-intensive (≈ **12 staff hours per month**, expected to increase as our volume increases and once documentation in P1 is required as early as February 2026)
    - Prone to errors due to incomplete or informal referral information (e.g., nicknames, misspelling, missing DOB)
- OCH intentionally maintains **low-barrier referrals**, which increases difficulty locating some clients in P1 but aligns with equity and access goals and the broader vision of a social care network.

Funding context

- Primary hub funding sources:
    - **HCA MTP 2.0**
        - Case management dollars - (PMPM based on the number of Medicaid lives in the region). These dollars primarily go out the door to partners for case

management and can ONLY be used to provide case management to Medicaid clients (enrolled or eligible) per October 2025 communication from HCA.
        - Infrastructure dollars – Separate pot of money allocated to ACHs/hubs for technology, engagement, hub development, and community-based workforce development. Most dollars stay within OCH, some dollars are allocated to care coordination partners. *Contract language does not limit these dollars to Medicaid clients*.
    - **EDA Recompete grant** (priority population: Prime Age Employment Group, ages 25–54, un-/under-employed). Clallam and Jefferson counties only. Cost reimbursement grant (which does not align with current funding model to partners). Primarily used to expand and enhance resources and services to support barrier removal to good job attainment.
- **Other OCH funding sources:**
    - **Board Designated Fund –** Full discretion and authority of the Board on how these dollars are used.
- All 12 care coordination partners currently serve clients regardless of Medicaid or Recompete eligibility.

Assessment (Data as of December 9, 2025)

- All actively enrolled Olympic Connect clients were reviewed and verified in Provider One.
- **Medicaid status (point-in-time):**
    - **64.5%** verified with *active Medicaid*
    - **15.6%** verified with *inactive Medicaid* (likely Medicaid-eligible)
    - **20%** not found in P1
- **Deeper review of the 20% "not found":**
    - **25%** self-reported Medicaid (≈ **5%** of total caseload)
    - **21%** self-reported Medicare (≈ **4.1%** of total)
    - **2.2%** self-reported uninsured (≈ **0.5%** of total)
    - **7.7%** self-reported private/other/VA insurance (≈ **1.5%** of total)
    - **49%** are over age 65
    - Evenly distributed across counties

Key takeaway:
Approximately **87% of clients served by Olympic Connect are either on Medicaid or likely Medicaid-eligible**. Very few clients:

- Have private or VA insurance
- Fall clearly outside Medicaid or public coverage pathways

This confirms that Olympic Connect is primarily serving the intended population and that turning people away would disproportionately affect low-income, older, and publicly insured community members.

Recommendation

Staff recommend that Olympic Connect **continue serving all referred clients** and formalize a funding and operational approach that preserves the *no wrong door* model while complying with funder requirements.

1. Funding Approach

- **Allocate approximately 85%** of care coordination funding to **HCA Medicaid case management**
- **Cover the remaining ~15%** using a combination of:
    - HCA infrastructure dollars (where applicable)
    - Board-designated reserve funds

This tiered approach mirrors strategies used by other WA Community Care Hubs and avoids creating barriers to access.

2. Medicaid Enrollment as Standard Workflow

- Integrate Medicaid access support into routine hub operations:
    - Improve verification at referral (e.g., confirming legal name/DOB early)
    - Work with care coordination partners to identify likely Medicaid eligibility based on income and household size and support those community members in obtaining Medicaid as primary insurance.
- Build partner capacity:
    - Training on why eligibility matters
    - Workflow tasks tied to care plans
    - Shared resources and storytelling to reinforce impact

3. System-Level Advocacy

- Authorize a **Board letter to HCA** articulating:
    - The long-term vision for system change
    - The limitations of a Medicaid-only hub model
    - The need for multi-partner/agency/funder solutions that do not fragment care by insurance status
- Reinforce alignment with OCH's **Hope and Economic Development framework** and prevention goals.

Board Action Requested

1. **Affirm OCH's commitment to a no wrong door approach**
2. **Approve the proposed tiered funding strategy**, including limited use of reserve funds to backfill non-Medicaid services
3. **Authorize continued advocacy with HCA**, including a Board-signed letter
4. Request staff to:
    - Continue refining hub workflows
    - Monitor costs and capacity
        1. Staff will need to update internal accounting workflows to separate costs by funding source

- Report back throughout with updates and any needed adjustments

Recommendation

The OCH Board of Directors approves actions laid out as presented.

January ___, 2026

Washington State Health Care Authority
Attn: Mich'l Needham
Olympia, WA

Re: Olympic Connect Community Care Hub – Medicaid Eligibility, No Wrong Door Access, and System Sustainability

Dear Mich'l:

On behalf of the Board of Directors of Olympic Community of Health (OCH), we are writing to share our experience implementing Medicaid eligibility requirements for Olympic Connect and to engage the Health Care Authority (HCA) in a broader conversation about sustaining equitable, effective Community Care Hubs in Washington State.

When Accountable Communities of Health (ACHs) were working with HCA during 2022–2023 on waiver renewal and Community Care Hub development, OCH and our peers were guided by HCA staff to design hubs with a *"no wrong door"* approach—serving community members regardless of insurance status. This guidance shaped Olympic Connect's model, partner engagement, and community messaging.

In October 2025, OCH was informed that, effective November 1, 2025, **HCA Medicaid case management funds may only be used to serve Medicaid-enrolled and Medicaid-eligible clients**. OCH staff promptly communicated this change to our Executive Committee and, following their direction, continued operations while implementing eligibility verification, collecting data, and preparing information for Board decision-making.

What We Are Seeing in Practice

Since gaining access to Provider One on October 7, 2025, OCH has implemented required eligibility checks upon referral and monthly thereafter (November and December so far). These checks are currently performed exclusively by OCH staff, as partner organizations do not have access to Provider One. The process is manual, time-intensive, and prone to error due to the low-barrier referral model we intentionally maintain to support equitable access.

Despite these operational challenges, the data clearly demonstrate that Olympic Connect is overwhelmingly serving the intended population:

- **64.5%** of active clients are verified with active Medicaid
- **15.6%** show inactive Medicaid status, indicating likely eligibility
- Among the remaining clients:
    - Very few have private, VA, or other insurance

- Many are on Medicare or are older adults
- Fewer than 2% are uninsured

In total, approximately **87% of clients served are either on Medicaid or likely Medicaid-eligible**. This confirms that Olympic Connect is functioning as designed and reaching individuals with the highest needs. **Turning people away based solely on insurance status would disproportionately impact low-income, older, and publicly insured community members and would introduce barriers that undermine prevention, stability, and long-term system goals.**

The Board's Path Forward

The OCH Board has affirmed our commitment to maintaining a *no wrong door* approach while complying with HCA requirements. We are implementing a tiered funding strategy that prioritizes Medicaid case management dollars first, while responsibly using infrastructure funds and limited reserve dollars to ensure continuity of care for community members who fall temporarily or structurally outside Medicaid eligibility.

However, we are concerned that a strictly Medicaid-only hub model will limit the effectiveness of Community Care Hubs as a system-change strategy toward the larger vision of a social care network. Social and health needs do not align neatly with insurance categories, and fragmentation by payer risks undermining the very outcomes hubs are designed to achieve—reduced downstream costs, improved stability, and stronger community-clinical partnerships.

Request for Partnership

We respectfully ask HCA to engage with OCH and other ACHs in a broader conversation about:

- The long-term vision for Community Care Hubs in Washington
- Opportunities to reduce administrative burden and manual processes
- Multi-agency and multi-funder approaches that support whole-person care without fragmenting access by insurance status

System transformation cannot occur if hubs are required to narrowly segment the populations they serve. Achieving shared goals: improved health outcomes, economic stability, and reduced reliance on crisis systems—requires flexible, coordinated approaches that keep the end in mind.

We value our partnership with HCA and appreciate your leadership in advancing Washington's health transformation work. We look forward to continued collaboration and welcome the opportunity to discuss these issues further.

Sincerely,

Heidi Anderson
President, Board of Directors
Olympic Community of Health

Olympic Community of Health

SBAR Olympic Connect Evaluation Plan
Presented to the Board of Directors on January 12, 2026

Situation

OCH staff present the Olympic Connect evaluation plan for discussion and adoption by the OCH Board of Directors.

Background

In late 2024, in alignment with the 2025 workplan and budget, OCH staff released a funding opportunity to identify and contract with an external vendor for Olympic Connect data, analytics, and evaluation. OCH contracted with Advocates for Human Potential (AHP) in 2025 for this scope of work and will continue a contract through 2026.

OCH prioritized both a mid and final evaluation, in addition to statewide evaluation activities, to allow for more local context and tailoring. In addition to our own evaluation, OCH is participating in the evaluation required by HCA and led by OHSU.

Through 2025, OCH staff and data contractor, AHP, have developed and designed an evaluation plan that incorporates Hope and Economic Development strategic frameworks and assesses program goals and objectives. An Olympic Connect evaluation plan is ready for Board review, adoption, and implementation.

Action

This evaluation plan outlines the purpose, goals and objectives, audience, use, and timeline for the evaluation. The evaluation plan intentionally focuses on the high-level and does not outline specific questions and measures. Once the high-level evaluation plan is adopted by the Board, Staff and data contractor will map metrics and develop and align measure collection.

Recommended Motion

The OCH Board of Directors adopts the Olympic Connect Evaluation Plan as presented.

Olympic Connect Evaluation Plan

Draft | December 16th, 2025

Table of Contents

1. Program Description and Background

Purpose and Context

Olympic Connect is a Community Care Hub of Washington, a community-driven network of partners on the Kitsap and Olympic Peninsulas. Olympic Connect supports care coordination to local resources like health care, food, childcare, transportation, and more — to help everyone in our region get the support and care they need to thrive.

Olympic Community of Health (OCH) serves as the backbone entity for Olympic Connect. Olympic Connect was established to build a person-centered social care network that creates a system for community-based care coordination to address social needs.

Olympic Connect connects people throughout Clallam, Jefferson, and Kitsap counties to care and services through trained and highly skilled trusted helpers. These trusted helpers are members of the community-based workforce, are individuals from our region, with lived experience and cultural knowledge, who work with a variety of organizations, Tribes, industries, and sectors. Trusted helpers provide clients with the one-on-one support they need to achieve their health and other life goals.

Olympic Connect strengthens our regional network of partners and coordinates between health care and social service providers, addressing health issues no organization or Tribe could tackle alone. We help connect regional resources and track health outcomes for healthier individuals, families, and communities.

Key challenges Olympic Connect seeks to address:

1. **Lack of a regional system** to coordinate, track, and assess community members' social and health needs, whether those needs are being met, and if population health outcomes are improving.
2. **Gaps in available resources and services** due to lack of coordination among resource and service providers, insecure and unstable funding for social services, and/or limited funds and resources. Gaps range from providing community-based care coordination to providing services and resources.
3. **Duplication of effort** due to lack of regional system.
4. The current system, or lack thereof, **places the burden on community members**, who are falling through the cracks and aren’t able to fully contribute to the community and/or local economy.

The above challenges contribute to negative outcomes and impacts for those with needs and ongoing unmet needs, burnout among the community-based workforce and providers, and burden on services in general as well as services not intended for these unmet needs. These consequences, in turn, contribute to greater economic and health burden on the system and wider gaps in available services.

While these challenges are seen across many regions in the state, the rural nature of the Olympic region places these challenges in a specific context that requires unique considerations and solutions.

Figure 1. Key Challenges to Meeting the Regional Health and Social Needs

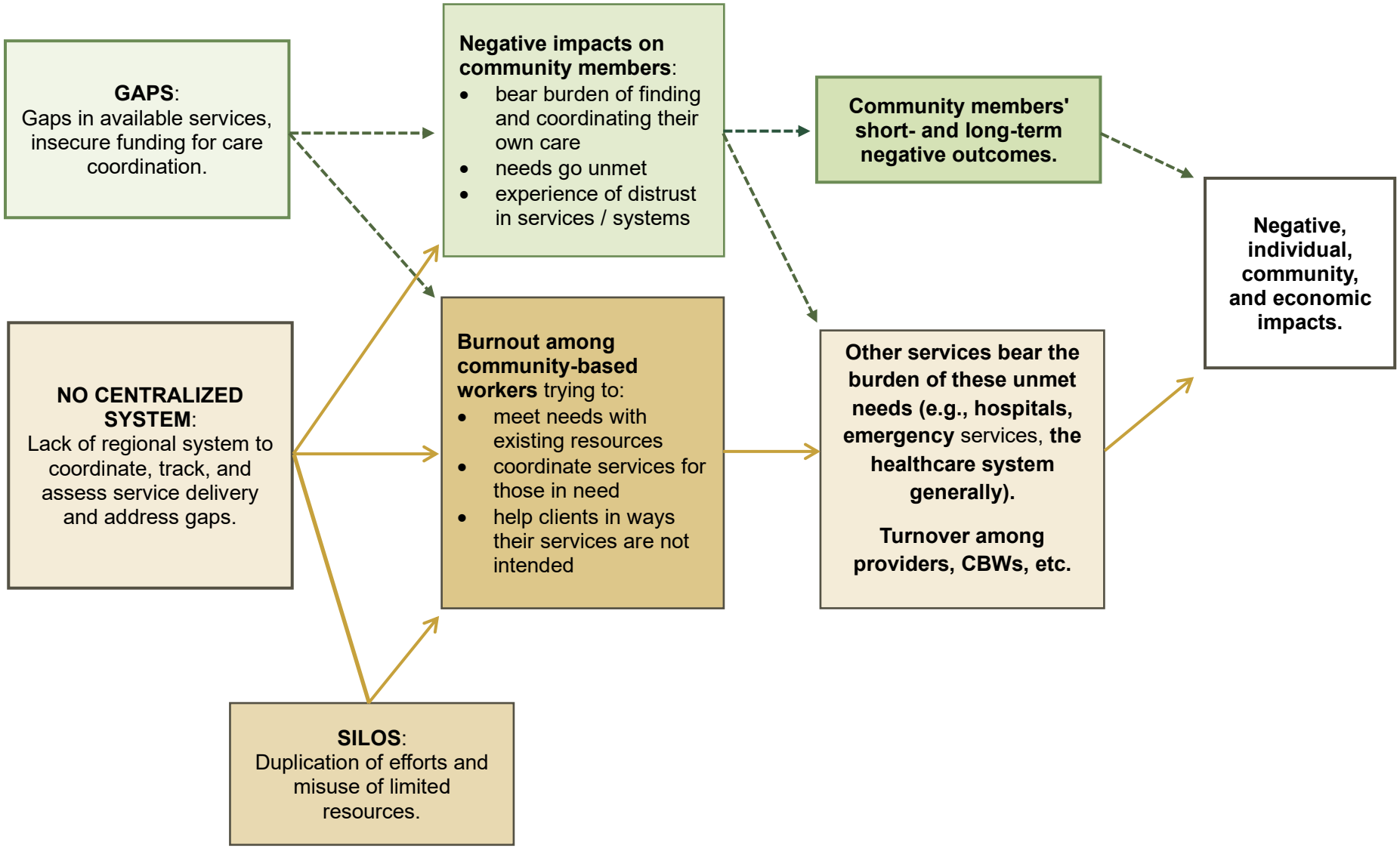
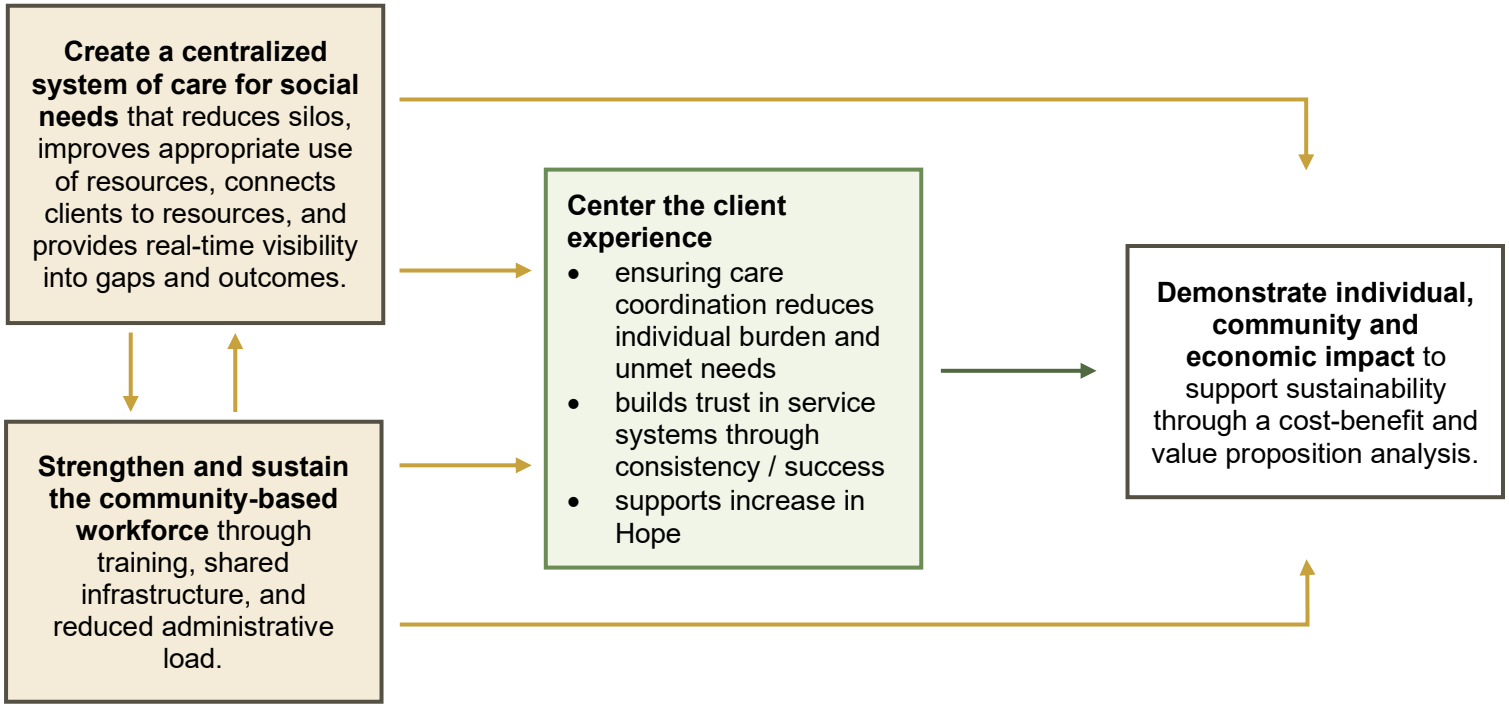


Figure 2. Program Goals and Objectives



Program Goals and Objectives

1. **Create a hope-centered system of care for social needs** that reduces silos, improves appropriate use of existing resources, builds the capacity of local resources and services (and the organizations and Tribes providing those services) to better meet the needs, connects clients to resources, and provides real-time visibility into gaps and outcomes -- fostering a region of healthy people and thriving communities.
2. **Center the client experience**, ensuring **community-based** care coordination reduces individual burden and unmet needs.
3. **Strengthen and sustain the local community-based workforce** through training, shared infrastructure, career ladders, and reduced administrative load.
4. **Demonstrate economic and community impact** to support sustainability through a cost-benefit and value proposition analysis.

Theory of Change

If Olympic Connect **(a) strengthens multi-partner coordination** and **(b) invests in local services and providers**, then:

1. **Individuals** will have their social and health needs met more consistently leading to reduced needs, improved health and well-being, increased hope, greater economic stability, and stronger, more enduring connections to appropriate care.
2. **The regional health-serving workforce** will experience greater sustainability, capacity, and hope through strengthened coordination, clearer roles, and more supportive systems.
3. **Service systems** will function more efficiently and cohesively, reducing duplication, minimizing gaps in care, while also realizing measurable economic benefits from more efficient resource use and reduced strain on high-cost services.
4. **Communities** will move toward greater resilience and thriving, supported by improved health, increased hope, and strengthened economic conditions.

Partnerships

Olympic Connect's partnership model is grounded in a social-ecological approach that recognizes multiple layers of engagement and influence across the region. To support clarity in this evaluation, community partners are organized into five primary partnership groups, each defined by its central role in the Olympic Connect ecosystem. Although many partners contribute in more than one way, these categories reflect their primary functions within the model.

Table 1. Partnership Groups, Functions, and Key Contributions

Partnership Group	Primary Functions	Key Contributions
Community Champions	**Champion** These partners participate in governance, decision-making, and community advocacy for Olympic Connect.	• Serve as governance partners (e.g., Board members). • Participate in the Olympic Connect Advisory Group. • Act as Olympic Connect Ambassadors (program pilot begins in Kitsap in 2026).

		• Support strategic direction-setting and represent the initiative across the region and the state.
Care Coordination Partners (CCPs)	**Coordinate** This group currently includes 12 contracted Care Coordination Partners and their teams (leadership, supervisors, and Community-Based Workers). OCH will bring on 5 additional partners in 2026 as part of the social care network.	Provide community-based care coordination services to address social needs. • Use a hope-centered approach to support community members in meeting their goals including assessing needs and connection to resources and services. • Embed Olympic Connect (tools, procedures, policies) internally to create meaningful systems change in how care is provided.
Resources and Services Partners	**Provide** These partners provide a variety of services and resources to support community members in getting social and health needs met. OCH provides some funding to partners to expand access to social care and enhance the region's service landscape. They may also receive resource referrals from Olympic Connect and are included in the Olympic region resource directory.	• Provide resources and services to community members. • Contribute to the regional resource directory. • Expand and enhance access to social care through targeted funding or capacity-building investments. • Receive referrals from Care Coordination Partners to support Olympic Connect clients. • Embed Olympic Connect (tools, procedures, policies) internally to create meaningful systems change in how care is provided, external to a contract with OCH.
Referral and Access Partners	**Connect** These partners help identify, screen, and refer community members to Olympic Connect -- allowing them to focus more fully on their own expertise and role in the service system. They play a critical role in broadening access pathways.	• Identify community members with social or health needs. • Screen and refer individuals into Olympic Connect. • Serve as access points for community awareness and system entry. (Examples include healthcare providers, community organizations, carceral facilities, and agencies that routinely assess social needs.)
Learning and Convening Partners	**Learn** This lighter-touch category includes individuals and organizations/Tribes that engage in shared learning and convening activities. These partners do not have ongoing operational roles.	• Participate in OCH learnings and convenings. • Subscribe and read OCH newsletters and communications. • Contribute to ongoing learning and regional awareness- and capacity-building.

2. Evaluation Purpose, Audience, Use, and Scope

Purpose

The evaluation will:

- **Demonstrate whether and to what extent Olympic Connect reduces unmet needs and improves client health and well-being**, including economic, employment, and hope outcomes for individuals served.
- **Demonstrate whether the system of care for social and health needs positively impacts the broader social care network, supports community-based workers, and contributes to the economic development of the region.**
- **Quantify the value and cost-effectiveness of Olympic Connect**, providing clear evidence of financial and operational return on investment.
- **Generate actionable insights for sustainability**, identifying which components of the model are most essential to sustain and scale, and improvements that can be made to better meet program objectives.

Audience and Use

Primary audiences: Olympic Community of Health (OCH) leadership, Board, Tribes, advisory group, elected officials, leadership in partner organizations, and potential funders.

Secondary audiences: Partner organizations, hospital, emergency, and care delivery systems, community-based workers (CBWs), and the community at-large.

Findings will inform decisions about:

- Scaling or centralizing the hub infrastructure under current funding and/or post-2028.
- Demonstrating value to funders and policymakers.
- Strengthening operational efficiency and workforce supports.
- Guiding regional investments in the social care system.
- Advocacy with local, state, and federal decision makers and elected officials.

Scope

The evaluation covers all activities, partners, and clients participating in Olympic Connect from October 1, 2024, Olympic Connect's launch, through mid-2027.

Primary data will be drawn from the regional technology, **Connect 2 Coordinator (C2C),** as well as **qualitative data** sources, such as Voices of Olympic Connect stories, surveys, and key informant interviews.

Depending on evaluation question decisions: data may supplemented with **911 data** and **partner organization data** (quantitative and qualitative) as available.

3. Evaluation Questions

1. **System and Network Impact**: How does Olympic Connect, as a centralized system of care, strengthen regional collaboration and foster hope among participating partners?
    a. How does this impact system performance, defined as:
        i. Partner levels of Hope (Hope scale)
        ii. Trust and value scores (collaboration - partner network analysis)
        iii. Improved communication among providers/partners
        iv. Reduced burden on providers/partners
        v. Reduction in repeat cases/clients (e.g., needs are being met so they don't come back continuously, which reduces the burden and burnout among providers and partners), social bed stays and admissions, and emergency department utilization (depending on availability of data).

2. **Community-Based Workforce**: How does Olympic Connect support, sustain, strengthen, and build hope among the social care network and their capacity to serve clients effectively?
    a. How does Olympic Connect's investment in the community-based workforce impact their ability to provide effective community-based care coordination? Effective defined as: reducing clients' unmet needs, increases in client trust and hope, increases in client capacity to meet their own needs.
    b. How confident is the workforce in providing the service? Are workforce development offerings (e.g., supportive supervision, training, peer collaboration, centralized resource hub) impacting confidence of the workforce?
    c. How does this impact CBW career trajectories and economic development?
    d. How does this impact CBW retention and burnout?

3. **Client Impact**: How and to what extent does Olympic Connect reduce clients' unmet needs; improve their health, well-being, and autonomy; and support positive economic, employment, and hope outcomes?
    a. What is the client's experience of *trust* in the services and service system, and how is that impacted by the support they receive from the CBW?
    b. What needs still go unmet, and why? What additional resources or supports would help to address ongoing unmet needs?

4. **Value and Cost-Effectiveness**: What is the cost and cost-benefit of serving clients through Olympic Connect compared to traditional service pathways (e.g., repeated ED use)?
    a. What is the cost-benefit compared to community members' needs otherwise going unmet?
        i. How does workforce retention impact cost-effectiveness?
    b. What is the cost-benefit to the network of providers in the region?
    c. What model (or components of the model) is sustainable for the long-term?

5. **Regional Economic Development and Community Investment**: How does Olympic Connect contribute to the broader economic development of the Olympic region? How does Olympic Connect enhance the resources and services across the region?

4. Evaluation Design and Approach

Overall Design

A **mixed-methods evaluation** combining Connect2 Coordinator data analysis, surveys, and qualitative inquiry. This design fits a dynamic, real-world context where learning and adaptation are essential for sustainability. It captures both quantitative and qualitative evidence of value, impact, and system change and is focused on actionable recommendations for program improvement and sustainability.

Framework Integration

- **Results Based Accountability:** Provides the organizing structure (“How much,” “How well,” “Is anyone better off?”).
- **HOPE Framework:** Captures changes in hope, opportunity, and empowerment at the client level.
- **Economic Development Framework:** Connects workforce and system outcomes to regional prosperity and sustainability.

Data

1. Connect2 Coordinator client-level data.
2. Voices of Olympic Connect stories.
3. Community Based Workforce survey.
4. Partner network analysis.
5. Social care network survey and data.
6. Key informant interviews.
7. System level data for cost-effectiveness:
    a. Cost per client in Olympic Connect system vs. crisis services usage
    b. Costs of needs going unmet
    c. Cost-impact to network partners by being part of the they hub
8. Impacts on emergency services, including hospitals, emergency departments, and Emergency Medical Services.
9. 2-1-1 data (what is the need in the community that could ultimately be served by the Hub; how many people are calling into 2-1-1 that could be connected to the Hub).
10. Information from Olympic Community of Health on Olympic Connect's activities since launch.

Timeline

Table 2. Evaluation Timeline

Phase	Timeline	Deliverables
Phase 1: Planning and alignment	Q1 2026	• Final evaluation plan, metrics map
Phase 2: Measure development	Q2 2026	• Development of CBW/partner survey • C2C assessment / alignment • Development of cost-benefit model
Phase 3: Initial data collection, analysis and mid-way evaluation report	Q3 2026	• CBW/partner survey implementation and analysis • C2C data analysis launch-to-date • OCH activities to-date • Mid-way evaluation report including both of the above • Development of cost-benefit model
Phase 4: CQI and ongoing data analysis	Q4 2026 - Q1 2027	• Implementation of CQI based on mid-way evaluation report • Prep for cost-benefit analysis (e.g., gather data sources)
	Q2 2027	• Cost-benefit analysis?
Phase 5: Final Evaluation analyses	Q3 2027	• C2C launch-to-date analysis • Cost-benefit analysis • CBW/Partner survey • OCH activities to date
Phase 6: Final Evaluation Report	Q4 2027	

Dissemination and Use of Findings

Tabel 3. Reporting Plan

Audience	Format / Frequency	Frequency	Purpose / Use
OCH and Funders	Evaluation report	• Mid: Sept 2026 • Final: Dec 2027	Impact and Sustainability
	Dashboards	• Board: bi-monthly • Advisory group: quarterly • Funders: as required • Recompete partners and EDA - PAEG dashboard: 3-4x/annually	Accountability and performance tracking

	Stories and Impact	• TBD	Both of the above
Care Coordination Partners	CCP dashboards	Bi-monthly	Quality improvement and workflow enhancement
	Internal learning briefs	TBD	""
	TA on data	TBD	""
Community Partners	Infographics / one pagers	TBD	Strengthen collaboration and systems learning
	Presentations	TBD	""
Public / Stakeholders	High-level summary briefs	TBD	Transparency and community awareness

Knowledge Translation

1. **Dashboard reports** will summarize key metrics to help OCH and partners monitor trends and identify emerging needs.
    a. **Feedback mechanisms** embedded at multiple levels to ensure continuous learning and responsiveness:
    b. **Staff-level:** Regular data reviews and team meetings where OCH staff, Care Coordination Partners, etc. discuss dashboard data and trends.
    c. **Advisory / Board-level:** Biannual TA sessions where partners review system-level outcomes, share best practices, and co-develop improvement plans.
    d. **Summary data** (e.g., quarterly, annual) will be translated into plain-language summaries and visuals (e.g., infographics, maps, and time-based flow charts) to support decision-making among diverse audiences, including funders, local providers, and community members.

2. **Findings** from the Olympic Connect evaluation will be **synthesized into actionable insights** that directly inform program improvement, network development, and regional planning.
    a. **Integrated into OCH's broader regional learning agenda** to influence cross-sector collaboration and population health initiatives.
    b. **Inform updates** to referral workflows, outreach strategies, and partnership engagement plans, ensuring that findings lead to tangible adjustments in practice.
    c. **Refine training and technical assistance** for care coordinators, navigators, and partner organizations -- strengthening the community-based care coordination infrastructure over time.

Data summaries will be presented in accessible formats to ensure transparency and engagement across literacy levels and audiences.